Australian Government

Department of Health and Ageing

SCHEDULE OF PHARMACEUTICAL BENEFITS FOR APPROVED PHARMACISTS AND MEDICAL PRACTITIONERS

OPERATIVE FROM 1 MAY 2004

(ALL PREVIOUS EDITIONS CANCELLED)

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This Schedule provides information on the arrangements for the prescribing of pharmaceutical benefits by medical practitioners and participating dental practitioners, and the supply of pharmaceutical benefits by approved pharmacists, approved medical practitioners and approved hospital authorities. These arrangements operate under the *National Health Act 1953*. However, at the time of printing, the relevant legislation giving authority for the changes included in this issue of the Schedule may still be subject to the usual Parliamentary scrutiny. This book is not a legal document, and, in cases of discrepancy, the legislation will be the source document for payment for the supply of pharmaceutical benefits.

CONTENTS

Page

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

SECTION 1 — EXPLANATORY NOTES — YELLOW PAGES

INTRODUCTION 27

1. THE SCHEDULE — WHERE TO FIND WHAT 27
   - Section 1 (yellow pages) 27
   - Section 2 (white, pink and orange pages) 27
   - Section 3 (blue pages) 28
   - Section 4 (green pages) 28
   - Repatriation Schedule of Pharmaceutical Benefits . 28

2. PRESCRIBING MEDICINES — INFORMATION FOR DOCTORS AND DENTISTS 28
   - Eligible prescribers 28
   - Prescription forms 28
     - *Ordering forms 29*
   - Preparing general prescriptions 29
     - *Do's and don't's 29*
     - *Writing the prescription 30*
   - Restrictions 30
   - Authority prescriptions 30
     - *Writing authority prescriptions 31*
   - Maximum quantities and repeats 31
   - Regulation 24 32
   - Urgent cases 32
   - Drugs of addiction 32
   - Emergency drug (doctor's bag) supplies 32

3. SUPPLYING MEDICINES — WHAT PHARMACISTS NEED TO KNOW 33
   - Eligible suppliers 33
     - *Approval conditions for pharmacists 33*
   - Before supplying pharmaceutical benefits 33
   - Supplying pharmaceutical benefits 34
     - Do's and don't's 34
     - What to do if the Schedule changes 34
   - Suspected forgery 35
   - Regulation 24 35
   - Repeat authorisations 35
     - *Preparing repeat authorisation forms 35*
     - *Repeat authorisations for injectables and solvents 35*
     - *Repeat authorisations for deferred supply 35*
   - Authority prescriptions 36
   - Urgent cases 36
   - Receipts 36
   - Emergency drug (doctor's bag) supplies 36

4. PATIENT CHARGES 37
   - Type of patient 37
   - Establishing concessional entitlement 37
   - What to charge 37
     - *Patient contribution 37*
     - *Special patient contributions, brand premiums and therapeutic group premiums 38*
     - *Solvents 38*
     - *Increased quantities 38*
     - *Regulation 24 ..... 38*
     - *After hours 38*
     - *Delivery 39*

5. THE SAFETY NET SCHEME 39
   - Safety net thresholds 39
     - *Safety net cross-over arrangements 39*
   - Recording prescriptions 40
   - Hospital PRF's 41
   - Multi-item forms 41
   - Qualifying prescriptions 41
   - Lost PRF's 41
   - Retrospective entitlement and patient refunds 41
   - Applying for a Safety Net Entitlement/Concession Card 42
   - Issuing a Safety Net Entitlement/Concession Card . 42
   - Issuing supplementary cards 42
   - Notification to HIC and claim for payment 42
   - Lost Safety Net Entitlement/Concession Cards 42
   - Pharmacy record of issued cards 43

6. HICENTITLEMENT CHECKS 43
   - *General 43*
   - *Concessional 43*
   - Entitlement checking procedures 43
     - *General 43*
     - *Concessional 43*
     - *Step by step 44*

7. HOW PHARMACISTS CLAIM REIMBURSEMENT: INFORMATION REQUIRED 44
   - Prescription identification 44
   - Serial numbers 45
     - *Repeat authorisations for authority prescriptions 45*
     - *Repeat authorisations for deferred supply 45*
     - *Injectable item ordered with a solvent 45*

Page

Dropper containers ... 46
Extemporaneously-prepared pharmaceutical benefits not included in the Standard Formulae List ... 46
Prescriptions paid on an average price basis ... 46
Pricing non-pre-priced extemporaneous preparations ... 46
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 ... 47
Lodging claims ... 47
Statement of account ... 47

9. PRICING PRESCRIPTIONS ... 48
Pricing principles ... 48
Pricing dates ... 48
Pricing ready-prepared items ... 48
For maximum quantities ... 48
For lesser quantities ... 48
Wastage table percentage ... *49*
Pricing extemporaneously-prepared items ... 49
General ... 49
Pricing of ingredients ... 50
Pricing prescriptions where extra ingredients are added to a formula ... 50
Containers ... 50
Special provisions for extemporaneous Preparations outside the Standard Formulae List ... 50

10. MISCELLANEOUS ... 51
References ... 51
Standards ... 51
Legislation ... 51

THERAPEUTIC INDEX — MAUVE PAGES ... 53

Page

SECTION 2 — READY-PREPARED PHARMACEUTICAL BENEFITS — WHITE, BLUE, PINK AND ORANGE PAGES ... 61
Symbols ... 62
Emergency Drug (Doctor's Bag) Supplies ... 65
Special Pharmaceutical Benefits ... 68
General Pharmaceutical Benefits ... 69
Pharmaceutical Benefits for Palliative Care ... 273
Pharmaceutical Benefits for Dental Use ... 281
Items Available under Special Arrangements (section 100) ... 307

SECTION 3 — STANDARD PACKS AND PRICES — BLUE PAGES ... 359
Container Prices and Fees for Ready Prepared Pharmaceutical Benefits ... 359
Standard Packs and Prices for Ready Prepared Pharmaceutical Benefits ... 360

SECTION 4 — EXTEMPORANEOUSLY-PREPARED PHARMACEUTICAL BENEFITS — GREEN PAGES ... 371
Drug Tariff ... 372
Container Prices ... 376
Standard Formula Preparations ... 377
Table of Codes, Maximum Quantities and Number of Repeats for Extemporaneously Prepared Pharmaceutical Benefits ... 379

REPATRIATION PHARMACEUTICAL BENEFITS — WHITE, MAUVE AND BUFF PAGES ... 381
Beneficiaries' Entitlement Cards ... 382
Explanatory Notes ... 384
Summary of Changes ... 389
Therapeutic Index ... 391
SECTION 1 — Drugs, Medicines and Dressings ... 395
SECTION 2 — Standard Packs and Prices ... 433

GENERIC/PROPRIETARY INDEX — MAUVE PAGES ... 437

PHARMACEUTICAL BENEFITS

This Schedule will take effect on 1 May 2004 and all previous issues are cancelled. Remaining Schedules in 2004 will take effect on 1 August and 1 December. Thereafter the Schedule will take effect on 1 April, 1 August and 1 December 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 Ageing'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 May 2004 and are included, where applicable, in prices published in the Schedule—

Dispensing Fees:	Ready-prepared	$4.66
	Dangerous drug fee	$2.61
	Extemporaneously-prepared	$6.63
Additional Fees (for safety net prices):	Ready-prepared	$0.93
	Extemporaneously-prepared	$1.32
Patient Co-payments:	General	$23.70
	Concessional	$3.80
Safety Net Thresholds:	General	$726.80
	Concessional	$197.60
Safety Net Card Issue Fee:		$7.05

SUMMARY OF CHANGES

ADDITIONS

Additions — Items

8737W **Adalimumab,** injection 40 mg in 0.8 mL pre-filled syringe *(Humira)*
8741C **Adalimumab,** injection 40 mg in 0.8 mL pre-filled syringe *(Humira)* **(Diff. Max. Rpts)**
8727H **Amino Acid Formula with Vitamins and Minerals without Phenylalanine,** sachets 50 g, 30 *(XP Maxamum)*
8736T **Amisulpride,** oral solution 100 mg per mL, 60 mL *(Solian Solution)*
8717T **Aripiprazole,** tablet 10 mg *(Abilify)*
8718W **Aripiprazole,** tablet 15 mg *(Abilify)*
8719X **Aripiprazole,** tablet 20 mg *(Abilify)*
8720Y **Aripiprazole,** tablet 30 mg *(Abilify)*
8740B **Calcium Folinate,** injection equivalent to 50 mg folinic acid in 5 mL *(Leucovorin Calcium)*

8716R **Enoxaparin Sodium,** injection 20 mg (2,000 i.u. anti-Xa) in 0.2 mL pre-filled syringe *(Clexane)*
8738X **Esomeprazole Magnesium Trihydrate and Clarithromycin and Amoxycillin** pack containing 14 tablets (enteric coated) equivalent to 20 mg esomeprazole, 14 tablets clarithromycin 500 mg and 28 capsules amoxycillin 500 mg *(Nexium Hp7)*
8713N **Follitropin Alfa,** injection 300 i.u. in 0.5 mL multi-dose cartridge *(Gonal-f Pen)*
8714P **Follitropin Alfa,** injection 450 i.u. in 0.75 mL multi-dose cartridge *(Gonal-f Pen)*
8715Q **Follitropin Alfa,** injection 900 i.u. in 1.5 mL multi-dose cartridge *(Gonal-f Pen)*
8726G **Glatiramer Acetate,** injection 20 mg in 1 mL single dose pre-filled syringe *(Copaxone)*
8723D **Glucose Indicator—Blood,** electrode strips, 50 *(Omnitest EZ)*
8739Y **Glucose Indicator—Blood,** reagent strips, 50 *(Accu-Chek Go)*
8728J **Granisetron Hydrochloride,** tablet 2 mg (base) *(Kytril)*
8729K **Granisetron Hydrochloride,** concentrated injection 3 mg (base) in 3 mL *(Kytril)* **(Restricted benefit)**
8730L **Granisetron Hydrochloride,** concentrated injection 3 mg (base) in 3 mL *(Kytril)* **(Authority required)**
8731M **Mesalazine,** tablet 500 mg (enteric coated) *(Salofalk)*
8732N **Metoprolol Succinate,** tablet 23.75 mg (controlled release) *(Toprol-XL 23.75)*
8733P **Metoprolol Succinate,** tablet 47.5 mg (controlled release) *(Toprol-XL 47.5)*
8734Q **Metoprolol Succinate,** tablet 95 mg (controlled release) *(Toprol-XL 95)*
8735R **Metoprolol Succinate,** tablet 190 mg (controlled release) *(Toprol-XL 190)*
8724E **Sirolimus,** tablet 1 mg *(Rapamune)*
8725F **Sirolimus,** oral solution 1 mg per mL, 60 mL *(Rapamune)*

Additions — Brands

8581P *Amoxycillin Sandoz, BG* — **Amoxycillin,** tablet 1 g
1169M *Douglas Cefaclor-CD, DG* — **Cefaclor,** tablet 375 mg (sustained release)
5045M *Douglas Cefaclor-CD, DG* — **Cefaclor,** tablet 375 mg (sustained release) **(Dental)**
1085D *Cefotaxime Sandoz, SZ* — **Cefotaxime,** injection 1 g (solvent required)
5048Q *Cefotaxime Sandoz, SZ* — **Cefotaxime,** injection 1 g (solvent required) **(Dental)**
1784X *Ceftriaxone Sandoz, SZ* — **Ceftriaxone,** injection 1 g (solvent required)
3094W *Chem mart Cephalexin, CH; GenRx Cephalexin, GX; Terry White Chemists Cephalexin, TW* — **Cephalexin,** granules for syrup 125 mg per 5 mL, 100 mL
3319Q *Chem mart Cephalexin, CH; GenRx Cephalexin, GX; Terry White Chemists Cephalexin, TW* — **Cephalexin,** granules for syrup 125 mg per 5 mL, 100 mL **(Dental)**
3095X *Chem mart Cephalexin, CH; GenRx Cephalexin, GX; Terry White Chemists Cephalexin, TW* — **Cephalexin,** granules for syrup 250 mg per 5 mL, 100 mL
3320R *Chem mart Cephalexin, CH; GenRx Cephalexin, GX; Terry White Chemists Cephalexin, TW* — **Cephalexin,** granules for syrup 250 mg per 5 mL, 100 mL **(Dental)**
1299J *Clonac 25, AW* — **Diclofenac Sodium,** tablet 25 mg (enteric coated)
5076E *Clonac 25, AW* — **Diclofenac Sodium,** tablet 25 mg (enteric coated) **(Dental)**
8374R *Arabloc, HP* — **Leflunomide,** tablet 10 mg
8375T *Arabloc, HP* — **Leflunomide,** tablet 20 mg
1694E *Nypine 10, AW* — **Nifedipine,** tablet 10 mg
1746X *Parmol, AW* — **Paracetamol,** tablet 500 mg
5196L *Parmol, AW* — **Paracetamol,** tablet 500 mg **(Dental)**

BIOEQUIVALENCE INDICATORS

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

8374R *Arava, AV* — **Leflunomide,** tablet 10 mg
8375T *Arava, AV* — **Leflunomide,** tablet 20 mg

DELETIONS

Deletions — Items

1772G **Cefotetan,** injection 1 g (solvent required) *(Apatef)*
5050T **Cefotetan,** injection 1 g (solvent required) *(Apatef)* **(Dental)**
1773H **Cefotetan,** injection 2 g (solvent required) *(Apatef)*
5051W **Cefotetan,** injection 2 g (solvent required) *(Apatef)* **(Dental)**
1398N **Erythromycin Lactobionate,** powder for I.V. infusion 300 mg (base)
5087R **Erythromycin Lactobionate,** powder for I.V. infusion 300 mg (base) **(Dental)**
8009M **Flurbiprofen Sodium,** eye drops 300 micrograms per mL (0.03%), 5 mL *(Ocufen)*
8441G **Follitropin Alfa,** injection set containing 5 ampoules powder for injection 37.5 i.u. and 5 ampoules solvent 1 mL *(Gonal-F 37.5)*
8442H **Follitropin Alfa,** injection set containing 10 ampoules powder for injection 37.5 i.u. and 10 ampoules solvent 1 mL *(Gonal-F 37.5)*
8251G **Follitropin Alfa,** injection set containing 10 ampoules powder for injection 75 i.u. and 10 ampoules solvent 1 mL *(Gonal-F 75)*
8252H **Follitropin Alfa,** injection set containing 10 ampoules powder for injection 150 i.u. and 10 ampoules solvent 1 mL *(Gonal-F 150)*
8602R **Follitropin Alfa,** injection set containing 1 vial powder for injection 1,200 i.u. and 2 mL solvent in pre-filled syringe *(Gonal-F 1200)*
8085M **Insulin Lispro,** injections (human analogue) 100 units per mL, 1.5 mL, 5 *(Humalog)*
1540C **Ipratropium Bromide,** oral pressurised inhalation 20 micrograms (anhydrous) per dose (200 doses) *(Atrovent)*
8135E **Ipratropium Bromide,** oral pressurised inhalation 40 micrograms (anhydrous) per dose (200 doses) *(Atrovent Forte)*
8685D **Leflunomide,** tablet 10 mg *(Arava, Arabloc)*
8686E **Leflunomide,** tablet 20 mg *(Arava, Arabloc)*
8137G **Nefazodone Hydrochloride,** tablet 100 mg *(Serzone)*
8138H **Nefazodone Hydrochloride,** tablet 200 mg *(Serzone)*
8139J **Nefazodone Hydrochloride,** tablet 300 mg *(Serzone)*
1813K **Oestrogens—Conjugated and Medroxyprogesterone Acetate,** pack containing 28 tablets conjugated oestrogens 625 micrograms and 28 tablets medroxyprogesterone acetate 5 mg *(Provelle-28)*
1239F **Terbutaline Sulfate,** injection 100 micrograms in 1 mL *(Bricanyl)*
3490Q **Terbutaline Sulfate,** injection 100 micrograms in 1 mL *(Bricanyl)* **(Doctor's Bag)**
1243K **Terbutaline Sulfate,** nebuliser solution 10 mg per mL (1%), 50 mL *(Bricanyl)*

Deletions — PBS Therapeutic Group Premium Item

8940M **Lercanidipine Hydrochloride,** tablet 20 mg *(Zanidip)*

Deletions — Brands

2600W *healthsense Allopurinol, HS* — **Allopurinol,** tablet 100 mg
2132F *healthsense Alprazolam, HS* — **Alprazolam,** tablet 1 mg
8118G *healthsense Alprazolam, HS* — **Alprazolam,** tablet 2 mg
2729P *healthsense Baclofen, HS* — **Baclofen,** tablet 10 mg
2730Q *healthsense Baclofen, HS* — **Baclofen,** tablet 25 mg
2460L *Cefaclor-BC, BG* — **Cefaclor,** powder for oral suspension 125 mg per 5 mL, 100 mL
5046N *Cefaclor-BC, BG* — **Cefaclor,** powder for oral suspension 125 mg per 5 mL, 100 mL **(Dental)**
2461M *Cefaclor-BC, BG* — **Cefaclor,** powder for oral suspension 250 mg per 5 mL, 75 mL
5047P *Cefaclor-BC, BG* — **Cefaclor,** powder for oral suspension 250 mg per 5 mL, 75 mL **(Dental)**
1300K *Diclofenac-BC, BG* — **Diclofenac Sodium,** tablet 50 mg (enteric coated)
5077F *Diclofenac-BC, BG* — **Diclofenac Sodium,** tablet 50 mg (enteric coated) **(Dental)**
1312C *healthsense Diltiazem CD, HS* — **Diltiazem Hydrochloride,** capsule 180 mg (controlled delivery)
2709N *healthsense Doxycycline, HS* — **Doxycycline,** tablet 100 mg
2714W *healthsense Doxycycline, HS* — **Doxycycline,** tablet 100 mg **(Diff. Max. Qty 21)**
2702F *healthsense Doxycycline, HS* — **Doxycycline,** tablet 100 mg **(Diff. Max. Qty 28)**
3321T *healthsense Doxycycline, HS* — **Doxycycline,** tablet 100 mg **(Dental)**
1453L *healthsense Gemfibrozil, HS* — **Gemfibrozil,** tablet 600 mg
1558B *Isosorbide Mononitrate-BC, BG* — **Isosorbide Mononitrate,** tablet 60 mg (sustained release)
1801T *healthsense Metformin, HS* — **Metformin Hydrochloride,** tablet 850 mg
1325R *Metoprolol-BC, BG* — **Metoprolol Tartrate,** tablet 100 mg
1479W *Prasig, SI* — **Prazosin Hydrochloride,** tablet 1 mg (base)
1480X *healthsense Prazosin, HS; Prasig, SI* — **Prazosin Hydrochloride,** tablet 2 mg (base)
1478T *Prasig, SI* — **Prazosin Hydrochloride,** tablet 5 mg (base)
1978D *healthsense Ranitidine, HS* — **Ranitidine Hydrochloride,** tablet 150 mg (base)
2000G *healthsense Salbutamol, HS* — **Salbutamol Sulfate,** nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30
3496B *healthsense Salbutamol, HS* — **Salbutamol Sulfate,** nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30 **(Doctor's Bag)**
2109B *GenRx Tamoxifen, FH* — **Tamoxifen Citrate,** tablet 10 mg (base)
2110C *healthsense Tamoxifen, HS* — **Tamoxifen Citrate,** tablet 20 mg (base)
2951H *Cosig Forte, FM* — **Trimethoprim with Sufamethoxazole,** tablet 160 mg-800 mg
3390K *Cosig Forte, FM* — **Trimethoprim with Sufamethoxazole,** tablet 160 mg-800 mg **(Dental)**

ALTERATIONS

Restriction Changes

1007B **Aciclovir,** tablet 200 mg *(Aciclovir-BC, Acihexal, Acyclo-V 200, Chem mart Aciclovir, GenRx Aciclovir, healthsense Aciclovir, Lovir, Terry White Chemists Aciclovir, Zyclir 200, Zovirax 200 mg)*
8697R **Adrenaline,** I.M. injection 150 micrograms in 0.3 mL single dose syringe auto-injector *(EpiPen Jr.)* (Effective 1 February 2004)
8698T **Adrenaline,** I.M. injection 300 micrograms in 0.3 mL single dose syringe auto-injector *(EpiPen)* (Effective 1 February 2004)
8092X **Famciclovir,** tablet 125 mg *(Famvir)*

8002E **Famciclovir,** tablet 250 mg *(Famvir)*
8217L **Famciclovir,** tablet 250 mg *(Famvir)* **(Diff. Max. Qty and Rpts)**
8374R **Leflunomide,** tablet 10 mg *(Arabloc, Arava)*
8375T **Leflunomide,** tablet 20 mg *(Arabloc, Arava)*
8539K **Oxaliplatin,** powder for I.V. infusion 50 mg *(Eloxatin)*
8540L **Oxaliplatin,** powder for I.V. infusion 100 mg *(Eloxatin)*
8694N **Pioglitazone Hydrochloride,** tablet 15 mg (base) *(Actos)*
8695P **Pioglitazone Hydrochloride,** tablet 30 mg (base) *(Actos)*
8696Q **Pioglitazone Hydrochloride,** tablet 45 mg (base) *(Actos)*
8134D **Valaciclovir Hydrochloride,** tablet 500 mg (base) *(Valtrex)*

Alterations — Notes

Notes have been added/amended in respect of the following:

Aciclovir
Esomeprazole Magnesium Trihydrate
Famciclovir
Rosiglitazone Maleate
Valaciclovir Hydrochloride

Alterations — Proprietary Name and Manufacturer

2350Q	**Milk Powder—Lactose Free Formula,** lactose-predigested powder infant formula 900 g	*From:*	*De-Lact Infant, SJ*
		To:	*Karicare De-Lact, NU*
2349P	**Milk Powder—Lactose Free Formula,** lactose-predigested powder infant formula 900 g **(Diff. Max Rpts)**	*From:*	*De-Lact Infant, SJ*
		To:	*Karicare De-Lact, NU*

Alterations — Manufacturer's Code

		From	*To*
	All products previously marketed by Faulding Healthcare Pty Ltd	*FH*	*GX*
1939C	**Primidone,** tablet 250 mg *(Mysoline)*	*AP*	*LM*
1975Y	**Quinine Sulfate,** tablet 300 mg *(Quinate)*	*AV*	*AS*
8221Q	**Tiagabine Hydrochloride,** tablet 5 mg (base) *(Gabitril)*	*SW*	*MX*
8222R	**Tiagabine Hydrochloride,** tablet 10 mg (base) *(Gabitril)*	*SW*	*MX*
8223T	**Tiagabine Hydrochloride,** tablet 15 mg (base) *(Gabitril)*	*SW*	*MX*

SECTION 100 — HIGHLY SPECIALISED DRUGS PROGRAM
ADDITIONS

Additions — Items

6429J **Bosentan Monohydrate,** tablet 62.5 mg (base) *(Tracleer)* (Effective 1 March 2004)
6430K **Bosentan Monohydrate,** tablet 125 mg (base) *(Tracleer)* (Effective 1 March 2004)
6434P **Epoetin Alfa,** injection 20,000 units in 0.5 mL pre-filled syringe *(Eprex 20,000)*
6435Q **Lamivudine,** tablet 300 mg *(3TC)*
6436R **Sirolimus,** tablet 1 mg *(Rapamune)* (Effective 1 April 2004)
6437T **Sirolimus,** oral solution 1 mg per mL, 60 mL *(Rapamune)* (Effective 1 April 2004)

DELETIONS

Deletions — Items

6258J **Efavirenz,** capsule 50 mg *(Stocrin)*
6267W **Octreotide Acetate,** injection (modified release) 10 mg (base) vial and 2 ampoules diluent 2 mL *(Sandostatin LAR)*
6268X **Octreotide Acetate,** injection (modified release) 20 mg (base) vial and 2 ampoules diluent 2 mL *(Sandostatin LAR)*
6269Y **Octreotide Acetate,** injection (modified release) 30 mg (base) vial and 2 ampoules diluent 2 mL *(Sandostatin LAR)*

ALTERATIONS

Restriction Changes

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)*
6365B **Darbepoetin Alfa,** injection 150 micrograms in 0.3 mL pre-filled syringe *(Aranesp)*
6251B **Epoetin Alfa,** injection 1,000 units in 0.5 mL pre-filled syringe *(Eprex 1000)*
6204M **Epoetin Alfa,** injection 2,000 units in 0.5 mL pre-filled syringe *(Eprex 2000)*
6205N **Epoetin Alfa,** injection 3,000 units in 0.3 mL pre-filled syringe *(Eprex 3000)*
6206P **Epoetin Alfa,** injection 4,000 units in 0.4 mL pre-filled syringe *(Eprex 4000)*
6302Q **Epoetin Alfa,** injection 5,000 units in 0.5 mL pre-filled syringe *(Eprex 5000)*
6303R **Epoetin Alfa,** injection 6,000 units in 0.6 mL pre-filled syringe *(Eprex 6000)*
6305W **Epoetin Alfa,** injection 8,000 units in 0.8 mL pre-filled syringe *(Eprex 8000)*
6207Q **Epoetin Alfa,** injection 10,000 units in 1 mL pre-filled syringe *(Eprex 10000)*
6434P **Epoetin Alfa,** injection 20,000 units in 0.5 mL pre-filled syringe *(Eprex 20,000)*
6339P **Epoetin Alfa,** injection 40,000 units in 1 mL pre-filled syringe *(Eprex 40,000)*
6357N **Valganciclovir Hydrochloride,** tablet 450 mg (base) *(Valcyte)*

Alterations — Manufacturer's Code

		From	*To*
6337M	**Lenograstim,** powder for injection 13,400,000 i.u. (105 micrograms) vial *(Granocyte 13)*	*AD*	*MX*
6338N	**Lenograstim,** powder for injection 33,600,000 i.u. (263 micrograms) vial *(Granocyte 34)*	*AD*	*MX*

SECTION 100 — HUMAN GROWTH HORMONE PROGRAM

DELETIONS

Deletions — Items

6167N **Somatropin (Recombinant human growth hormone),** injection 1.33 mg (4 i.u.) vial with 1 mL diluent (without preservative) *(Saizen 1.33)*
6162H **Somatropin (Recombinant human growth hormone),** injection 3.33 mg (10 i.u.) vial with 5 mL diluent (with preservative) *(Saizen 3.33)*

6281N **Somatropin (Recombinant human growth hormone),** injection 8 mg (24 i.u.) vial with 5 mL diluent (with preservative) *(Saizen 8)*

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) *(Saizen 8)*

SECTION 100 — IVF/GIFT PROGRAM

ADDITIONS

Additions — Items

6431L **Follitropin Alfa,** injection 300 i.u. in 0.5 mL multi-dose cartridge *(Gonal-f Pen)* (Effective 1 March 2004)

6432M **Follitropin Alfa,** injection 450 i.u. in 0.75 mL multi-dose cartridge *(Gonal-f Pen)* (Effective 1 March 2004)

6433N **Follitropin Alfa,** injection 900 i.u. in 1.5 mL multi-dose cartridge *(Gonal-f Pen)* (Effective 1 March 2004)

DELETIONS

Deletions — Items

6277J **Follitropin Alfa,** injection set containing 5 ampoules powder for injection 37.5 i.u. and 5 ampoules solvent 1 mL *(Gonal-F 37.5)*

6278K **Follitropin Alfa,** injection set containing 10 ampoules powder for injection 37.5 i.u. and 10 ampoules solvent 1 mL *(Gonal-F 37.5)*

6239J **Follitropin Alfa,** injection set containing 10 ampoules powder for injection 75 i.u. and 10 ampoules solvent 1 mL *(Gonal-F 75)*

6240K **Follitropin Alfa,** injection set containing 50 ampoules powder for injection 75 i.u. and 50 ampoules solvent 1 mL *(Gonal-F 75)*

6241L **Follitropin Alfa,** injection set containing 10 ampoules powder for injection 150 i.u. and 10 ampoules solvent 1 mL *(Gonal-F 150)*

6242M **Follitropin Alfa,** injection set containing 50 ampoules powder for injection 150 i.u. and 50 ampoules solvent 1 mL *(Gonal-F 150)*

6351G **Follitropin Alfa,** injection set containing 1 vial powder for injection 1,200 i.u. and 2 mL solvent in pre-filled syringe *(Gonal-F 1200)*

SPECIAL AUTHORITY PROGRAM

ADDITIONS

Additions — Items

6440Y **Imatinib Mesylate,** tablet 100 mg (base) *(Glivec)*

6441B **Imatinib Mesylate,** tablet 400 mg (base) *(Glivec)*

6442C **Imatinib Mesylate,** tablet 100 mg (base) *(Glivec)*

6443D **Imatinib Mesylate,** tablet 400 mg (base) *(Glivec)*

6444E **Imatinib Mesylate,** tablet 100 mg (base) *(Glivec)*

6445F **Imatinib Mesylate,** tablet 400 mg (base) *(Glivec)*

6446G **Imatinib Mesylate,** tablet 100 mg (base) *(Glivec)*

6447H **Imatinib Mesylate,** tablet 400 mg (base) *(Glivec)*

ALTERATIONS

Restriction Changes

6419W **Imatinib Mesylate,** capsules 100 mg (base), 120 *(Glivec) (*effective 1 February 2004)
6420X **Imatinib Mesylate,** capsules 100 mg (base), 180 *(Glivec) (*effective 1 February 2004)
6421Y **Imatinib Mesylate,** capsules 100 mg (base), 120 *(Glivec) (*effective 1 February 2004)
6422B **Imatinib Mesylate,** capsules 100 mg (base), 180 *(Glivec) (*effective 1 February 2004)
6359Q **Imatinib Mesylate,** capsules 100 mg (base), 120 *(Glivec)*
6360R **Imatinib Mesylate,** capsules 100 mg (base), 180 *(Glivec)*

ADVANCE NOTICES

Advance Notices — Deletion of Items

The following items will be deleted from the Schedule of Pharmaceutical Benefits on 1 August 2004:

Items discontinued by the manufacturer —

2759F **Dexamethasone with Framycetin Sulfate and Gramicidin,** ear ointment 500 micrograms-5 mg-50 micrograms per g, 5 g *(Sofradex)*
1439R **Framycetin Sulfate,** eye/ear ointment 5 mg per g (0.5%), 5 g *(Soframycin)*
8352N **Glatiramer Acetate,** powder for subcutaneous injection 20 mg in single use vial and 1 ampoule diluent 1.1 mL *(Copaxone)*
2983B **Griseofulvin,** tablet 330 mg *(Griseostatin)*
2334W **Polygeline,** I.V. infusion 17.5 g per 500 mL (3.5%) with electrolytes, 500 mL *(Haemaccel)*
2675T **Polyvinyl Alcohol with Povidone,** eye drops 14 mg-6 mg per mL (1.4%-0.6%), 15 mL *(Tears Plus)*

Items being deleted at the request of the manufacturer —

8102K **Alendronate Sodium,** tablet equivalent to 10 mg alendronic acid *(Fosamax 10 mg)*

Advance Notices — Deletion of Brands

The following brands will be deleted from the Schedule of Pharmaceutical Benefits on 1 August 2004:

Brands discontinued by the manufacturer —

2813C *Celestone-V Half Strength, SH* — **Betamethasone Valerate,** cream 500 micrograms (base) per g (0.05%), 15 g
2815E *Celestone-V Half Strength, SH* — **Betamethasone Valerate,** ointment 500 micrograms (base) per g (0.05%), 15 g
1234Y *Calcihep, AV* — **Heparin Calcium,** injection 5,000 units in 0.2 mL
8006J *Humulin 20/80, LY* — **Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed)** injections (human) 100 units (20 units-80 units) per mL, 3 mL, 5

Addresses—HIC

HIC 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 HIC'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 HIC'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, HIC, 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

Orange Service Centre
204-206 Lords Place
Orange NSW 2800
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
Pharmaceutical Benefits Branch
HIC
134 Reed Street
Tuggeranong ACT 2900
Telephone— (02) 6124 6333

Authority Prescription Applications

Prior approval is required for all "Authority required" items or requests for increased quantities and/or repeats. Authorisation is obtained by lodging an application using the REPLY PAID mail service or by using HIC's FREECALL telephone number:

Mail Applications:	REPLY PAID No. 9857 PBS Authority Section HIC 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

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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) 8382 2136

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 Ctr
Royal Brisbane Hospital
E Floor, Block 7
Herston Road
Herston Qld 4029
Tel: (07) 3636 7098
(07) 3636 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

National Prescribing Service (NPS)
Therapeutic Advice and Information Service (TAIS)
Level 1/31 Buckingham Street
Surry Hills NSW 2010
Tel: 1300 138 677
Fax: (03) 9459 4546
Email: tais@nps.org.au

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 Ageing
PO Box 100
Woden ACT 2606

Mr P Harrison	*(02) 6232 8636*
Mr T Byrne	*(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 P Taunton	*(02) 6244 3045*

New South Wales
Department of Health, NSW
PO Box 103
Gladesville NSW 1675

Mr J E Lumby	*(02) 9879 3214*
Mr B Battye	*(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	*1300 364 545*

Queensland
Queensland Department of Health
GPO Box 48
Brisbane Qld 4001

Drugs—	
Mr A Hawkins	*(07) 3234 0349*
Mr C Healey	*(07) 3234 0960*
Therapeutic Devices—	
Mr D F Mines	*(07) 3406 8068*
Mr A Hawkins	*(07) 3234 0349*

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

Mr W Dollman	*(08) 8226 7110*
Mr R J Grant	*(08) 8226 7114*

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

Ms L Fry	*(08) 9388 4980*
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

Ms H Stone	*(08) 8922 7035*

Index of Manufacturers' Codes

Code	*Manufacturer*
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 Ferndell 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
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 First Floor 34-36 Chandos Street St Leonards NSW 2065 Tel: (02) 8436 8300 Fax: (02) 9901 3540
AT	Actelion Pharmaceuticals Australia Pty Ltd Level 2 West, Suites 48-50 7 Narabang Way Belrose NSW 2085 Tel: (02) 9486 4600 Fax: (02) 9986 1344
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
BA	Boots Pharmaceuticals A Division of Boots Healthcare Australia Pty Ltd 101 Waterloo Road North Ryde NSW 2113 Tel: (02) 9870 6000 Fax: (02) 9870 6100
BB	Blackmores Ltd 23 Roseberry Street Balgowlah NSW 2093 Tel: (02) 9951 0111 Fax: (02) 9949 1954
BC	Bristol Laboratories A Division of Bristol-Myers Squibb Australia Pty Ltd 556 Princes Highway Noble Park Vic 3174 Tel: (03) 9213 4000 Fax: (03) 9701 1518

Code	Manufacturer
BD	Biogen Australia Pty Limited Suite 2601, North Point Level 26, 100 Miller Street North Sydney NSW 2060 Tel: 1800 286 639 Fax: (02) 8907 3332
BE	BDF Australia Ltd 112-118 Talavera Road North Ryde NSW 2113 Tel: 1800 269 933 Fax: (02) 9887 3487
BG	Biochemie Australia A Division of Sandoz Pty Ltd 54 Waterloo 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
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
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 Level 4, 113 Wicks Road North Ryde NSW 2113 Tel: (02) 9887 1444 Fax: (02) 9888 9642
BV	B.S.N. 315 Ferntree Gully Road Mount Waverley Vic 3149 Tel: (03) 8540 6777 Fax: 1800 671 000
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
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 3200 Fax: (08) 8408 3383
CO	Chemists' Own Pty Ltd A member of Sigma Group of Companies 96 Merrindale Drive Croydon Vic 3136 Tel: (03) 9839 2800 Fax: (03) 9839 2801
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

Code	Manufacturer
CV	Ciba Vision Australia Pty Ltd Unit 1/42 Carrington Road Castle Hill NSW 2154 Tel: (02) 9680 6655 Fax: (02) 9899 9640
DG	Douglas Medication Systems A Division of Douglas Pharmaceuticals Australia Ltd 3/10 Inglewood Place Norwest Business Park Baulkham Hills NSW 2153 Tel: (02) 8818 2111 Fax: (02) 8818 2122
DK	Dakota Pharmaceuticals A Division of Sanofi-Synthelabo Australia Pty Limited 16 Byfield Street North Ryde NSW 2113 Tel: (02) 8899 0700 Fax: (02) 8899 0600
DP	Douglas Pharmaceuticals Australia Ltd 3/10 Inglewood Place Norwest Business Park Baulkham Hills NSW 2153 Tel: (02) 8818 2111 Fax: (02) 8818 2122
DT	DermaTech Laboratories Pty Ltd Unit 17, 167 Prospect Highway Seven Hills NSW 2147 Tel: (02) 9624 5874 Fax: (02) 9624 8822
EG	Eagle Pharmaceuticals Pty Ltd 4/40 Carrington Road Castle Hill NSW 2154 Tel: (02) 9899 9099 Fax: (02) 9899 6564
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	F.H. Faulding & Co. Limited Level 7, 369 Royal Parade Parkville Vic 3052 Tel: (03) 8341 5000 Fax: (03) 8341 5050
FB	Pierre Fabre Medicament Australia Pty Limited Unit 26B, Parkview Business Centre 1 Maitland Place Baulkham Hills NSW 2153 Tel: (02) 8858 2800 Fax: (02) 8858 2888
FH	Faulding Healthcare Pty Ltd 115 Sherriff Street Underdale SA 5032 Tel: (08) 8408 3200 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
GC	GlaxoSmithKline Consumer Healthcare 82 Hughes Avenue Ermington NSW 2115 Tel: (02) 9684 0888 Fax: (02) 9684 6958
GD	General Diabetes Services Rear, 137 Mt Alexander Road Flemington Vic 3031 Tel: (03) 9372 2389 Fax: (03) 9376 4158

Code	Manufacturer
GI	Gilead Sciences Pty Ltd Unit 2, 41 Stamford Road Oakleigh Vic 3166 Tel: (03) 9563 0433 Fax: (03) 9563 0170
GK	GlaxoSmithKline Australia Pty Ltd 1061 Mountain Highway Boronia Vic 3155 Tel: (03) 9721 6000 Fax: (03) 9729 5319
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	Cipla Genpharm Australia Pty Ltd 182 Alison Road Carrara Qld 4211 Tel: (07) 5588 0456 Fax: (07) 5594 1616
GX	GenRx Pty Ltd 55 Kirby Street Rydalmere NSW 2116 Tel: (02) 9860 6000 Fax: (02) 9860 6006
HA	Hamilton Laboratories Pty Ltd 217 Flinders Street Adelaide SA 5000 Tel: (08) 8223 2957 Fax: (08) 8232 1480
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 3200 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 85, Level 1 79-97 Saint Hilliers Road Auburn NSW 2144 Tel: (02) 9648 4266 Fax: (02) 9648 4655
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

Code	Manufacturer
KN	Knoll A Division of Abbott Australasia Pty Ltd Captain Cook Drive Kurnell NSW 2231 Tel: (02) 9668 9711 Fax: (02) 9668 8459
KR	Kenral Division of Pharmacia Australia Pty Limited 59 Kirby Street Rydalmere NSW 2116 Tel: (02) 9848 3000 Fax: (02) 9848 3333
KY	Key Pharmaceuticals Pty Ltd 9-11 Leeds Street Rhodes NSW 2138 Tel: (02) 9736 3811 Fax: (02) 9736 3316
LF	Laboratoires Fournier S.A. Level 4, 35 Spring Street Bondi Junction NSW 2022 Tel: (02) 9389 8611 Fax: (02) 9389 8615
LM	Link Medical Products Pty Ltd Level 1, Bridgepoint Centre 3 Brady Street Mosman NSW 2088 Tel: (02) 9960 0150 Fax: (02) 9960 0149
LN	Lennon Healthcare A Division of Aspen Pharmacare Australia Pty Ltd First Floor 34-36 Chandos Street St Leonards NSW 2065 Tel: (02) 8436 8300 Fax: (02) 9901 3540
LU	Lundbeck Australia Pty Ltd Unit 1, 10 Inglewood Place Norwest Business Park Baulkham Hills NSW 2153 Tel: (02) 9836 1655 Fax: (02) 9836 1755
LY	Eli Lilly Australia Pty Limited 112 Wharf Road West Ryde NSW 2114 Tel: (02) 9325 4444 Fax: (02) 9325 4410
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 GlaxoSmithKline 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
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
MT	Mentholatum Australasia Pty Ltd 12-16 Janine Street Scoresby Vic 3179 Tel: (03) 9763 0322 Fax: (03) 9763 2699
MW	McGaw Biomed Australia Pty Ltd c/- B Braun Australia Pty Ltd Unit 3, 9 Packard Avenue Castle Hill NSW 2154 Tel: (02) 9680 4111 Fax: (02) 9680 2051

Code	Manufacturer
MX	Mayne Pharma Pty Ltd (David Bull Laboratories, Faulding Pharmaceuticals) Level 7, 369 Royal Parade Parkville Vic 3052 Tel: (03) 8341 5000 Fax: (03) 8341 5050
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 3/14 Rodborough Road Frenchs Forest NSW 2086 Tel: (02) 9972 7500 Fax: (02) 9972 7522
NF	FlexPen Products of Novo Nordisk Pharmaceuticals Pty Ltd Level 3, 21 Solent Circuit Baulkham Hills NSW 2153 Tel: (02) 8858 3600 Fax: (02) 8858 3799
NI	InnoLet Products of Novo Nordisk Pharmaceuticals Pty Ltd Level 3, 21 Solent Circuit Baulkham Hills NSW 2153 Tel: (02) 8858 3600 Fax: (02) 8858 3799
NL	NovoLet Products of Novo Nordisk Pharmaceuticals Pty Ltd Level 3, 21 Solent Circuit Baulkham Hills NSW 2153 Tel: (02) 8858 3600 Fax: (02) 8858 3799
NO	Novo Nordisk Pharmaceuticals Pty Ltd Level 3, 21 Solent Circuit Baulkham Hills NSW 2153 Tel: (02) 8858 3600 Fax: (02) 8858 3799
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
OL	Owen Laboratories Division of Galderma Australia Pty Ltd 9 Rodborough Road Frenchs Forest NSW 2086 Tel: 1800 800 765 Fax: (02) 9975 5374
OM	Colgate Oral Care 345 George Street Sydney NSW 2000 Tel: (02) 9229 5600 Fax: (02) 9232 8448
OR	Organon (Australia) Pty Limited 31-33 Sirius Road Lane Cove NSW 2066 Tel: (02) 9428 9411 Fax: (02) 9428 1732
PD	Parke Davis Pty Ltd 32 Cawarra Road Caringbah NSW 2229 Tel: (02) 9710 6500 Fax: (02) 9710 6400
PE	Pacific EyeCare A Division of Allergan Australia Pty Ltd 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

Code	Manufacturer
PH	Pharmacia Australia Pty Limited 59 Kirby Street Rydalmere NSW 2116 Tel: (02) 9848 3000 Fax: (02) 9848 3333
PL	Pharmalab 332 Burns Bay Road Lane Cove NSW 2066 Tel: (02) 9420 9199 Fax: (02) 9420 9177
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
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
RO	Roche Products Pty Ltd 4-10 Inman Road Dee Why NSW 2099 Tel: (02) 9454 9000 Fax: (02) 9981 3229

Code	Manufacturer
SA	SciGen Pty Limited Level 7, 2 Bligh Street Sydney NSW 2000 Tel: (02) 9234 1700 Fax: (02) 9234 1777
SB	Scientific Hospital Supplies Australia Products Norwest Business Park 14-16 Brookhollow Avenue Baulkham Hills NSW 2153 Tel: (02) 8853 9600 Fax: (02) 9894 6498
SC	Schering Pty Ltd Australian Subsidiary of Schering AG, Berlin 27-31 Doody Street Alexandria NSW 2015 Tel: (02) 9317 8666 Fax: (02) 9317 2138
SE	Servier Laboratories (Aust.) Pty Ltd 8 Cato Street Hawthorn Vic 3122 Tel: (03) 8823 7333 Fax: (03) 9822 9790
SG	Serono Australia Pty Ltd Unit 3-4, 25 Frenchs Forest Road East Frenchs Forest NSW 2086 Tel: (02) 8977 4100 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
SL	SBPA A Division of Sandoz Pty Ltd 54 Waterloo Road North Ryde NSW 2113 Tel: (02) 9888 8550 Fax: (02) 9888 8557

Code	Manufacturer
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 Healthcare 315 Ferntree Gully Road Mount Waverley Vic 3149 Tel: (03) 8540 6777 Fax: 1800 671 000
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
SW	Sanofi-Synthelabo Australia Pty Limited 16 Byfield Street North Ryde NSW 2113 Tel: (02) 8899 0700 Fax: (02) 8899 0600
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
SZ	Sandoz Pty Ltd 54 Waterloo Road North Ryde NSW 2113 Tel: (02) 9888 8550 Fax: (02) 9888 8557
TC	Technostic Consulting Pty Ltd 6735 Cutrock Road Lisarow NSW 2250 Tel: 0417 210 398 Fax: (02) 4362 7077
TH	Richard Thomson Pty Ltd Unit 2, 109 Vanessa Street Kingsgrove NSW 2208 Tel: (02) 9502 8400 Fax: (02) 9502 8401
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 3200 Fax: (08) 8408 3383
UC	UCB Pharma A Division of UCB Australia Pty Ltd 19 Potter Street Craigieburn Vic 3064 Tel: (03) 9303 0637 Fax: (03) 9303 0689
UM	Unomedical Pty Ltd 11-17 Wilmette Place Mona Vale NSW 2103 Tel: (02) 9997 8033 Fax: (02) 9997 3760
UW	United Works of Pharmaceutical and Dietetic Products, Hungary Australian Distributor Boucher & Muir Pty Limited Tel: (02) 9436 3922 Fax: (02) 9906 7147
VF	Vitaflo Australia Pty Ltd 23-25 Pinto Way Highton Vic 3216 Tel: (03) 5244 5811 Fax: (03) 5244 5822
WR	Warner Lambert Consumer Healthcare Pty Ltd 32 Cawarra Road Caringbah NSW 2229 Tel: (02) 9710 6500 Fax: (02) 9710 6245
WT	Wyeth Consumer Healthcare Pty Ltd 17-19 Solent Circuit Norwest Business Park Baulkham Hills NSW 2153 Tel: 1800 555 057 Fax: (02) 9023 0016

Code	*Manufacturer*
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
ZH	Shinnick Pharmaceuticals Pty Limited Unit 6, 6-18 Bridge Road Hornsby NSW 2077 Tel: (02) 9482 9058 Fax: (02) 9482 4499
ZT	Synthon AU Pty Ltd 6 The Return Woodvale WA 6026 Tel: (08) 9409 5200 Fax: (08) 9409 5211

Code	*Manufacturer*

Section 1 — Explanatory Notes

Introduction

These Explanatory Notes are provided to help doctors, dentists and pharmacists work within the Australian 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, Finland, and Norway.

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 by the Australian Department of Health and Ageing. In 2004 the Schedule will be produced four times (effective 1 February, 1 May, 1 August and 1 December). Thereafter the Schedule will be produced three times each year (effective 1 April, 1 August and 1 December).

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 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 one 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 Government $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 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 HIC (at the address below). Orders should be sent to:

Prescription Pad Order Clerk
Pharmaceutical Branch
HIC
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'.

Prescribers must heed State/Territory laws when prescribing drugs listed as narcotic, specified or restricted in the poisons legislation of the particular State or Territory. 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 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 HIC's 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 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. PBS prescriptions must not be prepared using a computer prescribing program that contains a default which would result in all prescriptions being indicated as Brand Substitution 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 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 HIC may be obtained by posting an Authority Prescription Form to HIC, by calling HIC's Authority Freecall service (1800 888 333), or by using HIC's PBS authorities website at www.hic.gov.au/providers. 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 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, 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 HIC for processing and payment.
- the triplicate ("doctor or HIC/DVA") copy, which is kept by 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 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. PBS prescriptions must not be prepared using a computer prescribing program that contains a default which would result in all prescriptions being indicated as Brand Substitution Not Permitted;
- in certain circumstances, the doctor must provide additional information to HIC with the authority application; 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 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 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 HIC or DVA. The follow-up written prescription must include the approval number provided over the phone by 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 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 HIC to provide details of stocks of pharmaceutical benefits or preparations for pharmaceutical benefits; and
- must keep the duplicates of all old format pharmaceutical benefit prescriptions, and the patient/pharmacist copies of all new format pharmaceutical benefit prescriptions, with a Commonwealth contribution for at least one year from the date of supply. This includes prescriptions ordering repeats when it is the final supply, and order forms for emergency drug (doctor's bag) supplies. Please note that some State/Territory laws require these copies to be kept for longer periods.

Before supplying pharmaceutical benefits

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

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

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

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

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

Supplying pharmaceutical benefits

Do's and Don't's

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

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

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

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

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

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

Pharmacists must heed State/Territory laws when supplying drugs listed as narcotic, specified or restricted in the poisons legislation of the particular State or Territory.

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 HIC. Please note that 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 HIC or the 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 2002, the pharmacist should write: “Certified supplied – mailed to patient 1 April 2002 (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 2002, the pharmacist should write: “Certified supplied 1 May 2002 – 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. General patients hold a Medicare card. Concessional patients hold a Medicare card and 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
- Repatriation Pharmaceutical Benefits Card (orange) – concessional patients under RPBS.

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 HIC if they have queries about these arrangements.

Establishing entitlement

Prescription forms supplied by HIC have spaces provided for details of a patient's entitlement 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 Medicare number (including individual reference number) or complete Veteran file number on the card; and
- if applicable, the complete 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 prescriptions must have a Medicare or Veteran file number. All concessional prescriptions must have a concession number. However, it is not necessary for the Medicare (Veteran file) or the 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 $23.70 for general patients and $3.80 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 $19.00. 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 $23.70 for items not listed in the Schedule.

The contribution rate for concessional patients in all public hospitals is $3.80.

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 Government 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.

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 $726.80. When patients and/or their families reach this amount, they can apply for a Safety Net Concession Card and pay only $3.80 per prescription for the rest of the calendar year.

The concessional safety net threshold is $197.60 (this also applies to gold, white or orange 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 $197.60. In this case, any pharmaceutical benefits previously supplied at the general rate in that calendar year will need to be converted to the rate of $3.80 per item.

General patients who were previously concessional patients can apply for a Safety Net Concession Card when they reach the general threshold of $726.80. In this case, any pharmaceutical benefits previously supplied at the concessional rate in that calendar year will be counted at the rate of $3.80 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 $3.80 per item until the $197.60 threshold is reached. To receive a Safety Net Concession Card, general pharmaceutical benefits are counted at the general rate of up to $23.70 per item and concessional pharmaceutical benefits at $3.80 per item, until the threshold of $726.80 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 $3.80 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 $3.80 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 $3.80 for each RPBS prescription item purchased.

Those with gold or orange cards receive all of their prescription items under the RPBS, and only pay $3.80 for each item.

Dependants of white, gold or orange 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 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 $690.00 recorded on their PRF and they have a new prescription for three items, the first item should be supplied at the general rate. If the second item would take the family over the threshold of $726.80, the pharmacist should then issue a Safety Net Concession Card and supply the other two items at the concessional rate. This involves the deferral of two 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 over 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 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 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 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 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 HIC's 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 HIC's 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. HIC Entitlement Checks

General Patients

HIC validates a patient's entitlement to pharmaceutical benefits by checking Medicare and/or Veteran file numbers in pharmacists' claims. If a number is not recorded correctly, a patient cannot be identified against HIC's Pharmaceutical Benefits Entitlement File and entitlement cannot be established.

If the Medicare or Veteran file number provided in the pharmacists' claims is incorrect or the number and the name supplied do not match HIC records to enable patient identification, an appropriate warning or rejection code will be returned to the pharmacy. These notifications of missing or incorrect Medicare or Veteran file numbers are provided to pharmacists in an entitlement report produced after claim payment.

Special numbers are available for use in certain circumstances for eligible people who are unable to provide a Medicare number.

Concessional Patients

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

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 Patients

Once a pharmacist has been notified by HIC of an incorrect Medicare or Veteran file number he/she should correct the number for future claims by:

- updating his/her system to reflect the correct number provided in the entitlement report (if patient consent to do so has been obtained); or
- speaking to the patient; or
- obtaining patient consent and calling HIC on the IME Medicare hotline (1300 302 122).

If the patient presents a Medicare card that appears correct, but according to HIC is not a valid number, or not a valid number for that person, a pharmacist may use a special number. A photocopy of the card, or a form must accompany the use of this number. The form is available on HIC's website or by calling 132 290.

Concessional Patients

Once a pharmacist has been notified by HIC of an incorrect concessional 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 HIC, which will notify the relevant Government 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 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. 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

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 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;
- 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 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 2002 should have a reference number of 0206.

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 HIC for another pharmacist to sign it.

Lodging claims

A claim may be lodged at any time during the month at the relevant HIC State office. Unless other arrangements have been made with HIC's 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 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 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).

In no case shall the recovery price for a quantity of an ingredient exceed the recovery price for a greater quantity of that ingredient.

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://scaleplus.law.gov.au.

Therapeutic Index
for
PBS Schedule

ALIMENTARY TRACT AND METABOLISM 69
STOMATOLOGICAL PREPARATIONS 69
Stomatological preparations 69
DRUGS FOR ACID RELATED DISORDERS 69
Antacids 69
Drugs for peptic ulcer and gastro-oesophageal reflux disease (GORD) 69
DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS 76
Belladonna and derivatives, plain 76
Propulsives 77
ANTIEMETICS AND ANTINAUSEANTS 77
Antiemetics and antinauseants 77
BILE AND LIVER THERAPY 79
Bile therapy 79
LAXATIVES 79
Laxatives 79
ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ ANTIINFECTIVE AGENTS 82
Intestinal antiinfectives 82
Electrolytes with carbohydrates 82
Antipropulsives 82
Intestinal antiinflammatory agents 83
DIGESTIVES, INCL. ENZYMES 84
Digestives, incl. enzymes 84
DRUGS USED IN DIABETES 85
Insulins and analogues 85
Oral blood glucose lowering drugs 87
VITAMINS 95
Vitamin A and D, incl. combinations of the two 95
Vitamin B_1, plain and in combination with vitamin B_6 and vitamin B_{12} 95
Other plain vitamin preparations 96
MINERAL SUPPLEMENTS 96
Calcium 96
Potassium 96
ANABOLIC AGENTS FOR SYSTEMIC USE 96
Anabolic steroids 96
BLOOD AND BLOOD FORMING ORGANS 98
ANTITHROMBOTIC AGENTS 98
Antithrombotic agents 98
ANTIHEMORRHAGICS 102
Antifibrinolytics 102
ANTIANEMIC PREPARATIONS 103
Iron preparations 103
Vitamin B12 and folic acid 103
BLOOD SUBSTITUTES AND PERFUSION SOLUTIONS 103
Blood and related products 103
I.V. solutions 104
CARDIOVASCULAR SYSTEM 105
CARDIAC THERAPY 105
Cardiac glycosides 105
Antiarrhythmics, class I and III 105
Cardiac stimulants excl. cardiac glycosides 107
Vasodilators used in cardiac diseases 107
ANTIHYPERTENSIVES 109
Antiadrenergic agents, centrally acting 109
Antiadrenergic agents, peripherally acting 109
Arteriolar smooth muscle, agents acting on 110

DIURETICS 110
Low-ceiling diuretics, thiazides 110
Low-ceiling diuretics, excl. thiazides 110
High-ceiling diuretics 111
Potassium-sparing agents 112
Diuretics and potassium-sparing agents in combination 112
PERIPHERAL VASODILATORS 112
Peripheral vasodilators 112
BETA BLOCKING AGENTS 113
Beta blocking agents 113
CALCIUM CHANNEL BLOCKERS 115
Selective calcium channel blockers with mainly vascular effects 115
Selective calcium channel blockers with direct cardiac effects 117
AGENTS ACTING ON THE RENIN-ANGIOTENSIN SYSTEM 119
ACE inhibitors, plain 119
ACE inhibitors, combinations 122
Angiotensin II antagonists, plain 123
Angiotensin II antagonists, combinations 124
SERUM LIPID REDUCING AGENTS 125
Cholesterol and triglyceride reducers 127

DERMATOLOGICALS 129

ANTIFUNGALS FOR DERMATOLOGICAL USE 129
Antifungals for systemic use 129
ANTIPSORIATICS 129
Antipsoriatics for topical use 129
Antipsoriatics for systemic use 129
ANTIBIOTICS AND CHEMOTHERAPEUTICS FOR DERMATOLOGICAL USE 130
Chemotherapeutics for topical use 130
CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS 130
Corticosteroids, plain 130
ANTI-ACNE PREPARATIONS 132
Anti-acne preparations for systemic use 132

GENITO URINARY SYSTEM AND SEX HORMONES 133

OTHER GYNECOLOGICALS 133
Contraceptives for topical use 133
Other gynecologicals 133
SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM 134
Hormonal contraceptives for systemic use 134
Androgens 135
Estrogens 136
Progestogens 139
Progestogens and estrogens in combination 139
Gonadotropins and other ovulation stimulants 142
Antiandrogens 146
Other sex hormones and modulators of the genital system 146
UROLOGICALS 147
Other urologicals, incl. antispasmodics 147

SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES AND INSULINS 148

PITUITARY AND HYPOTHALAMIC HORMONES AND ANALOGUES 148
Anterior pituitary lobe hormones and analogues 148
Posterior pituitary lobe hormones 148
Hypothalamic hormones 149
CORTICOSTEROIDS FOR SYSTEMIC USE 149
Corticosteroids for systemic use, plain 149
Antiadrenal preparations 151
THYROID THERAPY 151
Thyroid preparations 151
Antithyroid preparations 151

PANCREATIC HORMONES 152
Glycogenolytic hormones 152
CALCIUM HOMEOSTASIS 152
Anti-parathyroid hormones 152
ANTIINFECTIVES FOR SYSTEMIC USE 153
ANTIBACTERIALS FOR SYSTEMIC USE 153
Tetracyclines 153
Beta-lactam antibacterials, penicillins 156
Other beta-lactam antibacterials 162
Sulfonamides and trimethoprim 165
Macrolides, lincosamides and streptogramins 166
Aminoglycoside antibacterials 167
Quinolone antibacterials 168
Other antibacterials 169
ANTIMYCOTICS FOR SYSTEMIC USE 171
Antimycotics for systemic use 171
ANTIMYCOBACTERIALS 172
Drugs for treatment of tuberculosis 172
Drugs for treatment of lepra 172
ANTIVIRALS FOR SYSTEMIC USE 173
Direct acting antivirals 173
IMMUNE SERA AND IMMUNOGLOBULINS 175
Immune sera 175
VACCINES 176
Bacterial vaccines 176
Viral vaccines 176
ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS 177
ANTINEOPLASTIC AGENTS 177
Alkylating agents 177
Antimetabolites 178
Plant alkaloids and other natural products 179
Cytotoxic antibiotics and related substances 180
Other antineoplastic agents 182
ENDOCRINE THERAPY 183
Hormones and related agents 183
Hormone antagonists and related agents 185
IMMUNOSTIMULANTS 187
Cytokines and immunomodulators 187
IMMUNOSUPPRESSIVE AGENTS 190
Immunosuppressive agents 190
MUSCULO-SKELETAL SYSTEM 201
ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS 201
Antiinflammatory and antirheumatic products, non-steroids 201
Specific antirheumatic agents 205
MUSCLE RELAXANTS 206
Muscle relaxants, centrally acting agents 206
Muscle relaxants, directly acting agents 206
ANTIGOUT PREPARATIONS 207
Antigout preparations 207
DRUGS FOR TREATMENT OF BONE DISEASES 208
Drugs affecting bone structure and mineralization 208
OTHER DRUGS FOR DISORDERS OF THE MUSCULO-SKELETAL SYSTEM 211
Other drugs for disorders of the musculo-skeletal system 211

NERVOUS SYSTEM 212
ANALGESICS 212
Opioids 212
Other analgesics and antipyretics 218
Antimigraine preparations 218
ANTIEPILEPTICS 220
Antiepileptics 220
ANTI-PARKINSON DRUGS 224
Anticholinergic agents 224
Dopaminergic agents 224
PSYCHOLEPTICS 226
Antipsychotics 226
Anxiolytics 229
Hypnotics and sedatives 231
PSYCHOANALEPTICS 233
Antidepressants 233
Psychostimulants, agents used for ADHD and nootropics 237
Anti-dementia drugs 237
OTHER NERVOUS SYSTEM DRUGS 242
Parasympathomimetics 242
Drugs used in addictive disorders 242
Other nervous system drugs 243
ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLENTS 244
ANTIPROTOZOALS 244
Agents against amoebiasis and other protozoal diseases 244
Antimalarials 244
ANTHELMINTICS 245
Antinematodal agents 245
ECTOPARASITICIDES, INCL. SCABICIDES, INSECTICIDES AND REPELLENTS 245
Ectoparasiticides, incl. scabicides 245
RESPIRATORY SYSTEM 246
DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES 246
Adrenergics, inhalants 246
Other drugs for obstructive airway diseases, inhalants 249
Adrenergics for systemic use 252
Other systemic drugs for obstructive airway diseases 253
COUGH AND COLD PREPARATIONS 254
Expectorants, excl. combinations with cough suppressants 254
Cough suppressants, excl. combinations with expectorants 254
ANTIHISTAMINES FOR SYSTEMIC USE 254
Antihistamines for systemic use 254
SENSORY ORGANS 255
OPHTHALMOLOGICALS 255
Antiinfectives 255
Antiinflammatory agents 256
Antiglaucoma preparations and miotics 257
Mydriatics and cycloplegics 259
Decongestants and antiallergics 259
Other ophthalmologicals 259
OTOLOGICALS 262
Antiinfectives 262
Corticosteroids and antiinfectives in combination 262
OPHTHALMOLOGICAL AND OTOLOGICAL PREPARATIONS 262
Antiinfectives 262

VARIOUS 263
ALLERGENS 263
Allergens 263
ALL OTHER THERAPEUTIC PRODUCTS 263
All other therapeutic products 263
DIAGNOSTIC AGENTS 264
Urine tests 264
Other diagnostic agents 264
GENERAL NUTRIENTS 265
Other nutrients 265
ALL OTHER NON-THERAPEUTIC PRODUCTS 272
All other non-therapeutic products 272

PALLIATIVE CARE BENEFITS

ALIMENTARY TRACT AND METABOLISM 273
STOMATOLOGICAL PREPARATIONS 273
Stomatological preparations 273
DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS 274
Belladonna and derivatives, plain 274
ANTIEMETICS AND ANTINAUSEANTS 274
Antiemetics and antinauseants 274
LAXATIVES 275
Laxatives 275
NERVOUS SYSTEM 278
ANALGESICS 278
Other analgesics and antipyretics 278
ANTIEPILEPTICS 279
Antiepileptics 279

DENTAL BENEFITS

ALIMENTARY TRACT AND METABOLISM 281
STOMATOLOGICAL PREPARATIONS 281
Stomatological preparations 281
DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS 281
Belladonna and derivatives, plain 281
Propulsives 281
ANTIEMETICS AND ANTINAUSEANTS 281
Antiemetics and antinauseants 281
ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ ANTIINFECTIVE AGENTS 282
Intestinal antiinfectives 282
BLOOD AND BLOOD FORMING ORGANS 282
BLOOD SUBSTITUTES AND PERFUSION SOLUTIONS 282
I.V. solutions 282
CARDIOVASCULAR SYSTEM 282
CARDIAC THERAPY 282
Antiarrhythmics, class I and III 282
Cardiac stimulants excl. cardiac glycosides 282
Vasodilators used in cardiac diseases 283
DERMATOLOGICALS 283
CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS 283
Corticosteroids, plain 283

SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES AND INSULINS 283
CORTICOSTEROIDS FOR SYSTEMIC USE 283
Corticosteroids for systemic use, plain 283
PANCREATIC HORMONES 284
Glycogenolytic hormones 284
ANTIINFECTIVES FOR SYSTEMIC USE 284
ANTIBACTERIALS FOR SYSTEMIC USE 284
Tetracyclines 284
Beta-lactam antibacterials, penicillins 285
Other beta-lactam antibacterials 290
Sulfonamides and trimethoprim 293
Macrolides, lincosamides and streptogramins 293
Other antibacterials 294
VACCINES 295
Bacterial vaccines 295
MUSCULO-SKELETAL SYSTEM 295
ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS 295
Antiinflammatory and antirheumatic products, non-steroids 295
NERVOUS SYSTEM 299
ANALGESICS 299
Opioids 299
Other analgesics and antipyretics 303
ANTIEPILEPTICS 304
Antiepileptics 304
ANTI-PARKINSON DRUGS 304
Anticholinergic agents 304
PSYCHOLEPTICS 304
Anxiolytics 304
Hypnotics and sedatives 305
RESPIRATORY SYSTEM 305
DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES 305
Adrenergics for systemic use 305
SENSORY ORGANS 305
OPHTHALMOLOGICALS 305
Antiinfectives 305
VARIOUS 306
ALL OTHER THERAPEUTIC PRODUCTS 306
All other therapeutic products 306
ALL OTHER NON-THERAPEUTIC PRODUCTS 306
All other non-therapeutic products 306

Section 2

Emergency Drug (Doctor's Bag) Supplies

Special Pharmaceutical Benefits

General Pharmaceutical Benefits

Pharmaceutical Benefits for Palliative Care

Pharmaceutical Benefits for Dental Use

Items Available Under Special Arrangements (s.100)

SYMBOLS USED IN THE SCHEDULE

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

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

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

A gauge sign (#) against the dispensed price of a benefit indicates that the product is not preconstituted and that an extemporaneously-prepared dispensing fee is included in the dispensed price and, where appropriate, an amount for purified water.

Where a STATE is indicated after a manufacturer's code, that brand may be available only in the State indicated. NSW─(N); Vic─(V); Qld─(Q); SA─(S); WA─(W); Tas─(T).

RESTRICTED BENEFITS

All restricted items are printed in ***bold italics***, with separate headings for authority and non-authority items. In each case these items may be prescribed as pharmaceutical benefits only for use for one of the specified indications. Where more than one indication is specified for an authority required or restricted pharmaceutical benefit, each indication is separated from the preceding indication by a semi-colon and commences on the next line. The drug may be prescribed as a pharmaceutical benefit for a patient who qualifies under any of the specified indications.

A straight line is drawn between entries for different forms and strengths of an item to indicate clearly the different restrictions which apply to these various forms and strengths.

The maximum quantity and/or number of repeats in respect of an item shown in the Schedule may be varied by the Managing Director of the Health Insurance Commission when approving an Authority Prescription or an Authority to Prescribe. The quantity and number of repeats shown on the authority shall be supplied. (See Explanatory Notes (yellow pages). Payment will be made on the basis of the price shown for that item in the Schedule.

CODES FOR INJECTABLE ITEMS WITH ALLOWABLE SOLVENTS

The entry in this Schedule of those pharmaceutical benefit injectable items which require a solvent includes the codes of the items with the relevant solvents. For each such item─

First code is for the injectable with 2 mL sterilised water for injections
Second code is for the injectable with 10 mL sterilised water for injections
Third code is for the injectable with 2 mL sodium chloride injection 9 mg per mL (0.9%)
Fourth 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 Australian 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 Australian 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	9.35	AP	
	ATROPINE SULFATE				
3453R	Injection 600 micrograms in 1 mL	10	10.28	AP	
	BENZTROPINE MESYLATE				
3457Y	Injection 2 mg in 2 mL	5	19.42	Cogentin	MK
	BENZYLPENICILLIN				
3486L	Injection 600 mg (with sterilised Water for Injections 2 mL)	10	*33.34	BenPen	CS
or	*or*				
	PROCAINE PENICILLIN				
3485K	Injection 1.5 g	5	52.40	Cilicaine	SI
	BENZYLPENICILLIN				
3487M	Injection 3 g (with sterilised Water for Injections 10 mL)	1	13.43	BenPen	CS
	CHLORPROMAZINE HYDROCHLORIDE				
3455W	Injection 50 mg in 2 mL	10	13.90	Largactil	AV
or	*or*				
	HALOPERIDOL				
3456X	Injection 5 mg in 1 mL	10	14.57	Serenace	SI
	DEXAMETHASONE SODIUM PHOSPHATE				
3472R	Injection equivalent to 4 mg dexamethasone phosphate in 1 mL	5	13.49	MX	
or	*or*				
	HYDROCORTISONE SODIUM SUCCINATE				
3470P	Injection equivalent to 100 mg hydrocortisone with 2 mL solvent	2	*14.96	Solu-Cortef	PH
or	*or*				
	HYDROCORTISONE SODIUM SUCCINATE				
3471Q	Injection equivalent to 250 mg hydrocortisone with 2 mL solvent	1	11.83	Solu-Cortef	PH
	DIAZEPAM				
3458B	Injection 10 mg in 2 mL	5	10.46	MX	
	DIHYDROERGOTAMINE MESYLATE				
3460D	Injection 1 mg in 1 mL	5	15.18	Dihydergot	NV
	DIPHTHERIA and TETANUS VACCINE, ADSORBED, DILUTED FOR ADULT USE				
3462F	Injection 0.5 mL	15	*75.46	CS	
	FRUSEMIDE				
3466K	Injection 20 mg in 2 mL	5	10.78	Lasix	AV
	GLUCAGON HYDROCHLORIDE				
3467L	Injection set containing 1 mg (1 i.u.) and 1 mL solvent in disposable syringe	1	36.92	GlucaGen Hypokit	NO
	GLYCERYL TRINITRATE				
3475X	Buccal/sublingual spray (pump pack) 400 micrograms per dose (200 doses)	‡1	18.21	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	
	LIGNOCAINE HYDROCHLORIDE				
3474W	Injection 100 mg in 5 mL	4	*24.24	Xylocard 100	AP
	METOCLOPRAMIDE HYDROCHLORIDE				
3476Y	Injection 10 mg in 2 mL	10	11.15	Maxolon	ID
or	*or*				
	PROCHLORPERAZINE				
3477B	Injection 12.5 mg in 1 mL	10	14.08	Stemetil	AV
	MORPHINE SULFATE				
3479D	Injection 15 mg in 1 mL	5	11.85	MX	
				SI	
or	*or*				
	MORPHINE SULFATE				
3480E	Injection 30 mg in 1 mL	5	13.14	MX	
	NALOXONE HYDROCHLORIDE				
3481F	Injection 800 micrograms in 2 mL	5	*96.61	Naloxone Min-I-Jet	CS
or	*or*				
	NALOXONE HYDROCHLORIDE				
3482G	Injection 2 mg in 5 mL	2	*63.46	Naloxone Min-I-Jet	CS
	PETHIDINE HYDROCHLORIDE				
3483H	Injection 100 mg in 2 mL	5	11.22	MX	
				SI	
or	*or*				
	TRAMADOL HYDROCHLORIDE				
3484J	Injection 100 mg in 2 mL	5	11.02	Tramal 100	CS
	PROMETHAZINE HYDROCHLORIDE				
3488N	Injection 50 mg in 2 mL	10	*18.20	MX	
	SALBUTAMOL SULFATE				
3496B	Nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30	‡1	14.09	[a] Asmol 2.5 uni-dose	AF
				[a] Chem mart Salbutamol	CH
				[a] GenRx Salbutamol	GX
				[a] Terry White Chemists Salbutamol	TW
				[a] PU	
			15.19	[a] Ventolin Nebules	GK
or	*or*				
	SALBUTAMOL SULFATE				
3495Y	Oral pressurised inhalation 100 micrograms (base) per dose (200 doses), CFC-free formulation	‡1	10.47	[a] Asmol CFC-free	AL
				[a] Epaq	AW
			10.78	[a] Airomir	MM
			10.97	[a] Ventolin CFC-free	GK

EMERGENCY DRUG (DOCTOR'S BAG) SUPPLIES

Code	Name, Manner of administration and form	Max. Qty	Dispensed Price for Max.Qty $	Proprietary Name and Manufacturer	
	SALBUTAMOL SULFATE				
3497C	Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30	‡1	14.63	[a] Asmol 5 uni-dose	AF
				[a] Chem mart Salbutamol	CH
				[a] GenRx Salbutamol	GX
				[a] healthsense Salbutamol	HS
				[a] Terry White Chemists Salbutamol	TW
				[a] PU	
			15.73	[a] Ventolin Nebules	GK
	TERBUTALINE SULFATE				
3491R	Injection 500 micrograms in 1 mL	5	9.84	Bricanyl	AP
	TETANUS VACCINE, ADSORBED				
3493W	Injection 0.5 mL	5	*25.06	CS	
	VERAPAMIL HYDROCHLORIDE				
3494X	Injection 5 mg in 2 mL	5	10.55	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 28.

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							
	Restricted benefit							
	Germ cell neoplasms; Lymphoma.							
2315W	***Powder for injection 15,000 i.u. (solvent required) (codes 6891Q, 6893T, 6894W, 6896Y apply to above item with approved solvents)***	***10***	***..***	***[S]460.80***	****516.86***	****977.66***	***23.70***	***MX***
				[S]460.80	***516.86***	***977.66***	***23.70*** [a]	***Blenamax ZH***
				[S]460.80	***516.86***	***1057.14***	***23.70*** [a]	***Blenoxane BQ***
				[B]79.48				

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	STOMATOLOGICAL PREPARATIONS							
	Stomatological preparations							
	• ***Antiinfectives and antiseptics for local oral treatment***							
	AMPHOTERICIN							
2931G	Lozenge 10 mg	20	1	..	7.75	8.68	Fungilin	BQ
	NYSTATIN							
3033P	Oral suspension 100,000 units per mL, 24 mL	‡1	1	..	9.04	9.97	Mycostatin Nilstat	BQ SI
	• ***Other agents for local oral treatment***							
	BENZYDAMINE HYDROCHLORIDE							
	Restricted benefit							
	Radiation induced mucositis.							
1121B	***Mouth and throat rinse 22.5 mg per 15 mL, 500 mL***	***‡1***	***1***	***..***	***17.99***	***18.92***	***Difflam***	***MM***
	DRUGS FOR ACID RELATED DISORDERS							
	Antacids							
	• ***Combinations and complexes of aluminium, calcium and magnesium compounds***							
	ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE							
2576N	Tablet 200 mg-200 mg	200	5	..	*12.60	13.53	[a] Gelusil	WW
				[B]0.40	*13.00	13.53	[a] Mylanta	WR
2157M	Oral suspension 200 mg-200 mg per 5 mL, 500 mL	2	5	..	*12.60	13.53	[a] Gelusil	WW
							[a] Sigma Liquid Antacid	SI
				[B]0.32	*12.92	13.53	[a] Mylanta P	WR
	ALUMINIUM HYDROXIDE with MAGNESIUM TRISILICATE and MAGNESIUM HYDROXIDE							
1032H	Tablet 250 mg-120 mg-120 mg	200	5	..	*12.60	13.53	Gastrogel	FM
2159P	Oral suspension 250 mg-120 mg-120 mg per 5 mL, 500 mL	2	5	..	*12.60	13.53	Gastrogel	FM
	Drugs for peptic ulcer and gastro-oesophageal reflux disease (GORD)							
	• ***H_2-receptor antagonists***							
	NOTE:							
	The base-priced drugs in this therapeutic group are cimetidine (except cimetidine effervescent tablet 800 mg (as hydrochloride)), famotidine and ranitidine hydrochloride (except ranitidine hydrochloride effervescent tablet 150 mg (base) and syrup 150 mg (base) per 10 mL, 300 mL).							
	CIMETIDINE							
	NOTE:							
	Helicobacter pylori eradication therapy should be considered prior to commencing initial treatment of peptic ulcer with this drug.							
1157X	Tablet 200 mg	120	5	..	27.20	23.70	[a] Cimehexal	HX
							[a] Magicul 200	AF
				[B]2.49	29.69	23.70	[a] Tagamet	GK

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	CIMETIDINE—cont.							
1158Y	Tablet 400 mg	60	5	..	27.20	23.70	[a] Cimehexal	HX
							[a] GenRx Cimetidine	GX
							[a] Magicul 400	AF
				[B]2.49	29.69	23.70	[a] Tagamet	GK
1159B	Tablet 800 mg	30	5	..	27.20	23.70	[a] Cimehexal	HX
							[a] GenRx Cimetidine	GX
							[a] Magicul 800	AF
				[B]4.96	32.16	23.70	[a] Tagamet	GK
1156W	Effervescent tablet 800 mg (as hydrochloride)	30	5	[T]7.01	34.21	23.70	Tagamet 800 Express	GK

CIMETIDINE

NOTE:

Helicobacter pylori eradication therapy should be considered prior to commencing initial treatment of peptic ulcer with this drug.

Authority required

Adverse effects occurring with all of the base-priced drugs;
Drug interactions occurring with all of the base-priced drugs;
Drug interactions 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.

8901L	***Effervescent tablet 800 mg (as hydrochloride)***	***30***	***5***	***..***	***34.21***	***23.70***	***Tagamet 800 Express***	***GK***

FAMOTIDINE

NOTE:

Helicobacter pylori eradication therapy should be considered prior to commencing initial treatment of peptic ulcer with this drug.

2487X	Tablet 20 mg	60	5	..	21.23	22.16	[a] Ausfam 20	AW
							[a] Chem mart Famotidine	CH
							[a] Famohexal	HX
							[a] GenRx Famotidine	GX
							[a] Pamacid 20	AF
							[a] Pepzan	DP
							[a] Terry White Chemists Famotidine	TW
				[B]5.41	26.64	22.16	[a] Amfamox 20	AD
							[a] Pepcidine M	MK

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	FAMOTIDINE—cont.							
2488Y	Tablet 40 mg	30	5	..	21.23	22.16	[a] Ausfam 40	AW
							[a] Chem mart Famotidine	CH
							[a] Famohexal	HX
							[a] GenRx Famotidine	GX
							[a] Pamacid 40	AF
							[a] Pepzan	DP
							[a] Terry White Chemists Famotidine	TW
				[B]5.41	26.64	22.16	[a] Amfamox 40	AD
							[a] Pepcidine	MK
	NIZATIDINE **NOTE:** *Helicobacter pylori* eradication therapy should be considered prior to commencing initial treatment of peptic ulcer with this drug.							
1505F	Capsule 150 mg	60	5	[T]4.05	25.56	22.44	Tazac	AS
1504E	Capsule 300 mg	30	5	[T]4.05	25.56	22.44	Tazac	AS
	NIZATIDINE **NOTE:** ***Helicobacter pylori eradication therapy should be considered prior to commencing initial treatment of peptic ulcer with this drug.*** **Authority required** ***Adverse effects occurring with all of the base-priced drugs;*** ***Drug interactions occurring with all of the base-priced drugs;*** ***Drug interactions 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.***							
8931C	***Capsule 150 mg***	***60***	***5***	***..***	***25.56***	***23.70***	***Tazac***	***AS***
8933E	***Capsule 300 mg***	***30***	***5***	***..***	***25.56***	***23.70***	***Tazac***	***AS***

Code	Name, Restriction, Manner of 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 **NOTE:** *Helicobacter pylori* eradication therapy should be considered prior to commencing initial treatment of peptic ulcer with this drug.							
1978D	Tablet 150 mg (base)	60	5	..	21.92	22.85	[a] Ausran	SI
							[a] Chem mart Ranitidine	CH
							[a] GenRx Ranitidine	GX
							[a] Rani 2	AF
							[a] Ranihexal	HX
							[a] Ranitidine-BC	BG
							[a] Ranoxyl	DP
							[a] Terry White Chemists Ranitidine	TW
				[B]2.17	24.09	22.85	[a] Zantac	GK
1937Y	Effervescent tablet 150 mg (base)	60	5	[T]2.14	*24.08	22.87	Zantac	GK
1977C	Tablet 300 mg (base)	30	5	..	21.92	22.85	[a] Ausran	SI
							[a] Chem mart Ranitidine	CH
							[a] GenRx Ranitidine	GX
							[a] healthsense Ranitidine	HS
							[a] Rani 2	AF
							[a] Ranihexal	HX
							[a] Ranitidine-BC	BG
							[a] Ranoxyl	DP
							[a] Terry White Chemists Ranitidine	TW
				[B]2.17	24.09	22.85	[a] Zantac	GK
8162N	Syrup 150 mg (base) per 10 mL, 300 mL	2	5	[T]2.14	*24.08	22.87	Zantac Syrup	GK
	RANITIDINE HYDROCHLORIDE **NOTE:** ***Helicobacter pylori eradication therapy should be considered prior to commencing initial treatment of peptic ulcer with this drug.***							
	Authority required ***Adverse effects occurring with all of the base-priced drugs;*** ***Drug interactions occurring with all of the base-priced drugs;*** ***Drug interactions 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.***							
8903N	***Effervescent tablet 150 mg (base)***	***60***	***5***	***..***	****24.08***	***23.70***	***Zantac***	***GK***
8905Q	***Syrup 150 mg (base) per 10 mL, 300 mL***	***2***	***5***	***..***	****24.08***	***23.70***	***Zantac Syrup***	***GK***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• *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. The authority application must state the date and the method by which the ulcer was proven;							
	Gastric ulcer, proven by x-ray, endoscopy or surgery within the previous 2 years. The authority application must state the date and the method by which the ulcer was proven.							
1648R	***Tablet 200 micrograms***	***120***	***2***	***..***	***51.50***	***23.70***	***Cytotec***	***PH***
	• *Proton pump inhibitors*							
	ESOMEPRAZOLE MAGNESIUM TRIHYDRATE							
	Restricted benefit							
	Healing of gastro-oesophageal reflux disease.							
	NOTE:							
	No applications for increased maximum quantities and/or repeats will be authorised.							
8601Q	***Tablet (enteric coated), equivalent to 40 mg esomeprazole***	***30***	***1***	***..***	***75.26***	***23.70***	***Nexium***	***AP***
	Restricted benefit							
	Maintenance of healed gastro-oesophageal reflux disease.							
	NOTE:							
	No applications for increased maximum quantities will be authorised.							
8600P	***Tablet (enteric coated), equivalent to 20 mg esomeprazole***	***30***	***5***	***..***	***46.19***	***23.70***	***Nexium***	***AP***
	LANSOPRAZOLE							
	Restricted benefit							
	Initial treatment of peptic ulcer.							
	NOTE:							
	Helicobacter pylori eradication therapy should be considered.							
2240X	***Capsule 30 mg***	***30***	***1***	***..***	***46.35***	***23.70***	***Zoton***	***WY***
8528W	***Sachet containing granules for oral suspension, 30 mg per sachet***	***28***	***1***	***..***	***43.34***	***23.70***	***Zoton***	***WY***
	NOTE:							
	No applications for increased repeats will be authorised.							

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	LANSOPRAZOLE—cont.							
	Restricted benefit							
	Gastro-oesophageal reflux disease;							
	Scleroderma oesophagus.							
8198L	***Capsule 15 mg***	***30***	***5***	***..***	***29.09***	***23.70***	***Zoton***	***WY***
2241Y	***Capsule 30 mg***	***30***	***5***	***..***	***46.35***	***23.70***	***Zoton***	***WY***
8529X	***Sachet containing granules for oral suspension, 30 mg per sachet***	***28***	***5***	***..***	***43.34***	***23.70***	***Zoton***	***WY***
	OMEPRAZOLE							
	Restricted benefit							
	Initial treatment of peptic ulcer.							
	NOTE:							
	Helicobacter pylori eradication therapy should be considered.							
1326T	***Capsule 20 mg***	***30***	***1***	***..***	***42.13***	***23.70***	***Probitor***	***SZ***
	NOTE:							
	No applications for increased repeats will be authorised.							
	Restricted benefit							
	Gastro-oesophageal reflux disease;							
	Scleroderma oesophagus;							
	Zollinger-Ellison syndrome.							
1327W	***Capsule 20 mg***	***30***	***5***	***..***	***42.13***	***23.70***	***Probitor***	***SZ***
	OMEPRAZOLE MAGNESIUM							
	Restricted benefit							
	Initial treatment of peptic ulcer.							
	NOTE:							
	Helicobacter pylori eradication therapy should be considered.							
8331L	***Tablet 20 mg (base)***	***30***	***1***	***..***	***43.63***	***23.70***	[a] ***Acimax Tablets***	***AL***
				[B]***1.50***	***45.13***	***23.70***	[a] ***Losec Tablets***	***AP***
	NOTE:							
	No applications for increased repeats will be authorised.							
	Restricted benefit							
	Gastro-oesophageal reflux disease;							
	Scleroderma oesophagus;							
	Zollinger-Ellison syndrome.							
8332M	***Tablet 10 mg (base)***	***30***	***5***	***..***	***29.00***	***23.70***	***Losec Tablets***	***AP***
8333N	***Tablet 20 mg (base)***	***30***	***5***	***..***	***43.63***	***23.70***	[a] ***Acimax Tablets***	***AL***
				[B]***1.50***	***45.13***	***23.70***	[a] ***Losec Tablets***	***AP***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	PANTOPRAZOLE SODIUM SESQUIHYDRATE							
	Restricted benefit							
	Initial treatment of peptic ulcer.							
	NOTE:							
	Helicobacter pylori eradication therapy should be considered.							
8007K	***Tablet (enteric coated), equivalent to 40 mg pantoprazole***	***30***	***2***	***..***	***47.58***	***23.70***	***Somac***	***PH***
	NOTE:							
	No applications for increased repeats will be authorised.							
	Restricted benefit							
	Gastro-oesophageal reflux disease.							
8399C	***Tablet (enteric coated), equivalent to 20 mg pantoprazole***	***30***	***5***	***..***	***29.85***	***23.70***	***Somac***	***PH***
8008L	***Tablet (enteric coated), equivalent to 40 mg pantoprazole***	***30***	***5***	***..***	***47.58***	***23.70***	***Somac***	***PH***
	Restricted benefit							
	Scleroderma oesophagus;							
	Zollinger-Ellison syndrome.							
8008L	***Tablet (enteric coated), equivalent to 40 mg pantoprazole***	***30***	***5***	***..***	***47.58***	***23.70***	***Somac***	***PH***
	RABEPRAZOLE SODIUM							
	Restricted benefit							
	Initial treatment of peptic ulcer.							
	NOTE:							
	Helicobacter pylori eradication therapy should be considered.							
8509W	***Tablet 20 mg (enteric coated)***	***30***	***2***	***..***	***46.19***	***23.70***	***Pariet***	***JC***
	NOTE:							
	No applications for increased repeats will be authorised.							
	Restricted benefit							
	Gastro-oesophageal reflux disease;							
	Scleroderma oesophagus.							
8507R	***Tablet 10 mg (enteric coated)***	***28***	***5***	***..***	***27.60***	***23.70***	***Pariet***	***JC***
8508T	***Tablet 20 mg (enteric coated)***	***30***	***5***	***..***	***46.19***	***23.70***	***Pariet***	***JC***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• ***Combinations for eradication of Helicobacter pylori***							
	ESOMEPRAZOLE MAGNESIUM TRIHYDRATE and CLARITHROMYCIN and AMOXYCILLIN							
	Restricted benefit							
	Eradication of Helicobacter pylori associated with peptic ulcer disease.							
8738X	***Pack containing 14 tablets (enteric coated) equivalent to 20 mg esomeprazole, 14 tablets clarithromycin 500 mg and 28 capsules amoxycillin 500 mg***	***‡1***	***..***	***..***	***97.79***	***23.70***	***Nexium Hp7***	***AP***
	OMEPRAZOLE and CLARITHROMYCIN and AMOXYCILLIN							
	Restricted benefit							
	Eradication of Helicobacter pylori associated with peptic ulcer disease.							
8272J	***Pack containing 14 capsules omeprazole 20 mg, 14 tablets clarithromycin 500 mg and 28 capsules amoxycillin 500 mg***	***‡1***	***..***	***..***	***98.03***	***23.70***	***Klacid Hp 7***	***AB***
	OMEPRAZOLE MAGNESIUM and CLARITHROMYCIN and AMOXYCILLIN							
	Restricted benefit							
	Eradication of Helicobacter pylori associated with peptic ulcer disease.							
8376W	***Pack containing 14 tablets omeprazole 20 mg (base), 14 tablets clarithromycin 500 mg and 28 capsules amoxycillin 500 mg***	***‡1***	***..***	***..***	***97.79***	***23.70***	***Losec Hp7***	***AP***
	• ***Other drugs for peptic ulcer and gastro-oesophageal reflux disease (GORD)***							
	SODIUM ALGINATE with CALCIUM CARBONATE and SODIUM BICARBONATE							
2014B	Oral liquid 1 g-320 mg-534 mg in 20 mL, 500 mL	2	5	..	*12.82	13.75	Gaviscon P	RC
	SUCRALFATE							
2055E	Tablet equivalent to 1 g anhydrous sucralfate	120	2	..	22.80	23.70	[a] Ulcyte	AF
				[B]2.21	25.01	23.70	[a] Carafate	AS
	DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS							
	Belladonna and derivatives, plain							
	• ***Belladonna alkaloids, tertiary amines***							
	ATROPINE SULFATE							
1089H	Injection 600 micrograms in 1 mL	10	1	..	10.28	11.21	AP	

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	Propulsives							
	• ***Propulsives***							
	CISAPRIDE							
	CAUTION:							
	Cisapride may cause serious cardiac arrhythmias.							
	Authority required							
	Treatment of gastroparesis where the diagnosis has been made or confirmed by a specialist physician using gastric emptying scintigraphy and the patient does not have a contraindication to cisapride;							
	AND							
	(a) treatment with domperidone or metoclopramide is not tolerated; or							
	(b) treatment with domperidone or metoclopramide is ineffective.							
	A contraindication to cisapride is considered to be any of the following:							
	(i) Recent ECG confirming a corrected QT interval of greater than 450 milliseconds; or							
	(ii) Family history of long QT syndrome; or							
	(iii) Family history of sudden death; or							
	(iv) History of cardiac disease; or							
	(v) Significant COPD and respiratory failure; or							
	(vi) Risk of electrolyte disturbances; or							
	(vii) Renal failure; or							
	(viii) Patient is taking a cytochrome P450 3A4 inhibiting medication; or							
	(ix) Patient is taking a QT prolonging medication.							
1188M	***Tablet 5 mg***	***90***	***5***	***..***	***21.70***	***22.63***	***Prepulsid***	***JC***
1189N	***Tablet 10 mg***	***90***	***5***	***..***	***34.31***	***23.70***	***Prepulsid***	***JC***
1190P	***Oral suspension 1 mg per mL, 200 mL***	***‡1***	***5***	***..***	***22.83***	***23.70***	***Prepulsid***	***JC***
	DOMPERIDONE							
1347X	Tablet 10 mg	25	..	..	7.10	8.03	Motilium	JC
	METOCLOPRAMIDE HYDROCHLORIDE							
1207M	Tablet 10 mg	25	..	..	6.27	7.20	Pramin	AF
				[B]2.98	9.25	7.20	Maxolon	ID
1205K	Syrup 5 mg per 5 mL, 100 mL	‡1	..	..	7.26	8.19	Maxolon	ID
1206L	Injection 10 mg in 2 mL	10	..	..	11.15	12.08	Maxolon	ID
	ANTIEMETICS AND ANTINAUSEANTS							
	Antiemetics and antinauseants							
	• ***Serotonin ($5HT_3$) antagonists***							
	DOLASETRON MESYLATE							
	Restricted benefit							
	Management of nausea and vomiting associated with cytotoxic chemotherapy being used to treat malignancy.							
8191D	***Tablet 200 mg***	***2***	***..***	***..***	***62.10***	***23.70***	***Anzemet***	***AV***
8192E	***I.V. injection 100 mg in 5 mL***	***1***	***..***	***..***	***33.38***	***23.70***	***Anzemet***	***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	
	GRANISETRON HYDROCHLORIDE							
	Restricted benefit							
	Management of nausea and vomiting associated with cytotoxic chemotherapy being used to treat malignancy.							
8728J	***Tablet 2 mg (base)***	***2***	***..***	***..***	****73.64***	***23.70***	***Kytril***	***MX***
8729K	***Concentrated injection 3 mg (base) in 3 mL***	***1***	***..***	***..***	***44.12***	***23.70***	***Kytril***	***MX***
	Authority required							
	Management of nausea and vomiting associated with radiotherapy being used to treat malignancy.							
8730L	***Concentrated injection 3 mg (base) in 3 mL***	***1***	***..***	***..***	***44.12***	***23.70***	***Kytril***	***MX***
	ONDANSETRON							
	Restricted benefit							
	Management of nausea and vomiting associated with cytotoxic chemotherapy being used to treat malignancy.							
8224W	***Tablet 4 mg***	***4***	***..***	***..***	***44.29***	***23.70***	***Zofran***	***GK***
8225X	***Tablet 8 mg***	***4***	***..***	***..***	***73.64***	***23.70***	***Zofran***	***GK***
8410P	***Wafer 4 mg***	***4***	***..***	***..***	***44.29***	***23.70***	***Zofran Zydis***	***GK***
8411Q	***Wafer 8 mg***	***4***	***..***	***..***	***73.64***	***23.70***	***Zofran Zydis***	***GK***
8226Y	***I.V. injection 4 mg in 2 mL***	***1***	***..***	***..***	***27.01***	***23.70***	***Zofran***	***GK***
8227B	***I.V. injection 8 mg in 4 mL***	***1***	***..***	***..***	***44.11***	***23.70***	***Zofran***	***GK***
	Authority required							
	Management of nausea and vomiting associated with radiotherapy being used to treat malignancy.							
1594X	***Tablet 4 mg***	***10***	***1***	***..***	***103.74***	***23.70***	***Zofran***	***GK***
1595Y	***Tablet 8 mg***	***10***	***1***	***..***	***177.03***	***23.70***	***Zofran***	***GK***
8412R	***Wafer 4 mg***	***10***	***1***	***..***	***103.74***	***23.70***	***Zofran Zydis***	***GK***
8413T	***Wafer 8 mg***	***10***	***1***	***..***	***177.03***	***23.70***	***Zofran Zydis***	***GK***
8233H	***Syrup 4 mg per 5 mL, 50 mL***	***‡1***	***1***	***..***	***103.74***	***23.70***	***Zofran syrup 50 mL***	***GK***
1596B	***I.V. injection 4 mg in 2 mL***	***1***	***..***	***..***	***27.01***	***23.70***	***Zofran***	***GK***
1597C	***I.V. injection 8 mg in 4 mL***	***1***	***..***	***..***	***44.11***	***23.70***	***Zofran***	***GK***
	TROPISETRON HYDROCHLORIDE							
	Restricted benefit							
	Management of nausea and vomiting associated with cytotoxic chemotherapy being used to treat malignancy.							
2745L	***Capsule 5 mg (base)***	***2***	***..***	***..***	***62.10***	***23.70***	***Navoban***	***NV***
2746M	***I.V. injection 5 mg (base) in 5 mL***	***1***	***..***	***..***	***44.11***	***23.70***	***Navoban***	***NV***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• ***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	..	..	7.26	8.19	[a] Stemzine	HP
				[B]1.95	9.21	8.19	[a] Stemetil	AV
2369Q	Injection 12.5 mg in 1 mL	10	..	..	14.08	15.01	Stemetil	AV
2894H	Suppositories 5 mg, 5	‡1	2	..	15.28	16.21	Stemetil	AV
2895J	Suppositories 25 mg, 5	‡1	2	..	16.82	17.75	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							
	Primary biliary cirrhosis.							
	NOTE:							
	Not for use in the treatment of sclerosing cholangitis or cholelithiasis.							
8448P	***Capsule 250 mg***	***100***	***2***	***..***	***169.66***	***23.70***	***Ursofalk***	***OA***
	LAXATIVES							
	Laxatives							
	• ***Contact laxatives***							
	BISACODYL							
	Restricted benefit							
	Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function;							
	Patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities;							
	For use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult;							
	Patients receiving palliative care;							
	Terminal malignant neoplasia;							
	Anorectal congenital abnormalities;							
	Megacolon.							
1259G	***Tablet 5 mg***	***200***	***2***	***..***	***13.71***	***14.64***	***Bisalax***	***AS***
1260H	***Suppositories 10 mg, 10***	***3***	***5***	***..***	****21.43***	***22.36***	***Durolax***	***BY***
1258F	***Suppositories 10 mg, 12***	***3***	***4***	***..***	****17.41***	***18.34***	***Fleet Laxative Suppositories***	***FL***
							Petrus Bisacodyl Suppositories	***PP***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	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***	***..***	****21.40***	***22.33***	***Coloxyl***	***FM***
	• *Bulk producers*							
	STERCULIA with FRANGULA BARK							
	Restricted benefit							
	Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function;							
	Patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities;							
	For use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult;							
	Patients receiving palliative care;							
	Terminal malignant neoplasia;							
	Anorectal congenital abnormalities;							
	Megacolon.							
1102B	***Granules 473 mg-83 mg per g (47.3%-8.3%), 250 g***	***2***	***1***	***..***	****22.96***	***23.70***	***Granocol***	***SC***
1104D	***Granules 620 mg-80 mg per g (62%-8%), 500 g***	***‡1***	***1***	***..***	***22.96***	***23.70***	***Normacol Plus***	***NE***
	• *Osmotically acting laxatives*							
	LACTULOSE							
	Restricted benefit							
	Hepatic coma or precoma (chronic porto-systemic encephalopathy);							
	Constipation in patients with malignant neoplasia.							
3064G	***Mixture 3.34 g per 5 mL, 500 mL***	***‡1***	***5***	***..***	***14.96***	***15.89***	[a] ***Actilax***	***AF***
							[a] ***Genlac***	***AW***
							[a] ***GenRx Lactulose***	***GX***
							[a] ***Lac-Dol***	***DP***
				[B]***2.20***	***17.16***	***15.89***	[a] ***Duphalac***	***SM***
	MACROGOL 3350							
	Restricted benefit							
	Constipation in patients with malignant neoplasia.							
8612G	***Sachets containing powder for solution 13.125 g with electrolytes, 30***	***‡1***	***5***	***..***	***22.81***	***23.70***	***Movicol***	***NE***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• *Enemas*							
	BISACODYL							
	Restricted benefit							
	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***	***..***	***35.68***	***23.70***	***Bisalax***	***AS***
	SORBITOL with SODIUM CITRATE and SODIUM LAURYL SULFOACETATE							
	Restricted benefit							
	Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function;							
	Patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities;							
	For use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult;							
	Patients receiving palliative care;							
	Terminal malignant neoplasia;							
	Anorectal congenital abnormalities;							
	Megacolon.							
2091C	***Enemas 3.125 g-450 mg-45 mg in 5 mL, 12***	***2***	***2***	***..***	****31.36***	***23.70***	***Microlax***	***PH***
	• *Other laxatives*							
	GLYCEROL							
	Restricted benefit							
	Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function;							
	Patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities;							
	For use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult;							
	Patients receiving palliative care;							
	Terminal malignant neoplasia;							
	Anorectal congenital abnormalities;							
	Megacolon.							
2555L	***Suppositories 700 mg (for infants), 12***	***3***	***5***	***..***	****14.68***	***15.61***	***PP***	
2556M	***Suppositories 1.4 g (for children), 12***	***3***	***5***	***..***	****15.07***	***16.00***	***PP***	
2557N	***Suppositories 2.8 g (for adults), 12***	***3***	***5***	***..***	****15.43***	***16.36***	***PP***	

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ ANTIINFECTIVE AGENTS							
	Intestinal antiinfectives							
	• ***Antibiotics***							
	NEOMYCIN SULFATE							
2325J	Tablet 500 mg	25	1	..	13.20	14.13	Neosulf	AF
	NYSTATIN							
1696G	Tablet 500,000 units	50	..	..	16.09	17.02	Nilstat	SI
1699K	Capsule 500,000 units	50	..	..	16.09	17.02	Nilstat	SI
	VANCOMYCIN							
	Authority required							
	Antibiotic associated pseudomembranous colitis due to Clostridium difficile which is unresponsive to metronidazole;							
	Antibiotic associated pseudomembranous colitis due to Clostridium difficile where there is intolerance to metronidazole.							
	NOTE:							
	Metronidazole has similar efficacy to vancomycin but may have less selective pressure to vancomycin resistant enterococci and is therefore the preferred treatment.							
3113W	***Capsule 125 mg (125,000 i.u.) vancomycin activity***	***40***	***..***	***..***	****255.50***	***23.70***	***Vancocin***	***LY***
3114X	***Capsule 250 mg (250,000 i.u.) vancomycin activity***	***40***	***..***	***..***	****488.96***	***23.70***	***Vancocin***	***LY***
	Electrolytes with carbohydrates							
	• ***Oral rehydration salt formulations***							
	ELECTROLYTE REPLACEMENT (ORAL)							
3196F	Sachets containing powder for oral solution 4.9 g, 10	‡1	..	..	12.61	13.54	O.R.S.	GR
							Repalyte New Formulation	AV
	NOTE:							
	Each sachet contains sodium chloride 470 mg, potassium chloride 300 mg, sodium acid citrate 530 mg and glucose 3.56 g.							
	Antipropulsives							
	• ***Antipropulsives***							
	DIPHENOXYLATE HYDROCHLORIDE with ATROPINE SULFATE							
2501P	Tablet 2.5 mg-25 micrograms	20	..	..	6.55	7.48	[a] Lofenoxal	KR
				[B]1.84	8.39	7.48	[a] Lomotil	PH
	LOPERAMIDE HYDROCHLORIDE							
1571Q	Capsule 2 mg	12	..	..	6.53	7.46	[a] Gastro-Stop Loperamide	AS
				[B]1.00	7.53	7.46	[a] Imodium	JC

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	Intestinal antiinflammatory agents							
	• *Corticosteroids acting locally*							
	HYDROCORTISONE ACETATE							
	Restricted benefit							
	Proctitis;							
	Ulcerative colitis.							
1502C	***Rectal foam 90 mg per applicatorful, 14 applications, aerosol 21.1 g***	***2***	***3***	***..***	****36.02***	***23.70***	***Colifoam***	***GC***
	[For other listings for this drug see Generic/Proprietary Index]							
	PREDNISOLONE SODIUM PHOSPHATE							
1920C	Retention enema equivalent to 20 mg prednisolone in 100 mL	28	3	..	*93.58	23.70	Predsol	SI
	PREDNISOLONE SODIUM PHOSPHATE							
	Restricted benefit							
	Proctitis;							
	Ulcerative colitis.							
2554K	***Suppositories equivalent to 5 mg prednisolone, 10***	***3***	***3***	***..***	****27.85***	***23.70***	***Predsol***	***SI***
	• *Aminosalicylic acid and similar agents*							
	MESALAZINE							
	Authority required							
	Colitis (including ulcerative colitis and Crohn's disease) where hypersensitivity to sulfonamides exists;							
	Colitis (including ulcerative colitis and Crohn's disease) where intolerance to sulfasalazine exists.							
1611T	***Tablet 250 mg***	***100***	***5***	***..***	***73.82***	***23.70***	***Mesasal***	***GK***
	Authority required							
	Mild to moderate ulcerative colitis where hypersensitivity to sulfonamides exists;							
	Mild to moderate ulcerative colitis where intolerance to sulfasalazine exists.							
	NOTE:							
	Not for the treatment of Crohn's disease.							
8731M	***Tablet 500 mg (enteric coated)***	***100***	***5***	***..***	***139.10***	***23.70***	***Salofalk***	***OA***
8598M	***Sachet containing granules, 500 mg per sachet***	***100***	***5***	***..***	***142.97***	***23.70***	***Salofalk***	***OA***
8599N	***Sachet containing granules, 1 g per sachet***	***100***	***2***	***..***	***259.05***	***23.70***	***Salofalk***	***OA***

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	MESALAZINE—cont.							
	Authority required							
	Acute episode of mild to moderate ulcerative colitis.							
	NOTE:							
	Not for the treatment of Crohn's disease.							
8616L	***Enemas 2 g in 60 mL, 7***	***4***	***..***	***..***	****344.90***	***23.70***	***Salofalk***	***OA***
8617M	***Enemas 4 g in 60 mL, 7***	***4***	***..***	***..***	****458.22***	***23.70***	***Salofalk***	***OA***
	NOTE:							
	No applications for increased maximum quantities and/or repeats will be authorised.							
	OLSALAZINE SODIUM							
	Authority required							
	Ulcerative colitis where hypersensitivity to sulfonamides exists;							
	Ulcerative colitis where intolerance to sulfasalazine exists.							
	NOTE:							
	Not for the treatment of Crohn's disease.							
1728Y	***Capsule 250 mg***	***100***	***5***	***..***	***61.49***	***23.70***	***Dipentum***	***PH***
8086N	***Tablet 500 mg***	***100***	***5***	***..***	***104.76***	***23.70***	***Dipentum***	***PH***
	SULFASALAZINE							
	Restricted benefit							
	Crohn's disease;							
	Rheumatoid arthritis;							
	Ulcerative colitis.							
2093E	***Tablet 500 mg***	***200***	***5***	***..***	****48.78***	***23.70***	***Salazopyrin***	***PH***
2096H	***Tablet 500 mg (enteric coated)***	***200***	***5***	***..***	****53.18***	***23.70***	[a] ***Pyralin EN***	***KR***
				[B]1.66	****54.84***	***23.70***	[a] ***Salazopyrin-EN***	***PH***
	DIGESTIVES, INCL. ENZYMES							
	Digestives, incl. enzymes							
	• ***Enzyme preparations***							
	PANCREATIC EXTRACT							
8556H	Capsule (containing enteric coated minimicrospheres) providing not less than 5,000 BP units of lipase activity	500	10	..	*121.26	23.70	Creon 5000	SM
8020D	Capsule (containing enteric coated minimicrospheres) providing not less than 10,000 BP units of lipase activity	500	10	..	*174.51	23.70	Creon	SM
8021E	Capsule (containing enteric coated minimicrospheres) providing not less than 25,000 BP units of lipase activity	200	10	..	*140.54	23.70	Creon Forte	SM

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	PANCRELIPASE							
2496J	Capsule providing not less than 5,000 BP units of lipase activity	500	10	..	*121.26	23.70	Pancrease	JC
2495H	Capsule (containing enteric coated microspheres) providing not less than 10,000 BP units of lipase activity	500	10	..	*177.40	23.70	Cotazym-S Forte	OR
8366H	Capsule (containing enteric coated microtablets) providing not less than 25,000 BP units of lipase activity	200	10	..	*140.54	23.70	Panzytrat 25000	TM
	DRUGS USED IN DIABETES							
	Insulins and analogues							
	• ***Insulins and analogues, fast-acting***							
	INSULIN ASPART							
8571D	Injection (human analogue) 100 units per mL, 10 mL	5	2	..	*162.61	23.70	NovoRapid	NO
8435Y	Injections (human analogue) 100 units per mL, 3 mL, 5	5	1	..	*270.51	23.70	NovoRapid FlexPen	NF
							NovoRapid Penfill 3 mL	NO
	INSULIN LISPRO							
8084L	Injection (human analogue) 100 units per mL, 10 mL	5	2	..	*162.61	23.70	Humalog	LY
8212F	Injections (human analogue) 100 units per mL, 3 mL, 5	5	1	..	*270.51	23.70	Humalog	LY
	INSULIN NEUTRAL							
1713E	Injection (bovine) 100 units per mL, 10 mL	5	2	..	*136.26	23.70	Hypurin Neutral	AS
1531N	Injection (human) 100 units per mL, 10 mL	5	2	..	*136.26	23.70	Actrapid	NO
							Humulin R	LY
1762R	Injections (human) 100 units per mL, 3 mL, 5	5	1	..	*229.21	23.70	Actrapid Penfill 3 mL	NO
							Humulin R	LY
	• ***Insulins and analogues, intermediate-acting***							
	INSULIN ISOPHANE (N.P.H.)							
1711C	Injection (bovine) 100 units per mL, 10 mL	5	2	..	*136.26	23.70	Hypurin Isophane	AS
1533Q	Injection (human) 100 units per mL, 10 mL	5	2	..	*136.26	23.70	Humulin NPH	LY
							Protaphane	NO
1761Q	Injections (human) 100 units per mL, 3 mL, 5	5	1	..	*229.21	23.70	Humulin NPH	LY
							Protaphane InnoLet	NI
							Protaphane NovoLet 3 mL	NL
							Protaphane Penfill 3 mL	NO

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	INSULIN ZINC SUSPENSION (Lente)							
1718K	Injection (human) 100 units per mL, 10 mL	5	2	..	*136.26	23.70	Humulin L Monotard	LY NO
	• ***Insulins and analogues, intermediate-acting combined with fast-acting***							
	INSULIN ASPART—INSULIN ASPART PROTAMINE SUSPENSION							
8609D	Injections (human analogue) 100 units (30 units-70 units) per mL, 3 mL, 5	5	1	..	*270.51	23.70	NovoMix 30 FlexPen NovoMix 30 Penfill 3 mL	NF NO
	INSULIN LISPRO—INSULIN LISPRO PROTAMINE SUSPENSION							
8390N	Injections (human analogue) 100 units (25 units-75 units) per mL, 3 mL, 5	5	1	..	*270.51	23.70	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	..	*136.26	23.70	Humulin 30/70 Mixtard 30/70	LY NO
1425B	Injection (human) 100 units (50 units-50 units) per mL, 10 mL	5	2	..	*136.26	23.70	Humulin 50/50 Mixtard 50/50	LY NO
8006J	Injections (human) 100 units (20 units-80 units) per mL, 3 mL, 5	5	1	..	*229.21	23.70	Humulin 20/80 Mixtard 20/80 Penfill 3 mL	LY NO
1763T	Injections (human) 100 units (30 units-70 units) per mL, 3 mL, 5	5	1	..	*229.21	23.70	Humulin 30/70 Mixtard 30/70 InnoLet Mixtard 30/70 Penfill 3 mL	LY NI NO
2062M	Injections (human) 100 units (50 units-50 units) per mL, 3 mL, 5	5	1	..	*229.21	23.70	Mixtard 50/50 Penfill 3 mL	NO
	• ***Insulins and analogues, long-acting***							
	INSULIN ZINC SUSPENSION (CRYSTALLINE) (Ultralente)							
1722P	Injection (human) 100 units per mL, 10 mL	5	2	..	*136.26	23.70	Humulin UL Ultratard	LY NO

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	Oral blood glucose lowering drugs							
	• ***Biguanides***							
	METFORMIN HYDROCHLORIDE							
2430X	Tablet 500 mg	100	5	..	14.70	15.63	[a] Chem mart Metformin	CH
							[a] Diaformin	AF
							[a] GenRx Metformin	GX
							[a] Glucohexal	HX
							[a] Glucomet 500 mg	DP
							[a] healthsense Metformin	HS
							[a] Metformin-BC	BG
							[a] Terry White Chemists Metformin	TW
				[B]1.41	16.11	15.63	[a] Glucophage	AW
				[B]1.80	16.50	15.63	[a] Diabex	AL
1801T	Tablet 850 mg	60	5	..	14.70	15.63	[a] Chem mart Metformin	CH
							[a] Diaformin 850	AF
							[a] GenRx Metformin	GX
							[a] Glucohexal	HX
							[a] Glucomet 850 mg	DP
							[a] Metformin-BC	BG
							[a] Terry White Chemists Metformin	TW
				[B]1.41	16.11	15.63	[a] Glucophage	AW
				[B]1.80	16.50	15.63	[a] Diabex 850	AL
8607B	Tablet 1 g	90	5	..	22.15	23.08	Diabex 1000	AL
	• ***Sulfonamides, urea derivatives***							
	GLIBENCLAMIDE							
	CAUTION: Sulfonylureas may cause hypoglycaemia, particularly in the elderly.							
2939Q	Tablet 5 mg	100	5	..	9.97	10.90	[a] Glimel	AF
				[B]1.25	11.22	10.90	[a] Daonil	AV
	GLICLAZIDE							
	CAUTION: Sulfonylureas may cause hypoglycaemia, particularly in the elderly.							
8535F	Tablet 30 mg (modified release)	100	5	..	15.67	16.60	Diamicron MR	SE

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	GLICLAZIDE—cont.							
2449X	Tablet 80 mg	100	5	..	15.34	16.27	[a] Chem mart Gliclazide	CH
							[a] GenRx Gliclazide	GX
							[a] Glyade	AF
							[a] healthsense Gliclazide	HS
							[a] Nidem	AW
							[a] Terry White Chemists Gliclazide	TW
				[B]1.35	16.69	16.27	[a] Diamicron	SE
	GLIMEPIRIDE **CAUTION:** Sulfonylureas may cause hypoglycaemia, particularly in the elderly.							
8450R	Tablet 1 mg	30	5	..	8.69	9.62	[a] Dimirel	ML
				[B]2.28	10.97	9.62	[a] Amaryl	AV
8451T	Tablet 2 mg	30	5	..	12.36	13.29	[a] Dimirel	ML
				[B]2.30	14.66	13.29	[a] Amaryl	AV
8533D	Tablet 3 mg	30	5	..	14.56	15.49	[a] Dimirel	ML
				[B]2.30	16.86	15.49	[a] Amaryl	AV
8452W	Tablet 4 mg	30	5	..	16.76	17.69	[a] Dimirel	ML
				[B]2.30	19.06	17.69	[a] Amaryl	AV
	GLIPIZIDE **CAUTION:** Sulfonylureas may cause hypoglycaemia, particularly in the elderly.							
2440K	Tablet 5 mg	100	5	..	10.08	11.01	[a] Melizide	AF
				[B]4.10	14.18	11.01	[a] Minidiab	PH

- ***Alpha glucosidase inhibitors***

ACARBOSE

Authority required

Type 2 diabetic patients whose blood glucose concentrations are inadequately controlled despite diet, exercise and maximal tolerated doses of other oral anti-diabetic agents, and where insulin therapy is inappropriate.

8188Y	***Tablet 50 mg***	***90***	***5***	***..***	***28.86***	***23.70***	***Glucobay 50***	***BN***
8189B	***Tablet 100 mg***	***90***	***5***	***..***	***38.76***	***23.70***	***Glucobay 100***	***BN***

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

- *Thiazolidinediones*

PIOGLITAZONE HYDROCHLORIDE

Authority required

Initiation of dual therapy with either metformin or a sulfonylurea in type 2 diabetic patients whose blood glucose concentrations are inadequately controlled, and in whom combination therapy with metformin plus a sulfonylurea is contraindicated or not tolerated.

Inadequate control is defined as Hb A1c greater than 7% despite diet, exercise and maximally tolerated doses of metformin or a sulfonylurea.

To be eligible for initiation of PBS-subsidised treatment, patients must be receiving treatment with:
(a) a sulfonylurea as monotherapy and have a contraindication which precludes the use of metformin; or
(b) metformin as monotherapy and have a contraindication which precludes the use of a sulfonylurea; or
(c) a sulfonylurea as monotherapy and have a demonstrated intolerance to metformin; or
(d) metformin as monotherapy and have a demonstrated intolerance to sulfonylureas.

The first authority application for initiation of treatment must include the patient's Hb A1c level, the date of measurement and details of the contraindication or intolerance to either metformin or a sulfonylurea. The Hb A1c level must have been measured no earlier than 4 months prior to the date of application.

Pathology reports from accredited laboratories must be available for audit by the HIC.

Applications will be authorised to provide for up to a maximum of 10 months of initial treatment.

Authority required

Initiation of dual therapy with either metformin or a sulfonylurea in type 2 diabetic patients whose blood glucose concentrations are inadequately controlled, where patients are on combination therapy with a sulfonylurea and metformin and this combination is being continued despite the development of intolerance or a contraindication to either agent.

Inadequate control is defined as Hb A1c greater than 7% despite diet, exercise and maximally tolerated doses of metformin or a sulfonylurea.

The first authority application for initiation of treatment must include the patient's Hb A1c level, the date of measurement and details of the contraindication or intolerance to either metformin or a sulfonylurea. The Hb A1c level must have been measured no earlier than 4 months prior to the date of application.

Pathology reports from accredited laboratories must be available for audit by the HIC.

Applications will be authorised to provide for up to a maximum of 10 months of initial treatment.

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continued ☞

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

PIOGLITAZONE HYDROCHLORIDE—cont.

Authority required

Initial PBS-subsidised treatment, in combination with either metformin or a sulfonylurea, of type 2 diabetes in patients receiving treatment with pioglitazone prior to 1 November 2003 who would have qualified under the initial treatment criteria for PBS subsidy at the time therapy with pioglitazone was commenced. Patients must be receiving dual therapy with pioglitazone and either metformin or a sulfonylurea.

The first authority application for initiation of PBS-subsidised treatment must include the date of commencement of pioglitazone treatment, the patient's Hb A1c level, the date of measurement and details of the contraindication or intolerance to either metformin or a sulfonylurea. The Hb A1c level must have been measured within 4 months of the date pioglitazone treatment was commenced.

Pathology reports from accredited laboratories must be available for audit by the HIC.

Applications will be authorised to provide for up to a maximum of 10 months of initial treatment.

Authority required

Initiation of dual therapy with insulin, in insulin-treated type 2 diabetic patients whose blood glucose concentrations are inadequately controlled.

Inadequate control is defined as Hb A1c greater than 7% despite concomitant use of insulin plus one or more oral anti-diabetic agents or despite use of insulin alone, where metformin would have been added to the patient's treatment regimen but where metformin is contraindicated.

The first authority application for initiation of treatment must include the patient's Hb A1c level, the date of measurement and details of the contraindication to metformin. The Hb A1c level must have been measured no earlier than 4 months prior to the date of application.

Pathology reports from accredited laboratories must be available for audit by the HIC.

Applications will be authorised to provide for up to a maximum of 10 months of initial treatment.

Authority required

Initial PBS-subsidised treatment, in combination with insulin, of type 2 diabetes in patients receiving treatment with pioglitazone prior to 1 November 2003 who would have qualified under the initial treatment criteria for PBS subsidy at the time therapy with pioglitazone was commenced. Approval will be granted for patients receiving either dual therapy of pioglitazone with insulin where metformin is contraindicated or combination therapy of pioglitazone with insulin plus at least 1 other oral anti-diabetic agent.

The first authority application for initiation of PBS-subsidised treatment must include the date of commencement of pioglitazone treatment, the patient's Hb A1c level, the date of measurement and details of the contraindication to metformin. The Hb A1c level must have been measured within 4 months of the date pioglitazone treatment was commenced.

Pathology reports from accredited laboratories must be available for audit by the HIC.

Applications will be authorised to provide for up to a maximum of 10 months of initial treatment.

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	PIOGLITAZONE HYDROCHLORIDE—cont.							
8691K	***Tablet 15 mg (base)***	***28***	***4***	***..***	***65.83***	***23.70***	***Actos***	***LY***
8692L	***Tablet 30 mg (base)***	***28***	***4***	***..***	***98.78***	***23.70***	***Actos***	***LY***
8693M	***Tablet 45 mg (base)***	***28***	***4***	***..***	***124.11***	***23.70***	***Actos***	***LY***

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

Authority required
First application for continuation of PBS-subsidised dual therapy with either metformin or a sulfonylurea in type 2 diabetic patients:
(a) who have received authorisation for initiation of treatment; and
(b) whose Hb A1c level is less than 8.5%; and
(c) whose Hb A1c level has not deteriorated since commencement of PBS-subsidised treatment with pioglitazone.

The authority application must include the results of Hb A1c tests conducted on at least 2 occasions in the 6 months immediately prior to the application, with no 2 tests performed at intervals of less than 2 months. Both the Hb A1c levels and the dates of measurement must be provided.

Pathology reports from accredited laboratories must be available for audit by the HIC.

Authority required
Second and subsequent applications for continuation of PBS-subsidised dual therapy with either metformin or a sulfonylurea in type 2 diabetic patients:
(a) who have previously been issued with an authority prescription for the continuation of dual therapy with metformin or a sulfonylurea; and
(b) whose Hb A1c level remains below 8.5%.

The authority application must include the result of an Hb A1c test conducted no earlier than 3 months prior to the date of application. Both the Hb A1c level and the date of measurement must be provided.

Pathology reports from accredited laboratories must be available for audit by the HIC.

Authority required
First application for continuation of PBS-subsidised dual therapy with insulin in type 2 diabetic patients:
(a) who have received authorisation for initiation of treatment; and
(b) whose Hb A1c level is less than 8.5%; and
(c) whose Hb A1c level has not deteriorated since commencement of PBS-subsidised treatment with pioglitazone.

The authority application must include the results of Hb A1c tests conducted on at least 2 occasions in the 6 months immediately prior to the application, with no 2 tests performed at intervals of less than 2 months. Both the Hb A1c levels and the dates of measurement must be provided.

Pathology reports from accredited laboratories must be available for audit by the HIC.

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Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	PIOGLITAZONE HYDROCHLORIDE—cont.							
	Authority required ***Second and subsequent applications for continuation of PBS-subsidised dual therapy with insulin in type 2 diabetic patients:*** ***(a) who have previously been issued with an authority prescription for the continuation of dual therapy with insulin; and*** ***(b) whose Hb A1c level remains below 8.5%.*** ***The authority application must include the result of an Hb A1c test conducted no earlier than 3 months prior to the date of application. Both the Hb A1c level and the date of measurement must be provided.*** ***Pathology reports from accredited laboratories must be available for audit by the HIC.***							
	Authority required ➢ ***First application for continuation of PBS-subsidised treatment, in combination with insulin, of type 2 diabetes in patients receiving treatment with pioglitazone prior to 1 November 2003 and:*** ***(a) who have received authorisation for initiation of treatment; and*** ***(b) whose Hb A1c level is less than 8.5%; and*** ***(c) whose Hb A1c level has not deteriorated since commencement of PBS-subsidised treatment with pioglitazone.*** ***The authority application must include the results of Hb A1c tests conducted on at least 2 occasions in the 6 months immediately prior to the application, with no 2 tests performed at intervals of less than 2 months. Both the Hb A1c levels and the dates of measurement must be provided.*** ***Pathology reports from accredited laboratories must be available for audit by the HIC.***							
	Authority required ➢ ***Second and subsequent applications for continuation of PBS-subsidised treatment, in combination with insulin, of type 2 diabetes in patients receiving treatment with pioglitazone prior to 1 November 2003 and:*** ***(a) who have previously been issued with an authority prescription for the continuation of treatment in combination with insulin; and*** ***(b) whose Hb A1c level remains below 8.5%.*** ***The authority application must include the result of an Hb A1c test conducted no earlier than 3 months prior to the date of application. Both the Hb A1c level and the date of measurement must be provided.*** ***Pathology reports from accredited laboratories must be available for audit by the HIC.***							
8694N	***Tablet 15 mg (base)***	***28***	***5***	***..***	***65.83***	***23.70***	***Actos***	***LY***
8695P	***Tablet 30 mg (base)***	***28***	***5***	***..***	***98.78***	***23.70***	***Actos***	***LY***
8696Q	***Tablet 45 mg (base)***	***28***	***5***	***..***	***124.11***	***23.70***	***Actos***	***LY***

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

ROSIGLITAZONE MALEATE

Authority required

Initiation of dual therapy with either metformin or a sulfonylurea in type 2 diabetic patients whose blood glucose concentrations are inadequately controlled, and in whom combination therapy with metformin plus a sulfonylurea is contraindicated or not tolerated.

Inadequate control is defined as Hb A1c greater than 7% despite diet, exercise and maximally tolerated doses of metformin or a sulfonylurea.

To be eligible for initiation of PBS-subsidised treatment, patients must be receiving treatment with:
(a) a sulfonylurea as monotherapy and have a contraindication which precludes the use of metformin; or
(b) metformin as monotherapy and have a contraindication which precludes the use of a sulfonylurea; or
(c) a sulfonylurea as monotherapy and have a demonstrated intolerance to metformin; or
(d) metformin as monotherapy and have a demonstrated intolerance to sulfonylureas.

The first authority application for initiation of treatment must include the patient's Hb A1c level, the date of measurement and details of the contraindication or intolerance to either metformin or a sulfonylurea. The Hb A1c level must have been measured no earlier than 4 months prior to the date of application.

Pathology reports from accredited laboratories must be available for audit by the HIC.

Applications will be authorised to provide for up to a maximum of 10 months of initial treatment.

Authority required

Initiation of dual therapy with either metformin or a sulfonylurea in type 2 diabetic patients whose blood glucose concentrations are inadequately controlled, where patients are on combination therapy with a sulfonylurea and metformin and this combination is being continued despite the development of intolerance or a contraindication to either agent.

Inadequate control is defined as Hb A1c greater than 7% despite diet, exercise and maximally tolerated doses of metformin or a sulfonylurea.

The first authority application for initiation of treatment must include the patient's Hb A1c level, the date of measurement and details of the contraindication or intolerance to either metformin or a sulfonylurea. The Hb A1c level must have been measured no earlier than 4 months prior to the date of application.

Pathology reports from accredited laboratories must be available for audit by the HIC.

Applications will be authorised to provide for up to a maximum of 10 months of initial treatment.

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continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ROSIGLITAZONE MALEATE—cont.							
	Authority required							
	Initial PBS-subsidised treatment, in combination with either metformin or a sulfonylurea, of type 2 diabetes in patients receiving treatment with rosiglitazone prior to 1 November 2003 who would have qualified under the initial treatment criteria for PBS subsidy at the time therapy with rosiglitazone was commenced. Patients must be receiving dual therapy with rosiglitazone and either metformin or a sulfonylurea.							
	The first authority application for initiation of PBS-subsidised treatment must include the date of commencement of rosiglitazone treatment, the patient's Hb A1c level, the date of measurement and details of the contraindication or intolerance to either metformin or a sulfonylurea. The Hb A1c level must have been measured within 4 months of the date rosiglitazone treatment was commenced.							
	Pathology reports from accredited laboratories must be available for audit by the HIC.							
	Applications will be authorised to provide for up to a maximum of 10 months of initial treatment.							
8687F	***Tablet 4 mg (base)***	***28***	***4***	***..***	***61.61***	***23.70***	***Avandia***	***GK***
8688G	***Tablet 8 mg (base)***	***28***	***4***	***..***	***92.25***	***23.70***	***Avandia***	***GK***
	NOTE:							
	Authorities for up to twice the maximum quantity may be authorised for rosiglitazone maleate tablet 4 mg (base). Increased repeats will not be authorised. No applications for increased maximum quantities and/or repeats will be authorised for the 8 mg strength tablet.							
	Authority required							
	First application for continuation of PBS-subsidised dual therapy with either metformin or a sulfonylurea in type 2 diabetic patients:							
	(a) who have received authorisation for initiation of treatment; and							
	(b) whose Hb A1c level is less than 8.5%; and							
	(c) whose Hb A1c level has not deteriorated since commencement of PBS-subsidised treatment with rosiglitazone.							
	The authority application must include the results of Hb A1c tests conducted on at least 2 occasions in the 6 months immediately prior to the application, with no 2 tests performed at intervals of less than 2 months. Both the Hb A1c levels and the dates of measurement must be provided.							
	Pathology reports from accredited laboratories must be available for audit by the HIC.							

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ROSIGLITAZONE MALEATE—cont.							
	Authority required							
	Second and subsequent applications for continuation of PBS-subsidised dual therapy with either metformin or a sulfonylurea in type 2 diabetic patients:							
	(a) who have previously been issued with an authority prescription for the continuation of dual therapy with metformin or a sulfonylurea; and							
	(b) whose Hb A1c level remains below 8.5%.							
	The authority application must include the result of an Hb A1c test conducted no earlier than 3 months prior to the date of application. Both the Hb A1c level and the date of measurement must be provided.							
	Pathology reports from accredited laboratories must be available for audit by the HIC.							
8689H	***Tablet 4 mg (base)***	***28***	***5***	***..***	***61.61***	***23.70***	***Avandia***	***GK***
8690J	***Tablet 8 mg (base)***	***28***	***5***	***..***	***92.25***	***23.70***	***Avandia***	***GK***

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 year of plain x-ray or CT-scan or MRI scan 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***	***3***	***..***	***60.65***	***23.70***	[a] ***Citrihexal***	***HX***
							[a] ***Kosteo***	***AW***
							[a] ***Rocaltrol***	***RO***
							[a] ***Sitriol***	***AF***

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

- ***Vitamin B_1, plain***

THIAMINE HYDROCHLORIDE

1065C	Injection 100 mg in 1 mL	5	1	..	12.69	13.62	Beta-Sol	FM

Code	Name, Restriction, Manner of 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 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***	***..***	***..***	***9.68***	***10.61***	***FM***	
	MINERAL SUPPLEMENTS							
	Calcium							
	• ***Calcium***							
	CALCIUM							
	Restricted benefit							
	Hyperphosphataemia in chronic renal failure;							
	Hypocalcaemia;							
	Osteoporosis;							
	Proven calcium malabsorption.							
8560M	***Tablet 250 mg (as citrate)***	***120***	***1***	***..***	***12.46***	***13.39***	***Citracal***	***KY***
3116B	***Tablet (chewable) 500 mg (as carbonate)***	***120***	***1***	***..***	****13.40***	***14.33***	***Cal-Sup***	***MM***
3117C	***Tablet 600 mg (as carbonate)***	***120***	***1***	***..***	***12.46***	***13.39***	***Caltrate***	***WT***
	Potassium							
	• ***Potassium***							
	POTASSIUM CHLORIDE							
2642C	Tablet 600 mg (sustained release)	200	1	..	*10.62	11.55	[a] Duro-K	SZ
				..	10.62	11.55	Span-K	AS
				[B]2.14	*12.76	11.55	[a] Slow-K	NV
3012M	Effervescent tablet 14 mmol K^+ and 8 mmol Cl^-	60	1	..	10.75	11.68	[a] K-Sol	LN
				[B]2.63	13.38	11.68	[a] Chlorvescent	AS
	ANABOLIC AGENTS FOR SYSTEMIC USE							
	Anabolic steroids							
	• ***Androstan derivatives***							
	OXANDROLONE							
	Authority required							
	Promotion of growth in girls with Turner syndrome (date of confirmation of diagnosis to be stated);							
	Promotion of growth in boys of short stature with delayed bone maturation (date of confirmation of diagnosis to be stated).							
	NOTE:							
	Oxandrolone should not be prescribed for promotion of growth in boys aged less than 11 years or boys who do not have a bone age of at least 9 years.							
2545Y	***Tablet 2.5 mg***	***100***	***1***	***..***	***771.32***	***23.70***	***Oxandrin***	***CS***

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
	• ***Estren derivatives***						
	NANDROLONE DECANOATE						
	Authority required						
	Monotherapy for osteoporosis, where other treatment has failed and where specialist advice confirms that this is the only suitable treatment option for the patient. Specialist advice need only be obtained for the first authority approval;						
	Monotherapy for osteoporosis, where other treatment is not tolerated and where specialist advice confirms that this is the only suitable treatment option for the patient. Specialist advice need only be obtained for the first authority approval;						
	Monotherapy for osteoporosis, where other treatment is contraindicated and where specialist advice confirms that this is the only suitable treatment option for the patient. Specialist advice need only be obtained for the first authority approval;						
	Patients on long-term treatment with corticosteroids.						
1671Y	***Injection 50 mg in 1 mL, disposable syringe***	***1***	***7***	***..***	***19.27***	***20.20***	***Deca-Durabolin OR***

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ANTITHROMBOTIC AGENTS							
	Antithrombotic agents							
	• ***Vitamin K antagonists***							
	WARFARIN SODIUM							
	CAUTION:							
	The listed brands have NOT been shown to be bioequivalent and should not be interchanged.							
2843P	Tablet 1 mg	50	2	..	7.50	8.43	Coumadin Marevan	BT BA
2209G	Tablet 2 mg	50	2	..	7.67	8.60	Coumadin	BT
2844Q	Tablet 3 mg	50	2	..	7.91	8.84	Marevan	BA
2211J	Tablet 5 mg	50	2	..	8.40	9.33	Coumadin Marevan	BT BA
	• ***Heparin group***							
	DALTEPARIN SODIUM							
	(Low Molecular Weight Heparin Sodium—porcine mucous)							
8603T	Injection 2,500 units (anti-Xa) in 0.2 mL single dose pre-filled syringe	10	1	..	55.46	23.70	Fragmin	PH
2816F	Injection 5,000 units (anti-Xa) in 0.2 mL single dose pre-filled syringe	10	1	..	57.59	23.70	Fragmin	PH
8271H	Injection 7,500 units (anti-Xa) in 0.75 mL single dose pre-filled syringe	10	1	..	84.47	23.70	Fragmin	PH
8269F	Injection 10,000 units (anti-Xa) in 1 mL single dose pre-filled syringe	10	1	..	111.05	23.70	Fragmin	PH
	DALTEPARIN SODIUM							
	(Low Molecular Weight Heparin Sodium—porcine mucous)							
	Restricted benefit							
	Haemodialysis.							
8641T	***Injection 2,500 units (anti-Xa) in 0.2 mL single dose pre-filled syringe***	***20***	***3***	***..***	****106.26***	***23.70***	***Fragmin***	***PH***
8642W	***Injection 5,000 units (anti-Xa) in 0.2 mL single dose pre-filled syringe***	***20***	***3***	***..***	****110.52***	***23.70***	***Fragmin***	***PH***
8643X	***Injection 7,500 units (anti-Xa) in 0.75 mL single dose pre-filled syringe***	***20***	***3***	***..***	****164.28***	***23.70***	***Fragmin***	***PH***

Code	Name, Restriction, Manner of 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							
8558K	Injection 20 mg (2,000 i.u. anti-Xa) in 0.2 mL pre-filled syringe	10	1	..	55.46	23.70	Clexane	AV
8510X	Injection 40 mg (4,000 i.u. anti-Xa) in 0.4 mL pre-filled syringe	10	1	..	57.59	23.70	Clexane	AV
8262W	Injection 60 mg (6,000 i.u. anti-Xa) in 0.6 mL pre-filled syringe	10	1	..	80.36	23.70	Clexane	AV
8263X	Injection 80 mg (8,000 i.u. anti-Xa) in 0.8 mL pre-filled syringe	10	1	..	91.76	23.70	Clexane	AV
8264Y	Injection 100 mg (10,000 i.u. anti-Xa) in 1 mL pre-filled syringe	10	1	..	110.74	23.70	Clexane	AV
	ENOXAPARIN SODIUM							
	Restricted benefit							
	Haemodialysis.							
8716R	***Injection 20 mg (2,000 i.u. anti-Xa) in 0.2 mL pre-filled syringe***	***20***	***3***	***..***	****106.26***	***23.70***	***Clexane***	***AV***
8639Q	***Injection 40 mg (4,000 i.u. anti-Xa) in 0.4 mL pre-filled syringe***	***20***	***3***	***..***	****110.52***	***23.70***	***Clexane***	***AV***
8640R	***Injection 60 mg (6,000 i.u. anti-Xa) in 0.6 mL pre-filled syringe***	***20***	***3***	***..***	****156.06***	***23.70***	***Clexane***	***AV***
	HEPARIN CALCIUM							
1234Y	Injection 5,000 units in 0.2 mL	5	5	..	10.91	11.84	Calcihep Calciparine	AV SW
	HEPARIN SODIUM							
1466E	Injection 5,000 units in 0.2 mL	5	5	..	10.91	11.84	MX	
1467F	Injection 5,000 units in 1 mL	5	5	..	10.91	11.84	MX	
1463B	Injection (preservative-free) 5,000 units in 5 mL	50	5	..	52.41	23.70	PU	
1076P	Injection 35,000 units in 35 mL	12	5	..	*106.30	23.70	MX	
	• ***Platelet aggregation inhibitors excl. heparin***							
	ABCIXIMAB							
	Authority required							
	Patients undergoing percutaneous coronary balloon angioplasty;							
	Patients undergoing percutaneous coronary atherectomy;							
	Patients undergoing percutaneous coronary stent placement.							
8048N	***I.V. injection 10 mg in 5 mL***	***3***	***..***	***..***	****1531.27***	***23.70***	***ReoPro***	***LY***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ASPIRIN							
8202Q	Tablet 100 mg	112	1	..	6.13	7.06	[a] DBL Aspirin 100 mg	FA
				[B]1.36	7.49	7.06	[a] Astrix	MX
1008C	Tablet 300 mg	100	1	..	6.95	7.88	Spren	SI
1010E	Tablet 300 mg (dispersible)	96	1	..	6.89	7.82	Solprin	RC
	CLOPIDOGREL HYDROGEN SULFATE							
	Authority required							
	Prevention of recurrence of ischaemic stroke or transient cerebral ischaemic events in patients:							
	(1) with a history of symptomatic 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;							
	Prevention of recurrence of myocardial infarction or unstable angina in patients:							
	(1) with a history of symptomatic 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.							
	NOTE:							
	Not for prophylaxis of DVT or peripheral arterial disease.							
8358X	***Tablet 75 mg (base)***	***28***	***5***	***..***	***84.04***	***23.70***	***Iscover***	***BQ***
							Plavix	***SW***
	DIPYRIDAMOLE							
	Restricted benefit							
	Prevention of recurrence 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***	***..***	***33.69***	***23.70***	***Persantin SR***	***BY***
	DIPYRIDAMOLE with ASPIRIN							
	Restricted benefit							
	Prevention of recurrence of ischaemic stroke or transient cerebral ischaemic events.							
8382E	***Capsule 200 mg (sustained release)-25 mg***	***60***	***5***	***..***	***32.42***	***23.70***	***Asasantin SR***	***BY***
	EPTIFIBATIDE ACETATE							
	Authority required							
	Patients undergoing non-urgent percutaneous intervention with intracoronary stenting.							
8683B	***Solution for I.V. injection 20 mg (base) in 10 mL***	***2***	***..***	***..***	****268.72***	***23.70***	***Integrilin***	***SH***
8684C	***Solution for I.V. infusion 75 mg (base) in 100 mL***	***3***	***..***	***..***	****1052.44***	***23.70***	***Integrilin***	***SH***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	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							
	Prevention of recurrence of ischaemic stroke or transient cerebral ischaemic events in patients:							
	(1) with a history of symptomatic cerebrovascular ischaemic episodes while on therapy with low-dose aspirin; or							
	(2) where low-dose aspirin poses an unacceptable risk of gastrointestinal bleeding; or							
	(3) where there is a history of anaphylaxis, urticaria or asthma within 4 hours of ingestion of aspirin, other salicylates, or NSAIDs;							
	Patients established on this drug as a pharmaceutical benefit prior to 1 November 1999.							
2095G	***Tablet 250 mg***	***60***	***5***	***..***	***152.36***	***23.70***	[a] ***Ticlopidine Hexal***	***HX***
							[a] ***Tilodene***	***AF***
				[B]2.26	***154.62***	***23.70***	[a] ***Ticlid***	***RO***
	TIROFIBAN HYDROCHLORIDE							
	Authority required							
	Patients with high risk unstable angina who have new transient or persistent ST-T ischaemic changes and anginal pain lasting longer than 20 minutes;							
	Patients with high risk unstable angina who have new transient or persistent ST-T ischaemic changes and 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***	***..***	***372.66***	***23.70***	***Aggrastat***	***MK***
	• ***Enzymes***							
	ALTEPLASE							
	(Recombinant tissue-type plasminogen activator)							
	Restricted benefit							
	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***	***..***	***..***	****2157.44***	***23.70***	***Actilyse***	***BY***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	DROTRECOGIN ALFA (ACTIVATED)							
	Authority required							
	Adult patients with severe sepsis who have a high risk of death as determined by acute dysfunction in at least 2 organs or modified Apache II score of at least 25.							
	Acute organ dysfunction is defined as follows:							
	(1) For cardiovascular-system dysfunction, an arterial systolic blood pressure of less than or equal to 90 mmHg or mean arterial pressure of less than or equal to 70 mmHg for at least 1 hour despite adequate fluid resuscitation, adequate intravascular volume status or the use of vasopressors in an attempt to maintain a systolic blood pressure of greater than or equal to 90 mmHg or a mean arterial pressure of greater than or equal to 70 mmHg;							
	(2) For kidney dysfunction, urine output of less than 0.5 mL per kg of body weight per hour for 1 hour despite adequate fluid resuscitation;							
	(3) For respiratory-system dysfunction, a ratio of PaO_2 to FiO_2 of less than or equal to 250;							
	(4) For haematologic dysfunction, a platelet count of less than 80,000 per cubic millimetre or which has decreased by 50 percent in the previous 3 days;							
	(5) In the case of unexplained metabolic acidosis, a pH of less than or equal to 7.30 or a base deficit of greater than or equal to 5.0 mmol per L in association with a plasma lactate level of greater than 1.5 times the upper limit of the normal value for the reporting laboratory.							
	NOTE:							
	Medical practitioners should request the appropriate quantity of vials at the time of the authority application, according to the weight of the patient, to achieve a dose of 24 micrograms per kg per hour over a maximum of 96 hours.							
8614J	***Powder for I.V. infusion 5 mg***	***1***	***..***	***..***	***480.47***	***23.70***	***Xigris***	***LY***
8615K	***Powder for I.V. infusion 20 mg***	***1***	***..***	***..***	***1907.93***	***23.70***	***Xigris***	***LY***
	RETEPLASE							
	(Recombinant plasminogen activator)							
	Restricted benefit							
	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***	***..***	***..***	***2224.02***	***23.70***	***Rapilysin 10 U***	***RO***
	TENECTEPLASE							
	Restricted benefit							
	Treatment of acute myocardial infarction within 12 hours of onset of attack.							
8526R	***Powder for injection 40 mg with solvent***	***1***	***..***	***..***	***2101.30***	***23.70***	***Metalyse***	***BY***
8527T	***Powder for injection 50 mg with solvent***	***1***	***..***	***..***	***2212.58***	***23.70***	***Metalyse***	***BY***
	ANTIHEMORRHAGICS							
	Antifibrinolytics							
	• ***Amino acids***							
	TRANEXAMIC ACID							
2180R	Tablet 500 mg	100	2	..	50.99	23.70	Cyklokapron	PH

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ANTIANEMIC PREPARATIONS							
	Iron preparations							
	• ***Iron bivalent, oral preparations***							
	FERROUS GLUCONATE							
2726L	Paediatric elixir 300 mg per 5 mL (6%), 100 mL	‡1	4	..	9.38	10.31	Fergon	SW
	• ***Iron trivalent, parenteral preparations***							
	IRON POLYMALTOSE COMPLEX							
2593L	Injection 100 mg (iron) in 2 mL	5	..	..	52.29	23.70	[a] Ferrosig	SI
				[B]1.22	53.51	23.70	[a] Ferrum H	BX
	• ***Iron in combination with folic acid***							
	FERROUS SULFATE DRIED with FOLIC ACID							
3160H	Tablet 250 mg-300 micrograms (sustained release)	30	2	..	7.08	8.01	F.G.F.	AB
	Vitamin B_{12} and folic acid							
	• ***Vitamin B_{12} (cyanocobalamin and derivatives)***							
	HYDROXOCOBALAMIN							
	Restricted benefit							
	Pernicious anaemia;							
	Other proven vitamin B_{12} deficiencies;							
	Prophylaxis after gastrectomy.							
1508J	***Injection 1 mg in 1 mL***	***2***	***..***	***..***	***11.56***	***12.49***	***Neo-Cytamen***	***MX***
	NOTE:							
	One injection of hydroxocobalamin 1 mg every three months provides appropriate maintenance therapy in vitamin B_{12} deficiencies.							
	• ***Folic acid and derivatives***							
	FOLIC ACID							
2958Q	Tablet 500 micrograms	200	..	..	*7.66	8.59	Megafol 0.5 SI	AF
1437P	Tablet 5 mg	200	1	..	*7.66	8.59	Megafol 5	AF
	NOTE:							
	The 5 mg strength tablet should be used in malabsorption states only.							
	BLOOD SUBSTITUTES AND PERFUSION SOLUTIONS							
	Blood and related products							
	• ***Blood substitutes and plasma protein fractions***							
	GELATIN - SUCCINYLATED							
8444K	I.V. infusion 20 g per 500 mL, 500 mL	3	..	..	*44.26	23.70	Gelofusine	BR
	POLYGELINE							
2334W	I.V. infusion 17.5 g per 500 mL (3.5%) with electrolytes, 500 mL	3	..	..	*44.26	23.70	Haemaccel	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	
	I.V. solutions							
	• ***Solutions for parenteral nutrition***							
	GLUCOSE							
2245E	I.V. infusion 278 mmol (anhydrous) per L (5%), 1 L	5	1	..	*23.91	23.70	BX	
	• ***Solutions affecting the electrolyte balance***							
	ELECTROLYTE REPLACEMENT SOLUTION							
3199J	I.V. infusion 1 L	2	1	..	*20.04	20.97	Plasma-Lyte 148	BX
	SODIUM CHLORIDE							
2264E	I.V. infusion 154 mmol per L (0.9%), 1 L	5	1	..	*23.91	23.70	BX	
2260Y	I.V. infusion 513 mmol per L (3%), 1 L	2	1	..	*16.32	17.25	BX	
	SODIUM CHLORIDE COMPOUND							
2266G	I.V. infusion 1 L	4	1	..	*27.98	23.70	BX	
	SODIUM CHLORIDE with GLUCOSE							
2281C	I.V. infusion 31 mmol-222 mmol (anhydrous) per L (0.18%-4%), 1 L	5	1	..	*23.91	23.70	BX	
2279Y	I.V. infusion 19 mmol-104 mmol (anhydrous) per 500 mL (0.225%-3.75%), 500 mL	5	1	..	*29.96	23.70	BX	
2278X	I.V. infusion 39 mmol-69 mmol (anhydrous) per 500 mL (0.45%-2.5%), 500 mL	5	1	..	*29.96	23.70	BX	
	SODIUM LACTATE COMPOUND							
2286H	I.V. infusion 1 L	5	1	..	*23.91	23.70	BX	

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	CARDIAC THERAPY							
	Cardiac glycosides							
	• ***Digitalis glycosides***							
	DIGOXIN							
2605D	Tablet 62.5 micrograms	200	1	..	8.42	9.35	[a] Sigmaxin-PG	FM
				[B]1.30	9.72	9.35	[a] Lanoxin-PG	SI
1322N	Tablet 250 micrograms	100	1	..	8.71	9.64	[a] Sigmaxin	FM
				[B]1.30	10.01	9.64	[a] Lanoxin	SI
3164M	Oral solution for children 50 micrograms per mL, 60 mL	2	3	..	*26.66	23.70	Lanoxin	SI
	Antiarrhythmics, class I and III							
	• ***Antiarrhythmics, class IA***							
	DISOPYRAMIDE							
2923W	Capsule 100 mg	100	5	..	25.15	23.70	Rythmodan	AV
2924X	Capsule 150 mg	100	5	..	34.07	23.70	Rythmodan	AV
	PROCAINAMIDE HYDROCHLORIDE							
2653P	Capsule 250 mg	200	1	..	*55.62	23.70	Pronestyl	BQ
	QUINIDINE BISULFATE **CAUTION:** Severe thrombocytopenia has been reported with this drug.							
2623C	Tablet 250 mg (sustained release)	100	5	..	30.99	23.70	Kinidin Durule	AP
	• ***Antiarrhythmics, class IB***							
	LIGNOCAINE HYDROCHLORIDE							
2875H	Injection 100 mg in 5 mL	2	..	..	14.45	15.38	Xylocard 100	AP
2876J	Infusion 500 mg in 5 mL	5	..	..	16.11	17.04	Xylocard 500	AP
	MEXILETINE HYDROCHLORIDE							
1682M	Capsule 50 mg	100	5	..	27.76	23.70	Mexitil	BY
1683N	Capsule 200 mg	100	5	..	56.36	23.70	Mexitil	BY
	• ***Antiarrhythmics, class IC***							
	FLECAINIDE ACETATE **CAUTION:** ***Flecainide acetate should be avoided in patients with poor cardiac function.***							
	Restricted benefit ***Serious supra-ventricular cardiac arrhythmias;*** ***Serious ventricular cardiac arrhythmias where treatment is initiated in a hospital (in-patient or out-patient).***							
1088G	***Tablet 50 mg***	***60***	***5***	***..***	***38.23***	***23.70***	***Tambocor***	***MM***
1090J	***Tablet 100 mg***	***60***	***5***	***..***	***46.28***	***23.70***	[a] ***Flecatab***	***AF***
				[B]2.86	***49.14***	***23.70***	[a] ***Tambocor***	***MM***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• ***Antiarrhythmics, class III***							
	AMIODARONE HYDROCHLORIDE							
	CAUTION:							
	Amiodarone hydrochloride has been reported to cause frequent and potentially serious toxicity.							
	Regular monitoring of hepatic and thyroid function is recommended.							
	Restricted benefit							
	Severe cardiac arrhythmias.							
2344J	***Tablet 100 mg***	***30***	***5***	***..***	***16.02***	***16.95***	[a] ***Aratac 100***	***AF***
							[a] ***Cardinorm***	***HX***
							[a] ***GenRx Amiodarone***	***GX***
				[B]1.00	***17.02***	***16.95***	[a] ***Cordarone X 100***	***SW***
2343H	***Tablet 200 mg***	***30***	***5***	***..***	***24.86***	***23.70***	[a] ***Aratac 200***	***AF***
							[a] ***Cardinorm***	***HX***
							[a] ***Chem mart Amiodarone***	***CH***
							[a] ***GenRx Amiodarone***	***GX***
							[a] ***healthsense Amiodarone***	***HS***
							[a] ***Terry White Chemists Amiodarone***	***TW***
				[B]1.00	***25.86***	***23.70***	[a] ***Cordarone X 200***	***SW***
	SOTALOL HYDROCHLORIDE							
	Restricted benefit							
	Severe cardiac arrhythmias.							
8398B	***Tablet 80 mg***	***60***	***5***	***..***	***16.99***	***17.92***	[a] ***GenRx Sotalol***	***GX***
							[a] ***Solavert***	***AW***
							[a] ***Sotahexal***	***HX***
				[B]1.66	***18.65***	***17.92***	[a] ***Sotacor***	***BQ***
2043M	***Tablet 160 mg***	***60***	***5***	***..***	***31.12***	***23.70***	[a] ***Cardol***	***AF***
							[a] ***Chem mart Sotalol***	***CH***
							[a] ***GenRx Sotalol***	***GX***
							[a] ***healthsense Sotalol***	***HS***
							[a] ***Solavert***	***AW***
							[a] ***Sotab***	***DP***
							[a] ***Sotahexal***	***HX***
							[a] ***Terry White Chemists Sotalol***	***TW***
				[B]1.80	***32.92***	***23.70***	[a] ***Sotacor***	***BQ***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	Cardiac stimulants excl. cardiac glycosides							
	• ***Adrenergic and dopaminergic agents***							
	ADRENALINE							
1016L	Injection 1 mg in 1 mL (1 in 1,000)	5	1	..	9.35	10.28	AP	
	ADRENALINE							
	Authority required							
	Initial supply for anticipated emergency treatment of acute allergic reactions with anaphylaxis in a patient who has been assessed to be at significant risk of anaphylaxis by, or in consultation with, a clinical immunologist, allergist, paediatrician or respiratory physician. The name of the specialist consulted must be provided at the time of application for initial supply;							
	Continuing supply for anticipated emergency treatment of acute allergic reactions with anaphylaxis, where the patient has previously been issued with an authority prescription for this drug.							
	NOTE:							
	The auto-injector should be provided in the framework of a comprehensive anaphylaxis prevention program and an emergency action plan including training in recognition of the symptoms of anaphylaxis and the use of the auto-injector device. (For further information see the Australasian Society of Clinical Immunology and Allergy website at www.allergy.org.au.)							
8697R	***I.M. injection 150 micrograms in 0.3 mL single dose syringe auto-injector***	***1***	***..***	***..***	***96.32***	***23.70***	***EpiPen Jr.***	***CS***
8698T	***I.M. injection 300 micrograms in 0.3 mL single dose syringe auto-injector***	***1***	***..***	***..***	***96.32***	***23.70***	***EpiPen***	***CS***
	NOTE:							
	Authorities for increased maximum quantities, up to a maximum of 2, may be authorised for children aged less than 17 years where 2 auto-injectors are necessary to ensure 1 is on hand at all times. No increased maximum quantities will be authorised for patients aged 17 years or older.							
	No repeats will be issued.							
	Vasodilators used in cardiac diseases							
	• ***Organic nitrates***							
	GLYCERYL TRINITRATE							
1459T	Tablets 600 micrograms, 100	‡1	5	.. [B]1.30	7.82 9.12	8.75 8.75	[a] Lycinate [a] Anginine Stabilised	FM SI
8171C	Buccal/sublingual spray (pump pack) 400 micrograms per dose (200 doses)	‡1	5	..	18.21	19.14	Nitrolingual Pumpspray	AV
	NOTE:							
	The spray should not be inhaled.							
8027L	Transdermal patch releasing approximately 5 mg per 24 hours	30	5	..	27.05	23.70	Minitran 5	MM

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	GLYCERYL TRINITRATE—cont.							
1515R	Transdermal patch releasing approximately 5 mg per 24 hours	30	5	..	27.05	23.70	Transiderm-Nitro 25	NV
8010N	Transdermal patch releasing approximately 5 mg per 24 hours	30	5	..	27.05	23.70	Nitro-Dur 5	SH
8028M	Transdermal patch releasing approximately 10 mg per 24 hours	30	5	..	34.03	23.70	Minitran 10	MM
1516T	Transdermal patch releasing approximately 10 mg per 24 hours	30	5	..	34.03	23.70	Transiderm-Nitro 50	NV
8011P	Transdermal patch releasing approximately 10 mg per 24 hours	30	5	..	34.03	23.70	Nitro-Dur 10	SH
8119H	Transdermal patch releasing approximately 15 mg per 24 hours	30	5	..	34.03	23.70	Minitran 15	MM
8026K	Transdermal patch releasing approximately 15 mg per 24 hours	30	5	..	34.03	23.70	Nitro-Dur 15	SH
	ISOSORBIDE DINITRATE							
2587E	Tablet 10 mg	200	2	..	*12.14	13.07	[a] Sorbidin	AF
				[B]3.70	*15.84	13.07	[a] Isordil	SI
2586D	Tablet 20 mg	100	5	..	12.05	12.98	Isordil	SI
2588F	Sublingual tablet 5 mg	200	2	..	*13.36	14.29	Isordil Sublingual	SI
	ISOSORBIDE MONONITRATE							
1558B	Tablet 60 mg (sustained release)	30	5	..	13.17	14.10	[a] Arsorb 60	AW
							[a] Chem mart Isosorbide Mononitrate	CH
							[a] Duride	AF
							[a] GenRx Isosorbide Mononitrate	GX
							[a] healthsense Isosorbide Mononitrate	HS
							[a] Imtrate 60 mg	DP
							[a] Isomonit	HX
							[a] Monodur 60 mg	PM
							[a] Terry White Chemists Isosorbide Mononitrate	TW
				[B]2.55	15.72	14.10	[a] Imdur Durule	AP

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ISOSORBIDE MONONITRATE—cont.							
8273K	Tablet 120 mg (sustained release)	30	5	..	24.85	23.70	[a] Monodur 120 mg	PM
				[B]2.55	27.40	23.70	[a] Imdur 120 mg	AP
	• ***Other vasodilators used in cardiac diseases***							
	NICORANDIL							
8228C	Tablets 10 mg, 60	‡1	5	..	20.78	21.71	Ikorel	AV
8229D	Tablets 20 mg, 60	‡1	5	..	27.49	23.70	Ikorel	AV
	PERHEXILINE MALEATE							
	CAUTION:							
	Regular monitoring of drug serum levels is recommended.							
	Authority required							
	Angina not responding to other therapy.							
1822X	***Tablet 100 mg***	***100***	***5***	***..***	***53.06***	***23.70***	***Pexsig***	***SI***
	ANTIHYPERTENSIVES							
	Antiadrenergic agents, centrally acting							
	• ***Methyldopa***							
	METHYLDOPA							
1629R	Tablet 250 mg	100	5	..	10.27	11.20	[a] Hydopa	AF
				[B]2.70	12.97	11.20	[a] Aldomet	MK
	• ***Imidazoline receptor agonists***							
	CLONIDINE							
3145M	Tablet 100 micrograms	100	5	..	26.00	23.70	Catapres 100	BY
3141H	Tablet 150 micrograms	100	5	..	34.14	23.70	Catapres	BY
	Antiadrenergic agents, peripherally acting							
	• ***Alpha-adrenoceptor antagonists***							
	PRAZOSIN HYDROCHLORIDE							
1479W	Tablet 1 mg (base)	100	5	..	12.83	13.76	[a] Chem mart Prazosin	CH
							[a] GenRx Prazosin	GX
							[a] healthsense Prazosin	HS
							[a] Prazohexal	HX
							[a] Pressin 1	AF
							[a] Terry White Chemists Prazosin	TW
				[B]3.05	15.88	13.76	[a] Minipress	PF

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	PRAZOSIN HYDROCHLORIDE—cont.							
1480X	Tablet 2 mg (base)	100	5	..	15.87	16.80	[a] Chem mart Prazosin	CH
							[a] GenRx Prazosin	GX
							[a] Prazohexal	HX
							[a] Pressin 2	AF
							[a] Terry White Chemists Prazosin	TW
				[B]3.15	19.02	16.80	[a] Minipress	PF
1478T	Tablet 5 mg (base)	100	5	..	23.68	23.70	[a] Chem mart Prazosin	CH
							[a] GenRx Prazosin	GX
							[a] healthsense Prazosin	HS
							[a] Prazohexal	HX
							[a] Pressin 5	AF
							[a] Terry White Chemists Prazosin	TW
				[B]3.40	27.08	23.70	[a] Minipress	PF
	Arteriolar smooth muscle, agents acting on							
	• ***Hydrazinophthalazine derivatives***							
	HYDRALAZINE HYDROCHLORIDE							
1640H	Tablet 25 mg	200	2	..	*10.98	11.91	Alphapress 25	AF
1639G	Tablet 50 mg	200	2	..	*13.58	14.51	Alphapress 50	AF
	• ***Pyrimidine derivatives***							
	MINOXIDIL							
	Authority required							
	Severe refractory hypertension where treatment with minoxidil was initiated in a hospital (in-patient or out-patient).							
2313R	***Tablet 10 mg***	***100***	***5***	***..***	***52.30***	***23.70***	***Loniten***	***PH***
	• ***Nitroferricyanide derivatives***							
	SODIUM NITROPRUSSIDE							
1100X	I.V. infusion 50 mg	10	..	..	70.31	23.70	MX	
	DIURETICS							
	Low-ceiling diuretics, thiazides							
	• ***Thiazides, plain***							
	BENDROFLUAZIDE							
1106F	Tablet 5 mg	100	1	..	8.92	9.85	Aprinox	AB
	HYDROCHLOROTHIAZIDE							
1484D	Tablet 25 mg	100	1	..	19.31	20.24	Dithiazide	PL
	Low-ceiling diuretics, excl. thiazides							
	• ***Sulfonamides, plain***							
	CHLORTHALIDONE							
1585K	Tablet 25 mg	100	1	..	*10.88	11.81	Hygroton 25	NV

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	INDAPAMIDE HEMIHYDRATE							
8532C	Tablet 1.5 mg (sustained release)	90	1	..	19.69	20.62	Natrilix SR	SE
2436F	Tablet 2.5 mg	90	1	..	19.24	20.17	[a] Chem mart Indapamide	CH
							[a] Dapa-Tabs	AF
							[a] GenRx Indapamide	GX
							[a] healthsense Indapamide	HS
							[a] Indahexal	HX
							[a] Insig	SI
							[a] Napamide 2.5 mg	DP
							[a] Terry White Chemists Indapamide	TW
				[B]3.37	22.61	20.17	[a] Natrilix	SE

High-ceiling diuretics

- ***Sulfonamides, plain***

	FRUSEMIDE							
2414C	Tablet 20 mg	100	1	..	8.09	9.02	[a] Chem mart Frusemide	CH
							[a] GenRx Frusemide	GX
							[a] healthsense Frusemide	HS
							[a] Terry White Chemists Frusemide	TW
				..	*8.10	9.03	[a] Frusid	DP
							Urex-M	FM
				[B]1.12	*9.22	9.03	[a] Lasix-M	AV
2412Y	Tablet 40 mg	100	1	..	7.77	8.70	[a] Chem mart Frusemide	CH
							[a] Frusehexal 40 mg	HX
							[a] Frusemide-BC	BG
							[a] Frusid	DP
							[a] GenRx Frusemide	GX
							[a] healthsense Frusemide	HS
							[a] Terry White Chemists Frusemide	TW
							[a] Uremide	AF
							Urex	FM
				[B]1.11	8.88	8.70	[a] Lasix	AV
2415D	Tablet 500 mg	50	3	..	20.90	21.83	Urex-Forte	FM
				[B]4.67	25.57	21.83	Lasix	AV
2411X	Oral solution 10 mg per mL, 30 mL	‡1	3	..	13.86	14.79	Lasix	AV

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $		Proprietary Name and Manufacturer	
	FRUSEMIDE—cont.								
2413B	Injection 20 mg in 2 mL	5	..	..	10.78	11.71		Lasix	AV

Potassium-sparing agents

- ***Aldosterone antagonists***

SPIRONOLACTONE

CAUTION:

Serum electrolytes should be checked regularly.

Restricted benefit

Hyperaldosteronism, including refractory cardiac failure;
Female hirsutism.

CAUTION:

Treatment of hirsutism with spironolactone should be considered only after all avenues of non-drug therapy have been explored.

Appropriate contraceptive measures should be taken by women of child-bearing age in whom spironolactone therapy has been initiated.

2339D	***Tablet 25 mg***	***100***	***5***	***..***	***12.67***	***13.60***	[a]	***Spiractin 25***	***AF***
				[B]1.89	***14.56***	***13.60***	[a]	***Aldactone***	***PH***
2340E	***Tablet 100 mg***	***100***	***5***	***..***	***36.15***	***23.70***	[a]	***Spiractin 100***	***AF***
				[B]2.62	***38.77***	***23.70***	[a]	***Aldactone***	***PH***

- ***Other potassium-sparing agents***

AMILORIDE HYDROCHLORIDE

CAUTION:

Serum electrolytes should be checked regularly.

3109P	Tablet 5 mg	100	1	..	*8.30	9.23	[a]	Kaluril	AF
				[B]3.00	*11.30	9.23	[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	..	*11.06	11.99	[a]	Amizide	AF
				[B]3.44	*14.50	11.99	[a]	Moduretic	MK

HYDROCHLOROTHIAZIDE with TRIAMTERENE

CAUTION:

Serum electrolytes should be checked regularly.

1280J	Tablet 25 mg-50 mg	100	1	..	11.06	11.99	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***	***..***	***52.18***	***23.70***	***Dibenyline***	***LM***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	BETA BLOCKING AGENTS							
	Beta blocking agents							
	• ***Beta blocking agents, non-selective***							
	OXPRENOLOL HYDROCHLORIDE							
2942W	Tablet 20 mg	100	5	..	8.19	9.12	Corbeton 20	AF
2961W	Tablet 40 mg	100	5	..	9.95	10.88	Corbeton 40	AF
	PINDOLOL							
3062E	Tablet 5 mg	100	5	..	11.34	12.27	[a] Barbloc 5	AF
				[B]2.63	13.97	12.27	[a] Visken 5	NV
3065H	Tablet 15 mg	50	5	..	14.26	15.19	[a] Barbloc 15	AF
				[B]2.70	16.96	15.19	[a] Visken 15	NV
	PROPRANOLOL HYDROCHLORIDE							
2565B	Tablet 10 mg	100	5	..	6.02	6.95	Deralin 10	AF
				[B]2.44	8.46	6.95	Inderal	AP
2566C	Tablet 40 mg	100	5	..	7.33	8.26	Deralin 40	AF
				[B]2.46	9.79	8.26	Inderal	AP
2899N	Tablet 160 mg	50	5	..	8.76	9.69	Deralin 160	AF
	SOTALOL HYDROCHLORIDE							
	For listings see Generic/Proprietary Index							
	• ***Beta blocking agents, selective***							
	ATENOLOL							
1081X	Tablet 50 mg	30	5	..	9.73	10.66	[a] Anselol 50 mg	DP
							[a] Atehexal	HX
							[a] Chem mart Atenolol	CH
							[a] GenRx Atenolol	GX
							[a] healthsense Atenolol	HS
							[a] Noten	AF
							[a] Tensig	SI
							[a] Terry White Chemists Atenolol	TW
				[B]3.30	13.03	10.66	[a] Tenormin	AP
	BISOPROLOL FUMARATE							
	Authority required							
	Moderate to severe heart failure in patients stabilised on conventional therapy which must include an ACE-inhibitor if tolerated.							
8604W	***Tablet 2.5 mg***	***28***	***5***	***..***	***55.35***	***23.70***	***Bicor***	***AL***
8605X	***Tablet 5 mg***	***28***	***5***	***..***	***68.03***	***23.70***	***Bicor***	***AL***
8606Y	***Tablet 10 mg***	***28***	***5***	***..***	***83.86***	***23.70***	***Bicor***	***AL***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	METOPROLOL SUCCINATE							
	Authority required							
	Moderate to severe heart failure in patients stabilised on conventional therapy which must include an ACE-inhibitor if tolerated.							
8732N	***Tablet 23.75 mg (controlled release)***	***15***	***..***	***..***	***22.90***	***23.70***	***Toprol-XL 23.75***	***AP***
8733P	***Tablet 47.5 mg (controlled release)***	***30***	***5***	***..***	***69.31***	***23.70***	***Toprol-XL 47.5***	***AP***
8734Q	***Tablet 95 mg (controlled release)***	***30***	***5***	***..***	***85.47***	***23.70***	***Toprol-XL 95***	***AP***
8735R	***Tablet 190 mg (controlled release)***	***30***	***5***	***..***	***105.78***	***23.70***	***Toprol-XL 190***	***AP***
	METOPROLOL TARTRATE							
1324Q	Tablet 50 mg	100	5	..	10.48	11.41	[a] Chem mart Metoprolol	CH
							[a] GenRx Metoprolol	GX
							[a] healthsense Metoprolol	HS
							[a] Metohexal	HX
							[a] Metolol	DP
							[a] Metoprolol-BC	BG
							[a] Metrol 50	AW
							[a] Minax 50	AF
							[a] Terry White Chemists Metoprolol	TW
				[B]2.18	12.66	11.41	Lopresor 50	NV
				[B]2.95	13.43	11.41	[a] Betaloc	AP
1325R	Tablet 100 mg	60	5	..	12.05	12.98	[a] Chem mart Metoprolol	CH
							[a] GenRx Metoprolol	GX
							[a] healthsense Metoprolol	HS
							[a] Metohexal	HX
							[a] Metolol	DP
							[a] Metrol 100	AW
							[a] Minax 100	AF
							[a] Terry White Chemists Metoprolol	TW
				[B]2.24	14.29	12.98	Lopresor 100	NV
				[B]2.95	15.00	12.98	[a] Betaloc	AP

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• ***Alpha and beta blocking agents***							
	CARVEDILOL							
	Authority required							
	Moderate to severe heart failure in patients stabilised on conventional therapy which must include an ACE-inhibitor if tolerated;							
	Patients receiving this drug as a pharmaceutical benefit prior to 1 August 2002.							
8255L	***Tablet 3.125 mg***	***30***	***..***	***..***	***19.58***	***20.51***	[a] ***Dilatrend 3.125***	***RO***
							[a] ***Kredex***	***MD***
8256M	***Tablet 6.25 mg***	***60***	***5***	***..***	***75.16***	***23.70***	[a] ***Dilatrend 6.25***	***RO***
							[a] ***Kredex***	***MD***
8257N	***Tablet 12.5 mg***	***60***	***5***	***..***	***92.78***	***23.70***	[a] ***Dilatrend 12.5***	***RO***
							[a] ***Kredex***	***MD***
8258P	***Tablet 25 mg***	***60***	***5***	***..***	***114.81***	***23.70***	[a] ***Dilatrend 25***	***RO***
							[a] ***Kredex***	***MD***
	LABETALOL HYDROCHLORIDE							
1566K	Tablet 100 mg	100	5	..	13.58	14.51	[a] Presolol 100	AF
				[B]2.84	16.42	14.51	[a] Trandate	SI
1567L	Tablet 200 mg	100	5	..	20.17	21.10	[a] Presolol 200	AF
				[B]2.97	23.14	21.10	[a] Trandate	SI

CALCIUM CHANNEL BLOCKERS

Selective calcium channel blockers with mainly vascular effects

• ***Dihydropyridine derivatives***

NOTE:
The base-priced drugs in this therapeutic group are felodipine, lercanidipine hydrochloride (except lercanidipine hydrochloride tablet 10 mg) and nifedipine (except nifedipine controlled release tablet 20 mg).

	AMLODIPINE BESYLATE							
2751T	Tablet 5 mg (base)	30	5	[T]3.74	25.03	22.22	Norvasc	PF
2752W	Tablet 10 mg (base)	30	5	[T]5.84	39.08	23.70	Norvasc	PF

AMLODIPINE BESYLATE
Authority required
Adverse effects occurring with all of the base-priced drugs;
Drug interactions occurring with all of the base-priced drugs;
Drug interactions 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***	***..***	***25.03***	***23.70***	***Norvasc***	***PF***
8924Q	***Tablet 10 mg (base)***	***30***	***5***	***..***	***39.08***	***23.70***	***Norvasc***	***PF***
	FELODIPINE							
2361G	Tablet 2.5 mg (extended release)	30	5	..	15.30	16.23	[a] Felodur ER 2.5 mg	AL
				[B]2.65	17.95	16.23	[a] Plendil ER	AP
				[B]8.50	23.80	16.23	[a] Agon SR	TP

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	FELODIPINE—cont.							
2366M	Tablet 5 mg (extended release)	30	5	..	19.29	20.22	[a] Felodur ER 5 mg	AL
				[B]2.95	22.24	20.22	[a] Plendil ER	AP
				[B]8.50	27.79	20.22	[a] Agon SR	TP
2367N	Tablet 10 mg (extended release)	30	5	..	30.85	23.70	[a] Felodur ER 10 mg	AL
				[B]4.30	35.15	23.70	[a] Plendil ER	AP
				[B]8.50	39.35	23.70	[a] Agon SR	TP
	LERCANIDIPINE HYDROCHLORIDE							
8534E	Tablet 10 mg	30	5	[T]1.60	26.48	23.70	Zanidip	SM
8679T	Tablet 20 mg	30	5	..	40.45	23.70	Zanidip	SM

LERCANIDIPINE HYDROCHLORIDE
Authority required
Adverse effects occurring with all of the base-priced drugs;
Drug interactions occurring with all of the base-priced drugs;
Drug interactions 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.

8939L	***Tablet 10 mg***	***30***	***5***	***..***	***26.48***	***23.70***	***Zanidip***	***SM***
	NIFEDIPINE							
1694E	Tablet 10 mg	60	5	..	18.87	19.80	[a] Adefin 10	AF
							[a] Nifedipine-BC	BG
							[a] Nypine 10	AW
				[B]1.78	20.65	19.80	[a] Adalat 10	BN
1695F	Tablet 20 mg	60	5	..	22.37	23.30	[a] Adefin 20	AF
							[a] Chem mart Nifedipine	CH
							[a] GenRx Nifedipine	GX
							[a] healthsense Nifedipine	HS
							[a] Nifedipine-BC	BG
							[a] Nifehexal	HX
							[a] Nyefax 20 mg	DP
							[a] Nypine 20	AW
							[a] Terry White Chemists Nifedipine	TW
				[B]3.31	25.68	23.30	[a] Adalat 20	BN
8610E	Tablet 20 mg (controlled release)	30	5	[T]0.64	22.94	23.23	Adalat Oros 20mg	BN
1906H	Tablet 30 mg (controlled release)	30	5	..	23.70	23.70	[a] Adefin XL 30	AF
				[B]3.10	26.80	23.70	[a] Adalat Oros 30	BN
1907J	Tablet 60 mg (controlled release)	30	5	..	28.60	23.70	[a] Adefin XL 60	AF
				[B]3.70	32.30	23.70	[a] Adalat Oros 60	BN

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	NIFEDIPINE—cont.							
	Authority required							
	Adverse effects occurring with all of the base-priced drugs;							
	Drug interactions occurring with all of the base-priced drugs;							
	Drug interactions 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.							
8938K	***Tablet 20 mg (controlled release)***	***30***	***5***	***..***	***22.94***	***23.70***	***Adalat Oros 20mg***	***BN***
	Selective calcium channel blockers with direct cardiac effects							
	• ***Phenylalkylamine derivatives***							
	VERAPAMIL HYDROCHLORIDE							
	CAUTION:							
	The myocardial depressant effects of this drug and of beta-blocking drugs are additive.							
1248Q	Tablet 40 mg	100	5	..	11.37	12.30	[a] Anpec 40	AF
							[a] Verahexal	HX
				[B]1.00	12.37	12.30	[a] Isoptin	AB
1250T	Tablet 80 mg	100	5	..	16.57	17.50	[a] Anpec 80	AF
							[a] Verahexal	HX
				[B]1.00	17.57	17.50	[a] Isoptin	AB
1254B	Tablet 120 mg	100	5	..	21.93	22.86	[a] Verahexal	HX
				[B]1.00	22.93	22.86	[a] Isoptin	AB
1253Y	Tablet 160 mg	60	5	..	20.50	21.43	Isoptin	AB
2208F	Tablet 180 mg (sustained release)	30	5	..	14.27	15.20	[a] Cordilox 180 SR	KN
				[B]2.00	16.27	15.20	[a] Isoptin 180 SR	AB
1241H	Tablet 240 mg (sustained release)	30	5	..	17.48	18.41	[a] Anpec SR	AF
							[a] Cordilox SR	KN
				[B]2.00	19.48	18.41	[a] Isoptin SR	AB
2206D	Capsule 160 mg (sustained release)	30	5	..	12.59	13.52	Veracaps SR	SI
2207E	Capsule 240 mg (sustained release)	30	5	..	17.61	18.54	Veracaps SR	SI
1060T	Injection 5 mg in 2 mL	5	..	..	10.55	11.48	Isoptin	AB

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• ***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	..	19.41	20.34	[a] Chem mart Diltiazem	CH
							[a] Coras	AF
							[a] Diltahexal	HX
							[a] Dilzem 60 mg	DP
							[a] GenRx Diltiazem	GX
							[a] healthsense Diltiazem	HS
							[a] Terry White Chemists Diltiazem	TW
							[a] Vasocardol	HP
				[B]2.64	22.05	20.34	[a] Cardizem	AV
1312C	Capsule 180 mg (controlled delivery)	30	5	..	21.03	21.96	[a] Chem mart Diltiazem CD	CH
							[a] Diltahexal CD	HX
							[a] Dilzem CD	DP
							[a] GenRx Diltiazem CD	GX
							[a] Terry White Chemists Diltiazem CD	TW
							[a] Vasocardol CD	HP
				[B]2.64	23.67	21.96	[a] Cardizem CD	AV
1313D	Capsule 240 mg (controlled delivery)	30	5	..	26.76	23.70	[a] Chem mart Diltiazem CD	CH
							[a] Diltahexal CD	HX
							[a] Dilzem CD	DP
							[a] GenRx Diltiazem CD	GX
							[a] healthsense Diltiazem CD	HS
							[a] Terry White Chemists Diltiazem CD	TW
							[a] Vasocardol CD	HP
				[B]2.64	29.40	23.70	[a] Cardizem CD	AV
8480H	Capsule 360 mg (controlled delivery)	30	5	..	31.86	23.70	[a] Vasocardol CD	HP
				[B]3.20	35.06	23.70	[a] Cardizem CD	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	
	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.							
	CAPTOPRIL							
1147J	Tablet 12.5 mg	90	5	..	20.10	21.03	[a] Acenorm 12.5 mg	AF
							[a] Captohexal	HX
							[a] Chem mart Captopril	CH
							[a] GenRx Captopril	GX
							[a] healthsense Captopril	HS
							[a] Terry White Chemists Captopril	TW
							[a] Topace	FM
							[a] DP	
				[B]2.46	22.56	21.03	[a] Capoten	BQ
1148K	Tablet 25 mg	90	5	..	27.01	23.70	[a] Acenorm 25 mg	AF
							[a] Captohexal	HX
							[a] Chem mart Captopril	CH
							[a] GenRx Captopril	GX
							[a] healthsense Captopril	HS
							[a] Terry White Chemists Captopril	TW
							[a] Topace	FM
							[a] DP	
				[B]2.46	29.47	23.70	[a] Capoten	BQ
1149L	Tablet 50 mg	90	5	..	48.77	23.70	[a] Acenorm 50 mg	AF
							[a] Captohexal	HX
							[a] Chem mart Captopril	CH
							[a] GenRx Captopril	GX
							[a] healthsense Captopril	HS
							[a] Terry White Chemists Captopril	TW
							[a] Topace	FM
							[a] DP	
				[B]2.45	51.22	23.70	[a] Capoten	BQ

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ENALAPRIL MALEATE							
1370D	Tablet 5 mg	30	5	..	14.77	15.70	[a] Alphapril	AF
							[a] Auspril	SI
							[a] Chem mart Enalapril	CH
							[a] Enahexal	HX
							[a] Enalapril-BC	BG
							[a] Enalapril-DP 5mg	DP
							[a] GenRx Enalapril	GX
							[a] healthsense Enalapril	HS
							[a] Terry White Chemists Enalapril	TW
				[B]2.45	17.22	15.70	[a] Amprace 5	AD
				[B]3.15	17.92	15.70	[a] Renitec M	MK
1368B	Tablet 10 mg	30	5	..	21.26	22.19	[a] Alphapril	AF
							[a] Auspril	SI
							[a] Chem mart Enalapril	CH
							[a] Enahexal	HX
							[a] Enalapril-BC	BG
							[a] Enalapril-DP 10mg	DP
							[a] GenRx Enalapril	GX
							[a] healthsense Enalapril	HS
							[a] Terry White Chemists Enalapril	TW
				[B]2.45	23.71	22.19	[a] Amprace 10	AD
				[B]3.15	24.41	22.19	[a] Renitec	MK
1369C	Tablet 20 mg	30	5	..	25.80	23.70	[a] Alphapril	AF
							[a] Auspril	SI
							[a] Chem mart Enalapril	CH
							[a] Enahexal	HX
							[a] Enalapril-BC	BG
							[a] Enalapril-DP 20mg	DP
							[a] GenRx Enalapril	GX
							[a] healthsense Enalapril	HS
							[a] Terry White Chemists Enalapril	TW
				[B]2.46	28.26	23.70	[a] Amprace 20	AD
				[B]3.15	28.95	23.70	[a] Renitec 20	MK
	FOSINOPRIL SODIUM							
1182F	Tablet 10 mg	30	5	..	18.93	19.86	Monopril	BQ
1183G	Tablet 20 mg	30	5	..	26.01	23.70	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	..	16.25	17.18	[a] Chem mart Lisinopril	CH
							[a] Fibsol 5	AW
							[a] GenRx Lisinopril	GX
							[a] healthsense Lisinopril	HS
							[a] Liprace	DP
							[a] Lisinopril Hexal	HX
							[a] Lisinopril-BC	BG
							[a] Lisodur	AF
							[a] Terry White Chemists Lisinopril	TW
				[B]1.95	18.20	17.18	[a] Prinivil 5	AD
							[a] Zestril	AP
2457H	Tablet 10 mg	30	5	..	22.08	23.01	[a] Chem mart Lisinopril	CH
							[a] Fibsol 10	AW
							[a] GenRx Lisinopril	GX
							[a] healthsense Lisinopril	HS
							[a] Liprace	DP
							[a] Lisinopril Hexal	HX
							[a] Lisinopril-BC	BG
							[a] Lisodur	AF
							[a] Terry White Chemists Lisinopril	TW
				[B]1.95	24.03	23.01	[a] Prinivil 10	AD
							[a] Zestril	AP
2458J	Tablet 20 mg	30	5	..	26.59	23.70	[a] Chem mart Lisinopril	CH
							[a] Fibsol 20	AW
							[a] GenRx Lisinopril	GX
							[a] healthsense Lisinopril	HS
							[a] Liprace	DP
							[a] Lisinopril Hexal	HX
							[a] Lisinopril-BC	BG
							[a] Lisodur	AF
							[a] Terry White Chemists Lisinopril	TW
				[B]1.95	28.54	23.70	[a] Prinivil 20	AD
							[a] Zestril	AP
	PERINDOPRIL ERBUMINE							
3050M	Tablet 2 mg	30	5	..	19.43	20.36	Coversyl	SE
3051N	Tablet 4 mg	30	5	..	24.72	23.70	Coversyl	SE
8704D	Tablet 8 mg	30	5	..	42.80	23.70	Coversyl	SE

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	QUINAPRIL HYDROCHLORIDE							
1968N	Tablet 5 mg (base)	30	5	..	17.04	17.97	[a] Accupril	PF
							[a] Asig	SI
1969P	Tablet 10 mg (base)	30	5	..	22.12	23.05	[a] Accupril	PF
							[a] Asig	SI
1970Q	Tablet 20 mg (base)	30	5	..	26.17	23.70	[a] Accupril	PF
							[a] Asig	SI
	RAMIPRIL							
1944H	Tablet 1.25 mg	30	5	..	13.52	14.45	[a] Tritace 1.25 mg	AV
				[B]4.00	17.52	14.45	[a] Ramace 1.25 mg	ML
1945J	Tablet 2.5 mg	30	5	..	17.51	18.44	[a] Tritace 2.5 mg	AV
				[B]4.01	21.52	18.44	[a] Ramace 2.5 mg	ML
1946K	Tablet 5 mg	30	5	..	20.69	21.62	[a] Tritace 5 mg	AV
				[B]4.00	24.69	21.62	[a] Ramace 5 mg	ML
8470T	Capsule 10 mg	30	5	[T]4.14	36.93	23.70	Tritace 10 mg	AV
8668F	Pack containing 7 tablets 2.5 mg, 21 tablets 5 mg and 10 capsules 10 mg	‡1	..	..	28.15	23.70	Tritace Titration Pack	AV

RAMIPRIL
Authority required
Adverse effects occurring with all of the base-priced drugs;
Drug interactions occurring with all of the base-priced drugs;
Drug interactions 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***	***..***	***36.93***	***23.70***	***Tritace 10 mg***	***AV***
	TRANDOLAPRIL							
2791X	Capsule 500 micrograms	28	5	..	14.51	15.44	[a] Gopten	AB
							[a] Odrik	AV
2792Y	Capsule 1 mg	28	5	..	20.32	21.25	[a] Gopten	AB
							[a] Odrik	AV
2793B	Capsule 2 mg	28	5	..	22.08	23.01	[a] Gopten	AB
							[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
Hypertension in patients who are not adequately controlled with 20 mg enalapril maleate.
NOTE:
No applications for increased maximum quantities and/or repeats will be authorised.

8477E	***Tablet 20 mg-6 mg***	***30***	***5***	***..***	***30.09***	***23.70***	***Renitec Plus 20/6***	***MK***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	FOSINOPRIL SODIUM with HYDROCHLOROTHIAZIDE							
	Restricted benefit							
	Hypertension in patients who are not adequately controlled with either hydrochlorothiazide or fosinopril sodium monotherapy.							
	NOTE:							
	No applications for increased maximum quantities and/or repeats will be authorised.							
8400D	***Tablet 10 mg-12.5 mg***	***30***	***5***	***..***	***22.92***	***23.70***	***Monoplus 10/12.5***	***BQ***
8401E	***Tablet 20 mg-12.5 mg***	***30***	***5***	***..***	***31.46***	***23.70***	***Monoplus 20/12.5***	***BQ***
	PERINDOPRIL ERBUMINE with INDAPAMIDE HEMIHYDRATE							
	Restricted benefit							
	Hypertension in patients who are not adequately controlled with either indapamide hemihydrate or perindopril erbumine monotherapy.							
	NOTE:							
	No applications for increased maximum quantities and/or repeats will be authorised.							
8449Q	***Tablet 4 mg-1.25 mg***	***30***	***5***	***..***	***32.47***	***23.70***	***Coversyl Plus 4/1.25***	***SE***
	QUINAPRIL HYDROCHLORIDE with HYDROCHLOROTHIAZIDE							
	Restricted benefit							
	Hypertension in patients who are not adequately controlled with either hydrochlorothiazide or quinapril hydrochloride monotherapy.							
8589C	***Tablet 10 mg (base)-12.5 mg***	***30***	***5***	***..***	***24.32***	***23.70***	***Accuretic 10/12.5mg***	***PF***
8590D	***Tablet 20 mg (base)-12.5 mg***	***30***	***5***	***..***	***28.37***	***23.70***	***Accuretic 20/12.5mg***	***PF***
	NOTE:							
	No applications for increased maximum quantities and/or repeats will be authorised for quinapril hydrochloride with hydrochlorothiazide tablet 20 mg (base)-12.5 mg.							

Angiotensin II antagonists, plain

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

	CANDESARTAN CILEXETIL							
	Restricted benefit							
	Hypertension.							
8295N	***Tablet 4 mg***	***30***	***5***	***..***	***19.10***	***20.03***	***Atacand***	***AP***
8296P	***Tablet 8 mg***	***30***	***5***	***..***	***22.90***	***23.70***	***Atacand***	***AP***
8297Q	***Tablet 16 mg***	***30***	***5***	***..***	***27.65***	***23.70***	***Atacand***	***AP***
	EPROSARTAN MESYLATE							
	Restricted benefit							
	Hypertension.							
8397Y	***Tablet 400 mg (base)***	***56***	***5***	***..***	****33.26***	***23.70***	***Teveten***	***SM***
8447N	***Tablet 600 mg (base)***	***28***	***5***	***..***	***30.46***	***23.70***	***Teveten***	***SM***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $		Proprietary Name and Manufacturer	
	IRBESARTAN								
	Restricted benefit								
	Hypertension.								
8246B	***Tablet 75 mg***	***30***	***5***	***..***	***22.59***	***23.52***		***Avapro***	***BQ***
								Karvea	***SW***
8247C	***Tablet 150 mg***	***30***	***5***	***..***	***27.29***	***23.70***		***Avapro***	***BQ***
								Karvea	***SW***
8248D	***Tablet 300 mg***	***30***	***5***	***..***	***33.22***	***23.70***		***Avapro***	***BQ***
								Karvea	***SW***
	TELMISARTAN								
	Restricted benefit								
	Hypertension.								
8355R	***Tablet 40 mg***	***28***	***5***	***..***	***23.36***	***23.70***	[a]	***Micardis***	***BY***
				[B]4.99	***28.35***	***23.70***	[a]	***Pritor***	***GK***
8356T	***Tablet 80 mg***	***28***	***5***	***..***	***28.31***	***23.70***	[a]	***Micardis***	***BY***
				[B]4.99	***33.30***	***23.70***	[a]	***Pritor***	***GK***

Angiotensin II antagonists, combinations

- ***Angiotensin II antagonists and diuretics***

CANDESARTAN CILEXETIL with HYDROCHLOROTHIAZIDE

Restricted benefit

Hypertension in patients who are not adequately controlled with 16 mg candesartan cilexetil.

NOTE:

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

8504N	***Tablet 16 mg-12.5 mg***	***30***	***5***	***..***	***28.46***	***23.70***		***Atacand Plus 16/12.5***	***AP***

EPROSARTAN MESYLATE with HYDROCHLOROTHIAZIDE

Restricted benefit

Hypertension in patients who are not adequately controlled with either hydrochlorothiazide or eprosartan mesylate monotherapy.

NOTE:

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

8624X	***Tablet 600 mg (base)-12.5 mg***	***28***	***5***	***..***	***31.10***	***23.70***		***Teveten Plus 600/12.5***	***SM***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	IRBESARTAN with HYDROCHLOROTHIAZIDE							
	Restricted benefit							
	Hypertension in patients who are not adequately controlled with either hydrochlorothiazide or irbesartan monotherapy.							
	NOTE:							
	No applications for increased maximum quantities and/or repeats will be authorised.							
8404H	***Tablet 150 mg-12.5 mg***	***30***	***5***	***..***	***28.10***	***23.70***	***Avapro HCT 150/12.5***	***BQ***
							Karvezide 150/12.5	***SW***
8405J	***Tablet 300 mg-12.5 mg***	***30***	***5***	***..***	***34.03***	***23.70***	***Avapro HCT 300/12.5***	***BQ***
							Karvezide 300/12.5	***SW***
	TELMISARTAN with HYDROCHLOROTHIAZIDE							
	Restricted benefit							
	Hypertension in patients who are not adequately controlled with either hydrochlorothiazide or telmisartan monotherapy.							
	NOTE:							
	No applications for increased maximum quantities and/or repeats will be authorised.							
8622T	***Tablet 40 mg-12.5 mg***	***28***	***5***	***..***	***24.12***	***23.70***	***Micardis Plus 40/12.5 mg***	***BY***
8623W	***Tablet 80 mg-12.5 mg***	***28***	***5***	***..***	***29.07***	***23.70***	***Micardis Plus 80/12.5 mg***	***BY***

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

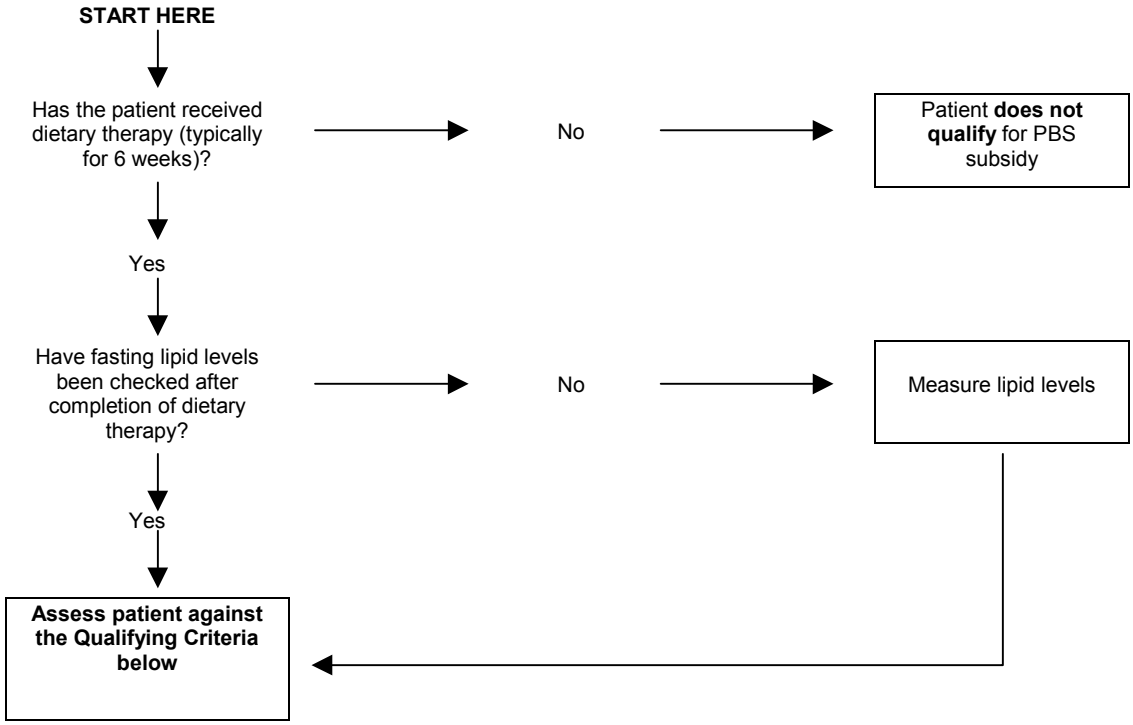
By writing a PBS prescription, the prescriber is certifying the patient satisfies the qualifying criteria set out below and the use is in accordance with the registered indications which differ between agents in this class. Refer to the current Product Information. Patients already established on a particular lipid-lowering drug, where use satisfies the PBS qualifying criteria, but is outside the registered indications for that drug, are not required to switch to another drug in the class to retain PBS eligibility.

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.

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



QUALIFYING CRITERIA

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

Code	Name, Restriction, Manner of 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							
	Restricted benefit							
	For use in patients that meet the criteria set out in the General Statement for Lipid-Lowering Drugs.							
8213G	***Tablet 10 mg (atorvastatin)***	***30***	***5***	***..***	***43.13***	***23.70***	***Lipitor***	***PF***
8214H	***Tablet 20 mg (atorvastatin)***	***30***	***5***	***..***	***59.61***	***23.70***	***Lipitor***	***PF***
8215J	***Tablet 40 mg (atorvastatin)***	***30***	***5***	***..***	***83.43***	***23.70***	***Lipitor***	***PF***
8521L	***Tablet 80 mg (atorvastatin)***	***30***	***5***	***..***	***117.36***	***23.70***	***Lipitor***	***PF***
	FLUVASTATIN SODIUM							
	Restricted benefit							
	For use in patients that meet the criteria set out in the General Statement for Lipid-Lowering Drugs.							
8023G	***Capsule 20 mg (fluvastatin)***	***28***	***5***	***..***	***29.03***	***23.70***	***Lescol*** ***Vastin***	***NV*** ***AP***
8024H	***Capsule 40 mg (fluvastatin)***	***28***	***5***	***..***	***34.13***	***23.70***	***Lescol*** ***Vastin***	***NV*** ***AP***
	PRAVASTATIN SODIUM							
	Restricted benefit							
	For use in patients that meet the criteria set out in the General Statement for Lipid-Lowering Drugs.							
2833D	***Tablet 10 mg***	***30***	***5***	***..***	***33.35***	***23.70***	***Pravachol***	***BQ***
2834E	***Tablet 20 mg***	***30***	***5***	***..***	***50.23***	***23.70***	***Pravachol***	***BQ***
8197K	***Tablet 40 mg***	***30***	***5***	***..***	***75.65***	***23.70***	***Pravachol***	***BQ***
	SIMVASTATIN							
	Restricted benefit							
	For use in patients that meet the criteria set out in the General Statement for Lipid-Lowering Drugs.							
2013Y	***Tablet 5 mg***	***30***	***5***	***..***	***30.07***	***23.70***	***Lipex 5*** ***Zocor***	***AD*** ***MK***
2011W	***Tablet 10 mg***	***30***	***5***	***..***	***41.02***	***23.70***	***Lipex 10*** ***Zocor***	***AD*** ***MK***
2012X	***Tablet 20 mg***	***30***	***5***	***..***	***56.57***	***23.70***	***Lipex 20*** ***Zocor***	***AD*** ***MK***
8173E	***Tablet 40 mg***	***30***	***5***	***..***	***79.02***	***23.70***	***Lipex 40*** ***Zocor***	***AD*** ***MK***
8313M	***Tablet 80 mg***	***30***	***5***	***..***	***111.13***	***23.70***	***Lipex 80*** ***Zocor***	***AD*** ***MK***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	GEMFIBROZIL							
	NOTE:							
	The risk of serious muscle toxicity is increased if gemfibrozil is used concomitantly with HMG CoA reductase inhibitors or other fibrates. Such combination therapy should be used with caution in patients with severe combined dyslipidaemia and high cardiovascular risk without any history of muscular disease and patients monitored closely for chronic signs of muscle toxicity.							
	Restricted benefit							
	For use in patients that meet the criteria set out in the General Statement for Lipid-Lowering Drugs.							
1453L	***Tablet 600 mg***	***60***	***5***	***..***	***39.70***	***23.70***	[a] ***Ausgem***	***SI***
							[a] ***Chem mart Gemfibrozil***	***CH***
							[a] ***Gemfibrozil-BC***	***BG***
							[a] ***Gemhexal***	***HX***
							[a] ***GenRx Gemfibrozil***	***GX***
							[a] ***Jezil***	***AF***
							[a] ***Lipazil 600 mg***	***DP***
							[a] ***Terry White Chemists Gemfibrozil***	***TW***
				[B]***3.49***	***43.19***	***23.70***	[a] ***Lopid***	***PF***
	• ***Bile acid sequestrants***							
	CHOLESTYRAMINE							
2967E	Sachets 4.7 g (equivalent to 4 g cholestyramine), 50	2	5	..	*57.42	23.70	Questran Lite	BQ
2978R	Sachets 9.4 g (equivalent to 8 g cholestyramine), 50	‡1	5	..	54.28	23.70	Questran Lite	BQ
	COLESTIPOL HYDROCHLORIDE							
1224K	Sachets 5 g, 120	‡1	5	..	67.97	23.70	Colestid	PH
	• ***Nicotinic acid and derivatives***							
	NICOTINIC ACID							
1687T	Tablet 250 mg	200	5	..	*19.68	20.61	AS	

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ANTIFUNGALS FOR DERMATOLOGICAL USE							
	Antifungals for systemic use							
	• ***Antifungals for systemic use***							
	GRISEOFULVIN							
1460W	Tablet 125 mg	100	2	..	17.27	18.20	Grisovin	SI
2983B	Tablet 330 mg	28	2	..	17.85	18.78	Griseostatin	SH
2982Y	Tablet 500 mg	28	2	..	17.85	18.78	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***	***..***	***156.46***	***23.70***	***Lamisil***	***NV***
	ANTIPSORIATICS							
	Antipsoriatics for topical use							
	• ***Other antipsoriatics for topical use***							
	CALCIPOTRIOL							
	Restricted benefit							
	Chronic stable plaque type psoriasis vulgaris.							
8291J	***Ointment 50 micrograms per g (0.005%), 30 g***	***‡1***	***1***	***..***	***21.91***	***22.84***	***Daivonex***	***CS***
	Antipsoriatics for systemic use							
	• ***Retinoids for treatment of psoriasis***							
	ACITRETIN							
	CAUTION:							
	This drug is a potent teratogen—pregnancy should be avoided for at least two years after cessation of therapy.							
	NOTE:							
	Care must be taken to comply with the provisions of State/Territory law when prescribing acitretin.							
	Authority required							
	Severe intractable psoriasis;							
	Severe forms of disorders of keratinisation.							
2019G	***Capsule 10 mg***	***100***	***2***	***..***	***210.07***	***23.70***	***Neotigason***	***RO***
2020H	***Capsule 25 mg***	***100***	***2***	***..***	***403.77***	***23.70***	***Neotigason***	***RO***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ANTIBIOTICS AND CHEMOTHERAPEUTICS FOR DERMATOLOGICAL USE							
	Chemotherapeutics for topical use							
	• *Sulfonamides*							
	SILVER SULFADIAZINE with CHLORHEXIDINE GLUCONATE							
	Restricted benefit							
	Prevention and treatment of infection in partial or full skin thickness loss due to burns;							
	Prevention and treatment of infection in partial or full skin thickness loss due to epidermolysis bullosa;							
	Stasis ulcers.							
1996C	*Cream 10 mg-2 mg per g (1%-0.2%), 50 g*	*‡1*	*..*	*..*	*14.66*	*15.59*	*Silvazine*	*SN*
1997D	*Cream 10 mg-2 mg per g (1%-0.2%), 100 g*	*‡1*	*..*	*..*	*18.10*	*19.03*	*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*	*..*	*6.96*	*7.89*	*Egocort Cream 1%*	*EO*
	HYDROCORTISONE ACETATE							
	Restricted benefit							
	Treatment of corticosteroid-responsive dermatoses.							
2887Y	*Cream 10 mg per g (1%), 30 g*	*‡1*	*1*	*..*	*6.50*	*7.43*	[a] *Cortic-DS 1%*	*FM*
				[B]1.30	*7.80*	*7.43*	[a] *Sigmacort*	*SI*
2881P	*Cream 10 mg per g (1%), 50 g*	*‡1*	*1*	*..*	*6.96*	*7.89*	*Cortef*	*DT*
							[a] *Cortic-DS 1%*	*FM*
				[B]1.30	*8.26*	*7.89*	[a] *Sigmacort*	*SI*
2888B	*Topical ointment 10 mg per g (1%), 30 g*	*‡1*	*1*	*..*	*6.50*	*7.43*	[a] *Cortic-DS 1%*	*FM*
				[B]1.30	*7.80*	*7.43*	[a] *Sigmacort*	*SI*
2882Q	*Topical ointment 10 mg per g (1%), 50 g*	*‡1*	*1*	*..*	*6.96*	*7.89*	[a] *Cortic-DS 1%*	*FM*
				[B]1.30	*8.26*	*7.89*	[a] *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*	*..*	*..*	**13.22*	*14.15*	[a] *Tricortone*	*FM*
				[B]2.60	**15.82*	*14.15*	[a] *Aristocort 0.02%*	*SI*
2118L	*Ointment 200 micrograms per g (0.02%), 100 g*	*2*	*..*	*..*	**13.22*	*14.15*	[a] *Tricortone*	*FM*
				[B]2.60	**15.82*	*14.15*	[a] *Aristocort 0.02%*	*SI*

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• ***Corticosteroids, potent (group III)***							
	BETAMETHASONE DIPROPIONATE							
	Restricted benefit							
	Treatment of corticosteroid-responsive dermatoses.							
1115Q	***Cream 500 micrograms (base) per g (0.05%), 15 g***	***‡1***	***1***	***..***	***6.89***	***7.82***	[a] ***Diprosone***	***SH***
							[a] ***Eleuphrat***	***EX***
1119X	***Ointment 500 micrograms (base) per g (0.05%), 15 g***	***‡1***	***1***	***..***	***6.89***	***7.82***	[a] ***Diprosone***	***SH***
							[a] ***Eleuphrat***	***EX***
	BETAMETHASONE VALERATE							
	Restricted benefit							
	Treatment of corticosteroid-responsive dermatoses.							
2812B	***Cream 200 micrograms (base) per g (0.02%), 100 g***	***2***	***..***	***..***	****13.22***	***14.15***	[a] ***Antroquoril***	***EX***
							[a] ***Celestone-M***	***SH***
							[b] ***Cortival 1/5***	***FM***
				[B]***2.60***	****15.82***	***14.15***	[b] ***Betnovate 1/5***	***SI***
2813C	***Cream 500 micrograms (base) per g (0.05%), 15 g***	***‡1***	***1***	***..***	***6.82***	***7.75***	***Celestone-V Half Strength***	***SH***
							[b] ***Cortival 1/2***	***FM***
				[B]***1.29***	***8.11***	***7.75***	[b] ***Betnovate 1/2***	***SI***
2820K	***Ointment 200 micrograms (base) per g (0.02%), 100 g***	***2***	***..***	***..***	****13.22***	***14.15***	[a] ***Antroquoril***	***EX***
							[a] ***Celestone-M***	***SH***
2815E	***Ointment 500 micrograms (base) per g (0.05%), 15 g***	***‡1***	***1***	***..***	***6.82***	***7.75***	***Celestone-V Half Strength***	***SH***
							[b] ***Cortival 1/2***	***FM***
				[B]***1.29***	***8.11***	***7.75***	[b] ***Betnovate 1/2***	***SI***
	METHYLPREDNISOLONE ACEPONATE							
	Restricted benefit							
	Treatment of corticosteroid-responsive dermatoses.							
8054X	***Cream 1 mg per g (0.1%), 15 g***	***‡1***	***..***	***..***	***10.31***	***11.24***	***Advantan***	***CS***
8055Y	***Ointment 1 mg per g (0.1%), 15 g***	***‡1***	***..***	***..***	***10.31***	***11.24***	***Advantan***	***CS***
8128T	***Fatty ointment 1 mg per g (0.1%), 15 g***	***‡1***	***..***	***..***	***10.31***	***11.24***	***Advantan***	***CS***
	Restricted benefit							
	Eczema.							
8618N	***Lotion 1 mg per g (0.1%), 20 g***	***‡1***	***..***	***..***	***11.07***	***12.00***	***Advantan***	***CS***
	MOMETASONE FUROATE							
	Restricted benefit							
	Treatment of corticosteroid-responsive dermatoses.							
1913Q	***Cream 1 mg per g (0.1%), 15 g***	***‡1***	***..***	***..***	***10.31***	***11.24***	[a] ***Elocon***	***SH***
							[a] ***Novasone***	***EX***
1915T	***Ointment 1 mg per g (0.1%), 15 g***	***‡1***	***..***	***..***	***10.31***	***11.24***	[a] ***Elocon***	***SH***
							[a] ***Novasone***	***EX***
8043H	***Lotion 1 mg per g (0.1% w/w), 30 mL***	***‡1***	***..***	***..***	***14.34***	***15.27***	[a] ***Elocon***	***SH***
							[a] ***Novasone***	***EX***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $		Proprietary Name and Manufacturer	
	ANTI-ACNE PREPARATIONS								
	Anti-acne preparations for systemic use								
	• ***Retinoids for treatment of acne***								
	ISOTRETINOIN								
	CAUTION:								
	This drug causes birth defects. Isotretinoin has been reported to cause other frequent and potentially serious toxicity.								
	NOTE:								
	Care must be taken to comply with the provisions of State/Territory law when prescribing isotretinoin.								
	Authority required								
	Severe cystic acne not responsive to other therapy.								
	NOTE:								
	No applications for increased maximum quantities and/or repeats will be authorised.								
2591J	***Capsule 10 mg***	***60***	***3***	***..***	***97.59***	***23.70***	[a]	***Accure 10***	***AF***
							[a]	***GenRx Isotretinoin***	***GX***
							[a]	***Isohexal***	***HX***
							[a]	***Oratane***	***DP***
							[a]	***Roaccutane***	***RO***
2592K	***Capsule 20 mg***	***60***	***3***	***..***	***149.52***	***23.70***	[a]	***Accure 20***	***AF***
							[a]	***Chem mart Isotretinoin***	***CH***
							[a]	***GenRx Isotretinoin***	***GX***
							[a]	***Isohexal***	***HX***
							[a]	***Oratane***	***DP***
							[a]	***Terry White Chemists Isotretinoin***	***TW***
				[B]2.50	***152.02***	***23.70***	[a]	***Roaccutane***	***RO***

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	OTHER GYNECOLOGICALS							
	Contraceptives for topical use							
	• *Intrauterine contraceptives*							
	LEVONORGESTREL							
	Restricted benefit							
	Contraception.							
8633J	***Intrauterine drug delivery system 52 mg (releasing approximately 20 micrograms per 24 hours)***	***1***	***..***	***..***	***220.44***	***23.70***	***Mirena***	***SC***
	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***	***..***	***..***	***19.06***	***19.99***	[a] ***Bromocriptine-BC***	***BG***
							[a] ***Bromohexal***	***HX***
							[a] ***Kripton 2.5***	***AF***
				[B]***2.94***	***22.00***	***19.99***	[a] ***Parlodel***	***NV***
	Restricted benefit							
	Acromegaly;							
	Parkinson's disease;							
	Pathological hyperprolactinaemia where surgery is not indicated;							
	Pathological hyperprolactinaemia where surgery has already been used with incomplete resolution;							
	Pathological hyperprolactinaemia where radiotherapy is not indicated;							
	Pathological hyperprolactinaemia where radiotherapy has already been used with incomplete resolution.							
1443Y	***Tablet 2.5 mg (base)***	***60***	***5***	***..***	***33.45***	***23.70***	[a] ***Bromocriptine-BC***	***BG***
							[a] ***Bromohexal***	***HX***
							[a] ***Kripton 2.5***	***AF***
				[B]***3.00***	***36.45***	***23.70***	[a] ***Parlodel***	***NV***
1446D	***Capsule 5 mg (base)***	***60***	***5***	***..***	***61.27***	***23.70***	[a] ***Bromohexal***	***HX***
							[a] ***Kripton 5***	***AF***
				[B]***3.00***	***64.27***	***23.70***	[a] ***Parlodel***	***NV***
1445C	***Capsule 10 mg (base)***	***100***	***5***	***..***	***206.95***	***23.70***	[a] ***Kripton 10***	***AF***
				[B]***3.00***	***209.95***	***23.70***	[a] ***Parlodel***	***NV***
	CABERGOLINE							
	Restricted benefit							
	Prevention of the onset of lactation in the puerperium for medical reasons.							
8115D	***Tablet 500 micrograms***	***2***	***..***	***..***	***23.68***	***23.70***	***Dostinex***	***PH***

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	CABERGOLINE—cont.							
	Authority required							
	Pathological hyperprolactinaemia where surgery is not indicated;							
	Pathological hyperprolactinaemia where surgery has already been used with incomplete resolution;							
	Pathological hyperprolactinaemia where radiotherapy is not indicated;							
	Pathological hyperprolactinaemia where radiotherapy has already been used with incomplete resolution.							
8114C	***Tablet 500 micrograms***	***8***	***5***	***..***	***72.07***	***23.70***	***Dostinex***	***PH***
	SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM							
	Hormonal contraceptives for systemic use							
	• ***Progestogens and estrogens, fixed combinations***							
	LEVONORGESTREL with ETHINYLOESTRADIOL							
1456P	Pack containing 21 tablets 125 micrograms-50 micrograms and 7 inert tablets	4	2	..	*15.10	16.03	Microgynon 50 ED	SC
1393H	Tablets 150 micrograms-30 micrograms, 21	4	2	B9.88	*24.98	16.03	[a] Microgynon 30	SC
1394J	Pack containing 21 tablets 150 micrograms-30 micrograms and 7 inert tablets	4	2	..	*15.10	16.03	[a] Levlen ED	SY
							[b] Monofeme 28	WX
				B9.24	*24.34	16.03	[b] Nordette 28	WY
				B9.88	*24.98	16.03	[a] Microgynon 30 ED	SC
	NORETHISTERONE with ETHINYLOESTRADIOL							
2772X	Tablets 500 micrograms-35 micrograms, 21	4	2	B7.96	*23.06	16.03	[a] Brevinor	PH
2774B	Pack containing 21 tablets 500 micrograms-35 micrograms and 7 inert tablets	4	2	..	*15.10	16.03	[a] Norimin 28 Day	KR
				B7.96	*23.06	16.03	[a] Brevinor	PH
2773Y	Tablets 1 mg-35 micrograms, 21	4	2	B7.96	*23.06	16.03	[a] Brevinor-1	PH
2775C	Pack containing 21 tablets 1 mg-35 micrograms and 7 inert tablets	4	2	..	*15.10	16.03	[a] Norimin-1 28 Day	KR
				B7.96	*23.06	16.03	[a] Brevinor-1	PH
	NORETHISTERONE with MESTRANOL							
3176E	Tablets 1 mg-50 micrograms, 21	4	2	..	*15.10	16.03	Norinyl-1	PH
3179H	Pack containing 21 tablets 1 mg-50 micrograms and 7 inert tablets	4	2	..	*15.10	16.03	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	..	*15.10	16.03	Sequilar ED	SC

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	LEVONORGESTREL with ETHINYLOESTRADIOL—cont.							
1391F	Pack containing 6 tablets 50 micrograms-30 micrograms, 5 tablets 75 micrograms-40 micrograms and 10 tablets 125 micrograms-30 micrograms	4	2	[B]9.88	*24.98	16.03	[a] Triquilar	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	..	*15.10	16.03	[a] Logynon ED	SY
							[b] Trifeme 28	WX
				[B]9.24	*24.34	16.03	[b] Triphasil 28	WY
				[B]9.88	*24.98	16.03	[a] Triquilar ED	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	..	*15.10	16.03	[a] Improvil 28 Day	KR
				[B]7.96	*23.06	16.03	[a] Synphasic	PH
	• ***Progestogens***							
	ETONOGESTREL							
8487Q	Subcutaneous implant 68 mg	1	..	..	220.44	23.70	Implanon	OR
	LEVONORGESTREL							
2913H	Tablets 30 micrograms, 28	4	2	..	*15.10	16.03	Microlut 28	SC
							Microval 28	WY
	MEDROXYPROGESTERONE ACETATE							
3118D	Injection 150 mg in 1 mL	1	1	..	12.94	13.87	[a] Depo-Ralovera	KR
				[B]3.36	16.30	13.87	[a] Depo-Provera	PH
	[For other listings for this drug see Generic/Proprietary Index]							
	NORETHISTERONE							
1967M	Tablets 350 micrograms, 28	4	2	..	*15.10	16.03	[a] Locilan 28 Day	KR
							Micronor	JC
				[B]4.00	*19.10	16.03	[a] Noriday 28 Day	PH

Androgens

• ***3-oxoandrosten (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***	***..***	***..***	****200.50***	***23.70***	***OR***	
8099G	***Subcutaneous implant 200 mg***	***3***	***..***	***..***	****200.47***	***23.70***	***OR***	
8460G	***Transdermal patches 12.2 mg (releasing approximately 2.5 mg per 24 hours), 60***	***‡1***	***5***	***..***	***97.06***	***23.70***	***Androderm***	***MX***

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	TESTOSTERONE—cont.							
8619P	***Transdermal patches 24.3 mg (releasing approximately 5 mg per 24 hours), 30***	***‡1***	***5***	***..***	***97.06***	***23.70***	***Androderm***	***MX***
	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***	***..***	***31.40***	***23.70***	***Primoteston Depot***	***SC***
	TESTOSTERONE ESTERS							
	Authority required							
	Androgen deficiency in males with established pituitary or testicular disorders; Androgen deficiency in males 40 years and older who do not have established pituitary or testicular disorders other than aging, confirmed by at least 2 morning blood samples taken on different mornings. Androgen deficiency is confirmed by testosterone less than 8 nmol per L, or 8-15 nmol per L with high LH (greater than 1.5 times the upper limit of the eugonadal reference range for young men); Micropenis, pubertal induction, or constitutional delay of growth or puberty, in males under 18 years of age.							
2670M	***Injection 100 mg***	***3***	***3***	***..***	****16.57***	***17.50***	***Sustanon 100***	***OR***
2101N	***Injection 250 mg***	***3***	***3***	***..***	****31.39***	***23.70***	***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***	***..***	***35.42***	***23.70***	***Andriol***	***OR***
	Estrogens							
	• ***Natural and semisynthetic estrogens, plain***							
	OESTRADIOL							
8274L	Tablet 2 mg	56	2	..	12.29	13.22	Zumenon	SM
1742Q	Vaginal tablets 25 micrograms, 15	‡1	2	..	19.32	20.25	Vagifem	NO

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	OESTRADIOL—cont.							
	Restricted benefit							
	For use for post-menopausal symptoms where a trial of peri- or post-menopausal low-dose oestrogen therapy has demonstrated intolerance to oral oestrogens.							
	NOTE:							
	Oestradiol should be used in conjunction with an oral progestogen in women with an intact uterus.							
8286D	***Transdermal gel 1 mg in 1 g sachet, 28***	***‡1***	***5***	***..***	***16.10***	***17.03***	***Sandrena***	***OR***
8311K	***Transdermal patches 750 micrograms (releasing approximately 25 micrograms per 24 hours), 8***	***‡1***	***5***	***..***	***16.10***	***17.03***	***Estraderm MX 25***	***NV***
8485N	***Transdermal patches 2 mg (releasing approximately 25 micrograms per 24 hours), 4***	***‡1***	***5***	***..***	***16.10***	***17.03***	[a] ***Climara 25*** [a] ***Femtran 25***	***SC MM***
8194G	***Transdermal patches 2 mg (releasing approximately 25 micrograms per 24 hours), 8***	***‡1***	***5***	***..***	***16.10***	***17.03***	***Dermestril 25***	***MX***
1743R	***Transdermal patches 2 mg (releasing approximately 25 micrograms per 24 hours), 8***	***‡1***	***5***	***..***	***16.10***	***17.03***	***Estraderm 25***	***NV***
8012Q	***Transdermal patches 3.28 mg (releasing approximately 37.5 micrograms per 24 hours), 8***	***‡1***	***5***	***..***	***16.10***	***17.03***	***Menorest 37.5***	***NV***
8140K	***Transdermal patches 1.5 mg (releasing approximately 50 micrograms per 24 hours), 8***	***‡1***	***5***	***..***	***16.10***	***17.03***	***Estraderm MX 50***	***NV***
8125P	***Transdermal patches 3.8 mg (releasing approximately 50 micrograms per 24 hours), 4***	***‡1***	***5***	***..***	***16.10***	***17.03***	[a] ***Climara 50*** [a] ***Femtran 50***	***SC MM***
8082J	***Transdermal patches 4 mg (releasing approximately 50 micrograms per 24 hours), 8***	***‡1***	***5***	***..***	***16.10***	***17.03***	***Dermestril 50***	***MX***
1744T	***Transdermal patches 4 mg (releasing approximately 50 micrograms per 24 hours), 8***	***‡1***	***5***	***..***	***16.10***	***17.03***	***Estraderm 50***	***NV***
8013R	***Transdermal patches 4.33 mg (releasing approximately 50 micrograms per 24 hours), 8***	***‡1***	***5***	***..***	***16.10***	***17.03***	***Menorest 50***	***NV***

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	OESTRADIOL—cont.							
8486P	***Transdermal patches 5.7 mg (releasing approximately 75 micrograms per 24 hours), 4***	***‡1***	***5***	***..***	***18.28***	***19.21***	[a] ***Climara 75*** [a] ***Femtran 75***	***SC*** ***MM***
8014T	***Transdermal patches 6.57 mg (releasing approximately 75 micrograms per 24 hours), 8***	***‡1***	***5***	***..***	***18.28***	***19.21***	***Menorest 75***	***NV***
8312L	***Transdermal patches 3 mg (releasing approximately 100 micrograms per 24 hours), 8***	***‡1***	***5***	***..***	***18.28***	***19.21***	***Estraderm MX 100***	***NV***
8126Q	***Transdermal patches 7.6 mg (releasing approximately 100 micrograms per 24 hours), 4***	***‡1***	***5***	***..***	***18.28***	***19.21***	[a] ***Climara 100*** [a] ***Femtran 100***	***SC*** ***MM***
8195H	***Transdermal patches 8 mg (releasing approximately 100 micrograms per 24 hours), 8***	***‡1***	***5***	***..***	***18.28***	***19.21***	***Dermestril 100***	***MX***
1745W	***Transdermal patches 8 mg (releasing approximately 100 micrograms per 24 hours), 8***	***‡1***	***5***	***..***	***18.28***	***19.21***	***Estraderm 100***	***NV***
8041F	***Transdermal patches 8.66 mg (releasing approximately 100 micrograms per 24 hours), 8***	***‡1***	***5***	***..***	***18.28***	***19.21***	***Menorest 100***	***NV***
	OESTRADIOL HEMIHYDRATE **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.***							
8645B	***Nasal spray 150 micrograms per actuation, 60 actuations, 4.2 mL***	***‡1***	***5***	***..***	***19.46***	***20.39***	***Aerodiol***	***SE***
	OESTRADIOL VALERATE							
1663M	Tablet 1 mg	56	2	..	10.28	11.21	Progynova	SC
1664N	Tablet 2 mg	56	2	..	12.29	13.22	Progynova	SC
1061W	Injection 10 mg in 1 mL	3	..	..	62.39	23.70	Primogyn Depot	SC
	OESTRIOL							
1776L	Tablet 1 mg	60	2	..	*10.68	11.61	Ovestin	OR
1771F	Pessaries 500 micrograms, 15	‡1	2	..	19.32	20.25	Ovestin Ovula	OR
1781R	Vaginal cream 1 mg per g (0.1%), 15 g	‡1	1	..	16.05	16.98	Ovestin	OR

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	OESTROGENS—CONJUGATED							
1733F	Tablet 300 micrograms	56	2	..	10.28	11.21	Premarin	WY
1734G	Tablet 625 micrograms	56	2	..	12.29	13.22	Premarin	WY
	PIPERAZINE OESTRONE SULFATE							
1777M	Tablet 730 micrograms	56	2	..	10.28	11.21	[a] Genoral 0.625	KR
	(equivalent to 625 micrograms sodium oestrone sulfate)			[B]1.48	11.76	11.21	[a] Ogen .625	PH
1778N	Tablet 1.46 mg (equivalent to	56	2	..	12.29	13.22	[a] Genoral 1.25	KR
	1.25 mg sodium oestrone sulfate)			[B]1.49	13.78	13.22	[a] Ogen 1.25	PH

Progestogens

- ***Pregnen (4) derivatives***

MEDROXYPROGESTERONE ACETATE

2323G	Tablet 5 mg	56	2	..	13.53	14.46	[a] Ralovera	KR
				[B]1.77	15.30	14.46	[a] Provera	PH
2321E	Tablet 10 mg	30	2	..	14.16	15.09	[a] Medroxyhexal	HX
							[a] Ralovera	KR
				[B]1.78	15.94	15.09	[a] Provera	PH
2319C	Injection 50 mg in 1 mL	1	1	..	10.19	11.12	Depo-Provera	PH

MEDROXYPROGESTERONE ACETATE
Restricted benefit
Endometriosis.

2722G	***Tablet 10 mg***	***100***	***2***	***..***	***30.68***	***23.70***	[a] ***Ralovera***	***KR***
				[B]1.65	***32.33***	***23.70***	[a] ***Provera***	***PH***

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

- ***Pregnadien derivatives***

DYDROGESTERONE

1350C	Tablet 10 mg	28	2	..	13.53	14.46	Duphaston	SM

- ***Estren derivatives***

NORETHISTERONE

2993M	Tablet 5 mg	30	2	..	29.63	23.70	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	..	16.02	16.95	Kliovance	NO
8081H	Tablets 2 mg-1 mg, 28	‡1	5	..	16.02	16.95	Kliogest	NO

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	OESTRADIOL with NORETHISTERONE ACETATE—cont.							
	Restricted benefit							
	For use for post-menopausal symptoms where a trial of peri- or post-menopausal low-dose oestrogen therapy has demonstrated intolerance to oral oestrogens.							
8427M	***Transdermal patches 620 micrograms-2.7 mg (releasing approximately 50 micrograms-140 micrograms per 24 hours), 8***	***‡1***	***5***	***..***	***18.28***	***19.21***	***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***	***..***	***18.28***	***19.21***	***Estalis continuous 50/250***	***NV***
	OESTROGENS—CONJUGATED with MEDROXYPROGESTERONE ACETATE							
8680W	Tablets 450 micrograms-1.5 mg, 28	‡1	5	..	16.02	16.95	Premia Low	WY
8168X	Tablets 625 micrograms-2.5 mg, 28	‡1	5	..	16.02	16.95	Premia 2.5 Continuous	WY
8169Y	Tablets 625 micrograms-5 mg, 28	‡1	5	..	16.02	16.95	Premia 5 Continuous	WY
	• ***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	..	16.02	16.95	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	..	16.02	16.95	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	..	16.02	16.95	Trisequens Forte	NO

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	OESTRADIOL and OESTRADIOL with NORETHISTERONE ACETATE—cont.							
	Restricted benefit							
	For use for post-menopausal symptoms where a trial of peri- or post-menopausal low-dose oestrogen therapy has demonstrated intolerance to oral oestrogens.							
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***	***..***	***18.28***	***19.21***	***Estalis sequi 50/140***	***NV***
8426L	***Pack containing 4 transdermal patches oestradiol 4.33 mg (releasing approximately 50 micrograms per 24 hours) and 4 transdermal patches oestradiol with norethisterone acetate 510 micrograms-4.8 mg (releasing approximately 50 micrograms-250 micrograms per 24 hours)***	***‡1***	***5***	***..***	***18.28***	***19.21***	***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***	***..***	***18.28***	***19.21***	***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	..	16.02	16.95	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	..	16.02	16.95	Climen 28	SC

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	OESTROGENS—CONJUGATED and OESTROGENS—CONJUGATED with MEDROXYPROGESTERONE ACETATE							
8210D	Pack containing 14 tablets conjugated oestrogens 625 micrograms and 14 tablets conjugated oestrogens 625 micrograms with medroxyprogesterone acetate 5 mg	‡1	5	..	16.02	16.95	Premia 5	WY
8538J	Pack containing 14 tablets conjugated oestrogens 625 micrograms and 14 tablets conjugated oestrogens 625 micrograms with medroxyprogesterone acetate 10 mg	‡1	5	..	16.02	16.95	Premia 10	WY

Gonadotropins and other ovulation stimulants

- *Gonadotropins*

FOLLITROPIN ALFA

Restricted benefit

Anovulatory infertility.

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.

8672K	***Injection set containing 1 vial powder for injection 75 i.u. and 1 pre-filled syringe solvent 1 mL***	***5***	***5***	***..***	****253.26***	***23.70***	***Gonal-f 75***	***SG***
8673L	***Injection set containing 10 vials powder for injection 75 i.u. and 10 pre-filled syringes solvent 1 mL***	***1***	***5***	***..***	***484.28***	***23.70***	***Gonal-f 75***	***SG***
8713N	***Injection 300 i.u. in 0.5 mL multi-dose cartridge***	***3***	***5***	***..***	****580.27***	***23.70***	***Gonal-f Pen***	***SG***
8675N	***Injection set containing 1 vial powder for injection 450 i.u. and 1 pre-filled syringe solvent 1 mL***	***2***	***5***	***..***	****580.24***	***23.70***	***Gonal-f***	***SG***
8714P	***Injection 450 i.u. in 0.75 mL multi-dose cartridge***	***3***	***5***	***..***	****868.06***	***23.70***	***Gonal-f Pen***	***SG***

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	FOLLITROPIN ALFA—cont.							
8715Q	***Injection 900 i.u. in 1.5 mL multi-dose cartridge***	***2***	***5***	***..***	****1155.88***	***23.70***	***Gonal-f Pen***	***SG***
8674M	***Injection set containing 1 vial powder for injection 1,050 i.u. and 1 pre-filled syringe solvent 2 mL***	***1***	***5***	***..***	***676.13***	***23.70***	***Gonal-f***	***SG***

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.

8673L	***Injection set containing 10 vials powder for injection 75 i.u. and 10 pre-filled syringes solvent 1 mL***	***1***	***5***	***..***	***484.28***	***23.70***	***Gonal-f 75***	***SG***
8713N	***Injection 300 i.u. in 0.5 mL multi-dose cartridge***	***3***	***5***	***..***	****580.27***	***23.70***	***Gonal-f Pen***	***SG***
8675N	***Injection set containing 1 vial powder for injection 450 i.u. and 1 pre-filled syringe solvent 1 mL***	***2***	***5***	***..***	****580.24***	***23.70***	***Gonal-f***	***SG***
8714P	***Injection 450 i.u. in 0.75 mL multi-dose cartridge***	***3***	***5***	***..***	****868.06***	***23.70***	***Gonal-f Pen***	***SG***
8715Q	***Injection 900 i.u. in 1.5 mL multi-dose cartridge***	***2***	***5***	***..***	****1155.88***	***23.70***	***Gonal-f Pen***	***SG***

FOLLITROPIN BETA

Restricted benefit

Anovulatory infertility.

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.

8436B	***Solution for injection 50 i.u. in 0.5 mL***	***10***	***5***	***..***	***329.71***	***23.70***	***Puregon 50 IU/0.5 mL***	***OR***
8437C	***Solution for injection 100 i.u. in 0.5 mL***	***10***	***5***	***..***	***643.32***	***23.70***	***Puregon 100 IU/0.5 mL***	***OR***
8438D	***Solution for injection 150 i.u. in 0.5 mL***	***10***	***5***	***..***	***962.66***	***23.70***	***Puregon 150 IU/0.5 mL***	***OR***

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	FOLLITROPIN BETA—cont.							
8565T	***Solution for injection 300 i.u. in 0.36 mL multi-dose cartridge***	***3***	***5***	***..***	****579.46***	***23.70***	***Puregon 300 IU/ 0.36 mL***	***OR***
8566W	***Solution for injection 600 i.u. in 0.72 mL multi-dose cartridge***	***2***	***5***	***..***	****771.06***	***23.70***	***Puregon 600 IU/ 0.72 mL***	***OR***
	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***	***..***	***329.71***	***23.70***	***Puregon 50 IU/0.5 mL***	***OR***
8437C	***Solution for injection 100 i.u. in 0.5 mL***	***10***	***5***	***..***	***643.32***	***23.70***	***Puregon 100 IU/0.5 mL***	***OR***
8438D	***Solution for injection 150 i.u. in 0.5 mL***	***10***	***5***	***..***	***962.66***	***23.70***	***Puregon 150 IU/0.5 mL***	***OR***
	HUMAN CHORIONIC GONADOTROPHIN							
	Restricted benefit							
	Anovulatory infertility.							
	NOTE:							
	Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomiphene citrate and/or gonadorelin and failed to have conceived.							
	Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.							
	Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to treatment.							
	Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.							
1579D	***Injection set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1 mL***	***1***	***5***	***..***	***28.83***	***23.70***	***Pregnyl***	***OR***
1581F	***Injection set containing 3 ampoules powder for injection 1,500 units and 3 ampoules solvent 1 mL***	***1***	***5***	***..***	***38.39***	***23.70***	***Pregnyl***	***OR***
1582G	***Injection set containing 3 ampoules powder for injection 2,000 units and 3 ampoules solvent 1 mL***	***1***	***5***	***..***	***41.32***	***23.70***	***Profasi 2000***	***SG***

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	HUMAN CHORIONIC GONADOTROPHIN—cont.							
1477R	***Injection set containing 1 ampoule powder for injection 5,000 units and 1 ampoule solvent 1 mL***	***1***	***5***	***..***	***21.16***	***22.09***	***Profasi 5000***	***SG***
	Restricted benefit ***For the treatment of infertility in males due to hypogonadotrophic hypogonadism;*** ***For the treatment of infertility in males associated with isolated luteinising hormone deficiency;*** ***For the treatment of males who have combined deficiency of human growth hormone and gonadotrophins and in whom the absence of secondary sexual characteristics indicates a lag in maturation.***							
	Restricted benefit ***For the treatment of boys over the age of 16 years who show clinical evidence of hypogonadism or delayed puberty. Treatment must not extend beyond 6 months.***							
1579D	***Injection set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1 mL***	***1***	***5***	***..***	***28.83***	***23.70***	***Pregnyl***	***OR***
1581F	***Injection set containing 3 ampoules powder for injection 1,500 units and 3 ampoules solvent 1 mL***	***1***	***5***	***..***	***38.39***	***23.70***	***Pregnyl***	***OR***
1582G	***Injection set containing 3 ampoules powder for injection 2,000 units and 3 ampoules solvent 1 mL***	***1***	***5***	***..***	***41.32***	***23.70***	***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***	***..***	****53.00***	***23.70***	***Pregnyl***	***OR***
	• ***Ovulation stimulants, synthetic***							
	CLOMIPHENE CITRATE							
	NOTE: ***Care must be taken to comply with the provisions of State/Territory law when prescribing clomiphene citrate.***							
	Restricted benefit ***Anovulatory infertility;*** ***Patients undergoing in-vitro fertilisation.***							
1211R	***Tablet 50 mg***	***10***	***5***	***..***	****39.82***	***23.70***	[a] ***Clomhexal***	***HX***
							[a] ***GenRx Clomiphene***	***GX***
				[B]0.18	***40.00***	***23.70***	[a] ***Serophene***	***SG***
				[B]3.74	***43.56***	***23.70***	[a] ***Clomid***	***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	
	Antiandrogens							
	• *Antiandrogens, plain preparations*							
	CYPROTERONE ACETATE							
	Authority required							
	Moderate to severe androgenisation in non-pregnant women (acne alone is not a sufficient indication of androgenisation).							
	CAUTION:							
	This drug should not be used during pregnancy as it may result in feminisation of the male foetus.							
1269T	*Tablet 50 mg*	*20*	*5*	*..*	*68.04*	*23.70*	[a] *Cyprone*	*AF*
							[a] *Cyprostat*	*SY*
							[a] *GenRx Cyproterone Acetate*	*GX*
							[a] *Procur*	*DP*
				[B]*1.50*	*69.54*	*23.70*	[a] *Androcur*	*SC*
	Authority required							
	Advanced carcinoma of the prostate;							
	To reduce drive in sexual deviations in males.							
1270W	*Tablet 50 mg*	*100*	*5*	*..*	**281.94*	*23.70*	[a] *Cyprone*	*AF*
							[a] *Cyprostat*	*SY*
							[a] *GenRx Cyproterone Acetate*	*GX*
							[a] *Procur*	*DP*
				[B]*3.28*	**285.22*	*23.70*	[a] *Androcur*	*SC*
8019C	*Tablet 100 mg*	*50*	*5*	*..*	*236.25*	*23.70*	[a] *Cyprostat-100*	*SY*
				[B]*1.00*	*237.25*	*23.70*	[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*	*..*	*58.56*	*23.70*	[a] *Azol 100*	*AF*
							[a] *Danocrine*	*SW*
1287R	*Capsule 200 mg*	*100*	*5*	*..*	*87.91*	*23.70*	[a] *Azol 200*	*AF*
							[a] *Danocrine*	*SW*

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	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***	***..***	***78.58***	***23.70***	***Dimetriose***	***AV***
	• ***Selective estrogen receptor modulators***							
	RALOXIFENE HYDROCHLORIDE							
	For listings see Generic/Proprietary Index							
	UROLOGICALS							
	Other urologicals, incl. antispasmodics							
	• ***Acidifiers***							
	AMMONIUM CHLORIDE							
1044Y	Tablet 500 mg	100	5	..	19.82	20.75	FM	
	• ***Urinary antispasmodics***							
	OXYBUTYNIN HYDROCHLORIDE							
	Restricted benefit							
	Detrusor overactivity where propantheline bromide has failed.							
8039D	***Tablet 5 mg***	***100***	***5***	***..***	***15.66***	***16.59***	***Ditropan***	***AV***
	PROPANTHELINE BROMIDE							
	Restricted benefit							
	Detrusor overactivity.							
1953T	***Tablet 15 mg***	***200***	***5***	***..***	****24.46***	***23.70***	***Pro-Banthine***	***SI***
	• ***Other urologicals***							
	DEMECLOCYCLINE HYDROCHLORIDE							
	Restricted benefit							
	Syndrome of inappropriate antidiuretic hormone secretion, which is not drug induced.							
2854F	***Capsule 150 mg***	***100***	***3***	***..***	***44.72***	***23.70***	***Ledermycin***	***WY***
	PHENOXYBENZAMINE HYDROCHLORIDE							
	Restricted benefit							
	Phaeochromocytoma;							
	Neurogenic urinary retention.							
1862B	***Capsule 10 mg***	***100***	***5***	***..***	***52.18***	***23.70***	***Dibenyline***	***LM***

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	PITUITARY AND HYPOTHALAMIC HORMONES AND ANALOGUES							
	Anterior pituitary lobe hormones and analogues							
	• ***ACTH***							
	TETRACOSACTRIN							
2832C	Injection 1 mg in 1 mL	5	5	..	*71.71	23.70	Synacthen Depot 1 mg/1 mL	NV
	Posterior pituitary lobe hormones							
	• ***Vasopressin and analogues***							
	DESMOPRESSIN ACETATE							
	Authority required							
	Cranial diabetes insipidus.							
8662X	***Tablet 200 micrograms***	***90***	***5***	***..***	****154.45***	***23.70***	***Minirin***	***FP***
2129C	***Intranasal solution 100 micrograms per mL, 2.5 mL***	***5***	***5***	***..***	****164.61***	***23.70***	***Minirin***	***FP***
8032R	***Nasal spray (pump pack) 10 micrograms per actuation, 50 actuations, 5 mL***	***2***	***5***	***..***	****137.80***	***23.70***	***Minirin Nasal Spray***	***FP***
8711L	***Nasal spray (pump pack) 10 micrograms per actuation, 60 actuations, 6 mL***	***2***	***5***	***..***	****164.42***	***23.70***	***Minirin Nasal Spray***	***FP***
	Authority required							
	Primary nocturnal enuresis in patients aged 6 years or older:							
	(1) who are refractory to an enuresis alarm; or							
	(2) for whom an enuresis alarm is contraindicated. The reason that an alarm is contraindicated must be included in the authority application.							
	NOTE:							
	Not to be used in preference to enuresis alarms.							
8663Y	***Tablet 200 micrograms***	***30***	***5***	***..***	***54.59***	***23.70***	***Minirin***	***FP***
	NOTE:							
	Only one application per six months with no more than twice the maximum quantity will be authorised for the tablets.							
8031Q	***Nasal spray (pump pack) 10 micrograms per actuation, 50 actuations, 5 mL***	***‡1***	***5***	***..***	***71.23***	***23.70***	***Minirin Nasal Spray***	***FP***
8712M	***Nasal spray (pump pack) 10 micrograms per actuation, 60 actuations, 6 mL***	***‡1***	***5***	***..***	***84.54***	***23.70***	***Minirin Nasal Spray***	***FP***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	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***	***..***	***96.73***	***23.70***	***Synarel***	***PH***
	CORTICOSTEROIDS FOR SYSTEMIC USE							
	Corticosteroids for systemic use, plain							
	• ***Mineralocorticoids***							
	FLUDROCORTISONE ACETATE							
1433K	Tablet 100 micrograms	200	1	..	*15.48	16.41	Florinef	BQ
	• ***Glucocorticoids***							
	BETAMETHASONE ACETATE with BETAMETHASONE SODIUM PHOSPHATE							
	Restricted benefit							
	Alopecia areata; For local intra-articular or peri-articular infiltration; Granulomata, dermal; Keloid; Lichen planus hypertrophic; Lichen simplex chronicus; Lupus erythematosus, chronic discoid; Necrobiosis lipoidica; Uveitis.							
2694T	***Injection 3 mg-3.9 mg (equivalent to 5.7 mg betamethasone) in 1 mL***	***5***	***..***	***..***	***24.57***	***23.70***	***Celestone Chronodose***	***SH***
	CORTISONE ACETATE							
1246N	Tablet 5 mg	50	4	..	12.15	13.08	Cortate	AS
1247P	Tablet 25 mg	60	4	..	13.90	14.83	Cortate	AS
	DEXAMETHASONE							
1292B	Tablet 500 micrograms	30	4	..	6.89	7.82	Dexmethsone	AS
2507Y	Tablet 4 mg	30	4	..	10.35	11.28	Dexmethsone	AS
	DEXAMETHASONE SODIUM PHOSPHATE							
2509C	Injection equivalent to 4 mg dexamethasone phosphate in 1 mL	5	..	..	13.49	14.42	MX	
1291Y	Injection equivalent to 8 mg dexamethasone phosphate in 2 mL	5	1	..	20.28	21.21	MX	
2508B	Injection equivalent to 120 mg dexamethasone phosphate in 5 mL	1	..	..	48.66	23.70	MX	

Code	Name, Restriction, Manner of 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								
1499X	Tablet 4 mg	50	4	..	9.47	10.40		Hysone 4	AF
1500Y	Tablet 20 mg	60	4	..	13.14	14.07		Hysone 20	AF
	HYDROCORTISONE SODIUM SUCCINATE								
1501B	Injection equivalent to 100 mg hydrocortisone with 2 mL solvent	2	..	..	*14.96	15.89		Solu-Cortef	PH
3096Y	Injection equivalent to 250 mg hydrocortisone with 2 mL solvent	1	..	..	11.83	12.76		Solu-Cortef	PH
	HYDROCORTISONE SODIUM SUCCINATE								
	Restricted benefit								
	For use in a hospital.								
1510L	***Injection equivalent to 100 mg hydrocortisone with 2 mL solvent***	***6***	***..***	***..***	****35.56***	***23.70***		***Solu-Cortef***	***PH***
1511M	***Injection equivalent to 250 mg hydrocortisone with 2 mL solvent***	***6***	***..***	***..***	****47.68***	***23.70***		***Solu-Cortef***	***PH***
	METHYLPREDNISOLONE ACETATE								
	Restricted benefit								
	For local intra-articular or peri-articular infiltration.								
1928L	***Injection 40 mg in 1 mL***	***5***	***..***	***..***	***23.06***	***23.70***	[a]	***Depo-Nisolone***	***KR***
				[B]***0.74***	***23.80***	***23.70***	[a]	***Depo-Medrol***	***PH***
	METHYLPREDNISOLONE SODIUM SUCCINATE								
2981X	Injection equivalent to 40 mg methylprednisolone in 1 mL	5	..	..	29.92	23.70		Solu-Medrol	PH
	PREDNISOLONE								
3152X	Tablet 1 mg	100	4	..	6.93	7.86		Panafcortelone	AS
1917X	Tablet 5 mg	60	4	..	7.51	8.44		Panafcortelone Solone	AS FM
1916W	Tablet 25 mg	30	4	..	9.81	10.74		Panafcortelone Solone	AS FM
	PREDNISOLONE SODIUM PHOSPHATE								
8285C	Oral solution equivalent to 5 mg prednisolone per mL, 30 mL	‡1	5	.. [B]1.32	12.69 14.01	13.62 13.62	[a] [a]	PredMix Redipred	LN AS
	PREDNISONE								
1934T	Tablet 1 mg	100	4	..	6.93	7.86		Panafcort	AS
1935W	Tablet 5 mg	60	4	..	7.51	8.44		Panafcort Sone	AS FM
1936X	Tablet 25 mg	30	4	..	9.81	10.74		Panafcort Sone	AS FM

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	TRIAMCINOLONE ACETONIDE							
	Restricted benefit							
	Alopecia areata;							
	For local intra-articular or peri-articular infiltration;							
	Granulomata, dermal;							
	Keloid;							
	Lichen planus hypertrophic;							
	Lichen simplex chronicus;							
	Lupus erythematosus, chronic discoid;							
	Necrobiosis lipoidica;							
	Psoriasis.							
2990J	***Injection 10 mg in 1 mL***	***5***	***..***	***..***	***24.57***	***23.70***	***Kenacort-A10***	***BQ***
	Antiadrenal preparations							
	• ***Anticorticosteroids***							
	AMINOGLUTETHIMIDE							
1036M	Tablet 250 mg	100	5	..	162.95	23.70	Cytadren 250	NV
	THYROID THERAPY							
	Thyroid preparations							
	• ***Thyroid hormones***							
	LIOTHYRONINE SODIUM							
	Authority required							
	Management of patients with thyroid cancer;							
	Replacement therapy for hypothyroid patients who have documented intolerance to thyroxine sodium;							
	Replacement therapy for hypothyroid patients who have documented resistance to thyroxine sodium;							
	Initiation of thyroid therapy in severely hypothyroid patients.							
2318B	***Tablet 20 micrograms***	***100***	***2***	***..***	***73.41***	***23.70***	***Tertroxin***	***BT***
	THYROXINE SODIUM							
2174K	Tablet equivalent to 50 micrograms anhydrous thyroxine sodium	200	1	.. [B]1.31	8.31 9.62	9.24 9.24	[a] Eutroxsig [a] Oroxine	FM SI
2175L	Tablet equivalent to 100 micrograms anhydrous thyroxine sodium	200	1	.. [B]1.30	9.20 10.50	10.13 10.13	[a] Eutroxsig [a] Oroxine	FM SI
2173J	Tablet equivalent to 200 micrograms anhydrous thyroxine sodium	200	1	.. [B]1.30	11.48 12.78	12.41 12.41	[a] Eutroxsig [a] Oroxine	FM SI
	Antithyroid preparations							
	• ***Thiouracils***							
	PROPYLTHIOURACIL							
1955X	Tablet 50 mg	200	2	..	*31.64	23.70	PL	
	• ***Sulfur-containing imidazole derivatives***							
	CARBIMAZOLE							
1153Q	Tablet 5 mg	200	2	..	*28.98	23.70	Neo-Mercazole	RO

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	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	..	36.92	23.70	GlucaGen Hypokit	NO
	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***	***..***	****212.02***	***23.70***	***Miacalcic 50 Kit***	***NV***
	NOTE:							
	Manufacturer's pack is an injection set containing five 50 i.u. ampoules, five 1 mL syringes and five swabs.							
2997R	***Injection (salmon) 100 i.u. in 1 mL ampoule***	***15***	***5***	***..***	****164.50***	***23.70***	***Miacalcic 100 Kit***	***NV***
	NOTE:							
	Manufacturer's pack is an injection set containing five 100 i.u. ampoules, five 1 mL syringes and five swabs.							

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ANTIBACTERIALS FOR SYSTEMIC USE							
	Tetracyclines							
	• ***Tetracyclines***							
	DEMECLOCYCLINE HYDROCHLORIDE							
	For listings see Generic/Proprietary Index							
	DOXYCYCLINE							
2709N	Tablet 100 mg	7	1	..	7.34	8.27	[a] Chem mart Doxycycline	CH
							[a] Doxsig	SI
							[a] Doxy-100	DP
							[a] Doxyhexal	HX
							[a] Doxylin 100	AF
							[a] GenRx Doxycycline	GX
							[a] Terry White Chemists Doxycycline	TW
				[B]1.60	8.94	8.27	[a] Vibramycin	PF
2708M	Capsule 100 mg	7	1	..	7.34	8.27	[a] Chem mart Doxycycline	CH
							[a] DBL Doxycycline	FA
							[a] GenRx Doxycycline	GX
							[a] healthsense Doxycycline	HS
							[a] Terry White Chemists Doxycycline	TW
				[B]1.52	8.86	8.27	[a] Doryx	MX
	DOXYCYCLINE							
	Restricted benefit							
	Bronchiectasis in patients aged 8 years or older;							
	Chronic bronchitis in patients aged 8 years or older;							
	Severe acne.							
2711Q	***Tablet 50 mg***	***25***	***5***	***..***	***9.47***	***10.40***	[a] ***Chem mart Doxycycline***	***CH***
							[a] ***Doxy-50***	***DP***
							[a] ***Doxyhexal***	***HX***
							[a] ***Doxylin 50***	***AF***
							[a] ***GenRx Doxycycline***	***GX***
							[a] ***healthsense Doxycycline***	***HS***
							[a] ***Terry White Chemists Doxycycline***	***TW***
				[B]1.65	***11.12***	***10.40***	[a] ***Vibra-Tabs***	***PF***

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $		Proprietary Name and Manufacturer	
	DOXYCYCLINE—cont.								
2707L	***Capsule 50 mg***	***25***	***5***	***..***	***9.47***	***10.40***	[a]	***Chem mart Doxycycline***	***CH***
							[a]	***DBL Doxycycline***	***FA***
							[a]	***GenRx Doxycycline***	***GX***
							[a]	***healthsense Doxycycline***	***HS***
							[a]	***Terry White Chemists Doxycycline***	***TW***
				[B]***1.71***	***11.18***	***10.40***	[a]	***Doryx***	***MX***
	Restricted benefit ***Pelvic inflammatory disease.***								
2702F	***Tablet 100 mg***	***28***	***..***	***..***	****15.38***	***16.31***	[a]	***Chem mart Doxycycline***	***CH***
							[a]	***Doxsig***	***SI***
							[a]	***Doxy-100***	***DP***
							[a]	***Doxyhexal***	***HX***
							[a]	***Doxylin 100***	***AF***
							[a]	***GenRx Doxycycline***	***GX***
							[a]	***Terry White Chemists Doxycycline***	***TW***
				[B]***6.40***	****21.78***	***16.31***	[a]	***Vibramycin***	***PF***
2703G	***Capsule 100 mg***	***28***	***..***	***..***	****15.38***	***16.31***	[a]	***Chem mart Doxycycline***	***CH***
							[a]	***DBL Doxycycline***	***FA***
							[a]	***GenRx Doxycycline***	***GX***
							[a]	***healthsense Doxycycline***	***HS***
							[a]	***Terry White Chemists Doxycycline***	***TW***
				[B]***6.08***	****21.46***	***16.31***	[a]	***Doryx***	***MX***

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	DOXYCYCLINE—cont.							
	Restricted benefit							
	Urethritis.							
2714W	***Tablet 100 mg***	***21***	***..***	***..***	****12.70***	***13.63***	[a] ***Chem mart Doxycycline***	***CH***
							[a] ***Doxsig***	***SI***
							[a] ***Doxy-100***	***DP***
							[a] ***Doxyhexal***	***HX***
							[a] ***Doxylin 100***	***AF***
							[a] ***Terry White Chemists Doxycycline***	***TW***
				..	***12.70***	***13.63***	[a] ***GenRx Doxycycline***	***GX***
				[B]4.80	****17.50***	***13.63***	[a] ***Vibramycin***	***PF***
2715X	***Capsule 100 mg***	***21***	***..***	***..***	****12.70***	***13.63***	[a] ***Chem mart Doxycycline***	***CH***
							[a] ***healthsense Doxycycline***	***HS***
							[a] ***Terry White Chemists Doxycycline***	***TW***
				..	***12.70***	***13.63***	[a] ***DBL Doxycycline***	***FA***
							[a] ***GenRx Doxycycline***	***GX***
				[B]2.75	***15.45***	***13.63***	[a] ***Doryx***	***MX***
	MINOCYCLINE							
	CAUTION:							
	There are concerns about the incidence of benign intracranial hypertension associated with this drug.							
3037W	Capsule 100 mg	11	..	..	8.93	9.86	[a] Akamin 100	AF
				[B]0.89	9.82	9.86	[a] Minomycin	SI
	NOTE:							
	No applications for increased maximum quantities and/or repeats will be authorised.							
	MINOCYCLINE							
	CAUTION:							
	There are concerns about the incidence of benign intracranial hypertension associated with this drug.							
	Restricted benefit							
	Severe acne not responding to other tetracyclines.							
	NOTE:							
	No applications for increased maximum quantities and/or repeats will be authorised.							
1616C	***Tablet 50 mg***	***60***	***5***	***..***	***16.62***	***17.55***	[a] ***Akamin 50***	***AF***
				[B]1.12	***17.74***	***17.55***	[a] ***Minomycin-50***	***SI***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	TETRACYCLINE HYDROCHLORIDE							
2134H	Capsule 250 mg	24	1	..	7.32	8.25	Achromycin	SI
	TETRACYCLINE HYDROCHLORIDE							
	Restricted benefit							
	Bronchiectasis in patients aged 8 years or older;							
	Chronic bronchitis in patients aged 8 years or older;							
	Severe acne.							
2135J	***Capsule 250 mg***	***48***	***5***	***..***	****9.98***	***10.91***	***Achromycin***	***SI***
	TETRACYCLINE HYDROCHLORIDE (BUFFERED)							
2145X	Capsule 250 mg	25	1	..	7.32	8.25	Tetrex	BC
	TETRACYCLINE HYDROCHLORIDE (BUFFERED)							
	Restricted benefit							
	Bronchiectasis in patients aged 8 years or older;							
	Chronic bronchitis in patients aged 8 years or older;							
	Severe acne.							
2146Y	***Capsule 250 mg***	***50***	***5***	***..***	****9.98***	***10.91***	***Tetrex***	***BC***
	Beta-lactam antibacterials, penicillins							
	• ***Penicillins with extended spectrum***							
	AMOXYCILLIN							
1883D	Chewable tablet 250 mg	20	1	..	8.87	9.80	Amoxil	GK
1884E	Capsule 250 mg	20	1	..	7.86	8.79	[a] Alphamox 250	AF
							[a] Amohexal	HX
							[a] Amoxycillin-BC	BG
							[a] Amoxycillin-DP	DG
							[a] Bgramin	DP
							[a] Chem mart Amoxycillin	CH
							[a] Cilamox	SI
							[a] GenRx Amoxycillin	GX
							[a] healthsense Amoxycillin	HS
							[a] Moxacin	CS
							[a] Terry White Chemists Amoxycillin	TW
				[B]1.00	8.86	8.79	[a] Amoxil	GK

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	AMOXYCILLIN—cont.							
1889K	Capsule 500 mg	20	1	..	11.04	11.97	[a] Alphamox 500	AF
							[a] Amohexal	HX
							[a] Amoxycillin-BC	BG
							[a] Amoxycillin-DP	DG
							[a] Bgramin	DP
							[a] Chem mart Amoxycillin	CH
							[a] Cilamox	SI
							[a] GenRx Amoxycillin	GX
							[a] healthsense Amoxycillin	HS
							[a] Moxacin	CS
							[a] Terry White Chemists Amoxycillin	TW
				[B]1.00	12.04	11.97	[a] Amoxil	GK
1878W	Sachet containing oral powder 3 g	1	..	..	8.72	9.65	Amoxil	GK
1888J	Powder for paediatric oral drops 100 mg per mL, 20 mL	‡1	1	..	#11.79	13.11	Amoxil	GK
1886G	Powder for syrup 125 mg per 5 mL, 100 mL	‡1	1	..	#9.85	11.17	[a] Alphamox 125	AF
							[a] Amohexal	HX
							Amoxycillin-BC	BG
							[a] Bgramin	DP
							[a] Chem mart Amoxycillin	CH
							[a] Cilamox	SI
							[a] GenRx Amoxycillin	GX
							[a] healthsense Amoxycillin	HS
							[a] Moxacin	CS
							[a] Terry White Chemists Amoxycillin	TW
				[B]1.00	#10.85	11.17	[a] Amoxil	GK
1887H	Powder for syrup 250 mg per 5 mL, 100 mL	‡1	1	..	#11.11	12.43	[a] Alphamox 250	AF
							[a] Amohexal	HX
							Amoxycillin-BC	BG
							[a] Bgramin	DP
							[a] Chem mart Amoxycillin	CH
							[a] Cilamox	SI
							[a] GenRx Amoxycillin	GX
							[a] healthsense Amoxycillin	HS
							[a] Moxacin 250	CS
							[a] Terry White Chemists Amoxycillin	TW
				[B]1.01	#12.12	12.43	[a] Amoxil Forte	GK

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	AMOXYCILLIN—cont.							
8705E	Powder for oral suspension 500 mg per 5 mL, 100 mL	‡1	1	..	#14.32	15.64	Maxamox	SZ
	AMOXYCILLIN							
	Restricted benefit							
	Acute exacerbations of chronic bronchitis.							
8581P	***Tablet 1 g***	***14***	***1***	***..***	***11.24***	***12.17***	[a] ***Amoxycillin Sandoz***	***BG***
				[B]1.49	***12.73***	***12.17***	[a] ***Amoxil Duo***	***GK***
							[a] ***Maxamox***	***SZ***
	AMPICILLIN							
1048E	Capsule 250 mg	24	1	..	8.50	9.43	Alphacin 250	AF
2671N	Capsule 500 mg	24	..	..	11.87	12.80	Alphacin 500	AF
2390T	Injection 500 mg (solvent required) (codes 6525K, 6527M, 6528N, 6530Q apply to above item with approved solvents)	5	1	..	10.80	11.73	Austrapen	CS
2977Q	Injection 1 g (solvent required) (codes 6531R, 6533W, 6534X, 6536B apply to above item with approved solvents)	5	1	..	14.73	15.66	[a] Aspen Ampicyn [a] Austrapen	AS CS
	• ***Beta-lactamase sensitive penicillins***							
	BENZATHINE PENICILLIN							
8167W	Injection 900 mg in 2 mL cartridge-needle unit (for use with Tubex Injector)	1	..	..	22.47	23.40	Bicillin L-A Tubex	WY
	BENZYLPENICILLIN							
1775K	Injection 600 mg (solvent required) (codes 6561H, 6563K, 6564L, 6566N apply to above item with approved solvents)	10	1	..	*22.16	23.09	BenPen	CS
2647H	Injection 3 g (solvent required) (codes 6567P, 6569R, 6570T, 6572X apply to above item with approved solvents)	10	..	..	*50.42	23.70	BenPen	CS
	PHENOXYMETHYLPENICILLIN							
1787C	Tablet 250 mg	50	..	..	*11.44	12.37	Abbocillin-VK Filmtab	SI
3028J	Tablet 500 mg	50	..	..	*14.74	15.67	Abbocillin-VK Filmtab	SI
1789E	Capsule 250 mg	50	..	..	11.24	12.17	[a] Cilicaine VK [a] Cilopen VK LPV [a] Penhexal VK	FM DP CS HX

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	PHENOXYMETHYLPENICILLIN—cont.							
2965C	Capsule 500 mg	50	..	..	14.44	15.37	[a] Cilicaine VK	FM
							[a] Cilopen VK	DP
							LPV	CS
							[a] Penhexal VK	HX
2356B	Paediatric oral suspension 125 mg per 5 mL, 100 mL	2	..	..	*11.34	12.27	[a] Cilicaine V	FM
				[B]1.46	*12.80	12.27	[a] Abbocillin-V	SI
2354X	Oral suspension 250 mg per 5 mL, 100 mL	2	..	..	*14.12	15.05	[a] Cilicaine V	FM
				[B]1.46	*15.58	15.05	[a] Abbocillin-V	SI

PHENOXYMETHYLPENICILLIN
Restricted benefit
Prophylaxis of recurrent streptococcal infections (including rheumatic fever).

1703P	***Tablet 250 mg***	***50***	***5***	***..***	****11.44***	***12.37***	***Abbocillin-VK Filmtab***	***SI***
1705R	***Capsule 250 mg***	***50***	***5***	***..***	***11.24***	***12.17***	[a] ***Cilicaine VK***	***FM***
							[a] ***Cilopen VK***	***DP***
							LPV	***CS***
							[a] ***Penhexal VK***	***HX***
	PROCAINE PENICILLIN							
1794K	Injection 1.5 g	5	..	..	52.40	23.70	Cilicaine	SI

- ***Beta-lactamase resistant penicillins***

	DICLOXACILLIN							
8123M	Injection 500 mg (solvent required) (codes 7056J, 7058L, 7059M, 7061P apply to above item with approved solvents)	5	..	..	16.74	17.67	Diclocil	BQ
8124N	Injection 1 g (solvent required) (codes 7062Q, 7064T, 7065W, 7067Y apply to above item with approved solvents)	5	1	..	23.60	23.70	Diclocil	BQ

DICLOXACILLIN
Restricted benefit
Serious staphylococcal infections.

8121K	***Capsule 250 mg***	***24***	***..***	***..***	***11.28***	***12.21***	[a] ***Diclocil***	***BQ***
							[a] ***Dicloxsig***	***SI***
							[a] ***Distaph 250***	***AF***
8122L	***Capsule 500 mg***	***24***	***..***	***..***	***18.53***	***19.46***	[a] ***Diclocil***	***BQ***
							[a] ***Dicloxsig***	***SI***
							[a] ***Distaph 500***	***AF***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	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, 6725Y, 6726B, 6728D apply to above item with approved solvents)	5	..	..	16.62	17.55	[a] Aspen Flucil [a] Flopen [a] Flubiclox	AS CS DP
1525G	Injection 1 g (solvent required) (codes 6729E, 6731G, 6732H, 6734K apply to above item with approved solvents)	5	1	..	23.42	23.70	[a] Aspen Flucil [a] Flopen [a] Flubiclox [a] MX	AS CS DP
	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***	***..***	***..***	***11.28***	***12.21***	[a] ***Flopen*** [a] ***Floxsig*** [a] ***Staphylex 250***	***CS*** ***SI*** ***AF***
				[B]0.46	***11.74***	***12.21***	[a] ***Floxapen***	***GK***
1527J	***Capsule 500 mg***	***24***	***..***	***..***	***18.53***	***19.46***	[a] ***Flopen*** [a] ***Floxsig*** [a] ***Staphylex 500***	***CS*** ***SI*** ***AF***
				[B]0.58	***19.11***	***19.46***	[a] ***Floxapen***	***GK***
1528K	***Powder for syrup 125 mg per 5 mL, 100 mL***	***‡1***	***..***	***..***	***#12.96***	***14.28***	[a] ***Flopen***	***CS***
				[B]0.06	***#13.02***	***14.28***	[a] ***Floxapen***	***GK***
1529L	***Powder for syrup 250 mg per 5 mL, 100 mL***	***‡1***	***..***	***..***	***#16.69***	***18.01***	[a] ***Flopen***	***CS***
				[B]0.10	***#16.79***	***18.01***	[a] ***Floxapen***	***GK***
	• ***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;*** ***Infections where resistance to amoxycillin is proven.***							
1891M	***Tablet 500 mg-125 mg***	***10***	***1***	***..***	***13.30***	***14.23***	[a] ***Clamohexal Duo 500mg/125mg*** [a] ***Clamoxyl Duo*** [a] ***Clavulin Duo*** [a] ***Curam 500/125*** [a] ***Muric 500/125***	***HX*** ***ME*** ***AW*** ***SZ*** ***SL***
				[B]0.99	***14.29***	***14.23***	[a] ***Augmentin Duo***	***GK***

continued ☞

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***	***..***	***16.97***	***17.90***	[a] ***Chem mart Amoxycillin and Clavulanic Acid***	***CH***
							[a] ***Clamohexal Duo Forte 875mg/125mg***	***HX***
							[a] ***Clamoxyl Duo forte***	***ME***
							[a] ***Clavulin Duo Forte***	***AW***
							[a] ***Curam 875/125***	***SZ***
							[a] ***GenRx Amoxycillin and Clavulanic Acid***	***GX***
							[a] ***Muric 875/125***	***SL***
							[a] ***Terry White Chemists Amoxycillin and Clavulanic Acid***	***TW***
				[B]***1.30***	***18.27***	***17.90***	[a] ***Augmentin Duo forte***	***GK***
1892N	***Powder for syrup 125 mg-31.25 mg per 5 mL, 75 mL***	***‡1***	***1***	***..***	***#12.30***	***13.62***	[a] ***Clamohexal 125mg/31.25 mg/5mL***	***HX***
							[a] ***Clamoxyl***	***ME***
							[a] ***Clavulin***	***AW***
				[B]***0.96***	***#13.26***	***13.62***	[a] ***Augmentin***	***GK***
8319W	***Powder for syrup 400 mg-57 mg per 5 mL, 60 mL***	***‡1***	***1***	***..***	***#14.58***	***15.90***	[a] ***Clamohexal Duo 400mg/57mg/5mL***	***HX***
							[a] ***Clamoxyl Duo 400***	***ME***
							[a] ***Clavulin Duo 400***	***AW***
				[B]***0.98***	***#15.56***	***15.90***	[a] ***Augmentin Duo 400***	***GK***
	TICARCILLIN with CLAVULANIC ACID							
	Restricted benefit							
	Infections where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent;							
	Septicaemia, suspected;							
	Septicaemia, proven.							
2179Q	***Injection 3 g-100 mg (solvent required)***	***10***	***..***	***..***	***152.06***	***23.70***	***Timentin***	***GK***
	(codes 6879C, 6881E, 6882F, 6884H apply to above item with approved solvents)							

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	Other beta-lactam antibacterials							
	• ***Cephalosporins and related substances***							
	CEFACLOR							
	CAUTION:							
	Serum sickness-like reactions have been reported with this drug, especially in children.							
1169M	Tablet 375 mg (sustained release)	10	1	..	14.42	15.35	[a] Cefaclor CD Hexal	HX
							[a] Cefkor CD	DP
							[a] Chem mart Cefaclor CD	CH
							[a] Douglas Cefaclor-CD	DG
							[a] GenRx Cefaclor CD	GX
							[a] healthsense Cefaclor CD	HS
							[a] Keflor CD	AF
							[a] Terry White Chemists Cefaclor CD	TW
				[B]1.04	15.46	15.35	[a] Ceclor CD	LY
2460L	Powder for oral suspension 125 mg per 5 mL, 100 mL	‡1	1	..	#13.85	15.17	[a] Aclor 125	AW
							[a] Chem mart Cefaclor	CH
							[a] GenRx Cefaclor	GX
							[a] healthsense Cefaclor	HS
							[a] Keflor	AF
							[a] Terry White Chemists Cefaclor	TW
				[B]1.03	#14.88	15.17	[a] Ceclor	LY
2461M	Powder for oral suspension 250 mg per 5 mL, 75 mL	‡1	1	..	#14.35	15.67	[a] Aclor 250	AW
							[a] Chem mart Cefaclor	CH
							[a] GenRx Cefaclor	GX
							[a] healthsense Cefaclor	HS
							[a] Keflor	AF
							[a] Terry White Chemists Cefaclor	TW
				[B]1.05	#15.40	15.67	[a] Ceclor	LY
	CEFEPIME							
	Authority required							
	Treatment of febrile neutropenia.							
8315P	***Injection 1 g (solvent required) (codes 7074H, 7076K, 7077L, 7079N apply to above item with approved solvents)***	***10***	***..***	***..***	****188.06***	***23.70***	***Maxipime***	***BQ***

continued ☞

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	
	CEFEPIME—cont.							
8316Q	***Injection 2 g (solvent required) (codes 7080P, 7082R, 7083T, 7085X apply to above item with approved solvents)***	***10***	***..***	***..***	****340.06***	***23.70***	***Maxipime***	***BQ***
	CEFOTAXIME							
	Restricted benefit							
	Infections where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent; Septicaemia, suspected; Septicaemia, proven.							
1085D	***Injection 1 g (solvent required) (codes 6591X, 6593B, 6594C, 6596E apply to above item with approved solvents)***	***10***	***..***	***..***	****56.26***	***23.70***	[a] ***Cefotaxime-BC***	***BG***
							[a] ***Cefotaxime Sandoz***	***SZ***
				..	***56.26***	***23.70***	[a] ***MX***	
1086E	***Injection 2 g (solvent required) (codes 6597F, 6599H, 6600J, 6602L apply to above item with approved solvents)***	***10***	***..***	***..***	****100.06***	***23.70***	[a] ***Cefotaxime-BC***	***BG***
							[a] ***Cefotaxime Sandoz***	***SZ***
				..	***100.06***	***23.70***	[a] ***MX***	
	CEFTRIAXONE							
	Restricted benefit							
	Gonorrhoea.							
1782T	***Injection 250 mg (solvent required) (codes 6855T, 6857X, 6858Y, 6860C apply to above item with approved solvents)***	***1***	***..***	***..***	***11.48***	***12.41***	***Rocephin***	***RO***
	Restricted benefit							
	Infections where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent; Septicaemia, suspected; Septicaemia, proven.							
1790F	***Injection 250 mg (solvent required) (codes 6885J, 6887L, 6888M, 6890P apply to above item with approved solvents)***	***5***	***..***	***..***	****38.76***	***23.70***	***Rocephin***	***RO***
1783W	***Injection 500 mg (solvent required) (codes 6861D, 6863F, 6864G, 6866J apply to above item with approved solvents)***	***5***	***..***	***..***	****54.01***	***23.70***	***Rocephin***	***RO***
1784X	***Injection 1 g (solvent required) (codes 6867K, 6869M, 6870N, 6872Q apply to above item with approved solvents)***	***5***	***..***	***..***	****82.11***	***23.70***	[a] ***Ceftriaxone-BC***	***BG***
							[a] ***Ceftriaxone Sandoz***	***SZ***
							[a] ***Rocephin***	***RO***
				..	***82.11***	***23.70***	[a] ***DBL Ceftriaxone***	***MX***

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	CEFTRIAXONE—cont.							
1785Y	***Injection 2 g (solvent required) (codes 6873R, 6875W, 6876X, 6878B apply to above item with approved solvents)***	***5***	***..***	***..***	****148.01***	***23.70***	[a] ***Ceftriaxone-BC***	***BG***
							[a] ***Ceftriaxone Sandoz***	***SZ***
							[a] ***DBL Ceftriaxone***	***MX***
							[a] ***Rocephin***	***RO***
	CEFUROXIME AXETIL							
8292K	Tablet 250 mg (base)	14	1	..	14.70	15.63	Zinnat	GK
	CEPHALEXIN							
3058Y	Capsule 250 mg	20	1	..	8.31	9.24	[a] Cefalexin-BC	BG
							[a] Chem mart Cephalexin	CH
							[a] Cilex	DP
							[a] GenRx Cephalexin	GX
							[a] healthsense Cephalexin	HS
							[a] Ibilex 250	AF
							[a] Sporahexal	HX
							[a] Terry White Chemists Cephalexin	TW
				[B]1.26	9.57	9.24	[a] Keflex	LY
3119E	Capsule 500 mg	20	1	..	11.22	12.15	[a] Cefalexin-BC	BG
							[a] Chem mart Cephalexin	CH
							[a] Cilex	DP
							[a] GenRx Cephalexin	GX
							[a] healthsense Cephalexin	HS
							[a] Ibilex 500	AF
							[a] Sporahexal	HX
							[a] Terry White Chemists Cephalexin	TW
				[B]1.37	12.59	12.15	[a] Keflex	LY
3094W	Granules for syrup 125 mg per 5 mL, 100 mL	‡1	1	..	#11.35	12.67	[a] Cefalexin-BC	BG
							[a] Chem mart Cephalexin	CH
							[a] Cilex	DP
							[a] GenRx Cephalexin	GX
							[a] Ibilex 125	AF
							[a] Terry White Chemists Cephalexin	TW
				[B]1.28	#12.63	12.67	[a] Keflex	LY

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	CEPHALEXIN—cont.							
3095X	Granules for syrup 250 mg per 5 mL, 100 mL	‡1	1	..	#13.46	14.78	[a] Cefalexin-BC	BG
							[a] Chem mart Cephalexin	CH
							[a] Cilex	DP
							[a] GenRx Cephalexin	GX
							[a] Ibilex 250	AF
							[a] Terry White Chemists Cephalexin	TW
				[B]1.37	#14.83	14.78	[a] Keflex	LY
	CEPHALOTHIN							
2964B	Injection 1 g (solvent required) (codes 6609W, 6611Y, 6612B, 6614D apply to above item with approved solvents)	10	1	..	43.48	23.70	[a] MX	
				[B]0.30	43.78	23.70	[a] Keflin Neutral	LY
	CEPHAZOLIN							
	Restricted benefit							
	Infections where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent;							
	Septicaemia, suspected;							
	Septicaemia, proven.							
1256D	***Injection 500 mg (solvent required) (codes 6627T, 6629X, 6630Y, 6632C apply to above item with approved solvents)***	***10***	***..***	***..***	****44.82***	***23.70***	[a] ***Cefazolin-BC***	***BG***
							[a] ***MX***	
1257E	***Injection 1 g (solvent required) (codes 6633D, 6635F, 6636G, 6638J apply to above item with approved solvents)***	***10***	***..***	***..***	****68.04***	***23.70***	[a] ***Cefazolin-BC***	***BG***
							[a] ***Cefazolin Sandoz***	***SZ***
							[a] ***MX***	
				[B]2.51	***70.55***	***23.70***	[a] ***Kefzol***	***LY***

Sulfonamides and trimethoprim

- ***Trimethoprim and derivatives***

TRIMETHOPRIM

2922T	Tablet 300 mg	7	1	..	7.38	8.31	[a] Alprim	AF
				[B]1.36	8.74	8.31	[a] Triprim	SI

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

TRIMETHOPRIM with SULFAMETHOXAZOLE

CAUTION:

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

2949F	Tablet 80 mg-400 mg	10	1	..	7.63	8.56	[a] Resprim	AF
				[B]1.54	9.17	8.56	[a] Septrin	SI

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	TRIMETHOPRIM with SULFAMETHOXAZOLE—cont.							
2951H	Tablet 160 mg-800 mg	10	1	..	8.57	9.50	[a] Bactrim DS	RO
							[a] Chem mart Trimethoprim with Sulfamethoxazole DS	CH
							[a] GenRx Trimethoprim with Sulfamethoxazole DS	GX
							[a] healthsense Trimethoprim with Sulfamethoxazole DS	HS
							[a] Resprim Forte	AF
							[a] Terry White Chemists Trimethoprim with Sulfamethoxazole DS	TW
							[a] Trimoxazole-BC 800/160	BG
				[B]1.46	10.03	9.50	[a] Septrin Forte	SI
3103H	Oral suspension 40 mg-200 mg per 5 mL, 100 mL	‡1	1	..	8.14	9.07	Bactrim	RO
							[a] Resprim	AF
				[B]1.91	10.05	9.07	[a] Septrin	SI

Macrolides, lincosamides and streptogramins

- ***Macrolides***

AZITHROMYCIN

Restriction

Uncomplicated urethritis due to Chlamydia trachomatis;
Uncomplicated cervicitis due to Chlamydia trachomatis.

NOTE:

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

8200N	***Tablet 500 mg***	***2***	***..***	***..***	***21.93***	***22.86***	***Zithromax***	***PF***

Restriction

Trachoma.

NOTE:

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

8336R	***Tablet 500 mg***	***2***	***2***	***..***	***21.93***	***22.86***	***Zithromax***	***PF***
8201P	***Powder for oral suspension 200 mg per 5 mL, 15 mL***	***‡1***	***..***	***..***	***#18.91***	***20.23***	***Zithromax***	***PF***
	CLARITHROMYCIN							
8318T	Tablet 250 mg	14	1	..	19.59	20.52	Klacid	AB
	ERYTHROMYCIN							
1400Q	Capsule 175 mg	25	1	..	7.88	8.81	[a] DBL Erythromycin	FA
				[B]1.20	9.08	8.81	[a] Eryc LD	MX

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $		Proprietary Name and Manufacturer	
	ERYTHROMYCIN—cont.								
1404X	Capsule 250 mg	25	1	..	9.20	10.13	a	DBL Erythromycin	FA
				B1.20	10.40	10.13	a	Eryc	MX
	ERYTHROMYCIN ETHYL SUCCINATE								
2750R	Tablet 400 mg (base)	25	1	..	8.82	9.75	a	E-Mycin	AF
				B2.89	11.71	9.75	a	E.E.S. 400 Filmtab	AB
2424N	Powder for oral liquid 200 mg (base) per 5 mL, 100 mL	‡1	1	..	#10.74	12.06	a	E-Mycin 200	AF
				B2.19	#12.93	12.06	a	E.E.S. 200	AB
2428T	Powder for oral liquid 400 mg (base) per 5 mL, 100 mL	‡1	1	..	#12.61	13.93	a	E-Mycin 400	AF
				B1.75	#14.36	13.93	a	E.E.S. Granules	AB
	ERYTHROMYCIN LACTOBIONATE								
1397M	Powder for I.V. infusion 1 g (base)	5	..	..	*50.66	23.70		Erythrocin-I.V.	AB
	ROXITHROMYCIN								
8129W	Tablet for oral suspension 50 mg	10	1	..	10.91	11.84		Rulide D	AV
1760P	Tablet 150 mg	10	1	..	12.69	13.62	a	Biaxsig	HP
				B2.27	14.96	13.62	a	Rulide	AV
8016X	Tablet 300 mg	5	1	..	12.69	13.62	a	Biaxsig	HP
				B2.27	14.96	13.62	a	Rulide	AV

- ***Lincosamides***

CLINDAMYCIN

Restricted benefit

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

3138E	***Capsule 150 mg***	***25***	***..***	***..***	***17.85***	***18.78***	a	***Cleocin***	***KR***
				B1.47	***19.32***	***18.78***	a	***Dalacin C***	***PH***
	LINCOMYCIN								
2530E	Injection 600 mg in 2 mL	5	..	..	22.29	23.22		Lincocin	PH

Aminoglycoside antibacterials

- ***Other aminoglycosides***

GENTAMICIN SULFATE

1068F	Injection 40 mg (base) in 1 mL	10	1	..	*27.40	23.70		MX	
1168L	Injection 60 mg (base) in 1.5 mL	10	1	..	*32.86	23.70		MX	
2824P	Injection 80 mg (base) in 2 mL	10	1	..	*18.82	19.75	a	MX	
				..	18.83	19.76	a	PU	

TOBRAMYCIN SULFATE

Restricted benefit

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

1356J	***Injection 80 mg (base)***	***10***	***1***	***..***	****65.16***	***23.70***		***Nebcin***	***AS***
								MX	
								PU	

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	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*	*..*	*..*	*12.14*	*13.07*	*Ciproxin 250*	*BN*
	Authority required							
	Respiratory tract infection proven or suspected to be caused by Pseudomonas aeruginosa in severely immunocompromised patients;							
	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*	*..*	*..*	*34.66*	*23.70*	[a] *C-Flox 250*	*AL*
							[a] *Ciprofloxacin-BC*	*BG*
							[a] *Ciprol 250*	*AW*
							[a] *GenRx Ciprofloxacin*	*GX*
							[a] *Profloxin*	*HX*
				[B]*1.90*	*36.56*	*23.70*	[a] *Ciproxin 250*	*BN*
1209P	*Tablet 500 mg*	*14*	*..*	*..*	*63.26*	*23.70*	[a] *C-Flox 500*	*AL*
							[a] *Ciprofloxacin-BC*	*BG*
							[a] *Ciprol 500*	*AW*
							[a] *GenRx Ciprofloxacin*	*GX*
							[a] *Profloxin*	*HX*
							[a] *Proquin*	*DP*
				[B]*1.90*	*65.16*	*23.70*	[a] *Ciproxin 500*	*BN*
1210Q	*Tablet 750 mg*	*14*	*..*	*..*	*92.96*	*23.70*	[a] *C-Flox 750*	*AL*
							[a] *Ciprofloxacin-BC*	*BG*
							[a] *Ciprol 750*	*AW*
							[a] *GenRx Ciprofloxacin*	*GX*
							[a] *Profloxin*	*HX*
							[a] *Proquin*	*DP*
				[B]*1.90*	*94.86*	*23.70*	[a] *Ciproxin 750*	*BN*

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $		Proprietary Name and Manufacturer	
	MOXIFLOXACIN HYDROCHLORIDE								
	Authority required								
	Initial treatment of radiologically-confirmed, severe community-acquired pneumonia, requiring admission to an intensive care or high dependency unit, in patients greater than 12 years old with a history of hypersensitivity to penicillin.								
8635L	***Solution for I.V. infusion 400 mg (base) in 250 mL***	***3***	***..***	***..***	****199.06***	***23.70***		***Avelox***	***BN***
	Authority required								
	Oral treatment, following initial intravenous treatment with moxifloxacin hydrochloride, of radiologically-confirmed, severe community-acquired pneumonia, requiring admission to an intensive care or high dependency unit, in patients greater than 12 years old with a history of hypersensitivity to penicillin; ***Radiologically-confirmed, severe community-acquired pneumonia requiring hospitalisation, in patients greater than 12 years old with a history of hypersensitivity to penicillin;*** ***Radiologically-confirmed, community-acquired pneumonia in patients greater than 12 years old with a history of immediate hypersensitivity to penicillin (as defined by urticaria, angioedema, bronchospasm or anaphylaxis within 1 hour of drug administration).***								
8636M	***Tablet 400 mg (base)***	***5***	***1***	***..***	***46.53***	***23.70***		***Avelox***	***BN***
	NORFLOXACIN								
	Authority required								
	Acute bacterial enterocolitis; ***Complicated urinary tract infection.***								
3010K	***Tablet 400 mg***	***14***	***1***	***..***	***19.55***	***20.48***	[a]	***Chem mart Norfloxacin***	***CH***
							[a]	***GenRx Norfloxacin***	***GX***
							[a]	***healthsense Norfloxacin***	***HS***
							[a]	***Norflohexal***	***HX***
							[a]	***Nufloxib***	***AF***
							[a]	***Roxin***	***AW***
							[a]	***Terry White Chemists Norfloxacin***	***TW***
							[a]	***DP***	
				[B]***1.73***	***21.28***	***20.48***	[a]	***Insensye***	***FR***
				[B]***3.73***	***23.28***	***20.48***	[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, 6767E, 6768F, 6770H apply to above item with approved solvents)***	***2***	***..***	***..***	****51.82***	***23.70***	[a]	***MX***	
				[B]***0.36***	****52.18***	***23.70***	[a]	***Vancocin***	***LY***

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $		Proprietary Name and Manufacturer	
	VANCOMYCIN—cont.								
	Restricted benefit								
	Endophthalmitis;								
	Use initiated in a hospital for infections where vancomycin is an appropriate antibiotic.								
3131T	***Injection 500 mg (500,000 i.u.) vancomycin activity (solvent required) (codes 6837W, 6839Y, 6840B, 6842D apply to above item with approved solvents)***	***5***	***..***	***..***	****122.56***	***23.70***	[a]	***MX***	
				[B]***0.90***	****123.46***	***23.70***	[a]	***Vancocin***	***LY***
	• ***Steroid antibacterials***								
	FUSIDIC ACID								
	Restricted benefit								
	For use in combination with another antibiotic in the treatment of proven serious staphylococcal infections.								
2312Q	***Tablet (sodium salt) 250 mg***	***36***	***1***	***..***	***75.40***	***23.70***		***Fucidin***	***CS***
2311P	***Oral suspension 50 mg per mL, 90 mL***	***‡1***	***..***	***..***	***60.96***	***23.70***		***Fucidin***	***CS***
	• ***Imidazole derivatives***								
	METRONIDAZOLE								
1636D	Tablet 200 mg	21	1	..	6.68	7.61	[a]	Metrogyl 200	AF
							[a]	Metronide 200	HP
				[B]1.98	8.66	7.61	[a]	Flagyl	AV
1626N	Tablet 400 mg	5	2	..	6.57	7.50		Metrogyl 400	AF
1642K	Suppositories 500 mg, 10	‡1	..	..	20.17	21.10		Flagyl	AV
	METRONIDAZOLE								
	Restricted benefit								
	Treatment of anaerobic infections.								
1621H	***Tablet 400 mg***	***21***	***1***	***..***	***9.41***	***10.34***	[a]	***Metrogyl 400***	***AF***
							[a]	***Metronide 400***	***HP***
				[B]***2.07***	***11.48***	***10.34***	[a]	***Flagyl***	***AV***
	Restricted benefit								
	Prophylaxis in large bowel surgery;								
	Treatment, in a hospital, of acute anaerobic sepsis.								
1638F	***I.V. infusion 500 mg in 100 mL***	***5***	***1***	***..***	****43.11***	***23.70***		***BX***	
	METRONIDAZOLE BENZOATE								
1630T	Oral suspension 320 mg per 5 mL (equivalent to 200 mg metronidazole in 5 mL), 100 mL	‡1	..	..	14.30	15.23		Flagyl S	AV
	TINIDAZOLE								
1465D	Tablet 500 mg	4	..	..	7.48	8.41	[a]	Simplotan	GP
				[B]2.50	9.98	8.41	[a]	Fasigyn	PF

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	
	• ***Nitrofuran derivatives***							
	NITROFURANTOIN							
	CAUTION:							
	Nitrofurantoin may cause peripheral neuritis and severe pulmonary reactions.							
1692C	Capsule 50 mg	30	1	..	14.56	15.49	Macrodantin	PU
1693D	Capsule 100 mg	30	1	..	22.22	23.15	Macrodantin	PU
	• ***Other antibacterials***							
	HEXAMINE HIPPURATE							
3124K	Tablet 1 g	100	5	..	32.41	23.70	Hiprex	MM
	SPECTINOMYCIN							
3090P	Injection 2 g with 3.2 mL diluent	1	..	..	22.88	23.70	Trobicin	PH
	ANTIMYCOTICS FOR SYSTEMIC USE							
	Antimycotics for systemic use							
	• ***Antibiotics***							
	AMPHOTERICIN							
1047D	Injection 50 mg (solvent required) (codes 6507L, 6509N, 6510P, 6512R apply to above item with approved solvents)	1	..	..	23.21	23.70	Fungizone	BQ
	• ***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***	***..***	***..***	***16.91***	***17.84***	***Nizoral***	***JC***
	Authority required							
	Oral candidiasis in severely immunocompromised persons where topical therapy has failed;							
	Systemic or deep mycoses where other forms of therapy have failed.							
	CAUTION:							
	Hepatotoxicity has been reported with ketoconazole.							
1572R	***Tablet 200 mg***	***30***	***5***	***..***	***37.64***	***23.70***	***Nizoral***	***JC***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• *Triazole derivatives*							
	FLUCONAZOLE							
	Authority required							
	Treatment of cryptococcal meningitis in patients unable to take or tolerate amphotericin; Maintenance therapy in patients with cryptococcal meningitis and immunosuppression; Treatment of oropharyngeal candidiasis in immunosuppressed patients; Treatment of oesophageal candidiasis in immunosuppressed patients; Secondary prophylaxis of oropharyngeal candidiasis in immunosuppressed patients; Treatment of serious and life-threatening candida infections in patients unable to tolerate amphotericin.							
1471K	***Capsule 50 mg***	***28***	***5***	***..***	***177.42***	***23.70***	***Diflucan***	***PF***
1472L	***Capsule 100 mg***	***28***	***5***	***..***	***328.62***	***23.70***	***Diflucan***	***PF***
1475P	***Capsule 200 mg***	***28***	***5***	***..***	***624.50***	***23.70***	***Diflucan***	***PF***
1473M	***Solution for I.V. infusion 100 mg in 50 mL***	***7***	***..***	***..***	****196.46***	***23.70***	***Diflucan***	***PF***
1474N	***Solution for I.V. infusion 200 mg in 100 mL***	***7***	***..***	***..***	****350.81***	***23.70***	***Diflucan***	***PF***
	ITRACONAZOLE							
	Authority required							
	Systemic aspergillosis; Systemic sporotrichosis; Systemic histoplasmosis; Treatment and maintenance therapy in patients with AIDS who have disseminated pulmonary histoplasmosis infection; Treatment and maintenance therapy in patients with AIDS who have chronic pulmonary histoplasmosis infection; Treatment of oropharyngeal candidiasis in immunosuppressed patients; Treatment of oesophageal candidiasis in immunosuppressed patients.							
8196J	***Capsule 100 mg***	***60***	***5***	***..***	***205.45***	***23.70***	***Sporanox***	***JC***
	ANTIMYCOBACTERIALS							
	Drugs for treatment of tuberculosis							
	• *Hydrazides*							
	ISONIAZID							
1554T	Tablet 100 mg	100	2	..	9.34	10.27	FM	
	Drugs for treatment of lepra							
	• *Drugs for treatment of lepra*							
	RIFAMPICIN							
	Restricted benefit							
	Prophylaxis of meningococcal disease in close contacts and carriers; Prophylactic treatment of contacts of patients with Haemophilus influenzae type B.							
1981G	***Capsule 150 mg***	***10***	***..***	***..***	***8.70***	***9.63***	***Rimycin 150***	***AF***
1984K	***Capsule 300 mg***	***10***	***..***	***..***	***11.71***	***12.64***	***Rimycin 300***	***AF***
8025J	***Syrup 100 mg per 5 mL, 60 mL***	***‡1***	***..***	***..***	***23.49***	***23.70***	***Rifadin***	***AV***

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	RIFAMPICIN—cont.							
	Authority required							
	Leprosy in adults.							
1982H	***Capsule 150 mg***	***100***	***..***	***..***	***34.90***	***23.70***	***Rimycin 150***	***AF***
1983J	***Capsule 300 mg***	***100***	***..***	***..***	***65.14***	***23.70***	***Rimycin 300***	***AF***

ANTIVIRALS FOR SYSTEMIC USE

Direct acting antivirals

- ***Nucleosides and nucleotides excl. reverse transcriptase inhibitors***

ACICLOVIR

Authority required

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

NOTE:

Aciclovir 200 mg is not PBS-subsidised for chickenpox, herpes zoster or herpes simplex infections other than genital herpes.

1003T	***Tablet 200 mg***	***50***	***..***	***..***	****104.04***	***23.70***	[a] ***Acihexal***	***HX***
							[a] ***Acyclo-V 200***	***AF***
							[a] ***Lovir***	***DP***
				..	***104.05***	***23.70***	[a] ***GenRx Aciclovir***	***GX***
				[B]***5.78***	****109.82***	***23.70***	[a] ***Zovirax 200 mg***	***GK***

NOTE:

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

Authority required

- ***Episodic treatment or suppressive therapy of moderate to severe recurrent genital herpes. Microbiological confirmation of diagnosis is required but need not delay treatment. Pathology reports from accredited laboratories must be available for audit by the HIC.***

NOTE:

Aciclovir 200 mg is not PBS-subsidised for chickenpox, herpes zoster or herpes simplex infections other than genital herpes.

1007B	***Tablet 200 mg***	***90***	***5***	***..***	***186.50***	***23.70***	[a] ***Aciclovir-BC***	***BG***
							[a] ***Acihexal***	***HX***
							[a] ***Acyclo-V 200***	***AF***
							[a] ***Chem mart Aciclovir***	***CH***
							[a] ***GenRx Aciclovir***	***GX***
							[a] ***healthsense Aciclovir***	***HS***
							[a] ***Lovir***	***DP***
							[a] ***Terry White Chemists Aciclovir***	***TW***
							[a] ***Zyclir 200***	***AW***
				[B]***4.28***	***190.78***	***23.70***	[a] ***Zovirax 200 mg***	***GK***

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continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ACICLOVIR—cont.							
	Authority required							
	Treatment of patients with herpes zoster within 72 hours of the onset of the rash; Herpes zoster ophthalmicus.							
	NOTE:							
	Aciclovir is effective only if commenced within 72 hours of onset of rash.							
	Aciclovir 800 mg is not PBS-subsidised for herpes simplex or chickenpox.							
1052J	***Tablet 800 mg***	***35***	***..***	***..***	***222.93***	***23.70***	[a] ***Aciclovir-BC***	***BG***
							[a] ***Acihexal***	***HX***
							[a] ***Acyclo-V 800***	***AF***
							[a] ***GenRx Aciclovir***	***GX***
							[a] ***Lovir***	***DP***
							[a] ***Zyclir 800***	***AW***
				[B]***2.09***	***225.02***	***23.70***	[a] ***Zovirax 800 mg***	***GK***
	NOTE:							
	No applications for repeats will be authorised.							
	Authority required							
	Patients with advanced HIV disease (CD4 cell counts of less than 150 million per litre).							
8234J	***Tablet 800 mg***	***120***	***5***	***..***	***695.62***	***23.70***	[a] ***Acihexal***	***HX***
							[a] ***Acyclo-V 800***	***AF***
							[a] ***Lovir***	***DP***
				[B]***7.19***	***702.81***	***23.70***	[a] ***Zovirax 800 mg***	***GK***
	FAMCICLOVIR							
	Authority required							
➢	***Episodic treatment of moderate to severe recurrent genital herpes. Microbiological confirmation of diagnosis is required but need not delay treatment. Pathology reports from accredited laboratories must be available for audit by the HIC.***							
	NOTE:							
	Famciclovir 125 mg is not PBS-subsidised for chickenpox, herpes zoster or herpes simplex infections other than genital herpes.							
8092X	***Tablet 125 mg***	***40***	***1***	***..***	***158.94***	***23.70***	***Famvir***	***NV***
	Authority required							
	Treatment of patients with herpes zoster within 72 hours of the onset of the rash.							
	NOTE:							
	Famciclovir is effective only if commenced within 72 hours of onset of rash.							
	Famciclovir 250 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.							
8002E	***Tablet 250 mg***	***21***	***..***	***..***	***166.65***	***23.70***	***Famvir***	***NV***
	NOTE:							
	No applications for repeats will be authorised.							

continued ☞

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—cont.							
	Authority required							
	➢ ***Suppressive therapy of moderate to severe recurrent genital herpes. Microbiological confirmation of diagnosis is required but need not delay treatment. Pathology reports from accredited laboratories must be available for audit by the HIC.***							
	NOTE:							
	Famciclovir 250 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.							
8217L	***Tablet 250 mg***	***56***	***5***	***..***	***415.36***	***23.70***	***Famvir***	***NV***
	VALACICLOVIR HYDROCHLORIDE							
	Authority required							
	Moderate to severe initial genital herpes. Microbiological confirmation of diagnosis is desirable but need not delay treatment.							
	NOTE:							
	Valaciclovir 500 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.							
8133C	***Tablet 500 mg (base)***	***20***	***..***	***..***	****121.98***	***23.70***	***Valtrex***	***GK***
	NOTE:							
	No applications for increased maximum quantities and/or repeats will be authorised.							
	Authority required							
	➢ ***Episodic treatment or suppressive therapy of moderate to severe recurrent genital herpes. Microbiological confirmation of diagnosis is required but need not delay treatment. Pathology reports from accredited laboratories must be available for audit by the HIC.***							
	NOTE:							
	Valaciclovir 500 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.							
8134D	***Tablet 500 mg (base)***	***30***	***5***	***..***	***180.64***	***23.70***	***Valtrex***	***GK***
	Authority required							
	Treatment of patients with herpes zoster within 72 hours of the onset of the rash; Herpes zoster ophthalmicus.							
	NOTE:							
	Valaciclovir is effective only if commenced within 72 hours of onset of rash.							
	Valaciclovir 500 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.							
8064K	***Tablet 500 mg (base)***	***42***	***..***	***..***	***246.63***	***23.70***	***Valtrex***	***GK***
	NOTE:							
	No applications for repeats will be authorised.							
	IMMUNE SERA AND IMMUNOGLOBULINS							
	Immune sera							
	• ***Immune sera***							
	DIPHTHERIA ANTITOXIN							
1344R	Injection 10,000 units	2	1	..	*172.36	23.70	CS	

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	VACCINES							
	Bacterial vaccines							
	• ***Pneumococcal vaccines***							
	PNEUMOCOCCAL VACCINE, POLYVALENT							
	Restricted benefit							
	Splenectomised persons over 2 years of age;							
	Persons with Hodgkin's disease;							
	Persons at high risk of pneumococcal infections.							
1903E	***Injection 0.5 mL (23 valent)***	***1***	***..***	***..***	***37.11***	***23.70***	***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	..	..	*18.55	19.48	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	..	..	*18.82	19.75	CS	
	TETANUS VACCINE, ADSORBED							
2127Y	Injection 0.5 mL	3	..	..	*16.90	17.83	CS	
	Viral vaccines							
	• ***Influenza vaccines***							
	INFLUENZA VACCINE							
	Restricted benefit							
	Persons at special risk of adverse consequences from infections of the lower respiratory tract.							
2852D	***Injection (trivalent) 0.5 mL (containing A/New Caledonia/20/99, A/Fujian/411/2002 and B/Hong Kong/330/2001 like strains)***	***1***	***..***	***..***	***17.73***	***18.66***	***Fluarix*** ***Fluvax*** ***Influvac*** ***Vaxigrip***	***GK*** ***CS*** ***SM*** ***AX***

Code	Name, Restriction, Manner of 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	..	*82.34	23.70	Leukeran	GK
	CYCLOPHOSPHAMIDE							
1266P	Tablet 50 mg	50	2	..	29.26	23.70	Cycloblastin	PH
1079T	Injection 500 mg (solvent required) (codes 6699N, 6701Q, 6702R, 6704W apply to above item with approved solvents)	2	..	..	*27.74	23.70	Endoxan	BX
1080W	Injection 1 g (solvent required) (codes 6705X, 6707B, 6708C, 6710E apply to above item with approved solvents)	1	..	..	25.02	23.70	Cycloblastin Endoxan	PH BX
1031G	Injection 2 g (solvent required) (codes 7050C, 7052E, 7053F, 7055H apply to above item with approved solvents)	1	..	..	40.93	23.70	Endoxan	BX
	IFOSFAMIDE							
	Restricted benefit							
	Relapsed or refractory germ cell tumours following first-line chemotherapy;							
	Relapsed or refractory sarcomas following first-line chemotherapy.							
8076C	***Powder for I.V. injection 1 g***	***5***	***5***	***..***	****267.71***	***23.70***	***Holoxan***	***BX***
8077D	***Powder for I.V. injection 2 g***	***5***	***5***	***..***	****491.16***	***23.70***	***Holoxan***	***BX***
	MELPHALAN							
2547C	Tablet 2 mg	25	1	..	27.36	23.70	Alkeran	GK
	• ***Alkyl sulphonates***							
	BUSULFAN							
1128J	Tablet 2 mg	100	..	..	45.91	23.70	Myleran	GK
	• ***Ethylene imines***							
	THIOTEPA							
2345K	Injection 15 mg (solvent required) (codes 6825F, 6827H, 6828J, 6830L apply to above item with approved solvents)	2	1	..	*42.08	23.70	SI	
	• ***Other alkylating agents***							
	TEMOZOLOMIDE							
	Authority required							
	Recurrence of anaplastic astrocytoma following standard therapy;							
	Recurrence of glioblastoma multiforme following standard therapy.							
	NOTE:							
	No applications for increased repeats will be authorised.							
8378Y	***Capsule 5 mg***	***5***	***1***	***..***	***81.75***	***23.70***	***Temodal***	***SH***

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	TEMOZOLOMIDE—cont.							
8379B	***Capsule 20 mg***	***5***	***1***	***..***	***228.73***	***23.70***	***Temodal***	***SH***
8380C	***Capsule 100 mg***	***5***	***1***	***..***	***922.75***	***23.70***	***Temodal***	***SH***
8381D	***Capsule 250 mg***	***5***	***1***	***..***	***2203.03***	***23.70***	***Temodal***	***SH***
	Antimetabolites							
	• ***Folic acid analogues***							
	METHOTREXATE							
1622J	Tablet 2.5 mg	30	5	..	11.84	12.77	[a] Methoblastin	PH
							[a] MX	
				[B]0.08	11.92	12.77	[a] Ledertrexate	WY
1623K	Tablet 10 mg	50	2	..	47.01	23.70	Methoblastin	PH
2396D	Injection 5 mg in 2 mL	5	..	..	41.15	23.70	MX	
2395C	Injection 50 mg in 2 mL	5	..	..	40.32	23.70	MX PU	
	RALTITREXED							
	Authority required							
	For use as a single agent in the treatment of advanced colorectal cancer.							
8284B	***Powder for I.V. infusion 2 mg***	***3***	***2***	***..***	****882.91***	***23.70***	***Tomudex***	***AP***
	• ***Purine analogues***							
	CLADRIBINE							
	Authority required							
	Hairy cell leukaemia.							
1811H	***Solution for I.V. infusion 10 mg in 10 mL***	***7***	***..***	***..***	***5122.65***	***23.70***	***Leustatin***	***JC***
	MERCAPTOPURINE							
1598D	Tablet 50 mg	100	2	..	*103.14	23.70	Purinethol	GK
	THIOGUANINE							
1233X	Tablet 40 mg	25	1	..	103.99	23.70	Lanvis	GK
	• ***Pyrimidine analogues***							
	CAPECITABINE							
	Authority required							
	Advanced breast cancer after failure of prior therapy which includes a taxane and an anthracycline;							
	Advanced breast cancer where therapy with a taxane and/or an anthracycline is contraindicated;							
	Advanced breast cancer in combination with docetaxel after failure of prior anthracycline-containing chemotherapy;							
	Treatment of advanced or metastatic colorectal cancer.							
8361C	***Tablet 150 mg***	***60***	***2***	***..***	***122.17***	***23.70***	***Xeloda***	***RO***
8362D	***Tablet 500 mg***	***120***	***2***	***..***	***693.41***	***23.70***	***Xeloda***	***RO***
	CYTARABINE							
8033T	Injection 100 mg in 1 mL	10	1	..	*59.20	23.70	MX	
2884T	Injection 100 mg in 5 mL	10	1	..	*59.74	23.70	PU	

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	CYTARABINE—cont.							
8034W	Injection 500 mg in 5 mL	2	1	..	*68.22	23.70	MX	
2885W	Injection 500 mg in 25 mL	2	1	..	*68.22	23.70	PU	
	FLUOROURACIL							
2528C	Injection 500 mg in 10 mL	10	..	..	*66.36	23.70	MX	
	GEMCITABINE HYDROCHLORIDE							
	Authority required							
	Locally advanced or metastatic non-small cell lung cancer;							
	Locally advanced or metastatic adenocarcinoma of the pancreas;							
	Locally advanced or metastatic bladder cancer, in combination with cisplatin.							
8049P	***Powder for I.V. infusion 200 mg (base)***	***4***	***2***	***..***	****239.98***	***23.70***	***Gemzar***	***LY***
8050Q	***Powder for I.V. infusion 1 g (base)***	***2***	***2***	***..***	****562.76***	***23.70***	***Gemzar***	***LY***
	Plant alkaloids and other natural products							
	• ***Vinca alkaloids and analogues***							
	VINBLASTINE SULFATE							
2198Q	Injection 10 mg (solvent required) (codes 6843E, 6845G, 6846H, 6848K apply to above item with approved solvents)	5	..	..	*98.76	23.70	Velbe	AS
2199R	Solution for I.V. injection 10 mg in 10 mL	5	..	..	107.40	23.70	MX	
	VINCRISTINE SULFATE							
2374Y	I.V. injection 1 mg in 1 mL	10	..	..	*168.02	23.70	MX PU	
2371T	I.V. injection 1 mg (solvent required) (codes 6711F, 6713H, 6714J, 6716L apply to above item with approved solvents)	10	..	..	*176.66	23.70	Oncovin	AS
	VINORELBINE TARTRATE							
	Authority required							
	Advanced breast cancer after failure of prior therapy which includes an anthracycline;							
	Locally advanced or metastatic non-small cell lung cancer.							
8280T	***Solution for I.V. infusion 10 mg (base) in 1 mL***	***16***	***2***	***..***	****1437.94***	***23.70***	***Navelbine***	***FB***
8281W	***Solution for I.V. infusion 50 mg (base) in 5 mL***	***4***	***2***	***..***	****1503.74***	***23.70***	***Navelbine***	***FB***
	• ***Podophyllotoxin derivatives***							
	ETOPOSIDE							
1396L	Capsule 50 mg	20	..	..	494.65	23.70	Vepesid	BQ
1389D	Capsule 100 mg	10	..	..	433.06	23.70	Vepesid	BQ
1390E	Solution for I.V. infusion 100 mg in 5 mL	5	..	..	*205.81	23.70	MX	

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ETOPOSIDE PHOSPHATE							
8120J	Powder for I.V. infusion 113.6 mg (equivalent to 100 mg etoposide)	5	..	..	*205.81	23.70	Etopophos	BQ
8515E	Powder for I.V. infusion 1136 mg (equivalent to 1 g etoposide)	1	..	..	388.96	23.70	Etopophos	BQ
	• ***Taxanes***							
	DOCETAXEL							
	Authority required							
	Advanced breast cancer after failure of prior therapy which includes an anthracycline;							
	Advanced metastatic ovarian cancer after failure of prior therapy which includes a platinum compound;							
	Locally advanced or metastatic non-small cell lung cancer.							
8071T	***Injection set containing 1 single use vial concentrate for I.V. infusion 20 mg (anhydrous) in 0.5 mL and 1 single use vial solvent 1.5 mL***	***2***	..	..	****777.84***	***23.70***	***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***	..	..	***1555.36***	***23.70***	***Taxotere***	***AV***
	PACLITAXEL							
	Authority required							
	Adjuvant treatment of node-positive, oestrogen receptor negative, breast cancer administered sequentially to doxorubicin hydrochloride and cyclophosphamide;							
	Advanced breast cancer after failure of prior therapy which includes an anthracycline;							
	Advanced metastatic ovarian cancer after failure of prior therapy which includes a platinum compound;							
	Primary treatment of ovarian cancer in combination with a platinum compound;							
	Locally advanced or metastatic non-small cell lung cancer.							
3026G	***Solution concentrate for I.V. infusion 30 mg in 5 mL***	***5***	..	..	****1165.91***	***23.70***	[a] ***Anzatax***	***MX***
							[a] ***Taxol***	***BQ***
8018B	***Solution concentrate for I.V. infusion 100 mg in 16.7 mL***	***2***	..	..	****1569.00***	***23.70***	***Taxol***	***BQ***
3017T	***Solution concentrate for I.V. infusion 150 mg in 25 mL***	***2***	..	..	****2327.18***	***23.70***	***Anzatax***	***MX***
8360B	***Solution concentrate for I.V. infusion 300 mg in 50 mL***	***1***	..	..	***2350.65***	***23.70***	[a] ***Anzatax***	***MX***
							[a] ***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	..	..	*169.10	23.70	[a] Adriamycin Solution	PH
							[a] MX	
1340M	Solution for I.V. injection or intravesical administration 20 mg in 10 mL	4	..	..	*289.98	23.70	[a] Adriamycin Solution	PH
							[a] MX	

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	DOXORUBICIN HYDROCHLORIDE—cont.							
1342P	Solution for I.V. injection or intravesical administration 50 mg in 25 mL	3	..	..	*497.62	23.70	[a] Adriamycin Solution [a] MX	PH
	DOXORUBICIN HYDROCHLORIDE, PEGYLATED LIPOSOMAL							
	Authority required							
	Advanced epithelial ovarian cancer in women who have failed a first-line platinum-based chemotherapy regimen;							
	Metastatic breast cancer, as monotherapy, after failure of prior therapy which includes capecitabine and a taxane;							
	Metastatic breast cancer, as monotherapy, where therapy with capecitabine and/or a taxane is contraindicated.							
8569B	***Suspension for I.V. infusion 20 mg in 10 mL***	***1***	..	..	***715.15***	***23.70***	***Caelyx***	***SH***
8570C	***Suspension for I.V. infusion 50 mg in 25 mL***	***1***	..	..	***1780.87***	***23.70***	***Caelyx***	***SH***
	EPIRUBICIN HYDROCHLORIDE							
1375J	Solution for I.V. injection 10 mg in 5 mL	4	..	..	*228.66	23.70	[a] Pharmorubicin Solution [a] MX	PH
1376K	Solution for I.V. injection 20 mg in 10 mL	4	..	..	*420.26	23.70	[a] Pharmorubicin Solution [a] MX	PH
1377L	Solution for I.V. injection 50 mg in 25 mL	3	..	..	*771.55	23.70	[a] Pharmorubicin Solution [a] MX	PH
	IDARUBICIN HYDROCHLORIDE							
	Restricted benefit							
	Acute myelogenous leukaemia.							
2446R	***Capsule 5 mg***	***3***	..	..	****246.22***	***23.70***	***Zavedos***	***PH***
2448W	***Capsule 10 mg***	***3***	..	..	****457.87***	***23.70***	***Zavedos***	***PH***
2450Y	***Capsule 25 mg***	***6***	..	..	****2267.74***	***23.70***	***Zavedos***	***PH***
8530Y	***Solution for I.V. injection 5 mg in 5 mL***	***3***	..	..	***585.91***	***23.70***	***Zavedos Solution***	***PH***
2452C	***Powder for I.V. injection 5 mg***	***3***	..	..	****585.91***	***23.70***	***Zavedos***	***PH***
8531B	***Solution for I.V. injection 10 mg in 10 mL***	***6***	..	..	***2267.74***	***23.70***	***Zavedos Solution***	***PH***
2453D	***Powder for I.V. injection 10 mg***	***6***	..	..	****2267.74***	***23.70***	***Zavedos***	***PH***
	MITOZANTRONE HYDROCHLORIDE							
1932Q	Injection 10 mg (base) in 5 mL	1	..	..	187.72	23.70	[a] Novantrone [a] PU	SI
1929M	Injection 20 mg (base) in 10 mL	1	..	..	355.50	23.70	[a] Novantrone [a] Onkotrone [a] PU	SI BX
1930N	Injection 25 mg (base) in 12.5 mL	1	..	..	438.46	23.70	[a] Novantrone [a] Onkotrone [a] PU	SI BX

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• ***Other cytotoxic antibiotics***							
	BLEOMYCIN SULFATE							
	See Special Pharmaceutical Benefits							
	Other antineoplastic agents							
	• ***Platinum compounds***							
	CARBOPLATIN							
1160C	Solution for I.V. injection 50 mg in 5 mL	2	..	..	*79.24	23.70	[a] MX [a] PU	
1161D	Solution for I.V. injection 150 mg in 15 mL	6	..	..	*515.38	23.70	[a] MX [a] PU	
1162E	Solution for I.V. injection 450 mg in 45 mL	2	..	..	*331.10	23.70	[a] MX [a] PU	
	CISPLATIN							
2578Q	I.V. injection 10 mg in 10 mL	1	..	..	14.37	15.30	[a] MX [a] PU	
2579R	I.V. injection 50 mg in 50 mL	1	..	..	30.72	23.70	[a] MX [a] PU	
2580T	I.V. injection 100 mg in 100 mL	1	..	..	70.33	23.70	MX	
	OXALIPLATIN							
	Authority required							
	➢ ***Metastatic colorectal cancer in patients with a WHO performance status of 2 or less, to be used in combination with 5-fluorouracil and folinic acid.***							
8539K	***Powder for I.V. infusion 50 mg***	***1***	***2***	***..***	***439.96***	***23.70***	***Eloxatin***	***SW***
8540L	***Powder for I.V. infusion 100 mg***	***1***	***2***	***..***	***842.95***	***23.70***	***Eloxatin***	***SW***
	• ***Monoclonal antibodies***							
	RITUXIMAB							
	Authority required							
	Relapsed or refractory low-grade B-cell non-Hodgkin's lymphoma;							
	Relapsed or refractory follicular B-cell non-Hodgkin's lymphoma.							
8293L	***Solution for I.V. infusion 100 mg in 10 mL***	***2***	***3***	***..***	***946.31***	***23.70***	***Mabthera***	***RO***
8294M	***Solution for I.V. infusion 500 mg in 50 mL***	***1***	***3***	***..***	***2358.77***	***23.70***	***Mabthera***	***RO***
	Authority required							
	Treatment of previously untreated, CD20 positive, diffuse large B-cell non-Hodgkin's lymphoma, in combination with chemotherapy, in patients aged 60 years and over.							
8665C	***Solution for I.V. infusion 100 mg in 10 mL***	***2***	***7***	***..***	***946.31***	***23.70***	***Mabthera***	***RO***
8666D	***Solution for I.V. infusion 500 mg in 50 mL***	***1***	***7***	***..***	***2358.77***	***23.70***	***Mabthera***	***RO***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• ***Other antineoplastic agents***							
	ALTRETAMINE							
	(Hexamethylmelamine)							
	Restricted benefit							
	Advanced metastatic ovarian cancer after failure of platinum-based therapy and paclitaxel.							
8080G	***Capsule 50 mg***	***100***	***2***	***..***	***430.54***	***23.70***	***Hexalen***	***MX***
	HYDROXYUREA							
3093T	Capsule 500 mg	100	..	..	77.04	23.70	Hydrea	BQ
	IRINOTECAN HYDROCHLORIDE TRIHYDRATE							
	Authority required							
	Metastatic colorectal cancer in patients with a WHO performance status of 2 or less, after failure of fluorouracil-based therapy.							
8414W	***I.V. injection 40 mg in 2 mL***	***1***	***3***	***..***	***187.43***	***23.70***	***Camptosar***	***PU***
8415X	***I.V. injection 100 mg in 5 mL***	***2***	***3***	***..***	****868.66***	***23.70***	***Camptosar***	***PU***
	LEVAMISOLE HYDROCHLORIDE							
	Restricted benefit							
	Use in combination with fluorouracil as adjuvant treatment after surgical resection of Dukes' stage C colon cancer.							
8065L	***Tablet 50 mg (base)***	***36***	***2***	***..***	***214.25***	***23.70***	***Ergamisol 50 mg***	***JC***
	TOPOTECAN HYDROCHLORIDE							
	Authority required							
	Advanced metastatic ovarian cancer after failure of prior therapy which includes a platinum compound.							
8199M	***Powder for I.V. infusion 4 mg (base)***	***5***	***1***	***..***	***2292.66***	***23.70***	***Hycamtin***	***GK***
	ENDOCRINE THERAPY							
	Hormones and related agents							
	• ***Progestogens***							
	MEDROXYPROGESTERONE ACETATE							
	Restricted benefit							
	Hormone-dependent advanced breast cancer.							
2728N	***Tablet 500 mg***	***30***	***2***	***..***	***136.44***	***23.70***	***Provera***	***PH***
	Restricted benefit							
	Hormone-dependent breast cancer; Endometrial cancer.							
2725K	***Tablet 100 mg***	***100***	***2***	***..***	***98.73***	***23.70***	***Provera***	***PH***
2316X	***Tablet 200 mg***	***60***	***2***	***..***	***111.51***	***23.70***	***Provera***	***PH***
2727M	***Tablet 250 mg***	***60***	***2***	***..***	***138.23***	***23.70***	***Provera***	***PH***

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

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	MEGESTROL ACETATE							
	Restricted benefit							
	Hormone-dependent advanced breast cancer.							
2731R	***Tablet 40 mg***	***100***	***2***	***..***	***59.63***	***23.70***	***Megace***	***BQ***
2734X	***Tablet 160 mg***	***30***	***2***	***..***	***73.41***	***23.70***	***Megace***	***BQ***
	• *Gonadotropin releasing hormone analogues*							
	GOSERELIN ACETATE							
	Authority required							
	Locally advanced (equivalent to stage C) or metastatic (equivalent to stage D) carcinoma of the prostate;							
	Hormone-dependent locally advanced (equivalent to stage III) or metastatic (equivalent to stage IV) breast cancer in pre-menopausal women;							
	Short-term treatment (up to 6 months) of visually proven endometriosis (only 1 course of not more than 6 months' therapy will be authorised).							
1454M	***Subcutaneous implant 3.6 mg (base) in pre-filled injection syringe***	***1***	***5***	***..***	***341.55***	***23.70***	***Zoladex Implant***	***AP***
	Authority required							
	Locally advanced (equivalent to stage C) or metastatic (equivalent to stage D) carcinoma of the prostate.							
8093Y	***Subcutaneous implant (long acting) 10.8 mg (base) in pre-filled injection syringe***	***1***	***1***	***..***	***1145.68***	***23.70***	***Zoladex 10.8 Implant***	***AP***
	LEUPRORELIN ACETATE							
	Authority required							
	Locally advanced (equivalent to stage C) or metastatic (equivalent to stage D) carcinoma of the prostate.							
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***	***..***	***431.66***	***23.70***	***Lucrin Depot***	***AB***
8707G	***Suspension for subcutaneous injection (modified release), 7.5 mg injection set***	***1***	***5***	***..***	***431.66***	***23.70***	***Eligard 1 month***	***MX***
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***	***..***	***1148.66***	***23.70***	***Lucrin Depot 3 Month Injection***	***AB***
8708H	***Suspension for subcutaneous injection (modified release), 22.5 mg injection set***	***1***	***1***	***..***	***1148.66***	***23.70***	***Eligard 3 month***	***MX***

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	LEUPRORELIN ACETATE—cont.							
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***	***..***	***1529.30***	***23.70***	***Lucrin Depot 4 Month Injection***	***AB***
8709J	***Suspension for subcutaneous injection (modified release), 30 mg injection set***	***1***	***1***	***..***	***1529.30***	***23.70***	***Eligard 4 month***	***MX***

Hormone antagonists and related agents

- *Anti-estrogens*

TAMOXIFEN CITRATE

Restricted benefit

Treatment of hormone-dependent breast cancer.

NOTE:

This drug is not PBS-subsidised for primary prevention of breast cancer.

2109B	***Tablet 10 mg (base)***	***60***	***5***	***..***	***47.45***	***23.70***	[a] ***Genox 10***	***AF***
							[a] ***Tamoxen 10 mg***	***DP***
							[a] ***Tamoxifen Hexal***	***HX***
				[B]2.16	****49.62***	***23.70***	[a] ***Nolvadex***	***AP***
2110C	***Tablet 20 mg (base)***	***60***	***5***	***..***	***78.82***	***23.70***	[a] ***Chem mart Tamoxifen***	***CH***
							[a] ***Genox 20***	***AF***
							[a] ***GenRx Tamoxifen***	***GX***
							[a] ***Tamosin***	***SI***
							[a] ***Tamoxen 20 mg***	***DP***
							[a] ***Tamoxifen Hexal***	***HX***
							[a] ***Terry White Chemists Tamoxifen***	***TW***
				[B]3.94	****82.76***	***23.70***	[a] ***Nolvadex-D***	***AP***

TOREMIFENE CITRATE

Restricted benefit

Treatment of hormone-dependent metastatic breast cancer in post-menopausal patients.

NOTE:

This drug is not PBS-subsidised for primary prevention of breast cancer.

8216K	***Tablet 60 mg (base)***	***30***	***5***	***..***	***69.44***	***23.70***	***Fareston***	***SH***

- *Anti-androgens*

BICALUTAMIDE

Authority required

Metastatic (equivalent to stage D) prostatic carcinoma in combination with GnRH (LH-RH) agonist therapy.

NOTE:

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

8094B	***Tablet 50 mg***	***28***	***5***	***..***	***225.58***	***23.70***	***Cosudex***	***AP***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	CYPROTERONE ACETATE							
	Authority required							
	Advanced carcinoma of the prostate;							
	To reduce drive in sexual deviations in males.							
1270W	***Tablet 50 mg***	***100***	***5***	***..***	****281.94***	***23.70***	[a] ***Cyprone***	***AF***
							[a] ***Cyprostat***	***SY***
							[a] ***GenRx Cyproterone Acetate***	***GX***
							[a] ***Procur***	***DP***
				[B]3.28	****285.22***	***23.70***	[a] ***Androcur***	***SC***
8019C	***Tablet 100 mg***	***50***	***5***	***..***	***236.25***	***23.70***	[a] ***Cyprostat-100***	***SY***
				[B]1.00	***237.25***	***23.70***	[a] ***Androcur-100***	***SC***
	[For other listings for this drug see Generic/Proprietary Index]							
	FLUTAMIDE							
	Authority required							
	Metastatic (equivalent to stage D) prostatic carcinoma in combination with GnRH (LH-RH) agonist therapy.							
	NOTE:							
	No applications for increased maximum quantities and/or repeats will be authorised.							
1417N	***Tablet 250 mg***	***100***	***5***	***..***	***221.55***	***23.70***	[a] ***Eulexin***	***SH***
							[a] ***Flutamin***	***AF***
				[B]49.39	***270.94***	***23.70***	[a] ***Fugerel***	***EX***
	NILUTAMIDE							
	Authority required							
	Locally advanced (equivalent to stage C) or metastatic (equivalent to stage D) prostatic carcinoma, in combination with GnRH (LH-RH) agonist therapy;							
	Locally advanced (equivalent to stage C) or metastatic (equivalent to stage D) prostatic carcinoma, in conjunction with surgical orchidectomy.							
8131Y	***Tablet 150 mg***	***30***	***5***	***..***	***231.32***	***23.70***	***Anandron***	***AV***
	• ***Enzyme inhibitors***							
	AMINOGLUTETHIMIDE							
1036M	Tablet 250 mg	100	5	..	162.95	23.70	Cytadren 250	NV
	ANASTROZOLE							
	Restricted benefit							
	Treatment of hormone-dependent advanced breast cancer in post-menopausal women.							
	NOTE:							
	This drug is not PBS-subsidised for primary prevention of breast cancer.							
8179L	***Tablet 1 mg***	***30***	***2***	***..***	***217.05***	***23.70***	***Arimidex***	***AP***
	EXEMESTANE							
	Restricted benefit							
	Treatment of hormone-dependent advanced breast cancer in post-menopausal women with disease progression following treatment with tamoxifen citrate.							
	NOTE:							
	This drug is not PBS-subsidised for primary prevention of breast cancer.							
8506Q	***Tablet 25 mg***	***30***	***2***	***..***	***224.56***	***23.70***	***Aromasin***	***PH***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	LETROZOLE							
	Restricted benefit							
	Treatment of hormone-dependent advanced breast cancer in post-menopausal women.							
	NOTE:							
	This drug is not PBS-subsidised for primary prevention of breast cancer.							
8245Y	***Tablet 2.5 mg***	***30***	***2***	***..***	***217.05***	***23.70***	***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***	***..***	****491.86***	***23.70***	***Roferon-A***	***RO***
	Authority required							
	Myeloproliferative disease with excessive thrombocytosis.							
8551C	***Injection 4,500,000 i.u. in 0.5 mL single dose pre-filled syringe***	***5***	***4***	***..***	****256.91***	***23.70***	***Roferon-A***	***RO***
8552D	***Injection 6,000,000 i.u. in 0.5 mL single dose pre-filled syringe***	***5***	***4***	***..***	****334.96***	***23.70***	***Roferon-A***	***RO***
8553E	***Injection 9,000,000 i.u. in 0.5 mL single dose pre-filled syringe***	***5***	***4***	***..***	****491.86***	***23.70***	***Roferon-A***	***RO***
	Authority required							
	Low grade non-Hodgkin's lymphoma with clinical features suggestive of a poor prognosis, in combination with anthracycline-based chemotherapy.							
8181N	***Injection 3,000,000 i.u. in 0.5 mL single dose pre-filled syringe***	***15***	***5***	***..***	****491.86***	***23.70***	***Roferon-A***	***RO***
8182P	***Injection 4,500,000 i.u. in 0.5 mL single dose pre-filled syringe***	***5***	***5***	***..***	****256.91***	***23.70***	***Roferon-A***	***RO***
8183Q	***Injection 6,000,000 i.u. in 0.5 mL single dose pre-filled syringe***	***5***	***5***	***..***	****334.96***	***23.70***	***Roferon-A***	***RO***

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	INTERFERON ALFA-2a—cont.							
8184R	***Injection 9,000,000 i.u. in 0.5 mL single dose pre-filled syringe***	***5***	***5***	***..***	****491.86***	***23.70***	***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.							
8572E	***Solution for injection 18,000,000 i.u. in 1.2 mL multi-dose injection pen***	***3***	***4***	***..***	****589.30***	***23.70***	***Intron A Redipen***	***SH***
	Authority required							
	Maintenance treatment of multiple myeloma once remission has been achieved with chemotherapy;							
	Low grade non-Hodgkin's lymphoma with clinical features suggestive of a poor prognosis, in combination with anthracycline-based chemotherapy.							
8348J	***Solution for injection 18,000,000 i.u. in 1.2 mL multi-dose injection pen***	***3***	***5***	***..***	****589.30***	***23.70***	***Intron A Redipen***	***SH***
8476D	***Solution for injection 30,000,000 i.u. in 1.2 mL multi-dose injection pen***	***3***	***5***	***..***	****979.03***	***23.70***	***Intron A Redipen***	***SH***
	INTERFERON BETA-1a							
	Authority required							
	Initial treatment of clinically definite relapsing-remitting multiple sclerosis in ambulatory (without assistance or support) patients who have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to the multiple sclerosis, in the preceding 2 years. The diagnosis must be confirmed by magnetic resonance imaging of the brain and/or spinal cord and the date of the scan included in the authority application, unless the authority application is accompanied by written certification provided by a radiologist that an MRI scan is contraindicated because of the risk of physical (not psychological) injury to the patient. The authority will be limited to the maximum quantity and number of repeats indicated in the schedule;							
	Continuing treatment of clinically definite relapsing-remitting multiple sclerosis in patients previously issued with an authority prescription for this drug who do not show continuing progression of disability while on treatment with this drug and who have demonstrated compliance with, and an ability to tolerate, this therapy. Authorities will be limited to the maximum quantity and number of repeats indicated in the schedule.							
8289G	***Injection set comprising 1 vial powder for injection 30 micrograms (6,000,000 i.u.) and 1 ampoule solvent 2 mL***	***4***	***5***	***..***	***1090.89***	***23.70***	***Avonex***	***BD***

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	INTERFERON BETA-1a—cont.							
8403G	***Injection 44 micrograms (12,000,000 i.u.) in 0.5 mL single dose pre-filled syringe***	***12***	***5***	***..***	***1333.51***	***23.70***	***Rebif 44***	***SG***
	INTERFERON BETA-1b							
	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 an ability to tolerate, this therapy. Authorities will be limited to the maximum quantity and number of repeats indicated in the schedule.							
8101J	***Injection set comprising 1 vial powder for injection 8,000,000 i.u. (250 micrograms) and solvent***	***15***	***5***	***..***	***1178.40***	***23.70***	***Betaferon***	***SC***
	• *Other cytokines and immunomodulators*							
	BCG IMMUNOTHERAPEUTIC							
	(Bacillus Calmette-Guérin/ Connaught strain)							
	Restricted benefit							
	Treatment of carcinoma in situ of the urinary bladder.							
1140B	***Single dose set comprising 1 vial powder for intravesical administration containing 6.6 to 19.2 x 10^8 CFU and 1 vial diluent 3 mL***	***3***	***1***	***..***	****472.66***	***23.70***	***ImmuCyst***	***AV***
	BCG-TICE							
	(Bacillus Calmette-Guérin/ Tice strain)							
	Restricted benefit							
	Primary and relapsing superficial urothelial carcinoma of the bladder.							
1131M	***Vial containing powder for intravesical administration approximately 5 x 10^8 CFU***	***3***	***1***	***..***	***548.88***	***23.70***	***OncoTICE***	***OR***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	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 an ability to tolerate, this 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***	***..***	***1090.89***	***23.70***	***Copaxone***	***AV***
8726G	***Injection 20 mg in 1 mL single dose pre-filled syringe***	***28***	***5***	***..***	***1090.89***	***23.70***	***Copaxone***	***AV***

IMMUNOSUPPRESSIVE AGENTS

Immunosuppressive agents

- ***Selective immunosuppressive agents***

ADALIMUMAB

Authority required

Initial treatment, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, in combination with methotrexate, of adults with severe active rheumatoid arthritis who have a record of rheumatoid factor positive status;
AND
(a) who have signed a patient agreement form indicating that they understand and acknowledge that PBS-subsidised treatment will cease if the predetermined response criteria do not support continuation of PBS-subsidised treatment;
AND
(b) who have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly;
AND
(c) who have failed to achieve an adequate response to methotrexate, in combination with 2 other disease modifying anti-rheumatic drugs (DMARDs), for a minimum of 3 months;
AND
(d) who have subsequently failed to achieve an adequate response following a minimum of 3 months' treatment with:
(i) leflunomide alone; or
(ii) leflunomide in combination with methotrexate; or
(iii) cyclosporin.

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer
	ADALIMUMAB—cont.						
	If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, or intolerance of a severity necessitating permanent treatment withdrawal develops during the relevant period of use, the patient is exempted from demonstrating an inadequate response to the above treatment regimens. Details of the contraindication or intolerance, including the degree of toxicity, must be provided at the time of application.						
	The following criteria must be met in order to demonstrate failure to achieve an adequate response:						
	an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L;						
	AND either						
	(i) an active joint count of at least 20 active (swollen and tender) joints; or						
	(ii) at least 4 active joints from the following list:						
	— elbow, wrist, knee and/or ankle (assessed as swollen and tender);and/or						
	— shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).						
	If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.						
	The authority application must be in writing and must include sufficient information to determine the patient's eligibility according to the above criteria. The date of joint assessment must be provided.						
	Where fewer than 3 repeats are requested at the time of the initial authority application, authority approvals for sufficient repeats to complete a maximum of 4 months of treatment may be requested by telephone. Under no circumstances will telephone approvals be granted for initial or continuing authority applications, or for treatment that would otherwise extend the initial treatment period beyond 4 months.						
	The assessment of the patient's response to the initial course of treatment should be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. Applications for continuing treatment with adalimumab should be made prior to the completion of 16 weeks of treatment to ensure continuity for those patients who meet the criteria.						
8737W	***Injection 40 mg in 0.8 mL pre-filled syringe***	***2***	***3***	***..***	***1888.21***	***23.70***	***Humira AB***
	NOTE:						
	No applications for increased maximum quantities and/or repeats will be authorised.						

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer
	ADALIMUMAB—cont.						
	Authority required						
	Initial PBS-subsidised supply for continuing treatment, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, in combination with methotrexate, of adults with severe active rheumatoid arthritis who have a record of rheumatoid factor positive status, and who were receiving treatment with adalimumab prior to 1 December 2003;						
	AND						
	(a) who have signed a patient agreement form indicating that they understand and acknowledge that PBS-subsidised treatment will cease if the predetermined response criteria do not support continuation of PBS-subsidised treatment;						
	AND						
	(b) who have demonstrated a response as specified in the criteria for continuing PBS-subsidised treatment with adalimumab.						
	The authority application must be in writing and must include sufficient information to determine the patient's eligibility. The date of assessment of the patient must be provided.						
	Authority required						
	Continuing PBS-subsidised treatment, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, in combination with methotrexate, of adults with severe active rheumatoid arthritis who, at the time of application, demonstrate an adequate response to treatment with adalimumab as manifested by:						
	an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;						
	AND 1 or more of the following:						
	(i) an active joint count of fewer than 10 active (swollen and tender) joints; or						
	(ii) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or						
	(iii) a reduction in the number of the following active joints, from at least 4, by at least 50%:						
	— elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or						
	— shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).						
	All authority applications for continuing treatment with adalimumab must be in writing and must include sufficient information to determine the patient's response according to the above criteria. The date of assessment of the patient must be provided.						
	Patients who fail to demonstrate an adequate response, as specified in the criteria for continuing treatment with adalimumab, will not be eligible to recommence treatment with adalimumab within 12 months of the date on which treatment was ceased.						
	Where re-treatment with adalimumab after a break in PBS-subsidised treatment with the drug is being sought, the reason for and date of cessation of the previous treatment course with adalimumab must be included in the application.						
8741C	***Injection 40 mg in 0.8 mL pre-filled syringe***	***2***	***5***	***..***	***1888.21***	***23.70***	***Humira AB***
	NOTE:						
	No applications for increased maximum quantities and/or repeats will be authorised.						

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $		Proprietary Name and Manufacturer	
	CYCLOSPORIN								
	CAUTION:								
	Careful monitoring of patients is mandatory.								
	Authority required								
	Maintenance therapy, following initiation and stabilisation of treatment with cyclosporin and where therapy remains under the supervision and direction of the transplant unit reviewing that patient, of patients with organ or tissue transplants. The name of the specialised transplant unit reviewing treatment and the date of the latest review at the specialised transplant unit must be included in the authority application;								
	Maintenance therapy, following initiation and stabilisation of treatment with cyclosporin and where therapy remains under the supervision and direction of the specialised unit reviewing that patient, of patients with:								
	(a) severe atopic dermatitis. The name of the specialised unit reviewing treatment and the date of the latest review at the specialised unit must be included in the authority application;								
	(b) severe psoriasis. The name of the specialised unit reviewing treatment and the date of the latest review at the specialised unit must be included in the authority application;								
	(c) nephrotic syndrome. The name of the specialised unit reviewing treatment and the date of the latest review at the specialised unit must be included in the authority application;								
	(d) severe active rheumatoid arthritis. The name of the specialised unit reviewing treatment and the date of the latest review at the specialised unit must be included in the authority application.								
8657P	***Capsule 10 mg***	***120***	***3***	***..***	****95.58***	***23.70***		***Neoral 10***	***NV***
8658Q	***Capsule 25 mg***	***60***	***3***	***..***	****106.42***	***23.70***	[a]	***Cicloral***	***HX***
							[a]	***Cysporin***	***MX***
				[B]4.68	****111.10***	***23.70***	[a]	***Neoral 25***	***NV***
8659R	***Capsule 50 mg***	***60***	***3***	***..***	****215.12***	***23.70***	[a]	***Cicloral***	***HX***
							[a]	***Cysporin***	***MX***
				[B]4.26	****219.38***	***23.70***	[a]	***Neoral 50***	***NV***
8660T	***Capsule 100 mg***	***60***	***3***	***..***	****414.80***	***23.70***	[a]	***Cicloral***	***HX***
							[a]	***Cysporin***	***MX***
				[B]4.26	****419.06***	***23.70***	[a]	***Neoral 100***	***NV***
8661W	***Oral liquid 100 mg per mL, 50 mL***	***2***	***3***	***..***	****734.50***	***23.70***		***Neoral***	***NV***

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS —cont.

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

ETANERCEPT

Authority required

Initial treatment, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults with severe active rheumatoid arthritis who have a record of rheumatoid factor positive status;
AND
(a) who have signed a patient agreement form indicating that they understand and acknowledge that PBS-subsidised treatment will cease if the predetermined response criteria do not support continuation of PBS-subsidised treatment;
AND
(b) who have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly;
AND
(c) who have failed to achieve an adequate response to methotrexate, in combination with 2 other disease modifying anti-rheumatic drugs (DMARDs), for a minimum of 3 months;
AND
(d) who have subsequently failed to achieve an adequate response following a minimum of 3 months' treatment with:
(i) leflunomide alone; or
(ii) leflunomide in combination with methotrexate; or
(iii) cyclosporin.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, or intolerance of a severity necessitating permanent treatment withdrawal develops during the relevant period of use, the patient is exempted from demonstrating an inadequate response to the above treatment regimens. Details of the contraindication or intolerance, including the degree of toxicity, must be provided at the time of application.

The following criteria must be met in order to demonstrate failure to achieve an adequate response:
an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L;
AND either
(i) an active joint count of at least 20 active (swollen and tender) joints; or
(ii) at least 4 active joints from the following list:
— elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
— shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be in writing and must include sufficient information to determine the patient's eligibility according to the above criteria. The date of joint assessment must be provided.

Where fewer than 3 repeats are requested at the time of the initial authority application, authority approvals for sufficient repeats to complete a maximum of 4 months of treatment may be requested by telephone. Under no circumstances will telephone approvals be granted for initial or continuing authority applications, or for treatment that would otherwise extend the initial treatment period beyond 4 months.

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

ETANERCEPT—cont.

The assessment of the patient's response to the initial course of treatment should be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. Applications for continuing treatment with etanercept should be made prior to the completion of 16 weeks of treatment to ensure continuity for those patients who meet the criteria.

Authority required

Initial treatment, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of patients aged 18 years or older with a documented history of severe active polyarticular course juvenile chronic arthritis with onset prior to the age of 18 years;
AND
(a) who have signed a patient agreement form indicating that they understand and acknowledge that PBS-subsidised treatment will cease if the predetermined response criteria do not support continuation of PBS-subsidised treatment;
AND
(b) who have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly;
AND
(c) who have failed to achieve an adequate response to methotrexate, in combination with 2 other disease modifying anti-rheumatic drugs (DMARDs), for a minimum of 3 months;
AND
(d) who have subsequently failed to achieve an adequate response following a minimum of 3 months' treatment with:
(i) leflunomide alone; or
(ii) leflunomide in combination with methotrexate; or
(iii) cyclosporin.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, or intolerance of a severity necessitating permanent treatment withdrawal develops during the relevant period of use, the patient is exempted from demonstrating an inadequate response to the above treatment regimens. Details of the contraindication or intolerance, including the degree of toxicity, must be provided at the time of application.

The following criteria must be met in order to demonstrate failure to achieve an adequate response:
an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L;
AND either
(i) an active joint count of at least 20 active (swollen and tender) joints; or
(ii) at least 4 active joints from the following list:
— elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
— shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ETANERCEPT—cont.							
	If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.							
	The authority application must be in writing and must include sufficient information to determine the patient's eligibility according to the above criteria. The date of joint assessment must be provided.							
	Where fewer than 3 repeats are requested at the time of the initial authority application, authority approvals for sufficient repeats to complete a maximum of 4 months of treatment may be requested by telephone. Under no circumstances will telephone approvals be granted for initial or continuing authority applications, or for treatment that would otherwise extend the initial treatment period beyond 4 months.							
	The assessment of the patient's response to the initial course of treatment should be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. Applications for continuing treatment with etanercept should be made prior to the completion of 16 weeks of treatment to ensure continuity for those patients who meet the criteria.							
8637N	***Injection set containing 4 vials powder for injection 25 mg and 4 pre-filled syringes solvent 1 mL***	***2***	***3***	***..***	****1888.22***	***23.70***	***Enbrel***	***WY***
	NOTE: ***No applications for increased maximum quantities and/or repeats will be authorised.***							
	Authority required ***Initial PBS-subsidised supply for continuing treatment, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults with severe active rheumatoid arthritis who have a record of rheumatoid factor positive status, and who were receiving treatment with etanercept prior to 1 December 2002;*** ***AND*** ***(a) who have signed a patient agreement form indicating that they understand and acknowledge that PBS-subsidised treatment will cease if the predetermined response criteria do not support continuation of PBS-subsidised treatment;*** ***AND*** ***(b) who have demonstrated a response as specified in the criteria for continuing PBS-subsidised treatment with etanercept.***							
	The authority application must be in writing and must include sufficient information to determine the patient's eligibility. The date of assessment of the patient must be provided.							

continued ☞

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

ETANERCEPT—cont.

Authority required

Continuing PBS-subsidised treatment, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults with severe active rheumatoid arthritis who, at the time of application, demonstrate an adequate response to treatment with etanercept as manifested by:
an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;
AND 1 or more of the following:
(i) an active joint count of fewer than 10 active (swollen and tender) joints; or
(ii) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or
(iii) a reduction in the number of the following active joints, from at least 4, by at least 50%:
— elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
— shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All authority applications for continuing treatment with etanercept must be in writing and must include sufficient information to determine the patient's response according to the above criteria. The date of assessment of the patient must be provided.

Patients who fail to demonstrate an adequate response, as specified in the criteria for continuing treatment with etanercept, will not be eligible to recommence treatment with etanercept within 12 months of the date on which treatment was ceased.

Where re-treatment with etanercept after a break in PBS-subsidised treatment with the drug is being sought, the reason for and date of cessation of the previous treatment course with etanercept must be included in the application.

Authority required

Initial PBS-subsidised supply for continuing treatment, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of patients aged 18 years or older with a documented history of severe active polyarticular course juvenile chronic arthritis with onset prior to the age of 18 years, and who were receiving treatment with etanercept prior to 1 December 2002;
AND
(a) who have signed a patient agreement form indicating that they understand and acknowledge that PBS-subsidised treatment will cease if the predetermined response criteria do not support continuation of PBS-subsidised treatment;
AND
(b) who have demonstrated a response as specified in the criteria for continuing PBS-subsidised treatment with etanercept.

The authority application must be in writing and must include sufficient information to determine the patient's eligibility. The date of assessment of the patient must be provided.

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continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ETANERCEPT—cont.							
	Authority required							
	Continuing PBS-subsidised treatment, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of patients aged 18 years or older with a documented history of severe active polyarticular course juvenile chronic arthritis with onset prior to the age of 18 years, who, at the time of application, demonstrate an adequate response to treatment with etanercept as manifested by:							
	an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;							
	AND 1 or more of the following:							
	(i) an active joint count of fewer than 10 active (swollen and tender) joints; or							
	(ii) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or							
	(iii) a reduction in the number of the following active joints, from at least 4, by at least 50%:							
	— elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or							
	— shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).							
	All authority applications for continuing treatment with etanercept must be in writing and must include sufficient information to determine the patient's response according to the above criteria. The date of assessment of the patient must be provided.							
	Patients who fail to demonstrate an adequate response, as specified in the criteria for continuing treatment with etanercept, will not be eligible to recommence treatment with etanercept within 12 months of the date on which treatment was ceased.							
	Where re-treatment with etanercept after a break in PBS-subsidised treatment with the drug is being sought, the reason for and date of cessation of the previous treatment course with etanercept must be included in the application.							
8638P	***Injection set containing 4 vials powder for injection 25 mg and 4 pre-filled syringes solvent 1 mL***	***2***	***5***	***..***	****1888.22***	***23.70***	***Enbrel***	***WY***
	NOTE:							
	No applications for increased maximum quantities and/or repeats will be authorised.							
	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***	***..***	***..***	***287.85***	***23.70***	***Arava***	***AV***

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer
	LEFLUNOMIDE—cont.						
	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;						
	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***	***..***	***126.00***	***23.70***	[a] ***Arabloc HP***
				[B]***1.22***	***127.22***	***23.70***	[a] ***Arava AV***
8375T	***Tablet 20 mg***	***30***	***5***	***..***	***189.42***	***23.70***	[a] ***Arabloc HP***
				[B]***1.22***	***190.64***	***23.70***	[a] ***Arava AV***
	MYCOPHENOLATE MOFETIL						
	CAUTION:						
	Careful monitoring of patients is mandatory.						
	Authority required						
	Maintenance therapy, following initiation and stabilisation of treatment with mycophenolate mofetil and where therapy remains under the supervision and direction of the transplant unit reviewing that patient, of patients with:						
	(a) renal transplants. The name of the specialised transplant unit reviewing treatment and the date of the latest review at the specialised transplant unit must be included in the authority application;						
	(b) cardiac transplants. The name of the specialised transplant unit reviewing treatment and the date of the latest review at the specialised transplant unit must be included in the authority application.						
8649F	***Capsule 250 mg***	***300***	***3***	***..***	***646.80***	***23.70***	***CellCept RO***
8650G	***Tablet 500 mg***	***150***	***3***	***..***	***646.80***	***23.70***	***CellCept RO***
8651H	***Powder for oral suspension 1 g per 5 mL, 165 mL***	***‡1***	***3***	***..***	***#296.68***	***23.70***	***CellCept RO***
	MYCOPHENOLATE SODIUM						
	CAUTION:						
	Careful monitoring of patients is mandatory.						
	Authority required						
	Maintenance therapy, following initiation and stabilisation of treatment with mycophenolate sodium and where therapy remains under the supervision and direction of the transplant unit reviewing that patient, of patients with renal transplants. The name of the specialised transplant unit reviewing treatment and the date of the latest review at the specialised transplant unit must be included in the authority application.						
8652J	***Tablet (enteric coated) 180 mg (mycophenolic acid)***	***120***	***3***	***..***	***269.64***	***23.70***	***Myfortic NV***
8653K	***Tablet (enteric coated) 360 mg (mycophenolic acid)***	***120***	***3***	***..***	***518.38***	***23.70***	***Myfortic NV***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	SIROLIMUS							
	CAUTION:							
	Careful monitoring of patients is mandatory.							
	Authority required							
	Maintenance therapy, following initiation and stabilisation of treatment with sirolimus and where therapy remains under the supervision and direction of the transplant unit reviewing that patient, of patients with renal transplants. The name of the specialised transplant unit reviewing treatment and the date of the latest review at the specialised transplant unit must be included in the authority application.							
8724E	***Tablet 1 mg***	***100***	***3***	***..***	***778.88***	***23.70***	***Rapamune***	***WY***
8725F	***Oral solution 1 mg per mL, 60 mL***	***‡1***	***3***	***..***	***469.33***	***23.70***	***Rapamune***	***WY***
	TACROLIMUS							
	CAUTION:							
	Careful monitoring of patients is mandatory.							
	Authority required							
	Maintenance therapy, following initiation and stabilisation of treatment with tacrolimus and where therapy remains under the supervision and direction of the transplant unit reviewing that patient, of patients with:							
	(a) liver transplants. The name of the specialised transplant unit reviewing treatment and the date of the latest review at the specialised transplant unit must be included in the authority application;							
	(b) renal transplants. The name of the specialised transplant unit reviewing treatment and the date of the latest review at the specialised transplant unit must be included in the authority application.							
8646C	***Capsule 500 micrograms***	***100***	***3***	***..***	***230.81***	***23.70***	***Prograf***	***JC***
8647D	***Capsule 1 mg***	***100***	***3***	***..***	***438.96***	***23.70***	***Prograf***	***JC***
8648E	***Capsule 5 mg***	***50***	***3***	***..***	***1087.05***	***23.70***	***Prograf***	***JC***
	• ***Other immunosuppressive agents***							
	AZATHIOPRINE							
2688L	Tablet 25 mg	100	2	..	45.20	23.70	[a] Azahexal	HX
				[B]1.57	46.77	23.70	[a] Imuran	GK
2687K	Tablet 50 mg	100	2	..	73.66	23.70	[a] Azahexal	HX
							[a] Azamun	DP
							[a] Azapin	AW
							[a] GenRx Azathioprine	GX
							[a] Thioprine	AF
				[B]1.50	75.16	23.70	[a] Imuran	GK
	METHOTREXATE							
1622J	Tablet 2.5 mg	30	5	..	11.84	12.77	[a] Methoblastin	PH
							[a] MX	
				[B]0.08	11.92	12.77	[a] Ledertrexate	WY
1623K	Tablet 10 mg	50	2	..	47.01	23.70	Methoblastin	PH

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS							
	Antiinflammatory and antirheumatic products, non-steroids							
	• ***Acetic acid derivatives and related substances***							
	DICLOFENAC POTASSIUM							
1332D	Tablets 50 mg, 20	‡1	..	..	7.56	8.49	Voltaren Rapid 50	NV
	DICLOFENAC SODIUM							
1302M	Suppository 100 mg	40	3	..	*22.94	23.70	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***	***..***	****13.42***	***14.35***	[a] ***Chem mart Diclofenac***	***CH***
							[a] ***Clonac 25***	***AW***
							[a] ***Diclofenac-BC***	***BG***
							[a] ***Diclohexal***	***HX***
							[a] ***Dinac***	***DP***
							[a] ***GenRx Diclofenac***	***GX***
							[a] ***healthsense Diclofenac***	***HS***
							[a] ***Terry White Chemists Diclofenac***	***TW***
				..	***13.42***	***14.35***	[a] ***Fenac 25***	***AF***
				[B]3.04	****16.46***	***14.35***	[a] ***Voltaren 25***	***NV***
1300K	***Tablet 50 mg (enteric coated)***	***50***	***3***	***..***	***10.75***	***11.68***	[a] ***Chem mart Diclofenac***	***CH***
							[a] ***Clonac 50***	***AW***
							[a] ***Diclohexal***	***HX***
							[a] ***Dinac***	***DP***
							[a] ***Fenac***	***AF***
							[a] ***GenRx Diclofenac***	***GX***
							[a] ***healthsense Diclofenac***	***HS***
							[a] ***Terry White Chemists Diclofenac***	***TW***
				[B]2.94	***13.69***	***11.68***	[a] ***Voltaren 50***	***NV***
	INDOMETHACIN							
2757D	Suppository 100 mg	40	3	..	*19.56	20.49	Indocid	MK
	INDOMETHACIN							
	Restricted benefit							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.							

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $		Proprietary Name and Manufacturer	
	INDOMETHACIN—cont.								
2454E	***Capsule 25 mg***	***100***	***3***	***..***	****7.88***	***8.81***	[a]	***Arthrexin***	***AF***
				[B]3.06	****10.94***	***8.81***	[a]	***Indocid***	***MK***
	SULINDAC								
	Restricted benefit								
	Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.								
2047R	***Tablet 100 mg***	***100***	***3***	***..***	****14.48***	***15.41***		***Aclin***	***AF***
2048T	***Tablet 200 mg***	***50***	***3***	***..***	***13.42***	***14.35***	[a]	***Aclin 200***	***AF***
				[B]2.80	***16.22***	***14.35***	[a]	***Clinoril 200***	***FR***
	• ***Oxicams***								
	MELOXICAM								
	NOTE:								
	The use of meloxicam for the treatment of the following conditions is not subsidised through the PBS:								
	(a) acute pain;								
	(b) soft tissue injury;								
	(c) arthrosis without an inflammatory component.								
	Restricted benefit								
	Symptomatic treatment of osteoarthritis.								
8561N	***Tablet 7.5 mg***	***30***	***3***	***..***	***24.76***	***23.70***		***Mobic***	***BY***
8562P	***Tablet 15 mg***	***30***	***3***	***..***	***33.96***	***23.70***		***Mobic***	***BY***
	PIROXICAM								
	Restricted benefit								
	Chronic arthropathies (including osteoarthritis) with an inflammatory component.								
1895R	***Dispersible tablet 10 mg***	***50***	***3***	***..***	***12.68***	***13.61***	[a]	***GenRx Piroxicam Dispersible***	***GX***
							[a]	***Mobilis D-10***	***AF***
							[a]	***Pirohexal-D***	***HX***
				[B]2.75	***15.43***	***13.61***	[a]	***Feldene-D***	***PF***
1896T	***Dispersible tablet 20 mg***	***25***	***3***	***..***	***12.27***	***13.20***	[a]	***Chem mart Piroxicam Dispersible***	***CH***
							[a]	***GenRx Piroxicam Dispersible***	***GX***
							[a]	***healthsense Piroxicam Dispersible***	***HS***
							[a]	***Mobilis D-20***	***AF***
							[a]	***Pirohexal-D***	***HX***
							[a]	***Terry White Chemists Piroxicam Dispersible***	***TW***
				[B]2.73	***15.00***	***13.20***	[a]	***Feldene-D***	***PF***

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	PIROXICAM—cont.							
1897W	***Capsule 10 mg***	***50***	***3***	***..***	***12.68***	***13.61***	[a] ***Chem mart Piroxicam***	***CH***
							[a] ***GenRx Piroxicam***	***GX***
							[a] ***healthsense Piroxicam***	***HS***
							[a] ***Mobilis 10***	***AF***
							[a] ***Terry White Chemists Piroxicam***	***TW***
				[B]2.75	***15.43***	***13.61***	[a] ***Feldene***	***PF***
1898X	***Capsule 20 mg***	***25***	***3***	***..***	***12.27***	***13.20***	[a] ***Chem mart Piroxicam***	***CH***
							[a] ***GenRx Piroxicam***	***GX***
							[a] ***healthsense Piroxicam***	***HS***
							[a] ***Mobilis 20***	***AF***
							[a] ***Terry White Chemists Piroxicam***	***TW***
				[B]2.73	***15.00***	***13.20***	[a] ***Feldene***	***PF***
	• ***Propionic acid derivatives***							
	IBUPROFEN							
3192B	Tablets 400 mg, 20	‡1	..	..	7.56	8.49	Brufen	AB
	IBUPROFEN							
	Restricted benefit							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.							
3198H	***Tablet 200 mg***	***100***	***3***	***..***	****9.02***	***9.95***	***Rafen 200***	***AF***
3190X	***Tablet 400 mg***	***100***	***3***	***..***	****12.40***	***13.33***	***Brufen***	***AB***
	KETOPROFEN							
1588N	Suppository 100 mg	40	3	..	*21.30	22.23	Orudis	AV
	KETOPROFEN							
	Restricted benefit							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component.							
1590Q	***Capsule 200 mg (sustained release)***	***28***	***3***	***..***	***15.25***	***16.18***	[a] ***Oruvail SR***	***HP***
				[B]1.80	***17.05***	***16.18***	[a] ***Orudis SR 200***	***AV***
	NAPROXEN							
	Restricted benefit							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.							
1674D	***Tablet 250 mg***	***100***	***3***	***..***	****14.28***	***15.21***	[a] ***Inza 250***	***AF***
				[B]3.10	****17.38***	***15.21***	[a] ***Naprosyn***	***RO***

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $		Proprietary Name and Manufacturer	
	NAPROXEN—cont.								
1659H	***Tablet 500 mg***	***50***	***3***	***..***	***13.21***	***14.14***	[a]	***Inza 500***	***AF***
				[B]***1.80***	***15.01***	***14.14***	[a]	***Naprosyn***	***RO***
1614Y	***Tablet 750 mg (sustained release)***	***28***	***3***	***..***	***12.51***	***13.44***	[a]	***Proxen SR 750***	***MD***
				[B]***1.68***	***14.19***	***13.44***	[a]	***Naprosyn SR750***	***RO***
1615B	***Tablet 1 g (sustained release)***	***28***	***3***	***..***	***15.13***	***16.06***	[a]	***Proxen SR 1000***	***MD***
				[B]***1.77***	***16.90***	***16.06***	[a]	***Naprosyn SR1000***	***RO***
	NAPROXEN SODIUM								
	Restricted benefit								
	Chronic arthropathies (including osteoarthritis) with an inflammatory component;								
	Bone pain due to malignant disease.								
1795L	***Tablet 550 mg***	***50***	***3***	***..***	***13.47***	***14.40***	[a]	***Crysanal***	***MD***
				[B]***3.00***	***16.47***	***14.40***	[a]	***Anaprox 550***	***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								
	Chronic arthropathies (including osteoarthritis) with an inflammatory component.								
2103Q	***Tablet 300 mg***	***60***	***3***	***..***	***15.68***	***16.61***		***Surgam***	***AV***
	• ***Fenamates***								
	MEFENAMIC ACID								
	Restricted benefit								
	Dysmenorrhoea;								
	Menorrhagia.								
1824B	***Capsule 250 mg***	***50***	***2***	***..***	***16.27***	***17.20***	[a]	***Mefic***	***WW***
							[a]	***Ponstan***	***PD***
	• ***Coxibs***								
	CELECOXIB								
	NOTE:								
	The use of celecoxib for the treatment of the following conditions is not subsidised through the PBS:								
	(a) acute pain;								
	(b) soft tissue injury;								
	(c) arthrosis without an inflammatory component.								
	Restricted benefit								
	Symptomatic treatment of osteoarthritis;								
	Symptomatic treatment of rheumatoid arthritis.								
8439E	***Capsule 100 mg***	***60***	***3***	***..***	***32.13***	***23.70***		***Celebrex***	***PH***
8440F	***Capsule 200 mg***	***30***	***3***	***..***	***32.13***	***23.70***		***Celebrex***	***PH***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ROFECOXIB							
	NOTE:							
	The use of rofecoxib for the treatment of the following conditions is not subsidised through the PBS:							
	(a) acute pain;							
	(b) soft tissue injury;							
	(c) arthrosis without an inflammatory component.							
	Restricted benefit							
	Symptomatic treatment of osteoarthritis.							
8471W	***Tablet 12.5 mg***	***30***	***3***	***..***	***29.52***	***23.70***	***Vioxx***	***MK***
8472X	***Tablet 25 mg***	***30***	***3***	***..***	***42.83***	***23.70***	***Vioxx***	***MK***
8473Y	***Oral suspension 12.5 mg per 5 mL, 150 mL***	***‡1***	***3***	***..***	***29.52***	***23.70***	***Vioxx***	***MK***
8474B	***Oral suspension 25 mg per 5 mL, 150 mL***	***‡1***	***3***	***..***	***42.83***	***23.70***	***Vioxx***	***MK***
	• ***Other antiinflammatory and antirheumatic agents, non-steroids***							
	DIFLUNISAL							
	Restricted benefit							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.							
1319K	***Tablet 250 mg***	***100***	***3***	***..***	****15.20***	***16.13***	***Dolobid***	***MK***
1320L	***Tablet 500 mg***	***50***	***3***	***..***	***14.89***	***15.82***	***Dolobid***	***MK***
	Specific antirheumatic agents							
	• ***Quinolines***							
	HYDROXYCHLOROQUINE SULFATE							
1512N	Tablet 200 mg	100	1	..	35.46	23.70	Plaquenil	SW
	• ***Gold preparations***							
	AURANOFIN							
	CAUTION:							
	Regular blood and urine checks are essential.							
1095P	Tablet 3 mg	60	5	..	63.71	23.70	Ridaura	LM
	SODIUM AUROTHIOMALATE							
	CAUTION:							
	Regular blood and urine checks are essential.							
2016D	Injection 10 mg	10	..	..	52.84	23.70	Myocrisin	AV
2017E	Injection 20 mg	10	1	..	81.17	23.70	Myocrisin	AV
2018F	Injection 50 mg	10	1	..	126.98	23.70	Myocrisin	AV
	• ***Penicillamine and similar agents***							
	PENICILLAMINE							
	CAUTION:							
	Regular blood and urine checks are essential.							
2721F	Tablet 125 mg	100	1	..	29.58	23.70	D-Penamine	AL
2838J	Tablet 250 mg	100	1	..	41.71	23.70	D-Penamine	AL

Code	Name, Restriction, Manner of 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 specific antirheumatic agents***							
	LEFLUNOMIDE							
	For listings see Generic/Proprietary Index							
	MUSCLE RELAXANTS							
	Muscle relaxants, centrally acting agents							
	• ***Other centrally acting agents***							
	BACLOFEN							
2729P	Tablet 10 mg	100	5	..	38.46	23.70	[a] Baclo	DP
							[a] Baclohexal	HX
							[a] Chem mart Baclofen	CH
							[a] Clofen 10	AF
							[a] GenRx Baclofen	GX
							[a] Stelax 10	AW
							[a] Terry White Chemists Baclofen	TW
				[B]3.00	41.46	23.70	[a] Lioresal 10	NV
2730Q	Tablet 25 mg	100	5	..	78.60	23.70	[a] Baclo	DP
							[a] Baclohexal	HX
							[a] Chem mart Baclofen	CH
							[a] Clofen 25	AF
							[a] GenRx Baclofen	GX
							[a] Stelax 25	AW
							[a] Terry White Chemists Baclofen	TW
				[B]3.01	81.61	23.70	[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***	***..***	***28.97***	***23.70***	***Dantrium***	***PU***
1780Q	***Capsule 50 mg***	***100***	***2***	***..***	***46.79***	***23.70***	***Dantrium***	***PU***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	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	..	*13.58	14.51	[a] Allohexal	HX
							[a] Progout 100	AF
				..	13.58	14.51	[a] Allopurinol-BC	BG
							[a] Allosig	FM
							[a] Chem mart Allopurinol	CH
							[a] GenRx Allopurinol	GX
							[a] Terry White Chemists Allopurinol	TW
				[B]2.43	16.01	14.51	[a] Zyloprim	SI
2604C	Tablet 300 mg	60	2	..	*9.94	10.87	[a] Progout 300	AF
				..	9.94	10.87	[a] Allohexal	HX
							[a] Allopurinol-BC	BG
							[a] Allorin 300 mg	DP
							[a] Allosig	FM
							[a] Chem mart Allopurinol	CH
							[a] GenRx Allopurinol	GX
							[a] healthsense Allopurinol	HS
							[a] Terry White Chemists Allopurinol	TW
				[B]2.28	12.22	10.87	[a] Zyloprim	SI
2603B	Capsule 300 mg	60	2	..	*10.68	11.61	Capurate-300	FM
	• ***Preparations increasing uric acid excretion***							
	PROBENECID							
1940D	Tablet 500 mg	100	5	..	70.59	23.70	Pro-Cid	PL
	• ***Preparations with no effect on uric acid metabolism***							
	COLCHICINE							
1227N	Tablet 500 micrograms	100	2	..	8.60	9.53	Colgout	AS

Code	Name, Restriction, Manner of 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 BONE DISEASES							
	Drugs affecting bone structure and 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 year of plain x-ray or CT-scan or MRI scan 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***	***..***	***59.57***	***23.70***	***Fosamax 10 mg***	***MK***
8511Y	***Tablet equivalent to 70 mg alendronic acid***	***4***	***5***	***..***	***55.91***	***23.70***	***Fosamax Once Weekly***	***MK***
	Authority required							
	Symptomatic Paget's disease of bone.							
8090T	***Tablet equivalent to 40 mg alendronic acid***	***30***	***5***	***..***	***163.92***	***23.70***	***Fosamax 40 mg***	***MK***
	DISODIUM ETIDRONATE							
	Authority required							
	Symptomatic Paget's disease of bone when calcitonin has been found to be unsatisfactory due to: (a) lack of efficacy; or (b) unacceptable side effects; Heterotopic ossification.							
2920Q	***Tablet 200 mg***	***60***	***5***	***..***	***117.05***	***23.70***	***Didronel***	***PU***
	DISODIUM PAMIDRONATE							
	Authority required							
	Symptomatic Paget's disease of bone.							
8461H	***Concentrated injection 15 mg in 5 mL***	***4***	***..***	***..***	****275.50***	***23.70***	***Pamisol***	***MX***
8208B	***Injection set containing 4 vials powder for I.V. infusion 15 mg and 4 ampoules solvent 5 mL***	***1***	***..***	***..***	***275.52***	***23.70***	***Aredia 15 mg***	***NV***
8462J	***Concentrated injection 30 mg in 10 mL***	***2***	***..***	***..***	****275.52***	***23.70***	***Pamisol***	***MX***
8209C	***Injection set containing 2 vials powder for I.V. infusion 30 mg and 2 ampoules solvent 10 mL***	***1***	***..***	***..***	***275.52***	***23.70***	***Aredia 30 mg***	***NV***
8463K	***Concentrated injection 60 mg in 10 mL***	***1***	***..***	***..***	***275.52***	***23.70***	***Pamisol***	***MX***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	RISEDRONATE 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 year of plain x-ray or CT-scan or MRI scan 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.							
8481J	***Tablet 5 mg***	***28***	***5***	***..***	***55.91***	***23.70***	***Actonel***	***AV***
8621R	***Tablet 35 mg***	***4***	***5***	***..***	***55.91***	***23.70***	***Actonel Once-a-Week***	***AV***
	Authority required							
	Symptomatic Paget's disease of bone.							
8482K	***Tablet 30 mg***	***28***	***1***	***..***	***312.22***	***23.70***	***Actonel***	***AV***
	SODIUM CLODRONATE TETRAHYDRATE							
	Restricted benefit							
	Maintenance treatment of hypercalcaemia of malignancy refractory to anti-neoplastic therapy;							
	Multiple myeloma;							
	Bone metastases from breast cancer.							
8132B	***Capsule equivalent to 400 mg sodium clodronate***	***100***	***2***	***..***	***342.66***	***23.70***	***Bonefos***	***AV***
8265B	***Tablet equivalent to 800 mg sodium clodronate***	***60***	***2***	***..***	***393.66***	***23.70***	***Bonefos 800 mg***	***AV***
	TILUDRONATE DISODIUM							
	Authority required							
	Symptomatic Paget's disease of bone.							
8267D	***Tablet equivalent to 200 mg tiludronic acid***	***56***	***2***	***..***	***215.70***	***23.70***	***Skelid***	***MX***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• *Bisphosphonates and calcium, sequential preparations*							
	DISODIUM ETIDRONATE and CALCIUM CARBONATE							
	Authority required							
	Initial treatment for established osteoporosis in patients with fracture due to minimal trauma. The fracture must have been demonstrated radiologically and the year of plain x-ray or CT-scan or MRI scan 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.							
8056B	***Pack containing 28 tablets disodium etidronate 200 mg and 76 tablets calcium carbonate 1.25 g (equivalent to 500 mg calcium)***	***‡1***	***1***	***..***	***80.56***	***23.70***	***Didrocal***	***PU***
	NOTE:							
	No applications for increased maximum quantities and/or repeats will be authorised.							
	• *Other drugs affecting bone structure and mineralization*							
	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 year of plain x-ray or CT-scan or MRI scan 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***	***3***	***..***	***60.65***	***23.70***	[a] ***Citrihexal***	***HX***
							[a] ***Kosteo***	***AW***
							[a] ***Rocaltrol***	***RO***
							[a] ***Sitriol***	***AF***
	CALCIUM							
	Restricted benefit							
	Hyperphosphataemia in chronic renal failure;							
	Hypocalcaemia;							
	Osteoporosis;							
	Proven calcium malabsorption.							
8560M	***Tablet 250 mg (as citrate)***	***120***	***1***	***..***	***12.46***	***13.39***	***Citracal***	***KY***
3116B	***Tablet (chewable) 500 mg (as carbonate)***	***120***	***1***	***..***	****13.40***	***14.33***	***Cal-Sup***	***MM***
3117C	***Tablet 600 mg (as carbonate)***	***120***	***1***	***..***	***12.46***	***13.39***	***Caltrate***	***WT***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	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 year of plain x-ray or CT-scan or MRI scan 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***	***..***	***60.60***	***23.70***	***Evista***	***LY***
	OTHER DRUGS FOR DISORDERS OF THE MUSCULO-SKELETAL SYSTEM							
	Other drugs for disorders of the musculo-skeletal system							
	• ***Quinine and derivatives***							
	QUININE BISULFATE							
	CAUTION:							
	Severe thrombocytopenia has been reported with this drug.							
1972T	Tablet 300 mg	50	2	..	9.83	10.76	Quinbisul	AF
	QUININE SULFATE							
	CAUTION:							
	Severe thrombocytopenia has been reported with this drug.							
1975Y	Tablet 300 mg	50	2	..	9.83	10.76	[a] Quinsul	AF
				[B]0.11	9.94	10.76	Quinoctal	FM
				[B]1.06	10.89	10.76	[a] Quinate	AS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ANALGESICS							
	Opioids							
	• ***Natural opium alkaloids***							
	CODEINE PHOSPHATE							
1214X	Tablet 30 mg	20	..	..	10.44	11.37	FM	
	CODEINE PHOSPHATE with PARACETAMOL							
1215Y	Tablet 30 mg-500 mg	20	..	..	7.16	8.09	[a] Codalgin Forte	FM
							[a] Dolaforte	CO
							[a] Dymadon Forte	GK
							[a] Prodeine Forte	DK
				[B]1.24	8.40	8.09	[a] Panadeine Forte	SW
	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	..	..	11.56	12.49	Dilaudid	AB
8421F	Injection 10 mg in 1 mL	5	..	..	17.04	17.97	Dilaudid-HP	AB
8422G	Injection 50 mg in 5 mL	5	..	..	45.77	23.70	Dilaudid-HP	AB
8423H	Injection 500 mg in 50 mL	1	..	..	79.93	23.70	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***	***..***	***..***	***12.31***	***13.24***	***Dilaudid***	***AB***
8542N	***Tablet 4 mg***	***20***	***..***	***..***	***15.98***	***16.91***	***Dilaudid***	***AB***
8543P	***Tablet 8 mg***	***20***	***..***	***..***	***22.46***	***23.39***	***Dilaudid***	***AB***
8424J	***Oral liquid 1 mg per mL, 473 mL***	***1***	***..***	***..***	***24.28***	***23.70***	***Dilaudid***	***AB***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	MORPHINE HYDROCHLORIDE							
	CAUTION:							
	The risk of drug dependence is high.							
	Restricted benefit							
	Severe disabling pain not responding to non-narcotic analgesics.							
	NOTE:							
	Authorities for increased maximum quantities and/or repeats will be granted only for							
	(i) severe disabling pain associated with proven malignant neoplasia; or							
	(ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).							
2122Q	***Oral solution 2 mg per mL, 200 mL***	***1***	***..***	***..***	***15.52***	***16.45***	***Ordine 2***	***MF***
2123R	***Oral solution 5 mg per mL, 200 mL***	***1***	***..***	***..***	***18.71***	***19.64***	***Ordine 5***	***MF***
2124T	***Oral solution 10 mg per mL, 200 mL***	***1***	***..***	***..***	***21.65***	***22.58***	***Ordine 10***	***MF***
	MORPHINE SULFATE							
	CAUTION:							
	The risk of drug dependence is high.							
1644M	Injection 10 mg in 1 mL	5	..	..	11.52	12.45	MX SI	
1645N	Injection 15 mg in 1 mL	5	..	..	11.85	12.78	MX SI	
1647Q	Injection 30 mg in 1 mL	5	..	..	13.14	14.07	MX	
	MORPHINE SULFATE							
	CAUTION:							
	The risk of drug dependence is high.							
	Restricted benefit							
	Severe disabling pain due to cancer not responding to non-narcotic analgesics.							
8669G	***Tablet 10 mg***	***20***	***..***	***..***	***11.40***	***12.33***	***Sevredol***	***MF***
8670H	***Tablet 20 mg***	***20***	***..***	***..***	***12.62***	***13.55***	***Sevredol***	***MF***
	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***	***..***	***..***	***13.03***	***13.96***	***Anamorph***	***FM***

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	MORPHINE SULFATE—cont.							
	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***	***..***	***..***	***12.23***	***13.16***	***MS Contin***	***MF***
1653B	***Tablet 10 mg (controlled release)***	***20***	***..***	***..***	***15.54***	***16.47***	***MS Contin***	***MF***
8489T	***Tablet 15 mg (controlled release)***	***20***	***..***	***..***	***18.30***	***19.23***	***MS Contin***	***MF***
1654C	***Tablet 30 mg (controlled release)***	***20***	***..***	***..***	***27.29***	***23.70***	***MS Contin***	***MF***
1655D	***Tablet 60 mg (controlled release)***	***20***	***..***	***..***	***41.73***	***23.70***	***MS Contin***	***MF***
1656E	***Tablet 100 mg (controlled release)***	***20***	***..***	***..***	***61.15***	***23.70***	***MS Contin***	***MF***
8349K	***Capsule 10 mg (containing sustained release pellets)***	***20***	***..***	***..***	***15.54***	***16.47***	***Kapanol***	***GK***
2839K	***Capsule 20 mg (containing sustained release pellets)***	***20***	***..***	***..***	***20.61***	***21.54***	***Kapanol***	***GK***
8491X	***Capsule 30 mg (controlled release)***	***10***	***..***	***..***	***18.30***	***19.23***	***MS Mono***	***MF***
2840L	***Capsule 50 mg (containing sustained release pellets)***	***20***	***..***	***..***	***35.98***	***23.70***	***Kapanol***	***GK***
8492Y	***Capsule 60 mg (controlled release)***	***10***	***..***	***..***	***27.29***	***23.70***	***MS Mono***	***MF***
8493B	***Capsule 90 mg (controlled release)***	***10***	***..***	***..***	***34.41***	***23.70***	***MS Mono***	***MF***
2841M	***Capsule 100 mg (containing sustained release pellets)***	***20***	***..***	***..***	***61.15***	***23.70***	***Kapanol***	***GK***
8494C	***Capsule 120 mg (controlled release)***	***10***	***..***	***..***	***41.62***	***23.70***	***MS Mono***	***MF***
8490W	***Sachet containing controlled release granules for oral suspension, 20 mg per sachet***	***20***	***..***	***..***	***20.61***	***21.54***	***MS Contin Suspension 20 mg***	***MF***
8146R	***Sachet containing controlled release granules for oral suspension, 30 mg per sachet***	***20***	***..***	***..***	***27.29***	***23.70***	***MS Contin Suspension 30 mg***	***MF***
8305D	***Sachet containing controlled release granules for oral suspension, 60 mg per sachet***	***20***	***..***	***..***	***41.73***	***23.70***	***MS Contin Suspension 60 mg***	***MF***

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	MORPHINE SULFATE—cont.							
8306E	***Sachet containing controlled release granules for oral suspension, 100 mg per sachet***	***20***	***..***	***..***	***61.15***	***23.70***	***MS Contin Suspension 100 mg***	***MF***
	Authority required							
	Chronic severe disabling pain due to cancer.							
8453X	***Tablet 200 mg (controlled release)***	***20***	***..***	***..***	***106.27***	***23.70***	***MS Contin***	***MF***
8454Y	***Sachet containing controlled release granules for oral suspension, 200 mg per sachet***	***20***	***..***	***..***	***106.27***	***23.70***	***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	..	..	20.71	21.64	MX	
	OXYCODONE							
	CAUTION:							
	The risk of drug dependence is high.							
	Restricted benefit							
	Severe disabling pain not responding to non-narcotic analgesics.							
	NOTE:							
	Authorities for increased maximum quantities and/or repeats will be granted only for							
	(i) severe disabling pain associated with proven malignant neoplasia; or							
	(ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).							
2481N	***Suppository 30 mg***	***12***	***..***	***..***	***18.38***	***19.31***	***Proladone***	***PL***
	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***	***..***	***..***	***10.42***	***11.35***	***Endone***	***BT***
8464L	***Capsule 5 mg***	***20***	***..***	***..***	***10.42***	***11.35***	***OxyNorm***	***MF***
8501K	***Capsule 10 mg***	***20***	***..***	***..***	***12.72***	***13.65***	***OxyNorm***	***MF***
8502L	***Capsule 20 mg***	***20***	***..***	***..***	***16.76***	***17.69***	***OxyNorm***	***MF***
8644Y	***Oral solution 5 mg per 5 mL, 250 mL***	***1***	***..***	***..***	***15.00***	***15.93***	***OxyNorm Liquid 5mg/5mL***	***MF***

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	OXYCODONE HYDROCHLORIDE—cont.							
	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).							
8681X	***Tablet 5 mg (controlled release)***	***20***	***..***	***..***	***15.64***	***16.57***	***OxyContin***	***MF***
8385H	***Tablet 10 mg (controlled release)***	***20***	***..***	***..***	***19.68***	***20.61***	***OxyContin***	***MF***
8386J	***Tablet 20 mg (controlled release)***	***20***	***..***	***..***	***27.29***	***23.70***	***OxyContin***	***MF***
8387K	***Tablet 40 mg (controlled release)***	***20***	***..***	***..***	***41.73***	***23.70***	***OxyContin***	***MF***
8388L	***Tablet 80 mg (controlled release)***	***20***	***..***	***..***	***71.93***	***23.70***	***OxyContin***	***MF***
	• *Phenylpiperidine derivatives*							
	FENTANYL							
	CAUTION:							
	The risk of drug dependence is high.							
	Restricted benefit							
	Chronic severe disabling pain which is associated with proven malignant neoplasia and which is unresponsive to non-narcotic analgesics.							
8337T	***Transdermal patch 2.5 mg (releasing approximately 25 micrograms per hour)***	***5***	***..***	***..***	***59.94***	***23.70***	***Durogesic 25***	***JC***
8338W	***Transdermal patch 5 mg (releasing approximately 50 micrograms per hour)***	***5***	***..***	***..***	***103.51***	***23.70***	***Durogesic 50***	***JC***
8339X	***Transdermal patch 7.5 mg (releasing approximately 75 micrograms per hour)***	***5***	***..***	***..***	***140.69***	***23.70***	***Durogesic 75***	***JC***
8340Y	***Transdermal patch 10 mg (releasing approximately 100 micrograms per hour)***	***5***	***..***	***..***	***171.35***	***23.70***	***Durogesic 100***	***JC***
	PETHIDINE HYDROCHLORIDE							
	CAUTION:							
	The risk of drug dependence is high.							
	Restricted benefit							
	Short-term treatment of acute pain.							
	NOTE:							
	No applications for increased maximum quantities and/or repeats will be authorised.							
1828F	***Injection 50 mg in 1 mL***	***5***	***..***	***..***	***10.79***	***11.72***	***MX SI***	
1829G	***Injection 100 mg in 2 mL***	***5***	***..***	***..***	***11.22***	***12.15***	***MX SI***	

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• *Diphenylpropylamine derivatives*							
	METHADONE HYDROCHLORIDE							
	CAUTION:							
	The risk of drug dependence is high.							
	Restricted benefit							
	Severe disabling pain not responding to non-narcotic analgesics.							
	NOTE:							
	Authorities for increased maximum quantities and/or repeats will be granted only for							
	(i) severe disabling pain associated with proven malignant neoplasia; or							
	(ii) chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).							
1609Q	***Tablet 10 mg***	***20***	***..***	***..***	***11.11***	***12.04***	***Physeptone***	***GK***
1606M	***Injection 10 mg in 1 mL***	***5***	***..***	***..***	***12.94***	***13.87***	***Physeptone***	***GK***
	• *Other opioids*							
	TRAMADOL HYDROCHLORIDE							
	Restricted benefit							
	For acute pain where aspirin and/or paracetamol alone are inappropriate or have failed.							
	NOTE:							
	No applications for increased maximum quantities and/or repeats will be authorised.							
8455B	***Capsule 50 mg***	***20***	***..***	***..***	***8.32***	***9.25***	[a] ***Zydol***	***AW***
				[B]0.60	***8.92***	***9.25***	[a] ***Tramal***	***CS***
	Restricted benefit							
	For dosage titration in chronic pain where aspirin and/or paracetamol alone are inappropriate or have failed.							
	NOTE:							
	No applications for increased maximum quantities and/or repeats will be authorised.							
8611F	***Capsule 50 mg***	***20***	***2***	***..***	***8.32***	***9.25***	[a] ***Zydol***	***AW***
				[B]0.60	***8.92***	***9.25***	[a] ***Tramal***	***CS***
	Restricted benefit							
	For pain where aspirin and/or paracetamol alone are inappropriate or have failed.							
	NOTE:							
	Authorities for increased maximum quantities and/or repeats will be granted only for severe disabling pain not responding to non-narcotic analgesics.							
8523N	***Tablet 100 mg (sustained release)***	***20***	***..***	***..***	***15.08***	***16.01***	[a] ***Zydol SR 100***	***AW***
				[B]0.79	***15.87***	***16.01***	[a] ***Tramal SR 100***	***CS***
8524P	***Tablet 150 mg (sustained release)***	***20***	***..***	***..***	***18.98***	***19.91***	[a] ***Zydol SR 150***	***AW***
				[B]0.79	***19.77***	***19.91***	[a] ***Tramal SR 150***	***CS***
8525Q	***Tablet 200 mg (sustained release)***	***20***	***..***	***..***	***22.26***	***23.19***	[a] ***Zydol SR 200***	***AW***
				[B]0.79	***23.05***	***23.19***	[a] ***Tramal SR 200***	***CS***
	Restricted benefit							
	Short-term treatment of acute pain.							
	NOTE:							
	No applications for increased maximum quantities and/or repeats will be authorised.							
8582Q	***Injection 100 mg in 2 mL***	***5***	***..***	***..***	***11.02***	***11.95***	***Tramal 100***	***CS***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	Other analgesics and antipyretics							
	• ***Salicylic acid and derivatives***							
	ASPIRIN							
1008C	Tablet 300 mg	100	1	..	6.95	7.88	Spren	SI
1010E	Tablet 300 mg (dispersible)	96	1	..	6.89	7.82	Solprin	RC
	• ***Anilides***							
	PARACETAMOL							
1746X	Tablet 500 mg	100	1	..	7.67	8.60	Dymadon P	WR
							[a] Febridol	DG
							[a] Panamax	SW
							Parahexal	HX
							[a] Paralgin	FM
							Parmol	AW
							Tylenol	JT
							[a] DP	
1747Y	Oral liquid 120 mg per 5 mL, 100 mL	‡1	2	..	7.27	8.20	Panamax	SW
1770E	Oral liquid 240 mg per 5 mL, 200 mL	‡1	2	..	9.46	10.39	Panamax 240 Elixir	SW
	Antimigraine preparations							
	• ***Ergot alkaloids***							
	DIHYDROERGOTAMINE MESYLATE							
1323P	Injection 1 mg in 1 mL	5	..	..	15.18	16.11	Dihydergot	NV
	ERGOTAMINE TARTRATE with CAFFEINE							
1386Y	Suppositories 2 mg-100 mg, 5	‡1	2	..	9.18	10.11	Cafergot S	NV
	METHYSERGIDE							
2826R	Tablet 1 mg	100	2	..	*43.36	23.70	Deseril	NV
	• ***Selective 5HT$_1$-receptor agonists***							
	NARATRIPTAN HYDROCHLORIDE							
	CAUTION:							
	Naratriptan is contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.							
	Authority required							
	Migraine attacks in patients receiving, or who have failed a reasonable trial of, prophylactic medication and where attacks in the past have usually failed to respond to oral therapy with ergotamine and other appropriate agents, or in whom these agents are contraindicated.							
	NOTE:							
	No applications for increased maximum quantities and/or repeats will be authorised.							
8298R	***Tablet 2.5 mg (base)***	***4***	***5***	..	****26.66***	***23.70***	***Naramig***	***GK***
	SUMATRIPTAN							
	CAUTION:							
	Sumatriptan is contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.							

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	SUMATRIPTAN—cont.							
	Authority required							
	Migraine attacks in patients receiving, or who have failed a reasonable trial of, prophylactic medication and where attacks in the past have usually failed to respond to oral therapy with ergotamine and other appropriate agents, or in whom these agents are contraindicated.							
	NOTE:							
	No applications for increased maximum quantities and/or repeats will be authorised.							
8341B	***Nasal spray 20 mg in 0.1 mL single dose unit***	***2***	***5***	***..***	***15.66***	***16.59***	***Imigran***	***GK***
	SUMATRIPTAN SUCCINATE							
	CAUTION:							
	Sumatriptan is contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.							
	Authority required							
	Migraine attacks in patients receiving, or who have failed a reasonable trial of, prophylactic medication and where attacks in the past have usually failed to respond to oral therapy with ergotamine and other appropriate agents, or in whom these agents are contraindicated.							
	NOTE:							
	No applications for increased maximum quantities and/or repeats will be authorised.							
8144P	***Tablet 50 mg (base)***	***4***	***5***	***..***	****26.66***	***23.70***	[a] ***Imigran***	***GK***
							[a] ***Suvalan 50***	***AW***
	ZOLMITRIPTAN							
	CAUTION:							
	Zolmitriptan is contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.							
	Authority required							
	Migraine attacks in patients receiving, or who have failed a reasonable trial of, prophylactic medication and where attacks in the past have usually failed to respond to oral therapy with ergotamine and other appropriate agents, or in whom these agents are contraindicated.							
	NOTE:							
	No applications for increased maximum quantities and/or repeats will be authorised.							
8266C	***Tablet 2.5 mg***	***4***	***5***	***..***	****26.60***	***23.70***	***Zomig***	***AP***
	• *Other antimigraine preparations*							
	CYPROHEPTADINE HYDROCHLORIDE							
	Restricted benefit							
	Prevention of migraine.							
	NOTE:							
	Cyproheptadine hydrochloride is not PBS-subsidised for use in hay fever or atopy.							
1798P	***Tablet 4 mg***	***100***	***2***	***..***	****11.74***	***12.67***	***Periactin***	***FR***
	PIZOTIFEN MALATE							
3074T	Tablet 500 micrograms (base)	100	2	..	19.82	20.75	Sandomigran 0.5	NV

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ANTIEPILEPTICS							
	Antiepileptics							
	• ***Barbiturates and derivatives***							
	PHENOBARBITONE							
	Restricted benefit							
	Epilepsy.							
1850J	***Tablet 30 mg***	***200***	***4***	***..***	***9.16***	***10.09***	***SI***	
	PHENOBARBITONE SODIUM							
	Restricted benefit							
	Epilepsy.							
1853M	***Injection 200 mg in 1 mL***	***5***	***..***	***..***	***17.50***	***18.43***	***FM***	
	PRIMIDONE							
1939C	Tablet 250 mg	200	2	..	51.98	23.70	Mysoline	LM
	• ***Hydantoin derivatives***							
	PHENYTOIN							
1249R	Tablet 50 mg	200	2	..	28.09	23.70	Dilantin Infatabs	PF
2692Q	Paediatric oral suspension 30 mg per 5 mL, 500 mL	‡1	3	..	19.68	20.61	Dilantin	PF
	PHENYTOIN SODIUM							
1873N	Capsule 30 mg	200	2	..	27.17	23.70	Dilantin Sodium	PF
1874P	Capsule 100 mg	200	2	..	28.09	23.70	Dilantin Sodium	PF
	• ***Succinimide derivatives***							
	ETHOSUXIMIDE							
1413J	Capsule 250 mg	200	2	..	51.63	23.70	Zarontin	PF
1414K	Paediatric syrup 250 mg per 5 mL, 200 mL	‡1	5	..	23.32	23.70	Zarontin	PF
	• ***Benzodiazepine derivatives***							
	CLONAZEPAM							
	Restricted benefit							
	Epilepsy.							
1807D	***Injection 1 mg in 2 mL (set containing solution 1 mg in 1 mL and 1 mL diluent)***	***5***	***..***	***..***	***15.01***	***15.94***	***Rivotril***	***RO***
	Authority required							
	Neurologically proven epilepsy.							
	CAUTION:							
	Abuse of clonazepam has been reported. Refer to the current product information.							
1805B	***Tablet 500 micrograms***	***200***	***2***	***..***	****22.82***	***23.70***	[a] ***Paxam 0.5***	***AF***
				[B]4.74	****27.56***	***23.70***	[a] ***Rivotril***	***RO***
1806C	***Tablet 2 mg***	***200***	***2***	***..***	****38.80***	***23.70***	[a] ***Paxam 2***	***AF***
				[B]5.36	****44.16***	***23.70***	[a] ***Rivotril***	***RO***
1808E	***Oral liquid 2.5 mg per mL, 10 mL***	***2***	***..***	***..***	****12.58***	***13.51***	***Rivotril***	***RO***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	NITRAZEPAM							
	Authority required							
	Myoclonic epilepsy;							
	Malignant neoplasia (late stage);							
	For use by patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities and who have been demonstrated, within the past 6 months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal;							
	For use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult and who has been demonstrated, within the past 6 months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.							
2732T	***Tablet 5 mg***	***50***	***5***	***..***	****8.54***	***9.47***	[a] ***Alodorm***	***AF***
				[B]***4.04***	****12.58***	***9.47***	[a] ***Mogadon***	***ID***
	[For other listings for this drug see Generic/Proprietary Index]							
	• ***Carboxamide derivatives***							
	CARBAMAZEPINE							
2422L	Tablet 100 mg	200	2	..	21.42	22.35	[a] Carbamazepine-BC	BG
							[a] Carbamazepine Sandoz	SZ
				[B]1.50	22.92	22.35	[a] Tegretol 100	NV
2419H	Tablet 200 mg	200	2	..	36.00	23.70	[a] Carbamazepine-BC	BG
							[a] Carbamazepine Sandoz	SZ
							[a] Teril	AF
				[B]2.64	38.64	23.70	[a] Tegretol 200	NV
2426Q	Tablet 200 mg (controlled release)	200	2	..	36.64	23.70	Tegretol CR 200	NV
2431Y	Tablet 400 mg (controlled release)	200	2	..	65.42	23.70	Tegretol CR 400	NV
2427R	Oral suspension 100 mg per 5 mL, 300 mL	‡1	5	..	19.41	20.34	Tegretol Liquid	NV
	OXCARBAZEPINE							
	Authority required							
	Treatment of partial epileptic seizures and primary generalised tonic-clonic seizures, which are not controlled satisfactorily by other anti-epileptic drugs.							
8584T	***Tablet 150 mg***	***100***	***5***	***..***	***87.20***	***23.70***	***Trileptal***	***NV***
8585W	***Tablet 300 mg***	***100***	***5***	***..***	***140.90***	***23.70***	***Trileptal***	***NV***
8586X	***Tablet 600 mg***	***100***	***5***	***..***	***229.60***	***23.70***	***Trileptal***	***NV***
8588B	***Oral suspension 60 mg per mL, 250 mL***	***2***	***5***	***..***	****169.74***	***23.70***	***Trileptal***	***NV***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• ***Fatty acid derivatives***							
	SODIUM VALPROATE							
	CAUTION:							
	There are reports of							
	(i) fatal hepatotoxicity, particularly in children;							
	(ii) teratogenesis (spina bifida in humans).							
2294R	Crushable tablet 100 mg	200	2	..	*29.58	23.70	Epilim	SW
2289L	Tablet 200 mg (enteric coated)	200	2	..	*36.30	23.70	[a] Valpro 200	AF
				[B]1.32	*37.62	23.70	[a] Epilim EC	SW
2290M	Tablet 500 mg (enteric coated)	200	2	..	*67.26	23.70	[a] Valpro 500	AF
				[B]1.64	*68.90	23.70	[a] Epilim EC	SW
2293Q	Oral liquid 200 mg per 5 mL, 300 mL	2	2	..	*32.82	23.70	Epilim Liquid	SW
2295T	Syrup 200 mg per 5 mL, 300 mL	2	2	..	*32.82	23.70	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***	***..***	***87.68***	***23.70***	***Gabitril***	***MX***
8222R	***Tablet 10 mg (base)***	***100***	***5***	***..***	***170.67***	***23.70***	***Gabitril***	***MX***
8223T	***Tablet 15 mg (base)***	***100***	***5***	***..***	***239.72***	***23.70***	***Gabitril***	***MX***
	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***	***100***	***5***	***..***	***111.09***	***23.70***	***Sabril***	***AV***
2668K	***Oral powder, sachet 500 mg***	***60***	***5***	***..***	***73.41***	***23.70***	***Sabril***	***AV***
	• ***Other antiepileptics***							
	GABAPENTIN							
	Authority required							
	Treatment of partial epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.							
8505P	***Capsule 100 mg***	***100***	***5***	***..***	***39.05***	***23.70***	[a] ***Gantin***	***AW***
							[a] ***Neurontin***	***PF***
1834M	***Capsule 300 mg***	***100***	***5***	***..***	***100.39***	***23.70***	[a] ***DBL Gabapentin***	***MX***
							[a] ***Douglas Gabapentin 300mg***	***DP***
							[a] ***Gantin***	***AW***
							[a] ***GenRx Gabapentin***	***GX***
							[a] ***Neurontin***	***PF***
							[a] ***Pendine 300***	***AF***

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	GABAPENTIN—cont.							
1835N	***Capsule 400 mg***	***100***	***5***	***..***	***132.27***	***23.70***	[a] ***DBL Gabapentin***	***MX***
							[a] ***Douglas Gabapentin 400mg***	***DP***
							[a] ***Gantin***	***AW***
							[a] ***GenRx Gabapentin***	***GX***
							[a] ***Neurontin***	***PF***
							[a] ***Pendine 400***	***AF***
8559L	***Tablet 600 mg***	***100***	***5***	***..***	***205.55***	***23.70***	***Neurontin***	***PF***
8389M	***Tablet 800 mg***	***100***	***5***	***..***	***260.31***	***23.70***	[a] ***Gantin***	***AW***
							[a] ***Neurontin***	***PF***
							[a] ***Pendine 800***	***AF***
	LAMOTRIGINE							
	Authority required							
	Treatment of epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.							
8063J	***Tablet 5 mg***	***56***	***5***	***..***	***21.16***	***22.09***	***Lamictal***	***GK***
2848X	***Tablet 25 mg***	***56***	***5***	***..***	***41.40***	***23.70***	***Lamictal***	***GK***
2849Y	***Tablet 50 mg***	***56***	***5***	***..***	***65.93***	***23.70***	***Lamictal***	***GK***
2850B	***Tablet 100 mg***	***56***	***5***	***..***	***106.74***	***23.70***	***Lamictal***	***GK***
2851C	***Tablet 200 mg***	***56***	***5***	***..***	***176.15***	***23.70***	***Lamictal***	***GK***
	LEVETIRACETAM							
	Authority required							
	Treatment of partial epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.							
8654L	***Tablet 250 mg***	***60***	***5***	***..***	***63.71***	***23.70***	***Keppra***	***UC***
8655M	***Tablet 500 mg***	***60***	***5***	***..***	***103.13***	***23.70***	***Keppra***	***UC***
8656N	***Tablet 1 g***	***60***	***5***	***..***	***168.71***	***23.70***	***Keppra***	***UC***
	SULTHIAME							
2099L	Tablet 50 mg	200	2	..	38.35	23.70	Ospolot	PL
2100M	Tablet 200 mg	200	2	..	87.79	23.70	Ospolot	PL
	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***	***..***	***44.03***	***23.70***	***Topamax***	***JC***
8164Q	***Tablet 50 mg***	***60***	***5***	***..***	***70.31***	***23.70***	***Topamax***	***JC***
8165R	***Tablet 100 mg***	***60***	***5***	***..***	***114.03***	***23.70***	***Topamax***	***JC***
8166T	***Tablet 200 mg***	***60***	***5***	***..***	***188.40***	***23.70***	***Topamax***	***JC***
8371N	***Capsule 15 mg***	***60***	***5***	***..***	***33.01***	***23.70***	***Topamax Sprinkle***	***JC***

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	TOPIRAMATE—cont.							
8372P	***Capsule 25 mg***	***60***	***5***	***..***	***44.03***	***23.70***	***Topamax Sprinkle***	***JC***
8520K	***Capsule 50 mg***	***60***	***5***	***..***	***70.31***	***23.70***	***Topamax Sprinkle***	***JC***
	ANTI-PARKINSON DRUGS							
	Anticholinergic agents							
	• ***Tertiary amines***							
	BENZHEXOL HYDROCHLORIDE							
1109J	Tablet 2 mg	200	2	..	11.80	12.73	Artane	WY
1110K	Tablet 5 mg	200	1	..	13.90	14.83	Artane	WY
	BIPERIDEN HYDROCHLORIDE							
2544X	Tablet 2 mg	200	2	..	*18.96	19.89	Akineton	AB
	• ***Ethers of tropine or tropine derivatives***							
	BENZTROPINE MESYLATE							
2362H	Tablet 2 mg	60	2	..	10.92	11.85	Benztrop	PL
3038X	Injection 2 mg in 2 mL	5	..	..	19.42	20.35	Cogentin	MK
	Dopaminergic agents							
	• ***Dopa and dopa derivatives***							
	LEVODOPA with BENSERAZIDE							
8218M	Dispersible tablet 50 mg-12.5 mg	100	5	..	21.05	21.98	Madopar Rapid 62.5	RO
8219N	Dispersible tablet 100 mg-25 mg	100	5	..	36.78	23.70	Madopar Rapid 125	RO
2229H	Tablet 100 mg-25 mg	100	5	..	36.78	23.70	Madopar 125	RO
2228G	Tablet 200 mg-50 mg	100	5	..	49.10	23.70	Madopar	RO
2227F	Capsule 50 mg-12.5 mg	100	5	..	21.05	21.98	Madopar 62.5	RO
2225D	Capsule 100 mg-25 mg	100	5	..	36.78	23.70	Madopar 125	RO
2231K	Capsule 100 mg-25 mg (sustained release)	100	5	..	39.99	23.70	Madopar HBS	RO
2226E	Capsule 200 mg-50 mg	100	5	..	49.10	23.70	Madopar	RO
	LEVODOPA with CARBIDOPA							
1242J	Tablet 100 mg-25 mg	100	5	..	38.82	23.70 [a]	Kinson	AF
				[B]5.41	44.23	23.70 [a]	Sinemet 100/25	MK
1245M	Tablet 250 mg-25 mg	100	5	..	49.98	23.70	Sinemet	MK

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

1255C	***Tablet 200 mg-50 mg (modified release)***	***100***	***5***	***..***	***65.16***	***23.70***	***Sinemet CR***	***MK***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• *Adamantane derivatives*							
	AMANTADINE HYDROCHLORIDE							
	Restricted benefit							
	Parkinson's disease which is not drug induced.							
3016R	***Capsule 100 mg***	***100***	***5***	***..***	***42.61***	***23.70***	***Symmetrel 100***	***NV***
	• *Dopamine agonists*							
	BROMOCRIPTINE MESYLATE							
	Restricted benefit							
	Acromegaly;							
	Parkinson's disease;							
	Pathological hyperprolactinaemia where surgery is not indicated;							
	Pathological hyperprolactinaemia where surgery has already been used with incomplete resolution;							
	Pathological hyperprolactinaemia where radiotherapy is not indicated;							
	Pathological hyperprolactinaemia where radiotherapy has already been used with incomplete resolution.							
1443Y	***Tablet 2.5 mg (base)***	***60***	***5***	***..***	***33.45***	***23.70***	[a] ***Bromocriptine-BC***	***BG***
							[a] ***Bromohexal***	***HX***
							[a] ***Kripton 2.5***	***AF***
				[B]3.00	***36.45***	***23.70***	[a] ***Parlodel***	***NV***
1446D	***Capsule 5 mg (base)***	***60***	***5***	***..***	***61.27***	***23.70***	[a] ***Bromohexal***	***HX***
							[a] ***Kripton 5***	***AF***
				[B]3.00	***64.27***	***23.70***	[a] ***Parlodel***	***NV***
1445C	***Capsule 10 mg (base)***	***100***	***5***	***..***	***206.95***	***23.70***	[a] ***Kripton 10***	***AF***
				[B]3.00	***209.95***	***23.70***	[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***	***..***	***70.29***	***23.70***	***Cabaser***	***PU***
8394T	***Tablet 2 mg***	***30***	***5***	***..***	***92.61***	***23.70***	***Cabaser***	***PU***
8395W	***Tablet 4 mg***	***30***	***5***	***..***	***111.69***	***23.70***	***Cabaser***	***PU***
	PERGOLIDE MESYLATE							
	Restricted benefit							
	Parkinson's disease as adjunctive therapy in patients being treated with levodopa—decarboxylase inhibitor combinations.							
2808T	***Tablet 50 micrograms (base)***	***100***	***..***	***..***	***52.41***	***23.70***	***Permax***	***AS***
2809W	***Tablet 250 micrograms (base)***	***100***	***5***	***..***	***66.41***	***23.70***	***Permax***	***AS***
2810X	***Tablet 1 mg (base)***	***100***	***5***	***..***	***247.18***	***23.70***	***Permax***	***AS***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• ***Monoamine oxidase type B inhibitors***							
	SELEGILINE HYDROCHLORIDE							
	Restricted benefit							
	Late stage Parkinson's disease as adjunctive therapy in patients being treated with levodopa—decarboxylase inhibitor combinations.							
1973W	***Tablet 5 mg***	***100***	***5***	***..***	***56.47***	***23.70***	[a] ***Eldepryl*** [a] ***Selgene***	***DP AF***
	• ***Other dopaminergic agents***							
	ENTACAPONE							
	Authority required							
	Parkinson's disease as adjunctive therapy in patients being treated with levodopa—decarboxylase inhibitor combinations who are experiencing motor fluctuations.							
8367J	***Tablet 200 mg***	***200***	***4***	***..***	****288.66***	***23.70***	***Comtan***	***NV***
	PSYCHOLEPTICS							
	Antipsychotics							
	• ***Phenothiazine with aliphatic side-chain***							
	CHLORPROMAZINE HYDROCHLORIDE							
1196Y	Tablet 10 mg	100	5	..	7.78	8.71	Largactil	AV
1197B	Tablet 25 mg	100	5	..	9.28	10.21	Largactil	AV
1199D	Tablet 100 mg	100	5	..	13.10	14.03	Largactil	AV
1201F	Mixture 25 mg per 5 mL, 100 mL	‡1	5	..	9.06	9.99	Largactil	AV
1195X	Injection 50 mg in 2 mL	10	..	..	13.90	14.83	Largactil	AV
	• ***Phenothiazine with piperazine structure***							
	FLUPHENAZINE DECANOATE							
1046C	Injection 12.5 mg in 0.5 mL	5	..	..	17.31	18.24	Modecate	BQ
3098C	Injection 25 mg in 1 mL	5	..	..	24.39	23.70	Modecate	BQ
1001Q	Injection 50 mg in 2 mL	5	..	..	35.54	23.70	Modecate	BQ
	TRIFLUOPERAZINE HYDROCHLORIDE							
2185B	Tablet 1 mg (base)	100	5	..	7.85	8.78	Stelazine	LM
2386N	Tablet 2 mg (base)	100	5	..	8.73	9.66	Stelazine	LM
2186C	Tablet 5 mg (base)	100	5	..	9.57	10.50	Stelazine	LM
	• ***Phenothiazines with piperidine structure***							
	PERICYAZINE							
3052P	Tablet 2.5 mg	100	5	..	8.40	9.33	Neulactil	AV
3053Q	Tablet 10 mg	100	5	..	12.60	13.53	Neulactil	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	
	THIORIDAZINE HYDROCHLORIDE							
	CAUTION:							
	Thioridazine may cause serious cardiac arrhythmias.							
	Authority required							
	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, because of:							
	(a) insufficient effectiveness; or							
	(b) the inability to achieve an effective dose due to intolerable adverse effects from those drugs.							
2163W	***Tablet 10 mg***	***100***	***5***	***..***	***8.51***	***9.44***	***Aldazine 10***	***AF***
2359E	***Tablet 25 mg***	***100***	***5***	***..***	***10.52***	***11.45***	***Aldazine 25***	***AF***
2164X	***Tablet 50 mg***	***100***	***5***	***..***	***13.87***	***14.80***	***Aldazine 50***	***AF***
2165Y	***Tablet 100 mg***	***100***	***5***	***..***	***20.81***	***21.74***	***Aldazine 100***	***AF***
	• ***Butyrophenone derivatives***							
	HALOPERIDOL							
2761H	Tablet 500 micrograms	100	5	..	8.26	9.19	Serenace	SI
2767P	Tablet 1.5 mg	100	5	..	8.72	9.65	Serenace	SI
2770T	Tablet 5 mg	50	5	..	8.73	9.66	Serenace	SI
2763K	Oral liquid 2 mg per mL, 100 mL	‡1	5	..	14.49	15.42	Serenace	SI
2768Q	Injection 5 mg in 1 mL	10	..	..	14.57	15.50	Serenace	SI
	HALOPERIDOL DECANOATE							
2765M	I.M. injection equivalent to 50 mg haloperidol in 1 mL	5	..	..	24.39	23.70	Haldol decanoate	JC
2766N	I.M. injection equivalent to 150 mg haloperidol in 3 mL	5	..	..	43.69	23.70	Haldol decanoate	JC
	• ***Thioxanthene derivatives***							
	FLUPENTHIXOL DECANOATE							
2255Q	Oily I.M. injection 20 mg in 1 mL	5	..	..	17.31	18.24	Fluanxol Depot	LU
2256R	Oily I.M. injection 40 mg in 2 mL	5	..	..	24.39	23.70	Fluanxol Depot	LU
2257T	Oily I.M. injection 100 mg in 1 mL	5	..	..	43.26	23.70	Fluanxol Concentrated Depot	LU
	ZUCLOPENTHIXOL DECANOATE							
8097E	Oily I.M. injection 200 mg in 1 mL	5	..	..	23.36	23.70	Clopixol Depot	LU
	• ***Diazepines, oxazepines and thiazepines***							
	OLANZAPINE							
	Authority required							
	Schizophrenia.							
8170B	***Tablet 2.5 mg***	***30***	***5***	***..***	***59.44***	***23.70***	***Zyprexa***	***LY***
8185T	***Tablet 5 mg***	***30***	***5***	***..***	***113.14***	***23.70***	***Zyprexa***	***LY***
8186W	***Tablet 7.5 mg***	***30***	***5***	***..***	***169.02***	***23.70***	***Zyprexa***	***LY***
8187X	***Tablet 10 mg***	***30***	***5***	***..***	***221.90***	***23.70***	***Zyprexa***	***LY***

continued ☞

NERVOUS SYSTEM —cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	OLANZAPINE—cont.							
8433W	***Wafer 5 mg***	***28***	***5***	***..***	***105.90***	***23.70***	***Zyprexa Zydis***	***LY***
8434X	***Wafer 10 mg***	***28***	***5***	***..***	***208.61***	***23.70***	***Zyprexa Zydis***	***LY***
	QUETIAPINE FUMARATE							
	Authority required							
	Schizophrenia.							
8456C	***Tablet 25 mg (base)***	***60***	***5***	***..***	***53.59***	***23.70***	***Seroquel***	***AP***
8457D	***Tablet 100 mg (base)***	***90***	***5***	***..***	***148.17***	***23.70***	***Seroquel***	***AP***
8458E	***Tablet 200 mg (base)***	***60***	***5***	***..***	***201.15***	***23.70***	***Seroquel***	***AP***
8580N	***Tablet 300 mg (base)***	***60***	***5***	***..***	***283.66***	***23.70***	***Seroquel***	***AP***
	• ***Neuroleptics, in tardive dyskinesia***							
	TETRABENAZINE							
	Authority required							
	Hyperkinetic extrapyramidal disorders.							
1330B	***Tablet 25 mg***	***112***	***5***	***..***	***244.26***	***23.70***	***OA***	
	• ***Benzamides***							
	AMISULPRIDE							
	Authority required							
	Schizophrenia.							
8594H	***Tablet 100 mg***	***30***	***5***	***..***	***36.76***	***23.70***	***Solian 100***	***SW***
8595J	***Tablet 200 mg***	***60***	***5***	***..***	***142.96***	***23.70***	***Solian 200***	***SW***
8596K	***Tablet 400 mg***	***60***	***5***	***..***	***262.96***	***23.70***	***Solian 400***	***SW***
8736T	***Oral solution 100 mg per mL, 60 mL***	***2***	***5***	***..***	****142.96***	***23.70***	***Solian Solution***	***SW***
	• ***Lithium***							
	LITHIUM CARBONATE							
	For listings see Generic/Proprietary Index							
	• ***Other antipsychotics***							
	ARIPIPRAZOLE							
	Authority required							
	Schizophrenia.							
8717T	***Tablet 10 mg***	***30***	***5***	***..***	***159.69***	***23.70***	***Abilify***	***BQ***
8718W	***Tablet 15 mg***	***30***	***5***	***..***	***222.68***	***23.70***	***Abilify***	***BQ***
8719X	***Tablet 20 mg***	***30***	***5***	***..***	***266.14***	***23.70***	***Abilify***	***BQ***
8720Y	***Tablet 30 mg***	***30***	***5***	***..***	***319.36***	***23.70***	***Abilify***	***BQ***
	RISPERIDONE							
	Authority required							
	Schizophrenia.							
3169T	***Tablet 1 mg***	***60***	***5***	***..***	***73.52***	***23.70***	***Risperdal***	***JC***
3170W	***Tablet 2 mg***	***60***	***5***	***..***	***143.04***	***23.70***	***Risperdal***	***JC***
3171X	***Tablet 3 mg***	***60***	***5***	***..***	***209.66***	***23.70***	***Risperdal***	***JC***

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	RISPERIDONE—cont.							
3172Y	***Tablet 4 mg***	***60***	***5***	***..***	***271.86***	***23.70***	***Risperdal***	***JC***
8100H	***Oral solution 1 mg per mL, 100 mL***	***‡1***	***5***	***..***	***119.98***	***23.70***	***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***	***..***	***..***	***8.77***	***9.70***	[a] ***Alprax 0.25***	***AW***
							[a] ***Kalma 0.25***	***AF***
				[B]1.08	***9.85***	***9.70***	[a] ***Xanax***	***PH***
2131E	***Tablet 500 micrograms***	***50***	***..***	***..***	***11.32***	***12.25***	[a] ***Alprax 0.5***	***AW***
							[a] ***Kalma 0.5***	***AF***
				[B]1.16	***12.48***	***12.25***	[a] ***Xanax***	***PH***
2132F	***Tablet 1 mg***	***50***	***2***	***..***	***16.28***	***17.21***	[a] ***Alprax 1***	***AW***
							[a] ***Alprazolam-DP***	***DP***
							[a] ***Chem mart Alprazolam***	***CH***
							[a] ***GenRx Alprazolam***	***GX***
							[a] ***Kalma 1***	***AF***
							[a] ***Terry White Chemists Alprazolam***	***TW***
				[B]1.35	***17.63***	***17.21***	[a] ***Xanax***	***PH***
8118G	***Tablet 2 mg***	***50***	***2***	***..***	***22.62***	***23.55***	[a] ***Alprax 2***	***AW***
							[a] ***Alprazolam-DP***	***DP***
							[a] ***Chem mart Alprazolam***	***CH***
							[a] ***GenRx Alprazolam***	***GX***
							[a] ***Kalma 2***	***AF***
							[a] ***Terry White Chemists Alprazolam***	***TW***
				[B]1.65	***24.27***	***23.55***	[a] ***Xanax Tri-Score***	***PH***
	DIAZEPAM							
3161J	Tablet 2 mg	50	..	..	6.70	7.63	[a] Antenex 2	AF
							[a] Chem mart Diazepam	CH
							[a] GenRx Diazepam	GX
							[a] Terry White Chemists Diazepam	TW
							[a] Valpam 2	AW
				[B]0.91	7.61	7.63	Ducene	SU
				[B]1.30	8.00	7.63	[a] Valium	RO

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	DIAZEPAM—cont.							
3162K	Tablet 5 mg	50	..	..	6.94	7.87	[a] Antenex 5	AF
							[a] Chem mart Diazepam	CH
							[a] Diazepam-DP	DP
							[a] GenRx Diazepam	GX
							[a] Terry White Chemists Diazepam	TW
							[a] Valpam 5	AW
				[B]0.93	7.87	7.87	Ducene	SU
				[B]1.32	8.26	7.87	[a] Valium	RO
2558P	Injection 10 mg in 2 mL	5	..	..	10.46	11.39	MX	

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	..	..	5.95	6.88	[a] Alepam 15	AF
				[B]1.44	7.39	6.88	[a] Serepax	SI
3133X	Tablet 30 mg	25	..	..	6.16	7.09	[a] Alepam 30	AF
							[a] Murelax	FM
				[B]1.45	7.61	7.09	[a] Serepax	SI

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***	***..***	****7.24***	***8.17***	[a] ***Alepam 15***	***AF***
				[B]2.88	****10.12***	***8.17***	[a] ***Serepax***	***SI***

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $		Proprietary Name and Manufacturer	
	OXAZEPAM—cont.								
3135B	***Tablet 30 mg***	***50***	***5***	***..***	****7.66***	***8.59***	[a]	***Alepam 30***	***AF***
							[a]	***Murelax***	***FM***
				[B]2.90	****10.56***	***8.59***	[a]	***Serepax***	***SI***
	• ***Other anxiolytics***								
	CLOMIPRAMINE HYDROCHLORIDE								
	Restricted benefit								
	Cataplexy associated with narcolepsy;								
	Obsessive-compulsive disorder;								
	Phobic disorders in adults.								
1561E	***Tablet 25 mg***	***50***	***2***	***..***	***18.39***	***19.32***	[a]	***Chem mart Clomipramine***	***CH***
							[a]	***GenRx Clomipramine***	***GX***
							[a]	***healthsense Clomipramine***	***HS***
							[a]	***Placil***	***AF***
							[a]	***Terry White Chemists Clomipramine***	***TW***
				[B]2.94	***21.33***	***19.32***	[a]	***Anafranil 25***	***NV***
	Hypnotics and sedatives								
	• ***Benzodiazepine derivatives***								
	NITRAZEPAM								
2723H	Tablet 5 mg	25	..	..	6.60	7.53	[a]	Alodorm	AF
				[B]2.02	8.62	7.53	[a]	Mogadon	ID

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
Myoclonic epilepsy;
Malignant neoplasia (late stage);
For use by patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities and who have been demonstrated, within the past 6 months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal;
For use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult and who has been demonstrated, within the past 6 months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.

2732T	***Tablet 5 mg***	***50***	***5***	***..***	****8.54***	***9.47***	[a]	***Alodorm***	***AF***
				[B]4.04	****12.58***	***9.47***	[a]	***Mogadon***	***ID***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	TEMAZEPAM							
	CAUTION:							
	Significant adverse health outcomes are associated with the injection of temazepam in capsule form. Tablets should be prescribed in preference to capsules whenever possible.							
2089Y	Tablet 10 mg	25	..	..	6.60	7.53	[a] Temaze	AF
							[a] Temtabs	FM
				[B]1.06	7.66	7.53	[a] Normison	SI
	NOTE:							
	Authorities for increased maximum quantities and/or repeats of temazepam tablets will not be granted except as detailed under the 'Authority required' listing of temazepam tablets below.							
	TEMAZEPAM							
	CAUTION:							
	Significant adverse health outcomes are associated with the injection of temazepam in capsule form. Tablets should be prescribed in preference to capsules whenever possible.							
	Authority required							
	As an adjunct in the management of insomnia in individuals who have failed to respond to treatment with a tablet presentation of temazepam because of:							
	(a) insufficient effectiveness; or							
	(b) an inability to use that dosage form.							
	NOTE:							
	Patients who have been taking temazepam capsules will need to have failed to respond to treatment with temazepam tablets before being eligible for an authority prescription for temazepam capsules.							
2108Y	***Capsule 10 mg***	***25***	***..***	***..***	***6.60***	***7.53***	***Euhypnos***	***FM***
							Normison	***SI***
	NOTE:							
	Authorities for increased maximum quantities and/or repeats of temazepam capsules will not be granted except as detailed under the 'Authority required' listing of temazepam capsules below.							
	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***	***..***	****8.54***	***9.47***	***[a] Temaze***	***AF***
							[a] Temtabs	***FM***
				[B]2.12	****10.66***	***9.47***	***[a] Normison***	***SI***
2105T	***Capsule 10 mg***	***50***	***5***	***..***	****8.54***	***9.47***	***Euhypnos***	***FM***
							Normison	***SI***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	PSYCHOANALEPTICS							
	Antidepressants							
	• ***Non-selective monoamine reuptake inhibitors***							
	AMITRIPTYLINE HYDROCHLORIDE							
2417F	Tablet 10 mg	50	2	..	5.77	6.70	Endep 10	AF
2418G	Tablet 25 mg	50	2	..	6.27	7.20	[a] Endep 25	AF
				[B]1.25	7.52	7.20	[a] Tryptanol	MK
2429W	Tablet 50 mg	50	2	..	7.39	8.32	Endep 50	AF
	CLOMIPRAMINE HYDROCHLORIDE							
	Restricted benefit							
	Cataplexy associated with narcolepsy;							
	Obsessive-compulsive disorder;							
	Phobic disorders in adults.							
1561E	***Tablet 25 mg***	***50***	***2***	***..***	***18.39***	***19.32***	[a] ***Chem mart Clomipramine***	***CH***
							[a] ***GenRx Clomipramine***	***GX***
							[a] ***healthsense Clomipramine***	***HS***
							[a] ***Placil***	***AF***
							[a] ***Terry White Chemists Clomipramine***	***TW***
				[B]2.94	***21.33***	***19.32***	[a] ***Anafranil 25***	***NV***
	DOTHIEPIN HYDROCHLORIDE							
1357K	Capsule 25 mg	50	2	..	7.29	8.22	[a] Dothep 25	AF
				[B]1.07	8.36	8.22	[a] Prothiaden	AB
1358L	Tablet 75 mg	30	2	..	7.59	8.52	[a] Dothep 75	AF
				[B]1.05	8.64	8.52	[a] Prothiaden	AB
	DOXEPIN HYDROCHLORIDE							
1012G	Tablet 50 mg (base)	50	2	..	7.92	8.85	Deptran 50	AF
1011F	Capsule 10 mg (base)	50	2	..	6.40	7.33	Deptran 10	AF
				[B]1.85	8.25	7.33	Sinequan	PF
1013H	Capsule 25 mg (base)	50	2	..	6.70	7.63	Deptran 25	AF
				[B]1.55	8.25	7.63	Sinequan	PF
	IMIPRAMINE HYDROCHLORIDE							
2420J	Tablet 10 mg	50	2	..	6.95	7.88	Tofranil 10	NV
2421K	Tablet 25 mg	50	2	..	6.95	7.88	Melipramine	UW
							Tofranil 25	NV
	NORTRIPTYLINE HYDROCHLORIDE							
	Restricted benefit							
	Major depression where other antidepressant therapy has failed;							
	Major depression where other antidepressant therapy is contraindicated.							
2522R	***Tablet 10 mg (base)***	***50***	***2***	***..***	***10.04***	***10.97***	***Allegron***	***AS***
2523T	***Tablet 25 mg (base)***	***50***	***2***	***..***	***11.80***	***12.73***	***Allegron***	***AS***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• ***Selective serotonin reuptake inhibitors***							
	CITALOPRAM HYDROBROMIDE							
	Restricted benefit							
	Major depressive disorders.							
8702B	***Tablet 10 mg (base)***	***28***	***5***	***..***	***21.85***	***22.78***	***Celapram***	***AF***
8220P	***Tablet 20 mg (base)***	***28***	***5***	***..***	***31.16***	***23.70***	[a] ***Celapram***	***AF***
							[a] ***Chem mart Citalopram***	***CH***
							[a] ***GenRx Citalopram***	***GX***
							[a] ***Talam***	***AW***
							[a] ***Talohexal***	***HX***
							[a] ***Terry White Chemists Citalopram***	***TW***
				[B]***3.20***	***34.36***	***23.70***	[a] ***Cipramil***	***LU***
8703C	***Tablet 40 mg (base)***	***28***	***5***	***..***	***48.83***	***23.70***	***Celapram***	***AF***
	ESCITALOPRAM OXALATE							
	Restricted benefit							
	Major depressive disorders.							
8700X	***Tablet 10 mg (base)***	***28***	***5***	***..***	***31.16***	***23.70***	***Lexapro***	***LU***
8701Y	***Tablet 20 mg (base)***	***28***	***5***	***..***	***48.83***	***23.70***	***Lexapro***	***LU***
	FLUOXETINE HYDROCHLORIDE							
	Restricted benefit							
	Major depressive disorders; Obsessive-compulsive disorder.							
8270G	***Tablet 20 mg (base) (dispersible)***	***28***	***5***	***..***	***34.06***	***23.70***	[a] ***Lovan 20 Tab***	***AL***
				[B]***4.10***	***38.16***	***23.70***	[a] ***Prozac Tab***	***LY***
1434L	***Capsule 20 mg (base)***	***28***	***5***	***..***	***34.06***	***23.70***	[a] ***Auscap***	***SI***
							[a] ***Chem mart Fluoxetine***	***CH***
							[a] ***Fluohexal***	***HX***
							[a] ***Fluoxetine-BC***	***BG***
							[a] ***Fluoxetine-DP***	***DP***
							[a] ***GenRx Fluoxetine***	***GX***
							[a] ***healthsense Fluoxetine***	***HS***
							[a] ***Lovan***	***AL***
							[a] ***Terry White Chemists Fluoxetine***	***TW***
							[a] ***Zactin***	***AF***
				[B]***4.10***	***38.16***	***23.70***	[a] ***Prozac 20***	***LY***
1809F	***Oral solution 20 mg (base) per 5 mL, 140 mL***	***‡1***	***5***	***..***	***45.58***	***23.70***	***Lovan Liquid***	***AL***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	FLUVOXAMINE MALEATE							
	Restricted benefit							
	Major depressive disorders;							
	Obsessive-compulsive disorder.							
8512B	***Tablet 50 mg***	***30***	***5***	***..***	***25.67***	***23.70***	[a] ***Faverin 50***	***AW***
							[a] ***Movox 50***	***AL***
				[B]***1.60***	***27.27***	***23.70***	[a] ***Luvox***	***SM***
8174F	***Tablet 100 mg***	***30***	***5***	***..***	***36.48***	***23.70***	[a] ***Faverin 100***	***AW***
							[a] ***Movox 100***	***AF***
				[B]***1.60***	***38.08***	***23.70***	[a] ***Luvox***	***SM***
	PAROXETINE HYDROCHLORIDE							
	Restricted benefit							
	Major depressive disorders;							
	Obsessive-compulsive disorder;							
	Panic disorder.							
2242B	***Tablet 20 mg (base)***	***30***	***5***	***..***	***36.00***	***23.70***	[a] ***Chem mart Paroxetine***	***CH***
							[a] ***GenRx Paroxetine***	***GX***
							[a] ***healthsense Paroxetine***	***HS***
							[a] ***Oxetine***	***HX***
							[a] ***Paxtine***	***AF***
							[a] ***Terry White Chemists Paroxetine***	***TW***
				[B]***1.10***	***37.10***	***23.70***	[a] ***Aropax***	***GK***
	SERTRALINE HYDROCHLORIDE							
	Restricted benefit							
	Major depressive disorders;							
	Obsessive-compulsive disorder;							
	Panic disorder with or without agoraphobia where other treatments have failed or are inappropriate.							
2236Q	***Tablet 50 mg (base)***	***30***	***5***	***..***	***36.87***	***23.70***	***Zoloft***	***PF***
2237R	***Tablet 100 mg (base)***	***30***	***5***	***..***	***36.87***	***23.70***	***Zoloft***	***PF***
	• ***Monoamine oxidase inhibitors, non-selective***							
	PHENELZINE SULFATE							
	CAUTION:							
	This drug is an irreversible monoamine oxidase inhibitor.							
	Restricted benefit							
	Depression where all other anti-depressant therapy has failed or is inappropriate.							
2856H	***Tablet 15 mg (base)***	***100***	***1***	***..***	***101.46***	***23.70***	***Nardil***	***LM***
	TRANYLCYPROMINE SULFATE							
	CAUTION:							
	This drug is an irreversible monoamine oxidase inhibitor.							
2444P	Tablet 10 mg (base)	50	2	..	13.57	14.50	Parnate	LM

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• ***Monoamine oxidase type A inhibitors***							
	MOCLOBEMIDE							
	Restricted benefit							
	Major depressive disorders.							
1900B	***Tablet 150 mg***	***60***	***5***	***..***	***26.54***	***23.70***	[a] ***Arima***	***AF***
							[a] ***Chem mart Moclobemide***	***CH***
							[a] ***Clobemix***	***DP***
							[a] ***GenRx Moclobemide***	***GX***
							[a] ***healthsense Moclobemide***	***HS***
							[a] ***Mohexal***	***HX***
							[a] ***Terry White Chemists Moclobemide***	***TW***
				[B]***0.95***	***27.49***	***23.70***	[a] ***Aurorix***	***RO***
8003F	***Tablet 300 mg***	***60***	***5***	***..***	***48.41***	***23.70***	[a] ***Arima 300***	***AF***
							[a] ***Chem mart Moclobemide***	***CH***
							[a] ***Clobemix***	***DP***
							[a] ***GenRx Moclobemide***	***GX***
							[a] ***healthsense Moclobemide***	***HS***
							[a] ***Maosig***	***SI***
							[a] ***Mohexal***	***HX***
							[a] ***Terry White Chemists Moclobemide***	***TW***
				[B]***1.93***	***50.34***	***23.70***	[a] ***Aurorix 300 mg***	***RO***
	• ***Other antidepressants***							
	LITHIUM CARBONATE							
3059B	Tablet 250 mg	200	2	..	*12.36	13.29	Lithicarb	AS
8290H	Tablet 450 mg (slow release)	200	2	..	*26.70	23.70	Quilonum SR	GK
	MIANSERIN HYDROCHLORIDE							
	CAUTION:							
	Neutropenia and agranulocytosis are more frequent in the elderly, especially in the early months of therapy.							
	Restricted benefit							
	Severe depression.							
1627P	***Tablet 10 mg***	***50***	***5***	***..***	***14.26***	***15.19***	[a] ***Lumin 10***	***AF***
				[B]***1.29***	***15.55***	***15.19***	[a] ***Tolvon***	***OR***
1628Q	***Tablet 20 mg***	***50***	***5***	***..***	***24.93***	***23.70***	[a] ***Lumin 20***	***AF***
				[B]***1.60***	***26.53***	***23.70***	[a] ***Tolvon***	***OR***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	MIRTAZAPINE							
	Restricted benefit							
	Major depressive disorders.							
8513C	***Tablet 30 mg***	***30***	***5***	***..***	***36.16***	***23.70***	[a] ***Axit 30***	***AF***
							[a] ***Mirtazon***	***AW***
				[B]1.25	***37.41***	***23.70***	[a] ***Avanza***	***BP***
				[B]22.76	***58.92***	***23.70***	[a] ***Remeron***	***OR***
	REBOXETINE MESILATE							
	Restricted benefit							
	Major depressive disorders.							
8583R	***Tablet 4 mg (base)***	***60***	***5***	***..***	***41.19***	***23.70***	***Edronax***	***PH***
	VENLAFAXINE HYDROCHLORIDE							
	Restricted benefit							
	Major depressive disorders.							
8068P	***Tablet 37.5 mg (base)***	***56***	***5***	***..***	***43.33***	***23.70***	***Efexor***	***WY***
8069Q	***Tablet 75 mg (base)***	***56***	***5***	***..***	***52.06***	***23.70***	***Efexor***	***WY***
8301X	***Capsule 75 mg (base) (modified release)***	***28***	***5***	***..***	***43.33***	***23.70***	***Efexor-XR***	***WY***
8302Y	***Capsule 150 mg (base) (modified release)***	***28***	***5***	***..***	***52.06***	***23.70***	***Efexor-XR***	***WY***

Psychostimulants, agents used for ADHD and nootropics

- *Centrally acting sympathomimetics*

DEXAMPHETAMINE SULFATE

NOTE:

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

Authority required

Use in attention deficit hyperactivity disorder, in accordance with State/Territory law; Narcolepsy.

1165H	***Tablet 5 mg***	***100***	***5***	***..***	***17.50***	***18.43***	***SI***	

Anti-dementia drugs

- *Anticholinesterases*

DONEPEZIL HYDROCHLORIDE

NOTE:

Authority applications for initial treatment and the first application for continuing treatment should be made to the Health Insurance Commission (HIC) in writing. The second and subsequent authority applications for continuing treatment may be made by telephone. Up to a maximum of 6 months' therapy (1 month plus 5 repeats) will be approved for initial and continuing therapy.

To avoid unnecessary delays in initiating treatment with this drug, prescribers may seek telephone approval from the HIC for up to 2 months' initial therapy. In order to continue the initial course of treatment, a written application must be provided to the HIC following the initial telephone authority approval to confirm the information provided. No more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment will be approved for this follow-up application.

continued ☞

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

DONEPEZIL HYDROCHLORIDE—cont.

Authority required

Initial treatment of mild to moderately severe Alzheimer's disease. Confirmation of this diagnosis must be made by a specialist/consultant physician (including a psychiatrist). The authority application must include the result of the baseline Mini-Mental State Examination (MMSE). This baseline MMSE must be a score of 10 or more and, if this score is at least 25 points, the result of the baseline Alzheimer's Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) must also be specified. An application must be made in writing, but initial supply may be sought on the telephone as indicated in the Note above. For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. For the subsequent written authority application, no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment will be approved. For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised; 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 an 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 and must be in writing).

Authority required

Initial treatment of mild to moderately severe Alzheimer's disease of patients with a baseline Mini-Mental State Examination (MMSE) score of 9 or less, who are unable to register a score of 10 or more for reasons other than their Alzheimer's disease, as specified below. Confirmation of this diagnosis must be made by a specialist/consultant physician (including a psychiatrist). Such patients will need to be assessed subsequently using the Clinicians Interview Based Impression of Change (CIBIC) scale. The authority application must include the result of the baseline MMSE and specify to which group(s) (see below) the patient belongs. An application must be made in writing, but initial supply may be sought on the telephone as indicated in the Note above. For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. For the subsequent written authority application, no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment will be approved. For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised.

Patients who qualify under this criterion are from 1 or more of the following groups:

(1) Unable to communicate adequately because of lack of competence in English, in people of non-English speaking background;

(2) Limited education, as defined by less than 6 years of education, or who are illiterate or innumerate;

(3) Aboriginal or Torres Strait Islanders who, by virtue of cultural factors, are unable to complete an MMSE test;

(4) Intellectual (developmental or acquired) disability, eg Down's syndrome;

(5) Significant sensory impairment despite best correction, which precludes completion of an MMSE test;

(6) Prominent dysphasia, out of proportion to other cognitive and functional impairment; Continuing treatment, following initial therapy, of mild to moderately severe Alzheimer's disease in patients with demonstrated improvement in function, based on a rating of "very much improved" or "much improved" on the CIBIC scale, which must be assessed by the same clinician who initiated treatment (the initial authority application for continuing treatment must state the improvement achieved on the CIBIC scale and must be in writing).

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	DONEPEZIL HYDROCHLORIDE—cont.							
8495D	***Tablet 5 mg***	***28***	***5***	***..***	***158.66***	***23.70***	***Aricept***	***PF***
8496E	***Tablet 10 mg***	***28***	***5***	***..***	***158.66***	***23.70***	***Aricept***	***PF***

GALANTAMINE HYDROBROMIDE

NOTE:

Authority applications for initial treatment and the first application for continuing treatment should be made to the Health Insurance Commission (HIC) in writing. The second and subsequent authority applications for continuing treatment may be made by telephone. Up to a maximum of 6 months' therapy (1 month plus 5 repeats) will be approved for initial and continuing therapy.

To avoid unnecessary delays in initiating treatment with this drug, prescribers may seek telephone approval from the HIC for up to 2 months' initial therapy. In order to continue the initial course of treatment, a written application must be provided to the HIC following the initial telephone authority approval to confirm the information provided. No more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment will be approved for this follow-up application.

Authority required

Initial treatment of mild to moderately severe Alzheimer's disease. Confirmation of this diagnosis must be made by a specialist/consultant physician (including a psychiatrist). The authority application must include the result of the baseline Mini-Mental State Examination (MMSE). This baseline MMSE must be a score of 10 or more and, if this score is at least 25 points, the result of the baseline Alzheimer's Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) must also be specified. An application must be made in writing, but initial supply may be sought on the telephone as indicated in the Note above. For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. For the subsequent written authority application, no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment will be approved. For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised; 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 an 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 and must be in writing).

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	GALANTAMINE HYDROBROMIDE—cont.							
	Authority required							
	Initial treatment of mild to moderately severe Alzheimer's disease of patients with a baseline Mini-Mental State Examination (MMSE) score of 9 or less, who are unable to register a score of 10 or more for reasons other than their Alzheimer's disease, as specified below. Confirmation of this diagnosis must be made by a specialist/consultant physician (including a psychiatrist). Such patients will need to be assessed subsequently using the Clinicians Interview Based Impression of Change (CIBIC) scale. The authority application must include the result of the baseline MMSE and specify to which group(s) (see below) the patient belongs. An application must be made in writing, but initial supply may be sought on the telephone as indicated in the Note above. For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. For the subsequent written authority application, no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment will be approved. For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised.							
	Patients who qualify under this criterion are from 1 or more of the following groups:							
	(1) Unable to communicate adequately because of lack of competence in English, in people of non-English speaking background;							
	(2) Limited education, as defined by less than 6 years of education, or who are illiterate or innumerate;							
	(3) Aboriginal or Torres Strait Islanders who, by virtue of cultural factors, are unable to complete an MMSE test;							
	(4) Intellectual (developmental or acquired) disability, eg Down's syndrome;							
	(5) Significant sensory impairment despite best correction, which precludes completion of an MMSE test;							
	(6) Prominent dysphasia, out of proportion to other cognitive and functional impairment;							
	Continuing treatment, following initial therapy, of mild to moderately severe Alzheimer's disease in patients with demonstrated improvement in function, based on a rating of "very much improved" or "much improved" on the CIBIC scale, which must be assessed by the same clinician who initiated treatment (the initial authority application for continuing treatment must state the improvement achieved on the CIBIC scale and must be in writing).							
8536G	***Tablet 4 mg (base)***	***56***	***5***	***..***	***158.66***	***23.70***	***Reminyl***	***JC***
8537H	***Tablet 8 mg (base)***	***56***	***5***	***..***	***158.66***	***23.70***	***Reminyl***	***JC***
	NOTE:							
	No applications for increased maximum quantities and/or repeats will be authorised.							
	RIVASTIGMINE HYDROGEN TARTRATE							
	NOTE:							
	Authority applications for initial treatment and the first application for continuing treatment should be made to the Health Insurance Commission (HIC) in writing. The second and subsequent authority applications for continuing treatment may be made by telephone. Up to a maximum of 6 months' therapy (1 month plus 5 repeats) will be approved for initial and continuing therapy.							
	To avoid unnecessary delays in initiating treatment with this drug, prescribers may seek telephone approval from the HIC for up to 2 months' initial therapy. In order to continue the initial course of treatment, a written application must be provided to the HIC following the initial telephone authority approval to confirm the information provided. No more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment will be approved for this follow-up application.							

continued ☞

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

RIVASTIGMINE HYDROGEN TARTRATE—cont.

Authority required

Initial treatment of mild to moderately severe Alzheimer's disease. Confirmation of this diagnosis must be made by a specialist/consultant physician (including a psychiatrist). The authority application must include the result of the baseline Mini-Mental State Examination (MMSE). This baseline MMSE must be a score of 10 or more and, if this score is at least 25 points, the result of the baseline Alzheimer's Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) must also be specified. An application must be made in writing, but initial supply may be sought on the telephone as indicated in the Note above. For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. For the subsequent written authority application, no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment will be approved. For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised; 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 an 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 and must be in writing).

Authority required

Initial treatment of mild to moderately severe Alzheimer's disease of patients with a baseline Mini-Mental State Examination (MMSE) score of 9 or less, who are unable to register a score of 10 or more for reasons other than their Alzheimer's disease, as specified below. Confirmation of this diagnosis must be made by a specialist/consultant physician (including a psychiatrist). Such patients will need to be assessed subsequently using the Clinicians Interview Based Impression of Change (CIBIC) scale. The authority application must include the result of the baseline MMSE and specify to which group(s) (see below) the patient belongs. An application must be made in writing, but initial supply may be sought on the telephone as indicated in the Note above. For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. For the subsequent written authority application, no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment will be approved. For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised.

Patients who qualify under this criterion are from 1 or more of the following groups:

(1) Unable to communicate adequately because of lack of competence in English, in people of non-English speaking background;

(2) Limited education, as defined by less than 6 years of education, or who are illiterate or innumerate;

(3) Aboriginal or Torres Strait Islanders who, by virtue of cultural factors, are unable to complete an MMSE test;

(4) Intellectual (developmental or acquired) disability, eg Down's syndrome;

(5) Significant sensory impairment despite best correction, which precludes completion of an MMSE test;

(6) Prominent dysphasia, out of proportion to other cognitive and functional impairment; Continuing treatment, following initial therapy, of mild to moderately severe Alzheimer's disease in patients with demonstrated improvement in function, based on a rating of "very much improved" or "much improved" on the CIBIC scale, which must be assessed by the same clinician who initiated treatment (the initial authority application for continuing treatment must state the improvement achieved on the CIBIC scale and must be in writing).

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Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	RIVASTIGMINE HYDROGEN TARTRATE—cont.							
8497F	***Capsule 1.5 mg (base)***	***56***	***5***	***..***	***158.66***	***23.70***	***Exelon***	***NV***
8498G	***Capsule 3 mg (base)***	***56***	***5***	***..***	***158.66***	***23.70***	***Exelon***	***NV***
8499H	***Capsule 4.5 mg (base)***	***56***	***5***	***..***	***158.66***	***23.70***	***Exelon***	***NV***
8500J	***Capsule 6 mg (base)***	***56***	***5***	***..***	***158.66***	***23.70***	***Exelon***	***NV***
8563Q	***Oral solution 2 mg (base) per mL, 120 mL***	***‡1***	***5***	***..***	***158.66***	***23.70***	***Exelon***	***NV***

OTHER NERVOUS SYSTEM DRUGS

Parasympathomimetics

- ***Anticholinesterases***

PYRIDOSTIGMINE BROMIDE

2724J	Tablet 10 mg	100	5	..	17.75	18.68	Mestinon	ID
1959D	Tablet 60 mg	150	5	..	55.90	23.70	Mestinon	ID
2608G	Tablet 180 mg (modified release)	100	5	..	115.21	23.70	Mestinon Timespan	ID

- ***Choline esters***

BETHANECHOL CHLORIDE

1062X	Tablet 10 mg	100	2	..	16.05	16.98	Uro-Carb	HA

Drugs used in addictive disorders

- ***Drugs used in nicotine dependence***

BUPROPION HYDROCHLORIDE

NOTE:

Only one treatment course per year with no increased maximum quantities or repeats will be authorised.

Authority required

Commencement of treatment as short-term adjunctive therapy for nicotine dependence with the goal of maintaining abstinence in patients who have indicated that they are ready to cease smoking and who have entered a comprehensive support and counselling program. Details of the program must be specified in the authority application.

8465M	***Tablet 150 mg (sustained release)***	***30***	***..***	***..***	****95.32***	***23.70***	***Zyban***	***GK***

Authority required

Completion of treatment as short-term adjunctive therapy for nicotine dependence with the goal of maintaining abstinence in patients who have indicated that they are ready to cease smoking and who have entered a comprehensive support and counselling program.

8710K	***Tablet 150 mg (sustained release)***	***90***	***..***	***..***	****200.00***	***23.70***	***Zyban***	***GK***

- ***Drugs used in alcohol dependence***

ACAMPROSATE CALCIUM

Authority required

For use within a comprehensive treatment program for alcohol dependence with the goal of maintaining abstinence.

NOTE:

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

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ACAMPROSATE CALCIUM—cont.							
8357W	***Tablet 333 mg (enteric coated)***	***180***	***1***	***..***	***170.18***	***23.70***	***Campral***	***AF***

NALTREXONE HYDROCHLORIDE

CAUTION:

Naltrexone hydrochloride is contraindicated in patients receiving opioid drugs.

Authority required

For use within a comprehensive treatment program for alcohol dependence with the goal of maintaining abstinence.

NOTE:

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

8370M	***Tablet 50 mg***	***30***	***1***	***..***	***167.36***	***23.70***	***ReVia***	***OA***

Other nervous system drugs

- *Other nervous system drugs*

RILUZOLE

Authority required

Initial treatment of amyotrophic lateral sclerosis, as diagnosed by a neurologist, in patients aged 75 years or less, with disease duration of 2 years or less and who have at least 60 percent of predicted forced vital capacity within 2 months prior to commencing riluzole therapy and who:
(1) are ambulatory, and
(a) have not undergone tracheostomy, and
(b) have not experienced respiratory failure;
OR
(2) are not ambulatory, and
(a) have not undergone tracheostomy, and
(b) have not experienced respiratory failure, and
(c) are either able to use upper limbs or able to swallow.
The date of diagnosis and the date and results of spirometry (in terms of percent of predicted forced vital capacity) must be supplied with the initial authority application.

Authority required

Initial PBS-subsidised treatment of amyotrophic lateral sclerosis for patients receiving treatment with riluzole prior to 1 March 2003 who would have qualified under the initial treatment criteria for PBS subsidy.
The date of diagnosis, date of commencement of riluzole treatment and the date and results of spirometry (in terms of percent of predicted forced vital capacity) must be supplied with the initial authority application.

Authority required

Continuing treatment of amyotrophic lateral sclerosis in patients who have previously been issued with an authority prescription for this drug and who:
(1) are ambulatory, and
(a) have not undergone tracheostomy, and
(b) have not experienced respiratory failure;
OR
(2) are not ambulatory, and
(a) have not undergone tracheostomy, and
(b) have not experienced respiratory failure, and
(c) are either able to use upper limbs or able to swallow.

8664B	***Tablet 50 mg***	***56***	***5***	***..***	***682.14***	***23.70***	***Rilutek***	***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	
	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***	***..***	***..***	***890.06***	***23.70***	***Wellvone***	***GK***
	Antimalarials							
	• ***Methanolquinolines***							
	QUININE BISULFATE							
	CAUTION:							
	Severe thrombocytopenia has been reported with this drug.							
1972T	Tablet 300 mg	50	2	..	9.83	10.76	Quinbisul	AF
	QUININE SULFATE							
	CAUTION:							
	Severe thrombocytopenia has been reported with this drug.							
1975Y	Tablet 300 mg	50	2	..	9.83	10.76	[a] Quinsul	AF
				[B]0.11	9.94	10.76	Quinoctal	FM
				[B]1.06	10.89	10.76	[a] Quinate	AS
	• ***Diaminopyrimidines***							
	PYRIMETHAMINE							
1966L	Tablet 25 mg	50	..	..	12.87	13.80	Daraprim	GK

Code	Name, Restriction, Manner of 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***	***..***	***26.64***	***23.70***	***Zentel***	***GK***
	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***	***..***	***158.66***	***23.70***	***Eskazole***	***GK***
	• ***Tetrahydropyrimidine derivatives***							
	PYRANTEL EMBONATE							
3047J	Tablet 125 mg (base)	6	..	..	6.27	7.20	Anthel 125	AF
3048K	Tablet 250 mg (base)	6	..	..	7.67	8.60	Anthel 250	AF
	• ***Avermectines***							
	IVERMECTIN							
	Authority required							
	Onchocerciasis;							
	Strongyloidiasis.							
8359Y	***Tablet 3 mg***	***4***	***..***	***..***	***29.27***	***23.70***	***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	..	14.89	15.82	Lyclear	WR
	• ***Other ectoparasiticides, incl. scabicides***							
	BENZYL BENZOATE							
1114P	Application 50 g in 200 mL (25%)	‡1	2	..	7.14	8.07	Benzemul	MG

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES							
	Adrenergics, inhalants							
	• ***Selective beta-2-adrenoceptor agonists***							
	EFORMOTEROL FUMARATE DIHYDRATE							
	Restricted benefit							
	Patients with frequent episodes of asthma who are currently receiving treatment with oral corticosteroids;							
	Patients with frequent episodes of asthma who are currently receiving treatment with optimal doses of inhaled corticosteroids.							
8136F	***Capsule containing powder for oral inhalation 12 micrograms (for use in Foradile Aerolizer)***	***60***	***5***	***..***	***35.22***	***23.70***	***Foradile***	***NV***
8239P	***Powder for oral inhalation in breath actuated device 6 micrograms per dose (60 doses)***	***‡1***	***5***	***..***	***24.39***	***23.70***	***Oxis Turbuhaler***	***AP***
8240Q	***Powder for oral inhalation in breath actuated device 12 micrograms per dose (60 doses)***	***‡1***	***5***	***..***	***34.33***	***23.70***	***Oxis Turbuhaler***	***AP***
	SALBUTAMOL SULFATE							
1099W	Capsule containing powder for oral inhalation 200 micrograms (base) (for use in Ventolin Rotahaler)	200	5	..	*20.56	21.49	Ventolin Rotacaps	GK
8288F	Oral pressurised inhalation 100 micrograms (base) per dose (200 doses), CFC-free formulation	2	5	..	*16.28	17.21	[a] Asmol CFC-free	AL
							[a] Epaq	AW
				[B]0.62	*16.90	17.21	[a] Airomir	MM
				[B]1.00	*17.28	17.21	[a] Ventolin CFC-free	GK
	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***	***..***	****36.46***	***23.70***	***Airomir Autohaler***	***MM***

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	SALBUTAMOL SULFATE—cont.							
	Restricted benefit							
	Asthma in patients unable to use this drug delivered from an oral pressurised inhalation device via a spacer;							
	Chronic obstructive pulmonary disease in patients unable to use this drug delivered from an oral pressurised inhalation device via a spacer.							
2000G	***Nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30***	***2***	***5***	***..***	****23.52***	***23.70***	[a] ***Asmol 2.5 uni-dose***	***AF***
							[a] ***Chem mart Salbutamol***	***CH***
							[a] ***GenRx Salbutamol***	***GX***
							[a] ***Terry White Chemists Salbutamol***	***TW***
							[a] ***PU***	
				[B]2.20	****25.72***	***23.70***	[a] ***Ventolin Nebules***	***GK***
2001H	***Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30***	***2***	***5***	***..***	****24.60***	***23.70***	[a] ***Asmol 5 uni-dose***	***AF***
							[a] ***Chem mart Salbutamol***	***CH***
							[a] ***GenRx Salbutamol***	***GX***
							[a] ***healthsense Salbutamol***	***HS***
							[a] ***Terry White Chemists Salbutamol***	***TW***
							[a] ***PU***	
				[B]2.20	****26.80***	***23.70***	[a] ***Ventolin Nebules***	***GK***
2003K	***Nebuliser solution 5 mg (base) per mL (0.5%), 30 mL***	***2***	***2***	***..***	****11.56***	***12.49***	***PU***	
	SALMETEROL XINAFOATE							
	Restricted benefit							
	Patients with frequent episodes of asthma who are currently receiving treatment with oral corticosteroids;							
	Patients with frequent episodes of asthma who are currently receiving treatment with optimal doses of inhaled corticosteroids.							
3027H	***Oral pressurised inhalation 25 micrograms (base) per dose (120 doses)***	***‡1***	***5***	***..***	***34.33***	***23.70***	***Serevent***	***GK***
8141L	***Powder for oral inhalation in breath actuated device 50 micrograms (base) per dose (60 doses)***	***‡1***	***5***	***..***	***34.33***	***23.70***	***Serevent Accuhaler***	***GK***

Code	Name, Restriction, Manner of 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							
1252X	Powder for oral inhalation in breath actuated device 500 micrograms per dose (200 doses)	‡1	5	..	15.94	16.87	Bricanyl Turbuhaler	AP

TERBUTALINE SULFATE
Restricted benefit
Asthma in patients unable to use this drug delivered from an oral pressurised inhalation device via a spacer;
Chronic obstructive pulmonary disease in patients unable to use this drug delivered from an oral pressurised inhalation device via a spacer.

1251W	***Nebuliser solution single dose units 5 mg in 2 mL, 30***	***2***	***5***	***..***	****26.78***	***23.70***	***Bricanyl Respules***	***AP***

- *Adrenergics and other drugs for obstructive airway diseases*

BUDESONIDE with EFORMOTEROL FUMARATE DIHYDRATE
Restricted benefit
Patients who previously had frequent episodes of asthma while receiving treatment with oral corticosteroids and who have been stabilised on concomitant inhaled eformoterol fumarate dihydrate and budesonide;
Patients who previously had frequent episodes of asthma while receiving treatment with optimal doses of inhaled corticosteroids and who have been stabilised on concomitant inhaled eformoterol fumarate dihydrate and budesonide.

8625Y	***Powder for oral inhalation in breath actuated device 200 micrograms- 6 micrograms per dose (120 doses)***	***‡1***	***5***	***..***	***56.00***	***23.70***	***Symbicort Turbuhaler 200/6***	***AP***

FLUTICASONE PROPIONATE with SALMETEROL XINAFOATE
Restricted benefit
Patients who previously had frequent episodes of asthma while receiving treatment with oral corticosteroids and who have been stabilised on concomitant inhaled salmeterol xinafoate and fluticasone propionate;
Patients who previously had frequent episodes of asthma while receiving treatment with optimal doses of inhaled corticosteroids and who have been stabilised on concomitant inhaled salmeterol xinafoate and fluticasone propionate.

8517G	***Oral pressurised inhalation 50 micrograms- 25 micrograms (base) per dose (120 doses), CFC-free formulation***	***‡1***	***5***	***..***	***45.90***	***23.70***	***Seretide MDI 50/25***	***GK***
8518H	***Oral pressurised inhalation 125 micrograms- 25 micrograms (base) per dose (120 doses), CFC-free formulation***	***‡1***	***5***	***..***	***59.32***	***23.70***	***Seretide MDI 125/25***	***GK***

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	FLUTICASONE PROPIONATE with SALMETEROL XINAFOATE—cont.							
8519J	***Oral pressurised inhalation 250 micrograms- 25 micrograms (base) per dose (120 doses), CFC-free formulation***	***‡1***	***5***	***..***	***79.46***	***23.70***	***Seretide MDI 250/25***	***GK***
8430Q	***Powder for oral inhalation in breath actuated device 100 micrograms- 50 micrograms (base) per dose (60 doses)***	***‡1***	***5***	***..***	***45.90***	***23.70***	***Seretide Accuhaler 100/50***	***GK***
8431R	***Powder for oral inhalation in breath actuated device 250 micrograms- 50 micrograms (base) per dose (60 doses)***	***‡1***	***5***	***..***	***59.32***	***23.70***	***Seretide Accuhaler 250/50***	***GK***
8432T	***Powder for oral inhalation in breath actuated device 500 micrograms- 50 micrograms (base) per dose (60 doses)***	***‡1***	***5***	***..***	***79.46***	***23.70***	***Seretide Accuhaler 500/50***	***GK***
	Other drugs for obstructive airway diseases, inhalants							
	• ***Glucocorticoids***							
	BECLOMETHASONE DIPROPIONATE							
8406K	Oral pressurised inhalation 50 micrograms per dose (200 doses), CFC-free formulation	‡1	5	..	17.39	18.32	Qvar 50	MM
8407L	Oral pressurised inhalation 100 micrograms per dose (200 doses), CFC-free formulation	‡1	5	..	31.39	23.70	Qvar 100	MM
	BECLOMETHASONE DIPROPIONATE							
	Restricted benefit							
	Patients unable to achieve co-ordinated use of other metered dose inhalers containing this drug.							
8408M	***Oral pressurised inhalation in breath actuated device 50 micrograms per dose (200 doses), CFC-free formulation***	***‡1***	***5***	***..***	***25.87***	***23.70***	***Qvar 50 Autohaler***	***MM***
8409N	***Oral pressurised inhalation in breath actuated device 100 micrograms per dose (200 doses), CFC-free formulation***	***‡1***	***5***	***..***	***36.99***	***23.70***	***Qvar 100 Autohaler***	***MM***
	BUDESONIDE							
2070Y	Powder for oral inhalation in breath actuated device 100 micrograms per dose (200 doses)	‡1	5	..	21.38	22.31	Pulmicort Turbuhaler	AP

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	BUDESONIDE—cont.							
2071B	Powder for oral inhalation in breath actuated device 200 micrograms per dose (200 doses)	‡1	5	..	29.04	23.70	Pulmicort Turbuhaler	AP
2072C	Powder for oral inhalation in breath actuated device 400 micrograms per dose (200 doses)	‡1	5	..	44.36	23.70	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***	***..***	***35.75***	***23.70***	***Pulmicort Respules***	***AP***
2066R	***Nebuliser suspension single dose units 1 mg in 2 mL, 30***	***‡1***	***5***	***..***	***47.96***	***23.70***	***Pulmicort Respules***	***AP***
	FLUTICASONE PROPIONATE							
8516F	Oral pressurised inhalation 50 micrograms per dose (120 doses), CFC-free formulation	‡1	5	..	15.21	16.14	Flixotide Junior	GK
8345F	Oral pressurised inhalation 125 micrograms per dose (120 doses), CFC-free formulation	‡1	5	..	28.63	23.70	Flixotide	GK
8346G	Oral pressurised inhalation 250 micrograms per dose (120 doses), CFC-free formulation	‡1	5	..	48.77	23.70	Flixotide	GK
8147T	Powder for oral inhalation in breath actuated device 100 micrograms per dose (60 doses)	‡1	5	..	15.21	16.14	Flixotide Junior Accuhaler	GK
8148W	Powder for oral inhalation in breath actuated device 250 micrograms per dose (60 doses)	‡1	5	..	28.63	23.70	Flixotide Accuhaler	GK
8149X	Powder for oral inhalation in breath actuated device 500 micrograms per dose (60 doses)	‡1	5	..	48.77	23.70	Flixotide Accuhaler	GK
	• ***Anticholinergics***							
	IPRATROPIUM BROMIDE							
8671J	Oral pressurised inhalation 21 micrograms per dose (200 doses), CFC-free formulation	2	5	..	*39.50	23.70	Atrovent	BY

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	IPRATROPIUM BROMIDE—cont.							
	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***	***..***	****53.06***	***23.70***	***Atrovent Autohaler***	***BY***
	Restricted benefit							
	Asthma in patients unable to use this drug delivered from an oral pressurised inhalation device via a spacer; ***Chronic obstructive pulmonary disease in patients unable to use this drug delivered from an oral pressurised inhalation device via a spacer.***							
1542E	***Nebuliser solution single dose units 250 micrograms (anhydrous) in 1 mL, 30***	***2***	***5***	***..***	****51.14***	***23.70***	[a] ***Apoven 250***	***DP***
							[a] ***Chem mart Ipratropium***	***CH***
							[a] ***DBL Ipratropium***	***MX***
							[a] ***GenRx Ipratropium***	***GX***
							[a] ***healthsense Ipratropium***	***HS***
							[a] ***Ipratrin***	***AF***
							[a] ***Ipravent***	***PU***
							[a] ***Terry White Chemists Ipratropium***	***TW***
				[B]0.96	****52.10***	***23.70***	[a] ***Atrovent***	***BY***
8238N	***Nebuliser solution single dose units 500 micrograms (anhydrous) in 1 mL, 30***	***2***	***5***	***..***	****59.60***	***23.70***	[a] ***Apoven 500***	***DP***
							[a] ***Chem mart Ipratropium***	***CH***
							[a] ***DBL Ipratropium***	***MX***
							[a] ***GenRx Ipratropium***	***GX***
							[a] ***healthsense Ipratropium***	***HS***
							[a] ***Ipratrin Adult***	***AF***
							[a] ***Ipravent***	***PU***
							[a] ***Terry White Chemists Ipratropium***	***TW***
				[B]0.92	****60.52***	***23.70***	[a] ***Atrovent Adult***	***BY***
1541D	***Nebuliser solution 250 micrograms (anhydrous) per mL (0.025%), 20 mL***	***2***	***2***	***..***	****18.52***	***19.45***	***Atrovent***	***BY***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	TIOTROPIUM BROMIDE MONOHYDRATE							
	Restricted benefit							
	For the long-term maintenance treatment of bronchospasm and dyspnoea associated with chronic obstructive pulmonary disease.							
8626B	***Capsule containing powder for oral inhalation 18 micrograms (base) (for use in HandiHaler)***	***30***	***5***	***..***	***77.48***	***23.70***	***Spiriva***	***BY***
	• ***Antiallergic agents, excl. corticosteroids***							
	NEDOCROMIL SODIUM							
8365G	Oral pressurised inhalation 2 mg per dose (112 doses), CFC-free formulation	‡1	5	..	33.61	23.70	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	..	31.42	23.70	Intal Spincaps	AV
1124E	Solution for inhalation 20 mg in 2 mL ampoule	120	3	..	*60.12	23.70	Intal	AV
2872E	Oral pressurised inhalation 1 mg per dose (200 doses)	‡1	5	..	28.01	23.70	Intal	AV
8334P	Oral pressurised inhalation 5 mg per dose (112 doses), CFC-free formulation	‡1	5	..	33.61	23.70	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	..	9.35	10.28	AP	

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ADRENALINE—cont.							
	Authority required							
	Initial supply for anticipated emergency treatment of acute allergic reactions with anaphylaxis in a patient who has been assessed to be at significant risk of anaphylaxis by, or in consultation with, a clinical immunologist, allergist, paediatrician or respiratory physician. The name of the specialist consulted must be provided at the time of application for initial supply;							
	Continuing supply for anticipated emergency treatment of acute allergic reactions with anaphylaxis, where the patient has previously been issued with an authority prescription for this drug.							
	NOTE:							
	The auto-injector should be provided in the framework of a comprehensive anaphylaxis prevention program and an emergency action plan including training in recognition of the symptoms of anaphylaxis and the use of the auto-injector device. (For further information see the Australasian Society of Clinical Immunology and Allergy website at www.allergy.org.au.)							
8697R	***I.M. injection 150 micrograms in 0.3 mL single dose syringe auto-injector***	***1***	***..***	***..***	***96.32***	***23.70***	***EpiPen Jr.***	***CS***
8698T	***I.M. injection 300 micrograms in 0.3 mL single dose syringe auto-injector***	***1***	***..***	***..***	***96.32***	***23.70***	***EpiPen***	***CS***
	NOTE:							
	Authorities for increased maximum quantities, up to a maximum of 2, may be authorised for children aged less than 17 years where 2 auto-injectors are necessary to ensure 1 is on hand at all times. No increased maximum quantities will be authorised for patients aged 17 years or older.							
	No repeats will be issued.							
	• ***Selective beta-2-adrenoceptor agonists***							
	SALBUTAMOL SULFATE							
1103C	Syrup 2 mg (base) per 5 mL, 150 mL	2	5	..	*12.44	13.37	Ventolin	GK
	TERBUTALINE SULFATE							
1034K	Injection 500 micrograms in 1 mL	5	..	..	9.84	10.77	Bricanyl	AP
	Other systemic drugs for obstructive airway diseases							
	• ***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	..	8.54	9.47	Nuelin	MM
8230E	Tablet 200 mg (sustained release)	100	5	..	10.34	11.27	Nuelin-SR 200	MM
2634P	Tablet 250 mg (sustained release)	100	5	..	11.48	12.41	Nuelin-SR 250	MM
8231F	Tablet 300 mg (sustained release)	100	5	..	12.84	13.77	Nuelin-SR 300	MM
2614N	Syrup 133.3 mg per 25 mL, 500 mL	‡1	5	..	9.01	9.94	Nuelin	MM

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• ***Leukotriene receptor antagonists***							
	MONTELUKAST SODIUM							
	NOTE:							
	Montelukast sodium is not PBS-subsidised for use in children with moderate or severe asthma. It is not intended as an alternative for children who require a corticosteroid as a preventer medication. Montelukast sodium is not PBS-subsidised for use in combination with other preventer medications. PBS subsidy for montelukast sodium will therefore cease for patients who require a preventer medication in addition to montelukast sodium.							
	NOTE:							
	No applications for increased maximum quantities and/or repeats will be authorised.							
	Authority required							
	First-line preventer medication, as the single preventer agent for children aged 2 to 5 years with frequent episodic or mild persistent asthma, as an alternative to sodium cromoglycate or nedocromil sodium.							
8627C	***Chewable tablet 4 mg (base)***	***28***	***5***	***..***	***46.72***	***23.70***	***Singulair***	***MK***
	Authority required							
	First-line preventer medication, as the single preventer agent for children aged 6 to 14 years with frequent episodic or mild persistent asthma, as an alternative to sodium cromoglycate or nedocromil sodium.							
8628D	***Chewable tablet 5 mg (base)***	***28***	***5***	***..***	***46.72***	***23.70***	***Singulair***	***MK***
	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***	***..***	***53.06***	***23.70***	***Mucomyst***	***BQ***
	Cough suppressants, excl. combinations with expectorants							
	• ***Opium alkaloids and derivatives***							
	CODEINE PHOSPHATE							
1214X	Tablet 30 mg	20	..	..	10.44	11.37	FM	
	ANTIHISTAMINES FOR SYSTEMIC USE							
	Antihistamines for systemic use							
	• ***Phenothiazine derivatives***							
	PROMETHAZINE HYDROCHLORIDE							
1948M	Injection 50 mg in 2 mL	10	..	..	*18.20	19.13	MX	

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	OPHTHALMOLOGICALS							
	Antiinfectives							
	• ***Antibiotics***							
	AZITHROMYCIN							
	Restricted benefit							
	Trachoma.							
	NOTE:							
	No applications for increased maximum quantities and/or repeats will be authorised.							
8336R	***Tablet 500 mg***	***2***	***2***	***..***	***21.93***	***22.86***	***Zithromax***	***PF***
8201P	***Powder for oral suspension 200 mg per 5 mL, 15 mL***	***‡1***	***..***	***..***	***#18.91***	***20.23***	***Zithromax***	***PF***
	CHLORAMPHENICOL							
2360F	Eye drops 5 mg per mL (0.5%), 10 mL	‡1	2	..	7.51	8.44	Chloromycetin Chlorsig	PF SI
1171P	Eye ointment 10 mg per g (1%), 4 g	‡1	..	..	7.18	8.11	Chloromycetin Chlorsig	PF SI
	GENTAMICIN SULFATE							
	Restricted benefit							
	Invasive ocular infection;							
	Perioperative use in ophthalmic surgery;							
	Suspected pseudomonal eye infection.							
1441W	***Eye drops 3 mg (base) per mL (0.3%), 5 mL***	***‡1***	***2***	***..***	***16.24***	***17.17***	***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	..	..	7.37	8.30	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	..	7.63	8.56	Neosporin	WR
	TOBRAMYCIN							
	Restricted benefit							
	Invasive ocular infection;							
	Perioperative use in ophthalmic surgery;							
	Suspected pseudomonal eye infection.							
2328M	***Eye drops 3 mg per mL (0.3%), 5 mL***	***‡1***	***2***	***..***	***16.24***	***17.17***	***Tobrex***	***AQ***
2329N	***Eye ointment 3 mg per g (0.3%), 3.5 g***	***‡1***	***..***	***..***	***18.55***	***19.48***	***Tobrex***	***AQ***
	• ***Sulfonamides***							
	SULFACETAMIDE SODIUM							
2063N	Eye drops 100 mg per mL (10%), 15 mL	‡1	2	..	8.87	9.80	Bleph 10	AG

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $		Proprietary Name and Manufacturer	
	• ***Antivirals***								
	ACICLOVIR								
	Restricted benefit								
	Herpes simplex keratitis.								
1002R	***Eye ointment 30 mg per g (3%), 4.5 g***	***‡1***	***..***	***..***	***22.92***	***23.70***		***Zovirax***	***GK***
	• ***Other antiinfectives***								
	CIPROFLOXACIN								
	Authority required								
	Bacterial keratitis.								
1217C	***Eye drops 3 mg per mL (0.3%), 5 mL***	***2***	***..***	***..***	****27.82***	***23.70***	[a]	***CiloQuin***	***IQ***
				[B]2.48	****30.30***	***23.70***	[a]	***Ciloxan***	***AQ***
	OFLOXACIN								
	Authority required								
	Bacterial keratitis.								
8383F	***Eye drops 3 mg per mL (0.3%), 5 mL***	***2***	***..***	***..***	****27.82***	***23.70***		***Ocuflox***	***AG***
	Antiinflammatory agents								
	• ***Corticosteroids, plain***								
	DEXAMETHASONE								
1288T	Eye drops 1 mg per mL (0.1%), 5 mL	‡1	2	..	8.24	9.17		Maxidex	AQ
	FLUOROMETHOLONE								
1204J	Eye drops 1 mg per mL (0.1%), 5 mL	‡1	5	..	8.24	9.17		Flucon FML Liquifilm	AQ AG
	FLUOROMETHOLONE ACETATE								
1438Q	Eye drops 1 mg per mL (0.1%), 5 mL	‡1	2	..	8.24	9.17		Flarex	AQ
	HYDROCORTISONE								
1489J	Eye drops 5 mg per mL (0.5%), 10 mL	‡1	5	..	10.27	11.20		Hycor	SI
1492M	Eye drops 10 mg per mL (1%), 10 mL	‡1	5	..	10.61	11.54		Hycor	SI
	HYDROCORTISONE ACETATE								
1497T	Eye ointment 5 mg per g (0.5%), 5 g	‡1	..	..	10.06	10.99		Hycor	SI
2441L	Eye ointment 10 mg per g (1%), 5 g	‡1	..	..	10.26	11.19		Hycor	SI
	• ***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***	***..***	***18.18***	***19.11***		***Prednefrin Forte***	***AG***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• ***Antiinflammatory agents, non-steroids***							
	DICLOFENAC SODIUM							
	Restricted benefit							
	Inhibition of intraoperative miosis.							
8329J	***Eye drops 1 mg per mL (0.1%), 5 mL***	***‡1***	***..***	***..***	***12.18***	***13.11***	***Voltaren Ophtha***	***NV***
	FLURBIPROFEN SODIUM							
8699W	Eye drops 300 micrograms per mL (0.03%), single dose units 0.4 mL, 5	1	..	..	12.18	13.11	Ocufen	AG
	Antiglaucoma preparations and miotics							
	• ***Sympathomimetics in glaucoma therapy***							
	APRACLONIDINE HYDROCHLORIDE							
	Restricted benefit							
	Short-term reduction of intra-ocular pressure in patients already on maximally tolerated anti-glaucoma therapy.							
8083K	***Eye drops 5 mg (base) per mL (0.5%), 10 mL***	***‡1***	***2***	***..***	***35.39***	***23.70***	***Iopidine 0.5%***	***AQ***
	BRIMONIDINE TARTRATE							
8351M	Eye drops 2 mg per mL (0.2%), 5 mL	‡1	5	..	18.74	19.67	[a] Enidin	PE
				[B]1.22	19.96	19.67	[a] Alphagan	AG
	DIPIVEFRINE HYDROCHLORIDE							
1351D	Eye drops 1 mg per mL (0.1%), 10 mL	‡1	5	..	20.47	21.40	Propine	AG
	• ***Parasympathomimetics***							
	CARBACHOL							
2535K	Eye drops 15 mg per mL (1.5%), 15 mL	‡1	5	..	22.36	23.29	Isopto Carbachol	AQ
2536L	Eye drops 30 mg per mL (3%), 15 mL	‡1	5	..	22.87	23.70	Isopto Carbachol	AQ
	PILOCARPINE HYDROCHLORIDE							
2778F	Eye drops 5 mg per mL (0.5%), 15 mL	‡1	5	..	10.36	11.29	[a] Pilopt	PE
				[B]1.87	12.23	11.29	[a] P.V. Carpine	AG
2595N	Eye drops 10 mg per mL (1%), 15 mL	‡1	5	..	10.36	11.29	Isopto Carpine	AQ
							[a] Pilopt	PE
				[B]1.87	12.23	11.29	[a] P.V. Carpine	AG
2596P	Eye drops 20 mg per mL (2%), 15 mL	‡1	5	..	11.51	12.44	Isopto Carpine	AQ
							[a] Pilopt	PE
				[B]1.88	13.39	12.44	[a] P.V. Carpine	AG
2597Q	Eye drops 30 mg per mL (3%), 15 mL	‡1	5	..	14.16	15.09	Isopto Carpine	AQ
							[a] Pilopt	PE
				[B]1.76	15.92	15.09	[a] P.V. Carpine	AG
2598R	Eye drops 40 mg per mL (4%), 15 mL	‡1	5	..	14.16	15.09	Isopto Carpine	AQ
							[a] Pilopt	PE
				[B]1.91	16.07	15.09	[a] P.V. Carpine	AG
2779G	Eye drops 60 mg per mL (6%), 15 mL	‡1	5	..	18.36	19.29	[a] Pilopt	PE
				[B]2.00	20.36	19.29	[a] P.V. Carpine	AG

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• ***Carbonic anhydrase inhibitors***							
	ACETAZOLAMIDE							
1004W	Tablet 250 mg	100	3	..	21.82	22.75	Diamox	WY
1005X	Injection 500 mg (solvent required) (codes 6501E, 6503G, 6504H, 6506K apply to above item with approved solvents)	1	..	..	22.26	23.19	Diamox	WY
	BRINZOLAMIDE							
8483L	Eye drops 10 mg per mL (1%), 5 mL	‡1	5	..	18.74	19.67	Azopt	AQ
	DORZOLAMIDE HYDROCHLORIDE							
8488R	Eye drops 20 mg (base) per mL (2%), 5 mL	‡1	5	..	18.74	19.67	Trusopt	MK
	DORZOLAMIDE HYDROCHLORIDE with TIMOLOL MALEATE							
	Restricted benefit							
	Reduction of elevated intra-ocular pressure in patients with open-angle glaucoma and ocular hypertension who are not adequately controlled with timolol maleate 5 mg (base) per mL (0.5%) eye drops.							
8567X	***Eye drops 20 mg (base)-5 mg (base) per mL (2%-0.5%), 5 mL***	***‡1***	***5***	***..***	***26.91***	***23.70***	***Cosopt***	***MK***
	• ***Beta blocking agents***							
	BETAXOLOL HYDROCHLORIDE							
2811Y	Eye drops, suspension, 2.5 mg (base) per mL (0.25%), 5 mL	‡1	5	..	12.83	13.76	Betoptic S	AQ
2825Q	Eye drops, solution, 5 mg (base) per mL (0.5%), 5 mL	‡1	5	.. [B]2.01	12.83 14.84	13.76 13.76	[a] BetoQuin [a] Betoptic	IQ AQ
	LEVOBUNOLOL HYDROCHLORIDE							
1819R	Eye drops 2.5 mg per mL (0.25%), 5 mL	‡1	5	..	11.74	12.67	Betagan	AG
	TIMOLOL MALEATE							
1278G	Eye drops 2.5 mg (base) per mL (0.25%), 5 mL	‡1	5	.. [B]1.09	11.74 12.83	12.67 12.67	[a] Tenopt [a] Timoptol	SI FR
1279H	Eye drops 5 mg (base) per mL (0.5%), 5 mL	‡1	5	.. [B]1.15	12.83 13.98	13.76 13.76	[a] Tenopt [a] Timoptol	SI FR
1925H	Eye drops (gellan gum solution) 2.5 mg (base) per mL (0.25%), 2.5 mL	‡1	5	..	11.74	12.67	Timoptol XE	MK
1926J	Eye drops (gellan gum solution) 5 mg (base) per mL (0.5%), 2.5 mL	‡1	5	..	12.83	13.76	Timoptol XE	MK
	TIMOLOL MALEATE with PILOCARPINE HYDROCHLORIDE							
2664F	Eye drops 5 mg (base)-20 mg per mL (0.5%-2%), 5 mL	‡1	5	..	18.96	19.89	Timpilo 2	MK
2665G	Eye drops 5 mg (base)-40 mg per mL (0.5%-4%), 5 mL	‡1	5	..	21.33	22.26	Timpilo 4	MK

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	• ***Prostaglandin analogues***							
	BIMATOPROST							
8620Q	Eye drops 300 micrograms per mL (0.03%), 3 mL	‡1	5	..	34.12	23.70	Lumigan	AG
	LATANOPROST							
8243W	Eye drops 50 micrograms per mL (0.005%), 2.5 mL	‡1	5	..	34.12	23.70	Xalatan	PU
	TRAVOPROST							
8597L	Eye drops 40 micrograms per mL (0.004%), 2.5 mL	‡1	5	..	34.12	23.70	Travatan	AQ
	Mydriatics and cycloplegics							
	• ***Anticholinergics***							
	ATROPINE SULFATE							
1092L	Eye drops 5 mg per mL (0.5%), 15 mL	‡1	2	..	9.40	10.33	Atropt	SI
1093M	Eye drops 10 mg per mL (1%), 15 mL	‡1	2	..	9.40	10.33	Atropt	SI
	HOMATROPINE HYDROBROMIDE							
2541R	Eye drops 20 mg per mL (2%), 15 mL	‡1	2	..	14.11	15.04	Isopto Homatropine	AQ
2542T	Eye drops 50 mg per mL (5%), 15 mL	‡1	2	..	18.26	19.19	Isopto Homatropine	AQ
	Decongestants and antiallergics							
	• ***Other antiallergics***							
	LODOXAMIDE TROMETAMOL							
	Authority required							
	Vernal kerato-conjunctivitis.							
8268E	***Eye drops 1 mg (base) per mL (0.1%), 10 mL***	***‡1***	***5***	***..***	***14.20***	***15.13***	***Lomide***	***AQ***
	SODIUM CROMOGLYCATE							
	Authority required							
	Vernal kerato-conjunctivitis.							
1127H	***Eye drops 20 mg per mL (2%), 10 mL***	***‡1***	***5***	***..***	***14.20***	***15.13***	***Opticrom***	***AV***
	Other ophthalmologicals							
	• ***Other ophthalmologicals***							
	CARBOMER 974							
	Authority required							
	Severe dry eye syndrome in patients who are sensitive to preservatives in multi-dose eye drops.							
8514D	***Ocular lubricating gel 3 mg per g (0.3%), single dose units 0.5 g, 30***	***3***	***5***	***..***	****33.97***	***23.70***	***Poly Gel***	***AQ***

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	CARBOMER 980							
	Restricted benefit							
	Severe dry eye syndrome, including Sjogren's syndrome.							
8384G	***Ocular lubricating gel 2 mg per g (0.2%), 10 g***	***‡1***	***5***	***..***	***9.28***	***10.21***	***GelTears***	***BU***
							Viscotears Liquid Gel	***NV***
	Authority required							
	Severe dry eye syndrome in patients who are sensitive to preservatives in multi-dose eye drops.							
8578L	***Eye drops 2 mg per g (0.2%), single dose units 0.6 mL, 30***	***3***	***5***	***..***	****33.97***	***23.70***	***Viscotears***	***NV***
	CARMELLOSE SODIUM							
	Restricted benefit							
	Severe dry eye syndrome, including Sjogren's syndrome.							
8548X	***Eye drops 5 mg per mL (0.5%), 15 mL***	***‡1***	***5***	***..***	***11.22***	***12.15***	***Refresh Tears Plus***	***AG***
8593G	***Eye drops 10 mg per mL (1%), 15 mL***	***‡1***	***5***	***..***	***11.22***	***12.15***	***Refresh Liquigel***	***AG***
	Authority required							
	Severe dry eye syndrome in patients who are sensitive to preservatives in multi-dose eye drops.							
2338C	***Eye drops 5 mg per mL (0.5%), single dose units 0.4 mL, 30***	***3***	***5***	***..***	****33.97***	***23.70***	***Cellufresh***	***AG***
2324H	***Eye drops 10 mg per mL (1%), single dose units 0.4 mL, 30***	***3***	***5***	***..***	****33.97***	***23.70***	***Celluvisc***	***AG***
	HYDROXYPROPYLCELLULOSE							
	Restricted benefit							
	Severe dry eye syndrome unresponsive to artificial tear solutions.							
1522D	***Ophthalmic inserts 5 mg, 60***	***‡1***	***5***	***..***	***37.66***	***23.70***	***Lacrisert***	***SI***
	HYPROMELLOSE							
	Restricted benefit							
	Severe dry eye syndrome, including Sjogren's syndrome.							
8287E	***Eye drops 3 mg per mL (0.3%), 15 mL (contains sodium perborate as preservative)***	***‡1***	***5***	***..***	***8.80***	***9.73***	[a] ***In a Wink Moisturising***	***CV***
				[B]1.86	***10.66***	***9.73***	[a] ***Genteal***	***NV***
2956N	***Eye drops 5 mg per mL (0.5%), 15 mL***	***‡1***	***5***	***..***	***8.80***	***9.73***	***Isopto Tears***	***AQ***
							Methopt	***SI***
2952J	***Eye drops 10 mg per mL (1%), 15 mL***	***‡1***	***5***	***..***	***9.28***	***10.21***	***Methopt Forte***	***SI***

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	HYPROMELLOSE with CARBOMER 980								
	Restricted benefit								
	Severe dry eye syndrome, including Sjogren's syndrome.								
8564R	***Ocular lubricating gel 3 mg-2 mg per g (0.3%-0.2%), 10 g***	***‡1***	***5***	***..***	***9.28***	***10.21***		***Genteal gel***	***NV***
	HYPROMELLOSE with DEXTRAN								
	Restricted benefit								
	Severe dry eye syndrome, including Sjogren's syndrome.								
1509K	***Eye drops 3 mg-1 mg per mL (0.3%-0.1%), 15 mL***	***‡1***	***5***	***..***	***11.22***	***12.15***	[a]	***Poly-Tears***	***IQ***
				[B]1.50	***12.72***	***12.15***	[a]	***Tears Naturale***	***AQ***
	Authority required								
	Severe dry eye syndrome in patients who are sensitive to preservatives in multi-dose eye drops.								
8299T	***Eye drops 3 mg-1 mg per mL (0.3%-0.1%), single dose units 0.4 mL, 28***	***3***	***5***	***..***	****32.02***	***23.70***		***Bion Tears***	***AQ***
	PARAFFIN								
1754H	Compound eye ointment 3.5 g	2	5	..	*18.00	18.93	[a]	Poly Visc	IQ
				[B]2.00	*20.00	18.93	[a]	Duratears	AQ
1750D	Pack containing 2 tubes compound eye ointment 3.5 g	‡1	5	..	18.00	18.93	[a]	Ircal Poly Visc	PE IQ
				[B]1.22	19.22	18.93	[a]	Lacri-Lube	AG
	POLYETHYLENE GLYCOL 400 with PROPYLENE GLYCOL								
	Restricted benefit								
	Severe dry eye syndrome, including Sjogren's syndrome.								
8676P	***Eye drops 4 mg-3 mg per mL (0.4%-0.3%), 15 mL***	***‡1***	***5***	***..***	***8.80***	***9.73***		***Systane***	***AQ***
	POLYVINYL ALCOHOL								
	Restricted benefit								
	Severe dry eye syndrome, including Sjogren's syndrome.								
2682E	***Eye drops 14 mg per mL (1.4%), 15 mL***	***‡1***	***5***	***..***	***9.28***	***10.21***	[a]	***PVA Tears***	***PE***
				[B]1.22	***10.50***	***10.21***	[a]	***Liquifilm Tears***	***AG***
2681D	***Eye drops 30 mg per mL (3%), 15 mL***	***‡1***	***5***	***..***	***13.34***	***14.27***	[a]	***PVA Forte***	***PE***
				[B]1.22	***14.56***	***14.27***	[a]	***Liquifilm Forte***	***AG***
	POLYVINYL ALCOHOL with POVIDONE								
	Restricted benefit								
	Severe dry eye syndrome, including Sjogren's syndrome.								
2675T	***Eye drops 14 mg-6 mg per mL (1.4%-0.6%), 15 mL***	***‡1***	***5***	***..***	***9.76***	***10.69***		***Tears Plus***	***AG***

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	OTOLOGICALS							
	Antiinfectives							
	• ***Antiinfectives***							
	CHLORAMPHENICOL							
1172Q	Ear drops (aqueous) 5 mg per mL (0.5%), 5 mL	‡1	2	..	9.25	10.18	Chloromycetin	PF
	NEOMYCIN UNDECENOATE with BACITRACIN ZINC							
2296W	Ear ointment 12 mg (3.5 mg base)-400 units per g, 10 g	‡1	..	..	6.86	7.79	Nemdyn	HA
	Corticosteroids and antiinfectives in combination							
	• ***Corticosteroids and antiinfectives in combination***							
	DEXAMETHASONE with FRAMYCETIN SULFATE and GRAMICIDIN							
2781J	Ear drops 500 micrograms-5 mg-50 micrograms per mL, 8 mL	‡1	2	..	7.01	7.94	[a] Otodex	QM
				[B]1.50	8.51	7.94	[a] Sofradex	AV
2759F	Ear ointment 500 micrograms-5 mg-50 micrograms per g, 5 g	‡1	2	..	6.35	7.28	Sofradex	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	..	7.01	7.94	[a] Otocomb Otic	BC
				[B]1.10	8.11	7.94	[a] Kenacomb Otic	BQ
2974M	Ear ointment 1 mg-2.5 mg (base)-250 micrograms-100,000 units per g (0.1%-0.25%-0.025%-100,000 units per g), 5 g	‡1	2	..	6.35	7.28	[a] Otocomb Otic	BC
				[B]1.10	7.45	7.28	[a] Kenacomb Otic	BQ
	OPHTHALMOLOGICAL AND OTOLOGICAL PREPARATIONS							
	Antiinfectives							
	• ***Antiinfectives***							
	FRAMYCETIN SULFATE							
1440T	Eye and ear drops 5 mg per mL (0.5%), 8 mL	‡1	2	..	7.54	8.47	Soframycin	AV
1439R	Eye/ear ointment 5 mg per g (0.5%), 5 g	‡1	..	..	7.20	8.13	Soframycin	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	
	ALLERGENS							
	Allergens							
	• ***Allergen extracts***							
	INSECT ALLERGEN EXTRACT—HONEY BEE VENOM							
2886X	Injection set containing 550 micrograms	1	..	..	201.56	23.70	Albey 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	..	..	201.56	23.70	Albey Paper Wasp Venom	TH
	INSECT ALLERGEN EXTRACT—YELLOW JACKET VENOM							
2883R	Injection set containing 550 micrograms	1	..	..	201.56	23.70	Albey Yellow Jacket Venom	TH
	ALL OTHER THERAPEUTIC PRODUCTS							
	All other therapeutic products							
	• ***Antidotes***							
	NALOXONE HYDROCHLORIDE							
1670X	Injection 40 micrograms in 2 mL	5	..	..	30.73	23.70	Narcan Neonatal	BT
1751E	Injection 400 micrograms in 1 mL	1	..	..	21.95	22.88	Naloxone Min-I-Jet	CS
1752F	Injection 800 micrograms in 2 mL	1	..	..	23.05	23.70	Naloxone Min-I-Jet	CS
1753G	Injection 2 mg in 5 mL	1	..	..	34.06	23.70	Naloxone Min-I-Jet	CS
	• ***Detoxifying agents for antineoplastic treatment***							
	CALCIUM FOLINATE							
8740B	Injection equivalent to 50 mg folinic acid in 5 mL	5	5	..	*183.41	23.70	Leucovorin Calcium	MX
	CALCIUM FOLINATE							
	Restricted benefit							
	Antidote to folic acid antagonists.							
2308L	***Tablet equivalent to 15 mg folinic acid***	***10***	***..***	***..***	***98.26***	***23.70***	***Leucovorin Calcium***	***MX***
	MESNA							
	Restricted benefit							
	Adjunctive therapy for use with ifosfamide or high dose cyclophosphamide.							
8078E	***Solution for I.V. injection 400 mg in 4 mL***	***15***	***5***	***..***	***73.27***	***23.70***	***Uromitexan***	***BX***
8079F	***Solution for I.V. injection 1 g in 10 mL***	***15***	***5***	***..***	***161.48***	***23.70***	***Uromitexan***	***BX***

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							
	Familial hypophosphataemia; Hypercalcaemia; Hypophosphataemic rickets; Vitamin D-resistant rickets.							
2946C	***Compound effervescent tablet containing elemental phosphorus 500 mg, sodium 469 mg (20.4 mmol), potassium 123 mg (3.1 mmol)***	***100***	***5***	***..***	***82.38***	***23.70***	***Phosphate Sandoz***	***NV***
	DIAGNOSTIC AGENTS							
	Urine tests							
	• ***Urine tests***							
	COPPER SULFATE							
1228P	Diagnostic compound tablets, 24	3	3	..	*67.00	23.70	Clinitest	BN
	GLUCOSE INDICATOR—URINE							
2352T	Reagent strips, 100	‡1	2	..	14.16	15.09	Clinistix	BN
3104J	Reagent strips, 100	‡1	2	..	15.03	15.96	Diastix	BN
	GLUCOSE and KETONE INDICATOR—URINE							
3106L	Reagent strips, 50	2	2	..	*15.42	16.35	Keto-Diabur-Test 5000	RD
3107M	Reagent strips, 100	‡1	2	..	15.53	16.46	Keto-Diastix	BN
	Other diagnostic agents							
	• ***Tests for diabetes***							
	GLUCOSE INDICATOR—BLOOD							
2891E	Electrode strips, 50	2	5	..	*52.68	23.70	Advantage II	RD
8557J	Electrode strips, 50	2	5	..	*52.68	23.70	GlucoMen Sensor	GD
8723D	Electrode strips, 50	2	5	..	*52.68	23.70	Omnitest EZ	BR
8176H	Discs containing electrode sensors, 10 sensors per disc, 5	2	5	..	*52.68	23.70	Ascensia Glucodisc	BN
8522M	Electrode strips, 100	‡1	5	..	52.68	23.70	Optium glucose	MS
8573F	Electrode strips, 100	‡1	5	..	52.68	23.70	SofTact	MS
8608C	Electrode strips, 100	‡1	5	..	52.68	23.70	TrueSense	MS
8190C	Reagent strips, 50	2	5	..	*52.68	23.70	Accu-Chek Active	RD
8739Y	Reagent strips, 50	2	5	..	*52.68	23.70	Accu-Chek Go	RD
2919P	Reagent strips, 50	2	5	..	*52.68	23.70	Accutrend Glucose	RD
2890D	Reagent strips, 50	2	5	..	*52.68	23.70	Betachek	NA

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	GLUCOSE INDICATOR—BLOOD—cont.							
8053W	Reagent strips, 50	2	5	..	*52.68	23.70	Betachek MERIDIAN	NA
2914J	Reagent strips, 50	2	5	..	*44.44	23.70	Glucoflex-R	TC
2917M	Reagent strips, 50	2	5	..	*44.44	23.70	Glucostix	BN

GLUCOSE INDICATOR—BLOOD
Authority required
Patients who have previously received this product as a pharmaceutical benefit;
Patients who have purchased a meter to be used with this product prior to 1 August 2003.

8634K	***Electrode strips, 50***	***2***	***5***	***..***	****60.34***	***23.70***	***Ascensia Elite***	***BN***
2926B	***Electrode strips, 100***	***‡1***	***5***	***..***	***54.38***	***23.70***	***Precision Plus***	***MS***

GENERAL NUTRIENTS

Other nutrients

- ***Other nutrients***

TRIGLYCERIDES, MEDIUM CHAIN
NOTE:
No applications for increased maximum quantities and/or repeats will be authorised.

Authority required
Chylous ascites;
Chylothorax;
Fat malabsorption due to liver disease, short gut syndrome, cystic fibrosis and gastrointestinal disorders;
Hyperlipoproteinaemia type 1;
Intractable childhood epilepsy or cerebrospinal fluid glucose transporter defect, requiring a ketogenic diet;
Long chain fatty acid oxidation disorders.

3128P	***Oil 500 mL***	***2***	***5***	***..***	****51.78***	***23.70***	***MCT Oil***	***SB***

- ***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. Combined intolerance is demonstrated 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 date of birth of the patient must be included in the authority application.
NOTE:
No applications for increased maximum quantities and/or repeats will be authorised.

8574G	***Compound powder 400 g***	***8***	***5***	***..***	****370.66***	***23.70***	***EleCare***	***AB***
8443J	***Compound powder 400 g***	***8***	***5***	***..***	****370.66***	***23.70***	***Neocate***	***SB***

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	AMINO ACIDS—SYNTHETIC, FORMULA—cont.							
	Authority required							
	Continuing treatment for combined intolerance (not infant colic) to cows' milk protein, soy protein and protein hydrolysate formulae in children up to the age of 2 years, where the child has been assessed by a suitably qualified allergist or paediatrician. The date of birth of the patient must be included in the authority application;							
	Treatment for combined intolerance (not infant colic) to cows' milk protein, soy protein and protein hydrolysate formulae in children aged 2 years and over, where the child is assessed by a suitably qualified allergist or paediatrician at intervals not greater than 6 months. The date of birth of the patient must be included in the authority application;							
	Severe intestinal malabsorption including short bowel syndrome where protein hydrolysate formulae have failed;							
	Severe intestinal malabsorption including short bowel syndrome where the patient has been receiving parenteral nutrition.							
	NOTE:							
	Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.							
8575H	***Compound powder 400 g***	***8***	***5***	***..***	****370.66***	***23.70***	***EleCare***	***AB***
3066J	***Compound powder 400 g***	***8***	***5***	***..***	****370.66***	***23.70***	***Neocate***	***SB***
	PROTEIN HYDROLYSATE FORMULA with MEDIUM CHAIN TRIGLYCERIDES							
	NOTE:							
	No applications for increased maximum quantities and/or repeats will be authorised.							
	Authority required							
	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. Intolerance is demonstrated when the child has failed to respond to a strict cows' milk protein free diet with a soy protein as the principal formula. The date of birth of the patient must be included in the authority application;							
	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 date of birth of the patient must be included in the authority application;							
	Continuing treatment for intolerance (not infant colic) to both cows' milk protein and soy protein in children aged 2 years and over, where the child has been assessed by a suitably qualified allergist or paediatrician. The date of birth of the patient must be included in the authority application;							
	Biliary atresia;							
	Chronic liver failure with fat malabsorption;							
	Chylous ascites;							
	Chylothorax;							
	Cystic fibrosis;							
	Enterokinase deficiency;							
	Proven fat malabsorption;							
	Severe diarrhoea of greater than 2 weeks' duration in infants under the age of 4 months. The date of birth of the patient must be included in the authority application;							
	Severe intestinal malabsorption including short bowel syndrome.							
2676W	***Compound powder 400 g***	***8***	***5***	***..***	****99.62***	***23.70***	***Alfaré***	***NT***

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	PROTEIN HYDROLYSATE FORMULA with MEDIUM CHAIN TRIGLYCERIDES—cont.							
	Authority required							
	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. Intolerance is demonstrated when the child has failed to respond to a strict cows' milk protein free diet with a soy protein as the principal formula. The date of birth of the patient must be included in the authority application;							
	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 date of birth of the patient must be included in the authority application;							
	Continuing treatment for intolerance (not infant colic) to both cows' milk protein and soy protein in children aged 2 years and over, where the child has been assessed by a suitably qualified allergist or paediatrician. The date of birth of the patient must be included in the authority application;							
	Biliary atresia;							
	Chronic liver failure with fat malabsorption;							
	Chylous ascites;							
	Cystic fibrosis;							
	Enterokinase deficiency;							
	Proven fat malabsorption;							
	Severe diarrhoea of greater than 2 weeks' duration in infants under the age of 4 months. The date of birth of the patient must be included in the authority application;							
	Severe intestinal malabsorption including short bowel syndrome.							
8259Q	***Compound powder 450 g***	***8***	***5***	***..***	****106.34***	***23.70***	***Pepti-Junior***	***NU***
	TRIGLYCERIDES—MEDIUM CHAIN, FORMULA							
	NOTE:							
	No applications for increased maximum quantities and/or repeats will be authorised.							
	Restricted benefit							
	Chylous ascites;							
	Chylothorax;							
	Fat malabsorption due to liver disease, short gut syndrome, cystic fibrosis and gastrointestinal disorders;							
	Hyperlipoproteinaemia type 1;							
	Long chain fatty acid oxidation disorders.							
	NOTE:							
	Monogen is not indicated for the treatment of intractable childhood epilepsy or cerebrospinal fluid glucose transporter defect requiring a ketogenic diet.							
8478F	***Compound powder 400 g***	***8***	***5***	***..***	****320.58***	***23.70***	***Monogen***	***SB***
	Restricted benefit							
	Chylous ascites;							
	Chylothorax;							
	Fat malabsorption due to liver disease, short gut syndrome, cystic fibrosis and gastrointestinal disorders.							
	NOTE:							
	Caprilon is not indicated for the treatment of intractable childhood epilepsy or cerebrospinal fluid glucose transporter defect requiring a ketogenic diet, long chain fatty acid oxidation disorders or hyperlipoproteinaemia type 1.							
8629E	***Compound powder 420 g***	***8***	***5***	***..***	****349.70***	***23.70***	***Caprilon***	***SB***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• *Milk substitutes*							
	MILK POWDER—LACTOSE FREE FORMULA							
	Authority required							
	Acute lactose intolerance in infants up to the age of 12 months. The date of birth of the patient must be included in the authority application.							
	NOTE:							
	No applications for increased maximum quantities and/or repeats will be authorised. No more than 1 application per patient will be authorised.							
8282X	***Infant formula powder 900 g***	***5***	***..***	***..***	****82.96***	***23.70***	***S-26 LF***	***WY***
2350Q	***Lactose-predigested powder infant formula 900 g***	***5***	***..***	***..***	****82.96***	***23.70***	***Karicare De-Lact***	***NU***
	Authority required							
	Proven chronic lactose intolerance in infants up to the age of 12 months. The date of birth of the patient must be included in the authority application. Lactose intolerance must have been proven by either:							
	(a) relief of symptoms on supervised withdrawal of lactose from the diet for 3 or 4 days and subsequent re-emergence of symptoms on rechallenge with lactose containing formulae or milk or food; or							
	(b) not less than 0.5% reducing substance in stool exudate tested with copper sulfate diagnostic compound tablet.							
	NOTE:							
	No applications for increased maximum quantities and/or repeats will be authorised.							
8283Y	***Infant formula powder 900 g***	***5***	***5***	***..***	****82.96***	***23.70***	***S-26 LF***	***WY***
2349P	***Lactose-predigested powder infant formula 900 g***	***5***	***5***	***..***	****82.96***	***23.70***	***Karicare De-Lact***	***NU***
	MILK POWDER—LACTOSE MODIFIED							
	Authority required							
	Acute lactose intolerance in children aged 1 year and over. The date of birth of the patient must be included in the authority application.							
	NOTE:							
	No applications for increased maximum quantities and/or repeats will be authorised. No more than 1 application per patient will be authorised.							
2358D	***Lactose-predigested powder 900 g***	***3***	***1***	***..***	****57.37***	***23.70***	***Digestelact***	***SJ***
	Authority required							
	Proven chronic lactose intolerance in children aged 1 year and over who are significantly malnourished. The date of birth of the patient must be included in the authority application. Lactose intolerance must have been proven by either:							
	(a) relief of symptoms on supervised withdrawal of lactose from the diet for 3 or 4 days and subsequent re-emergence of symptoms on rechallenge with lactose containing formulae or milk or food; or							
	(b) not less than 0.5% reducing substance in stool exudate tested with copper sulfate diagnostic compound tablet.							
	NOTE:							
	No applications for increased maximum quantities and/or repeats will be authorised.							
2357C	***Lactose-predigested powder 900 g***	***3***	***10***	***..***	****57.37***	***23.70***	***Digestelact***	***SJ***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	MILK POWDER—SYNTHETIC							
	NOTE:							
	No applications for increased maximum quantities and/or repeats will be authorised.							
	Authority required							
	Hypercalcaemia in children under the age of 4 years.							
3092R	***Low calcium compound powder 400 g***	***8***	***5***	***..***	****295.86***	***23.70***	***Locasol***	***NU***
	• *Other combinations of nutrients*							
	AMINO ACID FORMULA without METHIONINE, THREONINE and VALINE and low in ISOLEUCINE							
	Restricted benefit							
	Methylmalonic acidaemia; Propionic acidaemia.							
3079C	***Powder 200 g***	***5***	***5***	***..***	****659.86***	***23.70***	***XMTVI Asadon***	***SB***
	AMINO ACID FORMULA without PHENYLALANINE							
	Restricted benefit							
	Phenylketonuria.							
8554F	***Capsules 500 mg, 200***	***16***	***5***	***..***	****1334.90***	***23.70***	***Phlexy-10***	***SB***
8678R	***Tablets 1 g, 75***	***24***	***5***	***..***	****1502.26***	***23.70***	***Phlexy-10***	***SB***
8706F	***Bars 42 g, 20***	***10***	***5***	***..***	****1662.66***	***23.70***	***Phlexy-10***	***SB***
2347M	***Sachets containing powder 20 g, 30***	***7***	***5***	***..***	****1542.21***	***23.70***	***Phlexy-10 Drink Mix***	***SB***
3072Q	***Powder 250 g***	***8***	***5***	***..***	****1260.98***	***23.70***	***PK AID II***	***SB***
	AMINO ACID FORMULA without PHENYLALANINE, TYROSINE and METHIONINE							
	Restricted benefit							
	Tyrosinaemia.							
2379F	***Powder 500 g***	***4***	***5***	***..***	****1468.98***	***23.70***	***XPTM Tyrosidon***	***SB***
	AMINO ACID FORMULA with VITAMINS, MINERALS and LONG CHAIN POLYUNSATURATED FATTY ACIDS without PHENYLALANINE							
	Restricted benefit							
	Phenylketonuria.							
8479G	***Infant formula, powder 400 g***	***8***	***5***	***..***	****725.14***	***23.70***	***XP Analog LCP***	***SB***
	AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE							
	Restricted benefit							
	For infants and very young children with pyridoxine non-responsive homocystinuria.							
8417B	***Infant formula, powder 400 g***	***8***	***5***	***..***	****718.42***	***23.70***	***XMET Analog***	***SB***
	Restricted benefit							
	Pyridoxine non-responsive homocystinuria.							
8677Q	***Sachets 20 g, 30***	***4***	***5***	***..***	****1430.38***	***23.70***	***HCU gel***	***VF***

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE—cont.							
8328H	***Powder 500 g***	***8***	***5***	***..***	****1419.06***	***23.70***	***XMET Maxamaid***	***SB***
8416Y	***Powder 500 g***	***8***	***5***	***..***	****1665.30***	***23.70***	***XMET Maxamum***	***SB***
	AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE, THREONINE and VALINE and low in ISOLEUCINE **Restricted benefit** ***Methylmalonic acidaemia;*** ***Propionic acidaemia.***							
8058D	***Infant formula, powder 400 g***	***8***	***5***	***..***	****648.50***	***23.70***	***XMTVI Analog***	***SB***
8059E	***Powder 500 g***	***8***	***5***	***..***	****1630.90***	***23.70***	***XMTVI Maxamaid***	***SB***
8061G	***Powder 500 g***	***8***	***5***	***..***	****2068.02***	***23.70***	***XMTVI Maxamum***	***SB***
	AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE **Restricted benefit** ***Phenylketonuria.***							
8555G	***Sachets 20 g, 30***	***4***	***5***	***..***	****918.78***	***23.70***	***PKU-gel***	***VF***
8591E	***Sachets 25 g, 30***	***4***	***5***	***..***	****1637.94***	***23.70***	***PKU-Express***	***VF***
8613H	***Sachets 29 g, 30***	***4***	***5***	***..***	****919.90***	***23.70***	***Minaphlex***	***SB***
8727H	***Sachets 50 g, 30***	***3***	***5***	***..***	****1596.79***	***23.70***	***XP Maxamum***	***SB***
8466N	***Infant formula, powder 350 g***	***8***	***5***	***..***	****512.18***	***23.70***	***Phenex-1***	***AB***
8544Q	***Infant formula, powder 400 g***	***8***	***5***	***..***	****584.66***	***23.70***	***Phenex-1***	***AB***
2737C	***Infant formula, powder 400 g***	***8***	***5***	***..***	****507.38***	***23.70***	***XP Analog***	***SB***
8467P	***Powder 325 g***	***10***	***5***	***..***	****888.66***	***23.70***	***Phenex-2***	***AB***
8545R	***Powder 400 g***	***8***	***5***	***..***	****874.90***	***23.70***	***Phenex-2***	***AB***
2738D	***Powder 500 g***	***8***	***5***	***..***	****911.54***	***23.70***	***XP Maxamaid***	***SB***
2739E	***Powder 500 g***	***8***	***5***	***..***	****1419.38***	***23.70***	***XP Maxamum***	***SB***
	AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE and TYROSINE **Restricted benefit** ***Tyrosinaemia.***							
8631G	***Sachets 20 g, 30***	***4***	***5***	***..***	****1723.90***	***23.70***	***TYR gel***	***VF***
8667E	***Sachets 25 g, 30***	***4***	***5***	***..***	****2667.38***	***23.70***	***TYR Express***	***VF***
8445L	***Infant formula, powder 400 g***	***8***	***5***	***..***	****795.06***	***23.70***	***XPhen, Tyr Analog***	***SB***
8446M	***Powder 500 g***	***8***	***5***	***..***	****1710.26***	***23.70***	***XPhen, Tyr Maxamaid***	***SB***
3078B	***Powder 500 g***	***8***	***5***	***..***	****2226.10***	***23.70***	***XPhen, Tyr Maxamum***	***SB***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	AMINO ACID FORMULA with VITAMINS and MINERALS without VALINE, LEUCINE and ISOLEUCINE							
	Restricted benefit							
	Maple syrup urine disease.							
8592F	***Sachets 20 g, 30***	***4***	***5***	***..***	****918.78***	***23.70***	***MSUD-gel***	***VF***
8632H	***Sachets 25 g, 30***	***4***	***5***	***..***	****1637.94***	***23.70***	***MSUD Express***	***VF***
8468Q	***Infant formula, powder 350 g***	***8***	***5***	***..***	****512.18***	***23.70***	***Ketonex-1***	***AB***
8546T	***Infant formula, powder 400 g***	***8***	***5***	***..***	****584.66***	***23.70***	***Ketonex-1***	***AB***
2380G	***Infant formula, powder 400 g***	***8***	***5***	***..***	****507.38***	***23.70***	***MSUD Analog***	***SB***
8469R	***Powder 325 g***	***10***	***5***	***..***	****888.66***	***23.70***	***Ketonex-2***	***AB***
8547W	***Powder 400 g***	***8***	***5***	***..***	****874.90***	***23.70***	***Ketonex-2***	***AB***
8310J	***Powder 500 g***	***4***	***5***	***..***	****1419.06***	***23.70***	***MSUD AID III***	***SB***
8260R	***Powder 500 g***	***8***	***5***	***..***	****911.54***	***23.70***	***MSUD Maxamaid***	***SB***
8057C	***Powder 500 g***	***8***	***5***	***..***	****1419.38***	***23.70***	***MSUD Maxamum***	***SB***
	CARBOHYDRATE, FAT, VITAMINS, MINERALS and TRACE ELEMENTS							
	Restricted benefit							
	Patients with proven inborn errors of protein metabolism who are unable to meet their energy requirements with permitted food and formulae.							
8576J	***Powder 400 g***	***8***	***5***	***..***	****266.66***	***23.70***	***Pro-Phree***	***AB***
8369L	***Powder 400 g***	***8***	***5***	***..***	****298.66***	***23.70***	***Energivit***	***SB***
	ESSENTIAL AMINO ACIDS FORMULA with MINERALS and VITAMIN C							
	Restricted benefit							
	Gyrate atrophy of the choroid and retina;							
	Urea cycle disorders.							
8001D	***Powder 200 g***	***10***	***5***	***..***	****653.46***	***23.70***	***Dialamine***	***SB***
	MILK PROTEIN and FAT FORMULA with VITAMINS and MINERALS—CARBOHYDRATE FREE							
	Restricted benefit							
	Patients with intractable seizures requiring treatment with a ketogenic diet;							
	Glucose transport protein defects;							
	Pyruvate dehydrogenase deficiency;							
	Infants and young children with glucose-galactose intolerance and multiple monosaccharide intolerance.							
8630F	***Powder 225 g***	***24***	***5***	***..***	****668.02***	***23.70***	***Carbohydrate Free Mixture***	***SB***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	MINERAL MIXTURE							
	NOTE:							
	For use with Amino Acid Formula without Phenylalanine.							
	Restricted benefit							
	Metabolic disorders.							
1451J	***Powder 250 g***	***‡1***	***5***	***..***	***49.98***	***23.70***	***Metabolic Mineral Mixture***	***SB***
	SOY PROTEIN and FAT FORMULA with VITAMINS and MINERALS—CARBOHYDRATE FREE							
	Restricted benefit							
	Patients with intractable seizures requiring treatment with a ketogenic diet;							
	Glucose transport protein defects;							
	Pyruvate dehydrogenase deficiency;							
	Infants and young children with glucose-galactose intolerance and multiple monosaccharide intolerance.							
8577K	***Liquid 384 mL***	***120***	***5***	***..***	****691.06***	***23.70***	***RCF***	***AB***
	TRIGLYCERIDES, MEDIUM CHAIN and LONG CHAIN with GLUCOSE POLYMER							
	Restricted benefit							
	Patients with proven inborn errors of protein metabolism who are unable to meet their energy requirements with permitted food and formulae.							
3136C	***Compound powder 400 g***	***8***	***5***	***..***	****256.18***	***23.70***	***Duocal***	***SB***
	WHEY PROTEIN FORMULA supplemented with AMINO ACIDS, VITAMINS and MINERALS, and low in PROTEIN, PHOSPHATE, POTASSIUM and LACTOSE							
	Authority required							
	Infants and young children with chronic renal failure requiring treatment with a low protein and a low phosphorus diet, or a low protein, a low phosphorus and a low potassium diet.							
8587Y	***Powder 400 g***	***16***	***5***	***..***	****786.74***	***23.70***	***Kindergen***	***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	..	15.15	16.08	AP	
2026P	Injection 9 mg per mL (0.9%), 10 mL	5	1	..	15.15	16.08	AP	
	WATER FOR INJECTIONS, STERILISED							
2216P	Injection 2 mL	5	3	..	10.26	11.19	AP	
2218R	Injection 10 mL	5	3	..	13.34	14.27	AP	

PREPARATIONS WHICH MAY BE PRESCRIBED FOR PATIENTS RECEIVING PALLIATIVE CARE

The prescribing of medications listed in this section is in accordance with the requirements for General Pharmaceutical Benefits in the Schedule unless otherwise detailed in the listing for the item.

In addition, certain additional principles have been applied by the Pharmaceutical Benefits Advisory Committee (PBAC) in recommending for whom these medications may be prescribed, and the number of repeats that may be approved by the Health Insurance Commission (HIC). These principles have been encompassed in the listings for the items, and further details are provided below to help doctors prescribing under this section.

For the purposes of this section a patient receiving palliative care is defined as:

> *A patient with an active, progressive, far-advanced disease for whom the prognosis is limited and the focus of care is the quality of life.*

The provision for increased maximum quantities and up to 3 repeats on the *initial* authority prescription is intended to provide up to 4 months' therapy in total. Where *continuing* treatment is required the provision of repeats is subject to confirmation by the prescriber that a palliative care physician or palliative care service has been consulted regarding the care of the patient.

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer
	ALIMENTARY TRACT AND METABOLISM						
	STOMATOLOGICAL PREPARATIONS						
	Stomatological preparations						
	• ***Other agents for local oral treatment***						
	CARMELLOSE SODIUM						
	Authority required						
	Initial supply (for up to 4 months) for palliative care patients where dry mouth is a symptom;						
	Continuing supply for palliative care patients where dry mouth is a symptom, and where consultation with a palliative care specialist or service has occurred.						
	NOTE:						
	No applications for increased repeats will be authorised.						
5333Q	***Mouth spray 10 mg per mL, 25 mL***	‡1	3	..	8.19	9.12	***Aquae HA***
5334R	***Mouth spray 10 mg per mL, 100 mL***	‡1	3	..	10.39	11.32	***Aquae HA***

continued ☞

PREPARATIONS WHICH MAY BE PRESCRIBED FOR PATIENTS RECEIVING PALLIATIVE CARE—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	CARMELLOSE SODIUM—cont.							
	Authority required							
	Continuing supply for palliative care patients where dry mouth is a symptom.							
	NOTE:							
	No applications for repeats will be authorised.							
5335T	***Mouth spray 10 mg per mL, 25 mL***	***‡1***	***..***	***..***	***8.19***	***9.12***	***Aquae***	***HA***
5336W	***Mouth spray 10 mg per mL, 100 mL***	***‡1***	***..***	***..***	***10.39***	***11.32***	***Aquae***	***HA***
	DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS							
	Belladonna and derivatives, plain							
	• ***Belladonna alkaloids semisynthetic, quaternary ammonium compounds***							
	HYOSCINE BUTYLBROMIDE							
	Authority required							
	Initial supply (for up to 4 months) for palliative care patients where colicky pain is a symptom;							
	Continuing supply for palliative care patients where colicky pain is a symptom, and where consultation with a palliative care specialist or service has occurred.							
	NOTE:							
	No applications for increased repeats will be authorised.							
5317W	***Injection 20 mg in 1 mL***	***5***	***3***	***..***	***15.37***	***16.30***	***Buscopan***	***BY***
	Authority required							
	Continuing supply for palliative care patients where colicky pain is a symptom.							
	NOTE:							
	No applications for repeats will be authorised.							
5318X	***Injection 20 mg in 1 mL***	***5***	***..***	***..***	***15.37***	***16.30***	***Buscopan***	***BY***
	ANTIEMETICS AND ANTINAUSEANTS							
	Antiemetics and antinauseants							
	• ***Other antiemetics***							
	PROMETHAZINE HYDROCHLORIDE							
	Authority required							
	Initial supply (for up to 4 months) for palliative care patients where nausea and/or vomiting is a problem;							
	Continuing supply for palliative care patients where nausea and/or vomiting is a problem, and where consultation with a palliative care specialist or service has occurred.							
	NOTE:							
	No applications for increased repeats will be authorised.							
5325G	***Tablet 10 mg***	***50***	***3***	***..***	***12.81***	***13.74***	***Phenergan***	***AV***
5326H	***Tablet 25 mg***	***50***	***3***	***..***	***14.88***	***15.81***	***Phenergan***	***AV***
5327J	***Oral liquid 5 mg per 5 mL, 100 mL***	***‡1***	***3***	***..***	***12.81***	***13.74***	***Phenergan***	***AV***

continued ☞

PREPARATIONS WHICH MAY BE PRESCRIBED FOR PATIENTS RECEIVING PALLIATIVE CARE—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	PROMETHAZINE HYDROCHLORIDE—cont.							
	Authority required							
	Continuing supply for palliative care patients where nausea and/or vomiting is a problem.							
	NOTE:							
	No applications for repeats will be authorised.							
5328K	***Tablet 10 mg***	***50***	***..***	***..***	***12.81***	***13.74***	***Phenergan***	***AV***
5329L	***Tablet 25 mg***	***50***	***..***	***..***	***14.88***	***15.81***	***Phenergan***	***AV***
5330M	***Oral liquid 5 mg per 5 mL, 100 mL***	***‡1***	***..***	***..***	***12.81***	***13.74***	***Phenergan***	***AV***

LAXATIVES

Laxatives

- *Contact laxatives*

BISACODYL

Authority required

Initial supply (for up to 4 months) for palliative care patients where constipation is a problem;
Continuing supply for palliative care patients where constipation is a problem, and where consultation with a palliative care specialist or service has occurred.

NOTE:

No applications for increased repeats will be authorised.

5301B	***Tablet 5 mg***	***200***	***3***	***..***	***13.71***	***14.64***	***Bisalax***	***AS***
5303D	***Suppositories 10 mg, 10***	***3***	***3***	***..***	****21.43***	***22.36***	***Durolax***	***BY***
5304E	***Suppositories 10 mg, 12***	***3***	***3***	***..***	****17.41***	***18.34***	***Fleet Laxative Suppositories***	***FL***
							Petrus Bisacodyl Suppositories	***PP***

Authority required

Continuing supply for palliative care patients where constipation is a problem.

NOTE:

No applications for repeats will be authorised.

5305F	***Tablet 5 mg***	***200***	***..***	***..***	***13.71***	***14.64***	***Bisalax***	***AS***
5307H	***Suppositories 10 mg, 10***	***3***	***..***	***..***	****21.43***	***22.36***	***Durolax***	***BY***
5308J	***Suppositories 10 mg, 12***	***3***	***..***	***..***	****17.41***	***18.34***	***Fleet Laxative Suppositories***	***FL***
							Petrus Bisacodyl Suppositories	***PP***

PREPARATIONS WHICH MAY BE PRESCRIBED FOR PATIENTS RECEIVING PALLIATIVE CARE—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	DOCUSATE SODIUM with BISACODYL							
	Authority required							
	Initial supply (for up to 4 months) for palliative care patients where constipation is a problem;							
	Continuing supply for palliative care patients where constipation is a problem, and where consultation with a palliative care specialist or service has occurred.							
	NOTE:							
	No applications for increased repeats will be authorised.							
5309K	***Suppositories 100 mg-10 mg, 5***	***6***	***3***	***..***	****21.40***	***22.33***	***Coloxyl***	***FM***
	Authority required							
	Continuing supply for palliative care patients where constipation is a problem.							
	NOTE:							
	No applications for repeats will be authorised.							
5310L	***Suppositories 100 mg-10 mg, 5***	***6***	***..***	***..***	****21.40***	***22.33***	***Coloxyl***	***FM***
	• *Bulk producers*							
	STERCULIA with FRANGULA BARK							
	Authority required							
	Initial supply (for up to 4 months) for palliative care patients where constipation is a problem;							
	Continuing supply for palliative care patients where constipation is a problem, and where consultation with a palliative care specialist or service has occurred.							
	NOTE:							
	No applications for increased repeats will be authorised.							
5321C	***Granules 473 mg-83 mg per g (47.3%-8.3%), 250 g***	***2***	***3***	***..***	****22.96***	***23.70***	***Granocol***	***SC***
5322D	***Granules 620 mg-80 mg per g (62%-8%), 500 g***	***‡1***	***3***	***..***	***22.96***	***23.70***	***Normacol Plus***	***NE***
	Authority required							
	Continuing supply for palliative care patients where constipation is a problem.							
	NOTE:							
	No applications for repeats will be authorised.							
5323E	***Granules 473 mg-83 mg per g (47.3%-8.3%), 250 g***	***2***	***..***	***..***	****22.96***	***23.70***	***Granocol***	***SC***
5324F	***Granules 620 mg-80 mg per g (62%-8%), 500 g***	***‡1***	***..***	***..***	***22.96***	***23.70***	***Normacol Plus***	***NE***

PREPARATIONS WHICH MAY BE PRESCRIBED FOR PATIENTS RECEIVING PALLIATIVE CARE—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• *Enemas*							
	BISACODYL							
	Authority required							
	Initial supply (for up to 4 months) for palliative care patients where constipation is a problem;							
	Continuing supply for palliative care patients where constipation is a problem, and where consultation with a palliative care specialist or service has occurred.							
	NOTE:							
	No applications for increased repeats will be authorised.							
5302C	***Enemas 10 mg in 5 mL, 25***	***‡1***	***3***	***..***	***35.68***	***23.70***	***Bisalax***	***AS***
	Authority required							
	Continuing supply for palliative care patients where constipation is a problem.							
	NOTE:							
	No applications for repeats will be authorised.							
5306G	***Enemas 10 mg in 5 mL, 25***	***‡1***	***..***	***..***	***35.68***	***23.70***	***Bisalax***	***AS***
	SORBITOL with SODIUM CITRATE and SODIUM LAURYL SULFOACETATE							
	Authority required							
	Initial supply (for up to 4 months) for palliative care patients where constipation is a problem;							
	Continuing supply for palliative care patients where constipation is a problem, and where consultation with a palliative care specialist or service has occurred.							
	NOTE:							
	No applications for increased repeats will be authorised.							
5331N	***Enemas 3.125 g-450 mg-45 mg in 5 mL, 12***	***2***	***3***	***..***	****31.36***	***23.70***	***Microlax***	***PH***
	Authority required							
	Continuing supply for palliative care patients where constipation is a problem.							
	NOTE:							
	No applications for repeats will be authorised.							
5332P	***Enemas 3.125 g-450 mg-45 mg in 5 mL, 12***	***2***	***..***	***..***	****31.36***	***23.70***	***Microlax***	***PH***
	• *Other laxatives*							
	GLYCEROL							
	Authority required							
	Initial supply (for up to 4 months) for palliative care patients where constipation is a problem;							
	Continuing supply for palliative care patients where constipation is a problem, and where consultation with a palliative care specialist or service has occurred.							
	NOTE:							
	No applications for increased repeats will be authorised.							
5311M	***Suppositories 700 mg (for infants), 12***	***3***	***3***	***..***	****14.68***	***15.61***	***PP***	

continued ☞

PREPARATIONS WHICH MAY BE PRESCRIBED FOR PATIENTS RECEIVING PALLIATIVE CARE—cont.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	GLYCEROL—cont.							
5312N	***Suppositories 1.4 g (for children), 12***	***3***	***3***	***..***	****15.07***	***16.00***	***PP***	
5313P	***Suppositories 2.8 g (for adults), 12***	***3***	***3***	***..***	****15.43***	***16.36***	***PP***	
	Authority required ***Continuing supply for palliative care patients where constipation is a problem.*** **NOTE:** ***No applications for repeats will be authorised.***							
5314Q	***Suppositories 700 mg (for infants), 12***	***3***	***..***	***..***	****14.68***	***15.61***	***PP***	
5315R	***Suppositories 1.4 g (for children), 12***	***3***	***..***	***..***	****15.07***	***16.00***	***PP***	
5316T	***Suppositories 2.8 g (for adults), 12***	***3***	***..***	***..***	****15.43***	***16.36***	***PP***	

NERVOUS SYSTEM

ANALGESICS

Other analgesics and antipyretics

- ***Anilides***

PARACETAMOL

Authority required

Initial supply (for up to 4 months) for palliative care patients for analgesia or fever where alternative therapy cannot be tolerated;
Continuing supply for palliative care patients for analgesia or fever where alternative therapy cannot be tolerated, and where consultation with a palliative care specialist or service has occurred.

NOTE:

No applications for increased repeats will be authorised.

5319Y	***Suppositories 500 mg, 24***	***‡1***	***3***	***..***	***24.82***	***23.70***	***Panadol***	***GC***

Authority required

Continuing supply for palliative care patients for analgesia or fever where alternative therapy cannot be tolerated.

NOTE:

No applications for repeats will be authorised.

5320B	***Suppositories 500 mg, 24***	***‡1***	***..***	***..***	***24.82***	***23.70***	***Panadol***	***GC***

PREPARATIONS WHICH MAY BE PRESCRIBED FOR PATIENTS RECEIVING PALLIATIVE CARE—cont.

Code	Name, Restriction, Manner of 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								
	• *Benzodiazepine derivatives*								
	CLONAZEPAM								
	Authority required								
	Initial supply (for up to 4 months) for palliative care patients for the prevention of epilepsy; Continuing supply for palliative care patients for the prevention of epilepsy, where consultation with a palliative care specialist or service has occurred.								
	NOTE:								
	No applications for increased repeats will be authorised.								
5337X	***Tablet 500 micrograms***	***100***	***3***	***..***	***13.74***	***14.67***	[a]	***Paxam 0.5***	***AF***
				[B]***2.37***	***16.11***	***14.67***	[a]	***Rivotril***	***RO***
5338Y	***Tablet 2 mg***	***100***	***3***	***..***	***21.73***	***22.66***	[a]	***Paxam 2***	***AF***
				[B]***2.68***	***24.41***	***22.66***	[a]	***Rivotril***	***RO***
5339B	***Oral liquid 2.5 mg per mL, 10 mL***	***2***	***3***	***..***	****12.58***	***13.51***		***Rivotril***	***RO***
	Authority required								
	Continuing supply for palliative care patients for the prevention of epilepsy.								
	NOTE:								
	No applications for repeats will be authorised.								
5340C	***Tablet 500 micrograms***	***100***	***..***	***..***	***13.74***	***14.67***	[a]	***Paxam 0.5***	***AF***
				[B]***2.37***	***16.11***	***14.67***	[a]	***Rivotril***	***RO***
5341D	***Tablet 2 mg***	***100***	***..***	***..***	***21.73***	***22.66***	[a]	***Paxam 2***	***AF***
				[B]***2.68***	***24.41***	***22.66***	[a]	***Rivotril***	***RO***
5342E	***Oral liquid 2.5 mg per mL, 10 mL***	***2***	***..***	***..***	****12.58***	***13.51***		***Rivotril***	***RO***

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

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ALIMENTARY TRACT AND METABOLISM							
	STOMATOLOGICAL PREPARATIONS							
	Stomatological preparations							
	• ***Antiinfectives and antiseptics for local oral treatment***							
	AMPHOTERICIN							
3306B	Lozenge 10 mg	20	..	..	7.75	8.68	Fungilin	BQ
	NYSTATIN							
3343Y	Oral suspension 100,000 units per mL, 24 mL	‡1	..	..	9.04	9.97	Mycostatin Nilstat	BQ SI
	• ***Other agents for local oral treatment***							
	BENZYDAMINE HYDROCHLORIDE							
	Restricted benefit							
	Radiation induced mucositis.							
5032W	***Mouth and throat rinse 22.5 mg per 15 mL, 500 mL***	***‡1***	***..***	***..***	***17.99***	***18.92***	***Difflam***	***MM***
	DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS							
	Belladonna and derivatives, plain							
	• ***Belladonna alkaloids, tertiary amines***							
	ATROPINE SULFATE							
5022H	Injection 600 micrograms in 1 mL	10	..	..	10.28	11.21	AP	
	Propulsives							
	• ***Propulsives***							
	METOCLOPRAMIDE HYDROCHLORIDE							
5151D	Tablet 10 mg	25	..	.. [B]2.98	6.27 9.25	7.20 7.20	Pramin Maxolon	AF ID
5152E	Syrup 5 mg per 5 mL, 100 mL	‡1	..	..	7.26	8.19	Maxolon	ID
5153F	Injection 10 mg in 2 mL	10	..	..	11.15	12.08	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	..	.. [B]1.95	7.26 9.21	8.19 8.19	[a] Stemzine [a] Stemetil	HP AV
5206B	Injection 12.5 mg in 1 mL	10	..	..	14.08	15.01	Stemetil	AV
5207C	Suppositories 5 mg, 5	‡1	..	..	15.28	16.21	Stemetil	AV
5208D	Suppositories 25 mg, 5	‡1	..	..	16.82	17.75	Stemetil	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	
	PROMETHAZINE HYDROCHLORIDE							
3374N	Injection 50 mg in 2 mL	10	..	..	*18.20	19.13	MX	
	ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ ANTIINFECTIVE AGENTS							
	Intestinal antiinfectives							
	• ***Antibiotics***							
	NYSTATIN							
3342X	Tablet 500,000 units	50	..	..	16.09	17.02	Nilstat	SI
3345C	Capsule 500,000 units	50	..	..	16.09	17.02	Nilstat	SI
	BLOOD AND BLOOD FORMING ORGANS							
	BLOOD SUBSTITUTES AND PERFUSION SOLUTIONS							
	I.V. solutions							
	• ***Solutions for parenteral nutrition***							
	GLUCOSE							
5106R	I.V. infusion 278 mmol (anhydrous) per L (5%), 1 L	5	..	..	*23.91	23.70	BX	
	• ***Solutions affecting the electrolyte balance***							
	SODIUM CHLORIDE							
5212H	I.V. infusion 154 mmol per L (0.9%), 1 L	5	..	..	*23.91	23.70	BX	
5213J	I.V. infusion 513 mmol per L (3%), 1 L	2	..	..	*16.32	17.25	BX	
	SODIUM CHLORIDE with GLUCOSE							
5214K	I.V. infusion 31 mmol-222 mmol (anhydrous) per L (0.18%-4%), 1 L	5	..	..	*23.91	23.70	BX	
5215L	I.V. infusion 19 mmol-104 mmol (anhydrous) per 500 mL (0.225%-3.75%), 500 mL	5	..	..	*29.96	23.70	BX	
5216M	I.V. infusion 39 mmol-69 mmol (anhydrous) per 500 mL (0.45%-2.5%), 500 mL	5	..	..	*29.96	23.70	BX	
	CARDIOVASCULAR SYSTEM							
	CARDIAC THERAPY							
	Antiarrhythmics, class I and III							
	• ***Antiarrhythmics, class IB***							
	LIGNOCAINE HYDROCHLORIDE							
5142P	Injection 100 mg in 5 mL	2	..	..	14.45	15.38	Xylocard 100	AP
	Cardiac stimulants excl. cardiac glycosides							
	• ***Adrenergic and dopaminergic agents***							
	ADRENALINE							
5004J	Injection 1 mg in 1 mL (1 in 1,000)	5	..	..	9.35	10.28	AP	

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	
	Vasodilators used in cardiac diseases							
	• ***Organic nitrates***							
	GLYCERYL TRINITRATE							
5108W	Tablets 600 micrograms, 100	‡1	..	..	7.82	8.75	[a] Lycinate	FM
				[B]1.30	9.12	8.75	[a] Anginine Stabilised	SI
	DERMATOLOGICALS							
	CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS							
	Corticosteroids, plain							
	• ***Corticosteroids, weak (group I)***							
	HYDROCORTISONE ACETATE							
	Restricted benefit							
	Treatment of corticosteroid-responsive dermatoses.							
5111B	***Cream 10 mg per g (1%), 30 g***	***‡1***	***..***	***..***	***6.50***	***7.43***	[a] ***Cortic-DS 1%***	***FM***
				[B]1.30	***7.80***	***7.43***	[a] ***Sigmacort***	***SI***
5113D	***Cream 10 mg per g (1%), 50 g***	***‡1***	***..***	***..***	***6.96***	***7.89***	***Cortef***	***DT***
							[a] ***Cortic-DS 1%***	***FM***
				[B]1.30	***8.26***	***7.89***	[a] ***Sigmacort***	***SI***
5112C	***Topical ointment 10 mg per g (1%), 30 g***	***‡1***	***..***	***..***	***6.50***	***7.43***	[a] ***Cortic-DS 1%***	***FM***
				[B]1.30	***7.80***	***7.43***	[a] ***Sigmacort***	***SI***
5114E	***Topical ointment 10 mg per g (1%), 50 g***	***‡1***	***..***	***..***	***6.96***	***7.89***	[a] ***Cortic-DS 1%***	***FM***
				[B]1.30	***8.26***	***7.89***	[a] ***Sigmacort***	***SI***
	SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES AND INSULINS							
	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***	***..***	***..***	***24.57***	***23.70***	***Celestone Chronodose***	***SH***
	HYDROCORTISONE SODIUM SUCCINATE							
	Restricted benefit							
	For use in a hospital.							
5118J	***Injection equivalent to 100 mg hydrocortisone with 2 mL solvent***	***6***	***..***	***..***	****35.56***	***23.70***	***Solu-Cortef***	***PH***
5119K	***Injection equivalent to 250 mg hydrocortisone with 2 mL solvent***	***6***	***..***	***..***	****47.68***	***23.70***	***Solu-Cortef***	***PH***

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	
	METHYLPREDNISOLONE ACETATE							
	Restricted benefit							
	For local intra-articular or peri-articular infiltration.							
5148Y	***Injection 40 mg in 1 mL***	***5***	***..***	***..***	***23.06***	***23.70***	[a] ***Depo-Nisolone***	***KR***
				[B]***0.74***	***23.80***	***23.70***	[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***	***..***	***..***	***24.57***	***23.70***	***Kenacort-A10***	***BQ***
	PANCREATIC HORMONES							
	Glycogenolytic hormones							
	• ***Glycogenolytic hormones***							
	GLUCAGON HYDROCHLORIDE							
5105Q	Injection set containing 1 mg (1 i.u.) and 1 mL solvent in disposable syringe	1	..	..	36.92	23.70	GlucaGen Hypokit	NO
	ANTIINFECTIVES FOR SYSTEMIC USE							
	ANTIBACTERIALS FOR SYSTEMIC USE							
	Tetracyclines							
	• ***Tetracyclines***							
	DOXYCYCLINE							
3321T	Tablet 100 mg	7	..	..	7.34	8.27	[a] Chem mart Doxycycline	CH
							[a] Doxsig	SI
							[a] Doxy-100	DP
							[a] Doxyhexal	HX
							[a] Doxylin 100	AF
							[a] GenRx Doxycycline	GX
							[a] Terry White Chemists Doxycycline	TW
				[B]1.60	8.94	8.27	[a] Vibramycin	PF
3322W	Capsule 100 mg	7	..	..	7.34	8.27	[a] Chem mart Doxycycline	CH
							[a] DBL Doxycycline	FA
							[a] GenRx Doxycycline	GX
							[a] healthsense Doxycycline	HS
							[a] Terry White Chemists Doxycycline	TW
				[B]1.52	8.86	8.27	[a] Doryx	MX

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	
	TETRACYCLINE HYDROCHLORIDE							
3383C	Capsule 250 mg	24	..	..	7.32	8.25	Achromycin	SI
	TETRACYCLINE HYDROCHLORIDE (BUFFERED)							
3386F	Capsule 250 mg	25	..	..	7.32	8.25	Tetrex	BC
	Beta-lactam antibacterials, penicillins							
	• ***Penicillins with extended spectrum***							
	AMOXYCILLIN							
3303W	Chewable tablet 250 mg	20	..	..	8.87	9.80	Amoxil	GK
3301R	Capsule 250 mg	20	..	..	7.86	8.79	[a] Alphamox 250	AF
							[a] Amohexal	HX
							[a] Amoxycillin-BC	BG
							[a] Amoxycillin-DP	DG
							[a] Bgramin	DP
							[a] Chem mart Amoxycillin	CH
							[a] Cilamox	SI
							[a] GenRx Amoxycillin	GX
							[a] healthsense Amoxycillin	HS
							[a] Moxacin	CS
							[a] Terry White Chemists Amoxycillin	TW
				[B]1.00	8.86	8.79	[a] Amoxil	GK
3300Q	Capsule 500 mg	20	..	..	11.04	11.97	[a] Alphamox 500	AF
							[a] Amohexal	HX
							[a] Amoxycillin-BC	BG
							[a] Amoxycillin-DP	DG
							[a] Bgramin	DP
							[a] Chem mart Amoxycillin	CH
							[a] Cilamox	SI
							[a] GenRx Amoxycillin	GX
							[a] healthsense Amoxycillin	HS
							[a] Moxacin	CS
							[a] Terry White Chemists Amoxycillin	TW
				[B]1.00	12.04	11.97	[a] Amoxil	GK
3309E	Sachet containing oral powder 3 g	1	..	..	8.72	9.65	Amoxil	GK
3310F	Powder for paediatric oral drops 100 mg per mL, 20 mL	‡1	..	..	#11.79	13.11	Amoxil	GK

continued ☞

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

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	AMOXYCILLIN—cont.							
3302T	Powder for syrup 125 mg per 5 mL, 100 mL	‡1	..	..	#9.85	11.17	[a] Alphamox 125	AF
							[a] Amohexal	HX
							Amoxycillin-BC	BG
							[a] Bgramin	DP
							[a] Chem mart Amoxycillin	CH
							[a] Cilamox	SI
							[a] GenRx Amoxycillin	GX
							[a] healthsense Amoxycillin	HS
							[a] Moxacin	CS
							[a] Terry White Chemists Amoxycillin	TW
				[B]1.00	#10.85	11.17	[a] Amoxil	GK
3393N	Powder for syrup 250 mg per 5 mL, 100 mL	‡1	..	..	#11.11	12.43	[a] Alphamox 250	AF
							[a] Amohexal	HX
							Amoxycillin-BC	BG
							[a] Bgramin	DP
							[a] Chem mart Amoxycillin	CH
							[a] Cilamox	SI
							[a] GenRx Amoxycillin	GX
							[a] healthsense Amoxycillin	HS
							[a] Moxacin 250	CS
							[a] Terry White Chemists Amoxycillin	TW
				[B]1.01	#12.12	12.43	[a] Amoxil Forte	GK
5225B	Powder for oral suspension 500 mg per 5 mL, 100 mL	‡1	..	..	#14.32	15.64	Maxamox	SZ
	AMPICILLIN							
5013W	Capsule 250 mg	24	..	..	8.50	9.43	Alphacin 250	AF
5014X	Capsule 500 mg	24	..	..	11.87	12.80	Alphacin 500	AF
3313J	Injection 500 mg (solvent required) (codes 6906L, 6908N, 6897B, 6899D apply to above item with approved solvents)	5	..	..	10.80	11.73	Austrapen	CS
3314K	Injection 1 g (solvent required) (codes 6909P, 6911R, 6900E, 6902G apply to above item with approved solvents)	5	..	..	14.73	15.66	[a] Aspen Ampicyn	AS
							[a] Austrapen	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	
	• ***Beta-lactamase sensitive penicillins***							
	BENZATHINE PENICILLIN							
5025L	Injection 900 mg in 2 mL cartridge-needle unit (for use with Tubex Injector)	1	..	..	22.47	23.40	Bicillin L-A Tubex	WY
	BENZYLPENICILLIN							
3398W	Injection 600 mg (solvent required) (codes 6915Y, 6917C, 6921G, 6923J apply to above item with approved solvents)	10	..	..	*22.16	23.09	BenPen	CS
3399X	Injection 3 g (solvent required) (codes 6918D, 6920F, 6924K, 6926M apply to above item with approved solvents)	10	..	..	*50.42	23.70	BenPen	CS
	PHENOXYMETHYLPENICILLIN							
3360W	Tablet 250 mg	50	..	..	*11.44	12.37	Abbocillin-VK Filmtab	SI
3361X	Tablet 500 mg	50	..	..	*14.74	15.67	Abbocillin-VK Filmtab	SI
3363B	Capsule 250 mg	50	..	..	11.24	12.17	[a] Cilicaine VK [a] Cilopen VK LPV [a] Penhexal VK	FM DP CS HX
3364C	Capsule 500 mg	50	..	..	14.44	15.37	[a] Cilicaine VK [a] Cilopen VK LPV [a] Penhexal VK	FM DP CS HX
3365D	Paediatric oral suspension 125 mg per 5 mL, 100 mL	2	..	.. [B]1.46	*11.34 *12.80	12.27 12.27	[a] Cilicaine V [a] Abbocillin-V	FM SI
3366E	Oral suspension 250 mg per 5 mL, 100 mL	2	..	.. [B]1.46	*14.12 *15.58	15.05 15.05	[a] Cilicaine V [a] Abbocillin-V	FM SI
	PROCAINE PENICILLIN							
3371K	Injection 1.5 g	5	..	..	52.40	23.70	Cilicaine	SI
	• ***Beta-lactamase resistant penicillins***							
	DICLOXACILLIN							
5098H	Injection 500 mg (solvent required) (codes 6933X, 6935B, 6936C, 6938E apply to above item with approved solvents)	5	..	..	16.74	17.67	Diclocil	BQ
5099J	Injection 1 g (solvent required) (codes 6939F, 6941H, 6942J, 6944L apply to above item with approved solvents)	5	..	..	23.60	23.70	Diclocil	BQ

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	
	DICLOXACILLIN—cont.							
	Restricted benefit							
	Serious staphylococcal infections.							
5096F	***Capsule 250 mg***	***24***	***..***	***..***	***11.28***	***12.21***	[a] ***Diclocil***	***BQ***
							[a] ***Dicloxsig***	***SI***
							[a] ***Distaph 250***	***AF***
5097G	***Capsule 500 mg***	***24***	***..***	***..***	***18.53***	***19.46***	[a] ***Diclocil***	***BQ***
							[a] ***Dicloxsig***	***SI***
							[a] ***Distaph 500***	***AF***
	FLUCLOXACILLIN							
	CAUTION:							
	Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.							
5094D	Injection 500 mg (solvent required) (codes 7013D, 7015F, 7016G, 7018J apply to above item with approved solvents)	5	..	..	16.62	17.55	[a] Aspen Flucil	AS
							[a] Flopen	CS
							[a] Flubiclox	DP
5095E	Injection 1 g (solvent required) (codes 7019K, 7021M, 7022N, 7024Q apply to above item with approved solvents)	5	..	..	23.42	23.70	[a] Aspen Flucil	AS
							[a] Flopen	CS
							[a] Flubiclox	DP
							[a] MX	
	FLUCLOXACILLIN							
	CAUTION:							
	Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.							
	Restricted benefit							
	Serious staphylococcal infections.							
5090X	***Capsule 250 mg***	***24***	***..***	***..***	***11.28***	***12.21***	[a] ***Flopen***	***CS***
							[a] ***Floxsig***	***SI***
							[a] ***Staphylex 250***	***AF***
				[B]***0.46***	***11.74***	***12.21***	[a] ***Floxapen***	***GK***
5091Y	***Capsule 500 mg***	***24***	***..***	***..***	***18.53***	***19.46***	[a] ***Flopen***	***CS***
							[a] ***Floxsig***	***SI***
							[a] ***Staphylex 500***	***AF***
				[B]***0.58***	***19.11***	***19.46***	[a] ***Floxapen***	***GK***
5092B	***Powder for syrup 125 mg per 5 mL, 100 mL***	***‡1***	***..***	***..***	***#12.96***	***14.28***	[a] ***Flopen***	***CS***
				[B]***0.06***	***#13.02***	***14.28***	[a] ***Floxapen***	***GK***
5093C	***Powder for syrup 250 mg per 5 mL, 100 mL***	***‡1***	***..***	***..***	***#16.69***	***18.01***	[a] ***Flopen***	***CS***
				[B]***0.10***	***#16.79***	***18.01***	[a] ***Floxapen***	***GK***

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	
	• ***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;								
	Infections where resistance to amoxycillin is proven.								
5008N	***Tablet 500 mg-125 mg***	***10***	***..***	***..***	***13.30***	***14.23***	[a]	***Clamohexal Duo 500mg/125mg***	***HX***
							[a]	***Clamoxyl Duo***	***ME***
							[a]	***Clavulin Duo***	***AW***
							[a]	***Curam 500/125***	***SZ***
							[a]	***Muric 500/125***	***SL***
				[B]0.99	***14.29***	***14.23***	[a]	***Augmentin Duo***	***GK***
5006L	***Tablet 875 mg-125 mg***	***10***	***..***	***..***	***16.97***	***17.90***	[a]	***Chem mart Amoxycillin and Clavulanic Acid***	***CH***
							[a]	***Clamohexal Duo Forte 875mg/125mg***	***HX***
							[a]	***Clamoxyl Duo forte***	***ME***
							[a]	***Clavulin Duo Forte***	***AW***
							[a]	***Curam 875/125***	***SZ***
							[a]	***GenRx Amoxycillin and Clavulanic Acid***	***GX***
							[a]	***Muric 875/125***	***SL***
							[a]	***Terry White Chemists Amoxycillin and Clavulanic Acid***	***TW***
				[B]1.30	***18.27***	***17.90***	[a]	***Augmentin Duo forte***	***GK***
5009P	***Powder for syrup 125 mg-31.25 mg per 5 mL, 75 mL***	***‡1***	***..***	***..***	***#12.30***	***13.62***	[a]	***Clamohexal 125mg/31.25 mg/5mL***	***HX***
							[a]	***Clamoxyl***	***ME***
							[a]	***Clavulin***	***AW***
				[B]0.96	***#13.26***	***13.62***	[a]	***Augmentin***	***GK***

continued ☞

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

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	AMOXYCILLIN with CLAVULANIC ACID—cont.							
5011R	***Powder for syrup 400 mg-57 mg per 5 mL, 60 mL***	***‡1***	***..***	***..***	***#14.58***	***15.90***	[a] ***Clamohexal Duo 400mg/57mg/5mL***	***HX***
							[a] ***Clamoxyl Duo 400***	***ME***
							[a] ***Clavulin Duo 400***	***AW***
				[B]***0.98***	***#15.56***	***15.90***	[a] ***Augmentin Duo 400***	***GK***
	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, 7040M, 7041N, 7043Q apply to above item with approved solvents)***	***10***	***..***	***..***	***152.06***	***23.70***	***Timentin***	***GK***
	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	..	..	14.42	15.35	[a] Cefaclor CD Hexal	HX
							[a] Cefkor CD	DP
							[a] Chem mart Cefaclor CD	CH
							[a] Douglas Cefaclor-CD	DG
							[a] GenRx Cefaclor CD	GX
							[a] healthsense Cefaclor CD	HS
							[a] Keflor CD	AF
							[a] Terry White Chemists Cefaclor CD	TW
				[B]1.04	15.46	15.35	[a] Ceclor CD	LY

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	
	CEFACLOR—cont.							
5046N	Powder for oral suspension 125 mg per 5 mL, 100 mL	‡1	..	..	#13.85	15.17	[a] Aclor 125	AW
							[a] Chem mart Cefaclor	CH
							[a] GenRx Cefaclor	GX
							[a] healthsense Cefaclor	HS
							[a] Keflor	AF
							[a] Terry White Chemists Cefaclor	TW
				[B]1.03	#14.88	15.17	[a] Ceclor	LY
5047P	Powder for oral suspension 250 mg per 5 mL, 75 mL	‡1	..	..	#14.35	15.67	[a] Aclor 250	AW
							[a] Chem mart Cefaclor	CH
							[a] GenRx Cefaclor	GX
							[a] healthsense Cefaclor	HS
							[a] Keflor	AF
							[a] Terry White Chemists Cefaclor	TW
				[B]1.05	#15.40	15.67	[a] Ceclor	LY
	CEFOTAXIME							
	Restricted benefit							
	Infections where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent.							
5048Q	***Injection 1 g (solvent required) (codes 6963L, 6965N, 6966P, 6968R apply to above item with approved solvents)***	***10***	***..***	***..***	****56.26***	***23.70***	[a] ***Cefotaxime-BC***	***BG***
							[a] ***Cefotaxime Sandoz***	***SZ***
				..	***56.26***	***23.70***	[a] ***MX***	
5049R	***Injection 2 g (solvent required) (codes 6969T, 6971X, 6972Y, 6974C apply to above item with approved solvents)***	***10***	***..***	***..***	****100.06***	***23.70***	[a] ***Cefotaxime-BC***	***BG***
							[a] ***Cefotaxime Sandoz***	***SZ***
				..	***100.06***	***23.70***	[a] ***MX***	
	CEFUROXIME AXETIL							
5052X	Tablet 250 mg (base)	14	..	..	14.70	15.63	Zinnat	GK

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	
	CEPHALEXIN							
3317N	Capsule 250 mg	20	..	..	8.31	9.24	[a] Cefalexin-BC	BG
							[a] Chem mart Cephalexin	CH
							[a] Cilex	DP
							[a] GenRx Cephalexin	GX
							[a] healthsense Cephalexin	HS
							[a] Ibilex 250	AF
							[a] Sporahexal	HX
							[a] Terry White Chemists Cephalexin	TW
				[B]1.26	9.57	9.24	[a] Keflex	LY
3318P	Capsule 500 mg	20	..	..	11.22	12.15	[a] Cefalexin-BC	BG
							[a] Chem mart Cephalexin	CH
							[a] Cilex	DP
							[a] GenRx Cephalexin	GX
							[a] healthsense Cephalexin	HS
							[a] Ibilex 500	AF
							[a] Sporahexal	HX
							[a] Terry White Chemists Cephalexin	TW
				[B]1.37	12.59	12.15	[a] Keflex	LY
3319Q	Granules for syrup 125 mg per 5 mL, 100 mL	‡1	..	..	#11.35	12.67	[a] Cefalexin-BC	BG
							[a] Chem mart Cephalexin	CH
							[a] Cilex	DP
							[a] GenRx Cephalexin	GX
							[a] Ibilex 125	AF
							[a] Terry White Chemists Cephalexin	TW
				[B]1.28	#12.63	12.67	[a] Keflex	LY
3320R	Granules for syrup 250 mg per 5 mL, 100 mL	‡1	..	..	#13.46	14.78	[a] Cefalexin-BC	BG
							[a] Chem mart Cephalexin	CH
							[a] Cilex	DP
							[a] GenRx Cephalexin	GX
							[a] Ibilex 250	AF
							[a] Terry White Chemists Cephalexin	TW
				[B]1.37	#14.83	14.78	[a] Keflex	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	
	CEPHALOTHIN							
3376Q	Injection 1 g (solvent required) (codes 6951W, 6953Y, 6927N, 6929Q apply to above item with approved solvents)	10	..	..	43.48	23.70	[a] MX	
				[B]0.30	43.78	23.70	[a] Keflin Neutral	LY

Sulfonamides and trimethoprim

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

TRIMETHOPRIM with SULFAMETHOXAZOLE

CAUTION:

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

3389J	Tablet 80 mg-400 mg	10	..	..	7.63	8.56	[a] Resprim	AF
				[B]1.54	9.17	8.56	[a] Septrin	SI
3390K	Tablet 160 mg-800 mg	10	..	..	8.57	9.50	[a] Bactrim DS	RO
							[a] Chem mart Trimethoprim with Sulfamethoxazole DS	CH
							[a] GenRx Trimethoprim with Sulfamethoxazole DS	GX
							[a] healthsense Trimethoprim with Sulfamethoxazole DS	HS
							[a] Resprim Forte	AF
							[a] Terry White Chemists Trimethoprim with Sulfamethoxazole DS	TW
							[a] Trimoxazole-BC 800/160	BG
				[B]1.46	10.03	9.50	[a] Septrin Forte	SI
3391L	Oral suspension 40 mg-200 mg per 5 mL, 100 mL	‡1	..	..	8.14	9.07	Bactrim	RO
							[a] Resprim	AF
				[B]1.91	10.05	9.07	[a] Septrin	SI

Macrolides, lincosamides and streptogramins

- ***Macrolides***

ERYTHROMYCIN

3326C	Capsule 175 mg	25	..	..	7.88	8.81	[a] DBL Erythromycin	FA
				[B]1.20	9.08	8.81	[a] Eryc LD	MX
3325B	Capsule 250 mg	25	..	..	9.20	10.13	[a] DBL Erythromycin	FA
				[B]1.20	10.40	10.13	[a] Eryc	MX

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	
	ERYTHROMYCIN ETHYL SUCCINATE							
3336N	Tablet 400 mg (base)	25	..	..	8.82	9.75	[a] E-Mycin	AF
				[B]2.89	11.71	9.75	[a] E.E.S. 400 Filmtab	AB
3334L	Powder for oral liquid 200 mg (base) per 5 mL, 100 mL	‡1	..	..	#10.74	12.06	[a] E-Mycin 200	AF
				[B]2.19	#12.93	12.06	[a] E.E.S. 200	AB
3337P	Powder for oral liquid 400 mg (base) per 5 mL, 100 mL	‡1	..	..	#12.61	13.93	[a] E-Mycin 400	AF
				[B]1.75	#14.36	13.93	[a] E.E.S. Granules	AB
	ERYTHROMYCIN LACTOBIONATE							
5088T	Powder for I.V. infusion 1 g (base)	5	..	..	*50.66	23.70	Erythrocin-I.V.	AB
	• ***Lincosamides***							
	CLINDAMYCIN							
	Restricted benefit							
	Gram-positive coccal infections where these cannot be safely and effectively treated with a penicillin.							
5057E	***Capsule 150 mg***	***25***	***..***	***..***	***17.85***	***18.78***	[a] ***Cleocin***	***KR***
				[B]1.47	***19.32***	***18.78***	[a] ***Dalacin C***	***PH***
	LINCOMYCIN							
5144R	Injection 600 mg in 2 mL	5	..	..	22.29	23.22	Lincocin	PH
	Other antibacterials							
	• ***Glycopeptide antibacterials***							
	VANCOMYCIN							
	Restricted benefit							
	Prophylaxis of endocarditis in patients hypersensitive to penicillin.							
3323X	***Injection 500 mg (500,000 i.u.) vancomycin activity (solvent required) (codes 6960H, 6962K, 6930R, 6932W apply to above item with approved solvents)***	***2***	***..***	***..***	****51.82***	***23.70***	[a] ***MX***	
				[B]0.36	****52.18***	***23.70***	[a] ***Vancocin***	***LY***
	• ***Imidazole derivatives***							
	METRONIDAZOLE							
3339R	Tablet 200 mg	21	..	..	6.68	7.61	[a] Metrogyl 200	AF
							[a] Metronide 200	HP
				[B]1.98	8.66	7.61	[a] Flagyl	AV
5159M	Tablet 400 mg	5	..	..	6.57	7.50	Metrogyl 400	AF
5157K	Suppositories 500 mg, 10	‡1	..	..	20.17	21.10	Flagyl	AV
	METRONIDAZOLE							
	Restricted benefit							
	Treatment of anaerobic infections.							
5155H	***Tablet 400 mg***	***21***	***..***	***..***	***9.41***	***10.34***	[a] ***Metrogyl 400***	***AF***
							[a] ***Metronide 400***	***HP***
				[B]2.07	***11.48***	***10.34***	[a] ***Flagyl***	***AV***

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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	
	METRONIDAZOLE—cont.							
	Restricted benefit							
	Treatment, in a hospital, of acute anaerobic sepsis.							
5154G	***I.V. infusion 500 mg in 100 mL***	***5***	***..***	***..***	****43.11***	***23.70***	***BX***	
	METRONIDAZOLE BENZOATE							
3341W	Oral suspension 320 mg per 5 mL (equivalent to 200 mg metronidazole in 5 mL), 100 mL	‡1	..	..	14.30	15.23	Flagyl S	AV
	VACCINES							
	Bacterial vaccines							
	• ***Tetanus vaccines***							
	TETANUS VACCINE, ADSORBED							
5223X	Injection 0.5 mL	3	..	..	*16.90	17.83	CS	
	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	..	..	7.56	8.49	Voltaren Rapid 50	NV
	DICLOFENAC SODIUM							
5079H	Suppository 100 mg	40	..	..	*22.94	23.70	Voltaren 100	NV
	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***	***..***	***..***	****13.42***	***14.35***	[a] ***Chem mart Diclofenac***	***CH***
							[a] ***Clonac 25***	***AW***
							[a] ***Diclofenac-BC***	***BG***
							[a] ***Diclohexal***	***HX***
							[a] ***Dinac***	***DP***
							[a] ***GenRx Diclofenac***	***GX***
							[a] ***healthsense Diclofenac***	***HS***
							[a] ***Terry White Chemists Diclofenac***	***TW***
				..	***13.42***	***14.35***	[a] ***Fenac 25***	***AF***
				[B]3.04	****16.46***	***14.35***	[a] ***Voltaren 25***	***NV***

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	
	DICLOFENAC SODIUM—cont.							
5077F	***Tablet 50 mg (enteric coated)***	***50***	***..***	***..***	***10.75***	***11.68***	[a] ***Chem mart Diclofenac***	***CH***
							[a] ***Clonac 50***	***AW***
							[a] ***Diclohexal***	***HX***
							[a] ***Dinac***	***DP***
							[a] ***Fenac***	***AF***
							[a] ***GenRx Diclofenac***	***GX***
							[a] ***healthsense Diclofenac***	***HS***
							[a] ***Terry White Chemists Diclofenac***	***TW***
				[B]***2.94***	***13.69***	***11.68***	[a] ***Voltaren 50***	***NV***
	INDOMETHACIN							
5128X	Suppository 100 mg	40	..	..	*19.56	20.49	Indocid	MK
	INDOMETHACIN							
	Restricted benefit							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.							
5126T	***Capsule 25 mg***	***100***	***..***	***..***	****7.88***	***8.81***	[a] ***Arthrexin***	***AF***
				[B]***3.06***	****10.94***	***8.81***	[a] ***Indocid***	***MK***
	SULINDAC							
	Restricted benefit							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.							
5217N	***Tablet 100 mg***	***100***	***..***	***..***	****14.48***	***15.41***	***Aclin***	***AF***
5218P	***Tablet 200 mg***	***50***	***..***	***..***	***13.42***	***14.35***	[a] ***Aclin 200***	***AF***
				[B]***2.80***	***16.22***	***14.35***	[a] ***Clinoril 200***	***FR***
	• ***Oxicams***							
	PIROXICAM							
	Restricted benefit							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component.							
5201R	***Dispersible tablet 10 mg***	***50***	***..***	***..***	***12.68***	***13.61***	[a] ***GenRx Piroxicam Dispersible***	***GX***
							[a] ***Mobilis D-10***	***AF***
							[a] ***Pirohexal-D***	***HX***
				[B]***2.75***	***15.43***	***13.61***	[a] ***Feldene-D***	***PF***

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	
	PIROXICAM—cont.							
5202T	***Dispersible tablet 20 mg***	***25***	***..***	***..***	***12.27***	***13.20***	[a] ***Chem mart Piroxicam Dispersible***	***CH***
							[a] ***GenRx Piroxicam Dispersible***	***GX***
							[a] ***healthsense Piroxicam Dispersible***	***HS***
							[a] ***Mobilis D-20***	***AF***
							[a] ***Pirohexal-D***	***HX***
							[a] ***Terry White Chemists Piroxicam Dispersible***	***TW***
				[B]***2.73***	***15.00***	***13.20***	[a] ***Feldene-D***	***PF***
5203W	***Capsule 10 mg***	***50***	***..***	***..***	***12.68***	***13.61***	[a] ***Chem mart Piroxicam***	***CH***
							[a] ***GenRx Piroxicam***	***GX***
							[a] ***healthsense Piroxicam***	***HS***
							[a] ***Mobilis 10***	***AF***
							[a] ***Terry White Chemists Piroxicam***	***TW***
				[B]***2.75***	***15.43***	***13.61***	[a] ***Feldene***	***PF***
5204X	***Capsule 20 mg***	***25***	***..***	***..***	***12.27***	***13.20***	[a] ***Chem mart Piroxicam***	***CH***
							[a] ***GenRx Piroxicam***	***GX***
							[a] ***healthsense Piroxicam***	***HS***
							[a] ***Mobilis 20***	***AF***
							[a] ***Terry White Chemists Piroxicam***	***TW***
				[B]***2.73***	***15.00***	***13.20***	[a] ***Feldene***	***PF***
	• ***Propionic acid derivatives***							
	IBUPROFEN							
5124Q	Tablets 400 mg, 20	‡1	..	..	7.56	8.49	Brufen	AB
	IBUPROFEN							
	Restricted benefit							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.							
5121M	***Tablet 200 mg***	***100***	***..***	***..***	****9.02***	***9.95***	***Rafen 200***	***AF***
5123P	***Tablet 400 mg***	***100***	***..***	***..***	****12.40***	***13.33***	***Brufen***	***AB***

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	
	KETOPROFEN								
5139L	Suppository 100 mg	40	..	..	*21.30	22.23		Orudis	AV

KETOPROFEN
Restricted benefit
Chronic arthropathies (including osteoarthritis) with an inflammatory component.

5136H	***Capsule 200 mg (sustained release)***	***28***	***..***	***..***	***15.25***	***16.18***	[a]	***Oruvail SR***	***HP***
				[B]***1.80***	***17.05***	***16.18***	[a]	***Orudis SR 200***	***AV***

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

5176K	***Tablet 250 mg***	***100***	***..***	***..***	****14.28***	***15.21***	[a]	***Inza 250***	***AF***
				[B]***3.10***	****17.38***	***15.21***	[a]	***Naprosyn***	***RO***
5177L	***Tablet 500 mg***	***50***	***..***	***..***	***13.21***	***14.14***	[a]	***Inza 500***	***AF***
				[B]***1.80***	***15.01***	***14.14***	[a]	***Naprosyn***	***RO***
5178M	***Tablet 750 mg (sustained release)***	***28***	***..***	***..***	***12.51***	***13.44***	[a]	***Proxen SR 750***	***MD***
				[B]***1.68***	***14.19***	***13.44***	[a]	***Naprosyn SR750***	***RO***
5179N	***Tablet 1 g (sustained release)***	***28***	***..***	***..***	***15.13***	***16.06***	[a]	***Proxen SR 1000***	***MD***
				[B]***1.77***	***16.90***	***16.06***	[a]	***Naprosyn SR1000***	***RO***

NAPROXEN SODIUM
Restricted benefit
Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.

5186Y	***Tablet 550 mg***	***50***	***..***	***..***	***13.47***	***14.40***	[a]	***Crysanal***	***MD***
				[B]***3.00***	***16.47***	***14.40***	[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***	***..***	***..***	****15.20***	***16.13***		***Dolobid***	***MK***
5081K	***Tablet 500 mg***	***50***	***..***	***..***	***14.89***	***15.82***		***Dolobid***	***MK***

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	
	NERVOUS SYSTEM							
	ANALGESICS							
	Opioids							
	• ***Natural opium alkaloids***							
	CODEINE PHOSPHATE							
5063L	Tablet 30 mg	20	..	..	10.44	11.37	FM	
	NOTE: Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.							
	CODEINE PHOSPHATE with PARACETAMOL							
3316M	Tablet 30 mg-500 mg	20	..	..	7.16	8.09	[a] Codalgin Forte	FM
							[a] Dolaforte	CO
							[a] Dymadon Forte	GK
							[a] Prodeine Forte	DK
				[B]1.24	8.40	8.09	[a] Panadeine Forte	SW
	HYDROMORPHONE HYDROCHLORIDE **CAUTION:** The risk of drug dependence is high.							
5129Y	Injection 2 mg in 1 mL	5	..	..	11.56	12.49	Dilaudid	AB
5130B	Injection 10 mg in 1 mL	5	..	..	17.04	17.97	Dilaudid-HP	AB
5131C	Injection 50 mg in 5 mL	5	..	..	45.77	23.70	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.***							
5115F	***Tablet 2 mg***	***20***	***..***	***..***	***12.31***	***13.24***	***Dilaudid***	***AB***
5116G	***Tablet 4 mg***	***20***	***..***	***..***	***15.98***	***16.91***	***Dilaudid***	***AB***
5117H	***Tablet 8 mg***	***20***	***..***	***..***	***22.46***	***23.39***	***Dilaudid***	***AB***
5132D	***Oral liquid 1 mg per mL, 473 mL***	***1***	***..***	***..***	***24.28***	***23.70***	***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***	***..***	***..***	***15.52***	***16.45***	***Ordine 2***	***MF***

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	
	MORPHINE HYDROCHLORIDE—cont.							
5238Q	***Oral solution 5 mg per mL, 200 mL***	***1***	***..***	***..***	***18.71***	***19.64***	***Ordine 5***	***MF***
5239R	***Oral solution 10 mg per mL, 200 mL***	***1***	***..***	***..***	***21.65***	***22.58***	***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	..	..	11.52	12.45	MX SI	
5169C	Injection 15 mg in 1 mL	5	..	..	11.85	12.78	MX SI	
5170D	Injection 30 mg in 1 mL	5	..	..	13.14	14.07	MX	
	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***	***..***	***..***	***13.03***	***13.96***	***Anamorph***	***FM***
	NOTE: ***Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.***							
	Restricted benefit ***Chronic severe disabling pain not responding to non-narcotic analgesics.***							
5162Q	***Tablet 5 mg (controlled release)***	***20***	***..***	***..***	***12.23***	***13.16***	***MS Contin***	***MF***
5164T	***Tablet 10 mg (controlled release)***	***20***	***..***	***..***	***15.54***	***16.47***	***MS Contin***	***MF***
5161P	***Tablet 15 mg (controlled release)***	***20***	***..***	***..***	***18.30***	***19.23***	***MS Contin***	***MF***
5165W	***Tablet 30 mg (controlled release)***	***20***	***..***	***..***	***27.29***	***23.70***	***MS Contin***	***MF***
5166X	***Tablet 60 mg (controlled release)***	***20***	***..***	***..***	***41.73***	***23.70***	***MS Contin***	***MF***
5167Y	***Tablet 100 mg (controlled release)***	***20***	***..***	***..***	***61.15***	***23.70***	***MS Contin***	***MF***
5246D	***Capsule 10 mg (containing sustained release pellets)***	***20***	***..***	***..***	***15.54***	***16.47***	***Kapanol***	***GK***

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	
	MORPHINE SULFATE—cont.							
5240T	***Capsule 20 mg (containing sustained release pellets)***	***20***	***..***	***..***	***20.61***	***21.54***	***Kapanol***	***GK***
5064M	***Capsule 30 mg (controlled release)***	***10***	***..***	***..***	***18.30***	***19.23***	***MS Mono***	***MF***
5241W	***Capsule 50 mg (containing sustained release pellets)***	***20***	***..***	***..***	***35.98***	***23.70***	***Kapanol***	***GK***
5065N	***Capsule 60 mg (controlled release)***	***10***	***..***	***..***	***27.29***	***23.70***	***MS Mono***	***MF***
5066P	***Capsule 90 mg (controlled release)***	***10***	***..***	***..***	***34.41***	***23.70***	***MS Mono***	***MF***
5242X	***Capsule 100 mg (containing sustained release pellets)***	***20***	***..***	***..***	***61.15***	***23.70***	***Kapanol***	***GK***
5067Q	***Capsule 120 mg (controlled release)***	***10***	***..***	***..***	***41.62***	***23.70***	***MS Mono***	***MF***
5171E	***Sachet containing controlled release granules for oral suspension, 20 mg per sachet***	***20***	***..***	***..***	***20.61***	***21.54***	***MS Contin Suspension 20 mg***	***MF***
5243Y	***Sachet containing controlled release granules for oral suspension, 30 mg per sachet***	***20***	***..***	***..***	***27.29***	***23.70***	***MS Contin Suspension 30 mg***	***MF***
5244B	***Sachet containing controlled release granules for oral suspension, 60 mg per sachet***	***20***	***..***	***..***	***41.73***	***23.70***	***MS Contin Suspension 60 mg***	***MF***
5245C	***Sachet containing controlled release granules for oral suspension, 100 mg per sachet***	***20***	***..***	***..***	***61.15***	***23.70***	***MS Contin Suspension 100 mg***	***MF***

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

OXYCODONE

CAUTION:
The risk of drug dependence is high.

Restricted benefit
Severe disabling pain not responding to non-narcotic analgesics.

5194J	***Suppository 30 mg***	***12***	***..***	***..***	***18.38***	***19.31***	***Proladone***	***PL***

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

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

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	OXYCODONE HYDROCHLORIDE							
	CAUTION:							
	The risk of drug dependence is high.							
	Restricted benefit							
	Severe disabling pain not responding to non-narcotic analgesics.							
5195K	***Tablet 5 mg***	***20***	***..***	***..***	***10.42***	***11.35***	***Endone***	***BT***
5191F	***Capsule 5 mg***	***20***	***..***	***..***	***10.42***	***11.35***	***OxyNorm***	***MF***
5197M	***Capsule 10 mg***	***20***	***..***	***..***	***12.72***	***13.65***	***OxyNorm***	***MF***
5198N	***Capsule 20 mg***	***20***	***..***	***..***	***16.76***	***17.69***	***OxyNorm***	***MF***
5190E	***Oral solution 5 mg per 5 mL, 250 mL***	***1***	***..***	***..***	***15.00***	***15.93***	***OxyNorm Liquid 5mg/5mL***	***MF***
	NOTE:							
	Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.							
	Restricted benefit							
	Chronic severe disabling pain not responding to non-narcotic analgesics.							
5227D	***Tablet 5 mg (controlled release)***	***20***	***..***	***..***	***15.64***	***16.57***	***OxyContin***	***MF***
5247E	***Tablet 10 mg (controlled release)***	***20***	***..***	***..***	***19.68***	***20.61***	***OxyContin***	***MF***
5248F	***Tablet 20 mg (controlled release)***	***20***	***..***	***..***	***27.29***	***23.70***	***OxyContin***	***MF***
5249G	***Tablet 40 mg (controlled release)***	***20***	***..***	***..***	***41.73***	***23.70***	***OxyContin***	***MF***
5250H	***Tablet 80 mg (controlled release)***	***20***	***..***	***..***	***71.93***	***23.70***	***OxyContin***	***MF***
	NOTE:							
	Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.							
	• *Phenylpiperidine derivatives*							
	PETHIDINE HYDROCHLORIDE							
	CAUTION:							
	The risk of drug dependence is high.							
	Restricted benefit							
	Short-term treatment of acute pain.							
5199P	***Injection 50 mg in 1 mL***	***5***	***..***	***..***	***10.79***	***11.72***	***MX SI***	
5200Q	***Injection 100 mg in 2 mL***	***5***	***..***	***..***	***11.22***	***12.15***	***MX SI***	
	NOTE:							
	Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.							

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

Code	Name, Restriction, Manner of 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 opioids***							
	TRAMADOL HYDROCHLORIDE							
	Restricted benefit							
	For acute pain where aspirin and/or paracetamol alone are inappropriate or have failed; For dosage titration in chronic pain where aspirin and/or paracetamol alone are inappropriate or have failed.							
5232J	***Capsule 50 mg***	***20***	***..***	***..***	***8.32***	***9.25***	[a] ***Zydol***	***AW***
				[B]***0.60***	***8.92***	***9.25***	[a] ***Tramal***	***CS***
	Restricted benefit							
	For pain where aspirin and/or paracetamol alone are inappropriate or have failed.							
5234L	***Tablet 100 mg (sustained release)***	***20***	***..***	***..***	***15.08***	***16.01***	[a] ***Zydol SR 100***	***AW***
				[B]***0.79***	***15.87***	***16.01***	[a] ***Tramal SR 100***	***CS***
5235M	***Tablet 150 mg (sustained release)***	***20***	***..***	***..***	***18.98***	***19.91***	[a] ***Zydol SR 150***	***AW***
				[B]***0.79***	***19.77***	***19.91***	[a] ***Tramal SR 150***	***CS***
5236N	***Tablet 200 mg (sustained release)***	***20***	***..***	***..***	***22.26***	***23.19***	[a] ***Zydol SR 200***	***AW***
				[B]***0.79***	***23.05***	***23.19***	[a] ***Tramal SR 200***	***CS***
	Restricted benefit							
	Short-term treatment of acute pain.							
5231H	***Injection 100 mg in 2 mL***	***5***	***..***	***..***	***11.02***	***11.95***	***Tramal 100***	***CS***
	Other analgesics and antipyretics							
	• ***Salicylic acid and derivatives***							
	ASPIRIN							
5017C	Tablet 300 mg	100	..	..	6.95	7.88	Spren	SI
5018D	Tablet 300 mg (dispersible)	96	..	..	6.89	7.82	Solprin	RC
	• ***Anilides***							
	PARACETAMOL							
5196L	Tablet 500 mg	100	..	..	7.67	8.60	Dymadon P	WR
							[a] Febridol	DG
							[a] Panamax	SW
							Parahexal	HX
							[a] Paralgin	FM
							Parmol	AW
							Tylenol	JT
							[a] DP	
3348F	Oral liquid 120 mg per 5 mL, 100 mL	‡1	..	..	7.27	8.20	Panamax	SW
3349G	Oral liquid 240 mg per 5 mL, 200 mL	‡1	..	..	9.46	10.39	Panamax 240 Elixir	SW

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	..	..	21.42	22.35	[a] Carbamazepine-BC	BG
							[a] Carbamazepine Sandoz	SZ
				[B]1.50	22.92	22.35	[a] Tegretol 100	NV
5040G	Tablet 200 mg	200	..	..	36.00	23.70	[a] Carbamazepine-BC	BG
							[a] Carbamazepine Sandoz	SZ
							[a] Teril	AF
				[B]2.64	38.64	23.70	[a] Tegretol 200	NV
5038E	Tablet 200 mg (controlled release)	200	..	..	36.64	23.70	Tegretol CR 200	NV
5037D	Tablet 400 mg (controlled release)	200	..	..	65.42	23.70	Tegretol CR 400	NV
5041H	Oral suspension 100 mg per 5 mL, 300 mL	‡1	..	..	19.41	20.34	Tegretol Liquid	NV
	ANTI-PARKINSON DRUGS							
	Anticholinergic agents							
	• ***Ethers of tropine or tropine derivatives***							
	BENZTROPINE MESYLATE							
5031T	Injection 2 mg in 2 mL	5	..	..	19.42	20.35	Cogentin	MK
	PSYCHOLEPTICS							
	Anxiolytics							
	• ***Benzodiazepine derivatives***							
	DIAZEPAM							
5071X	Tablet 2 mg	50	..	..	6.70	7.63	[a] Antenex 2	AF
							[a] Chem mart Diazepam	CH
							[a] GenRx Diazepam	GX
							[a] Terry White Chemists Diazepam	TW
							[a] Valpam 2	AW
				[B]0.91	7.61	7.63	Ducene	SU
				[B]1.30	8.00	7.63	[a] Valium	RO

continued ☞

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

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	DIAZEPAM—cont.							
5072Y	Tablet 5 mg	50	..	..	6.94	7.87	[a] Antenex 5	AF
							[a] Chem mart Diazepam	CH
							[a] Diazepam-DP	DP
							[a] GenRx Diazepam	GX
							[a] Terry White Chemists Diazepam	TW
							[a] Valpam 5	AW
				[B]0.93	7.87	7.87	Ducene	SU
				[B]1.32	8.26	7.87	[a] Valium	RO
5073B	Injection 10 mg in 2 mL	5	..	..	10.46	11.39	MX	
	OXAZEPAM							
5192G	Tablet 15 mg	25	..	..	5.95	6.88	[a] Alepam 15	AF
				[B]1.44	7.39	6.88	[a] Serepax	SI
5193H	Tablet 30 mg	25	..	..	6.16	7.09	[a] Alepam 30	AF
							[a] Murelax	FM
				[B]1.45	7.61	7.09	[a] Serepax	SI

Hypnotics and sedatives

- ***Benzodiazepine derivatives***

	NITRAZEPAM							
5189D	Tablet 5 mg	25	..	..	6.60	7.53	[a] Alodorm	AF
				[B]2.02	8.62	7.53	[a] Mogadon	ID
	TEMAZEPAM							
5221T	Tablet 10 mg	25	..	..	6.60	7.53	[a] Temaze	AF
							[a] Temtabs	FM
				[B]1.06	7.66	7.53	[a] Normison	SI

RESPIRATORY SYSTEM

DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES

Adrenergics for systemic use

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

	ADRENALINE							
5004J	Injection 1 mg in 1 mL (1 in 1,000)	5	..	..	9.35	10.28	AP	

SENSORY ORGANS

OPHTHALMOLOGICALS

Antiinfectives

- ***Antibiotics***

	CHLORAMPHENICOL							
5055C	Eye drops 5 mg per mL (0.5%), 10 mL	‡1	..	..	7.51	8.44	Chloromycetin	PF
							Chlorsig	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	
	VARIOUS							
	ALL OTHER THERAPEUTIC PRODUCTS							
	All other therapeutic products							
	• ***Antidotes***							
	NALOXONE HYDROCHLORIDE							
5173G	Injection 400 micrograms in 1 mL	1	..	..	21.95	22.88	Naloxone Min-I-Jet	CS
5174H	Injection 800 micrograms in 2 mL	1	..	..	23.05	23.70	Naloxone Min-I-Jet	CS
5175J	Injection 2 mg in 5 mL	1	..	..	34.06	23.70	Naloxone Min-I-Jet	CS
	ALL OTHER NON-THERAPEUTIC PRODUCTS							
	All other non-therapeutic products							
	• ***Solvents and diluting agents, incl. irrigating solutions***							
	SODIUM CHLORIDE							
5209E	Injection 9 mg per mL (0.9%), 2 mL	5	..	..	15.15	16.08	AP	
5211G	Injection 9 mg per mL (0.9%), 10 mL	5	..	..	15.15	16.08	AP	
	WATER FOR INJECTIONS, STERILISED							
3394P	Injection 2 mL	5	..	..	10.26	11.19	AP	
3396R	Injection 10 mL	5	..	..	13.34	14.27	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 PROGRAM

The Australian 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 – **In addition to the above requirements,** for Highly Specialised Drugs prescribed through private hospitals, claiming and approval of authority prescriptions is administered by HIC. Highly Specialised Drugs are authority required items. Medical practitioners must seek approval to prescribe these items as pharmaceutical benefits prior to their dispensing under the PBS. Approval of authority prescriptions by HIC may be obtained either by posting an Authority Prescription Form to HIC, or by using HIC's Authority Freecall service (1800 888 333). **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, HIC (telephone 132 290) or the Australian Government adviser below:

Highly Specialised Drugs Working Party Secretariat	(02) 6289 7238
Pharmaceutical Benefits Pricing Authority Secretariat (for information on relativity sheets only)	(02) 6289 8583

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer $	Proprietary Name and Manufacturer	
	ABACAVIR SULFATE				
	Private hospital authority required				
	Treatment of HIV infection in patients with:				
	(a) CD4 cell counts of less than 500 per cubic millimetre; or				
	(b) viral load of greater than 10,000 copies per mL.				
6264Q	***Tablet 300 mg (base)***	***60***	***423.00***	***Ziagen***	***GK***
6265R	***Oral solution 20 mg (base) per mL, 240 mL***	***1***	***75.20***	***Ziagen***	***GK***
	NOTE:				
	These prices are based on special supply arrangements—see Pharmaceutical Benefits Pricing Authority relativity sheet for full details.				
	ABACAVIR SULFATE with LAMIVUDINE and ZIDOVUDINE				
	Private hospital authority required				
	Treatment of HIV infection in patients over 12 years of age, weighing 40 kg or more, with:				
	(a) CD4 cell counts of less than 500 per cubic millimetre; or				
	(b) viral load of greater than 10,000 copies per mL.				
6327B	***Tablet 300 mg (base)-150 mg-300 mg***	***60***	***852.00***	***Trizivir***	***GK***
	AMPRENAVIR				
	Private hospital authority required				
	Treatment of HIV infection in patients who have:				
	(a) failed treatment with other protease inhibitors; or				
	(b) experienced treatment-limiting toxicity with other protease inhibitors.				
6333H	***Capsule 150 mg***	***240***	***227.50***	***Agenerase***	***GK***
6334J	***Oral solution 15 mg per mL, 240 mL***	***1***	***19.50***	***Agenerase***	***GK***
	APOMORPHINE HYDROCHLORIDE				
	Private hospital authority required				
	Parkinson's disease in patients severely disabled by motor fluctuations which do not respond to other therapy.				
6104G	***Injection 10 mg in 1 mL***	***5***	***27.72***	***Apomine***	***MX***
	AZITHROMYCIN				
	Private hospital authority required				
	Prophylaxis against Mycobacterium avium complex infections in HIV-positive patients with CD4 cell counts of less than 75 per cubic millimetre.				
6221K	***Tablet 600 mg***	***8***	***67.82***	***Zithromax***	***PF***
	BACLOFEN				
	Private hospital authority required				
	Severe chronic spasticity, where oral antispastic agents have failed or have caused unacceptable side effects, in patients with chronic spasticity:				
	(1) of cerebral origin; or				
	(2) due to multiple sclerosis; or				
	(3) due to spinal cord injury; or				
	(4) due to spinal cord disease.				
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***

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

BOSENTAN MONOHYDRATE

CAUTION:

Bosentan monohydrate is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 3 months following cessation of treatment with this drug.

NOTE:

Any queries concerning the arrangements to prescribe bosentan monohydrate may be directed to the Health Insurance Commission on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Written applications for authority to prescribe bosentan monohydrate should be forwarded to:

Health Insurance Commission
Prior Written Approval of Specialised Drugs
Reply Paid 9826
GPO Box 9826
HOBART TAS 7001

NOTE:

Bosentan monohydrate is not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with scleroderma, where the total lung capacity is less than 70% of that predicted.

The following provides some explanatory notes regarding the availability of PBS-subsidised treatment with bosentan monohydrate of primary pulmonary hypertension or pulmonary arterial hypertension secondary to scleroderma, in patients with disease of WHO Functional Class III or IV severity.

1. Definition of primary pulmonary hypertension and pulmonary arterial hypertension secondary to scleroderma.

Primary pulmonary hypertension and pulmonary arterial hypertension secondary to scleroderma are defined as follows:
(i) mean pulmonary artery pressure (mPAP) greater than 25 mmHg at rest and pulmonary capillary wedge pressure (PCWP) less than 18 mmHg; or
(ii) mPAP greater than 30 mmHg with exercise and PCWP less than 18 mmHg; or
(iii) where a right heart catheter cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

2. Definition of WHO Functional Class III or IV disease severity.

(a) WHO Functional Class III disease severity is defined as follows:
Patients with pulmonary hypertension resulting in marked limitation of physical activity who are comfortable at rest and on ordinary physical activity experience dyspnoea or fatigue, chest pain or near syncope.
(b) WHO Functional Class IV disease severity is defined as follows:
Patients with the inability to carry out any physical activity without symptoms. These patients manifest signs of right heart failure. Dyspnoea and/or fatigue may even be present at rest. Discomfort is increased by any physical activity.

3. Designated hospitals.

Refer to HIC website at www.hic.gov.au for a list of designated hospitals.

continued ☞

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

BOSENTAN MONOHYDRATE—cont.

4. Test requirements to establish baseline for initiation of treatment and response to treatment for continuation of treatment.

(a) Initiation of treatment.
Written applications for PBS-subsidised treatment should be accompanied by the results of a right heart catheter (RHC) composite assessment, plus an ECHO composite assessment, plus a 6 minute walk test (6MWT) to establish the patient's baseline measurements.

Where it is not possible to perform all 3 tests above on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:
(1) RHC plus ECHO composite assessments;
(2) RHC composite assessment plus 6MWT;
(3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted to the HIC for consideration based on the results of the following test combinations, which are listed in descending order of preference:
(1) ECHO composite assessment plus 6MWT;
(2) ECHO composite assessment only.

Where fewer than 3 tests are to be performed on clinical grounds, a reason outlining why the particular test/s could not be conducted must be provided with the authority application.

For patients who commence bosentan monohydrate therapy on or after 1 March 2004, the test results provided with the application for initial treatment must be no more than 2 months old at the time of application.

For patients with primary pulmonary hypertension and pulmonary arterial hypertension secondary to scleroderma who were commenced on bosentan monohydrate treatment prior to 1 March 2004 and who have received less than 6 months of treatment with bosentan monohydrate at the time of application, the first application for PBS-subsidised treatment must include, where available, all 3 test results at the time that the patient commenced treatment with bosentan monohydrate (baseline).

For patients with primary pulmonary hypertension and pulmonary arterial hypertension secondary to scleroderma who were commenced on bosentan monohydrate treatment prior to 1 March 2004 and who have received 6 or more months of treatment at the time of application, the first application for PBS-subsidised treatment must include, where available, all 3 test results at the time that the patient commenced treatment with bosentan monohydrate (baseline), plus the test results at the time of application. The latter test results must be no more than 3 months old.

(b) Continuation of treatment.
The following list outlines the preferred test combination, in descending order, for the purposes of continuation of PBS-subsidised treatment:
(1) RHC plus ECHO composite assessments plus 6MWT;
(2) RHC plus ECHO composite assessments;
(3) RHC composite assessment plus 6MWT;
(4) ECHO composite assessment plus 6MWT;
(5) RHC composite assessment only;
(6) ECHO composite assessment only.

continued ☞

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

BOSENTAN MONOHYDRATE—cont.

The results of the same tests as conducted at baseline should be provided with each written continuing treatment application (i.e. every 6 months), except for patients who were able to undergo all 3 tests at baseline, and whose subsequent ECHO and 6MWT results demonstrate disease stability or improvement, in which case RHC can be omitted. In all other patients, where the same test(s) conducted at baseline cannot be performed for assessment of response on clinical grounds, a reason why the test(s) could not be conducted must be provided with the application.

The test(s) results provided with the application for continuing treatment must be no more than 2 months old at the time of application.

5. Definition of response to bosentan monohydrate or prior vasodilator treatment.

For adult patients with 2 or more baseline tests, response to treatment is defined as 2 or more tests demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For adult patients with a RHC composite assessment alone at baseline, response to treatment is defined as a RHC result demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For adult patients with an ECHO composite assessment alone at baseline, response to treatment is defined as an ECHO result demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For patients aged less than 18 years, response to treatment is defined as at least 1 of the baseline tests demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

6. Authority approval requirements.

(a) Initiation of PBS-subsidised treatment.
(i) De-novo patients.
For the initial treatment of patients who commence therapy on or after 1 March 2004, 1 written application which includes 2 separate authority prescriptions must be submitted to the HIC for authorisation. The total duration of initial PBS-subsidised treatment that will be approved with this first written application is up to 6 months.

Approvals for the first authority prescription will be limited to 1 month of therapy with the 62.5 mg strength tablet, with the quantity approved based on the dosage recommendations in the Therapeutic Goods Administration (TGA)-approved Product Information. No repeats will be authorised for this prescription. The second authority prescription may be written for either the 62.5 mg tablet or the 125 mg tablet strengths. Where the 62.5 mg tablet strength is required, please contact the HIC on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday) for further advice. Approvals for the second authority prescription will be limited to 1 month of treatment, with the quantity approved based on the dosage recommendations in the TGA-approved Product Information, and a maximum of 4 repeats. The approved second authority prescription will be returned to the prescriber by the HIC 2 weeks after the date of the approval of the first authority prescription, to allow for the uninterrupted completion of the 6 month initial treatment course. The HIC will contact prescribers prior to dispatch of the second authority prescription to confirm the tablet strength required for the patient.

continued ☞

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

BOSENTAN MONOHYDRATE—cont.

(ii) Patients who commenced bosentan monohydrate prior to 1 March 2004.
For patients with primary pulmonary hypertension or pulmonary arterial hypertension secondary to scleroderma who commenced treatment with bosentan monohydrate prior to 1 March 2004 and who have received less than 6 months of treatment at the time of application, a written application, accompanied by 1 authority prescription must be submitted to the HIC for authorisation. Approvals will provide sufficient supply to allow the patient to complete a total of 6 months of combined PBS-subsidised and non-PBS-subsidised treatment, with the quantity approved based on the dosage recommendations in the TGA-approved product information.

For patients with primary pulmonary hypertension or pulmonary arterial hypertension secondary to scleroderma who commenced treatment with bosentan monohydrate prior to 1 March 2004 and who have received 6 or more months of treatment at the time of application, a written application, accompanied by 1 authority prescription must be submitted to the HIC for authorisation. Approvals will be limited to provide sufficient supply of PBS-subsidised treatment to allow the patient to receive 6 months of treatment, with the quantity approved based on the dosage recommendations in the TGA-approved Product Information.

All patients with primary pulmonary hypertension or pulmonary arterial hypertension secondary to scleroderma who commenced treatment with bosentan monohydrate prior to 1 March 2004 will be eligible to commence PBS-subsidised treatment with bosentan monohydrate. Thereafter, to be eligible for further PBS-subsidised supply, patients must demonstrate a response to bosentan monohydrate treatment, as defined above under definition of response.

(b) Continuation of treatment.
Written applications for continuing treatment must be submitted to the HIC for authorisation every 6 months. Approvals will be limited to provide sufficient supply for up to a maximum of 6 months of treatment, based on the dosage recommendations in the TGA-approved Product Information.

Applications for continuing treatment will only be approved for patients who have demonstrated a response to bosentan monohydrate treatment. The assessment of the patient's response to the initial and subsequent 6 month courses of treatment should be made following the preceding 5 months of treatment, in order to allow sufficient time for a response to be demonstrated. Applications for continuing treatment with bosentan monohydrate should be made prior to the completion of the 6 month treatment course to ensure continuity for those patients who respond to treatment, as assessed by the treating physician.

(c) Cessation of treatment.
For patients ceasing treatment, approval will only be granted to provide sufficient supply of the 62.5 mg tablet strength to allow gradual dose reduction over a period of no more than 1 month duration. Prescribers should telephone the HIC on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday) to receive authorisation for this final supply and to ensure no unintended break in treatment occurs.

7. Re-treatment with bosentan monohydrate.

Patients who do not respond to treatment are not eligible to receive further PBS-subsidised treatment with bosentan monohydrate under any circumstances.

8. Further information.

A diagrammatical representation of the above information and the restriction can be obtained from the HIC website at www.hic.gov.au..

continued ☞

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

BOSENTAN MONOHYDRATE—cont.

Public and private hospital authority required

Initial treatment of adult patients who have been assessed by a physician from a designated hospital to have:
(a) WHO Functional Class III primary pulmonary hypertension and a mean right atrial pressure of 8 mmHg or less, as measured by RHC, unless a RHC is contraindicated on clinical grounds;
OR
(b) WHO Functional Class III pulmonary arterial hypertension secondary to scleroderma and a mean right atrial pressure of 8 mmHg or less, as measured by RHC, unless a RHC is contraindicated on clinical grounds.

Patients must have failed to respond [see Note for definition of response] to 6 or more weeks of appropriate vasodilator treatment unless intolerance or a contraindication to such treatment exists.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted to the HIC for consideration based on the test results of the ECHO composite assessment plus 6MWT or the ECHO composite assessment only.

Applications for authorisation must be in writing and must include:
(1) two completed authority prescription forms [see Note for authority approval requirements]; and
(2) a completed Bosentan Monohydrate (Tracleer) PBS Authority Application - Supporting Information form [may be downloaded from the HIC website (www.hic.gov.au)] which includes results from the 3 tests below, where available:
(i) RHC composite assessment; and
(ii) ECHO composite assessment; and
(iii) 6MWT; and
(3) a copy of a signed patient acknowledgment form indicating that the patient understands and acknowledges that PBS-subsidised treatment with bosentan monohydrate for primary pulmonary hypertension or pulmonary arterial hypertension secondary to scleroderma will cease if the treating physician determines that the patient has not achieved a response to treatment [see Note for definition of response].

Details of prior vasodilator treatment, including the dose and duration of treatment, must be provided at the time of application. Where the patient is commenced on bosentan monohydrate treatment due to an adverse event or a contraindication to vasodilator treatment, details on the nature of the adverse event or contraindication according to the TGA-approved Product Information must also be provided with the application.

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. No repeats will be authorised for the first authority prescription issued under this criterion [see Note for full details of authority approval requirements]. A maximum of 4 repeats will be authorised for the second authority prescription issued under this criterion. Where fewer than 4 repeats are initially requested with the second authority prescription, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone.

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

BOSENTAN MONOHYDRATE—cont.

Public and private hospital authority required

Initial treatment of adult patients who have been assessed by a physician from a designated hospital to have:
(a) WHO Functional Class III primary pulmonary hypertension and a mean right atrial pressure greater than 8 mmHg, as measured by RHC, unless a RHC is contraindicated on clinical grounds;
OR
(b) WHO Functional Class III pulmonary arterial hypertension secondary to scleroderma and a mean right atrial pressure greater than 8 mmHg, as measured by RHC, unless a RHC is contraindicated on clinical grounds;
OR
(c) WHO Functional Class IV primary pulmonary hypertension;
OR
(d) WHO Functional Class IV pulmonary arterial hypertension secondary to scleroderma.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted to the HIC for consideration based on the test results of the ECHO composite assessment plus 6MWT or the ECHO composite assessment only.

Applications for authorisation must be in writing and must include:
(1) two completed authority prescription forms [see Note for authority approval requirements]; and
(2) a completed Bosentan Monohydrate (Tracleer) PBS Authority Application - Supporting Information form [may be downloaded from the HIC website (www.hic.gov.au)] which includes results from the 3 tests below, where available:
(i) RHC composite assessment; and
(ii) ECHO composite assessment; and
(iii) 6MWT; and
(3) a copy of a signed patient acknowledgment form indicating that the patient understands and acknowledges that PBS-subsidised treatment with bosentan monohydrate for primary pulmonary hypertension or pulmonary arterial hypertension secondary to scleroderma will cease if the treating physician determines that the patient has not achieved a response to treatment [see Note for definition of response].

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. No repeats will be authorised for the first authority prescription issued under this criterion [see Note for full details of authority approval requirements]. A maximum of 4 repeats will be authorised for the second authority prescription issued under this criterion. Where fewer than 4 repeats are initially requested with the second authority prescription, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone.

Public and private hospital authority required

Initial treatment of patients aged less than 18 years who have been assessed by a physician from a designated hospital and who have WHO Functional Class III primary pulmonary hypertension and either a mean right atrial pressure of 8 mmHg or less, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, normal right ventricular function as assessed by ECHO.

continued ☞

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

BOSENTAN MONOHYDRATE—cont.

Patients must have failed to respond [see Note for definition of response] to 6 or more weeks of appropriate prior vasodilator treatment unless intolerance or a contraindication to such treatment exists.

Applications for authorisation must be in writing and must include:
(1) two completed authority prescription forms [see Note for authority approval requirements]; and
(2) a completed Bosentan Monohydrate (Tracleer) PBS Authority Application - Supporting Information form [may be downloaded from the HIC website (www.hic.gov.au)] which includes results from the 3 tests below, where available:
(i) RHC composite assessment; and
(ii) ECHO composite assessment; and
(iii) 6MWT; and
(3) a copy of a patient acknowledgment form, signed by the parent or authorised guardian, indicating that they understand and acknowledge that PBS-subsidised treatment with bosentan monohydrate for primary pulmonary hypertension will cease if the treating physician determines that the patient has not achieved a response to treatment [see Note for definition of response].

Details of prior vasodilator treatment, including the dose and duration of treatment, must be provided at the time of application. Where the patient is commenced on bosentan monohydrate treatment due to an adverse event or a contraindication to vasodilator treatment, details on the nature of the adverse event or contraindication according to the TGA-approved Product Information must also be provided with the application.

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. No repeats will be authorised for the first authority prescription issued under this criterion [see Note for full details of authority approval requirements]. A maximum of 4 repeats will be authorised for the second authority prescription issued under this criterion. Where fewer than 4 repeats are initially requested with the second authority prescription, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone.

Public and private hospital authority required

Initial treatment of patients aged less than 18 years who have been assessed by a physician from a designated hospital to have:
(a) WHO Functional Class III primary pulmonary hypertension and either a mean right atrial pressure greater than 8 mmHg, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular dysfunction as assessed by ECHO;
OR
(b) WHO Functional Class IV primary pulmonary hypertension.

Applications for authorisation must be in writing and must include:
(1) two completed authority prescription forms [see Note for authority approval requirements]; and

continued ☞

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

BOSENTAN MONOHYDRATE—cont.

(2) a completed Bosentan Monohydrate (Tracleer) PBS Authority Application - Supporting Information form [may be downloaded from the HIC website (www.hic.gov.au)] which includes results from the 3 tests below, where available:
(i) RHC composite assessment; and
(ii) ECHO composite assessment; and
(iii) 6MWT; and
(3) a copy of a patient acknowledgment form, signed by the parent or authorised guardian, indicating that they understand and acknowledge that PBS-subsidised treatment with bosentan monohydrate for primary pulmonary hypertension will cease if the treating physician determines that the patient has not achieved a response to treatment [see Note for definition of response].

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. No repeats will be authorised for the first authority prescription issued under this criterion [see Note for full details of authority approval requirements]. A maximum of 4 repeats will be authorised for the second authority prescription issued under this criterion. Where fewer than 4 repeats are initially requested with the second authority prescription, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone.

Public and private hospital authority required

Initial PBS-subsidised supply for continuing treatment of patients who have been assessed by a physician from a designated hospital to have WHO Functional Class III or IV primary pulmonary hypertension, or WHO Functional Class III or IV pulmonary arterial hypertension secondary to scleroderma, and who were receiving treatment with bosentan monohydrate prior to 1 March 2004.

Applications for authorisation must be in writing and must include:
(1) a completed authority prescription form [see Note on authority approval requirements]; and
(2) (a) for patients who have received less than 6 months of bosentan monohydrate treatment at the time of application — a completed Bosentan Monohydrate (Tracleer) PBS Authority Application - Supporting Information form [may be downloaded from the HIC website (www.hic.gov.au)] which includes results of the following 3 tests, where available, at the time treatment with bosentan monohydrate was commenced:
(i) RHC composite assessment; and
(ii) ECHO composite assessment; and
(iii) 6MWT; or
(b) for patients who have received 6 or more months of bosentan monohydrate treatment at the time of application — a completed Bosentan Monohydrate (Tracleer) PBS Authority Application - Supporting Information form [may be downloaded from the HIC website (www.hic.gov.au)] which includes results of the following 3 tests, both at the time treatment with bosentan monohydrate was commenced and at the time of application, where available:
(i) RHC composite assessment; and
(ii) ECHO composite assessment; and
(iii) 6MWT; and
(3) the date of commencement of bosentan monohydrate treatment; and

continued ☞

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

BOSENTAN MONOHYDRATE—cont.

(4) (a) for adult patients — a copy of a signed patient acknowledgment form indicating that the patient understands and acknowledges that PBS-subsidised treatment with bosentan monohydrate for primary pulmonary hypertension or pulmonary arterial hypertension secondary to scleroderma will cease if the treating physician determines that the patient has not achieved a response to treatment [see Note for definition of response]; or
(b) for patients aged less than 18 years — a copy of a patient acknowledgment form, signed by the parent or authorised guardian, indicating that they understand and acknowledge that PBS-subsidised treatment with bosentan monohydrate for primary pulmonary hypertension will cease if the treating physician determines that the patient has not achieved a response to treatment [see Note for definition of response].

Where fewer than 3 tests (see requirement 2a or 2b above) are able to be performed on clinical grounds, a reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. The number of repeats authorised will be dependent on the duration of prior bosentan monohydrate therapy. Where patients have received less than 6 months of non-PBS-subsidised treatment with bosentan monohydrate, sufficient repeats to allow the patient to complete a total of 6 months of combined PBS-subsidised and non-PBS-subsidised therapy will be authorised. Where patients have received 6 months or more of non-PBS-subsidised treatment with bosentan monohydrate, up to 5 repeats will be authorised.

Where fewer than the number of repeats to allow the patient to complete a total of 6 months of non-PBS-subsidised and/or PBS-subsidised bosentan monohydrate therapy are initially requested under this criterion, authority approvals for sufficient repeats to complete a total of 6 months of non-PBS-subsidised and PBS-subsidised treatment may be requested by telephone.

Public and private hospital authority required

Continuing PBS-subsidised treatment of patients with WHO Functional Class III or IV primary pulmonary hypertension or WHO Functional Class III or IV pulmonary arterial hypertension secondary to scleroderma, who have received approval for initial PBS-subsidised treatment with bosentan monohydrate and have completed the initial treatment course, and who have been assessed by a physician from a designated hospital to have achieved a response to treatment [see Note for definition of response].

Applications for authorisation must be in writing and must include:
(1) a completed authority prescription form; and
(2) a completed Bosentan Monohydrate (Tracleer) PBS Authority Application - Supporting Information form [may be downloaded from the HIC website (www.hic.gov.au)] which includes results from the 3 tests below, where available:
(i) RHC composite assessment; and
(ii) ECHO composite assessment; and
(iii) 6MWT.

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. Up to 5 repeats will be authorised.

Where fewer than 5 repeats are initially requested under this criterion, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone.

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Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer $		Proprietary Name and Manufacturer	
	BOSENTAN MONOHYDRATE—cont.					
	Public and private hospital authority required					
	Final PBS-subsidised supply for patients with WHO Functional Class III or IV primary pulmonary hypertension or WHO Functional Class III or IV pulmonary arterial hypertension secondary to scleroderma who have not responded to bosentan monohydrate therapy [see Note for definition of response], to allow for gradual cessation of treatment.					
	Applications for authorisation under this criterion should be made on the telephone [see Note on authority approval requirements].					
	Approval will only be granted for the 62.5 mg tablet strength. The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment.					
	Under no circumstances will telephone approvals be granted for treatment that would extend the final treatment period beyond 1 month.					
6429J	***Tablet 62.5 mg (base)***	***60***	***4035.00***		***Tracleer***	***AT***
6430K	***Tablet 125 mg (base)***	***60***	***4035.00***		***Tracleer***	***AT***
	NOTE: ***These prices are based on special supply arrangements—see Pharmaceutical Benefits Pricing Authority relativity sheet for full details.***					
	CIDOFOVIR					
	Private hospital authority required					
	Treatment of cytomegalovirus retinitis in patients with AIDS.					
6247T	***Solution for I.V. infusion 375 mg (anhydrous) in 5 mL single use vial***	***1***	***900.00***		***Vistide***	***PU***
	CLARITHROMYCIN					
	Private hospital authority required					
	Treatment of Mycobacterium avium complex infections.					
6151R	***Tablet 250 mg***	***100***	***87.24***		***Klacid***	***AB***
6152T	***Tablet 500 mg***	***100***	***174.47***		***Klacid***	***AB***
	CLOZAPINE					
	Private hospital authority required					
	Schizophrenia in patients who are: ***(a) non-responsive to other neuroleptic agents; or*** ***(b) intolerant of other neuroleptic agents.***					
6101D	***Tablet 25 mg***	***100***	***72.00***	[a]	***Clopine 25***	***MX***
				[a]	***Clozapine Synthon***	***ZT***
				[a]	***Clozaril 25***	***NV***
6417R	***Tablet 50 mg***	***100***	***144.00***		***Clopine 50***	***MX***
6102E	***Tablet 100 mg***	***100***	***270.00***	[a]	***Clopine 100***	***MX***
				[a]	***Clozapine Synthon***	***ZT***
				[a]	***Clozaril 100***	***NV***
6418T	***Tablet 200 mg***	***100***	***540.00***		***Clopine 200***	***MX***

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer $		Proprietary Name and Manufacturer	
	CYCLOSPORIN					
	CAUTION:					
	Careful monitoring of patients is mandatory.					
	Private hospital authority required					
	For use by organ or tissue transplant recipients.					
6109M	***Solution concentrate for I.V. infusion 50 mg in 1 mL ampoule***	***10***	***54.10***		***Sandimmun***	***NV***
6110N	***Solution concentrate for I.V. infusion 250 mg in 5 mL ampoule***	***10***	***257.95***		***Sandimmun***	***NV***
	Private hospital authority required					
	Management of rejection in patients following organ or tissue transplantation, under the supervision and direction of a transplant unit. Management includes initiation, stabilisation and review of therapy as required;					
	Management (which includes initiation, stabilisation and review of therapy) by:					
	(1) dermatologists or clinical immunologists of patients with severe atopic dermatitis for whom other systemic therapies are ineffective or inappropriate;					
	(2) 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;					
	(3) nephrologists of patients with nephrotic syndrome in patients in whom steroids and cytostatic drugs have failed or are not tolerated or are considered inappropriate and in whom renal function is unimpaired;					
	(4) rheumatologists or clinical immunologists of patients with severe active rheumatoid arthritis for whom classical slow-acting anti-rheumatic agents (including methotrexate) are ineffective or inappropriate.					
6232B	***Capsule 10 mg***	***60***	***37.20***		***Neoral 10***	***NV***
6352H	***Capsule 25 mg***	***30***	***41.63***	[a]	***Cicloral***	***HX***
				[a]	***Cysporin***	***MX***
				[a]	***Neoral 25***	***NV***
	NOTE:					
	A brand premium of $1.91 applies to Neoral 25 brand. All 3 brands may not be available in all hospitals.					
6353J	***Capsule 50 mg***	***30***	***86.61***	[a]	***Cicloral***	***HX***
				[a]	***Cysporin***	***MX***
				[a]	***Neoral 50***	***NV***
	NOTE:					
	A brand premium of $1.92 applies to Neoral 50 brand. All 3 brands may not be available in all hospitals.					
6354K	***Capsule 100 mg***	***30***	***176.46***	[a]	***Cicloral***	***HX***
				[a]	***Cysporin***	***MX***
				[a]	***Neoral 100***	***NV***
	NOTE:					
	A brand premium of $1.92 applies to Neoral 100 brand. All 3 brands may not be available in all hospitals.					
6125J	***Oral liquid 100 mg per mL, 50 mL***	***1***	***315.79***		***Neoral***	***NV***

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer $	Proprietary Name and Manufacturer	
	DARBEPOETIN ALFA				
	Private hospital authority required				
	➢ ***Treatment of anaemia requiring transfusion, defined as a haemoglobin level of less than 100 g per L, where intrinsic renal disease, as assessed by a nephrologist, is the primary cause of the anaemia.***				
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***
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***
6365B	***Injection 150 micrograms in 0.3 mL pre-filled syringe***	***4***	***2055.00***	***Aranesp***	***AN***
	DEFERIPRONE				
	Private hospital authority required				
	Iron overload in patients with thalassaemia major who are unable to take desferrioxamine therapy;				
	Iron overload in patients with thalassaemia major in whom desferrioxamine therapy has proven ineffective.				
6416Q	***Tablet 500 mg***	***100***	***400.00***	***Ferriprox***	***OA***
	DELAVIRDINE MESYLATE				
	Private hospital authority required				
	Treatment of HIV infection in patients with:				
	(a) CD4 cell counts of less than 500 per cubic millimetre; or				
	(b) viral load of greater than 10,000 copies per mL.				
6243N	***Tablet 100 mg***	***360***	***271.58***	***Rescriptor***	***PF***
	DESFERRIOXAMINE MESYLATE				
	Private hospital authority required				
	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] ***MX***	***NV***
	NOTE: ***A brand premium of $8.19 applies to Desferal 500 mg brand. Both brands may not be available in all hospitals.***				
6270B	***Powder for injection 2 g vial***	***1***	***39.60***	[a] ***Desferal 2 g*** [a] ***MX***	***NV***
	NOTE: ***A brand premium of $0.40 applies to Desferal 2 g brand. Both brands may not be available in all hospitals.***				

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer $	Proprietary Name and Manufacturer	
	DIDANOSINE				
	Private hospital authority required				
	Treatment of HIV infection in patients with:				
	(a) CD4 cell counts of less than 500 per cubic millimetre; or				
	(b) viral load of greater than 10,000 copies per mL.				
6298L	***Capsule 125 mg (containing enteric coated beadlets)***	***30***	***102.12***	***Videx EC***	***BQ***
6299M	***Capsule 200 mg (containing enteric coated beadlets)***	***30***	***163.40***	***Videx EC***	***BQ***
6300N	***Capsule 250 mg (containing enteric coated beadlets)***	***30***	***204.24***	***Videx EC***	***BQ***
6301P	***Capsule 400 mg (containing enteric coated beadlets)***	***30***	***326.79***	***Videx EC***	***BQ***
	DISODIUM PAMIDRONATE				
	Private hospital authority required				
	Treatment of hypercalcaemia of malignancy refractory to anti-neoplastic therapy.				
6286W	***Concentrated injection 15 mg in 5 mL***	***1***	***56.89***	***Pamisol***	***MX***
6290C	***Injection set containing 4 vials powder for I.V. infusion 15 mg and 4 ampoules solvent 5 mL***	***1***	***227.57***	***Aredia 15 mg***	***NV***
6287X	***Concentrated injection 30 mg in 10 mL***	***1***	***113.79***	***Pamisol***	***MX***
6279L	***Injection set containing 2 vials powder for I.V. infusion 30 mg and 2 ampoules solvent 10 mL***	***1***	***227.57***	***Aredia 30 mg***	***NV***
6288Y	***Concentrated injection 60 mg in 10 mL***	***1***	***227.57***	***Pamisol***	***MX***
6289B	***Concentrated injection 90 mg in 10 mL***	***1***	***341.36***	***Pamisol***	***MX***
6223M	***Injection set containing 1 vial powder for I.V. infusion 90 mg and 1 ampoule solvent 10 mL***	***1***	***341.36***	***Aredia 90 mg***	***NV***
	Private hospital authority required				
	Multiple myeloma;				
	Bone metastases from breast cancer.				
6289B	***Concentrated injection 90 mg in 10 mL***	***1***	***341.36***	***Pamisol***	***MX***
6223M	***Injection set containing 1 vial powder for I.V. infusion 90 mg and 1 ampoule solvent 10 mL***	***1***	***341.36***	***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.				

continued ☞

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer $	Proprietary Name and Manufacturer	
	DORNASE ALFA—cont.				
	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;				
	(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***	***1145.00***	***Pulmozyme***	***RO***
	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:				
	(a) extensive mucocutaneous involvement; or				
	(b) extensive visceral involvement.				
6249X	***Suspension for I.V. infusion 20 mg in 10 mL vial***	***1***	***614.84***	***Caelyx***	***SH***

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer $	Proprietary Name and Manufacturer	
	EFAVIRENZ				
	Private hospital authority required				
	Treatment of HIV infection in patients with:				
	(a) CD4 cell counts of less than 500 per cubic millimetre; or				
	(b) viral load of greater than 10,000 copies per mL.				
6259K	***Capsule 100 mg***	***30***	***75.50***	***Stocrin***	***MK***
6283Q	***Capsule 200 mg***	***90***	***452.64***	***Stocrin***	***MK***
6356M	***Tablet 600 mg***	***30***	***452.64***	***Stocrin***	***MK***
6372J	***Oral solution 30 mg per mL, 180 mL***	***1***	***135.79***	***Stocrin***	***MK***
	NOTE:				
	These prices are based on special supply arrangements—see Pharmaceutical Benefits Pricing Authority relativity sheet for full details.				
	EPOETIN ALFA				
	Private hospital authority required				
	➢ ***Treatment of anaemia requiring transfusion, defined as a haemoglobin level of less than 100 g per L, where intrinsic renal disease, as assessed by a nephrologist, is the primary cause of the anaemia.***				
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***
6305W	***Injection 8,000 units in 0.8 mL pre-filled syringe***	***6***	***856.80***	***Eprex 8000***	***JC***
6207Q	***Injection 10,000 units in 1 mL pre-filled syringe***	***6***	***1037.00***	***Eprex 10000***	***JC***
6434P	***Injection 20,000 units in 0.5 mL pre-filled syringe***	***6***	***2040.00***	***Eprex 20,000***	***JC***
6339P	***Injection 40,000 units in 1 mL pre-filled syringe***	***1***	***660.00***	***Eprex 40,000***	***JC***
	ETANERCEPT				
	NOTE:				
	Any queries concerning the arrangements to prescribe etanercept may be directed to the Health Insurance Commission on 1800 005 750.				
	Written applications for authority to prescribe etanercept should be forwarded to:				
	Health Insurance Commission				
	Prior Written Approval of Specialised Drugs				
	Reply Paid 9826				
	GPO Box 9826				
	HOBART TAS 7001				

continued ☞

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

ETANERCEPT—cont.

Public and private hospital authority required

Initial treatment by a paediatric rheumatologist, or under the supervision of a paediatric rheumatology treatment centre, of patients under 18 years who have severe active polyarticular course juvenile chronic arthritis;
AND
(a) whose parent or authorised guardian has signed a patient agreement form indicating that they understand and acknowledge that PBS-subsidised treatment will cease if the predetermined response criteria do not support continuation of PBS-subsidised treatment;
AND
(b) who have demonstrated either:
(i) severe intolerance of, or toxicity due to, methotrexate (see below for definition of severe intolerance and toxicity); or
(ii) failure to achieve an adequate response to 1 or more of the following treatment regimens:
— oral or parenteral methotrexate at a dose of at least 20 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; or
— oral methotrexate at a dose of at least 10 mg per square metre weekly together with at least 1 other DMARD, alone or in combination with corticosteroids, for a minimum of 3 months. (Note: use of alternative DMARDs in children is dependent on approval by the Therapeutic Goods Administration as age restrictions may apply.)

Severe intolerance is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant NSAIDs on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2 divided doses over 24 hours.

Toxicity is defined as evidence of hepatotoxicity with repeated elevations of transaminases, bone marrow suppression temporally related to methotrexate use, pneumonitis, or serious sepsis.

The following criteria must be met in order to demonstrate failure to achieve an adequate response to either of the above treatment regimens:
(a) an active joint count of at least 20 active (swollen and tender) joints;
OR
(b) at least 4 active joints from the following list:
(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If treatment with methotrexate alone or in combination with another DMARD is contraindicated according to the relevant TGA-approved Product Information, or intolerance develops during the period of use such that permanent withdrawal is necessary and a suitably effective treatment regimen cannot be implemented, this exempts the requirement to demonstrate an inadequate response within the time period specified above for these agents.

The authority application must be in writing and must include the information used to determine the patient's eligibility under the criteria above. The date of the joint assessment must be provided.

Only 16 weeks of treatment will be approved. The assessment of the patient's response to initial treatment should be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated.

continued ☞

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer $	Proprietary Name and Manufacturer	
	ETANERCEPT—cont.				
	Public and private hospital authority required				
	Initial PBS-subsidised supply for continuing treatment by a rheumatologist, or under the supervision of a paediatric rheumatology treatment centre, of severe active polyarticular course juvenile chronic arthritis in patients receiving treatment with etanercept prior to 1 December 2002;				
	AND				
	(a) whose parent or authorised guardian has signed a patient agreement form indicating that they understand and acknowledge that PBS-subsidised treatment will cease if the predetermined response criteria do not support continuation of PBS-subsidised treatment;				
	AND				
	(b) who have demonstrated a response as specified in the criteria for continuing PBS-subsidised treatment with etanercept.				
	The authority application must be in writing and must include sufficient information to determine the patient's eligibility. The date of the joint assessment must be provided.				
	Only 6 months of treatment will be approved.				
	Public and private hospital authority required				
	Continuing PBS-subsidised treatment by a rheumatologist, or under the supervision of a paediatric rheumatology treatment centre, of severe active polyarticular course juvenile chronic arthritis in patients who have demonstrated an adequate response to treatment with etanercept as manifested by:				
	(a) an active joint count of fewer than 10 active (swollen and tender) joints;				
	OR				
	(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline;				
	OR				
	(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:				
	(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or				
	(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).				
	All authority applications for continuing treatment with etanercept must be in writing and must include sufficient information to determine the patient's response according to the above criteria. The date of the joint assessment must be provided.				
	Only 6 months of treatment per application will be approved. Applications for continuing treatment with etanercept should be made prior to the completion of 16 weeks of treatment to ensure continuity for those patients who meet the criteria.				
	Patients who fail to demonstrate an adequate response, as specified in the criteria for continuing treatment with etanercept, will not be eligible to recommence treatment with etanercept within 12 months of the date on which treatment was ceased.				
	Withdrawal of treatment with etanercept should be considered in patients who have achieved and sustained complete remission of disease for 12 months. Subsequent applications for PBS-subsidised re-treatment with etanercept will be subject to the authority conditions applying to initial treatment and will not be authorised within 12 months of the date on which treatment with etanercept was ceased.				
	Where re-treatment with etanercept after a break in PBS-subsidised treatment with the drug is being sought, the reason for and date of cessation of the previous treatment course with etanercept must be included in the application.				
6367D	***Injection set containing 4 vials powder for injection 25 mg and 4 pre-filled syringes solvent 1 mL***	***1***	***815.00***	***Enbrel***	***WY***

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer $	Proprietary Name and Manufacturer	
	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 autologous transplantation into patients with non-myeloid malignancies who have had myeloablative or myelosuppressive therapy;				
	Mobilisation of peripheral blood progenitor cells, in normal volunteers, for use in allogeneic transplantation;				
	Patients receiving marrow-ablative chemotherapy and subsequent bone marrow transplantation;				
	Patients with non-myeloid malignancies receiving marrow-ablative chemotherapy and subsequent autologous peripheral blood progenitor cell transplantation;				
	Patients being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in:				
	Acute lymphoblastic leukaemia;				
	Ewing's sarcoma;				
	Germ cell tumours;				
	Infants and children with CNS tumours;				
	Neuroblastoma;				
	Non-Hodgkin's lymphoma (intermediate or high grade);				
	Osteosarcoma;				
	Relapsed Hodgkin's disease;				
	Rhabdomyosarcoma;				
	Patients with breast cancer receiving standard dose adjuvant chemotherapy who have had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;				
	Patients receiving first-line chemotherapy for Hodgkin's disease who have had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;				
	Patients receiving chemotherapy for myeloma who have had a prior episode of febrile neutropenia, and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;				
	Patients with severe congenital neutropenia (absolute neutrophil count of less than 100 million cells per litre measured on 3 occasions, with readings at least 2 weeks apart, and in whom a bone marrow examination has shown evidence of maturational arrest of the neutrophil lineage);				
	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));				
	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)).				
6126K	***Injection 300 micrograms in 1 mL vial***	***10***	***1504.00***	***Neupogen***	***AN***

continued ☞

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer $	Proprietary Name and Manufacturer	
	FILGRASTIM—cont.				
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				
	Private hospital authority required				
	Treatment of cytomegalovirus retinitis in patients with AIDS;				
	Treatment of aciclovir-resistant herpes simplex virus infection in immunocompromised patients with HIV infection.				
6134W	***I.V. infusion 24 mg per mL, 250 mL bottle***	***6***	***395.00***	***Foscavir***	***AP***
	GANCICLOVIR				
	Private hospital authority required				
	Maintenance therapy, after stabilisation with intravenous ganciclovir sodium, of cytomegalovirus retinitis in severely immunocompromised patients;				
	Prophylaxis of cytomegalovirus disease in bone marrow transplant patients at risk of cytomegalovirus disease;				
	Prophylaxis of cytomegalovirus disease in solid organ transplant patients at risk of cytomegalovirus disease.				
6159E	***Capsule 250 mg***	***84***	***524.00***	***Cymevene***	***RO***
6272D	***Capsule 500 mg***	***90***	***1122.86***	***Cymevene***	***RO***
	Private hospital authority required				
	Cytomegalovirus retinitis in severely immunocompromised patients.				
6256G	***Intravitreal implant 4.5 mg***	***1***	***6000.00***	***Vitrasert***	***BU***
	GANCICLOVIR SODIUM				
	Private hospital authority required				
	Cytomegalovirus retinitis in severely immunocompromised patients;				
	Prophylaxis of cytomegalovirus disease in bone marrow transplant patients at risk of cytomegalovirus disease;				
	Prophylaxis of cytomegalovirus disease in solid organ transplant patients at risk of cytomegalovirus disease.				
6136Y	***Powder for I.V. infusion equivalent to 500 mg ganciclovir, vial***	***5***	***280.00***	***Cymevene***	***RO***
	INDINAVIR SULFATE				
	Private hospital authority required				
	Treatment of HIV infection in patients with:				
	(a) CD4 cell counts of less than 500 per cubic millimetre; or				
	(b) viral load of greater than 10,000 copies per mL.				
6344X	***Capsule 100 mg (base)***	***180***	***113.75***	***Crixivan 100 mg***	***MK***
6201J	***Capsule 200 mg (base)***	***360***	***455.00***	***Crixivan 200 mg***	***MK***
6202K	***Capsule 400 mg (base)***	***180***	***455.00***	***Crixivan 400 mg***	***MK***

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

INFLIXIMAB

NOTE:

Any queries concerning the arrangements to prescribe infliximab may be directed to the Health Insurance Commission on 1800 005 750.

Written applications for authority to prescribe infliximab should be forwarded to:

Health Insurance Commission
Prior Written Approval of Specialised Drugs
Reply Paid 9826
GPO Box 9826
HOBART TAS 7001

Public and private hospital authority required

Initial treatment by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, in combination with methotrexate, of adults with severe active rheumatoid arthritis who have a record of rheumatoid factor positive status;
AND
(a) who have signed a patient agreement form indicating that they understand and acknowledge that PBS-subsidised treatment will cease if the predetermined response criteria do not support continuation of PBS-subsidised treatment;
AND
(b) who have failed to achieve an adequate response to methotrexate alone, at a dose of at least 20 mg weekly;
AND
(c) who have failed to achieve an adequate response to methotrexate, in combination with 2 other disease modifying anti-rheumatic drugs, for a minimum of 3 months;
AND
(d) who have subsequently failed to achieve an adequate response following a minimum of 3 months' treatment with:
(i) leflunomide alone; or
(ii) leflunomide in combination with methotrexate; or
(iii) cyclosporin.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, or intolerance of a severity necessitating permanent treatment withdrawal develops during the relevant period of use, the patient is exempted from demonstrating an inadequate response to the above treatment regimens. Details of the contraindication or intolerance, including the degree of toxicity, must be provided at the time of application.

The following criteria must be met in order to demonstrate failure to achieve an adequate response:
an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L;
AND either
(i) an active joint count of at least 20 active (swollen and tender) joints; or
(ii) at least 4 active joints from the following list:
— elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
— shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

continued ☞

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

INFLIXIMAB—cont.

The authority application must be in writing and must include sufficient information to determine the patient's eligibility according to the above criteria. The date of joint assessment must be provided.

Up to a maximum of 3 repeats may be authorised.

Where fewer than 3 repeats are requested at the time of the initial authority application, authority approvals for sufficient repeats to complete a maximum of 4 months of treatment may be requested by telephone. Under no circumstances will telephone approvals be granted for initial or continuing authority applications, or for treatment that would otherwise extend the initial treatment period beyond 4 months.

The assessment of the patient's response to the initial course of treatment should be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. Applications for continuing treatment with infliximab should be made prior to the completion of 16 weeks of treatment to ensure continuity for those patients who meet the criteria.

Public and private hospital authority required

Initial PBS-subsidised supply for continuing treatment by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, in combination with methotrexate, of adults with severe active rheumatoid arthritis who have a record of rheumatoid factor positive status, and who were receiving treatment with infliximab prior to 1 March 2003;
AND
(a) who have signed a patient agreement form indicating that they understand and acknowledge that PBS-subsidised treatment will cease if the predetermined response criteria do not support continuation of PBS-subsidised treatment;
AND
(b) who have demonstrated a response as specified in the criteria for continuing PBS-subsidised treatment with infliximab.

The authority application must be in writing and must include sufficient information to determine the patient's eligibility. The date of assessment of the patient must be provided.

Up to a maximum of 2 repeats may be authorised.

Public and private hospital authority required

Continuing PBS-subsidised treatment by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, in combination with methotrexate, of adults with severe active rheumatoid arthritis who, at the time of application, demonstrate an adequate response to treatment with infliximab as manifested by:
an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;
AND 1 or more of the following:
(i) an active joint count of fewer than 10 active (swollen and tender) joints; or
(ii) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or
(iii) a reduction in the number of the following active joints, from at least 4, by at least 50%:
— elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
— shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

continued ☞

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

INFLIXIMAB—cont.

All authority applications for continuing treatment with infliximab must be in writing and must include sufficient information to determine the patient's response according to the above criteria. The date of assessment of the patient must be provided.

Up to a maximum of 2 repeats may be authorised.

Patients who fail to demonstrate an adequate response, as specified in the criteria for continuing treatment with infliximab, will not be eligible to recommence treatment with infliximab within 12 months of the date on which treatment was ceased.

Where re-treatment with infliximab after a break in PBS-subsidised treatment with infliximab is being sought, the reason for and date of cessation of the previous treatment course with infliximab must be included in the application.

6397Q ***Powder for I.V. infusion 100 mg*** ***1*** ***875.00*** ***Remicade*** ***SH***

NOTE:

At the time of the authority application medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 3 mg per kg.

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.

continued ☞

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer $	Proprietary Name and Manufacturer	
	INTERFERON ALFA-2a—cont.				
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***
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.				
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 injection pen***	***1***	***168.64***	***Intron A Redipen***	***SH***
6218G	***Solution for injection 18,000,000 i.u. in 3 mL single dose vial***	***5***	***843.21***	***Intron A***	***SH***

continued ☞

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer $	Proprietary Name and Manufacturer	
	INTERFERON ALFA-2b—cont.				
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 injection pen***	***1***	***281.07***	***Intron A Redipen***	***SH***
6255F	***Solution for injection 60,000,000 i.u. in 1.2 mL multi-dose injection pen***	***1***	***562.14***	***Intron A Redipen***	***SH***
	INTERFERON GAMMA-1b				
	Private hospital authority required				
	Treatment of chronic granulomatous disease in patients with frequent and severe infections despite adequate prophylaxis with antimicrobial agents.				
6148N	***Injection 2,000,000 i.u. in 0.5 mL vial***	***6***	***1052.00***	***Imukin***	***BY***
	LAMIVUDINE				
	Private hospital authority required				
	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) Female patients of child-bearing age are not pregnant, not breast-feeding, and are using an effective form of contraception.				
	Persons with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.				
6257H	***Tablet 100 mg***	***28***	***119.50***	***Zeffix***	***GK***
6271C	***Oral solution 5 mg per mL, 240 mL***	***1***	***51.21***	***Zeffix***	***GK***
	Private hospital authority required				
	Treatment of HIV infection in patients with:				
	(a) CD4 cell counts of less than 500 per cubic millimetre; or				
	(b) viral load of greater than 10,000 copies per mL.				
6193Y	***Tablet 150 mg***	***60***	***282.00***	***3TC***	***GK***
6435Q	***Tablet 300 mg***	***30***	***282.00***	***3TC***	***GK***
6194B	***Oral solution 10 mg per mL, 240 mL***	***1***	***75.20***	***3TC***	***GK***
	LAMIVUDINE with ZIDOVUDINE				
	Private hospital authority required				
	Treatment of HIV infection in patients with:				
	(a) CD4 cell counts of less than 500 per cubic millimetre; or				
	(b) viral load of greater than 10,000 copies per mL.				
6234D	***Tablet 150 mg-300 mg***	***60***	***578.60***	***Combivir***	***GK***

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer $	Proprietary Name and Manufacturer	
	LANREOTIDE ACETATE				
	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 lanreotide acetate withdrawal for at least 4 weeks (6 weeks after the last dose). Lanreotide 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 treatment.				
6332G	***Powder for suspension for injection 30 mg (base) with diluent ampoule***	***1***	***750.00***	***Somatuline LA***	***IS***
	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 lanreotide acetate withdrawal for at least 4 weeks (8 weeks after the last dose). Lanreotide 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 treatment.				
6423C	***Injection 60 mg (base) in single dose pre-filled syringe***	***1***	***1345.00***	***Somatuline Autogel***	***IS***
6424D	***Injection 90 mg (base) in single dose pre-filled syringe***	***1***	***1790.00***	***Somatuline Autogel***	***IS***
6425E	***Injection 120 mg (base) in single dose pre-filled syringe***	***1***	***2240.00***	***Somatuline Autogel***	***IS***
	LENOGRASTIM				
	Private hospital authority required				
	Mobilisation of peripheral blood progenitor cells to facilitate harvest of such cells for reinfusion into patients with non-myeloid malignancies who have had myeloablative or myelosuppressive therapy;				
	Mobilisation of peripheral blood progenitor cells, in normal volunteers, for use in allogeneic transplantation to facilitate harvest of such cells in healthy donors;				
	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;				

continued ☞

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer $	Proprietary Name and Manufacturer	
	LENOGRASTIM—cont.				
	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.				
6337M	***Powder for injection 13,400,000 i.u. (105 micrograms) vial***	***10***	***512.50***	***Granocyte 13***	***MX***
6338N	***Powder for injection 33,600,000 i.u. (263 micrograms) vial***	***10***	***1283.60***	***Granocyte 34***	***MX***
	LOPINAVIR with RITONAVIR				
	Private hospital authority required				
	Treatment, in combination with 2 or more other anti-retroviral drugs, of HIV infection in patients with:				
	(a) CD4 cell counts of less than 500 per cubic millimetre; or				
	(b) viral load of greater than 10,000 copies per mL.				
6340Q	***Capsule 133.3 mg-33.3 mg***	***90***	***322.50***	***Kaletra***	***AB***
6341R	***Oral liquid 400 mg-100 mg per 5 mL, 60 mL***	***1***	***129.00***	***Kaletra***	***AB***
	MYCOPHENOLATE MOFETIL				
	CAUTION:				
	Careful monitoring of patients is mandatory.				
	Private hospital authority required				
	Management of rejection, under the supervision and direction of a transplant unit, in patients receiving this drug for:				
	(a) Prophylaxis of renal allograft rejection. Management includes initiation, stabilisation and review of therapy as required;				
	(b) Prophylaxis of cardiac allograft rejection. Management includes initiation, stabilisation and review of therapy as required.				
6208R	***Capsule 250 mg***	***300***	***555.70***	***CellCept***	***RO***
6209T	***Tablet 500 mg***	***150***	***555.70***	***CellCept***	***RO***
6364Y	***Powder for oral suspension 1 g per 5 mL, 165 mL***	***1***	***244.51***	***CellCept***	***RO***
	MYCOPHENOLATE SODIUM				
	CAUTION:				
	Careful monitoring of patients is mandatory.				
	Private hospital authority required				
	Management of rejection, under the supervision and direction of a transplant unit, in patients receiving this drug for prophylaxis of renal allograft rejection. Management includes initiation, stabilisation and review of therapy as required.				
6369F	***Tablet (enteric coated) 180 mg (mycophenolic acid)***	***120***	***222.28***	***Myfortic***	***NV***
6370G	***Tablet (enteric coated) 360 mg (mycophenolic acid)***	***120***	***444.56***	***Myfortic***	***NV***

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer $	Proprietary Name and Manufacturer	
	NELFINAVIR MESYLATE				
	Private hospital authority required				
	Treatment of HIV infection in patients with:				
	(a) CD4 cell counts of less than 500 per cubic millimetre; or				
	(b) viral load of greater than 10,000 copies per mL.				
6331F	***Tablet 250 mg (base)***	***300***	***505.56***	***Viracept***	***RO***
6231Y	***Oral powder 50 mg (base) per g, 144 g***	***1***	***48.53***	***Viracept***	***RO***
	NEVIRAPINE				
	Private hospital authority required				
	Treatment of HIV infection in patients with:				
	(a) CD4 cell counts of less than 500 per cubic millimetre; or				
	(b) viral load of greater than 10,000 copies per mL.				
6215D	***Tablet 200 mg***	***60***	***271.58***	***Viramune***	***BY***
	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***

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer $	Proprietary Name and Manufacturer	
	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.				
6426F	***Injection (modified release) 10 mg (base) vial and diluent syringe***	***1***	***1390.00***	***Sandostatin LAR***	***NV***
6427G	***Injection (modified release) 20 mg (base) vial and diluent syringe***	***1***	***1850.00***	***Sandostatin LAR***	***NV***
6428H	***Injection (modified release) 30 mg (base) vial and diluent syringe***	***1***	***2315.00***	***Sandostatin LAR***	***NV***
	PEGFILGRASTIM				
	Private hospital authority required				
	For use in patients undergoing induction and consolidation therapy for acute myeloid leukaemia;				
	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.				
6363X	***Injection 6 mg in 0.6 mL single use pre-filled syringe***	***1***	***1925.00***	***Neulasta***	***AN***

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer $	Proprietary Name and Manufacturer	
	PEGINTERFERON ALFA-2b				
	CAUTION:				
	Treatment with peginterferon 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				
	Chronic hepatitis C in patients 18 years or older who have compensated liver disease and who have received no prior interferon alfa therapy and have a contraindication to ribavirin, 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 0.5 to 1 microgram per kilogram weekly for up to 52 weeks.				
	Treatment is to cease if plasma HCV RNA remains detectable by an HCV RNA qualitative assay after 24 weeks of therapy.				
	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.				
6346B	***Powder for injection 50 micrograms vial with diluent ampoule***	***4***	***920.00***	***PEG-Intron***	***SH***
6411K	***Powder for injection 50 micrograms with diluent in single use injection pen***	***4***	***920.00***	***PEG-Intron Redipen***	***SH***
6347C	***Powder for injection 80 micrograms vial with diluent ampoule***	***4***	***1472.00***	***PEG-Intron***	***SH***
6412L	***Powder for injection 80 micrograms with diluent in single use injection pen***	***4***	***1472.00***	***PEG-Intron Redipen***	***SH***
6348D	***Powder for injection 100 micrograms vial with diluent ampoule***	***4***	***1840.00***	***PEG-Intron***	***SH***
6413M	***Powder for injection 100 micrograms with diluent in single use injection pen***	***4***	***1840.00***	***PEG-Intron Redipen***	***SH***
6349E	***Powder for injection 120 micrograms vial with diluent ampoule***	***4***	***2208.00***	***PEG-Intron***	***SH***
6414N	***Powder for injection 120 micrograms with diluent in single use injection pen***	***4***	***2208.00***	***PEG-Intron Redipen***	***SH***
6350F	***Powder for injection 150 micrograms vial with diluent ampoule***	***4***	***2760.00***	***PEG-Intron***	***SH***
6415P	***Powder for injection 150 micrograms with diluent in single use injection pen***	***4***	***2760.00***	***PEG-Intron Redipen***	***SH***

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer $	Proprietary Name and Manufacturer	
	RIBAVIRIN and 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.				
	CAUTION:				
	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.				
	Private hospital authority required				
	Treatment of chronic hepatitis C in patients who have relapsed following interferon alfa monotherapy where the monotherapy treatment would have complied with the criteria for PBS subsidy and 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) 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.				
	The treatment course is limited to 24 weeks.				
	Treatment is to cease if plasma HCV RNA remains detectable by an HCV RNA qualitative assay after 12 weeks of therapy;				
	Treatment of chronic hepatitis C in patients previously untreated with interferon alfa or peginterferon alfa and who satisfy all of the following criteria:				
	(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);				
	(2) Abnormal serum ALT levels in conjunction with documented chronic hepatitis C infection (repeatedly anti-HCV positive and/or HCV RNA positive);				
	(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.				
	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.				
	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.				
	NOTE:				
	Hospitals should adhere to the National Health and Medical Research Council's Taskforce report on hepatitis C regarding the facility requirements for the selection of treatment centres.				
6261M	***Pack containing 84 capsules ribavirin 200 mg and 2 multi-dose injection pens 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 injection pens interferon alfa-2b solution for injection 18,000,000 i.u. in 1.2 mL***	***‡1***	***1450.00***	***Rebetron Combination Therapy***	***SH***

continued ☞

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer $	Proprietary Name and Manufacturer	
	RIBAVIRIN and INTERFERON ALFA-2b—cont.				
6263P	***Pack containing 168 capsules ribavirin 200 mg and 2 multi-dose injection pens interferon alfa-2b solution for injection 18,000,000 i.u. in 1.2 mL***	***‡1***	***1677.06***	***Rebetron Combination Therapy***	***SH***

RIBAVIRIN and PEGINTERFERON 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.

CAUTION:

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.

Private hospital authority required

Treatment of chronic hepatitis C in patients 18 years or older who have compensated liver disease and who have received no prior interferon alfa or peginterferon alfa treatment and who satisfy all of the following criteria:

(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);

(2) Abnormal serum ALT levels in conjunction with documented chronic hepatitis C infection (repeatedly anti-HCV positive and/or HCV RNA positive);

(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.

For patients with genotype 2 or 3 hepatitis C without hepatic cirrhosis or bridging fibrosis, the treatment course is limited to 24 weeks. For hepatitis C patients with genotype 1, 4, 5 or 6 and those genotype 2 or 3 patients with hepatic cirrhosis or bridging fibrosis, the treatment course is limited to 48 weeks.

Patients with genotype 1, 4, 5 or 6 who are eligible for 48 weeks of treatment may only continue treatment after the first 12 weeks if the result of an HCV RNA quantitative assay (performed at the same laboratory using the same test) shows that the plasma HCV RNA has become undetectable or the viral load has decreased by at least a 2 log drop. (An HCV RNA assay at week 12 is unnecessary for genotype 2 and 3 patients because of the high likelihood of early viral response by week 12).

Patients with genotype 1, 4, 5 or 6 who are viral positive at week 12 but have attained at least a 2 log drop in viral load may only continue treatment after the first 24 weeks of treatment if plasma HCV RNA is not detectable by an HCV RNA qualitative assay at week 24. Similarly, genotype 2 or 3 patients with hepatic cirrhosis or bridging fibrosis may only continue treatment after the first 24 weeks if plasma HCV RNA is not detectable by an HCV RNA qualitative assay at week 24. An HCV RNA qualitative assay at week 24 is unnecessary for those patients with genotype 1, 4, 5 or 6 who became viral negative at week 12.

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.

6389G	***Pack containing 84 tablets ribavirin 200 mg and 4 pre-filled syringes peginterferon alfa-2a injection 135 micrograms***	***‡1***	***1432.08***	***Pegasys RBV***	***RO***

continued ☞

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer $	Proprietary Name and Manufacturer	
	RIBAVIRIN and PEGINTERFERON ALFA-2a—cont.				
6390H	***Pack containing 112 tablets ribavirin 200 mg and 4 pre-filled syringes peginterferon alfa-2a injection 135 micrograms***	***‡1***	***1520.81***	***Pegasys RBV***	***RO***
6391J	***Pack containing 140 tablets ribavirin 200 mg and 4 pre-filled syringes peginterferon alfa-2a injection 135 micrograms***	***‡1***	***1609.53***	***Pegasys RBV***	***RO***
6392K	***Pack containing 168 tablets ribavirin 200 mg and 4 pre-filled syringes peginterferon alfa-2a injection 135 micrograms***	***‡1***	***1698.26***	***Pegasys RBV***	***RO***
6393L	***Pack containing 84 tablets ribavirin 200 mg and 4 pre-filled syringes peginterferon alfa-2a injection 180 micrograms***	***‡1***	***1616.41***	***Pegasys RBV***	***RO***
6394M	***Pack containing 112 tablets ribavirin 200 mg and 4 pre-filled syringes peginterferon alfa-2a injection 180 micrograms***	***‡1***	***1705.14***	***Pegasys RBV***	***RO***
6395N	***Pack containing 140 tablets ribavirin 200 mg and 4 pre-filled syringes peginterferon alfa-2a injection 180 micrograms***	***‡1***	***1793.86***	***Pegasys RBV***	***RO***
6396P	***Pack containing 168 tablets ribavirin 200 mg and 4 pre-filled syringes peginterferon alfa-2a injection 180 micrograms***	***‡1***	***1882.59***	***Pegasys RBV***	***RO***

RIBAVIRIN and PEGINTERFERON 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.

CAUTION:

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.

Private hospital authority required

Treatment of chronic hepatitis C in patients 18 years or older who have compensated liver disease and who have received no prior interferon alfa or peginterferon alfa treatment and who satisfy all of the following criteria:

(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);

(2) Abnormal serum ALT levels in conjunction with documented chronic hepatitis C infection (repeatedly anti-HCV positive and/or HCV RNA positive);

(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.

For patients with genotype 2 or 3 hepatitis C without hepatic cirrhosis or bridging fibrosis, the treatment course is limited to 24 weeks. For hepatitis C patients with genotype 1, 4, 5 or 6 and those genotype 2 or 3 patients with hepatic cirrhosis or bridging fibrosis, the treatment course is limited to 48 weeks.

continued ☞

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer $	Proprietary Name and Manufacturer	
	RIBAVIRIN and PEGINTERFERON ALFA-2b—cont.				
	Patients with genotype 1, 4, 5 or 6 who are eligible for 48 weeks of treatment may only continue treatment after the first 12 weeks if the result of an HCV RNA quantitative assay (performed at the same laboratory using the same test) shows that the plasma HCV RNA has become undetectable or the viral load has decreased by at least a 2 log drop. (An HCV RNA assay at week 12 is unnecessary for genotype 2 and 3 patients because of the high likelihood of early viral response by week 12).				
	Patients with genotype 1, 4, 5 or 6 who are viral positive at week 12 but have attained at least a 2 log drop in viral load may only continue treatment after the first 24 weeks of treatment if plasma HCV RNA is not detectable by an HCV RNA qualitative assay at week 24. Similarly, genotype 2 or 3 patients with hepatic cirrhosis or bridging fibrosis may only continue treatment after the first 24 weeks if plasma HCV RNA is not detectable by an HCV RNA qualitative assay at week 24. An HCV RNA qualitative assay at week 24 is unnecessary for those patients with genotype 1, 4, 5 or 6 who became viral negative at week 12.				
	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.				
6377P	***Pack containing 84 capsules ribavirin 200 mg and 4 vials peginterferon alfa-2b powder for injection 50 micrograms with diluent***	***‡1***	***1014.02***	***Pegatron***	***SH***
6399T	***Pack containing 84 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 50 micrograms with diluent***	***‡1***	***1014.02***	***Pegatron***	***SH***
6378Q	***Pack containing 112 capsules ribavirin 200 mg and 4 vials peginterferon alfa-2b powder for injection 50 micrograms with diluent***	***‡1***	***1171.51***	***Pegatron***	***SH***
6400W	***Pack containing 112 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 50 micrograms with diluent***	***‡1***	***1171.51***	***Pegatron***	***SH***
6379R	***Pack containing 84 capsules ribavirin 200 mg and 4 vials peginterferon alfa-2b powder for injection 80 micrograms with diluent***	***‡1***	***1338.96***	***Pegatron***	***SH***
6401X	***Pack containing 84 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 80 micrograms with diluent***	***‡1***	***1338.96***	***Pegatron***	***SH***
6380T	***Pack containing 140 capsules ribavirin 200 mg and 4 vials peginterferon alfa-2b powder for injection 80 micrograms with diluent***	***‡1***	***1496.44***	***Pegatron***	***SH***
6402Y	***Pack containing 140 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 80 micrograms with diluent***	***‡1***	***1496.44***	***Pegatron***	***SH***
6381W	***Pack containing 168 capsules ribavirin 200 mg and 4 vials peginterferon alfa-2b powder for injection 80 micrograms with diluent***	***‡1***	***1496.44***	***Pegatron***	***SH***

continued ☞

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer $	Proprietary Name and Manufacturer	
	RIBAVIRIN and PEGINTERFERON ALFA-2b—cont.				
6403B	***Pack containing 168 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 80 micrograms with diluent***	***‡1***	***1496.44***	***Pegatron***	***SH***
6382X	***Pack containing 84 capsules ribavirin 200 mg and 4 vials peginterferon alfa-2b powder for injection 100 micrograms with diluent***	***‡1***	***1555.58***	***Pegatron***	***SH***
6404C	***Pack containing 84 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 100 micrograms with diluent***	***‡1***	***1555.58***	***Pegatron***	***SH***
6383Y	***Pack containing 112 capsules ribavirin 200 mg and 4 vials peginterferon alfa-2b powder for injection 100 micrograms with diluent***	***‡1***	***1713.07***	***Pegatron***	***SH***
6405D	***Pack containing 112 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 100 micrograms with diluent***	***‡1***	***1713.07***	***Pegatron***	***SH***
6384B	***Pack containing 84 capsules ribavirin 200 mg and 4 vials peginterferon alfa-2b powder for injection 120 micrograms with diluent***	***‡1***	***1772.20***	***Pegatron***	***SH***
6406E	***Pack containing 84 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 120 micrograms with diluent***	***‡1***	***1772.20***	***Pegatron***	***SH***
6385C	***Pack containing 140 capsules ribavirin 200 mg and 4 vials peginterferon alfa-2b powder for injection 120 micrograms with diluent***	***‡1***	***1929.69***	***Pegatron***	***SH***
6407F	***Pack containing 140 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 120 micrograms with diluent***	***‡1***	***1929.69***	***Pegatron***	***SH***
6386D	***Pack containing 84 capsules ribavirin 200 mg and 4 vials peginterferon alfa-2b powder for injection 150 micrograms with diluent***	***‡1***	***2097.14***	***Pegatron***	***SH***
6408G	***Pack containing 84 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 150 micrograms with diluent***	***‡1***	***2097.14***	***Pegatron***	***SH***
6387E	***Pack containing 140 capsules ribavirin 200 mg and 4 vials peginterferon alfa-2b powder for injection 150 micrograms with diluent***	***‡1***	***2254.63***	***Pegatron***	***SH***
6409H	***Pack containing 140 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 150 micrograms with diluent***	***‡1***	***2254.63***	***Pegatron***	***SH***
6388F	***Pack containing 168 capsules ribavirin 200 mg and 4 vials peginterferon alfa-2b powder for injection 150 micrograms with diluent***	***‡1***	***2254.63***	***Pegatron***	***SH***

continued ☞

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer $	Proprietary Name and Manufacturer	
	RIBAVIRIN and PEGINTERFERON ALFA-2b—cont.				
6410J	***Pack containing 168 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 150 micrograms with diluent***	***‡1***	***2254.63***	***Pegatron***	***SH***
	RIFABUTIN				
	Private hospital authority required				
	Treatment of Mycobacterium avium complex infections in HIV-positive patients; Prophylaxis against Mycobacterium avium complex infections in HIV-positive patients with CD4 cell counts of less than 75 per cubic millimetre.				
6195C	***Capsule 150 mg***	***30***	***147.00***	***Mycobutin***	***PH***
	RITONAVIR				
	Private hospital authority required				
	Treatment of HIV infection in patients with: (a) CD4 cell counts of less than 500 per cubic millimetre; or (b) viral load of greater than 10,000 copies per mL.				
6203L	***Capsule 100 mg***	***84***	***106.17***	***Norvir***	***AB***
6235E	***Oral solution 600 mg per 7.5 mL (80 mg per mL), 240 mL***	***1***	***242.67***	***Norvir***	***AB***
	SAQUINAVIR				
	Private hospital authority required				
	Treatment of HIV infection in patients with: (a) CD4 cell counts of less than 500 per cubic millimetre; or (b) viral load of greater than 10,000 copies per mL.				
6248W	***Soft gelatin capsule 200 mg***	***180***	***227.55***	***Fortovase***	***RO***
	SAQUINAVIR MESYLATE				
	Private hospital authority required				
	Treatment of HIV infection in patients with: (a) CD4 cell counts of less than 500 per cubic millimetre; or (b) viral load of greater than 10,000 copies per mL.				
6199G	***Capsule 200 mg (base)***	***270***	***455.00***	***Invirase***	***RO***
	SIROLIMUS				
	CAUTION:				
	Careful monitoring of patients is mandatory.				
	Private hospital authority required				
	Management of rejection, under the supervision and direction of a transplant unit, in patients receiving this drug for prophylaxis and treatment of renal allograft rejection. Management includes initiation, stabilisation and review of therapy as required.				
6436R	***Tablet 1 mg***	***100***	***670.00***	***Rapamune***	***WY***
6437T	***Oral solution 1 mg per mL, 60 mL***	***1***	***402.00***	***Rapamune***	***WY***
	STAVUDINE				
	Private hospital authority required				
	Treatment of HIV infection in patients with: (a) CD4 cell counts of less than 500 per cubic millimetre; or (b) viral load of greater than 10,000 copies per mL.				
6186N	***Capsule 20 mg***	***60***	***280.00***	***Zerit***	***BQ***

continued ☞

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer $	Proprietary Name and Manufacturer	
	STAVUDINE—cont.				
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				
	CAUTION:				
	Careful monitoring of patients is mandatory.				
	Private hospital authority required				
	Management of rejection, under the supervision and direction of a transplant unit, in patients receiving this drug for:				
	(a) Prophylaxis and treatment of liver allograft rejection. Management includes initiation, stabilisation and review of therapy as required;				
	(b) Prophylaxis and treatment of renal allograft rejection. Management includes initiation, stabilisation and review of therapy as required.				
6328C	***Capsule 500 micrograms***	***100***	***187.34***	***Prograf***	***JC***
6216E	***Capsule 1 mg***	***100***	***374.67***	***Prograf***	***JC***
6217F	***Capsule 5 mg***	***50***	***936.68***	***Prograf***	***JC***
	TENOFOVIR DISOPROXIL FUMARATE				
	Private hospital authority required				
	Treatment, in combination with other antiretroviral drugs, of HIV infection in patients who have:				
	(a) failed treatment with their current antiretroviral regimen and for whom an effective regimen, including a regimen containing amprenavir, cannot otherwise be constructed; or				
	(b) experienced treatment-limiting toxicity with their current antiretroviral regimen and for whom an effective regimen, including a regimen containing amprenavir, cannot otherwise be constructed.				
6358P	***Tablet 300 mg***	***30***	***525.00***	***Viread***	***GI***
	VALACICLOVIR HYDROCHLORIDE				
	Private hospital authority required				
	Prophylaxis of cytomegalovirus (CMV) infection and disease following renal transplantation in patients at risk of CMV disease.				
6280M	***Tablet 500 mg (base)***	***100***	***483.63***	***Valtrex***	***GK***
	VALGANCICLOVIR HYDROCHLORIDE				
	Private hospital authority required				
	Cytomegalovirus retinitis in patients with acquired immunodeficiency syndrome;				
➢	***Prophylaxis of cytomegalovirus infection and disease in solid organ transplant patients at risk of cytomegalovirus disease.***				
6357N	***Tablet 450 mg (base)***	***60***	***2245.80***	***Valcyte***	***RO***
	ZALCITABINE				
	Private hospital authority required				
	Treatment of HIV infection in patients with:				
	(a) CD4 cell counts of less than 500 per cubic millimetre; or				
	(b) viral load of greater than 10,000 copies per mL.				
6149P	***Tablet 375 micrograms***	***100***	***193.75***	***Hivid***	***RO***
6150Q	***Tablet 750 micrograms***	***100***	***242.18***	***Hivid***	***RO***

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer $	Proprietary Name and Manufacturer	
	ZIDOVUDINE				
	Private hospital authority required				
	Treatment of HIV infection in patients with:				
	(a) CD4 cell counts of less than 500 per cubic millimetre; or				
	(b) viral load of greater than 10,000 copies per mL.				
6153W	***Capsule 100 mg***	***100***	***205.46***	***Retrovir***	***GK***
6154X	***Capsule 250 mg***	***60***	***308.19***	***Retrovir***	***GK***
6155Y	***Syrup 10 mg per mL, 200 mL bottle***	***1***	***41.09***	***Retrovir***	***GK***
	ZOLEDRONIC ACID				
	Private hospital authority required				
	Multiple myeloma;				
	Bone metastases from breast cancer;				
	Bone metastases from hormone-resistant prostate cancer, with demonstration of biochemical progression of disease despite maximal therapy with hormonal treatments;				
	Treatment of hypercalcaemia of malignancy refractory to anti-neoplastic therapy.				
6371H	***Injection concentrate for I.V. infusion 4 mg in 5 mL***	***1***	***450.00***	***Zometa***	***NV***
	NOTE:				
	This price is based on special supply arrangements—see Pharmaceutical Benefits Pricing Authority relativity sheet for full details.				

BOTULINUM TOXIN PROGRAM

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 1800 819 296.

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 ambulant paediatric cerebral palsy patients 2 years of age or 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***

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 1800 819 296.

Treatment of dynamic equinus foot deformity due to spasticity in ambulant paediatric cerebral palsy patients 2 years of age or older;
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***

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	
	ITEM AVAILABLE DIRECT FROM THE MANUFACTURER UNDER THE SPECIAL ACCESS SCHEME				
	ETHACRYNIC ACID				
	NOTE:				
	Prescribers need to apply to the Therapeutic Goods Administration for individual patient approval under the Special Access Scheme, contact telephone number (02) 6232 8111. The product will be supplied direct by Merck Sharp & Dohme (Australia) Pty Ltd, pending approval of this product.				
	Patients hypersensitive to other oral diuretics.				
6368E	***Tablet 25 mg***	***100***	***21.67***	***Edecrin***	***MK***
	HUMAN GROWTH HORMONE PROGRAM				
	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 the Department of Health and Ageing's internet site at http://www.health.gov.au/pbs/supply/hghguidelines.htm, or from:				
	Growth Hormone Program				
	Pharmaceutical Benefits Branch				
	Department of Health and Ageing				
	GPO Box 9848				
	CANBERRA ACT 2601				
	Contact telephone number (02) 6289 7274				
6160F	***Injection 4 i.u. (1.33 mg) vial with 2 mL diluent (with preservative)***	***1***	***66.00***	***Humatrope***	***LY***
6266T	***Injection 4 mg (12 i.u.) vial with 3.5 mL diluent (with preservative)***	***1***	***198.00***	***SciTropin***	***SA***
6295H	***Solution for injection 5 mg (15 i.u.) in 1.5 mL cartridge (with preservative)***	***1***	***247.50***	***Norditropin SimpleXx***	***NO***
6330E	***Injection 5 mg (15 i.u.) in 1 mL cartridge (with preservative)***	***1***	***247.50***	***Genotropin***	***PH***
6169Q	***Injection 18 i.u. (6 mg) cartridge with 3.15 mL diluent (with preservative)***	***1***	***297.00***	***Humatrope***	***LY***
6329D	***Injection 8 mg (24 i.u.) vial with 1.37 mL diluent cartridge (with preservative) (for use with one.click auto-injector)***	***1***	***396.00***	***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***
6345Y	***Injection 72 i.u. (24 mg) cartridge with 3.15 mL diluent (with preservative)***	***1***	***1188.00***	***Humatrope***	***LY***

continued ☞

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer $	Proprietary Name and Manufacturer	
	SOMATROPIN				
	(Recombinant human growth hormone)—cont.				
6313G	***Injection 0.8 mg (2.4 i.u.) with diluent in single use syringe (without preservative)***	***7***	***277.20***	***Genotropin MiniQuick***	***PH***
6314H	***Injection 1 mg (3 i.u.) with diluent in single use syringe (without preservative)***	***7***	***346.50***	***Genotropin MiniQuick***	***PH***
6315J	***Injection 1.2 mg (3.6 i.u.) with diluent in single use syringe (without preservative)***	***7***	***415.80***	***Genotropin MiniQuick***	***PH***
6316K	***Injection 1.4 mg (4.2 i.u.) with diluent in single use syringe (without preservative)***	***7***	***485.10***	***Genotropin MiniQuick***	***PH***
6317L	***Injection 1.6 mg (4.8 i.u.) with diluent in single use syringe (without preservative)***	***7***	***554.40***	***Genotropin MiniQuick***	***PH***
6318M	***Injection 1.8 mg (5.4 i.u.) with diluent in single use syringe (without preservative)***	***7***	***623.70***	***Genotropin MiniQuick***	***PH***
6319N	***Injection 2 mg (6 i.u.) with diluent in single use syringe (without preservative)***	***7***	***693.00***	***Genotropin MiniQuick***	***PH***

IVF/GIFT PROGRAM

FOLLITROPIN ALFA

Patients who are receiving medical treatment as described in items 13200 or 13203 of the Medicare Benefits Schedule.

NOTE:

Arrangements to prescribe this item should be made by medical practitioners with the Health Insurance Commission, contact telephone number (03) 6215 5728.

6373K	***Injection set containing 1 vial powder for injection 75 i.u. and 1 pre-filled syringe solvent 1 mL***	***1***	***36.00***	***Gonal-f 75***	***SG***
6374L	***Injection set containing 10 vials powder for injection 75 i.u. and 10 pre-filled syringes solvent 1 mL***	***1***	***360.00***	***Gonal-f 75***	***SG***
6431L	***Injection 300 i.u. in 0.5 mL multi-dose cartridge***	***1***	***144.00***	***Gonal-f Pen***	***SG***
6376N	***Injection set containing 1 vial powder for injection 450 i.u. and 1 pre-filled syringe solvent 1 mL***	***1***	***216.00***	***Gonal-f***	***SG***
6432M	***Injection 450 i.u. in 0.75 mL multi-dose cartridge***	***1***	***216.00***	***Gonal-f Pen***	***SG***
6433N	***Injection 900 i.u. in 1.5 mL multi-dose cartridge***	***1***	***432.00***	***Gonal-f Pen***	***SG***
6375M	***Injection set containing 1 vial powder for injection 1,050 i.u. and 1 pre-filled syringe solvent 2 mL***	***1***	***504.00***	***Gonal-f***	***SG***

FOLLITROPIN BETA

Patients who are receiving medical treatment as described in items 13200 or 13203 of the Medicare Benefits Schedule.

NOTE:

Arrangements to prescribe this item should be made by medical practitioners with the Health Insurance Commission, contact telephone number (03) 6215 5728.

6273E	***Solution for injection 50 i.u. in 0.5 mL, single use vial***	***10***	***240.00***	***Puregon 50 IU/0.5 mL***	***OR***

continued ☞

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer $	Proprietary Name and Manufacturer	
	FOLLITROPIN BETA—cont.				
6274F	***Solution for injection 100 i.u. in 0.5 mL, single use vial***	***10***	***480.00***	***Puregon 100 IU/0.5 mL***	***OR***
6275G	***Solution for injection 150 i.u. in 0.5 mL, single use vial***	***10***	***720.00***	***Puregon 150 IU/0.5 mL***	***OR***
6276H	***Solution for injection 200 i.u. in 0.5 mL, single use vial***	***10***	***960.00***	***Puregon 200 IU/0.5 mL***	***OR***
6335K	***Solution for injection 300 i.u. in 0.36 mL multi-dose cartridge***	***1***	***143.84***	***Puregon 300 IU/ 0.36 mL***	***OR***
6336L	***Solution for injection 600 i.u. in 0.72 mL multi-dose cartridge***	***1***	***287.68***	***Puregon 600 IU/ 0.72 mL***	***OR***
	HUMAN CHORIONIC GONADOTROPHIN				
	Patients who are receiving medical treatment as described in items 13200 or 13203 of the Medicare Benefits Schedule.				
	NOTE:				
	Arrangements to prescribe this item should be made by medical practitioners with the Health Insurance Commission, contact telephone number (03) 6215 5728.				
6176C	***Injection set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1 mL***	***1***	***19.77***	***Pregnyl***	***OR***
6178E	***Injection set containing 3 ampoules powder for injection 1,500 units and 3 ampoules solvent 1 mL***	***1***	***27.59***	***Pregnyl***	***OR***
6179F	***Injection set containing 3 ampoules powder for injection 2,000 units and 3 ampoules solvent 1 mL***	***1***	***30.00***	***Profasi 2000***	***SG***
6180G	***Injection set containing 1 ampoule powder for injection 5,000 units and 1 ampoule solvent 1 mL***	***1***	***13.50***	***Profasi 5000***	***SG***
6181H	***Injection set containing 3 ampoules powder for injection 5,000 units and 3 ampoules solvent 1 mL***	***1***	***32.00***	***Pregnyl***	***OR***
	PROGESTERONE				
	For luteal phase support in patients who are receiving medical treatment as described in item 13200 of the Medicare Benefits Schedule. The luteal phase is defined as the time span from embryo transfer until implantation confirmed by positive B-hCG measurement.				
	NOTE:				
	Arrangements to prescribe this item should be made by medical practitioners with the Health Insurance Commission, contact telephone number (03) 6215 5728.				
6366C	***Vaginal gel (prolonged release) 90 mg in single dose pre-filled applicator***	***15***	***148.50***	***Crinone 8%***	***SG***
	NOTE:				
	This price is based on special supply arrangements—see Pharmaceutical Benefits Pricing Authority relativity sheet for full details. Further information may be obtained by contacting the Pharmaceutical Benefits Pricing Authority Secretariat, telephone number (02) 6289 8583.				

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

OPIATE DEPENDENCE TREATMENT PROGRAM

The Australian Government funds the cost of buprenorphine hydrochloride and methadone hydrochloride supplied as a pharmaceutical benefit through clinics and pharmacies approved by State and Territory governments. For further information about this program, please contact your State or Territory Government.

BUPRENORPHINE HYDROCHLORIDE

Treatment of opiate dependence, including maintenance and detoxification (withdrawal), within a framework of medical, social and psychological treatment.

NOTE:

Treatment must be in accordance with the law of the relevant State or Territory.

6307Y	***Sublingual tablet 400 micrograms (base)***	***7***	***6.16***	***Subutex***	***RC***
6308B	***Sublingual tablet 2 mg (base)***	***7***	***10.50***	***Subutex***	***RC***
6309C	***Sublingual tablet 8 mg (base)***	***7***	***30.10***	***Subutex***	***RC***

METHADONE HYDROCHLORIDE

CAUTION:

The risk of drug dependence is high.

Treatment of opiate dependence in accordance with the law of the relevant State or Territory.

6171T	***Oral liquid 25 mg per 5 mL, 200 mL***	***1***	***7.40***	[a] ***Biodone Forte*** [a] ***GK***	***MW***
6172W	***Oral liquid 25 mg per 5 mL, 1 L***	***1***	***36.00***	[a] ***Biodone Forte*** [a] ***GK***	***MW***
6174Y	***Powder 1 g (for preparation of other dosage forms)***	***1***	***3.50***	***GK***	

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

SPECIAL AUTHORITY PROGRAM

IMATINIB MESYLATE

NOTE:

Any queries concerning the arrangements to prescribe imatinib mesylate may be directed to the Health Insurance Commission on 1800 242 679.

Written applications for authority to prescribe imatinib mesylate should be forwarded to:

Health Insurance Commission
Prior Written Approval of Specialised Drugs
Reply Paid 9826
GPO Box 9826
HOBART TAS 7001

NOTE:

Imatinib mesylate is not PBS-subsidised for the treatment of patients with resectable malignant gastrointestinal stromal tumours.

The following provides some explanatory notes regarding the availability of PBS-subsidised treatment with imatinib mesylate of adult patients with a metastatic or unresectable malignant gastrointestinal stromal tumour. The treatment algorithm described by the restriction has been divided into patients who, at 1 February 2004, have received:
— no prior treatment with imatinib mesylate; or
— up to 3 months of treatment with imatinib mesylate; or
— 3 or more months but less than 6 months of treatment with imatinib mesylate; or
— 6 or more months of treatment with imatinib mesylate.

(i) Patients who have received no prior treatment or have been on treatment with imatinib mesylate for less than 3 months at 1 February 2004.
These patients are eligible to commence PBS-subsidised treatment with imatinib mesylate at a dose of 400 mg per day for 3 months. Patients must then be assessed for response at 3 months. Patients who achieve a response are eligible to receive a further 3 months of therapy at 400 mg per day. Patients who fail to achieve a response following this initial 3 month treatment period at 400 mg per day are eligible to receive an additional 3 months of therapy at 600 mg per day.

At the completion of the initial 6 months' treatment, patients must again be assessed for response. Patients receiving 400 mg per day who sustain a response are eligible to receive an additional 6 months' treatment at 400 mg per day and must be assessed for sustained response every subsequent 6 months.

Patients who fail to achieve a response to 3 months' treatment at 600 mg per day are not eligible for continued PBS-subsidised treatment with imatinib mesylate.

Patients who fail to sustain a response to 400 mg per day, at any assessment following the initial 6 months of PBS-subsidised treatment, are eligible to receive 600 mg per day for an additional 3 months. Patients who achieve a response to treatment at 600 mg per day for 3 months are eligible to receive an additional 6 months' treatment at 600 mg per day and must be assessed for sustained response every subsequent 6 months.

Patients who fail to sustain a response to 6 months' treatment at 600 mg per day are not eligible for continued PBS-subsidised treatment with imatinib mesylate.

A diagrammatical representation of the above is available on the Health Insurance Commission (HIC) website at www.hic.gov.au.

continued ☞

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

IMATINIB MESYLATE—cont.

(ii) Patients who have been on treatment with imatinib mesylate for 3 or more months at 1 February 2004.

The availability of PBS-subsidised treatment with imatinib mesylate for these patients differs according to the duration of unsubsidised treatment and the dose that the patient has received. A diagrammatical representation outlining the treatment algorithm for these patients is available on the HIC website at www.hic.gov.au.

NOTE:

Definition of Response.

In order to be eligible for continued PBS-subsidised treatment with imatinib mesylate, or to establish eligibility for initial PBS-subsidised treatment in patients who have been receiving unsubsidised treatment for 3 or more months, patients must achieve and/or sustain a response to at least 3 months of prior therapy with this drug.

For the purposes of determining eligibility for continuing therapy, a response to treatment is defined as below:

A decrease from baseline in the sum of the products of the perpendicular diameters of all measurable lesions of 50% or greater.

Index lesion(s) are all measurable lesions up to a maximum of 5 lesions per organ and 10 lesions in total. Index lesion(s) must be selected on the basis of size and suitability for accurate repetitive measurement.

For the purposes of assessing response, a lesion is defined as measurable where it can be accurately measured in at least 2 dimensions with a product of greater than or equal to 20 square millimetres. Where a spiral CT scan is being used for that assessment, then the lesion must be greater than or equal to 10 square millimetres in the product of at least 2 dimensions.

Evidence of achieving and/or sustaining a response to PBS-subsidised treatment must be submitted:

(i) where 3 months' treatment is authorised, within 4 months (but not less than 10 weeks) of the commencement of that 3 months of treatment;

(ii) where 6 months' treatment is authorised, within 6 months (but not less than 5 months) of the commencement of that 6 months of treatment.

Section 100 authority required

Initial treatment, for up to 3 months, at a dose of up to 400 mg per day, of adult patients with a metastatic or unresectable malignant gastrointestinal stromal tumour which has been histologically confirmed by the detection of CD117 on immunohistochemical staining and:

(a) who have not received prior therapy with imatinib mesylate; or

(b) who are currently receiving unsubsidised treatment with imatinib mesylate and where therapy commenced less than 3 months prior to 1 February 2004.

Applications for authorisation must be in writing and must include:

(1) a completed authority prescription form; and

(2) a completed Imatinib Mesylate (Glivec) PBS Authority Application for Use in the Treatment of Gastrointestinal Stromal Tumour - Supporting Information Form [may be downloaded from the HIC website (www.hic.gov.au)] which includes the following:

(i) a copy of a pathology report from an Approved Pathology Authority supporting the diagnosis of a gastrointestinal stromal tumour and confirming the presence of CD117 on immunohistochemical staining; and

continued ☞

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

IMATINIB MESYLATE—cont.

(ii) a copy of the most recent (within 2 months of the application) computed tomography (CT) scan, magnetic resonance imaging (MRI) or ultrasound assessment of the tumour(s), including the sum of the products of the longest perpendicular diameters of all index lesions, the number and site of index lesions, and whether or not there is evidence of metastatic disease (for patients already on treatment a copy of the CT scan, MRI or ultrasound assessment at the time of commencing treatment must be provided); and
(iii) where the application for authority to prescribe is being sought on the basis of an unresectable tumour, written evidence in support of that claim must be provided; and
(3) a copy of a signed patient agreement form indicating that the patient understands and acknowledges that PBS-subsidised treatment with imatinib mesylate will cease if subsequent assessment demonstrates that they have not achieved or sustained an adequate response to treatment [see Note defining response]; and
(4) for patients who commenced unsubsidised treatment less than 3 months prior to 1 February 2004, the date at which therapy with imatinib mesylate was commenced.

Section 100 authority required

Initial PBS-subsidised supply for continuing treatment, for up to 3 months, at a dose of up to 400 mg per day, of adult patients with a metastatic or unresectable malignant gastrointestinal stromal tumour which has been histologically confirmed by the detection of CD117 on immunohistochemical staining and who are currently responding [see Note defining response] to unsubsidised treatment with imatinib mesylate at a dose of up to 400 mg daily and where therapy commenced from 3 to 6 months prior to 1 February 2004.

Applications for authorisation must be in writing and must include:
(1) a completed authority prescription form; and
(2) a completed Imatinib Mesylate (Glivec) PBS Authority Application for Use in the Treatment of Gastrointestinal Stromal Tumour - Supporting Information Form [may be downloaded from the HIC website (www.hic.gov.au)] which includes the following:
(i) a copy of a pathology report from an Approved Pathology Authority supporting the diagnosis of a gastrointestinal stromal tumour and confirming the presence of CD117 on immunohistochemical staining; and
(ii) the date on which the patient commenced unsubsidised treatment with imatinib mesylate and a copy of the CT scan, MRI or ultrasound assessment of the tumour(s) at that time, and the sum of the products of the longest perpendicular diameters of all index lesions, the number and site of index lesions, and whether or not there was evidence of metastatic disease; and
(iii) a copy of the most recent (within 2 months of the application) CT scan, MRI or ultrasound assessment of the tumour(s), demonstrating that a response has been achieved and sustained; and
(iv) where the application for authority to prescribe is being sought on the basis of an unresectable tumour, written evidence in support of that claim must be provided; and
(3) A copy of a signed patient agreement form indicating that the patient understands and acknowledges that PBS-subsidised treatment with imatinib mesylate will cease if subsequent assessment demonstrates that they have not achieved or sustained an adequate response to treatment.

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continued ☞

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

IMATINIB MESYLATE—cont.

Section 100 authority required

Continuing PBS-subsidised treatment, for up to 3 months, at a dose of up to 400 mg daily, of adult patients with a metastatic or unresectable malignant gastrointestinal stromal tumour who have received an initial 3 months of PBS-subsidised treatment with imatinib mesylate at a dose of up to 400 mg daily, who were commenced on PBS-subsidised therapy on the basis of having received no therapy or less than 3 months' therapy prior to 1 February 2004, and who have achieved a response to treatment [see Note defining response].

Applications for authorisation for continuing treatment must be in writing and must include:
(1) a completed authority prescription form; and
(2) a copy of the most recent (within 2 months of the application) CT scan, MRI or ultrasound report demonstrating that a response has been achieved.

Section 100 authority required

Initial PBS-subsidised supply for continuing treatment, for up to 3 months, at a dose of up to 600 mg per day, of adult patients with a metastatic or unresectable malignant gastrointestinal stromal tumour which has been histologically confirmed by the detection of CD117 on immunohistochemical staining, where therapy with imatinib mesylate commenced prior to 1 February 2004, and:
(a) who are currently responding to unsubsidised therapy at a dose of up to 600 mg daily — for patients who have received from 3 to 6 months of unsubsidised therapy; or
(b) who are currently failing to respond to unsubsidised therapy at a dose of 400 mg daily — for patients who have received from 3 to 6 months or more of unsubsidised therapy.
[see Note defining response]

Applications for authorisation must be in writing and must include:
(1) a completed authority prescription form; and
(2) a completed Imatinib Mesylate (Glivec) PBS Authority Application for Use in the Treatment of Gastrointestinal Stromal Tumour - Supporting Information Form [may be downloaded from the HIC website (www.hic.gov.au)] which includes the following:
(i) a copy of a pathology report from an Approved Pathology Authority supporting the diagnosis of a gastrointestinal stromal tumour and confirming the presence of CD117 on immunohistochemical staining; and
(ii) the date on which the patient commenced unsubsidised treatment with imatinib mesylate and a copy of the CT scan, MRI or ultrasound assessment of the tumour(s) at that time, and the sum of the products of the longest perpendicular diameters of all index lesions, the number and site of index lesions, and whether or not there was evidence of metastatic disease; and
(iii) a copy of the most recent (within 2 months of the application) CT scan, MRI or ultrasound assessment of the tumour(s), demonstrating (as applicable) either that a response has been achieved and sustained or that the patient is currently failing to respond to treatment; and
(iv) where the application for authority to prescribe is being sought on the basis of an unresectable tumour, written evidence in support of that claim must be provided; and
(3) A copy of a signed patient agreement form indicating that the patient understands and acknowledges that PBS-subsidised treatment with imatinib mesylate will cease if subsequent assessment demonstrates that they have not achieved or sustained an adequate response to treatment.

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continued ☞

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer $	Proprietary Name and Manufacturer	
	IMATINIB MESYLATE—cont.				
	Section 100 authority required				
	Continuing PBS-subsidised treatment, for up to 3 months, at a dose of up to 600 mg daily, of adult patients with a metastatic or unresectable malignant gastrointestinal stromal tumour who have received 3 or more months of PBS-subsidised treatment with imatinib mesylate at a dose of 400 mg daily, and:				
	(a) who have failed to achieve a response to that treatment; or				
	(b) who have failed to sustain a previously achieved response to that treatment.				
	[see Note defining response]				
	Applications for authorisation for continuing treatment must be in writing and must include:				
	(1) a completed authority prescription form; and				
	(2) a copy of the most recent (within 2 months of the application) CT scan, MRI or ultrasound report demonstrating the failure to achieve or sustain a response at 400 mg daily.				
6419W	***Capsules 100 mg (base), 120***	***‡1***	***3772.33***	***Glivec***	***NV***
6420X	***Capsules 100 mg (base), 180***	***‡1***	***5658.50***	***Glivec***	***NV***
6440Y	***Tablet 100 mg (base)***	***60***	***1886.17***	***Glivec***	***NV***
6441B	***Tablet 400 mg (base)***	***30***	***3772.33***	***Glivec***	***NV***
	NOTE:				
	Applications for quantities to provide for doses above the maximum doses specified in the restrictions will not be authorised. Up to 2 repeats may be authorised for item 6419W, 6420X, 6440Y or 6441B.				
	Section 100 authority required				
	Initial PBS-subsidised supply for continuing treatment, for up to 6 months, of adult patients with a metastatic or unresectable malignant gastrointestinal stromal tumour which has been histologically confirmed by the detection of CD117 on immunohistochemical staining and who are currently responding [see Note defining response] to unsubsidised treatment with imatinib mesylate and where therapy commenced more than 6 months prior to 1 February 2004.				
	Patients for whom a response has been demonstrated will be eligible for PBS-subsidised treatment at the dose (up to 600 mg daily) at which the response was achieved.				
	Applications for authorisation must be in writing and must include:				
	(1) a completed authority prescription form; and				
	(2) a completed Imatinib Mesylate (Glivec) PBS Authority Application for Use in the Treatment of Gastrointestinal Stromal Tumour - Supporting Information Form [may be downloaded from the HIC website (www.hic.gov.au)] which includes the following:				
	(i) a copy of a pathology report from an Approved Pathology Authority supporting the diagnosis of a gastrointestinal stromal tumour and confirming the presence of CD117 on immunohistochemical staining; and				
	(ii) the date on which the patient commenced unsubsidised treatment with imatinib mesylate and a copy of the CT scan, MRI or ultrasound assessment of the tumour(s) at that time, and the sum of the products of the longest perpendicular diameters of all index lesions, the number and site of index lesions, and whether or not there was evidence of metastatic disease; and				
	(iii) a copy of the most recent (within 2 months of the application) CT scan, MRI or ultrasound assessment of the tumour(s), demonstrating that a response has been achieved and sustained; and				

continued ☞

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer $	Proprietary Name and Manufacturer	
	IMATINIB MESYLATE—cont.				
	(iv) where the application for authority to prescribe is being sought on the basis of an unresectable tumour, written evidence in support of that claim must be provided; and				
	(3) A copy of a signed patient agreement form indicating that the patient understands and acknowledges that PBS-subsidised treatment with imatinib mesylate will cease if subsequent assessment demonstrates that they have not achieved or sustained an adequate response to treatment.				
	Section 100 authority required				
	Continuing treatment, for up to 6 months, of adult patients with a metastatic or unresectable malignant gastrointestinal stromal tumour who have achieved and sustained a response to:				
	(a) 6 months of PBS-subsidised treatment; or				
	(b) 3 months of PBS-subsidised treatment at 600 mg daily — for those patients who received more than 6 months of treatment prior to commencing initial PBS-subsidised therapy with imatinib mesylate and who had previously failed to achieve a response to 400 mg daily of unsubsidised therapy; or				
	(c) 3 months of PBS-subsidised treatment at 600 mg daily — for those patients who received from 3 to 6 months of treatment prior to commencing initial PBS-subsidised therapy with imatinib mesylate and who had previously achieved a response to 600 mg daily of unsubsidised therapy or failed to achieve a response to 400 mg daily of unsubsidised therapy; or				
	(d) 3 months of PBS-subsidised treatment at 400 mg daily — for those patients who received from 3 to 6 months of treatment prior to commencing initial PBS-subsidised therapy with imatinib mesylate and who had previously achieved a response to 400 mg daily of unsubsidised therapy.				
	[See Note defining response]				
	Patients for whom a response has been demonstrated will be eligible for PBS-subsidised treatment at the dose (up to 600 mg daily) at which the response was achieved.				
	Patients who fail to achieve or sustain a response to 3 or more months of treatment with imatinib mesylate at a dose of 600 mg daily are not eligible to continue to receive PBS-subsidised therapy.				
	Applications for authorisation for continuing treatment must be in writing and must include:				
	(1) a completed authority prescription form; and				
	(2) a copy of the most recent (within 2 months of the application) CT scan, MRI or ultrasound report detailing that a response was achieved and sustained.				
6421Y	***Capsules 100 mg (base), 120***	***ǂ1***	***3772.33***	***Glivec***	***NV***
6422B	***Capsules 100 mg (base), 180***	***ǂ1***	***5658.50***	***Glivec***	***NV***
6442C	***Tablet 100 mg (base)***	***60***	***1886.17***	***Glivec***	***NV***
6443D	***Tablet 400 mg (base)***	***30***	***3772.33***	***Glivec***	***NV***
	NOTE:				
	Applications for quantities to provide for doses above the maximum doses specified in the restrictions will not be authorised. Up to 5 repeats may be authorised for item 6421Y, 6422B, 6442C or 6443D.				

continued ☞

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

IMATINIB MESYLATE—cont.

Section 100 authority required

- ***Initial treatment (for up to 18 months) of patients in the chronic phase of chronic myeloid leukaemia expressing the Philadelphia chromosome or the transcript, bcr-abl tyrosine kinase, and who have a primary diagnosis of chronic myeloid leukaemia.***

Applications for authorisation must be in writing and must include:
(1) a completed authority prescription form; and
(2) a completed Imatinib Mesylate (Glivec) PBS Authority Application for Use in the Treatment of Chronic Myeloid Leukaemia - Supporting Information form [may be downloaded from the HIC website (www.hic.gov.au)]; and
(3) a pathology cytogenetic report conducted on peripheral blood or bone marrow supporting the diagnosis of chronic myeloid leukaemia to confirm eligibility for treatment; and
(4) a copy of a signed patient agreement form indicating that the patient understands and acknowledges that PBS-subsidised treatment with imatinib mesylate for the chronic phase of chronic myeloid leukaemia will cease if subsequent testing demonstrates that:
(i) the patient has failed to achieve a major cytogenetic response within the initial 18 months of treatment [see Note defining major cytogenetic response]; or
(ii) the patient has failed to sustain a major cytogenetic response for 12 months from the date of the last pathology report that indicated that a major cytogenetic response had been achieved [see Note defining major cytogenetic response].

NOTE:

Imatinib mesylate in the chronic phase of chronic myeloid leukaemia will only be subsidised for patients who are not receiving concomitant PBS-subsidised interferon alfa therapy.

Section 100 authority required

Continuing treatment of patients who have received initial treatment with imatinib mesylate as a pharmaceutical benefit for the chronic phase of chronic myeloid leukaemia and who have demonstrated a major cytogenetic response in the preceding 12 months.

Applications for authorisation must be in writing and must include:
(1) a completed authority prescription form; and
(2) demonstration of continued response to treatment as evidenced by major cytogenetic response [see Note explaining requirements]. Where this has been supplied within the previous 12 months, only the date of the relevant pathology report need be provided.

NOTE:

Definition of response.
A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells.

Authority approval requirements.
For the purposes of assessing response to PBS-subsidised treatment with imatinib mesylate, cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping must be submitted. Where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with bcr-abl specific probe or quantitative PCR must be submitted. The cytogenetic analyses must be submitted as follows:
(i) between 10 and 12 months of the commencement of treatment with imatinib mesylate, at which time patients in whom a major cytogenetic response has been demonstrated may receive authorisation for a further 12 months of treatment; and
(ii) within 18 months of the commencement of treatment with imatinib mesylate, in patients who have failed to demonstrate a major cytogenetic response at between 10 and 12 months (patients in whom a major cytogenetic response is demonstrable by 18 months may also receive authorisation for a further 12 months of treatment); and

continued ☞

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer $	Proprietary Name and Manufacturer	
	IMATINIB MESYLATE—cont.				
	(iii) at no greater than 12 month intervals thereafter, to demonstrate that the major cytogenetic response has been sustained.				
	For each authority application where eligibility for continuing PBS-subsidised treatment is to be demonstrated, a copy of the cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping must be submitted as described in (i) to (iii) above, unless, at the time of the authority application, the standard karyotyping is not informative. Where the standard karyotyping conducted at the time of application is not informative, a copy of a cytogenetic analysis conducted on the bone marrow using either FISH with bcr-abl specific probe or quantitative PCR must be submitted with the authority application. For patients in whom cytogenetic status is determined on the basis of bcr-abl transcript level measured by quantitative PCR performed on the bone marrow, continuation of treatment will be authorised irrespective of changes to bcr-abl transcript levels. A copy of the non-informative standard karyotype analysis must be included with the authority application.				
	Where a patient has previously received PBS-subsidised treatment with imatinib mesylate, no approval will be granted for PBS-subsidised re-treatment in the chronic phase of chronic myeloid leukaemia, where that patient has at any time failed to meet the criteria for continuing treatment.				
6359Q	***Capsules 100 mg (base), 120***	***ǂ1***	***3772.33***	***Glivec***	***NV***
6360R	***Capsules 100 mg (base), 180***	***ǂ1***	***5658.50***	***Glivec***	***NV***
6444E	***Tablet 100 mg (base)***	***60***	***1886.17***	***Glivec***	***NV***
6445F	***Tablet 400 mg (base)***	***30***	***3772.33***	***Glivec***	***NV***
	NOTE: ***Up to 5 repeats may be authorised for item 6359Q, 6360R, 6444E or 6445F.***				
	Section 100 authority required ***Treatment of patients in the accelerated phase of chronic myeloid leukaemia expressing the Philadelphia chromosome or the transcript, bcr-abl tyrosine kinase, and who have a primary diagnosis of chronic myeloid leukaemia. Progress to the accelerated phase is defined by the presence of 1 or more of the following:*** ***(1) Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 15% but less than 30%; or*** ***(2) Percentage of blasts plus promyelocytes in the peripheral blood or bone marrow greater than or equal to 30%; or*** ***(3) Peripheral basophils greater than or equal to 20%; or*** ***(4) Progressive splenomegaly to a size greater than or equal to 10 cm below the left costal margin to be confirmed on 2 occasions at least 4 weeks apart, or a greater than or equal to 50% increase in size below the left costal margin over 4 weeks; or*** ***(5) Karyotypic evolution (chromosomal abnormalities in addition to a single Philadelphia chromosome).***				
	Applications for authorisation must be in writing and must include: ***(a) a completed authority prescription form; and*** ***(b) a completed Imatinib Mesylate (Glivec) PBS Authority Application for Use in the Treatment of Chronic Myeloid Leukaemia - Supporting Information form, stating which of the above criteria are satisfied by the patient; and*** ***(c) a copy of the confirming pathology report from an Approved Pathology Authority in the case of criteria (1), (2), (3) and (5) above, or details of the dates of assessments in the case of progressive splenomegaly.***				

continued ☞

Code	Item and Section 100 Restriction	Pack Size	Price ex Manufacturer $	Proprietary Name and Manufacturer	
	IMATINIB MESYLATE—cont.				
	Section 100 authority required				
	Treatment of patients in the blast phase of chronic myeloid leukaemia expressing the Philadelphia chromosome or the transcript, bcr-abl tyrosine kinase, and who have a primary diagnosis of chronic myeloid leukaemia. Progress to myeloid blast crisis is defined as either:				
	(1) Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 30%; or				
	(2) Extramedullary involvement other than spleen and liver.				
	Applications for authorisation must be in writing and must include:				
	(a) a completed authority prescription form; and				
	(b) a completed Imatinib Mesylate (Glivec) PBS Authority Application for Use in the Treatment of Chronic Myeloid Leukaemia - Supporting Information form, stating which of the above criteria are satisfied by the patient; and				
	(c) a copy of the confirming pathology report from an Approved Pathology Authority in the case of criterion (1) above, or details of the date of assessment in the case of extramedullary involvement.				
	Section 100 authority required				
	Continuing treatment of patients with chronic myeloid leukaemia expressing the Philadelphia chromosome or the transcript, bcr-abl tyrosine kinase, where the patient has previously received PBS-subsidised treatment with imatinib mesylate of:				
	(i) the accelerated phase of chronic myeloid leukaemia; or				
	(ii) the blast phase of chronic myeloid leukaemia.				
6361T	***Capsules 100 mg (base), 120***	***‡1***	***3772.33***	***Glivec***	***NV***
6362W	***Capsules 100 mg (base), 180***	***‡1***	***5658.50***	***Glivec***	***NV***
6446G	***Tablet 100 mg (base)***	***60***	***1886.17***	***Glivec***	***NV***
6447H	***Tablet 400 mg (base)***	***30***	***3772.33***	***Glivec***	***NV***
	NOTE:				
	Up to 2 repeats may be authorised for item 6361T, 6362W, 6446G or 6447H.				

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**	**$0.67**
Other Items	**25 mL vial**	**$0.26**

(The 25 mL is the most commonly used size)

FEES:

Dispensing Fee for Ready Prepared Benefits	**$4.66**
Dangerous Drug Fee	**$2.61**
Additional Fee for Agreed Price Ready Prepared Benefits	**$0.93**

NOTE—

Standard packs and prices (including mark-up, but without dispensing fee and dangerous drug fee) are for items against the price of which an asterisk (*) is shown in Section 2 of the Schedule.

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Name	Form/Strength	Pack and Price $		Manufacturer
		EMERGENCY DRUG (DOCTOR'S BAG) SUPPLIES			
3486L	Benzylpenicillin	600 mg with 2 mL sterilised water for injections	5 @	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 @	5.15	PH
3474W	Lignocaine Hydrochloride	100 mg in 5 mL	2 @	9.79	AP
3481F	Naloxone Hydrochloride	800 mcg in 2 mL	1 @	18.39	CS
3482G		2 mg in 5 mL	1 @	29.40	CS
3488N	Promethazine Hydrochloride	50 mg in 2 mL	5 @	6.77	MX
3493W	Tetanus Vaccine, Adsorbed	0.5 mL	1 @	4.08	CS
		SPECIAL PHARMACEUTICAL BENEFITS			
2315W	Bleomycin Sulfate	15,000 i.u.	1 @	51.22	MX
			(for reimbursement price)		
			1 @	97.30	MX
			(for total dispensed price)		
		GENERAL PHARMACEUTICAL BENEFITS			
8048N	Abciximab	10 mg in 5 mL	1 @	508.87	LY
1003T	Aciclovir	200 mg	25 @	49.69	AF,DP,HX
			25 @	52.58	GK
2600W	Allopurinol	100 mg	100 @	4.46	AF,HX
2604C		300 mg	30 @	2.64	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 @	1.82	AF
			50 @	3.32	MK
3079C	Amino Acid Formula without Methionine, Threonine and Valine and low in Isoleucine	200 g	1 @	131.04	SB
8554F	Amino Acid Formula without Phenylalanine	500 mg, 200	1 @	83.14	SB
8678R		1 g, 75	1 @	62.40	SB
8706F		42 g, 20	1 @	165.80	SB
2347M		20 g, 30	1 @	219.65	SB
3072Q		250 g	1 @	157.04	SB
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 @ 89.22	SB
8677Q		20 g, 30	1 @ 356.43	VF
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 @ 203.28	SB
8061G		500 g	1 @ 257.92	SB
8555G	Amino Acid Formula with Vitamins and Minerals without Phenylalanine	20 g, 30	1 @ 228.53	VF
8591E		25 g, 30	1 @ 408.32	VF
8613H		29 g, 30	1 @ 228.81	SB
8727H		50 g, 30	1 @ 530.71	SB
8466N		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
8631G	Amino Acid Formula with Vitamins and Minerals without Phenylalanine and Tyrosine	20 g, 30	1 @ 429.81	VF
8667E		25 g, 30	1 @ 665.68	VF
8445L		400 g	1 @ 98.80	SB
8446M		500 g	1 @ 213.20	SB
3078B		500 g	1 @ 277.68	SB
8592F	Amino Acid Formula with Vitamins and Minerals without Valine, Leucine and Isoleucine	20 g, 30	1 @ 228.53	VF
8632H		25 g, 30	1 @ 408.32	VF
8468Q		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
8574G	Amino Acids—Synthetic, Formula	400 g	1 @ 45.75	AB
8443J		400 g	1 @ 45.75	SB
8575H		400 g	1 @ 45.75	AB
3066J		400 g	1 @ 45.75	SB
8736T	Amisulpride	100 mg per mL, 60 mL	1 @ 69.15	SW
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,FM,SH
			1 @ 5.58	SI
2820K		200 mcg (base) per g, 100 g	1 @ 4.28	EX,SH
2544X	Biperiden Hydrochloride	2 mg	100 @ 7.15	AB

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Name	Form/Strength	Pack and Price $		Manufacturer
1260H	Bisacodyl	10 mg, 10	1 @	5.59	BY
1258F		10 mg, 12	1 @	4.25	FL,PP
8465M	Bupropion Hydrochloride	150 mg (s.r.)	120 @	234.27	GK
8710K		150 mg (s.r.)	120 @	234.27	GK
2995P	Calcitonin	50 i.u. in 1 mL	5 @	34.56	NV
2997R		100 i.u. in 1 mL	5 @	53.28	NV
3116B	Calcium	500 mg	60 @	4.37	MM
8740B	Calcium Folinate	equiv. to 50 mg folinic acid in 5 mL	1 @	35.75	MX
1153Q	Carbimazole	5 mg	100 @	12.16	RO
8576J	Carbohydrate, Fat, Vitamins, Minerals and Trace Elements	400 g	1 @	32.75	AB
8369L		400 g	1 @	36.75	SB
8514D	Carbomer 974	3 mg per g, 0.5 g, 30	1 @	9.77	AQ
8578L	Carbomer 980	2 mg per g, 0.6 mL, 30	1 @	9.77	NV
1160C	Carboplatin	50 mg in 5 mL	1 @	37.29	MX,PU
1161D		150 mg in 15 mL	1 @	85.12	MX,PU
1162E		450 mg in 45 mL	1 @	163.22	MX,PU
2338C	Carmellose Sodium	5 mg per mL, 0.4 mL, 30	1 @	9.77	AG
2324H		10 mg per mL, 0.4 mL, 30	1 @	9.77	AG
8315P	Cefepime	1 g	1 @	18.34	BQ
8316Q		2 g	1 @	33.54	BQ
1085D	Cefotaxime	1 g	1 @	5.16	BG,SZ
1086E		2 g	1 @	9.54	BG,SZ
1790F	Ceftriaxone	250 mg	1 @	6.82	RO
1783W		500 mg	1 @	9.87	RO
1784X		1 g	1 @	15.49	BG,RO,SZ
1785Y		2 g	1 @	28.67	BG,MX,RO,SZ
1256D	Cephazolin	500 mg	5 @	20.08	BG,MX
1257E		1 g	5 @	31.69	BG,MX,SZ
1163F	Chlorambucil	2 mg	25 @	19.42	GK
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 @	17.58	GX,HX
1805B	Clonazepam	500 mcg	100 @	9.08	AF
			100 @	11.45	RO
1806C		2 mg	100 @	17.07	AF
			100 @	19.75	RO
1808E		2.5 mg per mL, 10 mL	1 @	3.96	RO
1228P	Copper Sulfate	Tablets, 24	1 @	20.78	BN
1079T	Cyclophosphamide	500 mg	1 @	11.54	BX
8657P	Cyclosporin	10 mg	60 @	45.46	NV
8658Q		25 mg	30 @	50.88	HX,MX
			30 @	53.22	NV
8659R		50 mg	30 @	105.23	HX,MX
			30 @	107.36	NV
8660T		100 mg	30 @	205.07	HX,MX
			30 @	207.20	NV
8661W		100 mg per mL, 50 mL	1 @	364.92	NV
1798P	Cyproheptadine Hydrochloride	4 mg	50 @	3.54	FR
1270W	Cyproterone Acetate	50 mg	50 @	138.64	AF,DP,GX,SY
			50 @	140.28	SC

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price $		Manufacturer
8033T	Cytarabine	100 mg in 1 mL	5 @	27.27	MX
2884T		100 mg in 5 mL	5 @	27.54	PU
8034W		500 mg in 5 mL	1 @	31.78	MX
2885W		500 mg in 25 mL	1 @	31.78	PU
8641T	Dalteparin Sodium (Low Molecular Weight Heparin Sodium—porcine mucous)	2,500 units (anti-Xa) in 0.2 mL	10 @	50.80	PH
8642W		5,000 units (anti-Xa) in 0.2 mL	10 @	52.93	PH
8643X		7,500 units (anti-Xa) in 0.75 mL	10 @	79.81	PH
8662X	Desmopressin Acetate	200 mcg	30 @	49.93	FP
2129C		100 mcg per mL, 2.5 mL	1 @	31.99	FP
8032R		10 mcg per actuation, 50 actuations, 5 mL	1 @	66.57	FP
8711L		10 mcg per actuation, 60 actuations, 6 mL	1 @	79.88	FP
1299J	Diclofenac Sodium	25 mg (e.c.)	50 @	4.38	AW,BG,CH, DP,GX,HS, HX,TW
			50 @	5.90	NV
1302M		100 mg	20 @	9.14	NV
1319K	Diflunisal	250 mg	50 @	5.27	MK
3164M	Digoxin	50 mcg per mL, 60 mL	1 @	11.00	SI
1344R	Diphtheria Antitoxin	10,000 units	1 @	83.85	CS
1341N	Diphtheria and Tetanus Vaccine, Adsorbed	0.5 mL	1 @	4.63	CS
3019X	Diphtheria and Tetanus Vaccine, Adsorbed, Diluted For Adult Use	0.5 mL	1 @	4.72	CS
8461H	Disodium Pamidronate	15 mg in 5 mL	1 @	67.71	MX
8462J		30 mg in 10 mL	1 @	135.43	MX
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	MX,PH
1340M		20 mg in 10 mL	1 @	71.33	MX,PH
1342P		50 mg in 25 mL	1 @	164.32	MX,PH
2702F	Doxycycline	100 mg	7 @	2.68	AF,CH,DP, GX,HX,SI, TW
			7 @	4.28	PF
2703G		100 mg	7 @	2.68	CH,FA,GX, HS,TW
			7 @	4.20	MX
2714W		100 mg	7 @	2.68	AF,CH,DP, HX,SI,TW
			7 @	4.28	PF
2715X		100 mg	7 @	2.68	CH,HS,TW
3199J	Electrolyte Replacement Solution	1 L	1 @	7.69	BX
8716R	Enoxaparin Sodium	20 mg (2,000 i.u. anti-Xa) in 0.2 mL	10 @	50.80	AV
8639Q		40 mg (4,000 i.u. anti-Xa) in 0.4 mL	10 @	52.93	AV
8640R		60 mg (6,000 i.u. anti-Xa) in 0.6 mL	10 @	75.70	AV
8367J	Entacapone	200 mg	100 @	142.00	NV
1375J	Epirubicin Hydrochloride	10 mg in 5 mL	1 @	56.00	MX,PH
1376K		20 mg in 10 mL	1 @	103.90	MX,PH
1377L		50 mg in 25 mL	1 @	255.63	MX,PH

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Name	Form/Strength	Pack and Price $		Manufacturer
8397Y	Eprosartan Mesylate	400 mg (base)	28 @	14.30	SM
8683B	Eptifibatide Acetate	20 mg (base) in 10 mL	1 @	132.03	SH
8684C		75 mg (base) in 100 mL	1 @	349.26	SH
1397M	Erythromycin Lactobionate	1 g (base)	1 @	9.20	AB
8001D	Essential Amino Acids Formula with Minerals and Vitamin C	200 g	1 @	64.88	SB
8637N	Etanercept	25 mg and 1 mL solvent, 4	1 @	941.78	WY
8638P		25 mg and 1 mL solvent, 4	1 @	941.78	WY
1390E	Etoposide	100 mg in 5 mL	1 @	40.23	MX
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
2528C	Fluorouracil	500 mg in 10 mL	1 @	6.17	MX
2958Q	Folic Acid	500 mcg	100 @	1.50	AF,SI
1437P		5 mg	100 @	1.50	AF
8672K	Follitropin Alfa	75 i.u.	1 @	49.72	SG
8713N		300 i.u.	1 @	191.87	SG
8675N		450 i.u.	1 @	287.79	SG
8714P		450 i.u.	1 @	287.80	SG
8715Q		900 i.u.	1 @	575.61	SG
8565T	Follitropin Beta	300 i.u. in 0.36 mL	1 @	191.60	OR
8566W		600 i.u. in 0.72 mL	1 @	383.20	OR
2414C	Frusemide	20 mg	50 @	1.72	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	MX
1168L		60 mg (base) in 1.5 mL	5 @	14.10	MX
2824P		80 mg (base) in 2 mL	5 @	7.08	MX
2245E	Glucose	278 mmol per L, 1 L	1 @	3.85	BX
2891E	Glucose Indicator—Blood	Electrode strips, 50	1 @	24.01	RD
8634K		Electrode strips, 50	1 @	27.84	BN
8557J		Electrode strips, 50	1 @	24.01	GD
8723D		Electrode strips, 50	1 @	24.01	BR
8176H		Discs containing electrode sensors, 10 sensors per disc, 5	1 @	24.01	BN
8190C		Reagent strips, 50	1 @	24.01	RD
8739Y		Reagent strips, 50	1 @	24.01	RD
2919P		Reagent strips, 50	1 @	24.01	RD
2890D		Reagent strips, 50	1 @	24.01	NA
8053W		Reagent strips, 50	1 @	24.01	NA
2914J		Reagent strips, 50	1 @	19.89	TC
2917M		Reagent strips, 50	1 @	19.89	BN
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
8728J	Granisetron Hydrochloride	2 mg (base)	1 @	34.49	MX
1076P	Heparin Sodium	35,000 units in 35 mL	1 @	8.47	MX
1583H	Human Chorionic Gonadotrophin	500 units set	1 @	24.17	OR
1640H	Hydralazine Hydrochloride	25 mg	100 @	3.16	AF
1639G		50 mg	100 @	4.46	AF

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price $		Manufacturer
1486F	Hydrochlorothiazide with Amiloride Hydrochloride	50 mg-5 mg	50 @	3.20	AF
			50 @	4.92	MK
1502C	Hydrocortisone Acetate	21.1 g	1 @	15.68	GC
1510L	Hydrocortisone Sodium Succinate	100 mg with 2 mL solvent	1 @	5.15	PH
1511M		250 mg with 2 mL solvent	1 @	7.17	PH
1501B		100 mg with 2 mL solvent	1 @	5.15	PH
8299T	Hypromellose with Dextran	3 mg-1 mg per mL, 0.4 mL, 28	1 @	9.12	AQ
3198H	Ibuprofen	200 mg	50 @	2.18	AF
3190X		400 mg	50 @	3.87	AB
2446R	Idarubicin Hydrochloride	5 mg	1 @	80.52	PH
2448W		10 mg	1 @	151.07	PH
2450Y		25 mg	1 @	377.18	PH
2452C		5 mg	1 @	193.75	PH
2453D		10 mg	1 @	377.18	PH
8076C	Ifosfamide	1 g	1 @	52.61	BX
8077D		2 g	1 @	97.30	BX
2454E	Indomethacin	25 mg	50 @	1.61	AF
			50 @	3.14	MK
2757D		100 mg	20 @	7.45	MK
8571D	Insulin Aspart	100 units per mL, 10 mL	1 @	31.59	NO
8435Y		100 units per mL, 3 mL, 5	1 @	53.17	NF,NO
8609D	Insulin Aspart—Insulin Aspart Protamine Suspension	100 units (30 units-70 units) per mL, 3 mL, 5	1 @	53.17	NF,NO
1711C	Insulin Isophane (N.P.H.)	100 units per mL, 10 mL	1 @	26.32	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
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 @	26.32	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,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,NO
1763T		100 units (30 units-70 units) per mL, 3 mL, 5	1 @	44.91	LY,NI,NO
2062M		100 units (50 units-50 units) per mL, 3 mL, 5	1 @	44.91	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
8551C		4,500,000 i.u. in 0.5 mL	1 @	50.45	RO
8552D		6,000,000 i.u. in 0.5 mL	1 @	66.06	RO
8553E		9,000,000 i.u. in 0.5 mL	1 @	97.44	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

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Name	Form/Strength	Pack and Price $		Manufacturer
8572E	Interferon Alfa-2b	18,000,000 i.u. in 1.2 mL	1 @	194.88	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
8671J	Ipratropium Bromide	21 mcg per dose (200 doses)	1 @	17.42	BY
8279R		20 mcg (anhydrous) per dose (200 doses)	1 @	24.20	BY
1542E		250 mcg (anhydrous) in 1 mL, 30	1 @	23.24	AF,CH,DP, GX,HS,MX, PU,TW
			1 @	23.72	BY
8238N		500 mcg (anhydrous) in 1 mL, 30	1 @	27.47	AF,CH,DP, GX,HS,MX, PU,TW
			1 @	27.93	BY
1541D		250 mcg (anhydrous) per mL, 20 mL	1 @	6.93	BY
8415X	Irinotecan Hydrochloride Trihydrate	100 mg in 5 mL	1 @	432.00	PU
2587E	Isosorbide Dinitrate	10 mg	100 @	3.74	AF
			100 @	5.59	SI
2588F		5 mg	100 @	4.35	SI
1588N	Ketoprofen	100 mg	20 @	8.32	AV
2913H	Levonorgestrel	30 mcg	1 @	2.61	SC,WY
1456P	Levonorgestrel with Ethinyloestradiol	Tablet-Pack	1 @	2.61	SC
1393H		150 mcg-30 mcg	1 @	5.08	SC
1394J		Tablet-Pack	1 @	2.61	SY,WX
			1 @	4.92	WY
			1 @	5.08	SC
1458R		Tablet-Pack	1 @	2.61	SC
1391F		Tablet-Pack	1 @	5.08	SC
1392G		Tablet-Pack	1 @	2.61	SY,WX
			1 @	4.92	WY
			1 @	5.08	SC
3059B	Lithium Carbonate	250 mg	100 @	3.85	AS
8290H		450 mg (s.r.)	100 @	11.02	GK
1598D	Mercaptopurine	50 mg	25 @	24.62	GK
8616L	Mesalazine	2 g in 60 mL, 7	1 @	85.06	OA
8617M		4 g in 60 mL, 7	1 @	113.39	OA
2826R	Methysergide	1 mg	50 @	19.35	NV
1638F	Metronidazole	500 mg in 100 mL	1 @	7.69	BX
8282X	Milk Powder—Lactose Free Formula	900 g	1 @	15.66	WY
2350Q		900 g	1 @	15.66	NU
8283Y		900 g	1 @	15.66	WY
2349P		900 g	1 @	15.66	NU
2358D	Milk Powder—Lactose Modified	900 g	1 @	17.57	SJ
2357C		900 g	1 @	17.57	SJ
3092R	Milk Powder—Synthetic	400 g	1 @	36.40	NU
8630F	Milk Protein and Fat Formula with Vitamins and Minerals—Carbohydrate Free	225 g	1 @	27.64	SB
8635L	Moxifloxacin Hydrochloride	400 mg (base) in 250 mL	1 @	64.80	BN
1674D	Naproxen	250 mg	50 @	4.81	AF
			50 @	6.36	RO
8298R	Naratriptan Hydrochloride	2.5 mg (base)	2 @	11.00	GK
1687T	Nicotinic Acid	250 mg	100 @	7.51	AS

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price $		Manufacturer
2732T	Nitrazepam	5 mg	25 @	1.94	AF
			25 @	3.96	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 @	1.29	AF
			25 @	2.73	SI
3135B		30 mg	25 @	1.50	AF,FM
			25 @	2.95	SI
8588B	Oxcarbazepine	60 mg per mL, 250 mL	1 @	82.54	NV
3026G	Paclitaxel	30 mg in 5 mL	1 @	232.25	BQ,MX
8018B		100 mg in 16.7 mL	1 @	782.17	BQ
3017T		150 mg in 25 mL	1 @	1161.26	MX
8556H	Pancreatic Extract	not less than 5,000 BP units lipase activity	100 @	23.32	SM
8020D		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
2496J	Pancrelipase	not less than 5,000 BP units lipase activity	250 @	58.30	JC
2495H		not less than 10,000 BP units lipase activity	250 @	86.37	OR
8366H		not less than 25,000 BP units lipase activity	100 @	67.94	TM
1754H	Paraffin	3.5 g	1 @	6.67	IQ
			1 @	7.67	AQ
1703P	Phenoxymethylpenicillin	250 mg	25 @	3.39	SI
1787C		250 mg	25 @	3.39	SI
3028J		500 mg	25 @	5.04	SI
2356B		125 mg per 5 mL, 100 mL	1 @	3.34	FM
			1 @	4.07	SI
2354X		250 mg per 5 mL, 100 mL	1 @	4.73	FM
			1 @	5.46	SI
2334W	Polygeline	17.5 g per 500 mL, 500 mL	1 @	13.20	AV
2642C	Potassium Chloride	600 mg	100 @	2.98	SZ
			100 @	4.05	NV
1920C	Prednisolone Sodium Phosphate	equiv. to 20 mg prednisolone in 100 mL	7 @	22.23	SI
2554K		equiv. to 5 mg prednisolone, 10	1 @	7.73	SI
2653P	Procainamide Hydrochloride	250 mg	100 @	25.48	BQ
1948M	Promethazine Hydrochloride	50 mg in 2 mL	5 @	6.77	MX
1953T	Propantheline Bromide	15 mg	100 @	9.90	SI
1955X	Propylthiouracil	50 mg	100 @	13.49	PL

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Name	Form/Strength	Pack and Price $		Manufacturer
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
1937Y	Ranitidine Hydrochloride	150 mg (base), effervescent	30 @	9.71	GK
8903N		150 mg (base), effervescent	30 @	9.71	GK
8162N		150 mg (base) per 10 mL, 300 mL	1 @	9.71	GK
8905Q		150 mg (base) per 10 mL, 300 mL	1 @	9.71	GK
1103C	Salbutamol Sulfate	2 mg (base) per 5 mL, 150 mL	1 @	3.89	GK
1099W		200 mcg (base)	100 @	7.95	GK
8288F		100 mcg (base) per dose (200 doses)	1 @	5.81	AL,AW
			1 @	6.12	MM
			1 @	6.31	GK
8354Q		100 mcg (base) per dose (200 doses)	1 @	15.90	MM
2000G		2.5 mg (base) in 2.5 mL, 30	1 @	9.43	AF,CH,GX, PU,TW
			1 @	10.53	GK
2001H		5 mg (base) in 2.5 mL, 30	1 @	9.97	AF,CH,GX, HS,PU,TW
			1 @	11.07	GK
2003K		5 mg (base) per mL, 30 mL	1 @	3.45	PU
2014B	Sodium Alginate with Calcium Carbonate and Sodium Bicarbonate	1 g-320 mg-534 mg in 20 mL, 500 mL	1 @	4.08	RC
2264E	Sodium Chloride	154 mmol per L, 1 L	1 @	3.85	BX
2260Y		513 mmol per L, 1 L	1 @	5.83	BX
2266G	Sodium Chloride Compound	1 L	1 @	5.83	BX
2281C	Sodium Chloride with Glucose	31 mmol-222 mmol per L, 1 L	1 @	3.85	BX
2279Y		19 mmol-104 mmol per 500 mL, 500 mL	1 @	5.06	BX
2278X		39 mmol-69 mmol per 500 mL, 500 mL	1 @	5.06	BX
1124E	Sodium Cromoglycate	20 mg in 2 mL	60 @	27.73	AV
2286H	Sodium Lactate Compound	1 L	1 @	3.85	BX
2294R	Sodium Valproate	100 mg	100 @	12.46	SW
2289L		200 mg (e.c.)	100 @	15.82	AF
			100 @	16.48	SW
2290M		500 mg (e.c.)	100 @	31.30	AF
			100 @	32.12	SW
2293Q		200 mg per 5 mL, 300 mL	1 @	14.08	SW
2295T		200 mg per 5 mL, 300 mL	1 @	14.08	SW
2091C	Sorbitol with Sodium Citrate and Sodium Lauryl Sulfoacetate	3.125 g-450 mg-45 mg in 5 mL, 12	1 @	13.35	PH
8577K	Soy Protein and Fat Formula with Vitamins and Minerals—Carbohydrate Free	384 mL	1 @	5.72	AB
1102B	Sterculia with Frangula Bark	473 mg-83 mg per g, 250 g	1 @	9.15	SC
2093E	Sulfasalazine	500 mg	100 @	22.06	PH
2096H		500 mg (e.c.)	100 @	24.26	KR
			100 @	25.09	PH
2047R	Sulindac	100 mg	50 @	4.91	AF
8144P	Sumatriptan Succinate	50 mg (base)	2 @	11.00	AW,GK

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price $		Manufacturer
2109B	Tamoxifen Citrate	10 mg (base)	30 @	22.48	AP
2110C		20 mg (base)	30 @	39.05	AP
2088X	Temazepam	10 mg	25 @	1.94	AF,FM
			25 @	3.00	SI
2105T		10 mg	25 @	1.94	FM,SI
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
2670M	Testosterone Esters	100 mg	1 @	3.97	OR
2101N		250 mg	1 @	8.91	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 @	2.66	SI
2146Y	Tetracycline Hydrochloride (Buffered)	250 mg	25 @	2.66	BC
2345K	Thiotepa	15 mg	1 @	18.71	SI
1356J	Tobramycin Sulfate	80 mg (base)	1 @	6.05	AS
			5 @	30.25	MX,PU
2117K	Triamcinolone Acetonide	200 mcg per g, 100 g	1 @	4.28	FM
			1 @	5.58	SI
2118L		200 mcg per g, 100 g	1 @	4.28	FM
			1 @	5.58	SI
3128P	Triglycerides, Medium Chain	500 mL	1 @	23.56	SB
8478F	Triglycerides—Medium Chain, Formula	400 g	1 @	39.49	SB
8629E		420 g	1 @	43.13	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	GK
3113W	Vancomycin	125 mg	20 @	125.42	LY
3114X		250 mg	20 @	242.15	LY
3130R		500 mg	1 @	23.58	MX
			1 @	23.76	LY
3131T		500 mg	1 @	23.58	MX
			1 @	23.76	LY
2198Q	Vinblastine Sulfate	10 mg	1 @	18.82	AS
2374Y	Vincristine Sulfate	1 mg in 1 mL	5 @	81.68	MX,PU
2371T		1 mg	1 @	17.20	AS
8280T	Vinorelbine Tartrate	10 mg (base) in 1 mL	1 @	89.58	FB
8281W		50 mg (base) in 5 mL	1 @	374.77	FB
8587Y	Whey Protein Formula supplemented with Amino Acids, Vitamins and Minerals, and low in Protein, Phosphate, Potassium and Lactose	400 g	1 @	48.88	SB
8266C	Zolmitriptan	2.5 mg	2 @	10.97	AP

PREPARATIONS WHICH MAY BE PRESCRIBED FOR PATIENTS RECEIVING PALLIATIVE CARE

5303D	Bisacodyl	10 mg, 10	1 @	5.59	BY
5304E		10 mg, 12	1 @	4.25	FL,PP
5307H		10 mg, 10	1 @	5.59	BY
5308J		10 mg, 12	1 @	4.25	FL,PP
5339B	Clonazepam	2.5 mg per mL, 10 mL	1 @	3.96	RO
5342E		2.5 mg per mL, 10 mL	1 @	3.96	RO
5309K	Docusate Sodium with Bisacodyl	100 mg-10 mg, 5	1 @	2.79	FM
5310L		100 mg-10 mg, 5	1 @	2.79	FM

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Name	Form/Strength	Pack and Price $		Manufacturer
5311M	Glycerol	700 mg, 12	1 @	3.34	PP
5312N		1.4 g, 12	1 @	3.47	PP
5313P		2.8 g, 12	1 @	3.59	PP
5314Q		700 mg, 12	1 @	3.34	PP
5315R		1.4 g, 12	1 @	3.47	PP
5316T		2.8 g, 12	1 @	3.59	PP
5331N	Sorbitol with Sodium Citrate and Sodium Lauryl Sulfoacetate	3.125 g-450 mg-45 mg in 5 mL, 12	1 @	13.35	PH
5332P		3.125 g-450 mg-45 mg in 5 mL, 12	1 @	13.35	PH
5321C	Sterculia with Frangula Bark	473 mg-83 mg per g, 250 g	1 @	9.15	SC
5323E		473 mg-83 mg per g, 250 g	1 @	9.15	SC

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 @	5.16	BG,SZ
5049R		2 g	1 @	9.54	BG,SZ
5076E	Diclofenac Sodium	25 mg (e.c.)	50 @	4.38	AW,BG,CH, DP,GX,HS, HX,TW
			50 @	5.90	NV
5079H		100 mg	20 @	9.14	NV
5080J	Diflunisal	250 mg	50 @	5.27	MK
5088T	Erythromycin Lactobionate	1 g (base)	1 @	9.20	AB
5106R	Glucose	278 mmol per L, 1 L	1 @	3.85	BX
5118J	Hydrocortisone Sodium Succinate	100 mg with 2 mL solvent	1 @	5.15	PH
5119K		250 mg with 2 mL solvent	1 @	7.17	PH
5121M	Ibuprofen	200 mg	50 @	2.18	AF
5123P		400 mg	50 @	3.87	AB
5126T	Indomethacin	25 mg	50 @	1.61	AF
			50 @	3.14	MK
5128X		100 mg	20 @	7.45	MK
5139L	Ketoprofen	100 mg	20 @	8.32	AV
5154G	Metronidazole	500 mg in 100 mL	1 @	7.69	BX
5176K	Naproxen	250 mg	50 @	4.81	AF
			50 @	6.36	RO
3360W	Phenoxymethylpenicillin	250 mg	25 @	3.39	SI
3361X		500 mg	25 @	5.04	SI
3365D		125 mg per 5 mL, 100 mL	1 @	3.34	FM
			1 @	4.07	SI
3366E		250 mg per 5 mL, 100 mL	1 @	4.73	FM
			1 @	5.46	SI
3374N	Promethazine Hydrochloride	50 mg in 2 mL	5 @	6.77	MX
5212H	Sodium Chloride	154 mmol per L, 1 L	1 @	3.85	BX
5213J		513 mmol per L, 1 L	1 @	5.83	BX
5214K	Sodium Chloride with Glucose	31 mmol-222 mmol per L, 1 L	1 @	3.85	BX
5215L		19 mmol-104 mmol per 500 mL, 500 mL	1 @	5.06	BX
5216M		39 mmol-69 mmol per 500 mL, 500 mL	1 @	5.06	BX
5217N	Sulindac	100 mg	50 @	4.91	AF
5223X	Tetanus Vaccine, Adsorbed	0.5 mL	1 @	4.08	CS
3323X	Vancomycin	500 mg	1 @	23.58	MX
			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 Mucilage (by weight)	APF 15	0.02	0.18	1.47	13.06
Acacia, powdered	BP	0.05	0.38	3.06	27.16
Acetic Acid (6 per cent)	BP	0.01	0.01	0.09	0.77
Acetic Acid (33 per cent)	BP	0.01	0.04	0.28	2.53
Acetone (use as additive only)	BP	0.01	0.06	0.45	3.98
Alum	BP	0.01	0.06	0.48	4.29
Aluminium Acetate Solution	BP	0.01	0.10	0.81	7.23
Ammonia Aromatic Spirit	BP	0.01	0.06	0.45	3.98
Anise Water Concentrated 1 in 40 (use as additive only)	BP	0.01	0.04	0.30	2.64
Aqueous Cream (for use only as a base combined with active ingredients)	APF	0.01	0.02	0.14	1.23
Ascorbic Acid (use as ingredient of Mixtures of Ferrous Sulfate APF)	BP	0.03	0.22	1.74	15.45
Aspirin	BP	0.02	0.13	1.05	9.30
Belladonna Tincture	BP	0.02	0.16	1.26	11.18
Benzocaine	BP	0.06	0.51	4.10	36.44
Benzoic Acid	BP	0.02	0.15	1.16	10.29
Benzoic Acid Compound Ointment	APF	0.01	0.07	0.58	5.14
Benzoic Acid Solution	BP	0.01	0.10	0.80	7.08
Benzoin Compound Tincture	BP	0.01	0.11	0.86	7.64
Boric Acid (use as additive only)	BP	0.01	0.08	0.63	5.62
Calcium Hydroxide	BP	0.02	0.13	1.01	9.00
Calcium Hydroxide Solution	BP	0.01	0.01	0.06	0.50
Castor Oil (use as additive only)	BP	0.01	0.04	0.31	2.78
Cetomacrogol Aqueous Cream (for use only as a base combined with active ingredients)	APF	0.01	0.02	0.17	1.54
Cetostearyl Alcohol	BP	0.02	0.12	0.95	8.47
Cetrimide Aqueous Cream (for use only as a base combined with active ingredients)	APF	0.01	0.08	0.66	5.86
Chlorhexidine Acetate (use as additive only)	BP	0.38	3.03	24.20	215.07
Chlorhexidine Aqueous Cream (for use only as a base combined with active ingredients)	APF	0.02	0.16	1.29	11.49
Chlorinated Lime	BP	0.01	0.08	0.65	5.78
Chloroform (use as additive only)	BP	0.01	0.06	0.46	4.11
Chloroform Spirit	BP	0.01	0.02	0.16	1.40
Chloroform Water Concentrated 1 in 40	APF 15	0.01	0.02	0.14	1.26
Citric Acid Monohydrate	BP	0.01	0.05	0.37	3.26

Drug	Standard	Recovery Prices			
		0.1 g/mL	1 g/mL	10 g/mL	100 g/mL
		$	$	$	$
Coal Tar	BP	0.03	0.23	1.87	16.65
Coal Tar Solution	BP	0.01	0.08	0.62	5.52
Cocaine Hydrochloride	BP	4.20	33.62	268.93	2390.53
Coconut Oil	BP	0.01	0.09	0.70	6.18
Codeine Linctus	APF	0.01	0.05	0.36	3.16
Codeine Phosphate (may only be prescribed in linctuses, mixtures or mixtures for children)	BP	0.57	4.54	36.30	322.67
Collodion Flexible	BP	0.03	0.25	1.99	17.68
Dithranol	BP	2.32	18.59	148.70	1321.78
Emulsifying Ointment (for use only as a base combined with active ingredients)	BP	0.01	0.05	0.40	3.60
Ephedrine Hydrochloride (may only be prescribed in nasal instillations)	BP	0.24	1.93	15.42	137.10
Ethanol (90 per cent) (use as additive only)	BP	0.01	0.02	0.13	1.16
Ethanol (96 per cent) (use as additive only)	BP	0.01	0.03	0.21	1.85
Ether Solvent (use as additive only)	BP	0.01	0.10	0.82	7.27
Eucalyptus Oil (use as additive only)	BP	0.01	0.09	0.69	6.16
Ferrous Sulfate	BP	0.01	0.11	0.89	7.88
Formaldehyde Solution	BP	0.01	0.05	0.39	3.45
Gentian Compound Infusion Concentrated 1 in 10	BP	0.01	0.09	0.70	6.26
Glycerol	BP	0.01	0.04	0.33	2.90
Honey Purified (use as additive only)	BP 1993	0.01	0.02	0.13	1.20
Hydrochloric Acid Dilute	BP	0.01	0.08	0.66	5.91
Hydroxybenzoate Compound Solution	APF	0.05	0.38	3.02	26.81
Iodine	BP	0.12	0.94	7.54	67.04
Iodine Alcoholic Solution	BP	0.01	0.11	0.91	8.12
Iodine Aqueous Oral Solution	BP	0.01	0.11	0.90	7.97
Ipecacuanha Tincture	BP	0.03	0.20	1.59	14.17
Kaolin, Light or Kaolin, Light (Natural)	BP	0.01	0.04	0.31	2.79
Lactic Acid	BP	0.04	0.33	2.60	23.12
Lavender Spike Oil	BPC 1968	0.06	0.47	3.75	33.30
Liquorice Liquid Extract	BP	0.02	0.19	1.54	13.73
Magnesium Carbonate Light	BP	0.01	0.08	0.66	5.87
Magnesium Sulfate (may only be prescribed for other than oral use)	BP	0.01	0.01	0.08	0.68
Magnesium Trisilicate	BP	0.01	0.10	0.80	7.07
Menthol, Racemic or Levomenthol	BP	0.17	1.35	10.80	95.97

Drug	Standard	Recovery Prices			
		0.1 g/mL	1 g/mL	10 g/mL	100 g/mL
		$	$	$	$
Methyl Hydroxybenzoate	BP	0.10	0.80	6.41	57.01
Methyl Hydroxybenzoate Solution	APF	0.02	0.16	1.28	11.41
Methylated Industrial Spirit (use as additive only)	BP	0.01	0.02	0.17	1.47
Olive Oil (use as additive only)	BP	0.01	0.03	0.27	2.44
Opium Tincture	BP	0.07	0.54	4.29	38.12
Orange Syrup	BP	0.01	0.03	0.22	1.94
Orange Tincture	BP	0.01	0.07	0.57	5.08
Paraffin Hard	BP	0.01	0.05	0.38	3.38
Paraffin Liquid (may only be prescribed for other than oral use)	BP	0.01	0.03	0.21	1.86
Paraffin Light Liquid	BP	0.01	0.02	0.12	1.04
Paraffin Ointment (white) (for use only as a base combined with active ingredients)	BP	0.01	0.03	0.22	1.96
Paraffin Ointment (yellow) (for use only as a base combined with active ingredients)	BP 1968	0.01	0.04	0.33	2.90
Paraffin Soft White	BP	0.01	0.03	0.21	1.91
Paraffin Soft Yellow	BP	0.01	0.03	0.26	2.28
Peppermint Oil (use as additive only)	BP	0.08	0.62	4.96	44.05
Peppermint Water Concentrated 1 in 40 (use as additive only)	APF 16	0.02	0.15	1.21	10.73
Phenobarbitone Sodium (may only be prescribed for the treatment of epilepsy)	BP	0.33	2.61	20.88	185.64
Phenol Liquefied (not available for ear drops)	BP	0.05	0.39	3.09	27.43
Pholcodine Citrate Syrup (use as additive only)	BPC 1959	0.01	0.07	0.58	5.20
Podophyllum Resin	BP	0.23	1.81	14.48	128.69
Potassium Citrate	BP	0.01	0.07	0.58	5.12
Potassium Iodide	BP	0.05	0.36	2.89	25.66
Potassium Permanganate	BP	0.01	0.07	0.53	4.69
Propyl Hydroxybenzoate	BP	0.04	0.33	2.65	23.52
Propylene Glycol	BP	0.01	0.10	0.83	7.41
Red Syrup	APF 15	0.01	0.11	0.86	7.64
Resorcinol	BP	0.05	0.37	2.96	26.30
Salicylic Acid	BP	0.02	0.13	1.06	9.46
Salicylic Acid Ointment	APF	0.01	0.07	0.59	5.24
Salicylic Acid Ointment	BP	0.01	0.07	0.59	5.24
Simple Ointment (white) (for use only as a base combined with active ingredients)	BP	0.01	0.11	0.87	7.69
Simple Ointment (yellow) (for use only as a base combined with active ingredients)	BP	0.01	0.11	0.87	7.69
Sodium Bicarbonate	BP	0.01	0.03	0.21	1.90
Sodium Chloride	BP	0.01	0.05	0.37	3.29

Drug	Standard	Recovery Prices			
		0.1 g/mL	1 g/mL	10 g/mL	100 g/mL
		$	$	$	$
Sodium Chloride Solution	BP	0.01	0.01	0.05	0.42
Sodium Citrate	BP	0.01	0.06	0.49	4.37
Sodium Thiosulfate (use as additive only)	BP	0.01	0.06	0.46	4.05
Starch	BP	0.01	0.06	0.44	3.95
Sulfur Ointment (for use only as a base combined with active ingredients)	BP 1980	0.01	0.11	0.87	7.71
Sulfur Precipitated	BP 1980	0.01	0.10	0.79	6.99
Syrup	BP	0.01	0.02	0.19	1.70
Talc Purified, sterilised	BP	0.01	0.08	0.64	5.70
Thymol	BP	0.10	0.81	6.49	57.69
Thymol Compound Mouth Wash	APF 15	0.01	0.06	0.51	4.49
Tragacanth Compound Powder	BP 1980	0.05	0.38	3.00	26.66
Tragacanth Mucilage	APF 13	0.01	0.04	0.34	2.98
Tragacanth Mucilage	BPC 1973	0.01	0.04	0.28	2.46
Tragacanth, powdered	BP	0.20	1.61	12.89	114.58
Trichloroacetic Acid	BP 1980	0.20	1.59	12.70	112.92
Triethanolamine	BP	0.01	0.09	0.74	6.58
Water For Injections, sterilised (b) (extemporaneously prepared eye drops and eye lotions)	BP	..	..	..	6.99
Water Purified	BP	0.01	0.01	0.04	0.37
Wool Alcohols Ointment (white) (for use only as a base combined with active ingredients)	BP	0.02	0.13	1.03	9.17
Wool Alcohols Ointment (yellow) (for use only as a base combined with active ingredients)	BP	0.02	0.13	1.03	9.17
Wool Fat	BP	0.01	0.08	0.64	5.70
Wool Fat Hydrous	BP	0.01	0.06	0.49	4.36
Zinc Compound Paste	BP	0.02	0.12	0.92	8.17
Zinc Cream (for use only as a base combined with active ingredients)	BP	0.01	0.04	0.35	3.15
Zinc Ointment	BP	0.01	0.10	0.77	6.83
Zinc Oxide	BP	0.01	0.07	0.52	4.66
Zinc and Salicylic Acid Paste	BP	0.02	0.17	1.38	12.28
Zinc Sulfate	BP	0.01	0.09	0.74	6.55

Container Prices

	$
DISPENSING BOTTLES—	
25 mL	0.43
50 mL	0.44
100 mL	0.41
200 mL	0.57
500 mL	0.99
POISON BOTTLES—	
25 mL	0.37
50 mL	0.42
100 mL	0.41
200 mL	0.59
500 mL	0.99
SCREW CAP JARS—	
25 g	0.45
50 g	0.50
100 g	0.58
200 g	0.53
500 g	1.01
DROPPER CONTAINERS—	
15 mL polythene	0.74
15 mL glass	0.69

Dispensing Fee for Extemporaneously Prepared Benefits	**$6.63**
Additional Fee for Agreed Price Extemporaneously Prepared Benefits	**$1.32**

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	8.85	10.17
	DUSTING POWDERS (Maximum Quantity 100 g and 1 Repeat)			
7458M	Zinc, Starch and Talc	APF 15 & BPC 1973	12.76	14.08
	EAR DROPS (Maximum Quantity 15 mL and 2 Repeats)			
7642F	Aluminium Acetate	APF	8.22	9.54
7643G	Aluminium Acetate	BP	8.59	9.91
7314Y	Sodium Bicarbonate	APF & BP	7.62	8.94
7313X	Spirit	APF	7.54	8.86

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	12.70	14.02
7308P	Menthol	APF	9.05	10.37
7310R	Menthol and Eucalyptus	BP 1980	9.31	10.63
	LINCTUSES CONTAINING CODEINE PHOSPHATE (Maximum Quantity 100 mL and no Repeats)			
7530H	Codeine	APF	10.20	11.52
	LOTIONS (Maximum Quantity 200 mL and 2 Repeats)			
7709R	Aluminium Acetate Aqueous	APF	8.73	10.05
	MIXTURES, OTHER (Maximum Quantity 200 mL and 4 Repeats)			
7604F	Gentian Alkaline	APF	10.23	11.55
7599Y	Gentian Alkaline (extemporaneous formula)	BP	9.51	10.83
7348R	Kaolin	BPC 1968	10.17	11.49
7301G	Kaolin and Opium	APF 14	14.52	15.84
7342K	Magnesium Trisilicate	BPC 1968	10.34	11.66
7343L	Magnesium Trisilicate and Belladonna	BPC 1968	11.53	12.85
	MOUTH WASHES (Maximum Quantity 200 mL and 1 Repeat)			
7457L	Thymol Compound	APF 15	16.20	17.52
	OINTMENTS (Maximum Quantity 100 g and 1 Repeat)			
7914M	Benzoic Acid Compound	APF	12.35	13.67
7914M	Benzoic Acid Compound (extemporaneous formula)	BP	12.35	13.67
7902X	Boric Acid, Olive Oil and Zinc Oxide	QHF	12.37	13.69
7926E	Salicylic Acid	APF	12.45	13.77
7928G	Salicylic Acid (extemporaneous formula)	BP	12.45	13.77
	PAINTS (Maximum Quantity 25 mL and 1 Repeat)			
7567G	Podophyllin Compound	APF 16 & BP	15.94	17.26
7568H	Salicylic Acid	APF	12.31	13.63
	PASTES, OTHER (Maximum Quantity 100 g and 1 Repeat)			
7558T	Zinc	APF	15.38	16.70
7558T	Zinc Compound (extemporaneous formula)	BP	15.38	16.70
	POWDER FOR INTERNAL USE (Maximum Quantity 100 g and 2 Repeats)			
7545D	Magnesium Trisilicate	BP	14.23	15.55
	SOLUTIONS (Maximum Quantity 200 mL and 2 Repeats)			
7539T	Calcium Hypochlorite (Eusol)	APF 15	8.29	9.61

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 Powders	100	g	1
15T	Ear Drops	15	mL	2
19B	Eye Drops containing Cocaine Hydrochloride	15	mL	..
22E	Eye Drops, Other	15	mL	5
23F	Eye Lotions	200	mL	2
29M	Inhalations	50	mL	1
64J	Linctuses containing Codeine Phosphate	100	mL	..
34T	Linctuses, Other	100	mL	2
39C	Lotions	200	mL	2
65K	Mixtures containing Codeine Phosphate	200	mL	..
40D	Mixtures, Other	200	mL	4
66L	Mixtures for Children containing Codeine Phosphate	100	mL	..
41E	Mixtures for Children, Other	100	mL	4
30N	Mouth Washes	200	mL	1
42F	Nasal Instillations	15	mL	2
43G	Ointments, Waxes	100	g	1
44H	Paints	25	mL	1
63H	Pastes containing Cocaine Hydrochloride	25	g	..
45J	Pastes, Other	100	g	1
49N	Powders for Internal Use	100	g	2
52R	Solutions	200	mL	2

Australian Government
Department of Veterans' Affairs

REPATRIATION SCHEDULE OF PHARMACEUTICAL BENEFITS

1 MAY 2004

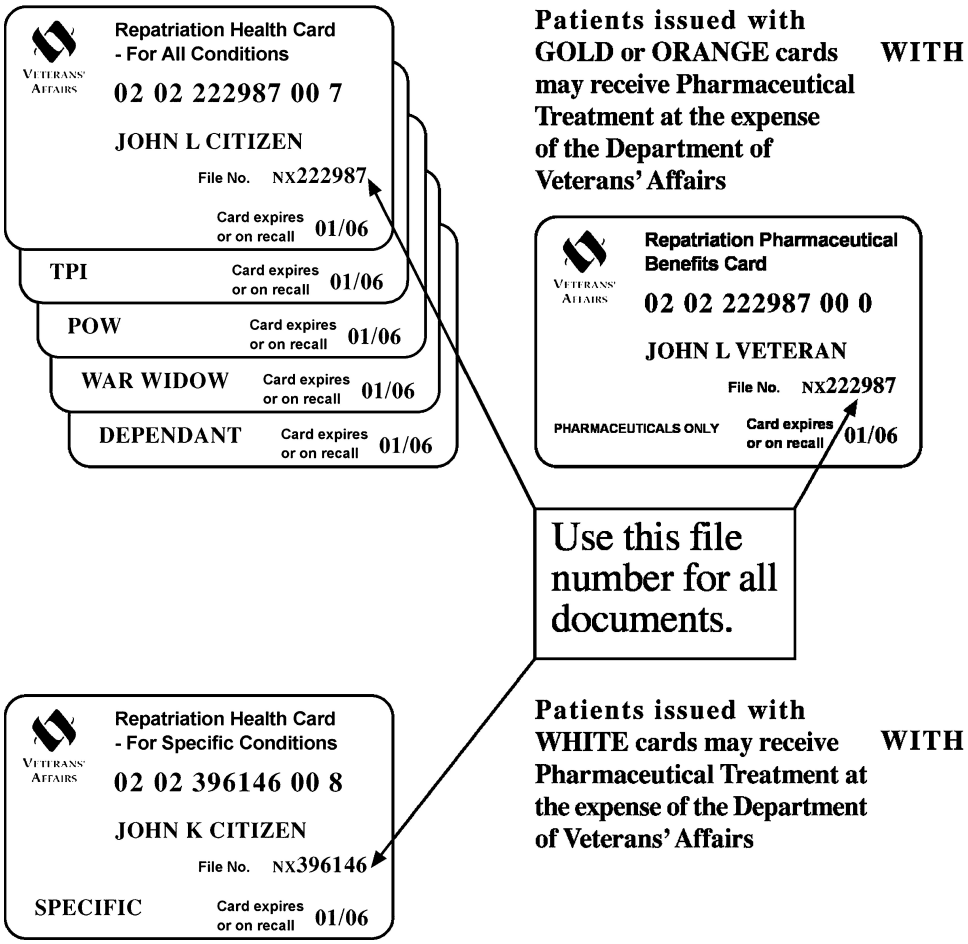
The benefits listed in this Schedule may only be prescribed to Department of Veterans' Affairs beneficiaries holding a:

- Repatriation Health Card For All Conditions (gold); or
- Repatriation Health Card For Specific Conditions (white); or
- Repatriation Pharmaceutical Benefits Card (orange);

BENEFICIARIES' ENTITLEMENT CARDS AND ELIGIBILITY

The diagram below outlines the drug eligibility of Department of Veterans' Affairs

REPATRIATION PHARMACEUTICAL BENEFITS



FOR REPATRIATION PHARMACEUTICAL BENEFITS

beneficiaries in accordance with their treatment entitlement.

PBS Schedule listings written on the common PBS/RPBS prescription form, ticked as 'RPBS' (restrictions apply)	+	Repatriation Schedule listings written on the common PBS/RPBS prescription form, ticked as 'RPBS'	+	Items for which prescribing approval has been authorised on the common PBS/RPBS authority prescription form for: (i) PBS and Repatriation Schedules 'Authority required' items; (ii) greater quantities/repeats of drugs listed in PBS and Repatriation Schedules; or (iii) items not listed in PBS or Repatriation Schedules.

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

PBS Schedule listings written on the common PBS/RPBS prescription form, ticked as 'RPBS' (restrictions apply)	+	Repatriation Schedule listings written on the common PBS/RPBS prescription form, ticked as 'RPBS'	+	Items for which prescribing approval has been authorised on a common PBS/RPBS authority prescription form for: (i) PBS and Repatriation Schedules 'Authority required' items; (ii) greater quantities/repeats of drugs listed in PBS and Repatriation Schedules; or (iii) items not listed in PBS or Repatriation Schedules.

RPBS Explanatory Notes

Introduction

The Australian Repatriation System

1. The Australian Repatriation system is based primarily on the principle of compensation to veterans and eligible dependants for injury or death related to war service. In certain cases, treatment is also provided for accepted injuries or conditions that are not service-related or have occurred as a result of other than war service.
2. Through the *Veterans' Entitlements Act 1986* the Department of Veterans' Affairs provides programs of compensation, income support and treatment for eligible veterans and their dependants. One of the defined benefits for eligible veterans is the Repatriation Pharmaceutical Benefits Scheme. This range of medications and dressings is more comprehensive than is available through the Pharmaceutical Benefits Scheme.

RPBS prescribing provisions

3. Unless otherwise stated, Repatriation Pharmaceutical Benefits Scheme (RPBS) prescriptions must conform with the requirements of Pharmaceutical Benefits Scheme (PBS) prescriptions, as detailed in Section 1 - Explanatory Notes in the *Schedule of Pharmaceutical Benefits* book. The prescriber shall ensure that a prescription contains the following details:
    - the category of benefit, i.e., RPBS, by placing a cross in the relevant box;
    - the patient's full name and address;
    - the prescription date;
    - the DVA file number of the patient as evidence of entitlement;
    - in the case of authority prescriptions, the Authority approval number;
    - the item, form, strength, quantity and directions;
    - the number of repeats, if applicable;
    - indicate when brand substitution is not permitted; and
    - the name, signature, the prescriber number and address of the prescriber.

Prior Approval Arrangements

4. 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;
    - items listed under section 100 of the *National Health Act 1953*; and
    - other items not listed in either Schedule (non-Schedule items).
5. 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 in the *Schedule of Pharmaceutical Benefits* book.

6. All authority prescriptions and requests for non-Schedule items must receive prior approval from the Department. This can be achieved by either:
   - using the Department's national free call number 1800 552 580; or
   - by mailing the written authority prescription to the Veterans' Affairs Pharmaceutical Approvals Centre (VAPAC) at the reply paid address shown at the end of these RPBS Explanatory Notes.
7. Some requests for prior approval (including some non-Schedule items) need to be referred by VAPAC to the Repatriation Pharmaceutical Reference Committee for consideration. In such cases a VAPAC pharmacist will advise the prescriber to submit a request in writing that provides the following information:
   - A current clinical report on the patient's condition (such as age, co-morbidities, renal, liver failure) and clinical reports including pathology, biochemistry, diagnostic and other investigations if appropriate.
   - Details of past and current therapy for the condition. Include details of PBS, RPBS and non-Schedule items utilised, and the results of those therapies.
   - Details of the proposed treatment regimen. Include intended dose and duration of treatment and objectives measures of response.
   - When the proposed use of the item is outside the TGA-approved indications for use in Australia, provide copies of articles from peer reviewed publications supporting the proposed treatment.
   - Signed, informed patient consent where the item is to be used for a non-TGA-approved indication.
   - For items without Australian marketing approval, a copy of the TGA Special Access Scheme approval to prescribe the drug.
8. Requests for prior approval to prescribe a non-Schedule (PBS or RPBS) item that is of the same therapeutic class (ATC level 3) as an item that is listed on the Schedule, will not be approved unless unequivocal clinical evidence is presented to demonstrate that the requested item is essential for effective treatment of the nominated patient.
9. A pharmacist should not supply an item prescribed on an RPBS Authority Prescription Form unless the form has been approved and stamped by VAPAC, or has been endorsed by the prescriber with a telephone Authority approval number provided by VAPAC. The Health Insurance Commission (HIC) will not accept RPBS Authority prescriptions that have not been approved by the Department of Veterans' Affairs for payment.

Palliative Care Drugs

10. The following medications may be available, or made available in increased quantities or doses under prior approval arrangements for use only in the palliative care of terminal disease:
    - clonazepam
    - cyclizine
    - dexamethasone
    - disodium pamidronate
    - fentanyl
    - glycopyrrolate
    - hyoscine butylbromide
    - hyoscine hydrobromide
    - ketamine
    - midazolam
    - octreotide

    For further information telephone VAPAC on 1800 552 580.

Dental Prescribing

11. Under Department of Veterans' Affairs arrangements, financial responsibility for pharmaceutical benefits prescribed by a Local Dental Officer (LDO) is limited to treatment to which holders of the following cards are entitled:

    - a Gold Repatriation Health Card - For All Conditions; or
    - a White Repatriation Health Card - For Specific Conditions; or
    - an Orange Repatriation Pharmaceutical Benefits Card.

    Where possible the LDO shall prescribe in accordance with the provisions governing dental prescribing under the Pharmaceutical Benefits Scheme (PBS).

12. Prescriptions for PBS Dental Schedule items for Gold, White and Orange 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.

13. 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 for the full cost of a non-Schedule item from the Department if an itemised receipt (not a cash register receipt) and a copy of the prescription are provided.

Provisions governing pricing and payment for RPBS benefits

Introduction

14. Unless otherwise stated, the pricing and payment principles and arrangements for approved pharmacists supplying pharmaceutical benefits under the RPBS will be the same as those arrangements applying under the PBS.

15. Where a pharmaceutical benefit that is not listed on the PBS or RPBS Schedule 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 affixed to the prescription.

Pricing of Schedule Items

16. 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 wound dressings, will be paid on the basis of the price as given in the Repatriation Pharmaceutical Benefits section (Section 1 – RPBS Schedule, Drugs, Medicines and Dressings) of the *Schedule of Pharmaceutical Benefits* book.

Pricing of Non-Schedule Ready Prepared Items

17. Non-Schedule ready-prepared items are to be priced on the basis of the invoiced, GST-exclusive wholesale price to pharmacists plus the appropriate PBS mark-up and the PBS dispensing fee. Where the item price to pharmacists is greater than $100.00, a copy of the invoice pertaining to the supply of that item is to be submitted together with the appropriate copy of the authority prescription as part of the claim for payment.

Pricing of Non-Schedule Extemporaneously Prepared Items

18. When an ingredient drug is not listed in the PBS Drug Tariff (Section 4, PBS Schedule), the recovery price will be based on the invoiced wholesale price to pharmacists, increased by a mark-up of 100%, calculated in accordance with the directions contained in the pricing instructions for pricing of PBS extemporaneously-prepared benefits in this Schedule (Section 1 –, PBS Schedule Part 9, Pricing Prescriptions). The price paid by the pharmacist for the commercial pack from which the ingredient is used shall be endorsed on the prescription form.

Miscellaneous Pricing Rules

19. The price to pharmacists used as the basis of pricing will be the invoiced, GST-exclusive price from the wholesaler.
20. If multiple quantities of a manufacturer's original pack are supplied, the PBS mark-up is applied to the price to pharmacist of each pack and then totalled. The PBS dispensing fee, and the PBS dangerous drug fee if applicable, are then added to the total of the marked-up prices.
21. When the quantity prescribed corresponds with the quantity of a manufacturer's original pack, in no circumstances will the price payable for one pack exceed that payable for multiples or combinations of packs to supply the quantity prescribed.
22. The list of ingredient drugs and prices included in the PBS 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.
23. For items prescribed generically, including non-Schedule and wound dressings, 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

Packaging Material, Postage or Freight

24. 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 itemised receipt.

Payment for Items Supplied at Short Intervals

25. For all items dispensed at specific 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.
26. 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

27. Where a charge is paid by a patient in any of the circumstances of paragraphs 13 or 24, 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. The patient may apply for reimbursement from the Department.

Special Patient Contributions

28. 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. HIC 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

29. 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 HIC. Those authority prescriptions that grant exemption from a therapeutic group premium will have the letters 'TPX' at the beginning of the telephone Authority 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 (VAPAC) 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

Departmental pharmacists answer applications for prior approval for non-Schedule items and Authority application calls.

REPATRIATION PHARMACEUTICAL BENEFITS

This Schedule will take effect on 1 May 2004 and all previous issues are cancelled. Remaining Schedules in 2004 will take effect on 1 August and 1 December. Thereafter the Schedule will take effect on 1 April, 1 August and 1 December each year.

SUMMARY OF CHANGES

ADDITIONS

Additions – Items

4336F **Metronidazole,** gel 7.5 mg per g (0.75%), 15 g *(Rozex)*

DELETIONS

Deletions — PBS Therapeutic Group Premium Item

4959B **Lercanidipine Hydrochloride,** tablet 20 mg *(Zanidip)*

ALTERATIONS

Alterations — Manufacturer's Code

		From	*To*
4016J	**Clotrimazole,** vaginal cream 50 mg per 5 g (1%), 35 g *(GenRx Clotrimazole 6 Day Cream)*	*FH*	*GX*
4017K	**Clotrimazole,** vaginal cream 100 mg per 5 g (2%), 20 g *(GenRx Clotrimazole 3 Day Cream)*	*FH*	*GX*
4592Q	**Gabapentin,** capsule 300 mg *(GenRx Gabapentin)*	*FH*	*GX*
4593R	**Gabapentin,** capsule 400 mg *(GenRx Gabapentin)*	*FH*	*GX*

Therapeutic Index
for
RPBS Schedule

ALIMENTARY TRACT AND METABOLISM 396

STOMATOLOGICAL PREPARATIONS 396
Stomatological preparation 396
DRUGS FOR ACID RELATED DISORDERS 396
Antacids 396
Drugs for peptic ulcer and gastro-oesophageal reflux disease (GORD) 396
DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS 397
Drugs for functional bowel disorders 397
Belladonna and derivatives, plain 397
LAXATIVES 397
Laxatives 397
VITAMINS 398
Vitamin B_1, plain and in combination with vitamin B_6 and vitamin B_{12} 398
Vitamin B-complex, incl. combinations 398
Ascorbic acid (vitamin C), incl. combinations 399
MINERAL SUPPLEMENTS 399
Other mineral supplements 399

BLOOD AND BLOOD FORMING ORGANS 399

ANTITHROMBOTIC AGENTS 399
Antithrombotic agents 399
BLOOD SUBSTITUTES AND PERFUSION SOLUTIONS 400
Irrigating solutions 400

CARDIOVASCULAR SYSTEM 400

VASOPROTECTIVES 400
Antihemorrhoidals for topical use 400
CALCIUM CHANNEL BLOCKERS 400
Selective calcium channel blockers with mainly vascular effects 400
AGENTS ACTING ON THE RENIN-ANGIOTENSIN SYSTEM 401
ACE inhibitors, plain 401

DERMATOLOGICALS 401

ANTIFUNGALS FOR DERMATOLOGICAL USE 401
Antifungals for topical use 401
Antifungals for systemic use 402
EMOLLIENTS AND PROTECTIVES 402
Emollients and protectives 402
Protectives against UV-radiation 403
ANTIPRURITICS, INCL. ANTIHISTAMINES, ANESTHETICS, ETC. 403
Antipruritics, incl. antihistamines, anesthetics, etc.403
ANTIPSORIATICS 404
Antipsoriatics for topical use 404
ANTIBIOTICS AND CHEMOTHERAPEUTICS FOR DERMATOLOGICAL USE 404
Antibiotics for topical use 404
Chemotherapeutics for topical use 404
CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS 404
Corticosteroids, plain 404
Corticosteroids, combinations with antibiotics 405
ANTISEPTICS AND DISINFECTANTS 405
Antiseptics and disinfectants 405
OTHER DERMATOLOGICAL PREPARATIONS 405
Other dermatological preparations 405

GENITO URINARY SYSTEM AND SEX HORMONES 407

GYNECOLOGICAL ANTIINFECTIVES AND ANTISEPTICS 407
Antiinfectives and antiseptics, excl. comb. with corticosteroids 407
OTHER GYNECOLOGICALS 408
Other gynecologicals 408
SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM 408
Estrogens 408

UROLOGICALS 409
Other urologicals, incl. antispasmodics 409
Drugs used in benign prostatic hypertrophy 410
ANTIINFECTIVES FOR SYSTEMIC USE 410
ANTIBACTERIALS FOR SYSTEMIC USE 410
Macrolides, lincosamides and streptogramins 410
Quinolone antibacterials 411
ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS 411
ANTINEOPLASTIC AGENTS 411
Antimetabolites 411
IMMUNOSUPPRESSIVE AGENTS 411
Immunosuppressive agents 411
MUSCULO-SKELETAL SYSTEM 412
ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS 412
Antiinflammatory and antirheumatic products, non-steroids 412
TOPICAL PRODUCTS FOR JOINT AND MUSCULAR PAIN 413
Topical products for joint and muscular pain 413
DRUGS FOR TREATMENT OF BONE DISEASES 413
Drugs affecting bone structure and mineralization 413
NERVOUS SYSTEM 413
ANALGESICS 413
Opioids 413
Other analgesics and antipyretics 414
PSYCHOLEPTICS 414
Antipsychotics 414
Anxiolytics 415
Hypnotics and sedatives 415
OTHER NERVOUS SYSTEM DRUGS 416
Drugs used in addictive disorders 416
ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLENTS 416
ANTHELMINTICS 416
Antinematodal agents 416
RESPIRATORY SYSTEM 416
NASAL PREPARATIONS 416
Decongestants and other nasal preparations for topical use 416
Nasal decongestants for systemic use 417
DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES 418
Adrenergics, inhalants 418
COUGH AND COLD PREPARATIONS 418
Expectorants, excl. combinations with cough suppressants 418
Cough suppressants, excl. combinations with expectorants 418
ANTIHISTAMINES FOR SYSTEMIC USE 418
Antihistamines for systemic use 418
SENSORY ORGANS 419
OPHTHALMOLOGICALS 419
Antiglaucoma preparations and miotics 419
Decongestants and antiallergics 419
OTOLOGICALS 419
Corticosteroids and antiinfectives in combination 419
Other otologicals 420
VARIOUS 420
ALL OTHER THERAPEUTIC PRODUCTS 420
All other therapeutic products 420
ALL OTHER NON-THERAPEUTIC PRODUCTS 421
All other non-therapeutic products 421

Section 1

Drugs, Medicines and Dressings

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	ALIMENTARY TRACT AND METABOLISM							
	STOMATOLOGICAL PREPARATIONS							
	Stomatological preparations							
	• ***Antiinfectives and antiseptics for local oral treatment***							
	CHLORHEXIDINE GLUCONATE							
4161B	Mouth wash 2 mg per mL (0.2%), 250 mL	‡1	..	..	9.90	3.80	Plaqacide	OB
				..	10.39	3.80	Savacol Mouth and Throat Rinse	OM
4160Y	Mouth wash 2 mg per mL (0.2%), 250 mL	‡1	..	..	11.69	3.80	Periogard (Chlorohex) Mouth Rinse	OM
	• ***Other agents for local oral treatment***							
	CARMELLOSE SODIUM							
4568K	Mouth spray 10 mg per mL, 25 mL	‡1	1	..	8.19	3.80	Aquae	HA
4569L	Mouth spray 10 mg per mL, 100 mL	‡1	..	..	10.39	3.80	Aquae	HA
	DRUGS FOR ACID RELATED DISORDERS							
	Antacids							
	• ***Calcium compounds***							
	CALCIUM CARBONATE with GLYCINE							
	NOTE: For patients with chronic renal failure.							
4055K	Tablet 420 mg-180 mg	200	5	..	*18.74	3.80	Titralac	MM
	• ***Combinations and complexes of aluminium, calcium and magnesium compounds***							
	ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE and SIMETHICONE							
4117Q	Tablet 400 mg-400 mg-30 mg	200	5	..	*24.02	3.80	Mylanta Double Strength	WR
4118R	Oral suspension 400 mg-400 mg-30 mg per 5 mL, 500 mL	2	5	..	*20.18	3.80	Mylanta Double Strength	WR
	Drugs for peptic ulcer and gastro-oesophageal reflux disease (GORD)							
	• ***H_2-receptor antagonists***							
	NOTE: The base-priced drugs in this therapeutic group are cimetidine (except cimetidine effervescent tablet 800 mg (as hydrochloride)), famotidine and ranitidine hydrochloride (except ranitidine hydrochloride effervescent tablet 150 mg (base) and syrup 150 mg (base) per 10 mL, 300 mL).							
	CIMETIDINE							
	NOTE: ***Helicobacter pylori eradication therapy should be considered prior to commencing initial treatment of peptic ulcer with this drug.***							
	Authority required ***To be approved where other base-priced (benchmark) drug treatment is inappropriate.***							
4976X	***Effervescent tablet 800 mg (as hydrochloride)***	***30***	***5***	***..***	***34.21***	***3.80***	***Tagamet 800 Express***	***GK***

Code	Name, Restriction, Manner of 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							
	NOTE:							
	Helicobacter pylori eradication therapy should be considered prior to commencing initial treatment of peptic ulcer with this drug.							
	Authority required							
	To be approved where other base-priced (benchmark) drug treatment is inappropriate.							
4967K	***Capsule 150 mg***	***60***	***5***	***..***	***25.56***	***3.80***	***Tazac***	***AS***
4969M	***Capsule 300 mg***	***30***	***5***	***..***	***25.56***	***3.80***	***Tazac***	***AS***
	RANITIDINE HYDROCHLORIDE							
	NOTE:							
	Helicobacter pylori eradication therapy should be considered prior to commencing initial treatment of peptic ulcer with this drug.							
	Authority required							
	To be approved where other base-priced (benchmark) drug treatment is inappropriate.							
4978B	***Effervescent tablet 150 mg (base)***	***60***	***5***	***..***	****24.08***	***3.80***	***Zantac***	***GK***
4980D	***Syrup 150 mg (base) per 10 mL, 300 mL***	***2***	***5***	***..***	****24.08***	***3.80***	***Zantac Syrup***	***GK***
	DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS							
	Drugs for functional bowel disorders							
	• ***Synthetic anticholinergics, esters with tertiary amino group***							
	DICYCLOMINE HYDROCHLORIDE							
	CAUTION:							
	Anticholinergic side effects.							
4185G	Tablet 10 mg	100	..	..	22.80	3.80	Merbentyl	SI
	MEBEVERINE HYDROCHLORIDE							
4328T	Tablet 135 mg	90	..	..	24.82	3.80	[a] Colese	AF
				..	28.56	3.80	[a] Colofac	SM
	Belladonna and derivatives, plain							
	• ***Belladonna alkaloids semisynthetic, quaternary ammonium compounds***							
	HYOSCINE BUTYLBROMIDE							
4279F	Injection 20 mg in 1 mL	5	..	..	15.37	3.80	Buscopan	BY
	LAXATIVES							
	Laxatives							
	• ***Softeners, emollients***							
	DOCUSATE SODIUM							
4200C	Tablet 50 mg	100	2	..	10.70	3.80	Coloxyl 50	FM
	• ***Contact laxatives***							
	DOCUSATE SODIUM with SENNA							
4198Y	Tablet 50 mg-8 mg	90	2	..	12.31	3.80	Coloxyl with Senna	FM

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	SENNA STANDARDISED							
4455L	Tablet 7.5 mg	100	1	..	10.60	3.80	Senokot	RC
	• ***Bulk producers***							
	ISPAGHULA HUSK							
4285M	Sachets 3.5 g, 30	‡1	1	..	13.61	3.80	Fybogel	RC
	PSYLLIUM HYDROPHILIC MUCILLOID							
4419N	Oral powder (orange-flavoured, sugar-free) 283 g	‡1	1	..	19.25	3.80	Metamucil Smooth Texture Orange	PY
4422R	Oral powder (non-flavoured) 336 g	‡1	1	..	19.25	3.80	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	..	13.49	3.80	Nucolox	SI
4416K	Oral powder 2.7 g-0.7 g per 7.5 g, 440 g	‡1	1	..	18.86	3.80	Nucolox	SI
	STERCULIA with FRANGULA BARK							
4557W	Granules 473 mg-83 mg per g (47.3%-8.3%), 250 g	2	1	..	*22.96	3.80	Granocol	SC
4558X	Granules 620 mg-80 mg per g (62%-8%), 500 g	‡1	1	..	22.96	3.80	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	..	..	10.09	3.80	Microlax	PH
	• ***Other laxatives***							
	GLYCEROL							
	Restricted benefit							
	Short-term use when oral laxative therapy has failed or is inappropriate.							
4246L	***Suppositories 2.8 g (for adults), 12***	***3***	***..***	***..***	****15.43***	***3.80***	***PP***	

VITAMINS

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

• ***Vitamin B_1, plain***

	THIAMINE HYDROCHLORIDE							
4043T	Tablet 100 mg	100	2	..	9.01	3.80	Betamin	AV

Vitamin B-complex, incl. combinations

• ***Vitamin B-complex, plain***

	VITAMIN B GROUP COMPLEX							
4493L	Oral liquid 200 mL	‡1	2	..	11.28	3.80	Accomin Adult Tonic	WT

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	Ascorbic acid (vitamin C), incl. combinations							
	• ***Ascorbic acid (vitamin C), plain***							
	ASCORBIC ACID							
	Authority required							
	For management of wound healing.							
4565G	***Tablet 250 mg***	***100***	***2***	***..***	***7.30***	***3.80***	***Vitelle Vitamin C***	***FH***
	MINERAL SUPPLEMENTS							
	Other mineral supplements							
	• ***Magnesium***							
	MAGNESIUM ASPARTATE							
	Restricted benefit							
	Patients with documented hypomagnesaemia.							
4321K	***Tablet 500 mg***	***50***	***..***	***..***	***11.78***	***3.80***	***Magmin***	***BB***
	BLOOD AND BLOOD FORMING ORGANS							
	ANTITHROMBOTIC AGENTS							
	Antithrombotic agents							
	• ***Platelet aggregation inhibitors excl. heparin***							
	ASPIRIN							
4076M	Tablet 100 mg (with glycine)	90	1	..	12.09	3.80	Cardiprin 100	RC
4077N	Tablet 100 mg (enteric coated)	84	1	..	11.45	3.80	Cartia	GK
4078P	Capsule 100 mg (containing enteric coated pellets)	84	1	..	11.79	3.80	Astrix	MX
	NOTE: The enteric coated preparations are for patients with a significant risk of gastrointestinal bleeding.							
	CLOPIDOGREL HYDROGEN SULFATE							
	Authority required							
	For use in patients pre- and post-angioplasty.							
4179Y	***Tablet 75 mg (base)***	***28***	***3***	***..***	***84.04***	***3.80***	***Iscover*** ***Plavix***	***BQ*** ***SW***
	• ***Other antithrombotic agents***							
	FONDAPARINUX SODIUM							
	Authority required							
	For the prevention of venous thromboembolic events in patients undergoing major orthopaedic surgery of the lower limbs such as hip fracture, major knee or hip replacement.							
	NOTE: ***Treatment should be initiated at least 6 hours post-surgery.***							
4235X	***Solution for injection 2.5 mg in 0.5 mL pre-filled syringe***	***7***	***..***	***..***	***233.90***	***3.80***	***Arixtra***	***SW***

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	BLOOD SUBSTITUTES AND PERFUSION SOLUTIONS							
	Irrigating solutions							
	• ***Salt solutions***							
	SODIUM CHLORIDE							
4460R	Irrigation solution 9 mg per mL (0.9%), 500 mL	‡1	2	..	8.40	3.80	BX	
4461T	Irrigation solution 9 mg per mL (0.9%), 1 L	‡1	2	..	8.71	3.80	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	..	..	17.68	3.80	Proctosedyl	AV
4038M	Suppositories 5 mg-5 mg, 12	‡1	..	..	16.64	3.80	Proctosedyl	AV
	• ***Other antihemorrhoidals for topical use***							
	ZINC OXIDE							
4039N	Compound ointment 50 g	‡1	1	..	12.33	3.80	Anusol	WW
4040P	Compound suppositories, 12	‡1	1	..	11.29	3.80	Anusol	WW
	CALCIUM CHANNEL BLOCKERS							
	Selective calcium channel blockers with mainly vascular effects							
	• ***Dihydropyridine derivatives***							
	NOTE: The base-priced drugs in this therapeutic group are felodipine, lercanidipine hydrochloride (except lercanidipine hydrochloride tablet 10 mg) and nifedipine (except nifedipine controlled release tablet 20 mg).							
	AMLODIPINE BESYLATE							
	Authority required							
	To be approved where other base-priced (benchmark) drug treatment is inappropriate.							
4985J	***Tablet 5 mg (base)***	***30***	***5***	***..***	***25.03***	***3.80***	***Norvasc***	***PF***
4986K	***Tablet 10 mg (base)***	***30***	***5***	***..***	***39.08***	***3.80***	***Norvasc***	***PF***
	LERCANIDIPINE HYDROCHLORIDE							
	Authority required							
	To be approved where other base-priced (benchmark) drug treatment is inappropriate.							
4960C	***Tablet 10 mg***	***30***	***5***	***..***	***26.48***	***3.80***	***Zanidip***	***SM***
	NIFEDIPINE							
	Authority required							
	To be approved where other base-priced (benchmark) drug treatment is inappropriate.							
4961D	***Tablet 20 mg (controlled release)***	***30***	***5***	***..***	***22.94***	***3.80***	***Adalat Oros 20mg***	***BN***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	AGENTS ACTING ON THE RENIN-ANGIOTENSIN SYSTEM							
	ACE inhibitors, plain							
	• ***ACE inhibitors, plain***							
	CAUTION: Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.							
	NOTE: The base-priced drugs in this therapeutic group are captopril, enalapril maleate, fosinopril sodium, lisinopril, perindopril erbumine, quinapril hydrochloride, ramipril (except ramipril capsule 10 mg) and trandolapril.							
	RAMIPRIL **Authority required** ***To be approved where other base-priced (benchmark) drug treatment is inappropriate.***							
4962E	***Capsule 10 mg***	***30***	***5***	***..***	***39.09***	***3.80***	***Tritace 10 mg***	***AV***
	DERMATOLOGICALS							
	ANTIFUNGALS FOR DERMATOLOGICAL USE							
	Antifungals for topical use							
	• ***Antibiotics***							
	NYSTATIN							
4001N	Cream 100,000 units per g, 15 g	‡1	1	..	9.14	3.80	Mycostatin	BQ
				..	10.30	3.80	Nilstat	SI
4002P	Ointment 100,000 units per g, 15 g	‡1	1	..	11.10	3.80	Nilstat	SI
	• ***Imidazole and traizole derivatives***							
	BIFONAZOLE							
4003Q	Cream 10 mg per g (1%), 15 g	‡1	..	..	12.56	3.80	Mycospor	BN
	CLOTRIMAZOLE							
4004R	Cream 10 mg per g (1%), 20 g	‡1	1	..	7.03	3.80	Clonea	AF
4005T	Lotion 10 mg per mL (1%), 20 mL	‡1	1	..	10.02	3.80	Canesten	BN
	ECONAZOLE NITRATE							
4555R	Cream 10 mg per g (1%), 25 g	‡1	1	..	10.23	3.80	Dermazole	EO
	KETOCONAZOLE **Restricted benefit** ***Severe seborrhoeic dermatitis.***							
4008Y	***Shampoo 20 mg per g (2%), 60 mL***	***‡1***	***..***	***..***	***16.52***	***3.80***	***Nizoral***	***JC***
4007X	***Shampoo 20 mg per g (2%), 100 mL***	***‡1***	***..***	***..***	***17.05***	***3.80***	***Sebizole***	***DP***
	MICONAZOLE							
4341L	Tincture 20 mg per mL (2%), 30 mL	‡1	1	..	16.61	3.80	Daktarin	JC
	MICONAZOLE NITRATE							
4009B	Cream 20 mg per g (2%), 20 g	‡1	1	..	8.85	3.80	Monistat Derm	JC

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• *Other antifungals for topical use*							
	AMOROLFINE HYDROCHLORIDE							
	Restricted benefit							
	Onychomycosis.							
4010C	***Nail treatment kit containing nail lacquer 50 mg (base) per mL (5%), 5 mL, 60 isopropyl alcohol cleaning pads, 10 spatulas and 30 nail files***	***‡1***	***1***	***..***	***90.90***	***3.80***	***Loceryl***	***GA***
	TERBINAFINE							
	Restricted benefit							
	Tinea pedis.							
4463X	***Gel 10 mg per g (1%), 15 g***	***‡1***	***..***	***..***	***19.20***	***3.80***	***Lamisil DermGel***	***NC***
	TERBINAFINE HYDROCHLORIDE							
	Restricted benefit							
	Tinea pedis.							
4473K	***Cream 10 mg per g (1%), 15 g***	***‡1***	***1***	***..***	***18.93***	***3.80***	***Lamisil***	***NC***
	TOLNAFTATE							
4481W	Spray aerosol 10 mg per g (1%), 100 g	‡1	..	..	12.56	3.80	Tinaderm	SH
	Antifungals for systemic use							
	• *Antifungals for systemic use*							
	TERBINAFINE HYDROCHLORIDE							
	Authority required							
	Onychomycosis due to dermatophyte infection proven by microscopy or culture and confirmed by an approved pathology provider.							
4011D	***Tablet 250 mg (base)***	***42***	***1***	***..***	***156.46***	***3.80***	***Lamisil***	***NV***
	EMOLLIENTS AND PROTECTIVES							
	Emollients and protectives							
	• *Silicone products*							
	DIMETHICONE with GLYCEROL							
	Restricted benefit							
	For colostomy and ileostomy use;							
	For use by paraplegic and quadriplegic patients;							
	For use with surgical appliances.							
4556T	***Cream 150 mg-20 mg per g (15%-2%), 75 g***	***‡1***	***..***	***..***	***9.25***	***3.80***	***Silic 15***	***EO***
4551M	***Cream 150 mg-20 mg per g (15%-2%), 500 g***	***‡1***	***..***	***..***	***19.68***	***3.80***	***Silic 15***	***EO***
	• *Soft paraffin and fat products*							
	WOOL ALCOHOLS							
4041Q	Ointment 100 g	‡1	1	..	10.77	3.80	Eucerin	BE

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• ***Carbamide products***							
	UREA							
4042R	Cream 100 mg per g (10%), 100 g	‡1	2	..	9.67	3.80	Urederm	HA
				..	9.95	3.80	Calmurid	OL
							Nutraplus	GA
				..	10.07	3.80	Aquacare H.P.	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	..	..	8.82	3.80	Orabase	BQ
	SKIN EMOLLIENT							
4122Y	Bath oil 500 mL	‡1	2	..	15.11	3.80	Alpha Keri Bath Oil	MT
				..	15.84	3.80	QV Bath Oil	EO
				..	16.87	3.80	Hamilton Bath Oil	HA
4107E	Lotion 500 mL	‡1	2	..	15.11	3.80	Alpha Keri Lotion	MT
	Protectives against UV-radiation							
	• ***Protectives against UV-radiation for topical use***							
	SUNSCREENS							
4209M	Solid stick 5 g	‡1	2	..	9.81	3.80	Hamilton Broad Spectrum Solastick 30+	HA
4544E	Cream 100 g	‡1	2	..	12.83	3.80	Hamilton Sunscreen Broad Spectrum Cream 15+	HA
				..	14.52	3.80	SunSense Cream SPF 30+	EO
4546G	Lotion (non-alcoholic) 125 mL	‡1	2	..	12.83	3.80	Hamilton Broad Spectrum Milky Lotion 15+	HA
				..	13.80	3.80	Aquasun Lotion SPF 18	PF
				..	14.77	3.80	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	..	..	57.64	3.80	Xylocaine Viscous	AP

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• ***Other 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	..	16.88	3.80	Pinetarsol	EO
				..	17.01	3.80	Hamilton Pine Tar Solution	HA
	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	..	16.76	3.80	Egopsoryl-TA	EO
	ANTIBIOTICS AND CHEMOTHERAPEUTICS FOR DERMATOLOGICAL USE							
	Antibiotics for topical use							
	• ***Other antibiotics for topical use***							
	MUPIROCIN							
	Restricted benefit							
	For the topical treatment of secondarily infected traumatic skin lesions.							
4348W	***Cream 20 mg (as calcium) per g (2%), 15 g***	***‡1***	***..***	***..***	***14.09***	***3.80***	***Bactroban***	***GK***
4350Y	***Ointment 20 mg per g (2%), 15 g***	***‡1***	***..***	***..***	***14.09***	***3.80***	***Bactroban***	***GK***
	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***	***..***	***..***	***35.15***	***3.80***	***Condyline Paint***	***HA***
	• ***Other chemotherapeutics***							
	METRONIDAZOLE							
4336F	Gel 7.5 mg per g (0.75%), 15 g	‡1	..	..	12.23	3.80	Rozex	GA
4340K	Cream 7.5 mg per g (0.75%), 30 g	‡1	1	..	18.20	3.80	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	..	10.24	3.80	Betnovate 1/2	SI

continued ☞

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	BETAMETHASONE VALERATE—cont.							
4131K	Cream 1 mg (base) per g (0.1%), 30 g	‡1	2	..	19.97	3.80	Betnovate	SI
4513M	Ointment 500 micrograms (base) per g (0.05%), 30 g	‡1	2	..	10.24	3.80	Betnovate 1/2	SI
4132L	Ointment 1 mg (base) per g (0.1%), 30 g	‡1	2	..	19.97	3.80	Betnovate	SI
4133M	Scalp application 1 mg (base) per g (0.1%), 30 g	‡1	2	..	16.64	3.80	Betnovate	SI
	MOMETASONE FUROATE							
4342M	Cream 1 mg per g (0.1%), 45 g	‡1	..	..	24.16	3.80	Elocon Novasone	SH EX
4343N	Ointment 1 mg per g (0.1%), 45 g	‡1	..	..	24.16	3.80	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	..	..	14.62	3.80	Kenacomb	BQ

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

ANTISEPTICS AND DISINFECTANTS

Antiseptics and disinfectants

- ***Iodine products***

	POVIDONE-IODINE							
4411E	Solution 100 mg per mL (10%), 100 mL	‡1	..	..	18.29	3.80	Betadine Antiseptic Liquid	FH

OTHER DERMATOLOGICAL PREPARATIONS

Other dermatological preparations

- ***Antihidrotics***

	DIPHEMANIL METHYLSULFATE							
4191N	Dusting powder 20 mg per g (2%), 50 g	‡1	1	..	14.92	3.80	Prantal	SH

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• ***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	..	19.04	3.80	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	..	15.66	3.80	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	..	16.18	3.80	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	..	15.07	3.80	Sebitar	EO
	SELENIUM SULFIDE							
4452H	Shampoo 25 mg per mL (2.5%), 125 mL	‡1	..	..	12.04	3.80	Selsun	AB
	ZINC PYRITHIONE							
4498R	Shampoo 10 mg per mL (1%), 200 mL	‡1	1	..	10.20	3.80	Dan Gard	FH
	• ***Wart and anti-corn preparations***							
	SALICYLIC ACID with PODOPHYLLIN RESIN							
4450F	Paint 100 mg-200 mg per mL (10%-20%), 6 mL	‡1	1	..	13.16	3.80	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	..	13.44	3.80	Egoderm Cream	EO
4280G	Ointment 5 mg-10 mg-10 mg per g (0.5%-1%-1%), 50 g	‡1	2	..	13.44	3.80	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	..	11.15	3.80	SebiRinse Conditioner	EO

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	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	..	10.81	3.80	Ionil Rinse	GA
	SKIN CLEANSER							
4549K	Lotion 500 mL	‡1	2	..	17.66	3.80	Hamilton Body Wash	HA
	ZINC OXIDE with STARCH and CHLORPHENESIN							
4497Q	Dusting powder 100 g	‡1	1	..	10.25	3.80	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	..	11.71	3.80	Nilstat	SI
4013F	Vaginal cream 100,000 units per dose, 15 doses, 75 g	‡1	1	..	11.71	3.80	Nilstat	SI

- ***Imidazole derivatives***

CLOTRIMAZOLE

4014G	Pessaries 100 mg, 6	‡1	..	..	12.94	3.80	Clofeme	HX
				..	14.66	3.80	Canesten	BN
4015H	Pessary 500 mg	1	..	..	13.52	3.80	Clofeme	HX
				..	15.79	3.80	Canesten 1	BN
4016J	Vaginal cream 50 mg per 5 g (1%), 35 g	‡1	..	..	12.94	3.80	Chem mart Clotrimazole 6 Day Cream	CH
							GenRx Clotrimazole 6 Day Cream	GX
							healthsense Clotrimazole 6 Day Cream	HS
							Terry White Chemists Clotrimazole 6 Day Cream	TW
				..	13.05	3.80	Hexal Clofeme 6 Day Cream	HX
				..	14.29	3.80	Canesten	BN

continued ☞

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	CLOTRIMAZOLE—cont.							
4017K	Vaginal cream 100 mg per 5 g (2%), 20 g	‡1	..	..	12.94	3.80	Chem mart Clotrimazole 3 Day Cream	CH
							GenRx Clotrimazole 3 Day Cream	GX
							healthsense Clotrimazole 3 Day Cream	HS
							Terry White Chemists Clotrimazole 3 Day Cream	TW
				..	13.05	3.80	Hexal Clofeme 3 Day Cream	HX
				..	15.22	3.80	Canesten 3	BN
	MICONAZOLE NITRATE							
4020N	Pessaries 100 mg, 7	‡1	..	..	11.70	3.80	Monistat 7	JC
4021P	Vaginal cream 100 mg per 5 g (2%), 40 g	‡1	..	..	11.70	3.80	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	..	..	26.80	3.80	Aci-Jel	JC

SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM

Estrogens

- ***Natural and semisynthetic estrogens, plain***

OESTRADIOL

Restricted benefit

Post-menopausal symptoms in women who have failed to respond using oral or topical oestrogens.

4365R	***Implant 50 mg***	***1***	***..***	***..***	***71.27***	***3.80***	***OR***
4366T	***Implant 100 mg***	***1***	***..***	***..***	***109.11***	***3.80***	***OR***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	UROLOGICALS							
	Other urologicals, incl. antispasmodics							
	• *Drugs used in erectile dysfunction*							
	ALPROSTADIL							
	Authority required							
	Specific accepted war-caused or service-related disabilities for males with vasculogenic, psychogenic or neurogenic erectile dysfunction.							
	Authorisation will not be given for any additional prescriptions within 6 months or for any increased quantities or repeats.							
4579B	***Intracavernosal injection 10 micrograms with diluent in single use syringe***	***6***	***3***	***..***	****80.86***	***3.80***	***Caverject Impulse***	***PH***
4580C	***Intracavernosal injection 20 micrograms with diluent in single use syringe***	***6***	***3***	***..***	****101.86***	***3.80***	***Caverject Impulse***	***PH***
	SILDENAFIL CITRATE							
	Authority required							
	Specific accepted war-caused or service-related disabilities for males with vasculogenic, psychogenic or neurogenic erectile dysfunction.							
	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***	***..***	***51.01***	***3.80***	***Viagra***	***PF***
4585H	***Tablet 50 mg (base)***	***4***	***5***	***..***	***63.66***	***3.80***	***Viagra***	***PF***
4586J	***Tablet 100 mg (base)***	***4***	***5***	***..***	***68.47***	***3.80***	***Viagra***	***PF***
	TADALAFIL							
	Authority required							
	Specific accepted war-caused or service-related disabilities for males with vasculogenic, psychogenic or neurogenic erectile dysfunction.							
	Authorisation will not be given for any additional prescriptions within 6 months or for any increased quantities or repeats.							
4596X	***Tablet 10 mg***	***4***	***5***	***..***	***63.66***	***3.80***	***Cialis***	***LY***
4597Y	***Tablet 20 mg***	***4***	***5***	***..***	***68.47***	***3.80***	***Cialis***	***LY***
	• *Other urologicals*							
	SODIUM BICARBONATE							
4458P	Capsule 840 mg	100	2	..	11.27	3.80	Sodibic	AS
	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***	***..***	***11.00***	***3.80***	***Citralite***	***MM***

continued ☞

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	SODIUM CITRO-TARTRATE—cont.							
4048C	***Sachets containing oral effervescent powder 4 g, 28***	***‡1***	***4***	***..***	***11.00***	***3.80***	***Citravescent Sachets***	***MM***
4049D	***Sachets containing oral effervescent powder 4 g, 28***	***‡1***	***4***	***..***	***11.48***	***3.80***	***Ural Sachets***	***SI***

Drugs used in benign prostatic hypertrophy

- *Alpha-adrenoreceptor antagonists*

TAMSULOSIN HYDROCHLORIDE

Authority required

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

4464Y	***Capsule 400 micrograms (modified release)***	***30***	***5***	***..***	***53.19***	***3.80***	***Flomax***	***CS***

TERAZOSIN HYDROCHLORIDE

Authority required

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

4396J	***Starter pack containing 7 tablets 1 mg and 7 tablets 2 mg***	***‡1***	***..***	***..***	***17.70***	***3.80***	***Hytrin***	***AB***
4397K	***Tablet 2 mg***	***28***	***5***	***..***	***38.51***	***3.80***	***Hytrin***	***AB***
4398L	***Tablet 5 mg***	***28***	***5***	***..***	***56.43***	***3.80***	***Hytrin***	***AB***
4399M	***Tablet 10 mg***	***28***	***5***	***..***	***84.30***	***3.80***	***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***	***..***	***97.01***	***3.80***	***Proscar***	***MK***

ANTIINFECTIVES FOR SYSTEMIC USE

ANTIBACTERIALS FOR SYSTEMIC USE

Macrolides, lincosamides and streptogramins

- *Macrolides*

AZITHROMYCIN

Restricted benefit

Upper and lower respiratory tract infections.

4115N	***Tablet 500 mg***	***3***	***..***	***..***	***32.09***	***3.80***	***Zithromax***	***PF***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	Quinolone antibacterials							
	• ***Fluoroquinolones***							
	GATIFLOXACIN							
	Authority required							
	For treatment, where other therapies have failed or are inappropriate, of:							
	Community-acquired pneumonia;							
	Acute bacterial exacerbations of chronic bronchitis;							
	Acute bacterial sinusitis.							
4297E	***Tablet 400 mg***	***7***	***1***	***..***	***79.26***	***3.80***	***Tequin***	***BQ***
4298F	***Solution concentrate for I.V. infusion 400 mg in 40 mL***	***3***	***..***	***..***	****244.63***	***3.80***	***Tequin***	***BQ***
4299G	***I.V. infusion 400 mg in 200 mL***	***3***	***..***	***..***	****244.63***	***3.80***	***Tequin***	***BQ***
	MOXIFLOXACIN HYDROCHLORIDE							
	Authority required							
	For treatment, where other therapies have failed or are inappropriate, of:							
	Community-acquired pneumonia;							
	Acute bacterial exacerbations of chronic bronchitis;							
	Acute bacterial sinusitis.							
4329W	***Tablet 400 mg (base)***	***5***	***1***	***..***	***46.53***	***3.80***	***Avelox***	***BN***
4330X	***Solution for I.V. infusion 400 mg (base) in 250 mL***	***3***	***..***	***..***	****199.06***	***3.80***	***Avelox***	***BN***
	ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS							
	ANTINEOPLASTIC AGENTS							
	Antimetabolites							
	• ***Pyrimidine analogues***							
	FLUOROURACIL							
4222F	Cream 50 mg per g (5%), 20 g	‡1	..	..	35.63	3.80	Efudix	ID
	IMMUNOSUPPRESSIVE AGENTS							
	Immunosuppressive agents							
	• ***Selective immunosuppressive agents***							
	INFLIXIMAB							
	NOTE:							
	Any queries concerning the arrangements to prescribe infliximab may be directed to the Veterans' Affairs Pharmaceutical Approvals Centre (VAPAC) on 1800 552 580.							
	Written applications for authority to prescribe infliximab should be forwarded to:							
	Reply Paid 372							
	Veterans' Affairs Pharmaceutical Approvals Centre (VAPAC)							
	GPO Box 9998							
	BRISBANE QLD 4001							

continued ☞

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	INFLIXIMAB—cont.							
	Authority required							
	Initial treatment, in combination with methotrexate, of specific accepted war-caused or service-related disability of refractory rheumatoid arthritis. Initial treatment may be prescribed by rheumatologists or consultant physicians for the reduction of signs and symptoms and prevention of structural joint damage in adult patients with active rheumatoid arthritis who satisfy all of the following criteria:							
	(1) (a) Proven raised erythrocyte sedimentation rate (ESR) and/or C-reactive protein (CRP); and							
	(1) (b) Proven erosive rheumatoid arthritis without end-stage disease;							
	(2) Failure of an adequate trial of methotrexate and 2 other disease modifying anti-rheumatic drugs (such as sulfasalazine, hydroxychloroquine, leflunomide or cyclosporin) — unless these drugs were contraindicated or intolerance had developed;							
	(3) No history of active tuberculosis requiring treatment in the last 3 years;							
	(4) No history of opportunistic infection in the last 2 months;							
	(5) Female patients of child-bearing age are not pregnant, not breast-feeding, and are using an effective form of contraception.							
	Applications for authorisation must be in writing and must include:							
	(1) a completed authority prescription form; and							
	(2) a completed Infliximab (Remicade) RPBS Authority Application - Supporting Information form (contact the VAPAC on 1800 552 580 for a copy of the form).							
	Authority required							
	Continuing treatment, in combination with methotrexate, of specific accepted war-caused or service-related disability of refractory rheumatoid arthritis. Continuing treatment may be prescribed by rheumatologists or consultant physicians, following initial therapy of 3 doses, in patients who satisfy the following criteria:							
	(1) There is improvement in ESR and/or CRP; and							
	(2) An ACR20 (American College of Rheumatology) response is achieved by 14 weeks after the commencement of therapy.							
	Applications for authorisation must be in writing and must include:							
	(1) a completed authority prescription form; and							
	(2) a completed Infliximab (Remicade) RPBS Authority Application - Supporting Information form (contact the VAPAC on 1800 552 580 for a copy of the form).							
4284L	***Powder for I.V. infusion 100 mg***	***1***	***2***	***..***	***1015.77***	***3.80***	***Remicade***	***SH***

MUSCULO-SKELETAL SYSTEM

ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS

Antiinflammatory and antirheumatic products, non-steroids

- ***Acetic acid derivatives and related substances***

DICLOFENAC SODIUM with MISOPROSTOL

Authority required

Patients requiring an NSAID in whom a risk of upper gastrointestinal complications is high or with a history of peptic ulcer disease.

4190M	***Tablet 50 mg-200 micrograms***	***60***	***2***	***..***	***34.66***	***3.80***	***Arthrotec 50***	***PH***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	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	..	11.16	3.80	BI	
4023R	Ointment BP, 100 g	‡1	1	..	9.59	3.80	BI	
4025W	Compound ointment APF 1934, 100 g	‡1	1	..	8.66	3.80	BI	
4026X	Liniment APF, 100 mL	‡1	1	..	7.67	3.80	BI	
4027Y	Compound liniment APF, 100 mL	‡1	1	..	9.07	3.80	BI	
	DRUGS FOR TREATMENT OF BONE DISEASES							
	Drugs affecting bone structure and mineralization							
	• ***Bisphosphonates***							
	RISEDRONATE SODIUM							
	Authority required							
	For preservation of bone mineral density in patients on long-term glucocorticoid therapy where patients are undergoing continuous treatment with a dose equal to or greater than 7.5 mg of prednisone or equivalent per day. Prescribers need to demonstrate that the patient has been on continuous therapy for 3 months or more and demonstrate that the patient is osteopenic (bone mineral density t-score of less than -1.0).							
4443W	***Tablet 5 mg***	***28***	***5***	***..***	***55.91***	***3.80***	***Actonel***	***AV***
4444X	***Tablet 35 mg***	***4***	***5***	***..***	***55.91***	***3.80***	***Actonel Once-a-Week***	***AV***
	NERVOUS SYSTEM							
	ANALGESICS							
	Opioids							
	• ***Natural opium alkaloids***							
	MORPHINE SULFATE							
	CAUTION:							
	The risk of drug dependence is high.							
	Restricted benefit							
	Chronic severe disabling pain not responding to non-narcotic analgesics.							
	NOTE:							
	Authorities for increased maximum quantities and/or repeats will be granted only for							
	(i) chronic severe disabling pain associated with proven malignant neoplasia; or							
	(ii) chronic severe disabling pain where treatment has been initiated by a specialist with appropriate expertise in pain management.							
4349X	***Tablet 200 mg (controlled release)***	***20***	***..***	***..***	***106.27***	***3.80***	***MS Contin***	***MF***
	• ***Diphenylpropylamine derivatives***							
	DEXTROPROPOXYPHENE NAPSYLATE							
	CAUTION:							
	Chronic use of this preparation is likely to cause drug dependence.							
4081T	Capsule 100 mg	50	..	..	*14.91	3.80	Doloxene	AS

Code	Name, Restriction, Manner of 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	..	11.50	3.80	Aspalgin	FM
	• ***Anilides***							
	CODEINE PHOSPHATE with PARACETAMOL							
4171M	Tablet 8 mg-500 mg	50	2	..	9.75	3.80	Panamax Co.	SW
				..	10.82	3.80	Codalgin	FM
4170L	Tablet 15 mg-500 mg	20	2	..	7.34	3.80	Prodeine 15	SW
	• ***Other analgesics and antipyretics***							
	GABAPENTIN							
	Authority required							
	To be approved for the treatment of refractory neuropathic pain not controlled by other drugs.							
4591P	***Capsule 100 mg***	***100***	***5***	***..***	***39.05***	***3.80***	***Neurontin***	***PF***
4592Q	***Capsule 300 mg***	***100***	***5***	***..***	***100.39***	***3.80***	[a] ***DBL Gabapentin***	***MX***
							[a] ***GenRx Gabapentin***	***GX***
							[a] ***Neurontin***	***PF***
4593R	***Capsule 400 mg***	***100***	***5***	***..***	***132.27***	***3.80***	[a] ***DBL Gabapentin***	***MX***
							[a] ***GenRx Gabapentin***	***GX***
							[a] ***Neurontin***	***PF***
4594T	***Tablet 600 mg***	***100***	***5***	***..***	***205.55***	***3.80***	***Neurontin***	***PF***
4595W	***Tablet 800 mg***	***100***	***5***	***..***	***260.31***	***3.80***	***Neurontin***	***PF***
	PSYCHOLEPTICS							
	Antipsychotics							
	• ***Other antipsychotics***							
	RISPERIDONE							
	Authority required							
	For the treatment of schizophrenia.							
4587K	***Powder for I.M. injection 25 mg with 2 mL diluent in pre-filled syringe***	***2***	***5***	***..***	****463.84***	***3.80***	***Risperdal Consta***	***JC***
4588L	***Powder for I.M. injection 37.5 mg with 2 mL diluent in pre-filled syringe***	***2***	***5***	***..***	****692.90***	***3.80***	***Risperdal Consta***	***JC***
4589M	***Powder for I.M. injection 50 mg with 2 mL diluent in pre-filled syringe***	***2***	***5***	***..***	****922.32***	***3.80***	***Risperdal Consta***	***JC***

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	Anxiolytics							
	• *Benzodiazepine derivatives*							
	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***	***..***	***..***	****24.70***	***3.80***	***Lexotan***	***RO***
4151L	***Tablet 6 mg***	***60***	***..***	***..***	****30.46***	***3.80***	***Lexotan***	***RO***
	• *Azaspirodecanedione derivatives*							
	BUSPIRONE HYDROCHLORIDE							
	Authority required							
	For the short-term treatment of anxiety.							
4144D	***Tablet 5 mg***	***50***	***..***	***..***	***29.47***	***3.80***	***Buspar***	***BQ***
4145E	***Tablet 10 mg***	***50***	***..***	***..***	***44.35***	***3.80***	***Buspar***	***BQ***
	Hypnotics and sedatives							
	• *Benzodiazepine derivatives*							
	FLUNITRAZEPAM							
	Authority required							
	Patients with terminal disease;							
	Patients with refractory phobic or anxiety states.							
	NOTE:							
	For short-term use and palliative care. This drug should not be used as the first line of treatment. Other PBS-listed benzodiazepines should have been adequately tried and found to be ineffective or inappropriate. Authorities for increased quantities and/or repeats may be granted to patients with terminal disease, and other patients who have been shown to be dependent on this item by an unsuccessful attempt at gradual withdrawal.							
4216X	***Tablet 1 mg***	***30***	***..***	***..***	***11.46***	***3.80***	***Hypnodorm***	***AF***
	• *Benzodiazepine related drugs*							
	ZOPICLONE							
	Restricted benefit							
	For the short-term treatment of insomnia.							
4522B	***Tablet 7.5 mg***	***30***	***..***	***..***	***20.84***	***3.80***	***Imovane***	***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	
	OTHER NERVOUS SYSTEM DRUGS							
	Drugs used in addictive disorders							
	• ***Drugs used in nicotine dependence***							
	NICOTINE							
	Authority required							
	Patients who have indicated that they are ready to cease smoking and who have entered a support and counselling program.							
	NOTE:							
	Studies have shown that successful therapy with this drug is enhanced by patient participation in a support and counselling program.							
4576W	***Transdermal patches releasing approximately 5 mg per 16 hours, 7***	***2***	***..***	***..***	****48.56***	***3.80***	***Nicorette Patch***	***PH***
4571N	***Transdermal patches releasing approximately 7 mg per 24 hours, 7***	***2***	***..***	***..***	****60.34***	***3.80***	***Nicabate CQ 7***	***GK***
4577X	***Transdermal patches releasing approximately 10 mg per 16 hours, 7***	***2***	***..***	***..***	****52.90***	***3.80***	***Nicorette Patch***	***PH***
4572P	***Transdermal patches releasing approximately 14 mg per 24 hours, 7***	***2***	***..***	***..***	****65.98***	***3.80***	***Nicabate CQ 14***	***GK***
4578Y	***Transdermal patches releasing approximately 15 mg per 16 hours, 7***	***2***	***2***	***..***	****58.20***	***3.80***	***Nicorette Patch***	***PH***
4573Q	***Transdermal patches releasing approximately 21 mg per 24 hours, 7***	***2***	***2***	***..***	****72.56***	***3.80***	***Nicabate CQ 21***	***GK***
	ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLENTS							
	ANTHELMINTICS							
	Antinematodal agents							
	• ***Benzimidazole derivatives***							
	MEBENDAZOLE							
4325P	Tablet 100 mg	6	..	..	16.07	3.80	Vermox	JC
	RESPIRATORY SYSTEM							
	NASAL PREPARATIONS							
	Decongestants and other nasal preparations for topical use							
	• ***Sympathomimetics, plain***							
	OXYMETAZOLINE HYDROCHLORIDE							
4377J	Nasal drops 500 micrograms per mL (0.05%), 15 mL	‡1	..	..	14.43	3.80	Drixine	SH
4378K	Nasal spray 500 micrograms per mL (0.05%), 15 mL	‡1	..	..	14.43	3.80	Drixine	SH
4379L	Nasal spray 500 micrograms per mL (0.05%), 18 mL	‡1	..	..	14.26	3.80	Logicin Rapid Relief	SI

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	• ***Antiallergic agents, excl. corticosteroids***							
	LEVOCABASTINE HYDROCHLORIDE							
4311X	Nasal spray 500 micrograms per mL (0.05%), 10 mL (100 doses)	‡1	2	..	14.54	3.80	Livostin	JC
	SODIUM CROMOGLYCATE							
4468E	Nasal spray metered dose pump 20 mg per mL (2%), 26 mL	‡1	5	..	17.99	3.80	Rynacrom	AV
	• ***Corticosteroids***							
	BECLOMETHASONE DIPROPIONATE							
	Restricted benefit							
	Severe intractable rhinitis.							
4087D	***Aqueous nasal spray 50 micrograms per dose, 400 doses set containing 1 pump pack (200 doses) and 1 refill (200 doses)***	***‡1***	***..***	***..***	***24.31***	***3.80***	***Aldecin Aqueous Set***	***SH***
	BUDESONIDE							
	Authority required							
	Severe intractable rhinitis where beclomethasone aqueous nasal spray has been trialled but is ineffective.							
4092J	***Aqueous nasal spray (pump pack) 64 micrograms per dose (120 doses)***	***‡1***	***..***	***..***	***22.24***	***3.80***	***Budamax Aqueous***	***PM***
	• ***Other nasal preparations***							
	IPRATROPIUM BROMIDE							
	Restricted benefit							
	Severe intractable rhinorrhoea, associated with perennial rhinitis, unresponsive to insufflated nasal steroids.							
4089F	***Aqueous nasal spray (pump pack) 21 micrograms (anhydrous) per dose (180 doses)***	***‡1***	***5***	***..***	***19.00***	***3.80***	***Atrovent Nasal Aqueous***	***BY***
4090G	***Aqueous nasal spray (pump pack) 42 micrograms (anhydrous) per dose (180 doses)***	***‡1***	***5***	***..***	***24.74***	***3.80***	***Atrovent Nasal Forte***	***BY***
	Nasal decongestants for systemic use							
	• ***Sympathomimetics***							
	PSEUDOEPHEDRINE HYDROCHLORIDE							
4420P	Tablet 60 mg	30	..	..	13.66	3.80	Logicin Sinus	SI
				..	13.67	3.80	Sudafed Sinus & Nasal Decongestant	WR
	PSEUDOEPHEDRINE SULFATE							
4418M	Tablet 60 mg	30	..	..	13.26	3.80	Demazin Sinus	SH

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES							
	Adrenergics, inhalants							
	• ***Adrenergics and other drugs for obstructive airway diseases***							
	IPRATROPIUM BROMIDE with SALBUTAMOL SULFATE							
	Restricted benefit							
	Chronic obstructive pulmonary disease where treatment with a beta-agonist and ipratropium is indicated.							
4283K	***Oral pressurised inhalation 20 micrograms (anhydrous)- 100 micrograms (base) per dose (200 doses)***	***2***	***5***	***..***	****47.06***	***3.80***	***Combivent***	***BY***
	COUGH AND COLD PREPARATIONS							
	Expectorants, excl. combinations with cough suppressants							
	• ***Expectorants***							
	SENEGA and AMMONIA							
4074K	Mixture 200 mL	‡1	4	..	7.08	3.80	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	..	6.99	3.80	Actuss	SI
				..	10.84	3.80	Duro-Tuss	MM
	ANTIHISTAMINES FOR SYSTEMIC USE							
	Antihistamines for systemic use							
	• ***Phenothiazine derivatives***							
	PROMETHAZINE HYDROCHLORIDE							
4072H	Tablet 10 mg	50	2	..	12.81	3.80	Phenergan	AV
4073J	Tablet 25 mg	50	2	..	14.88	3.80	Phenergan	AV
	CAUTION: Significant side effects may occur.							
	• ***Piperazine derivatives***							
	CETIRIZINE HYDROCHLORIDE							
4175R	Tablet 10 mg	30	..	..	36.25	3.80	Zyrtec	WR
	• ***Other antihistamines for systemic use***							
	FEXOFENADINE HYDROCHLORIDE							
4237B	Tablet 60 mg	60	..	..	*43.72	3.80	Telfast	AV
4238C	Tablet 120 mg	30	..	..	36.71	3.80	Telfast 120	AV
	LORATADINE							
4313B	Tablet 10 mg	30	..	..	41.86	3.80	Claratyne	SH

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	SENSORY ORGANS							
	OPHTHALMOLOGICALS							
	Antiglaucoma preparations and miotics							
	• ***Prostaglandin analogues***							
	LATANOPROST with TIMOLOL MALEATE							
	Restricted benefit							
	For the reduction of elevated intra-ocular pressure in patients with open-angle glaucoma who are insufficiently responsive to beta-blockers, prostaglandins and other intra-ocular pressure lowering medications, or where combination therapy is required to aid compliance.							
4300H	***Eye drops 50 micrograms-5 mg (base) per mL (0.005%-0.5%), 2.5 mL***	***‡1***	***5***	***..***	***44.70***	***3.80***	***Xalacom***	***PU***
	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	..	11.78	3.80	Antistine-Privine	NV
4032F	Eye drops 5 mg (phosphate)-500 micrograms (hydrochloride) per mL (0.5%-0.05%), 15 mL	‡1	1	..	11.73	3.80	Albalon-A	AG
	NAPHAZOLINE HYDROCHLORIDE							
4035J	Eye drops 1 mg per mL (0.1%), 15 mL	‡1	1	.. ..	10.97 11.79	3.80 3.80	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	..	12.04	3.80	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	..	10.97	3.80	Zincfrin	AQ
	• ***Other antiallergics***							
	LEVOCABASTINE HYDROCHLORIDE							
4310W	Eye drops 500 micrograms per mL (0.05%), 4 mL (120 doses)	‡1	1	..	14.54	3.80	Livostin	JC
	OTOLOGICALS							
	Corticosteroids and antiinfectives in combination							
	• ***Corticosteroids and antiinfectives in combination***							
	CIPROFLOXACIN HYDROCHLORIDE with HYDROCORTISONE							
	Authority required							
	Indicated where first-line treatment has not been successful or is inappropriate.							
4528H	***Ear drops 2 mg (base)-10 mg per mL (0.2%-1%), 10 mL***	***‡1***	***2***	***..***	***27.02***	***3.80***	***Ciproxin HC***	***AQ***

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	Other otologicals							
	• ***Indifferent preparations***							
	CARBAMIDE PEROXIDE							
4176T	Ear drops 65 mg per mL (6.5%), 12 mL	‡1	..	..	12.29	3.80	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	..	..	11.46	3.80	Cerumol	AC
	DOCUSATE SODIUM							
4199B	Ear drops 5 mg per mL (0.5%), 10 mL	‡1	..	..	12.36	3.80	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	..	63.80	3.80	Resonium-A	SW

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

ALL OTHER NON-THERAPEUTIC PRODUCTS

All other non-therapeutic products

- ***Other non-therapeutic auxiliary products***

REPATRIATION PHARMACEUTICAL BENEFITS SCHEME (RPBS) WOUND ASSESSMENT AND DRESSING IDENTIFICATION

It is essential to define the aetiology of the wound before selecting a dressing. Recommendations are based on wound type, colour of wound base, depth of wound, and amount of exudate.
This wound chart adheres to the MOIST WOUND concept of healing and wound dressings are described below as ABSORBING or MOISTURE DONATING.
Most wound healing products are designed to remain in situ for several days, with the exception of those for infected wounds which should be changed daily. The quantities and repeats listed in the Repatriation Schedule are considered to be adequate to manage the treatment of a wound for two weeks to one month, when an assessment of the wound's healing process should be undertaken.

DRESSINGS

PINK EPITHELIALISING WOUND

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

(A) Covering	• Film; • Film Island;	• Gauze—Paraffin; • Non-adherent
(B) Absorbing	• Foam (Light Exudate); • Hydroactive (Superficial Wound—Light Exudate);	• Hydrocolloid (Superficial Wound—Light Exudate)

RED GRANULATING WOUND

Aims: (1) to protect the granulating tissue; (2) to encourage epithelialisation; (3) to absorb excess exudate.

LIGHT EXUDATE:	**Superficial**	**Cavity**
(A) Absorbing	• Foam (Light Exudate); • Hydroactive (Superficial Wound—Light Exudate); • Hydrocolloid (Superficial Wound—Light Exudate)	• Hydrocolloid (Cavity Wound)
(B) Moisture donating	• Hydrogel—Amorphous • Hydrogel—Sheet	• Hydrogel—Amorphous

HIGH EXUDATE:	**Superficial**	**Cavity**
(A) Absorbing	• Alginate (Superficial Wound); • Foam—Heavy Exudate; • Hydroactive (Superficial Wound—Moderate Exudate); • Hydrocolloid (Superficial Wound—Moderate/High Exudate)	• Alginate (Cavity Wound); • Foam—Moderate Exudate (see "cavity conforming" product); • Hydroactive (Cavity Wound); • Hydrocolloid (Cavity Wound)
(B) Moisture donating	NOT APPROPRIATE	

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

YELLOW SLOUGHY WOUND

Aims: (1) to remove slough; (2) to encourage granulation; (3) to absorb excess exudate.

LIGHT EXUDATE:	**Superficial**	**Cavity**
(A) Absorbing	• 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.

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	BANDAGE—ABSORBENT WOOL							
4651T	Bandage (natural, non-sterile) 10 cm x 2.7 m	6	..	..	*31.48	3.80	Soffban 7224	BV
4653X	Bandage 10 cm x 3 m	6	..	..	17.96	3.80	Surepress 650948	CC
	BANDAGE—CALICO							
4717G	Bandage, triangular, large	‡1	..	..	11.43	3.80	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	..	..	*68.96	3.80	Comprilan 1027	BV
4736G	Bandage, high stretch, 7.5 cm x 3 m	5	..	..	*79.36	3.80	Tensopress 66004347	BV
4656C	Bandage, high stretch, 7.5 cm x 3.5 m	5	..	..	*66.61	3.80	Setopress 3504	SS
4748X	Bandage, high stretch, 10 cm x 3 m	5	..	..	*71.16	3.80	Surepress 650947	CC
				..	*107.51	3.80	Tensopress 66004348	BV
4657D	Bandage, high stretch, 10 cm x 3.5 m	5	..	..	*53.91	3.80	Eloflex 2480	BV
				..	*76.81	3.80	Setopress 3505	SS
4658E	Bandage, four layer	5	..	..	*196.21	3.80	Profore 66050016	SN
4598B	Bandage, four layer	5	..	..	*132.01	3.80	Profore Lite 66050415	SN
	BANDAGE—RETENTION—COHESIVE—HEAVY							
4811F	Bandage 5 cm x 1.3 m	2	..	..	*11.92	3.80	Peg 7420	BK
4812G	Bandage 7.5 cm x 1.3 m	2	..	..	*15.06	3.80	Peg 7422	BK
4659F	Bandage 7.5 cm x 3 m	2	..	..	*17.70	3.80	Coplus 3629	BV
4813H	Bandage 10 cm x 1.3 m	2	..	..	*18.66	3.80	Peg 7423	BK
4660G	Bandage 10 cm x 2 m	2	..	..	*17.04	3.80	Coban 1584	MM
4814J	Bandage 15 cm x 1.3 m	2	..	..	*25.48	3.80	Peg 7425	BK
	BANDAGE—RETENTION—COHESIVE—LIGHT							
4718H	Bandages 2.5 cm x 4 m, 2	‡1	..	..	10.49	3.80	Handygauze Cohesive 8631	BV
4719J	Bandage 6 cm x 4 m	2	..	..	*12.58	3.80	Handygauze Cohesive 8633	BV
4662J	Bandage 10 cm x 4 m	2	..	..	*14.92	3.80	Handygauze Cohesive 8635	BV

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No.of Rpts		Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	BANDAGE—RETENTION—COTTON CREPE								
4727T	Bandage 5 cm x 2.3 m	2	..	..	..	*15.20 *16.02	3.80 3.80	Telfa 8252F Elastocrepe 36102520	KE BV
4728W	Bandage 7.5 cm x 2.3 m	2	..	..	..	*19.78 *19.96	3.80 3.80	Telfa 8253F Elastocrepe 36102420	KE BV
4729X	Bandage 10 cm x 2.3 m	2	..	..	..	*22.78 *25.12	3.80 3.80	Telfa 8254F Elastocrepe 36102320	KE BV
	BANDAGE—TUBULAR								
4855M	Bandage 6.25 cm x 1 m	‡1	..	..		15.58	3.80	Tubigrip B 1520	SS
4856N	Bandage 6.75 cm x 1 m	‡1	..	..		15.58	3.80	Tubigrip C 1545	SS
4857P	Bandage 7.5 cm x 1 m	‡1	..	..		15.58	3.80	Tubigrip D 1546	SS
4858Q	Bandage 8.75 cm x 1 m	‡1	..	..		15.58	3.80	Tubigrip E 1547	SS
4859R	Bandage 10 cm x 1 m	‡1	..	..		15.58	3.80	Tubigrip F 1548	SS
4663K	Bandage, straight, size C	‡1	..	..		12.98	3.80	Elastoplast 2225	BE
4664L	Bandage, straight, size D	‡1	..	..		12.98	3.80	Elastoplast 2226	BE
4665M	Bandage, straight, size E	‡1	..	..		12.98	3.80	Elastoplast 2227	BE
4667P	Bandage, lightweight, 8.75 cm x 1 m	‡1	..	..		14.85	3.80	Tensogrip 36361259	BV
	BANDAGE—TUBULAR (FINGER)								
4798M	Complete pack including applicator	‡1	..	..		15.21	3.80	Tubegauz 0501633	SS
4726R	Refill	‡1	..	..		11.46	3.80	Tubegauz 0501658	SS
	BANDAGE—TUBULAR (LIGHTWEIGHT)								
4671W	Bandage, small limb size (red), 10 m	‡1	..	..		25.04	3.80	Tubifast 2434	SS
4672X	Bandage, medium limb size (green), 10 m	‡1	..	..		28.43	3.80	Tubifast 2436	SS
4673Y	Bandage, large limb size (blue), 10 m	‡1	..	..		31.73	3.80	Tubifast 2438	SS
	BANDAGE—TUBULAR (LONG STOCKING)								
4674B	Bandage, small size	2	..	..		*36.96	3.80	Tubigrip 1482	SS
4797L	Bandage, medium size	2	..	..		*36.96	3.80	Tubigrip 1483	SS
4799N	Bandage, large size	2	..	..		*36.96	3.80	Tubigrip 1484	SS
4675C	Bandage, XX/large size	2	..	..		*36.96	3.80	Tubigrip 1486	SS
	BANDAGE—TUBULAR (SHORT STOCKING)								
4661H	Bandage, small B/C size	2	..	..		*27.62	3.80	Tubigrip 1479	SS
4815K	Bandage, medium C/D size	2	..	..		*27.62	3.80	Tubigrip 1480	SS
4816L	Bandage, large D/E size	2	..	..		*27.62	3.80	Tubigrip 1481	SS

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	BANDAGE—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	..	..	*24.46	3.80	Zincaband 3604	SS
4669R	Bandage 7.5 cm x 6 m	2	..	..	*25.26	3.80	Steripaste 3610	SS
4750B	Bandage 7.5 cm x 6 m	2	..	..	*59.14	3.80	Viscopaste 4948	SN
4749Y	Bandage 8 cm x 5 m (compression)	2	..	..	*35.40	3.80	Gelocast Elastic 1080	BV
4670T	Bandage 10 cm x 9.1 m	2	..	..	*26.04	3.80	Flexidress 650941	CC
4760M	Bandages 80 cm (stockings), 4	‡1	..	..	68.28	3.80	ZipZoc 66051550	SN
	COTTON WOOL ROLL							
4701K	Roll 100 g	‡1	2	..	8.58	3.80	JJ 02013	JJ
	DRESSING—ACTIVATED CHARCOAL (MALODOROUS WOUND)							
4742N	Dressings 10 cm x 10 cm, 10	‡1	..	..	77.22	3.80	CarboFLEX 403202	CC
4681J	Dressing 10.5 cm x 10.5 cm	10	..	..	*83.46	3.80	Actisorb Plus MAC031	JJ
4743P	Dressings 15 cm x 20 cm, 5	‡1	..	..	88.11	3.80	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	..	..	*113.50	3.80	Kaltostat 168117	CC
				..	*132.46	3.80	Sorbsan 1411	UM
4685N	Ropes 2 g (30 cm), 5	2	..	..	*80.36	3.80	Restore CalciCare 9940	HO
4682K	Ropes 2 g (40 cm), 6	2	..	..	*113.80	3.80	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.							
4699H	Dressings 5 cm x 5 cm, 10	‡1	1	..	37.28	3.80	Restore CalciCare 9938	HO
				..	40.10	3.80	Algisite M 66000519	SN
				..	46.99	3.80	Kaltostat 168210	CC
4684M	Dressing 5 cm x 5 cm	10	1	..	*39.46	3.80	Comfeel SeaSorb Dressing 3705	CT

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	DRESSING—ALGINATE (SUPERFICIAL WOUND)—cont.							
4683L	Dressings 7.5 cm x 12 cm, 10	‡1	1	..	89.32	3.80	Kaltostat 168212	CC
4831G	Dressing 10 cm x 10 cm	10	1	..	*78.06	3.80	Comfeel SeaSorb Dressing 3710	CT
				..	*81.76	3.80	Sorbsan 1410	UM
4700J	Dressings 10 cm x 10 cm, 10	‡1	1	..	69.88	3.80	Restore CalciCare 9937	HO
				..	78.12	3.80	Algisite M 66000520	SN
4691X	Dressings 15 cm x 20 cm, 10	‡1	1	..	190.56	3.80	Algisite M 66000521	SN
	DRESSING with CADEXOMER IODINE **NOTE:** Suitable for yellow sloughy infected and malodorous wounds.							
4931M	Sachets 3 g, 7	‡1	..	..	52.96	3.80	Iodosorb Powder 66051070	SN
4932N	Tubes 10 g, 4	‡1	..	..	85.62	3.80	Iodosorb Ointment 66051240	SN
4933P	Tubes 20 g, 2	‡1	..	..	84.83	3.80	Iodosorb Ointment 66051230	SN
4935R	Sachets 5 g (6 cm x 4 cm), 5	‡1	..	..	76.42	3.80	Iodosorb 66051330	SN
4936T	Sachets 10 g (8 cm x 6 cm), 3	‡1	..	..	110.83	3.80	Iodosorb 66051340	SN
4937W	Sachets 17 g (10 cm x 8 cm), 2	‡1	..	..	116.76	3.80	Iodosorb 66051360	SN
	DRESSING—FILM							
4686P	Dressings 6 cm x 7 cm, 8	‡1	..	..	13.48	3.80	Nexcare Tegaderm Transparent H1624	MM
4687Q	Dressings 10 cm x 12 cm, 4	‡1	..	..	17.31	3.80	Nexcare Tegaderm Transparent H1626	MM
4893M	Dressings 10 cm x 12 cm, 10	‡1	..	..	25.45	3.80	Op-Site Flexigrid 4629	SN
4688R	Dressing 15 cm x 20 cm	6	..	..	*27.82	3.80	Tegaderm Transparent 1628	MM
	DRESSING—FILM ISLAND							
4689T	Dressing 5 cm x 7 cm	10	..	..	*14.06	3.80	Tegaderm Transparent Island 3582	MM

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Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	DRESSING—FILM ISLAND—cont.							
4898T	Dressings 5 cm x 7.2 cm, 5	2	..	..	*21.24	3.80	Cutifilm Plus 76309	SN
4899W	Dressings 8 cm x 10 cm, 5	2	..	..	*33.98	3.80	Cutifilm Plus 76308	SN
4690W	Dressing 9 cm x 10 cm	10	..	..	*25.06	3.80	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	..	..	*172.30	3.80	Lyofoam 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	..	..	53.04	3.80	CombiDERM 651031	CC
4693B	Dressings (foam alternative) 15 cm x 18 cm, 5	‡1	..	..	69.96	3.80	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	..	39.77	3.80	Lyofoam Flat 603092	SS
4891K	Dressings 10 cm x 10 cm, 10	‡1	1	..	46.24	3.80	Lyofoam Flat 603093	SS
4878R	Dressings 20 cm x 15 cm, 10	‡1	..	..	100.10	3.80	Lyofoam Flat 603095	SS
	DRESSING—FOAM—MODERATE EXUDATE							
	NOTE: This dressing should remain in place until saturated or up to a maximum of 7 days. Allow a minimum of 2 cm to 3 cm in excess of the wound size of the dressing around the wound.							
4795J	Dressings 10 cm x 10 cm, 10	‡1	..	..	73.30	3.80	Lyofoam Extra 603088	SS
				..	107.13	3.80	Allevyn 66007637	SN
4590N	Dressings 12.5 cm x 12.5 cm, 10	‡1	..	..	100.90	3.80	Allevyn Adhesive 66000044	SN
	NOTE: Care should be taken when changing *Allevyn Adhesive* dressings to avoid skin tears.							

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	DRESSING—FOAM—MODERATE EXUDATE—cont.							
4880W	Dressings 20 cm x 15 cm, 10	‡1	..	..	187.35	3.80	Lyofoam Extra 603090	SS
4694C	Dressing, cavity, conforming, 20 g	1	..	..	68.50	3.80	Cavicare 4563	SN
4927H	Non-adhesive waterproof semi-permeable absorbent foam pads 10 cm x 10 cm, 10	‡1	1	..	76.01	3.80	Biatain Non-adhesive 3410	CT
4928J	Non-adhesive waterproof semi-permeable absorbent foam pads 15 cm x 15 cm, 5	‡1	2	..	74.73	3.80	Biatain Non-adhesive 3413	CT
4929K	Adhesive waterproof semi-permeable absorbent foam pads 12 cm x 12 cm, 10	‡1	1	..	83.66	3.80	Biatain Adhesive 3420	CT
4930L	Adhesive waterproof semi-permeable absorbent foam pads 18 cm x 18 cm, 5	‡1	2	..	81.11	3.80	Biatain Adhesive 3423	CT
	DRESSING—GAUZE (ABSORBENT PAD)							
4707R	Pads 5 cm x 5 cm, 100	‡1	..	..	11.80	3.80	Handy 5672	BV
4708T	Pads 10 cm x 10 cm, 100	‡1	..	..	24.72	3.80	Handy 5674	BV
	DRESSING—GAUZE—EYE PAD							
4768Y	Pads, 12	‡1	..	..	10.79	3.80	Curity 4112	KE
	DRESSING—GAUZE—PARAFFIN							
4759L	Dressings 10 cm x 10 cm, 10	‡1	..	..	15.01	3.80	Jelonet 7404	SN
	DRESSING—GAUZE—PARAFFIN with CHLORHEXIDINE ACETATE							
4845B	Dressings 10 cm x 10 cm, 10	‡1	2	..	19.83	3.80	Bactigras 7457	SN
	DRESSING—GAUZE—POVIDONE-IODINE PAD							
4779M	Pads 22.5 cm x 7.5 cm, 12	‡1	2	..	30.60	3.80	Betadine	FH
	DRESSING—HYDROACTIVE (CAVITY WOUND)							
4918W	Dressings 5 cm x 6 cm, 10	‡1	1	..	71.64	3.80	Allevyn Plus Cavity 66047571	SN
4919X	Dressings 10 cm x 10 cm, 5	2	1	..	*151.96	3.80	Allevyn Plus Cavity 66047573	SN
	DRESSING—HYDROACTIVE (SUPERFICIAL WOUND—HIGH EXUDATE)							
4695D	Dressings, island, 11 cm x 11 cm, 10	‡1	..	..	84.20	3.80	Tielle MT2440	JJ
4696E	Dressings, island, 18 cm x 18 cm, 5	‡1	..	..	100.17	3.80	Tielle MT2442	JJ

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	DRESSING—HYDROACTIVE (SUPERFICIAL WOUND—LIGHT EXUDATE)							
4905E	Dressings 5 cm x 6 cm, 10	‡1	1	..	49.31	3.80	Allevyn Thin 66047576	SN
4906F	Dressings 10 cm x 10 cm, 5	2	1	..	*90.36	3.80	Allevyn Thin 66047578	SN
	DRESSING—HYDROACTIVE (SUPERFICIAL WOUND—MODERATE EXUDATE)							
4885D	Dressings 5 cm x 6 cm, 10	‡1	1	..	38.16	3.80	Cutinova Hydro 47441	SN
4886E	Dressings 10 cm x 10 cm, 5	2	1	..	*64.80	3.80	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	..	..	*143.36	3.80	DuoDERM Paste H7930	CC
4895P	Paste 50 g	6	..	..	*95.20	3.80	Comfeel Paste 4701	CT
4697F	Powder 6 g	2	..	..	*18.30	3.80	Comfeel Powder 4706	CT
4698G	Ropes 2 g (30 cm), 5	‡1	..	..	81.95	3.80	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	..	33.90	3.80	Comfeel Plus Transparent 3530	CT
4889H	Dressings 9 cm x 14 cm, 10	‡1	1	..	73.50	3.80	Comfeel Plus Transparent 3536	CT
4908H	Dressings 10 cm x 10 cm, 5	2	1	..	*51.26	3.80	Restore Extra Thin 9921	HO
4907G	Dressings 10 cm x 10 cm, 10	‡1	1	..	69.96	3.80	DuoDERM Extra Thin H7955	CC
4924E	Dressings 10 cm x 10 cm, 10	‡1	1	..	60.28	3.80	Comfeel Plus Transparent 3533	CT

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	DRESSING—HYDROCOLLOID (SUPERFICIAL WOUND—MODERATE EXUDATE) **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	..	*57.06	3.80	Restore Plus 9956	HO
				..	*79.64	3.80	DuoDERM CGF H7660	CC
4921B	Dressings 10 cm x 10 cm, 10	‡1	1	..	66.76	3.80	Replicare Ultra 66000434	SN
				..	99.22	3.80	Aquacel 177902	CC
4922C	Dressings 15 cm x 15 cm, 5	2	1	..	*128.86	3.80	Replicare Ultra 66000435	SN
				..	*206.94	3.80	Aquacel 177903	CC
4853K	Dressings 15 cm x 20 cm, 3	3	1	..	*131.50	3.80	Restore Plus 9957	HO
4854L	Dressings 20 cm x 20 cm, 3	3	1	..	*156.67	3.80	Restore Plus 9958	HO
4920Y	Dressings 20 cm x 20 cm, 5	2	1	..	*220.56	3.80	DuoDERM CGF H7662	CC
				..	*235.14	3.80	Replicare Ultra 66000436	SN
4923D	Dressings with alginate 10 cm x 10 cm, 10	‡1	1	..	70.90	3.80	Comfeel Plus Ulcer Dressing 3110	CT
4842W	Dressings, sacral, 5	2	1	..	*97.84	3.80	Restore Plus Sacral 9959	HO
				..	*153.52	3.80	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	..	60.52	3.80	Comfeel Purilon Gel 3900	CT
				..	62.72	3.80	DuoDERM Gel H7990	CC
4894N	Tubes 25 g, 10	‡1	1	..	112.75	3.80	Intrasite Gel 7313	SN
4913N	Tubes 30 g, 3	3	1	..	*95.35	3.80	DuoDERM Gel H7987	CC
4914P	Tube 50 g	12	1	..	*91.78	3.80	Solugel 10336	JJ
4599C	Tube 50 g	6	1	..	*38.02	3.80	SoloSite Gel 36361338	SN

Code	Name, Restriction, Manner of administration and form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	DRESSING—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	..	..	*81.44	3.80	Nu-Gel 2497	JJ
4910K	Dressing 10 cm x 10 cm	10	..	..	*114.66	3.80	Clearsite Borderless 409240	SS
	DRESSING—NON-ADHERENT							
4860T	Dressings 5 cm x 5 cm, 5	2	..	..	*11.60	3.80	Cutilin Non-Stick Wound Pad 76301	BE
				..	*12.10	3.80	Melolin 101720	SN
4755G	Dressings 5 cm x 7.5 cm, 10	‡1	..	..	9.06	3.80	Telfa 1970C	KE
4909J	Dressing 7.6 cm x 7.6 cm	10	1	..	*13.56	3.80	Adaptic 2012	JJ
4758K	Dressings 7.5 cm x 10 cm, 6	‡1	..	..	9.26	3.80	Telfa 2140C	KE
4862X	Dressings 10 cm x 10 cm, 5	2	..	..	*18.66	3.80	Cutilin Non-Stick Wound Pad 76300	SN
4861W	Dressings 10 cm x 10 cm, 10	‡1	..	..	25.74	3.80	Melolin 66974933	SN
4843X	Dressings, self-adhesive, 5 cm x 7.5 cm, 10	‡1	2	..	10.63	3.80	Telfa 6020C	KE
4844Y	Dressings, self-adhesive, 7.5 cm x 10 cm, 6	‡1	2	..	10.02	3.80	Telfa 7650C	KE
	GAUZE and COTTON TISSUE (COMBINE ROLL)							
4767X	Wrapped pack 9 cm x 10 m	‡1	..	..	13.24	3.80	BV 36121054	BV
4761N	Wrapped pack 10 cm x 10 m	‡1	..	..	12.97	3.80	JJ 12010	JJ
	GLOVES PLASTIC (DISPOSABLE)							
4772E	Gloves, small, 100	‡1	..	..	10.08	3.80	Handy 4207	BV
4773F	Gloves, medium, 100	‡1	..	..	10.08	3.80	Handy 4208	BV
4774G	Gloves, large, 100	‡1	..	..	10.08	3.80	Handy 4209	BV
	LUBRICATING AGENT							
4318G	Jelly 60 g	‡1	..	..	8.44	3.80	Surgical Lubricating Gel	BI

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No.of Rpts	Premium	Dispensed Price for Max.Qty $	Maximum Recordable Value for Safety Net $	Proprietary Name and Manufacturer	
	PRESSURE REDUCING PRODUCTS							
4676D	Sheet 10 cm x 10 cm x 3 mm	2	..	..	*25.78	3.80	Spenco Dermal Pad 10-553	KC
4677E	Sheet 10 cm x 10 cm x 12 mm	2	..	..	*46.90	3.80	Spenco Dermal Pad 10-561	KC
4678F	Butterfly shape 7 cm	5	..	..	*45.96	3.80	Comfeel Plus Pressure Relieving 3350	CT
4679G	Round 10 cm	5	..	..	*49.91	3.80	Comfeel Plus Pressure Relieving 3353	CT
	TAPES—NON-WOVEN RETENTION (POLYACRYLATE)							
4915Q	Roll 2.5 cm x 9.1 m	‡1	..	..	10.83	3.80	Medipore 2961	MM
4863Y	Roll 2.5 cm x 10 m	‡1	..	..	14.16	3.80	Hypafix 71443-0	BV
4917T	Roll 2.5 cm x 10 m	‡1	..	..	8.73	3.80	Mefix 310250	SS
4916R	Roll 5 cm x 10 m	‡1	..	..	21.12	3.80	Hypafix 71443-1	BV
	TAPES—PLASTER ADHESIVE ELASTIC							
4780N	Roll 2.5 cm x 2.5 m	‡1	..	..	10.72	3.80	Leukoplast 1071	BV
4781P	Roll 5 cm x 2.5 m	‡1	..	..	16.28	3.80	Leukoplast 1072	BV
4782Q	Roll 7.5 cm x 2.5 m	‡1	..	..	19.69	3.80	Leukoplast 1073	BV
4735F	Roll 10 cm x 2.5 m	‡1	..	..	19.90	3.80	Elastoplast 1004	BV
	TAPES—PLASTER ADHESIVE HYPOALLERGENIC							
4783R	Roll 1.25 cm x 5 m	‡1	..	..	8.41	3.80	Leukopor 2471	BV
4785W	Roll 1.25 cm x 5 m	‡1	..	..	8.68	3.80	Leukosilk 1021	BV
4794H	Roll 2.5 cm x 5 m	‡1	..	..	10.70	3.80	Leukopor 2472	BV
4787Y	Roll 2.5 cm x 5 m	‡1	..	..	11.18	3.80	Leukosilk 1022	BV
4788B	Stretch roll 5 cm x 5 m	‡1	..	..	14.98	3.80	Leukoflex 1124	BV
4790D	Roll 5 cm x 5 m	‡1	..	..	14.02	3.80	Leukopor 2474	BV
4789C	Roll 5 cm x 5 m	‡1	..	..	14.82	3.80	Leukosilk 1024	BV
4848E	Roll (dispenser) 1.9 cm x 5.4 m	‡1	..	..	9.09	3.80	Nexcare Durable Cloth First Aid Tape 799	MM
4849F	Roll (dispenser) 1.9 cm x 7.3 m	‡1	..	..	9.09	3.80	Nexcare Gentle Paper First Aid Tape 789	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
4579B	Alprostadil	10 mcg	2 @ 25.40	PH
4580C		20 mcg	2 @ 32.40	PH
4117Q	Aluminium Hydroxide with Magnesium Hydroxide and Simethicone	400 mg-400 mg-30 mg	100 @ 9.68	WR
4118R		400 mg-400 mg-30 mg per 5 mL, 500 mL	1 @ 7.76	WR
4651T	Bandage—Absorbent Wool	10 cm x 2.7 m	1 @ 4.47	BV
4654Y	Bandage—Compression	8 cm x 5 m	1 @ 12.86	BV
4736G		7.5 cm x 3 m	1 @ 14.94	BV
4656C		7.5 cm x 3.5 m	1 @ 12.39	SS
4748X		10 cm x 3 m	1 @ 13.30	CC
			1 @ 20.57	BV
4657D		10 cm x 3.5 m	1 @ 9.85	BV
			1 @ 14.43	SS
4658E		Four layer	1 @ 38.31	SN
4598B		Four layer	1 @ 25.47	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 @ 6.52	BV
4813H		10 cm x 1.3 m	1 @ 7.00	BK
4660G		10 cm x 2 m	1 @ 6.19	MM
4814J		15 cm x 1.3 m	1 @ 10.41	BK
4719J	Bandage—Retention—Cohesive—Light	6 cm x 4 m	1 @ 3.96	BV
4662J		10 cm x 4 m	1 @ 5.13	BV
4727T	Bandage—Retention—Cotton Crepe	5 cm x 2.3 m	1 @ 5.27	KE
			1 @ 5.68	BV
4728W		7.5 cm x 2.3 m	1 @ 7.56	KE
			1 @ 7.65	BV
4729X		10 cm x 2.3 m	1 @ 9.06	KE
			1 @ 10.23	BV
4674B	Bandage—Tubular (Long Stocking)	Small	1 @ 16.15	SS
4797L		Medium	1 @ 16.15	SS
4799N		Large	1 @ 16.15	SS
4675C		XX/large	1 @ 16.15	SS
4661H	Bandage—Tubular (Short Stocking)	Small B/C	1 @ 11.48	SS
4815K		Medium C/D	1 @ 11.48	SS
4816L		Large D/E	1 @ 11.48	SS
4668Q	Bandage—Zinc Paste	7.5 cm x 6 m	1 @ 9.90	SS
4669R		7.5 cm x 6 m	1 @ 10.30	SS
4750B		7.5 cm x 6 m	1 @ 27.24	SN
4749Y		8 cm x 5 m	1 @ 15.37	BV
4670T		10 cm x 9.1 m	1 @ 10.69	CC
4150K	Bromazepam	3 mg	30 @ 10.02	RO
4151L		6 mg	30 @ 12.90	RO
4055K	Calcium Carbonate with Glycine	420 mg-180 mg	100 @ 7.04	MM
4081T	Dextropropoxyphene Napsylate	100 mg	10 @ 2.05	AS
4681J	Dressing—Activated Charcoal (Malodorous Wound)	10.5 cm x 10.5 cm	1 @ 7.88	JJ
4832H	Dressing—Alginate (Cavity Wound)	2 g	1 @ 12.78	UM
			5 @ 54.42	CC
4685N		2 g (30 cm), 5	1 @ 37.85	HO
4682K		2 g (40 cm), 6	1 @ 54.57	CT

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price $		Manufacturer
4684M	Dressing—Alginate (Superficial Wound)	5 cm x 5 cm	1 @	3.48	CT
4831G		10 cm x 10 cm	1 @	7.34	CT
			1 @	7.71	UM
4688R	Dressing—Film	15 cm x 20 cm	1 @	3.86	MM
4689T	Dressing—Film Island	5 cm x 7 cm	1 @	0.94	MM
4898T		5 cm x 7.2 cm, 5	1 @	8.29	SN
4899W		8 cm x 10 cm, 5	1 @	14.66	SN
4690W		9 cm x 10 cm	1 @	2.04	MM
4892L	Dressing—Foam with Charcoal (Malodorous Wound)	10 cm x 10 cm, 10	1 @	83.82	SS
4919X	Dressing—Hydroactive (Cavity Wound)	10 cm x 10 cm, 5	1 @	73.65	SN
4906F	Dressing—Hydroactive (Superficial Wound—Light Exudate)	10 cm x 10 cm, 5	1 @	42.85	SN
4886E	Dressing—Hydroactive (Superficial Wound—Moderate Exudate)	10 cm x 10 cm, 5	1 @	30.07	SN
4896Q	Dressing—Hydrocolloid (Cavity Wound)	30 g	1 @	13.87	CC
4895P		50 g	1 @	15.09	CT
4697F		6 g	1 @	6.82	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 @	37.49	CC
4922C		15 cm x 15 cm, 5	1 @	62.10	SN
			1 @	101.14	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 @	107.95	CC
			1 @	115.24	SN
4842W		5	1 @	46.59	HO
			1 @	74.43	SN
4913N	Dressing—Hydrogel—Amorphous	30 g, 3	1 @	30.23	CC
4914P		50 g	1 @	7.26	JJ
4599C		50 g	1 @	5.56	SN
4911L	Dressing—Hydrogel—Sheet	9.5 cm x 10.2 cm, 5	1 @	38.39	JJ
4910K		10 cm x 10 cm	1 @	11.00	SS
4860T	Dressing—Non-Adherent	5 cm x 5 cm, 5	1 @	3.47	BE
			1 @	3.72	SN
4909J		7.6 cm x 7.6 cm	1 @	0.89	JJ
4862X		10 cm x 10 cm, 5	1 @	7.00	SN
4237B	Fexofenadine Hydrochloride	60 mg	20 @	13.02	AV
4298F	Gatifloxacin	400 mg in 40 mL	1 @	79.99	BQ
4299G		400 mg in 200 mL	1 @	79.99	BQ
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
4330X	Moxifloxacin Hydrochloride	400 mg (base) in 250 mL	1 @	64.80	BN
4576W	Nicotine	Approx. 5 mg per 16 hours, 7	1 @	21.95	PH
4571N		Approx. 7 mg per 24 hours, 7	1 @	27.84	GK
4577X		Approx. 10 mg per 16 hours, 7	1 @	24.12	PH
4572P		Approx. 14 mg per 24 hours, 7	1 @	30.66	GK

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Name	Form/Strength	Pack and Price $		Manufacturer
4578Y	Nicotine	Approx. 15 mg per 16 hours, 7	1 @	26.77	PH
4573Q		Approx. 21 mg per 24 hours, 7	1 @	33.95	GK
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 @	8.26	CT
4679G		10 cm	1 @	9.05	CT
4978B	Ranitidine Hydrochloride	150 mg (base), effervescent	30 @	9.71	GK
4980D		150 mg (base) per 10 mL, 300 mL	1 @	9.71	GK
4587K	Risperidone	25 mg	1 @	229.59	JC
4588L		37.5 mg	1 @	344.12	JC
4589M		50 mg	1 @	458.83	JC
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 100 308
ABACAVIR SULFATE with LAMIVUDINE and ZIDOVUDINE
.Section 100 308
Abbocillin-V (SI)
.Antiinfectives for systemic use 159
.Dental 287
Abbocillin-VK Filmtab (SI)
.Antiinfectives for systemic use 158, 159
.Dental 287
ABCIXIMAB 99
Abilify (BQ) 228
ACAMPROSATE CALCIUM 242
ACARBOSE 88
Accomin Adult Tonic (WT)
.Repatriation Schedule 398
Accu-Chek Active (RD) 264
Accu-Chek Go (RD) 264
Accupril (PF) 122
Accure 10 (AF) 132
Accure 20 (AF) 132
Accuretic 10/12.5mg (PF) 123
Accuretic 20/12.5mg (PF) 123
Accutrend Glucose (RD) 264
Acenorm 12.5 mg (AF) 119
Acenorm 25 mg (AF) 119
Acenorm 50 mg (AF) 119
ACETAZOLAMIDE 258
ACETYLCYSTEINE 254
Achromycin (SI)
.Antiinfectives for systemic use 156
.Dental 285
ACICLOVIR
.Antiinfectives for systemic use 173
.Sensory organs 256
Aciclovir-BC (BG) 173, 174
Acihexal (HX) 173, 174
Aci-Jel (JC)
.Repatriation Schedule 408
Acimax Tablets (AL) 74
ACITRETIN 129
Aclin (AF)
.Dental 296
.Musculo-skeletal system 202
Aclin 200 (AF)
.Dental 296
.Musculo-skeletal system 202
Aclor 125 (AW)
.Antiinfectives for systemic use 162
.Dental 291
Aclor 250 (AW)
.Antiinfectives for systemic use 162
.Dental 291
Actilax (AF) 80
Actilyse (BY) 101
Actisorb Plus MAC031 (JJ)
.Repatriation Schedule 425
Actonel (AV)
.Musculo-skeletal system 209
.Repatriation Schedule 413
Actonel Once-a-Week (AV)
.Musculo-skeletal system 209
.Repatriation Schedule 413
Actos (LY) 91, 92
Actrapid (NO) 85
Actrapid Penfill 3 mL (NO) 85
Actuss (SI)
.Repatriation Schedule 418
Acyclo-V 200 (AF) 173
Acyclo-V 800 (AF) 174
Adalat 10 (BN) 116
Adalat 20 (BN) 116
Adalat Oros 20mg (BN)
.Cardiovascular system 116, 117
.Repatriation Schedule 400
Adalat Oros 30 (BN) 116
Adalat Oros 60 (BN) 116
ADALIMUMAB 190
Adaptic 2012 (JJ)
.Repatriation Schedule 431
Adefin 10 (AF) 116
Adefin 20 (AF) 116
Adefin XL 30 (AF) 116
Adefin XL 60 (AF) 116
ADRENALINE
.Cardiovascular system 107
.Dental 282, 305
.Doctor's Bag Supplies 65
.Respiratory system 252
Adriamycin Solution (PH) 180, 181
Advantage II (RD) 264
Advantan (CS) 131
Aerodiol (SE) 138
Agenerase (GK)
.Section 100 308
Aggrastat (MK) 101
Agon SR (TP) 115, 116
Airomir (MM)
.Doctor's Bag Supplies 66
.Respiratory system 246
Airomir Autohaler (MM) 246
Akamin 50 (AF) 155
Akamin 100 (AF) 155
Akineton (AB) 224
Albalon-A (AG)
.Repatriation Schedule 419
Albalon Liquifilm (AG)
.Repatriation Schedule 419
ALBENDAZOLE 245
Albey Bee Venom (TH) 263
Albey Paper Wasp Venom (TH) 263
Albey Yellow Jacket Venom (TH) 263
Aldactone (PH) 112
Aldazine 10 (AF) 227
Aldazine 25 (AF) 227
Aldazine 50 (AF) 227
Aldazine 100 (AF) 227

Aldecin Aqueous Set (SH)
.Repatriation Schedule ... 417
Aldomet (MK) ... 109
ALENDRONATE SODIUM ... 208
Alepam 15 (AF)
.Dental ... 305
.Nervous system ... 230
Alepam 30 (AF)
.Dental ... 305
.Nervous system ... 230, 231
Alfaré (NT) ... 266
Algisite M 66000519 (SN)
.Repatriation Schedule ... 425
Algisite M 66000520 (SN)
.Repatriation Schedule ... 426
Algisite M 66000521 (SN)
.Repatriation Schedule ... 426
Alkeran (GK) ... 177
ALLANTOIN with GLYCEROL and ICHTHAMMOL
.Repatriation Schedule ... 406
ALLANTOIN with SULFUR, PHENOL, COAL TAR SOLUTION and MENTHOL
.Repatriation Schedule ... 404
Allegron (AS) ... 233
Allevyn 66007637 (SN)
.Repatriation Schedule ... 427
Allevyn Adhesive 66000044 (SN)
.Repatriation Schedule ... 427
Allevyn Plus Cavity 66047571 (SN)
.Repatriation Schedule ... 428
Allevyn Plus Cavity 66047573 (SN)
.Repatriation Schedule ... 428
Allevyn Thin 66047576 (SN)
.Repatriation Schedule ... 429
Allevyn Thin 66047578 (SN)
.Repatriation Schedule ... 429
Allohexal (HX) ... 207
ALLOPURINOL ... 207
Allopurinol-BC (BG) ... 207
Allorin 300 mg (DP) ... 207
Allosig (FM) ... 207
Alodorm (AF)
.Dental ... 305
.Nervous system ... 221, 231
Alpha Keri Bath Oil (MT)
.Repatriation Schedule ... 403
Alpha Keri Lotion (MT)
.Repatriation Schedule ... 403
Alphacin 250 (AF)
.Antiinfectives for systemic use ... 158
.Dental ... 286
Alphacin 500 (AF)
.Antiinfectives for systemic use ... 158
.Dental ... 286
Alphagan (AG) ... 257
Alphamox 125 (AF)
.Antiinfectives for systemic use ... 157
.Dental ... 286
Alphamox 250 (AF)
.Antiinfectives for systemic use ... 156, 157
.Dental ... 285, 286
Alphamox 500 (AF)
.Antiinfectives for systemic use ... 157
.Dental ... 285
Alphapress 25 (AF) ... 110
Alphapress 50 (AF) ... 110
Alphapril (AF) ... 120
Alprax 0.25 (AW) ... 229
Alprax 0.5 (AW) ... 229
Alprax 1 (AW) ... 229
Alprax 2 (AW) ... 229
ALPRAZOLAM ... 229
Alprazolam-DP (DP) ... 229
Alprim (AF) ... 165
ALPROSTADIL
.Repatriation Schedule ... 409
ALTEPLASE (Recombinant tissue-type plasminogen activator) ... 101
ALTRETAMINE (Hexamethylmelamine) ... 183
ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE ... 69
ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE and SIMETHICONE
.Repatriation Schedule ... 396
ALUMINIUM HYDROXIDE with MAGNESIUM TRISILICATE and MAGNESIUM HYDROXIDE ... 69
AMANTADINE HYDROCHLORIDE ... 225
Amaryl (AV) ... 88
Amfamox 20 (AD) ... 70
Amfamox 40 (AD) ... 71
AMILORIDE HYDROCHLORIDE ... 112
AMINO ACID FORMULA without METHIONINE, THREONINE and VALINE and low in ISOLEUCINE ... 269
AMINO ACID FORMULA without PHENYLALANINE ... 269
AMINO ACID FORMULA without PHENYLALANINE, TYROSINE and METHIONINE ... 269
AMINO ACID FORMULA with VITAMINS, MINERALS and LONG CHAIN POLYUNSATURATED FATTY ACIDS without PHENYLALANINE ... 269
AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE ... 269
AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE, THREONINE and VALINE and low in ISOLEUCINE ... 270
AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE ... 270
AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE and TYROSINE ... 270
AMINO ACID FORMULA with VITAMINS and MINERALS without VALINE, LEUCINE and ISOLEUCINE ... 271
AMINO ACIDS—SYNTHETIC, FORMULA ... 265
AMINOGLUTETHIMIDE
.Antineoplastic and immunomodulating agents ... 186
.Systemic hormonal preparations, excl. sex hormones and insulins ... 151
AMIODARONE HYDROCHLORIDE ... 106
AMISULPRIDE ... 228
AMITRIPTYLINE HYDROCHLORIDE ... 233

Amizide (AF) 112
AMLODIPINE BESYLATE
.Cardiovascular system 115
.Repatriation Schedule 400
AMMONIUM CHLORIDE 147
Amohexal (HX)
.Antiinfectives for systemic use 156, 157
.Dental 285, 286
AMOROLFINE HYDROCHLORIDE
.Repatriation Schedule 402
Amoxil (GK)
.Antiinfectives for systemic use 156, 157
.Dental 285, 286
Amoxil Duo (GK) 158
Amoxil Forte (GK)
.Antiinfectives for systemic use 157
.Dental 286
AMOXYCILLIN
.Antiinfectives for systemic use 156, 158
.Dental 285
AMOXYCILLIN with CLAVULANIC ACID
.Antiinfectives for systemic use 160
.Dental 289
Amoxycillin Sandoz (BG) 158
Amoxycillin-BC (BG)
.Antiinfectives for systemic use 156, 157
.Dental 285, 286
Amoxycillin-DP (DG)
.Antiinfectives for systemic use 156, 157
.Dental 285
AMPHOTERICIN
.Alimentary tract and metabolism 69
.Antiinfectives for systemic use 171
.Dental 281
AMPICILLIN
.Antiinfectives for systemic use 158
.Dental 286
Amprace 5 (AD) 120
Amprace 10 (AD) 120
Amprace 20 (AD) 120
AMPRENAVIR
.Section 100 308
Anafranil 25 (NV) 231, 233
Anamorph (FM)
.Dental 300
.Nervous system 213
Anandron (AV) 186
Anaprox 550 (RO)
.Dental 298
.Musculo-skeletal system 204
ANASTROZOLE 186
Andriol (OR) 136
Androcur (SC)
.Antineoplastic and immunomodulating agents 186
.Genito urinary system and sex hormones 146
Androcur-100 (SC)
.Antineoplastic and immunomodulating agents 186
.Genito urinary system and sex hormones 146
Androderm (MX) 135, 136
Anginine Stabilised (SI)
.Cardiovascular system 107
.Dental 283
Anpec 40 (AF) 117
Anpec 80 (AF) 117
Anpec SR (AF) 117
Anselol 50 mg (DP) 113
ANTAZOLINE with NAPHAZOLINE
.Repatriation Schedule 419
Antenex 2 (AF)
.Dental 304
.Nervous system 229
Antenex 5 (AF)
.Dental 305
.Nervous system 230
Anthel 125 (AF) 245
Anthel 250 (AF) 245
Antistine-Privine (NV)
.Repatriation Schedule 419
Antroquoril (EX) 131
Anusol (WW)
.Repatriation Schedule 400
Anzatax (MX) 180
Anzemet (AV) 77
Apomine (MX)
.Section 100 308
APOMORPHINE HYDROCHLORIDE
.Section 100 308
Apoven 250 (DP) 251
Apoven 500 (DP) 251
APRACLONIDINE HYDROCHLORIDE 257
Aprinox (AB) 110
Aquacare H.P. (AG)
.Repatriation Schedule 403
Aquacel 177902 (CC)
.Repatriation Schedule 430
Aquacel 177903 (CC)
.Repatriation Schedule 430
Aquacel 177904 (CC)
.Repatriation Schedule 429
Aquae (HA)
.Palliative Care 273, 274
.Repatriation Schedule 396
Aquasun Lotion SPF 18 (PF)
.Repatriation Schedule 403
Arabloc (HP) 199
Aranesp (AN)
.Section 100 320
Aratac 100 (AF) 106
Aratac 200 (AF) 106
Arava (AV) 198, 199
Aredia 15 mg (NV)
.Musculo-skeletal system 208
.Section 100 321
Aredia 30 mg (NV)
.Musculo-skeletal system 208
.Section 100 321
Aredia 90 mg (NV)
.Section 100 321
Aricept (PF) 239
Arima (AF) 236

GENERIC /PROPRIETARY INDEX

Arima 300 (AF) 236
Arimidex (AP) 186
ARIPIPRAZOLE 228
Aristocort 0.02% (SI) 130
Arixtra (SW)
.Repatriation Schedule 399
Aromasin (PH) 186
Aropax (GK) 235
Arsorb 60 (AW) 108
Artane (WY) 224
Arthrexin (AF)
.Dental 296
.Musculo-skeletal system 202
Arthrotec 50 (PH)
.Repatriation Schedule 412
Asasantin SR (BY) 100
Ascensia Elite (BN) 265
Ascensia Glucodisc (BN) 264
ASCORBIC ACID
.Repatriation Schedule 399
Asig (SI) 122
Asmol 2.5 uni-dose (AF)
.Doctor's Bag Supplies 66
.Respiratory system 247
Asmol 5 uni-dose (AF)
.Doctor's Bag Supplies 67
.Respiratory system 247
Asmol CFC-free (AL)
.Doctor's Bag Supplies 66
.Respiratory system 246
Aspalgin (FM)
.Repatriation Schedule 414
Aspen Ampicyn (AS)
.Antiinfectives for systemic use 158
.Dental 286
Aspen Flucil (AS)
.Antiinfectives for systemic use 160
.Dental 288
ASPIRIN
.Blood and blood forming organs 100
.Dental 303
.Nervous system 218
.Repatriation Schedule 399
Astrix (MX)
.Blood and blood forming organs 100
.Repatriation Schedule 399
Atacand (AP) 123
Atacand Plus 16/12.5 (AP) 124
Atehexal (HX) 113
ATENOLOL 113
ATORVASTATIN CALCIUM 127
ATOVAQUONE 244
ATROPINE SULFATE
.Alimentary tract and metabolism 76
.Dental 281
.Doctor's Bag Supplies 65
.Sensory organs 259
Atropt (SI) 259
Atrovent (BY) 250, 251
Atrovent Adult (BY) 251
Atrovent Autohaler (BY) 251
Atrovent Nasal Aqueous (BY)
.Repatriation Schedule 417
Atrovent Nasal Forte (BY)
.Repatriation Schedule 417
Augmentin (GK)
.Antiinfectives for systemic use 161
.Dental 289
Augmentin Duo (GK)
.Antiinfectives for systemic use 160
.Dental 289
Augmentin Duo 400 (GK)
.Antiinfectives for systemic use 161
.Dental 290
Augmentin Duo forte (GK)
.Antiinfectives for systemic use 161
.Dental 289
AURANOFIN 205
Aurorix (RO) 236
Aurorix 300 mg (RO) 236
Auscap (SI) 234
Ausfam 20 (AW) 70
Ausfam 40 (AW) 71
Ausgem (SI) 128
Auspril (SI) 120
Ausran (SI) 72
Austrapen (CS)
.Antiinfectives for systemic use 158
.Dental 286
Avandia (GK) 94, 95
Avanza (BP) 237
Avapro (BQ) 124
Avapro HCT 150/12.5 (BQ) 125
Avapro HCT 300/12.5 (BQ) 125
Avelox (BN)
.Antiinfectives for systemic use 169
.Repatriation Schedule 411
Avonex (BD) 188
Axit 30 (AF) 237
Azahexal (HX) 200
Azamun (DP) 200
Azapin (AW) 200
AZATHIOPRINE 200
AZITHROMYCIN
.Antiinfectives for systemic use 166
.Repatriation Schedule 410
.Section 100 308
.Sensory organs 255
Azol 100 (AF) 146
Azol 200 (AF) 146
Azopt (AQ) 258

B

Baclo (DP) 206
BACLOFEN
.Musculo-skeletal system 206
.Section 100 308
Baclohexal (HX) 206
Bactigras 7457 (SN)
.Repatriation Schedule 428
Bactrim (RO)
.Antiinfectives for systemic use 166
.Dental 293

Bactrim DS (RO)
.Antiinfectives for systemic use....166
.Dental....293
Bactroban (GK)
.Repatriation Schedule....404
BANDAGE—ABSORBENT WOOL
.Repatriation Schedule....423
BANDAGE—CALICO
.Repatriation Schedule....423
BANDAGE—COMPRESSION
.Repatriation Schedule....423
BANDAGE—RETENTION—COHESIVE—HEAVY
.Repatriation Schedule....423
BANDAGE—RETENTION—COHESIVE—LIGHT
.Repatriation Schedule....423
BANDAGE—RETENTION—COTTON CREPE
.Repatriation Schedule....424
BANDAGE—TUBULAR
.Repatriation Schedule....424
BANDAGE—TUBULAR (FINGER)
.Repatriation Schedule....424
BANDAGE—TUBULAR (LIGHTWEIGHT)
.Repatriation Schedule....424
BANDAGE—TUBULAR (LONG STOCKING)
.Repatriation Schedule....424
BANDAGE—TUBULAR (SHORT STOCKING)
.Repatriation Schedule....424
BANDAGE—ZINC PASTE
.Repatriation Schedule....425
Barbloc 5 (AF)....113
Barbloc 15 (AF)....113
BCG IMMUNOTHERAPEUTIC (Bacillus Calmette-Guérin/ Connaught strain)....189
BCG-TICE (Bacillus Calmette-Guérin/ Tice strain)....189
BECLOMETHASONE DIPROPIONATE
.Repatriation Schedule....417
.Respiratory system....249
BENDROFLUAZIDE....110
BenPen (CS)
.Antiinfectives for systemic use....158
.Dental....287
.Doctor's Bag Supplies....65
BENZATHINE PENICILLIN
.Antiinfectives for systemic use....158
.Dental....287
Benzemul (MG)....245
BENZHEXOL HYDROCHLORIDE....224
Benztrop (PL)....224
BENZTROPINE MESYLATE
.Dental....304
.Doctor's Bag Supplies....65
.Nervous system....224
BENZYDAMINE HYDROCHLORIDE
.Alimentary tract and metabolism....69
.Dental....281
BENZYL BENZOATE....245
BENZYLPENICILLIN
.Antiinfectives for systemic use....158
.Dental....287
.Doctor's Bag Supplies....65
Betachek (NA)....264
Betachek MERIDIAN (NA)....265
Betadine (FH)
.Repatriation Schedule....428
Betadine Antiseptic Liquid (FH)
.Repatriation Schedule....405
Betaferon (SC)....189
Betagan (AG)....258
Betaloc (AP)....114
BETAMETHASONE ACETATE with BETAMETHASONE SODIUM PHOSPHATE
.Dental....283
.Systemic hormonal preparations, excl. sex hormones and insulins....149
BETAMETHASONE DIPROPIONATE....131
BETAMETHASONE VALERATE
.Dermatologicals....131
.Repatriation Schedule....404
Betamin (AV)
.Repatriation Schedule....398
Beta-Sol (FM)....95
BETAXOLOL HYDROCHLORIDE....258
BETHANECHOL CHLORIDE....242
Betnovate (SI)
.Repatriation Schedule....405
Betnovate 1/5 (SI)....131
Betnovate 1/2 (SI)
.Dermatologicals....131
.Repatriation Schedule....404, 405
Betoptic (AQ)....258
Betoptic S (AQ)....258
BetoQuin (IQ)....258
Bgramin (DP)
.Antiinfectives for systemic use....156, 157
.Dental....285, 286
Biatain Adhesive 3420 (CT)
.Repatriation Schedule....428
Biatain Adhesive 3423 (CT)
.Repatriation Schedule....428
Biatain Non-adhesive 3410 (CT)
.Repatriation Schedule....428
Biatain Non-adhesive 3413 (CT)
.Repatriation Schedule....428
Biaxsig (HP)....167
BICALUTAMIDE....185
Bicillin L-A Tubex (WY)
.Antiinfectives for systemic use....158
.Dental....287
Bicor (AL)....113
BIFONAZOLE
.Repatriation Schedule....401
BIMATOPROST....259
Biodone Forte (MW)
.Section 100....349
Bion Tears (AQ)....261
BIPERIDEN HYDROCHLORIDE....224
BISACODYL
.Alimentary tract and metabolism....79, 81
.Palliative Care....275, 277
Bisalax (AS)
.Alimentary tract and metabolism....79, 81
.Palliative Care....275, 277

GENERIC /PROPRIETARY INDEX

BISOPROLOL FUMARATE 113
Blenamax (ZH)
.Special Pharmaceutical Benefit 68
Blenoxane (BQ)
.Special Pharmaceutical Benefit 68
BLEOMYCIN SULFATE
.Special Pharmaceutical Benefit 68
Bleph 10 (AG) 255
Bonefos (AV) 209
Bonefos 800 mg (AV) 209
BOSENTAN MONOHYDRATE
.Section 100 309
Botox (AG)
.Section 100 345
BOTULINUM TOXIN TYPE A PURIFIED NEUROTOXIN COMPLEX
.Section 100 345
Brevinor (PH) 134
Brevinor-1 (PH) 134
Bricanyl (AP)
.Doctor's Bag Supplies 67
.Respiratory system 253
Bricanyl Respules (AP) 248
Bricanyl Turbuhaler (AP) 248
BRIMONIDINE TARTRATE 257
BRINZOLAMIDE 258
BROMAZEPAM
.Repatriation Schedule 415
BROMOCRIPTINE MESYLATE
.Genito urinary system and sex hormones 133
.Nervous system 225
Bromocriptine-BC (BG)
.Genito urinary system and sex hormones 133
.Nervous system 225
Bromohexal (HX)
.Genito urinary system and sex hormones 133
.Nervous system 225
Brufen (AB)
.Dental 297
.Musculo-skeletal system 203
Budamax Aqueous (PM)
.Repatriation Schedule 417
BUDESONIDE
.Repatriation Schedule 417
.Respiratory system 249, 250
BUDESONIDE with EFORMOTEROL FUMARATE DIHYDRATE 248
BUPRENORPHINE HYDROCHLORIDE
.Section 100 349
BUPROPION HYDROCHLORIDE 242
Buscopan (BY)
.Palliative Care 274
.Repatriation Schedule 397
Buspar (BQ)
.Repatriation Schedule 415
BUSPIRONE HYDROCHLORIDE
.Repatriation Schedule 415
BUSULFAN 177
BV 36121054 (BV)
.Repatriation Schedule 431

C

Cabaser (PU) 225
CABERGOLINE
.Genito urinary system and sex hormones 133
.Nervous system 225
Caelyx (SH)
.Antineoplastic and immunomodulating agents 181
.Section 100 322
Cafergot S (NV) 218
Calcihep (AV) 99
Calciparine (SW) 99
CALCIPOTRIOL 129
CALCITONIN 152
CALCITRIOL
.Alimentary tract and metabolism 95
.Musculo-skeletal system 210
CALCIUM
.Alimentary tract and metabolism 96
.Musculo-skeletal system 210
CALCIUM CARBONATE with GLYCINE
.Repatriation Schedule 396
CALCIUM FOLINATE 263
Calmurid (OL)
.Repatriation Schedule 403
Cal-Sup (MM)
.Alimentary tract and metabolism 96
.Musculo-skeletal system 210
Caltrate (WT)
.Alimentary tract and metabolism 96
.Musculo-skeletal system 210
Campral (AF) 243
Camptosar (PU) 183
CANDESARTAN CILEXETIL 123
CANDESARTAN CILEXETIL with HYDROCHLOROTHIAZIDE 124
Canesten (BN)
.Repatriation Schedule 401, 407
Canesten 1 (BN)
.Repatriation Schedule 407
Canesten 3 (BN)
.Repatriation Schedule 408
CAPECITABINE 178
Capoten (BQ) 119
Caprilon (SB) 267
Captohexal (HX) 119
CAPTOPRIL 119
Capurate-300 (FM) 207
Carafate (AS) 76
CARBACHOL 257
CARBAMAZEPINE
.Dental 304
.Nervous system 221
Carbamazepine-BC (BG)
.Dental 304
.Nervous system 221
Carbamazepine Sandoz (SZ)
.Dental 304
.Nervous system 221
CARBAMIDE PEROXIDE
.Repatriation Schedule 420
CARBIMAZOLE 151

CarboFLEX 403202 (CC)
.Repatriation Schedule 425
CarboFLEX 403204 (CC)
.Repatriation Schedule 425
CARBOHYDRATE, FAT, VITAMINS, MINERALS and TRACE ELEMENTS 271
Carbohydrate Free Mixture (SB) 271
CARBOMER 974 259
CARBOMER 980 260
CARBOPLATIN 182
Cardinorm (HX) 106
Cardiprin 100 (RC)
.Repatriation Schedule 399
Cardizem (AV) 118
Cardizem CD (AV) 118
Cardol (AF) 106
CARMELLOSE SODIUM
.Palliative Care 273
.Repatriation Schedule 396
.Sensory organs 260
CARMELLOSE SODIUM with PECTIN and GELATIN
.Repatriation Schedule 403
Cartia (GK)
.Repatriation Schedule 399
CARVEDILOL 115
Catapres (BY) 109
Catapres 100 (BY) 109
CATIONIC CONDITIONER with PANTHENOL
.Repatriation Schedule 406
Caverject Impulse (PH)
.Repatriation Schedule 409
Cavicare 4563 (SN)
.Repatriation Schedule 428
Ceclor (LY)
.Antiinfectives for systemic use 162
.Dental 291
Ceclor CD (LY)
.Antiinfectives for systemic use 162
.Dental 290
CEFACLOR
.Antiinfectives for systemic use 162
.Dental 290
Cefaclor CD Hexal (HX)
.Antiinfectives for systemic use 162
.Dental 290
Cefalexin-BC (BG)
.Antiinfectives for systemic use 164, 165
.Dental 292
Cefazolin-BC (BG) 165
Cefazolin Sandoz (SZ) 165
CEFEPIME 162
Cefkor CD (DP)
.Antiinfectives for systemic use 162
.Dental 290
CEFOTAXIME
.Antiinfectives for systemic use 163
.Dental 291
Cefotaxime-BC (BG)
.Antiinfectives for systemic use 163
.Dental 291
Cefotaxime Sandoz (SZ)
.Antiinfectives for systemic use 163
.Dental 291
CEFTRIAXONE 163
Ceftriaxone-BC (BG) 163, 164
Ceftriaxone Sandoz (SZ) 163, 164
CEFUROXIME AXETIL
.Antiinfectives for systemic use 164
.Dental 291
Celapram (AF) 234
Celebrex (PH) 204
CELECOXIB 204
Celestone Chronodose (SH)
.Dental 283
.Systemic hormonal preparations, excl. sex hormones and insulins 149
Celestone-M (SH) 131
Celestone-V Half Strength (SH) 131
CellCept (RO)
.Antineoplastic and immunomodulating agents 199
.Section 100 334
Cellufresh (AG) 260
Celluvisc (AG) 260
CEPHALEXIN
.Antiinfectives for systemic use 164
.Dental 292
CEPHALOTHIN
.Antiinfectives for systemic use 165
.Dental 293
CEPHAZOLIN 165
Cerumol (AC)
.Repatriation Schedule 420
CETIRIZINE HYDROCHLORIDE
.Repatriation Schedule 418
C-Flox 250 (AL) 168
C-Flox 500 (AL) 168
C-Flox 750 (AL) 168
Chem mart Aciclovir (CH) 173
Chem mart Allopurinol (CH) 207
Chem mart Alprazolam (CH) 229
Chem mart Amiodarone (CH) 106
Chem mart Amoxycillin (CH)
.Antiinfectives for systemic use 156, 157
.Dental 285, 286
Chem mart Amoxycillin and Clavulanic Acid (CH)
.Antiinfectives for systemic use 161
.Dental 289
Chem mart Atenolol (CH) 113
Chem mart Baclofen (CH) 206
Chem mart Captopril (CH) 119
Chem mart Cefaclor (CH)
.Antiinfectives for systemic use 162
.Dental 291
Chem mart Cefaclor CD (CH)
.Antiinfectives for systemic use 162
.Dental 290
Chem mart Cephalexin (CH)
.Antiinfectives for systemic use 164, 165
.Dental 292
Chem mart Citalopram (CH) 234
Chem mart Clomipramine (CH) 231, 233

GENERIC /PROPRIETARY INDEX

Chem mart Clotrimazole 3 Day Cream (CH)
.Repatriation Schedule 408
Chem mart Clotrimazole 6 Day Cream (CH)
.Repatriation Schedule 407
Chem mart Diazepam (CH)
.Dental 304, 305
.Nervous system 229, 230
Chem mart Diclofenac (CH)
.Dental 295, 296
.Musculo-skeletal system 201
Chem mart Diltiazem (CH) 118
Chem mart Diltiazem CD (CH) 118
Chem mart Doxycycline (CH)
.Antiinfectives for systemic use 153, 154, 155
.Dental 284
Chem mart Enalapril (CH) 120
Chem mart Famotidine (CH) 70, 71
Chem mart Fluoxetine (CH) 234
Chem mart Frusemide (CH) 111
Chem mart Gemfibrozil (CH) 128
Chem mart Gliclazide (CH) 88
Chem mart Indapamide (CH) 111
Chem mart Ipratropium (CH) 251
Chem mart Isosorbide Mononitrate (CH) 108
Chem mart Isotretinoin (CH) 132
Chem mart Lisinopril (CH) 121
Chem mart Metformin (CH) 87
Chem mart Metoprolol (CH) 114
Chem mart Moclobemide (CH) 236
Chem mart Nifedipine (CH) 116
Chem mart Norfloxacin (CH) 169
Chem mart Paroxetine (CH) 235
Chem mart Piroxicam (CH)
.Dental 297
.Musculo-skeletal system 203
Chem mart Piroxicam Dispersible (CH)
.Dental 297
.Musculo-skeletal system 202
Chem mart Prazosin (CH) 109, 110
Chem mart Ranitidine (CH) 72
Chem mart Salbutamol (CH)
.Doctor's Bag Supplies 66, 67
.Respiratory system 247
Chem mart Sotalol (CH) 106
Chem mart Tamoxifen (CH) 185
Chem mart Trimethoprim with Sulfamethoxazole DS (CH)
.Antiinfectives for systemic use 166
.Dental 293
CHLORAMBUCIL 177
CHLORAMPHENICOL
.Dental 305
.Sensory organs 255, 262
CHLORHEXIDINE GLUCONATE
.Repatriation Schedule 396
Chloromycetin (PF)
.Dental 305
.Sensory organs 255, 262
CHLORPROMAZINE HYDROCHLORIDE
.Doctor's Bag Supplies 65
.Nervous system 226
Chlorsig (SI)
.Dental 305
.Sensory organs 255
CHLORTHALIDONE 110
Chlorvescent (AS) 96
CHOLESTYRAMINE 128
Cialis (LY)
.Repatriation Schedule 409
Cicloral (HX)
.Antineoplastic and immunomodulating agents 193
.Section 100 319
CIDOFOVIR
.Section 100 318
Cilamox (SI)
.Antiinfectives for systemic use 156, 157
.Dental 285, 286
Cilex (DP)
.Antiinfectives for systemic use 164, 165
.Dental 292
Cilicaine (SI)
.Antiinfectives for systemic use 159
.Dental 287
.Doctor's Bag Supplies 65
Cilicaine V (FM)
.Antiinfectives for systemic use 159
.Dental 287
Cilicaine VK (FM)
.Antiinfectives for systemic use 158, 159
.Dental 287
Cilopen VK (DP)
.Antiinfectives for systemic use 158, 159
.Dental 287
CiloQuin (IQ) 256
Ciloxan (AQ) 256
Cimehexal (HX) 69, 70
CIMETIDINE
.Alimentary tract and metabolism 69, 70
.Repatriation Schedule 396
Cipramil (LU) 234
CIPROFLOXACIN
.Antiinfectives for systemic use 168
.Sensory organs 256
CIPROFLOXACIN HYDROCHLORIDE with HYDROCORTISONE
.Repatriation Schedule 419
Ciprofloxacin-BC (BG) 168
Ciprol 250 (AW) 168
Ciprol 500 (AW) 168
Ciprol 750 (AW) 168
Ciproxin 250 (BN) 168
Ciproxin 500 (BN) 168
Ciproxin 750 (BN) 168
Ciproxin HC (AQ)
.Repatriation Schedule 419
CISAPRIDE 77
CISPLATIN 182
CITALOPRAM HYDROBROMIDE 234
Citracal (KY)
.Alimentary tract and metabolism 96
.Musculo-skeletal system 210

Citralite (MM)
.Repatriation Schedule 409
Citravescent Sachets (MM)
.Repatriation Schedule 410
Citrihexal (HX)
.Alimentary tract and metabolism 95
.Musculo-skeletal system 210
CLADRIBINE 178
Clamohexal 125mg/31.25mg/5mL (HX)
.Antiinfectives for systemic use 161
.Dental 289
Clamohexal Duo 400mg/57mg/5mL (HX)
.Antiinfectives for systemic use 161
.Dental 290
Clamohexal Duo 500mg/125mg (HX)
.Antiinfectives for systemic use 160
.Dental 289
Clamohexal Duo Forte 875mg/125mg (HX)
.Antiinfectives for systemic use 161
.Dental 289
Clamoxyl (ME)
.Antiinfectives for systemic use 161
.Dental 289
Clamoxyl Duo (ME)
.Antiinfectives for systemic use 160
.Dental 289
Clamoxyl Duo 400 (ME)
.Antiinfectives for systemic use 161
.Dental 290
Clamoxyl Duo forte (ME)
.Antiinfectives for systemic use 161
.Dental 289
Claratyne (SH)
.Repatriation Schedule 418
CLARITHROMYCIN
.Antiinfectives for systemic use 166
.Section 100 318
Clavulin (AW)
.Antiinfectives for systemic use 161
.Dental 289
Clavulin Duo (AW)
.Antiinfectives for systemic use 160
.Dental 289
Clavulin Duo 400 (AW)
.Antiinfectives for systemic use 161
.Dental 290
Clavulin Duo Forte (AW)
.Antiinfectives for systemic use 161
.Dental 289
Clearsite Borderless 409240 (SS)
.Repatriation Schedule 431
Cleocin (KR)
.Antiinfectives for systemic use 167
.Dental 294
Clexane (AV) 99
Climara 25 (SC) 137
Climara 50 (SC) 137
Climara 75 (SC) 138
Climara 100 (SC) 138
Climen (SC) 141
Climen 28 (SC) 141
CLINDAMYCIN
.Antiinfectives for systemic use 167
.Dental 294
Clinistix (BN) 264
Clinitest (BN) 264
Clinoril 200 (FR)
.Dental 296
.Musculo-skeletal system 202
Clobemix (DP) 236
Clofeme (HX)
.Repatriation Schedule 407
Clofen 10 (AF) 206
Clofen 25 (AF) 206
Clomhexal (HX) 145
Clomid (AV) 145
CLOMIPHENE CITRATE 145
CLOMIPRAMINE HYDROCHLORIDE 231, 233
Clonac 25 (AW)
.Dental 295
.Musculo-skeletal system 201
Clonac 50 (AW)
.Dental 296
.Musculo-skeletal system 201
CLONAZEPAM
.Nervous system 220
.Palliative Care 279
Clonea (AF)
.Repatriation Schedule 401
CLONIDINE 109
CLOPIDOGREL HYDROGEN SULFATE
.Blood and blood forming organs 100
.Repatriation Schedule 399
Clopine 25 (MX)
.Section 100 318
Clopine 50 (MX)
.Section 100 318
Clopine 100 (MX)
.Section 100 318
Clopine 200 (MX)
.Section 100 318
Clopixol Depot (LU) 227
CLOSTRIDIUM BOTULINUM TYPE A TOXIN—HAEMAGGLUTININ COMPLEX
.Section 100 345
CLOTRIMAZOLE
.Repatriation Schedule 401, 407
CLOZAPINE
.Section 100 318
Clozapine Synthon (ZT)
.Section 100 318
Clozaril 25 (NV)
.Section 100 318
Clozaril 100 (NV)
.Section 100 318
Coban 1584 (MM)
.Repatriation Schedule 423
Codalgin (FM)
.Repatriation Schedule 414
Codalgin Forte (FM)
.Dental 299
.Nervous system 212

CODEINE PHOSPHATE
.Dental ... 299
.Nervous system ... 212
.Respiratory system ... 254
CODEINE PHOSPHATE with ASPIRIN
.Repatriation Schedule ... 414
CODEINE PHOSPHATE with PARACETAMOL
.Dental ... 299
.Nervous system ... 212
.Repatriation Schedule ... 414
Cogentin (MK)
.Dental ... 304
.Doctor's Bag Supplies ... 65
.Nervous system ... 224
COLCHICINE ... 207
Colese (AF)
.Repatriation Schedule ... 397
Colestid (PH) ... 128
COLESTIPOL HYDROCHLORIDE ... 128
Colgout (AS) ... 207
Colifoam (GC) ... 83
Colofac (SM)
.Repatriation Schedule ... 397
Coloxyl (FM)
.Alimentary tract and metabolism ... 80
.Palliative Care ... 276
Coloxyl 50 (FM)
.Repatriation Schedule ... 397
Coloxyl with Senna (FM)
.Repatriation Schedule ... 397
CombiDERM 651027 (CC)
.Repatriation Schedule ... 427
CombiDERM 651031 (CC)
.Repatriation Schedule ... 427
Combivent (BY)
.Repatriation Schedule ... 418
Combivir (GK)
.Section 100 ... 332
Comfeel Paste 4701 (CT)
.Repatriation Schedule ... 429
Comfeel Plus Pressure Relieving 3350 (CT)
.Repatriation Schedule ... 432
Comfeel Plus Pressure Relieving 3353 (CT)
.Repatriation Schedule ... 432
Comfeel PlusTransparent 3530 (CT)
.Repatriation Schedule ... 429
Comfeel PlusTransparent 3533 (CT)
.Repatriation Schedule ... 429
Comfeel PlusTransparent 3536 (CT)
.Repatriation Schedule ... 429
Comfeel Plus Ulcer Dressing 3110 (CT)
.Repatriation Schedule ... 430
Comfeel Powder 4706 (CT)
.Repatriation Schedule ... 429
Comfeel Purilon Gel 3900 (CT)
.Repatriation Schedule ... 430
Comfeel SeaSorb Dressing 3705 (CT)
.Repatriation Schedule ... 425
Comfeel SeaSorb Dressing 3710 (CT)
.Repatriation Schedule ... 426
Comfeel SeaSorb Filler 3740 (CT)
.Repatriation Schedule ... 425
Comprilan 1027 (BV)
.Repatriation Schedule ... 423
Comtan (NV) ... 226
Condyline Paint (HA)
.Repatriation Schedule ... 404
Copaxone (AV) ... 190
Coplus 3629 (BV)
.Repatriation Schedule ... 423
COPPER SULFATE ... 264
Coras (AF) ... 118
Corbeton 20 (AF) ... 113
Corbeton 40 (AF) ... 113
Cordarone X 100 (SW) ... 106
Cordarone X 200 (SW) ... 106
Cordilox 180 SR (KN) ... 117
Cordilox SR (KN) ... 117
Cortate (AS) ... 149
Cortef (DT)
.Dental ... 283
.Dermatologicals ... 130
Cortic-DS 1% (FM)
.Dental ... 283
.Dermatologicals ... 130
CORTISONE ACETATE ... 149
Cortival 1/5 (FM) ... 131
Cortival 1/2 (FM) ... 131
Cosopt (MK) ... 258
Cosudex (AP) ... 185
Cotazym-S Forte (OR) ... 85
COTTON WOOL ROLL
.Repatriation Schedule ... 425
Coumadin (BT) ... 98
Coversyl (SE) ... 121
Coversyl Plus 4/1.25 (SE) ... 123
Creon (SM) ... 84
Creon 5000 (SM) ... 84
Creon Forte (SM) ... 84
Crinone 8% (SG)
.Section 100 ... 348
Crixivan 100 mg (MK)
.Section 100 ... 327
Crixivan 200 mg (MK)
.Section 100 ... 327
Crixivan 400 mg (MK)
.Section 100 ... 327
Crysanal (MD)
.Dental ... 298
.Musculo-skeletal system ... 204
Curam 500/125 (SZ)
.Antiinfectives for systemic use ... 160
.Dental ... 289
Curam 875/125 (SZ)
.Antiinfectives for systemic use ... 161
.Dental ... 289
Curity 4112 (KE)
.Repatriation Schedule ... 428
Cutifilm Plus 76308 (SN)
.Repatriation Schedule ... 427

Cutifilm Plus 76309 (SN)
.Repatriation Schedule 427
Cutilin Non-Stick Wound Pad 76300 (SN)
.Repatriation Schedule 431
Cutilin Non-Stick Wound Pad 76301 (BE)
.Repatriation Schedule 431
Cutinova Hydro 47441 (SN)
.Repatriation Schedule 429
Cutinova Hydro 47443 (SN)
.Repatriation Schedule 429
Cycloblastin (PH) 177
CYCLOPHOSPHAMIDE 177
CYCLOSPORIN
.Antineoplastic and immunomodulating agents 193
.Section 100 319
Cyklokapron (PH) 102
Cymevene (RO)
.Section 100 327
CYPROHEPTADINE HYDROCHLORIDE 219
Cyprone (AF)
.Antineoplastic and immunomodulating agents 186
.Genito urinary system and sex hormones 146
Cyprostat (SY)
.Antineoplastic and immunomodulating agents 186
.Genito urinary system and sex hormones 146
Cyprostat-100 (SY)
.Antineoplastic and immunomodulating agents 186
.Genito urinary system and sex hormones 146
CYPROTERONE ACETATE
.Antineoplastic and immunomodulating agents 186
.Genito urinary system and sex hormones 146
Cysporin (MX)
.Antineoplastic and immunomodulating agents 193
.Section 100 319
Cytadren 250 (NV)
.Antineoplastic and immunomodulating agents 186
.Systemic hormonal preparations, excl. sex hormones and insulins 151
CYTARABINE 178
Cytotec (PH) 73

D

Daivonex (CS) 129
Daktarin (JC)
.Repatriation Schedule 401
Dalacin C (PH)
.Antiinfectives for systemic use 167
.Dental 294
DALTEPARIN SODIUM (Low Molecular Weight Heparin Sodium—porcine mucous) 98
DANAZOL 146
Dan Gard (FH)
.Repatriation Schedule 406
Danocrine (SW) 146
Dantrium (PU) 206
DANTROLENE SODIUM 206
Daonil (AV) 87
Dapa-Tabs (AF) 111
Daraprim (GK) 244
DARBEPOETIN ALFA
.Section 100 320
DBL Aspirin 100 mg (FA) 100
DBL Ceftriaxone (MX) 163, 164
DBL Doxycycline (FA)
.Antiinfectives for systemic use 153, 154, 155
.Dental 284
DBL Erythromycin (FA)
.Antiinfectives for systemic use 166, 167
.Dental 293
DBL Gabapentin (MX)
.Nervous system 222, 223
.Repatriation Schedule 414
DBL Ipratropium (MX) 251
Deca-Durabolin (OR) 97
DEFERIPRONE
.Section 100 320
DELAVIRDINE MESYLATE
.Section 100 320
Demazin Sinus (SH)
.Repatriation Schedule 417
DEMECLOCYCLINE HYDROCHLORIDE 147
Depo-Medrol (PH)
.Dental 284
.Systemic hormonal preparations, excl. sex hormones and insulins 150
Depo-Nisolone (KR)
.Dental 284
.Systemic hormonal preparations, excl. sex hormones and insulins 150
Depo-Provera (PH) 135, 139
Depo-Ralovera (KR) 135
Deptran 10 (AF) 233
Deptran 25 (AF) 233
Deptran 50 (AF) 233
Deralin 10 (AF) 113
Deralin 40 (AF) 113
Deralin 160 (AF) 113
Dermazole (EO)
.Repatriation Schedule 401
Dermestril 25 (MX) 137
Dermestril 50 (MX) 137
Dermestril 100 (MX) 138
Deseril (NV) 218
Desferal 500 mg (NV)
.Section 100 320
Desferal 2 g (NV)
.Section 100 320
DESFERRIOXAMINE MESYLATE
.Section 100 320
DESMOPRESSIN ACETATE 148
DEXAMETHASONE
.Sensory organs 256
.Systemic hormonal preparations, excl. sex hormones and insulins 149
DEXAMETHASONE with FRAMYCETIN SULFATE and GRAMICIDIN 262
DEXAMETHASONE SODIUM PHOSPHATE
.Doctor's Bag Supplies 65
.Systemic hormonal preparations, excl. sex hormones and insulins 149
DEXAMPHETAMINE SULFATE 237
Dexmethsone (AS) 149

DEXTROPROPOXYPHENE NAPSYLATE
.Repatriation Schedule ... 413
Diabex (AL) ... 87
Diabex 850 (AL) ... 87
Diabex 1000 (AL) ... 87
Diaformin (AF) ... 87
Diaformin 850 (AF) ... 87
Dialamine (SB) ... 271
Diamicron (SE) ... 88
Diamicron MR (SE) ... 87
Diamox (WY) ... 258
Diastix (BN) ... 264
DIAZEPAM
.Dental ... 304
.Doctor's Bag Supplies ... 65
.Nervous system ... 229
Diazepam-DP (DP)
.Dental ... 305
.Nervous system ... 230
Dibenyline (LM)
.Cardiovascular system ... 112
.Genito urinary system and sex hormones ... 147
DICHLOROBENZENE with CHLORBUTOL and TURPENTINE OIL
.Repatriation Schedule ... 420
Diclocil (BQ)
.Antiinfectives for systemic use ... 159
.Dental ... 287, 288
DICLOFENAC POTASSIUM
.Dental ... 295
.Musculo-skeletal system ... 201
DICLOFENAC SODIUM
.Dental ... 295
.Musculo-skeletal system ... 201
.Sensory organs ... 257
DICLOFENAC SODIUM with MISOPROSTOL
.Repatriation Schedule ... 412
Diclofenac-BC (BG)
.Dental ... 295
.Musculo-skeletal system ... 201
Diclohexal (HX)
.Dental ... 295, 296
.Musculo-skeletal system ... 201
DICLOXACILLIN
.Antiinfectives for systemic use ... 159
.Dental ... 287
Dicloxsig (SI)
.Antiinfectives for systemic use ... 159
.Dental ... 288
DICYCLOMINE HYDROCHLORIDE
.Repatriation Schedule ... 397
DIDANOSINE
.Section 100 ... 321
Didrocal (PU) ... 210
Didronel (PU) ... 208
Difflam (MM)
.Alimentary tract and metabolism ... 69
.Dental ... 281
Diflucan (PF) ... 172
DIFLUNISAL
.Dental ... 298
.Musculo-skeletal system ... 205
Digestelact (SJ) ... 268
DIGOXIN ... 105
Dihydergot (NV)
.Doctor's Bag Supplies ... 65
.Nervous system ... 218
DIHYDROERGOTAMINE MESYLATE
.Doctor's Bag Supplies ... 65
.Nervous system ... 218
Dilantin (PF) ... 220
Dilantin Infatabs (PF) ... 220
Dilantin Sodium (PF) ... 220
Dilatrend 3.125 (RO) ... 115
Dilatrend 6.25 (RO) ... 115
Dilatrend 12.5 (RO) ... 115
Dilatrend 25 (RO) ... 115
Dilaudid (AB)
.Dental ... 299
.Nervous system ... 212
Dilaudid-HP (AB)
.Dental ... 299
.Nervous system ... 212
Diltahexal (HX) ... 118
Diltahexal CD (HX) ... 118
DILTIAZEM HYDROCHLORIDE ... 118
Dilzem 60 mg (DP) ... 118
Dilzem CD (DP) ... 118
DIMETHICONE with GLYCEROL
.Repatriation Schedule ... 402
Dimetriose (AV) ... 147
Dimirel (ML) ... 88
Dinac (DP)
.Dental ... 295, 296
.Musculo-skeletal system ... 201
Dipentum (PH) ... 84
DIPHEMANIL METHYLSULFATE
.Repatriation Schedule ... 405
DIPHENOXYLATE HYDROCHLORIDE with ATROPINE SULFATE ... 82
DIPHTHERIA ANTITOXIN ... 175
DIPHTHERIA and TETANUS VACCINE, ADSORBED ... 176
DIPHTHERIA and TETANUS VACCINE, ADSORBED, DILUTED FOR ADULT USE
.Antiinfectives for systemic use ... 176
.Doctor's Bag Supplies ... 65
DIPIVEFRINE HYDROCHLORIDE ... 257
Diprosone (SH) ... 131
DIPYRIDAMOLE ... 100
DIPYRIDAMOLE with ASPIRIN ... 100
DISODIUM ETIDRONATE ... 208
DISODIUM ETIDRONATE and CALCIUM CARBONATE ... 210
DISODIUM PAMIDRONATE
.Musculo-skeletal system ... 208
.Section 100 ... 321
DISOPYRAMIDE ... 105

Distaph 250 (AF)
.Antiinfectives for systemic use 159
.Dental 288
Distaph 500 (AF)
.Antiinfectives for systemic use 159
.Dental 288
Dithiazide (PL) 110
Ditropan (AV) 147
DOCETAXEL 180
DOCUSATE SODIUM
.Repatriation Schedule 397, 420
DOCUSATE SODIUM with BISACODYL
.Alimentary tract and metabolism 80
.Palliative Care 276
DOCUSATE SODIUM with SENNA
.Repatriation Schedule 397
Dolaforte (CO)
.Dental 299
.Nervous system 212
DOLASETRON MESYLATE 77
Dolobid (MK)
.Dental 298
.Musculo-skeletal system 205
Doloxene (AS)
.Repatriation Schedule 413
DOMPERIDONE 77
DONEPEZIL HYDROCHLORIDE 237
DORNASE ALFA
.Section 100 321
Doryx (MX)
.Antiinfectives for systemic use 153, 154, 155
.Dental 284
DORZOLAMIDE HYDROCHLORIDE 258
DORZOLAMIDE HYDROCHLORIDE with TIMOLOL MALEATE 258
Dostinex (PH) 133, 134
Dothep 25 (AF) 233
Dothep 75 (AF) 233
DOTHIEPIN HYDROCHLORIDE 233
Douglas Cefaclor-CD (DG)
.Antiinfectives for systemic use 162
.Dental 290
Douglas Gabapentin 300mg (DP) 222
Douglas Gabapentin 400mg (DP) 223
DOXEPIN HYDROCHLORIDE 233
DOXORUBICIN HYDROCHLORIDE 180
DOXORUBICIN HYDROCHLORIDE, PEGYLATED LIPOSOMAL
.Antineoplastic and immunomodulating agents 181
.Section 100 322
Doxsig (SI)
.Antiinfectives for systemic use 153, 154, 155
.Dental 284
Doxy-50 (DP) 153
Doxy-100 (DP)
.Antiinfectives for systemic use 153, 154, 155
.Dental 284
DOXYCYCLINE
.Antiinfectives for systemic use 153
.Dental 284
Doxyhexal (HX)
.Antiinfectives for systemic use 153, 154, 155
.Dental 284
Doxylin 50 (AF) 153
Doxylin 100 (AF)
.Antiinfectives for systemic use 153, 154, 155
.Dental 284
D-Penamine (AL) 205
DRESSING—ACTIVATED CHARCOAL (MALODOROUS WOUND)
.Repatriation Schedule 425
DRESSING—ALGINATE (CAVITY WOUND)
.Repatriation Schedule 425
DRESSING—ALGINATE (SUPERFICIAL WOUND)
.Repatriation Schedule 425
DRESSING with CADEXOMER IODINE
.Repatriation Schedule 426
DRESSING—FILM
.Repatriation Schedule 426
DRESSING—FILM ISLAND
.Repatriation Schedule 426
DRESSING—FOAM with CHARCOAL (MALODOROUS WOUND)
.Repatriation Schedule 427
DRESSING—FOAM—HEAVY EXUDATE
.Repatriation Schedule 427
DRESSING—FOAM—LIGHT EXUDATE
.Repatriation Schedule 427
DRESSING—FOAM—MODERATE EXUDATE
.Repatriation Schedule 427
DRESSING—GAUZE (ABSORBENT PAD)
.Repatriation Schedule 428
DRESSING—GAUZE—EYE PAD
.Repatriation Schedule 428
DRESSING—GAUZE—PARAFFIN
.Repatriation Schedule 428
DRESSING—GAUZE—PARAFFIN with CHLORHEXIDINE ACETATE
.Repatriation Schedule 428
DRESSING—GAUZE—POVIDONE-IODINE PAD
.Repatriation Schedule 428
DRESSING—HYDROACTIVE (CAVITY WOUND)
.Repatriation Schedule 428
DRESSING—HYDROACTIVE (SUPERFICIAL WOUND—HIGH EXUDATE)
.Repatriation Schedule 428
DRESSING—HYDROACTIVE (SUPERFICIAL WOUND—LIGHT EXUDATE)
.Repatriation Schedule 429
DRESSING—HYDROACTIVE (SUPERFICIAL WOUND—MODERATE EXUDATE)
.Repatriation Schedule 429
DRESSING—HYDROCOLLOID (CAVITY WOUND)
.Repatriation Schedule 429
DRESSING—HYDROCOLLOID (SUPERFICIAL WOUND—LIGHT EXUDATE)
.Repatriation Schedule 429
DRESSING—HYDROCOLLOID (SUPERFICIAL WOUND—MODERATE EXUDATE)
.Repatriation Schedule 430

DRESSING—HYDROGEL—AMORPHOUS
.Repatriation Schedule ... 430
DRESSING—HYDROGEL—SHEET
.Repatriation Schedule ... 431
DRESSING—NON-ADHERENT
.Repatriation Schedule ... 431
Drixine (SH)
.Repatriation Schedule ... 416
DROTRECOGIN ALFA (ACTIVATED) ... 102
Ducene (SU)
.Dental ... 304, 305
.Nervous system ... 229, 230
Duocal (SB) ... 272
DuoDERM CGF H7660 (CC)
.Repatriation Schedule ... 430
DuoDERM CGF H7662 (CC)
.Repatriation Schedule ... 430
DuoDERM Extra Thin H7955 (CC)
.Repatriation Schedule ... 429
DuoDERM Gel H7987 (CC)
.Repatriation Schedule ... 430
DuoDERM Gel H7990 (CC)
.Repatriation Schedule ... 430
DuoDERM Paste H7930 (CC)
.Repatriation Schedule ... 429
Duphalac (SM) ... 80
Duphaston (SM) ... 139
Duratears (AQ) ... 261
Duride (AF) ... 108
Durogesic 25 (JC) ... 216
Durogesic 50 (JC) ... 216
Durogesic 75 (JC) ... 216
Durogesic 100 (JC) ... 216
Duro-K (SZ) ... 96
Durolax (BY)
.Alimentary tract and metabolism ... 79
.Palliative Care ... 275
Duro-Tuss (MM)
.Repatriation Schedule ... 418
DYDROGESTERONE ... 139
Dymadon Forte (GK)
.Dental ... 299
.Nervous system ... 212
Dymadon P (WR)
.Dental ... 303
.Nervous system ... 218
Dysport (IS)
.Section 100 ... 345

E

Ear Clear for Ear Wax Removal (KY)
.Repatriation Schedule ... 420
ECONAZOLE NITRATE
.Repatriation Schedule ... 401
Edecrin (MK)
.Section 100 ... 346
Edronax (PH) ... 237
E.E.S. 200 (AB)
.Antiinfectives for systemic use ... 167
.Dental ... 294
E.E.S. 400 Filmtab (AB)
.Antiinfectives for systemic use ... 167
.Dental ... 294
E.E.S. Granules (AB)
.Antiinfectives for systemic use ... 167
.Dental ... 294
EFAVIRENZ
.Section 100 ... 323
Efexor (WY) ... 237
Efexor-XR (WY) ... 237
EFORMOTEROL FUMARATE DIHYDRATE ... 246
Efudix (ID)
.Repatriation Schedule ... 411
Egocort Cream 1% (EO) ... 130
Egoderm Cream (EO)
.Repatriation Schedule ... 406
Egoderm Ointment (EO)
.Repatriation Schedule ... 406
Egopsoryl-TA (EO)
.Repatriation Schedule ... 404
Elastocrepe 36102320 (BV)
.Repatriation Schedule ... 424
Elastocrepe 36102420 (BV)
.Repatriation Schedule ... 424
Elastocrepe 36102520 (BV)
.Repatriation Schedule ... 424
Elastoplast 1004 (BV)
.Repatriation Schedule ... 432
Elastoplast 2225 (BE)
.Repatriation Schedule ... 424
Elastoplast 2226 (BE)
.Repatriation Schedule ... 424
Elastoplast 2227 (BE)
.Repatriation Schedule ... 424
Eldepryl (DP) ... 226
EleCare (AB) ... 265, 266
ELECTROLYTE REPLACEMENT (ORAL) ... 82
ELECTROLYTE REPLACEMENT SOLUTION ... 104
Eleuphrat (EX) ... 131
Eligard 1 month (MX) ... 184
Eligard 3 month (MX) ... 184
Eligard 4 month (MX) ... 185
Elocon (SH)
.Dermatologicals ... 131
.Repatriation Schedule ... 405
Eloflex 2480 (BV)
.Repatriation Schedule ... 423
Eloxatin (SW) ... 182
E-Mycin (AF)
.Antiinfectives for systemic use ... 167
.Dental ... 294
E-Mycin 200 (AF)
.Antiinfectives for systemic use ... 167
.Dental ... 294
E-Mycin 400 (AF)
.Antiinfectives for systemic use ... 167
.Dental ... 294
Enahexal (HX) ... 120
ENALAPRIL MALEATE ... 120
ENALAPRIL MALEATE with HYDROCHLOROTHIAZIDE ... 122

Enalapril-BC (BG) 120
Enalapril-DP 5mg (DP) 120
Enalapril-DP 10mg (DP) 120
Enalapril-DP 20mg (DP) 120
Enbrel (WY)
.Antineoplastic and immunomodulating agents 196,198
.Section 100 325
Endep 10 (AF) 233
Endep 25 (AF) 233
Endep 50 (AF) 233
Endone (BT)
.Dental 302
.Nervous system 215
Endoxan (BX) 177
Energivit (SB) 271
Enidin (PE) 257
ENOXAPARIN SODIUM 99
ENTACAPONE 226
Epaq (AW)
.Doctor's Bag Supplies 66
.Respiratory system 246
Epilim (SW) 222
Epilim EC (SW) 222
Epilim Liquid (SW) 222
Epilim Syrup (SW) 222
EpiPen (CS)
.Cardiovascular system 107
.Respiratory system 253
EpiPen Jr. (CS)
.Cardiovascular system 107
.Respiratory system 253
EPIRUBICIN HYDROCHLORIDE 181
EPOETIN ALFA
.Section 100 323
Eprex 1000 (JC)
.Section 100 323
Eprex 2000 (JC)
.Section 100 323
Eprex 3000 (JC)
.Section 100 323
Eprex 4000 (JC)
.Section 100 323
Eprex 5000 (JC)
.Section 100 323
Eprex 6000 (JC)
.Section 100 323
Eprex 8000 (JC)
.Section 100 323
Eprex 10000 (JC)
.Section 100 323
Eprex 20,000 (JC)
.Section 100 323
Eprex 40,000 (JC)
.Section 100 323
EPROSARTAN MESYLATE 123
EPROSARTAN MESYLATE with HYDROCHLOROTHIAZIDE 124
EPTIFIBATIDE ACETATE 100
Ergamisol 50 mg (JC) 183
ERGOTAMINE TARTRATE with CAFFEINE 218
Eryc (MX)
.Antiinfectives for systemic use 167
.Dental 293
Eryc LD (MX)
.Antiinfectives for systemic use 166
.Dental 293
Erythrocin-I.V. (AB)
.Antiinfectives for systemic use 167
.Dental 294
ERYTHROMYCIN
.Antiinfectives for systemic use 166
.Dental 293
ERYTHROMYCIN ETHYL SUCCINATE
.Antiinfectives for systemic use 167
.Dental 294
ERYTHROMYCIN LACTOBIONATE
.Antiinfectives for systemic use 167
.Dental 294
ESCITALOPRAM OXALATE 234
Eskazole (GK) 245
ESOMEPRAZOLE MAGNESIUM TRIHYDRATE 73
ESOMEPRAZOLE MAGNESIUM TRIHYDRATE and CLARITHROMYCIN and AMOXYCILLIN 76
ESSENTIAL AMINO ACIDS FORMULA with MINERALS and VITAMIN C 271
Estalis continuous 50/140 (NV) 140
Estalis continuous 50/250 (NV) 140
Estalis sequi 50/140 (NV) 141
Estalis sequi 50/250 (NV) 141
Estracombi (NV) 141
Estraderm 25 (NV) 137
Estraderm 50 (NV) 137
Estraderm 100 (NV) 138
Estraderm MX 25 (NV) 137
Estraderm MX 50 (NV) 137
Estraderm MX 100 (NV) 138
ETANERCEPT
.Antineoplastic and immunomodulating agents 194
.Section 100 323
ETHACRYNIC ACID
.Section 100 346
ETHOSUXIMIDE 220
ETONOGESTREL 135
Etopophos (BQ) 180
ETOPOSIDE 179
ETOPOSIDE PHOSPHATE 180
Eucerin (BE)
.Repatriation Schedule 402
Euhypnos (FM) 232
Eulexin (SH) 186
Eutroxsig (FM) 151
Evista (LY) 211
Exelon (NV) 242
EXEMESTANE 186

F

FAMCICLOVIR 174
Famohexal (HX) 70, 71
FAMOTIDINE 70
Famvir (NV) 174, 175
Fareston (SH) 185
Fasigyn (PF) 170

Faverin 50 (AW) ... 235
Faverin 100 (AW) ... 235
Febridol (DG)
.Dental ... 303
.Nervous system ... 218
Feldene (PF)
.Dental ... 297
.Musculo-skeletal system ... 203
Feldene-D (PF)
.Dental ... 296, 297
.Musculo-skeletal system ... 202
FELODIPINE ... 115
Felodur ER 2.5 mg (AL) ... 115
Felodur ER 5 mg (AL) ... 116
Felodur ER 10 mg (AL) ... 116
Femara 2.5 mg (NV) ... 187
Femoston 2/10 (SM) ... 140
Femtran 25 (MM) ... 137
Femtran 50 (MM) ... 137
Femtran 75 (MM) ... 138
Femtran 100 (MM) ... 138
Fenac (AF)
.Dental ... 296
.Musculo-skeletal system ... 201
Fenac 25 (AF)
.Dental ... 295
.Musculo-skeletal system ... 201
FENTANYL ... 216
Fergon (SW) ... 103
Ferriprox (OA)
.Section 100 ... 320
Ferrosig (SI) ... 103
FERROUS GLUCONATE ... 103
FERROUS SULFATE DRIED with FOLIC ACID ... 103
Ferrum H (BX) ... 103
FEXOFENADINE HYDROCHLORIDE
.Repatriation Schedule ... 418
F.G.F. (AB) ... 103
Fibsol 5 (AW) ... 121
Fibsol 10 (AW) ... 121
Fibsol 20 (AW) ... 121
FILGRASTIM
.Section 100 ... 326
FINASTERIDE
.Repatriation Schedule ... 410
Flagyl (AV)
.Antiinfectives for systemic use ... 170
.Dental ... 294
Flagyl S (AV)
.Antiinfectives for systemic use ... 170
.Dental ... 295
Flarex (AQ) ... 256
FLECAINIDE ACETATE ... 105
Flecatab (AF) ... 105
Fleet Laxative Suppositories (FL)
.Alimentary tract and metabolism ... 79
.Palliative Care ... 275
Flexidress 650941 (CC)
.Repatriation Schedule ... 425
Flixotide (GK) ... 250
Flixotide Accuhaler (GK) ... 250
Flixotide Junior (GK) ... 250
Flixotide Junior Accuhaler (GK) ... 250
Flomax (CS)
.Repatriation Schedule ... 410
Flopen (CS)
.Antiinfectives for systemic use ... 160
.Dental ... 288
Florinef (BQ) ... 149
Floxapen (GK)
.Antiinfectives for systemic use ... 160
.Dental ... 288
Floxsig (SI)
.Antiinfectives for systemic use ... 160
.Dental ... 288
Fluanxol Concentrated Depot (LU) ... 227
Fluanxol Depot (LU) ... 227
Fluarix (GK) ... 176
Flubiclox (DP)
.Antiinfectives for systemic use ... 160
.Dental ... 288
FLUCLOXACILLIN
.Antiinfectives for systemic use ... 160
.Dental ... 288
Flucon (AQ) ... 256
FLUCONAZOLE ... 172
FLUDROCORTISONE ACETATE ... 149
FLUNITRAZEPAM
.Repatriation Schedule ... 415
Fluohexal (HX) ... 234
FLUOROMETHOLONE ... 256
FLUOROMETHOLONE ACETATE ... 256
FLUOROURACIL
.Antineoplastic and immunomodulating agents ... 179
.Repatriation Schedule ... 411
FLUOXETINE HYDROCHLORIDE ... 234
Fluoxetine-BC (BG) ... 234
Fluoxetine-DP (DP) ... 234
FLUPENTHIXOL DECANOATE ... 227
FLUPHENAZINE DECANOATE ... 226
FLURBIPROFEN SODIUM ... 257
FLUTAMIDE ... 186
Flutamin (AF) ... 186
FLUTICASONE PROPIONATE ... 250
FLUTICASONE PROPIONATE with SALMETEROL XINAFOATE ... 248
FLUVASTATIN SODIUM ... 127
Fluvax (CS) ... 176
FLUVOXAMINE MALEATE ... 235
FML Liquifilm (AG) ... 256
FOLIC ACID ... 103
FOLLITROPIN ALFA
.Genito urinary system and sex hormones ... 142
.Section 100 ... 347
FOLLITROPIN BETA
.Genito urinary system and sex hormones ... 143
.Section 100 ... 347
FONDAPARINUX SODIUM
.Repatriation Schedule ... 399
Foradile (NV) ... 246

Fortovase (RO)
.Section 100 343
Fosamax 10 mg (MK) 208
Fosamax 40 mg (MK) 208
Fosamax Once Weekly (MK) 208
FOSCARNET SODIUM
.Section 100 327
Foscavir (AP)
.Section 100 327
FOSINOPRIL SODIUM 120
FOSINOPRIL SODIUM with HYDROCHLOROTHIAZIDE 123
Fragmin (PH) 98
FRAMYCETIN SULFATE 262
Frusehexal 40 mg (HX) 111
FRUSEMIDE
.Cardiovascular system 111
.Doctor's Bag Supplies 65
Frusemide-BC (BG) 111
Frusid (DP) 111
Fucidin (CS) 170
Fugerel (EX) 186
Fungilin (BQ)
.Alimentary tract and metabolism 69
.Dental 281
Fungizone (BQ) 171
FUSIDIC ACID 170
Fybogel (RC)
.Repatriation Schedule 398

G

GABAPENTIN
.Nervous system 222
.Repatriation Schedule 414
Gabitril (MX) 222
GALANTAMINE HYDROBROMIDE 239
GANCICLOVIR
.Section 100 327
GANCICLOVIR SODIUM
.Section 100 327
Gantin (AW) 222, 223
Gastrogel (FM) 69
Gastro-Stop Loperamide (AS) 82
GATIFLOXACIN
.Repatriation Schedule 411
GAUZE and COTTON TISSUE (COMBINE ROLL)
.Repatriation Schedule 431
Gaviscon P (RC) 76
GELATIN - SUCCINYLATED 103
Gelocast Elastic 1080 (BV)
.Repatriation Schedule 425
Gelofusine (BR) 103
GelTears (BU) 260
Gelusil (WW) 69
GEMCITABINE HYDROCHLORIDE 179
GEMFIBROZIL 128
Gemfibrozil-BC (BG) 128
Gemhexal (HX) 128
Gemzar (LY) 179
Genlac (AW) 80
Genoptic (AG) 255
Genoral 0.625 (KR) 139
Genoral 1.25 (KR) 139
Genotropin (PH)
.Section 100 346
Genotropin Mini Quick (PH)
.Section 100 347
Genox 10 (AF) 185
Genox 20 (AF) 185
GenRx Aciclovir (GX) 173, 174
GenRx Allopurinol (GX) 207
GenRx Alprazolam (GX) 229
GenRx Amiodarone (GX) 106
GenRx Amoxycillin (GX)
.Antiinfectives for systemic use 156, 157
.Dental 285, 286
GenRx Amoxycillin and Clavulanic Acid (GX)
.Antiinfectives for systemic use 161
.Dental 289
GenRx Atenolol (GX) 113
GenRx Azathioprine (GX) 200
GenRx Baclofen (GX) 206
GenRx Captopril (GX) 119
GenRx Cefaclor (GX)
.Antiinfectives for systemic use 162
.Dental 291
GenRx Cefaclor CD (GX)
.Antiinfectives for systemic use 162
.Dental 290
GenRx Cephalexin (GX)
.Antiinfectives for systemic use 164, 165
.Dental 292
GenRx Cimetidine (GX) 70
GenRx Ciprofloxacin (GX) 168
GenRx Citalopram (GX) 234
GenRx Clomiphene (GX) 145
GenRx Clomipramine (GX) 231, 233
GenRx Clotrimazole 3 Day Cream (GX)
.Repatriation Schedule 408
GenRx Clotrimazole 6 Day Cream (GX)
.Repatriation Schedule 407
GenRx Cyproterone Acetate (GX)
.Antineoplastic and immunomodulating agents 186
.Genito urinary system and sex hormones 146
GenRx Diazepam (GX)
.Dental 304, 305
.Nervous system 229, 230
GenRx Diclofenac (GX)
.Dental 295, 296
.Musculo-skeletal system 201
GenRx Diltiazem (GX) 118
GenRx Diltiazem CD (GX) 118
GenRx Doxycycline (GX)
.Antiinfectives for systemic use 153, 154, 155
.Dental 284
GenRx Enalapril (GX) 120
GenRx Famotidine (GX) 70, 71
GenRx Fluoxetine (GX) 234
GenRx Frusemide (GX) 111
GenRx Gabapentin (GX)
.Nervous system 222, 223
.Repatriation Schedule 414
GenRx Gemfibrozil (GX) 128

GenRx Gliclazide (GX) 88
GenRx Indapamide (GX) 111
GenRx Ipratropium (GX) 251
GenRx Isosorbide Mononitrate (GX) 108
GenRx Isotretinoin (GX) 132
GenRx Lactulose (GX) 80
GenRx Lisinopril (GX) 121
GenRx Metformin (GX) 87
GenRx Metoprolol (GX) 114
GenRx Moclobemide (GX) 236
GenRx Nifedipine (GX) 116
GenRx Norfloxacin (GX) 169
GenRx Paroxetine (GX) 235
GenRx Piroxicam (GX)
.Dental 297
.Musculo-skeletal system 203
GenRx Piroxicam Dispersible (GX)
.Dental 296, 297
.Musculo-skeletal system 202
GenRx Prazosin (GX) 109, 110
GenRx Ranitidine (GX) 72
GenRx Salbutamol (GX)
.Doctor's Bag Supplies 66, 67
.Respiratory system 247
GenRx Sotalol (GX) 106
GenRx Tamoxifen (GX) 185
GenRx Trimethoprim with Sulfamethoxazole DS (GX)
.Antiinfectives for systemic use 166
.Dental 293
GENTAMICIN SULFATE
.Antiinfectives for systemic use 167
.Dental 255
Genteal (NV) 260
Genteal gel (NV) 261
GESTRINONE 147
GLATIRAMER ACETATE 190
GLIBENCLAMIDE 87
GLICLAZIDE 87
Glimel (AF) 87
GLIMEPIRIDE 88
GLIPIZIDE 88
Glivec (NV)
.Section 100 ..... 354, 355, 357,358
GLOVES PLASTIC (DISPOSABLE)
.Repatriation Schedule 431
GlucaGen Hypokit (NO)
.Dental 284
.Doctor's Bag Supplies 65
.Systemic hormonal preparations, excl. sex hormones and insulins 152
GLUCAGON HYDROCHLORIDE
.Dental 284
.Doctor's Bag Supplies 65
.Systemic hormonal preparations, excl. sex hormones and insulins 152
Glucobay 50 (BN) 88
Glucobay 100 (BN) 88
Glucoflex-R (TC) 265
Glucohexal (HX) 87
GlucoMen Sensor (GD) 264
Glucomet 500 mg (DP) 87
Glucomet 850 mg (DP) 87
Glucophage (AW) 87
GLUCOSE
.Blood and blood forming organs 104
.Dental 282
GLUCOSE INDICATOR—BLOOD 264, 265
GLUCOSE INDICATOR—URINE 264
GLUCOSE and KETONE INDICATOR—URINE 264
Glucostix (BN) 265
Glyade (AF) 88
GLYCEROL
.Alimentary tract and metabolism 81
.Palliative Care 277
.Repatriation Schedule 398
GLYCERYL TRINITRATE
.Cardiovascular system 107
.Dental 283
.Doctor's Bag Supplies 65
Gonal-f (SG)
.Genito urinary system and sex hormones 142, 143
.Section 100 347
Gonal-f 75 (SG)
.Genito urinary system and sex hormones 142, 143
.Section 100 347
Gonal-f Pen (SG)
.Genito urinary system and sex hormones 142, 143
.Section 100 347
Gopten (AB) 122
GOSERELIN ACETATE 184
GRANISETRON HYDROCHLORIDE 78
Granocol (SC)
.Alimentary tract and metabolism 80
.Palliative Care 276
.Repatriation Schedule 398
Granocyte 13 (MX)
.Section 100 334
Granocyte 34 (MX)
.Section 100 334
GRISEOFULVIN 129
Griseostatin (SH) 129
Grisovin (SI) 129
Grisovin 500 (SI) 129

H

Haemaccel (AV) 103
Haldol decanoate (JC) 227
HALOPERIDOL
.Doctor's Bag Supplies 65
.Nervous system 227
HALOPERIDOL DECANOATE 227
Hamilton Bath Oil (HA)
.Repatriation Schedule 403
Hamilton Body Wash (HA)
.Repatriation Schedule 407
Hamilton Broad Spectrum Milky Lotion 15+ (HA)
.Repatriation Schedule 403
Hamilton Broad Spectrum Solastick 30+ (HA)
.Repatriation Schedule 403
Hamilton Pine Tar Solution (HA)
.Repatriation Schedule 404
Hamilton Sunscreen Broad Spectrum Cream 15+ (HA)
.Repatriation Schedule 403

Handy 4207 (BV)
.Repatriation Schedule 431
Handy 4208 (BV)
.Repatriation Schedule 431
Handy 4209 (BV)
.Repatriation Schedule 431
Handy 5608 (BV)
.Repatriation Schedule 423
Handy 5672 (BV)
.Repatriation Schedule 428
Handy 5674 (BV)
.Repatriation Schedule 428
Handygauze Cohesive 8631 (BV)
.Repatriation Schedule 423
Handygauze Cohesive 8633 (BV)
.Repatriation Schedule 423
Handygauze Cohesive 8635 (BV)
.Repatriation Schedule 423
HCU gel (VF) 269
healthsense Aciclovir (HS) 173
healthsense Allopurinol (HS) 207
healthsense Amiodarone (HS) 106
healthsense Amoxycillin (HS)
.Antiinfectives for systemic use 156, 157
.Dental 285, 286
healthsense Atenolol (HS) 113
healthsense Captopril (HS) 119
healthsense Cefaclor (HS)
.Antiinfectives for systemic use 162
.Dental 291
healthsense Cefaclor CD (HS)
.Antiinfectives for systemic use 162
.Dental 290
healthsense Cephalexin (HS)
.Antiinfectives for systemic use 164
.Dental 292
healthsense Clomipramine (HS) 231, 233
healthsense Clotrimazole 3 Day Cream (HS)
.Repatriation Schedule 408
healthsense Clotrimazole 6 Day Cream (HS)
.Repatriation Schedule 407
healthsense Diclofenac (HS)
.Dental 295, 296
.Musculo-skeletal system 201
healthsense Diltiazem (HS) 118
healthsense Diltiazem CD (HS) 118
healthsense Doxycycline (HS)
.Antiinfectives for systemic use 153, 154, 155
.Dental 284
healthsense Enalapril (HS) 120
healthsense Fluoxetine (HS) 234
healthsense Frusemide (HS) 111
healthsense Gliclazide (HS) 88
healthsense Indapamide (HS) 111
healthsense Ipratropium (HS) 251
healthsense Isosorbide Mononitrate (HS) 108
healthsense Lisinopril (HS) 121
healthsense Metformin (HS) 87
healthsense Metoprolol (HS) 114
healthsense Moclobemide (HS) 236
healthsense Nifedipine (HS) 116
healthsense Norfloxacin (HS) 169
healthsense Paroxetine (HS) 235
healthsense Piroxicam (HS)
.Dental 297
.Musculo-skeletal system 203
healthsense Piroxicam Dispersible (HS)
.Dental 297
.Musculo-skeletal system 202
healthsense Prazosin (HS) 109, 110
healthsense Ranitidine (HS) 72
healthsense Salbutamol (HS)
.Doctor's Bag Supplies 67
.Respiratory system 247
healthsense Sotalol (HS) 106
healthsense Trimethoprim with Sulfamethoxazole DS (HS)
.Antiinfectives for systemic use 166
.Dental 293
HEPARIN CALCIUM 99
HEPARIN SODIUM 99
Hexal Clofeme 3 Day Cream (HX)
.Repatriation Schedule 408
Hexal Clofeme 6 Day Cream (HX)
.Repatriation Schedule 407
Hexalen (MX) 183
HEXAMINE HIPPURATE 171
Hiprex (MM) 171
Hivid (RO)
.Section 100 344
Holoxan (BX) 177
HOMATROPINE HYDROBROMIDE 259
Humalog (LY) 85
Humalog Mix25 (LY) 86
HUMAN CHORIONIC GONADOTROPHIN
.Genito urinary system and sex hormones 144
.Section 100 348
Humatrope (LY)
.Section 100 346
Humira (AB) 191,192
Humulin 20/80 (LY) 86
Humulin 30/70 (LY) 86
Humulin 50/50 (LY) 86
Humulin L (LY) 86
Humulin NPH (LY) 85
Humulin R (LY) 85
Humulin UL (LY) 86
Hycamtin (GK) 183
Hycor (SI) 256
Hydopa (AF) 109
HYDRALAZINE HYDROCHLORIDE 110
Hydrea (BQ) 183
Hydrene 25/50 (AF) 112
HYDROCHLOROTHIAZIDE 110
HYDROCHLOROTHIAZIDE with AMILORIDE HYDROCHLORIDE 112
HYDROCHLOROTHIAZIDE with TRIAMTERENE 112
HYDROCORTISONE
.Sensory organs 256
.Systemic hormonal preparations, excl. sex hormones and insulins 150
HYDROCORTISONE 130

HYDROCORTISONE ACETATE
.Alimentary tract and metabolism ... 83
.Dental ... 283
.Dermatologicals ... 130
.Sensory organs ... 256
HYDROCORTISONE with CINCHOCAINE HYDROCHLORIDE
.Repatriation Schedule ... 400
HYDROCORTISONE SODIUM SUCCINATE
.Dental ... 283
.Doctor's Bag Supplies ... 65
.Systemic hormonal preparations, excl. sex hormones and insulins ... 150
HYDROLYZED COLLAGEN PROTEINS
.Repatriation Schedule ... 407
HYDROMORPHONE HYDROCHLORIDE
.Dental ... 299
.Nervous system ... 212
HYDROXOCOBALAMIN ... 103
HYDROXYCHLOROQUINE SULFATE ... 205
HYDROXYPROPYLCELLULOSE ... 260
HYDROXYUREA ... 183
Hygroton 25 (NV) ... 110
HYOSCINE BUTYLBROMIDE
.Palliative Care ... 274
.Repatriation Schedule ... 397
Hypafix 71443-0 (BV)
.Repatriation Schedule ... 432
Hypafix 71443-1 (BV)
.Repatriation Schedule ... 432
Hypnodorm (AF)
.Repatriation Schedule ... 415
HYPROMELLOSE ... 260
HYPROMELLOSE with CARBOMER 980 ... 261
HYPROMELLOSE with DEXTRAN ... 261
Hypurin Isophane (AS) ... 85
Hypurin Neutral (AS) ... 85
Hysone 4 (AF) ... 150
Hysone 20 (AF) ... 150
Hytrin (AB)
.Repatriation Schedule ... 410

I

Ibilex 125 (AF)
.Antiinfectives for systemic use ... 164
.Dental ... 292
Ibilex 250 (AF)
.Antiinfectives for systemic use ... 164, 165
.Dental ... 292
Ibilex 500 (AF)
.Antiinfectives for systemic use ... 164
.Dental ... 292
IBUPROFEN
.Dental ... 297
.Musculo-skeletal system ... 203
IDARUBICIN HYDROCHLORIDE ... 181
IFOSFAMIDE ... 177
Ikorel (AV) ... 109
IMATINIB MESYLATE
.Section 100 ... 350
Imdur 120 mg (AP) ... 109
Imdur Durule (AP) ... 108
Imigran (GK) ... 219
IMIPRAMINE HYDROCHLORIDE ... 233
ImmuCyst (AV) ... 189
Imodium (JC) ... 82
Imovane (AV)
.Repatriation Schedule ... 415
Implanon (OR) ... 135
Improvil 28 Day (KR) ... 135
Imtrate 60 mg (DP) ... 108
Imukin (BY)
.Section 100 ... 332
Imuran (GK) ... 200
In a Wink Moisturising (CV) ... 260
Indahexal (HX) ... 111
INDAPAMIDE HEMIHYDRATE ... 111
Inderal (AP) ... 113
INDINAVIR SULFATE
.Section 100 ... 327
Indocid (MK)
.Dental ... 296
.Musculo-skeletal system ... 201, 202
INDOMETHACIN
.Dental ... 296
.Musculo-skeletal system ... 201
INFLIXIMAB
.Repatriation Schedule ... 411
.Section 100 ... 328
INFLUENZA VACCINE ... 176
Influvac (SM) ... 176
INSECT ALLERGEN EXTRACT—HONEY BEE VENOM ... 263
INSECT ALLERGEN EXTRACT—PAPER WASP VENOM ... 263
INSECT ALLERGEN EXTRACT—YELLOW JACKET VENOM ... 263
Insensye (FR) ... 169
Insig (SI) ... 111
INSULIN ASPART ... 85
INSULIN ASPART—INSULIN ASPART PROTAMINE SUSPENSION ... 86
INSULIN ISOPHANE (N.P.H.) ... 85
INSULIN LISPRO ... 85
INSULIN LISPRO—INSULIN LISPRO PROTAMINE SUSPENSION ... 86
INSULIN NEUTRAL ... 85
INSULIN NEUTRAL—INSULIN ISOPHANE (N.P.H.), (MIXED) (Biphasic Isophane) ... 86
INSULIN ZINC SUSPENSION (Lente) ... 86
INSULIN ZINC SUSPENSION (CRYSTALLINE) (Ultralente) ... 86
Intal (AV) ... 252
Intal Forte CFC-Free (AV) ... 252
Intal Spincaps (AV) ... 252
Integrilin (SH) ... 100
INTERFERON ALFA-2a
.Antineoplastic and immunomodulating agents ... 187
.Section 100 ... 330
INTERFERON ALFA-2b
.Antineoplastic and immunomodulating agents ... 188
.Section 100 ... 331
INTERFERON BETA-1a ... 188

INTERFERON BETA-1b 189
INTERFERON GAMMA-1b
.Section 100 332
Intrasite Gel 7313 (SN)
.Repatriation Schedule 430
Intron A (SH)
.Section 100 ..... 331, 332
Intron A Redipen (SH)
.Antineoplastic and immunomodulating agents 188
.Section 100 ..... 331, 332
Invirase (RO)
.Section 100 343
Inza 250 (AF)
.Dental 298
.Musculo-skeletal system 203
Inza 500 (AF)
.Dental 298
.Musculo-skeletal system 204
Iodosorb 66051330 (SN)
.Repatriation Schedule 426
Iodosorb 66051340 (SN)
.Repatriation Schedule 426
Iodosorb 66051360 (SN)
.Repatriation Schedule 426
Iodosorb Ointment 66051230 (SN)
.Repatriation Schedule 426
Iodosorb Ointment 66051240 (SN)
.Repatriation Schedule 426
Iodosorb Powder 66051070 (SN)
.Repatriation Schedule 426
Ionil (GA)
.Repatriation Schedule 406
Ionil Rinse (GA)
.Repatriation Schedule 407
Ionil-T (GA)
.Repatriation Schedule 406
Iopidine 0.5% (AQ) 257
Ipratrin (AF) 251
Ipratrin Adult (AF) 251
IPRATROPIUM BROMIDE
.Repatriation Schedule 417
.Respiratory system 250
IPRATROPIUM BROMIDE with SALBUTAMOL SULFATE
.Repatriation Schedule 418
Ipravent (PU) 251
IRBESARTAN 124
IRBESARTAN with HYDROCHLOROTHIAZIDE 125
Ircal (PE) 261
IRINOTECAN HYDROCHLORIDE TRIHYDRATE 183
IRON POLYMALTOSE COMPLEX 103
Iscover (BQ)
.Blood and blood forming organs 100
.Repatriation Schedule 399
Isohexal (HX) 132
Isomonit (HX) 108
ISONIAZID 172
Isoptin (AB)
.Cardiovascular system 117
.Doctor's Bag Supplies 67
Isoptin 180 SR (AB) 117
Isoptin SR (AB) 117
Isopto Carbachol (AQ) 257
Isopto Carpine (AQ) 257
Isopto Homatropine (AQ) 259
Isopto Tears (AQ) 260
Isordil (SI) 108
Isordil Sublingual (SI) 108
ISOSORBIDE DINITRATE 108
ISOSORBIDE MONONITRATE 108
ISOTRETINOIN 132
ISPAGHULA HUSK
.Repatriation Schedule 398
ITRACONAZOLE 172
IVERMECTIN 245

J

Jelonet 7404 (SN)
.Repatriation Schedule 428
Jezil (AF) 128
JJ 02013 (JJ)
.Repatriation Schedule 425
JJ 12010 (JJ)
.Repatriation Schedule 431

K

Kaletra (AB)
.Section 100 334
Kalma 0.25 (AF) 229
Kalma 0.5 (AF) 229
Kalma 1 (AF) 229
Kalma 2 (AF) 229
Kaltostat 168117 (CC)
.Repatriation Schedule 425
Kaltostat 168210 (CC)
.Repatriation Schedule 425
Kaltostat 168212 (CC)
.Repatriation Schedule 426
Kaluril (AF) 112
Kapanol (GK)
.Dental 300, 301
.Nervous system 214
Karicare De-Lact (NU) 268
Karvea (SW) 124
Karvezide 150/12.5 (SW) 125
Karvezide 300/12.5 (SW) 125
Keflex (LY)
.Antiinfectives for systemic use 164, 165
.Dental 292
Keflin Neutral (LY)
.Antiinfectives for systemic use 165
.Dental 293
Keflor (AF)
.Antiinfectives for systemic use 162
.Dental 291
Keflor CD (AF)
.Antiinfectives for systemic use 162
.Dental 290
Kefzol (LY) 165
Kenacomb (BQ)
.Repatriation Schedule 405
Kenacomb Otic (BQ) 262

Kenacort-A10 (BQ)
.Dental ... 284
.Systemic hormonal preparations, excl. sex hormones and insulins ... 151
Keppra (UC) ... 223
KETOCONAZOLE
.Antiinfectives for systemic use ... 171
.Repatriation Schedule ... 401
Keto-Diabur-Test 5000 (RD) ... 264
Keto-Diastix (BN) ... 264
Ketonex-1 (AB) ... 271
Ketonex-2 (AB) ... 271
KETOPROFEN
.Dental ... 298
.Musculo-skeletal system ... 203
Kindergen (SB) ... 272
Kinidin Durule (AP) ... 105
Kinson (AF) ... 224
Klacid (AB)
.Antiinfectives for systemic use ... 166
.Section 100 ... 318
Klacid Hp 7 (AB) ... 76
Kliogest (NO) ... 139
Kliovance (NO) ... 139
Kosteo (AW)
.Alimentary tract and metabolism ... 95
.Musculo-skeletal system ... 210
Kredex (MD) ... 115
Kripton 2.5 (AF)
.Genito urinary system and sex hormones ... 133
.Nervous system ... 225
Kripton 5 (AF)
.Genito urinary system and sex hormones ... 133
.Nervous system ... 225
Kripton 10 (AF)
.Genito urinary system and sex hormones ... 133
.Nervous system ... 225
K-Sol (LN) ... 96
Kytril (MX) ... 78

L

LABETALOL HYDROCHLORIDE ... 115
Lac-Dol (DP) ... 80
Lacri-Lube (AG) ... 261
Lacrisert (SI) ... 260
LACTULOSE ... 80
Lamictal (GK) ... 223
Lamisil (NC)
.Repatriation Schedule ... 402
Lamisil (NV)
.Dermatologicals ... 129
.Repatriation Schedule ... 402
Lamisil DermGel (NC)
.Repatriation Schedule ... 402
LAMIVUDINE
.Section 100 ... 332
LAMIVUDINE with ZIDOVUDINE
.Section 100 ... 332
LAMOTRIGINE ... 223
Lanoxin (SI) ... 105
Lanoxin-PG (SI) ... 105
LANREOTIDE ACETATE
.Section 100 ... 333
LANSOPRAZOLE ... 73
Lanvis (GK) ... 178
Largactil (AV)
.Doctor's Bag Supplies ... 65
.Nervous system ... 226
Lasix (AV)
.Cardiovascular system ... 111, 112
.Doctor's Bag Supplies ... 65
Lasix-M (AV) ... 111
LATANOPROST ... 259
LATANOPROST with TIMOLOL MALEATE
.Repatriation Schedule ... 419
Ledermycin (WY) ... 147
Ledertrexate (WY) ... 178, 200
LEFLUNOMIDE ... 198
LENOGRASTIM
.Section 100 ... 333
LERCANIDIPINE HYDROCHLORIDE
.Cardiovascular system ... 116
.Repatriation Schedule ... 400
Lescol (NV) ... 127
LETROZOLE ... 187
Leucovorin Calcium (MX) ... 263
Leukeran (GK) ... 177
Leukoflex 1124 (BV)
.Repatriation Schedule ... 432
Leukoplast 1071 (BV)
.Repatriation Schedule ... 432
Leukoplast 1072 (BV)
.Repatriation Schedule ... 432
Leukoplast 1073 (BV)
.Repatriation Schedule ... 432
Leukopor 2471 (BV)
.Repatriation Schedule ... 432
Leukopor 2472 (BV)
.Repatriation Schedule ... 432
Leukopor 2474 (BV)
.Repatriation Schedule ... 432
Leukosilk 1021 (BV)
.Repatriation Schedule ... 432
Leukosilk 1022 (BV)
.Repatriation Schedule ... 432
Leukosilk 1024 (BV)
.Repatriation Schedule ... 432
LEUPRORELIN ACETATE ... 184
Leustatin (JC) ... 178
LEVAMISOLE HYDROCHLORIDE ... 183
LEVETIRACETAM ... 223
Levlen ED (SY) ... 134
LEVOBUNOLOL HYDROCHLORIDE ... 258
LEVOCABASTINE HYDROCHLORIDE
.Repatriation Schedule ... 417, 419
LEVODOPA with BENSERAZIDE ... 224
LEVODOPA with CARBIDOPA ... 224
LEVONORGESTREL ... 133, 135
LEVONORGESTREL with ETHINYLOESTRADIOL ... 134
Lexapro (LU) ... 234
Lexotan (RO)
.Repatriation Schedule ... 415

LIGNOCAINE HYDROCHLORIDE
.Cardiovascular system 105
.Dental..... 282
.Doctor's Bag Supplies 66
LIGNOCAINE HYDROCHLORIDE with CARBOXYMETHYLCELLULOSE
.Repatriation Schedule 403
Lincocin (PH)
.Antiinfectives for systemic use..... 167
.Dental..... 294
LINCOMYCIN
.Antiinfectives for systemic use..... 167
.Dental..... 294
Lioresal 10 (NV)..... 206
Lioresal 25 (NV)..... 206
Lioresal Intrathecal (NV)
.Section 100 308
LIOTHYRONINE SODIUM..... 151
Lipazil 600 mg (DP) 128
Lipex 5 (AD)..... 127
Lipex 10 (AD)..... 127
Lipex 20 (AD)..... 127
Lipex 40 (AD)..... 127
Lipex 80 (AD)..... 127
Lipitor (PF)..... 127
Liprace (DP) 121
Liquifilm Forte (AG)..... 261
Liquifilm Tears (AG)..... 261
LISINOPRIL..... 121
Lisinopril Hexal (HX) 121
Lisinopril-BC (BG)..... 121
Lisodur (AF)..... 121
Lithicarb (AS)..... 236
LITHIUM CARBONATE 236
Livostin (JC)
.Repatriation Schedule 417, 419
Locasol (NU)..... 269
Loceryl (GA)
.Repatriation Schedule 402
Locilan 28 Day (KR)..... 135
LODOXAMIDE TROMETAMOL 259
Lofenoxal (KR)..... 82
Logicin Rapid Relief (SI)
.Repatriation Schedule 416
Logicin Sinus (SI)
.Repatriation Schedule 417
Logynon ED (SY)..... 135
Lomide (AQ) 259
Lomotil (PH)..... 82
Loniten (PH) 110
LOPERAMIDE HYDROCHLORIDE 82
Lopid (PF)..... 128
LOPINAVIR with RITONAVIR
.Section 100 334
Lopresor 50 (NV) 114
Lopresor 100 (NV) 114
LORATADINE
.Repatriation Schedule 418
Losec Hp7 (AP) 76
Losec Tablets (AP) 74
Lovan (AL)..... 234
Lovan 20 Tab (AL)..... 234
Lovan Liquid (AL)..... 234
Lovir (DP) 173, 174
LPV (CS)
.Antiinfectives for systemic use..... 158, 159
.Dental..... 287
LUBRICATING AGENT
.Repatriation Schedule 431
Lucrin Depot (AB) 184
Lucrin Depot 3 Month Injection (AB)..... 184
Lucrin Depot 4 Month Injection (AB)..... 185
Lumigan (AG) 259
Lumin 10 (AF)..... 236
Lumin 20 (AF)..... 236
Luvox (SM) 235
Lycinate (FM)
.Cardiovascular system 107
.Dental..... 283
Lyclear (WR)..... 245
Lyofoam C 603025 (SS)
.Repatriation Schedule 427
Lyofoam Extra 603088 (SS)
.Repatriation Schedule 427
Lyofoam Extra 603090 (SS)
.Repatriation Schedule 428
Lyofoam Flat 603092 (SS)
.Repatriation Schedule 427
Lyofoam Flat 603093 (SS)
.Repatriation Schedule 427
Lyofoam Flat 603095 (SS)
.Repatriation Schedule 427

M

Mabthera (RO)..... 182
Macrodantin (PU)..... 171
MACROGOL 3350..... 80
Madopar (RO)..... 224
Madopar 62.5 (RO)..... 224
Madopar 125 (RO)..... 224
Madopar HBS (RO)..... 224
Madopar Rapid 62.5 (RO)..... 224
Madopar Rapid 125 (RO)..... 224
Magicul 200 (AF) 69
Magicul 400 (AF) 70
Magicul 800 (AF) 70
Magmin (BB)
.Repatriation Schedule 399
MAGNESIUM ASPARTATE
.Repatriation Schedule 399
Maosig (SI) 236
Marevan (BA)..... 98
Maxamox (SZ)
.Antiinfectives for systemic use..... 158
.Dental..... 286
Maxidex (AQ)..... 256
Maxipime (BQ)..... 162, 163
Maxolon (ID)
.Alimentary tract and metabolism..... 77
.Dental..... 281
.Doctor's Bag Supplies 66
MCT Oil (SB) 265

MEBENDAZOLE
.Repatriation Schedule 416
MEBEVERINE HYDROCHLORIDE
.Repatriation Schedule 397
Medipore 2961 (MM)
.Repatriation Schedule 432
Medroxyhexal (HX) 139
MEDROXYPROGESTERONE ACETATE
.Antineoplastic and immunomodulating agents 183
.Genito urinary system and sex hormones 135,139
MEFENAMIC ACID 204
Mefic (WW) 204
Mefix 310250 (SS)
.Repatriation Schedule 432
Megace (BQ) 184
Megafol 0.5 (AF) 103
Megafol 5 (AF) 103
MEGESTROL ACETATE 184
Melipramine (UW) 233
Melizide (AF) 88
Melolin 101720 (SN)
.Repatriation Schedule 431
Melolin 66974933 (SN)
.Repatriation Schedule 431
MELOXICAM 202
MELPHALAN 177
Menorest 37.5 (NV) 137
Menorest 50 (NV) 137
Menorest 75 (NV) 138
Menorest 100 (NV) 138
Merbentyl (SI)
.Repatriation Schedule 397
MERCAPTOPURINE 178
MESALAZINE 83
Mesasal (GK) 83
MESNA 263
Mestinon (ID) 242
Mestinon Timespan (ID) 242
Metabolic Mineral Mixture (SB) 272
Metalyse (BY) 102
Metamucil Regular (PY)
.Repatriation Schedule 398
Metamucil Smooth Texture Orange (PY)
.Repatriation Schedule 398
METFORMIN HYDROCHLORIDE 87
Metformin-BC (BG) 87
METHADONE HYDROCHLORIDE
.Nervous system 217
.Section 100 349
Methoblastin (PH) 178, 200
Methopt (SI) 260
Methopt Forte (SI) 260
METHOTREXATE 178, 200
METHYL SALICYLATE
.Repatriation Schedule 413
METHYLDOPA 109
METHYLPREDNISOLONE ACEPONATE 131
METHYLPREDNISOLONE ACETATE
.Dental 284
.Systemic hormonal preparations, excl. sex hormones and insulins 150
METHYLPREDNISOLONE SODIUM SUCCINATE 150
METHYSERGIDE 218
METOCLOPRAMIDE HYDROCHLORIDE
.Alimentary tract and metabolism 77
.Dental 281
.Doctor's Bag Supplies 66
Metohexal (HX) 114
Metolol (DP) 114
METOPROLOL SUCCINATE 114
METOPROLOL TARTRATE 114
Metoprolol-BC (BG) 114
Metrogyl 200 (AF)
.Antiinfectives for systemic use 170
.Dental 294
Metrogyl 400 (AF)
.Antiinfectives for systemic use 170
.Dental 294
Metrol 100 (AW) 114
Metrol 50 (AW) 114
METRONIDAZOLE
.Antiinfectives for systemic use 170
.Dental 294
.Repatriation Schedule 404
METRONIDAZOLE BENZOATE
.Antiinfectives for systemic use 170
.Dental 295
Metronide 200 (HP)
.Antiinfectives for systemic use 170
.Dental 294
Metronide 400 (HP)
.Antiinfectives for systemic use 170
.Dental 294
MEXILETINE HYDROCHLORIDE 105
Mexitil (BY) 105
Miacalcic 50 Kit (NV) 152
Miacalcic 100 Kit (NV) 152
MIANSERIN HYDROCHLORIDE 236
Micardis (BY) 124
Micardis Plus 40/12.5 mg (BY) 125
Micardis Plus 80/12.5 mg (BY) 125
MICONAZOLE
.Repatriation Schedule 401
MICONAZOLE NITRATE
.Repatriation Schedule 401, 408
Microgynon 30 (SC) 134
Microgynon 30 ED (SC) 134
Microgynon 50 ED (SC) 134
Microlax (PH)
.Alimentary tract and metabolism 81
.Palliative Care 277
.Repatriation Schedule 398
Microlut 28 (SC) 135
Micronor (JC) 135
Microval 28 (WY) 135
Midamor (MK) 112
MILK POWDER—LACTOSE FREE FORMULA 268
MILK POWDER—LACTOSE MODIFIED 268
MILK POWDER—SYNTHETIC 269
MILK PROTEIN and FAT FORMULA with VITAMINS and MINERALS—CARBOHYDRATE FREE 271
Minaphlex (SB) 270

Minax 50 (AF) 114
Minax 100 (AF) 114
MINERAL MIXTURE 272
Minidiab (PH) 88
Minipress (PF) 109, 110
Minirin (FP) 148
Minirin Nasal Spray (FP) 148
Minitran 5 (MM) 107
Minitran 10 (MM) 108
Minitran 15 (MM) 108
MINOCYCLINE 155
Minomycin (SI) 155
Minomycin-50 (SI) 155
MINOXIDIL 110
Mirena (SC) 133
MIRTAZAPINE 237
Mirtazon (AW) 237
MISOPROSTOL 73
MITOZANTRONE HYDROCHLORIDE 181
Mixtard 20/80 Penfill 3 mL (NO) 86
Mixtard 30/70 (NO) 86
Mixtard 30/70 InnoLet (NI) 86
Mixtard 30/70 Penfill 3 mL (NO) 86
Mixtard 50/50 (NO) 86
Mixtard 50/50 Penfill 3 mL (NO) 86
Mobic (BY) 202
Mobilis 10 (AF)
.Dental 297
.Musculo-skeletal system 203
Mobilis 20 (AF)
.Dental 297
.Musculo-skeletal system 203
Mobilis D-10 (AF)
.Dental 296
.Musculo-skeletal system 202
Mobilis D-20 (AF)
.Dental 297
.Musculo-skeletal system 202
MOCLOBEMIDE 236
Modecate (BQ) 226
Moduretic (MK) 112
Mogadon (ID)
.Dental 305
.Nervous system 221, 231
Mohexal (HX) 236
MOMETASONE FUROATE
.Dermatologicals 131
.Repatriation Schedule 405
Monistat 7 (JC)
.Repatriation Schedule 408
Monistat Derm (JC)
.Repatriation Schedule 401
Monodur 60 mg (PM) 108
Monodur 120 mg (PM) 109
Monofeme 28 (WX) 134
Monogen (SB) 267
Monoplus 10/12.5 (BQ) 123
Monoplus 20/12.5 (BQ) 123
Monopril (BQ) 120
Monotard (NO) 86
MONTELUKAST SODIUM 254
MORPHINE HYDROCHLORIDE
.Dental 299
.Nervous system 213
MORPHINE SULFATE
.Dental 300
.Doctor's Bag Supplies 66
.Nervous system 213
.Repatriation Schedule 413
MORPHINE TARTRATE 215
Motilium (JC) 77
Movicol (NE) 80
Movox 50 (AL) 235
Movox 100 (AF) 235
Moxacin (CS)
.Antiinfectives for systemic use 156, 157
.Dental 285, 286
Moxacin 250 (CS)
.Antiinfectives for systemic use 157
.Dental 286
MOXIFLOXACIN HYDROCHLORIDE
.Antiinfectives for systemic use 169
.Repatriation Schedule 411
MS Contin (MF)
.Dental 300
.Nervous system 214, 215
.Repatriation Schedule 413
MS Contin Suspension 20 mg (MF)
.Dental 301
.Nervous system 214
MS Contin Suspension 30 mg (MF)
.Dental 301
.Nervous system 214
MS Contin Suspension 60 mg (MF)
.Dental 301
.Nervous system 214
MS Contin Suspension 100 mg (MF)
.Dental 301
.Nervous system 215
MS Contin Suspension 200 mg (MF) 215
MS Mono (MF)
.Dental 301
.Nervous system 214
MSUD AID III (SB) 271
MSUD Analog (SB) 271
MSUD Express (VF) 271
MSUD-gel (VF) 271
MSUD Maxamaid (SB) 271
MSUD Maxamum (SB) 271
Mucomyst (BQ) 254
MUPIROCIN
.Repatriation Schedule 404
Murelax (FM)
.Dental 305
.Nervous system 230, 231
Muric 500/125 (SL)
.Antiinfectives for systemic use 160
.Dental 289
Muric 875/125 (SL)
.Antiinfectives for systemic use 161
.Dental 289

Mycobutin (PH)
.Section 100 343
MYCOPHENOLATE MOFETIL
.Antineoplastic and immunomodulating agents 199
.Section 100 334
MYCOPHENOLATE SODIUM
.Antineoplastic and immunomodulating agents 199
.Section 100 334
Mycospor (BN)
.Repatriation Schedule 401
Mycostatin (BQ)
.Alimentary tract and metabolism 69
.Dental 281
.Repatriation Schedule 401
Myfortic (NV)
.Antineoplastic and immunomodulating agents 199
.Section 100 334
Mylanta (WR) 69
Mylanta Double Strength (WR)
.Repatriation Schedule 396
Mylanta P (WR) 69
Myleran (GK) 177
Myocrisin (AV) 205
Mysoline (LM) 220

N

NAFARELIN ACETATE 149
NALOXONE HYDROCHLORIDE
.Dental 306
.Doctor's Bag Supplies 66
.Various 263
Naloxone Min-I-Jet (CS)
.Dental 306
.Doctor's Bag Supplies 66
.Various 263
NALTREXONE HYDROCHLORIDE 243
NANDROLONE DECANOATE 97
Napamide 2.5 mg (DP) 111
NAPHAZOLINE HYDROCHLORIDE
.Repatriation Schedule 419
NAPHAZOLINE HYDROCHLORIDE with PHENIRAMINE MALEATE
.Repatriation Schedule 419
Naphcon-A (AQ)
.Repatriation Schedule 419
Naphcon Forte (AQ)
.Repatriation Schedule 419
Naprosyn (RO)
.Dental 298
.Musculo-skeletal system 203, 204
Naprosyn SR750 (RO)
.Dental 298
.Musculo-skeletal system 204
Naprosyn SR1000 (RO)
.Dental 298
.Musculo-skeletal system 204
NAPROXEN
.Dental 298
.Musculo-skeletal system 203
NAPROXEN SODIUM
.Dental 298
.Musculo-skeletal system 204
Naramig (GK) 218
NARATRIPTAN HYDROCHLORIDE 218
Narcan Neonatal (BT) 263
Nardil (LM) 235
Natrilix (SE) 111
Natrilix SR (SE) 111
Navelbine (FB) 179
Navoban (NV) 78
Nebcin (AS) 167
NEDOCROMIL SODIUM 252
NELFINAVIR MESYLATE
.Section 100 335
Nemdyn (HA) 262
Neocate (SB) 265, 266
Neo-Cytamen (MX) 103
Neo-Mercazole (RO) 151
NEOMYCIN SULFATE 82
NEOMYCIN UNDECENOATE with BACITRACIN ZINC 262
Neoral (NV)
.Antineoplastic and immunomodulating agents 193
.Section 100 319
Neoral 10 (NV)
.Antineoplastic and immunomodulating agents 193
.Section 100 319
Neoral 25 (NV)
.Antineoplastic and immunomodulating agents 193
.Section 100 319
Neoral 50 (NV)
.Antineoplastic and immunomodulating agents 193
.Section 100 319
Neoral 100 (NV)
.Antineoplastic and immunomodulating agents 193
.Section 100 319
Neosporin (WR) 255
Neosulf (AF) 82
Neotigason (RO) 129
Neulactil (AV) 226
Neulasta (AN)
.Section 100 336
Neupogen (AN)
.Section 100 ..... 326, 327
Neurontin (PF)
.Nervous system 222, 223
.Repatriation Schedule 414
NEVIRAPINE
.Section 100 335
Nexcare Durable Cloth First Aid Tape 799 (MM)
.Repatriation Schedule 432
Nexcare Gentle Paper First Aid Tape 789 (MM)
.Repatriation Schedule 432
Nexcare Tegaderm Transparent H1624 (MM)
.Repatriation Schedule 426
Nexcare Tegaderm Transparent H1626 (MM)
.Repatriation Schedule 426
Nexium (AP) 73
Nexium Hp7 (AP) 76
Nicabate CQ 7 (GK)
.Repatriation Schedule 416
Nicabate CQ 14 (GK)
.Repatriation Schedule 416

Nicabate CQ 21 (GK)
.Repatriation Schedule 416
NICORANDIL 109
Nicorette Patch (PH)
.Repatriation Schedule 416
NICOTINE
.Repatriation Schedule 416
NICOTINIC ACID 128
Nidem (AW) 88
NIFEDIPINE
.Cardiovascular system 116
.Repatriation Schedule 400
Nifedipine-BC (BG) 116
Nifehexal (HX) 116
Nilstat (SI)
.Alimentary tract and metabolism 69, 82
.Dental 281, 282
.Repatriation Schedule 401, 407
NILUTAMIDE 186
NITRAZEPAM
.Dental 305
.Nervous system 221, 231
Nitro-Dur 5 (SH) 108
Nitro-Dur 10 (SH) 108
Nitro-Dur 15 (SH) 108
NITROFURANTOIN 171
Nitrolingual Pumpspray (AV)
.Cardiovascular system 107
.Doctor's Bag Supplies 65
NIZATIDINE
.Alimentary tract and metabolism 71
.Repatriation Schedule 397
Nizoral (JC)
.Antiinfectives for systemic use 171
.Repatriation Schedule 401
Nolvadex (AP) 185
Nolvadex-D (AP) 185
Nordette 28 (WY) 134
Norditropin SimpleXx (NO)
.Section 100 346
NORETHISTERONE 135, 139
NORETHISTERONE with ETHINYLOESTRADIOL 134, 135
NORETHISTERONE with MESTRANOL 134
Norflohexal (HX) 169
NORFLOXACIN 169
Noriday 28 Day (PH) 135
Norimin 28 Day (KR) 134
Norimin-1 28 Day (KR) 134
Norinyl-1 (PH) 134
Norinyl-1/28 (PH) 134
Normacol Plus (NE)
.Alimentary tract and metabolism 80
.Palliative Care 276
.Repatriation Schedule 398
Normison (SI)
.Dental 305
.Nervous system 232
Noroxin (MK) 169
NORTRIPTYLINE HYDROCHLORIDE 233
Norvasc (PF)
.Cardiovascular system 115
.Repatriation Schedule 400
Norvir (AB)
.Section 100 343
Noten (AF) 113
Novantrone (SI) 181
Novasone (EX)
.Dermatologicals 131
.Repatriation Schedule 405
NovoMix 30 FlexPen (NF) 86
NovoMix 30 Penfill 3 mL (NO) 86
NovoRapid (NO) 85
NovoRapid FlexPen (NF) 85
NovoRapid Penfill 3 mL (NO) 85
Nucolox (SI)
.Repatriation Schedule 398
Nuelin (MM) 253
Nuelin-SR 200 (MM) 253
Nuelin-SR 250 (MM) 253
Nuelin-SR 300 (MM) 253
Nufloxib (AF) 169
Nu-Gel 2497 (JJ)
.Repatriation Schedule 431
Nutraplus (GA)
.Repatriation Schedule 403
Nyefax 20 mg (DP) 116
Nypine 10 (AW) 116
Nypine 20 (AW) 116
NYSTATIN
.Alimentary tract and metabolism 69, 82
.Dental 281, 282
.Repatriation Schedule 401, 407

O

OCTREOTIDE
.Section 100 335
OCTREOTIDE ACETATE
.Section 100 336
Ocufen (AG) 257
Ocuflox (AG) 256
Odrik (AV) 122
OESTRADIOL
.Genito urinary system and sex hormones 136
.Repatriation Schedule 408
OESTRADIOL HEMIHYDRATE 138
OESTRADIOL with NORETHISTERONE ACETATE 139
OESTRADIOL and OESTRADIOL with DYDROGESTERONE 140
OESTRADIOL and OESTRADIOL with NORETHISTERONE ACETATE 140
OESTRADIOL VALERATE 138
OESTRADIOL VALERATE and OESTRADIOL VALERATE with CYPROTERONE ACETATE 141
OESTRIOL 138
OESTROGENS—CONJUGATED 139
OESTROGENS—CONJUGATED with MEDROXYPROGESTERONE ACETATE 140
OESTROGENS—CONJUGATED and OESTROGENS—CONJUGATED with MEDROXYPROGESTERONE ACETATE 142
OFLOXACIN 256

Ogen .625 (PH) 139
Ogen 1.25 (PH) 139
OLANZAPINE 227
OLSALAZINE SODIUM 84
OMEPRAZOLE 74
OMEPRAZOLE and CLARITHROMYCIN and AMOXYCILLIN 76
OMEPRAZOLE MAGNESIUM 74
OMEPRAZOLE MAGNESIUM and CLARITHROMYCIN and AMOXYCILLIN 76
Omnitest EZ (BR) 264
OncoTICE (OR) 189
Oncovin (AS) 179
ONDANSETRON 78
Onkotrone (BX) 181
Op-Site Flexigrid 4629 (SN)
.Repatriation Schedule 426
Opticrom (AV) 259
Optium glucose (MS) 264
Orabase (BQ)
.Repatriation Schedule 403
Oratane (DP) 132
Ordine 2 (MF)
.Dental 299
.Nervous system 213
Ordine 5 (MF)
.Dental 300
.Nervous system 213
Ordine 10 (MF)
.Dental 300
.Nervous system 213
Oroxine (SI) 151
O.R.S. (GR) 82
Orudis (AV)
.Dental 298
.Musculo-skeletal system 203
Orudis SR 200 (AV)
.Dental 298
.Musculo-skeletal system 203
Oruvail SR (HP)
.Dental 298
.Musculo-skeletal system 203
Ospolot (PL) 223
Otocomb Otic (BC) 262
Otodex (QM) 262
Ovestin (OR) 138
Ovestin Ovula (OR) 138
OXALIPLATIN 182
Oxandrin (CS) 96
OXANDROLONE 96
OXAZEPAM
.Dental 305
.Nervous system 230
OXCARBAZEPINE 221
Oxetine (HX) 235
Oxis Turbuhaler (AP) 246
OXPRENOLOL HYDROCHLORIDE 113
OXYBUTYNIN HYDROCHLORIDE 147
OXYCODONE
.Dental 301
.Nervous system 215
OXYCODONE HYDROCHLORIDE
.Dental 302
.Nervous system 215
OxyContin (MF)
.Dental 302
.Nervous system 216
OXYMETAZOLINE HYDROCHLORIDE
.Repatriation Schedule 416
OxyNorm (MF)
.Dental 302
.Nervous system 215
OxyNorm Liquid 5mg/5mL (MF)
.Dental 302
.Nervous system 215

P

PACLITAXEL 180
Pamacid 20 (AF) 70
Pamacid 40 (AF) 71
Pamisol (MX)
.Musculo-skeletal system 208
.Section 100 321
Panadeine Forte (SW)
.Dental 299
.Nervous system 212
Panadol (GC)
.Palliative Care 278
Panafcort (AS) 150
Panafcortelone (AS) 150
Panamax (SW)
.Dental 303
.Nervous system 218
Panamax 240 Elixir (SW)
.Dental 303
.Nervous system 218
Panamax Co. (SW)
.Repatriation Schedule 414
Pancrease (JC) 85
PANCREATIC EXTRACT 84
PANCRELIPASE 85
PANTOPRAZOLE SODIUM SESQUIHYDRATE 75
Panzytrat 25000 (TM) 85
PARACETAMOL
.Dental 303
.Nervous system 218
.Palliative Care 278
PARAFFIN 261
Parahexal (HX)
.Dental 303
.Nervous system 218
Paralgin (FM)
.Dental 303
.Nervous system 218
Pariet (JC) 75
Parlodel (NV)
.Genito urinary system and sex hormones 133
.Nervous system 225
Parmol (AW)
.Dental 303
.Nervous system 218
Parnate (LM) 235
PAROXETINE HYDROCHLORIDE 235

Paxam 0.5 (AF)
.Nervous system....220
.Palliative Care....279
Paxam 2 (AF)
.Nervous system....220
.Palliative Care....279
Paxtine (AF)....235
Peg 7420 (BK)
.Repatriation Schedule....423
Peg 7422 (BK)
.Repatriation Schedule....423
Peg 7423 (BK)
.Repatriation Schedule....423
Peg 7425 (BK)
.Repatriation Schedule....423
PEG-Intron (SH)
.Section 100....337
PEG-Intron Redipen (SH)
.Section 100....337
Pegasys RBV (RO)
.Section 100....339, 340
Pegatron (SH)
.Section 100....341, 342, 343
PEGFILGRASTIM
.Section 100....336
PEGINTERFERON ALFA-2b
.Section 100....337
Pendine 300 (AF)....222
Pendine 400 (AF)....223
Pendine 800 (AF)....223
Penhexal VK (HX)
.Antiinfectives for systemic use....158, 159
.Dental....287
PENICILLAMINE....205
Pepcidine (MK)....71
Pepcidine M (MK)....70
Pepti-Junior (NU)....267
Pepzan (DP)....70, 71
PERGOLIDE MESYLATE....225
PERHEXILINE MALEATE....109
Periactin (FR)....219
PERICYAZINE....226
PERINDOPRIL ERBUMINE....121
PERINDOPRIL ERBUMINE with INDAPAMIDE HEMIHYDRATE....123
Periogard (Chlorohex) Mouth Rinse (OM)
.Repatriation Schedule....396
Permax (AS)....225
PERMETHRIN....245
Persantin SR (BY)....100
PETHIDINE HYDROCHLORIDE
.Doctor's Bag Supplies....66
.Dental....302
.Nervous system....216
Petrus Bisacodyl Suppositories (PP)
.Alimentary tract and metabolism....79
.Palliative Care....275
Pexsig (SI)....109
Pharmorubicin Solution (PH)....181
PHENELZINE SULFATE....235
Phenergan (AV)
.Palliative Care....274, 275
.Repatriation Schedule....418
Phenex-1 (AB)....270
Phenex-2 (AB)....270
PHENOBARBITONE....220
PHENOBARBITONE SODIUM....220
PHENOXYBENZAMINE HYDROCHLORIDE
.Cardiovascular system....112
.Genito urinary system and sex hormones....147
PHENOXYMETHYLPENICILLIN
.Antiinfectives for systemic use....158,159
.Dental....287
PHENYTOIN....220
PHENYTOIN SODIUM....220
Phlexy-10 (SB)....269
Phlexy-10 Drink Mix (SB)....269
PHOLCODINE
.Repatriation Schedule....418
Phosphate Sandoz (NV)....264
Physeptone (GK)....217
PILOCARPINE HYDROCHLORIDE....257
Pilopt (PE)....257
PINDOLOL....113
PINE TAR with CADE OIL, COAL TAR SOLUTION, ARACHIS OIL EXTRACT OF CRUDE COAL TAR and OLEYL ALCOHOL
.Repatriation Schedule....406
PINE TAR with TRIETHANOLAMINE LAURYL SULFATE
.Repatriation Schedule....404
Pinetarsol (EO)
.Repatriation Schedule....404
PIOGLITAZONE HYDROCHLORIDE....89
PIPERAZINE OESTRONE SULFATE....139
Pirohexal-D (HX)
.Dental....296, 297
.Musculo-skeletal system....202
PIROXICAM
.Dental....296
.Musculo-skeletal system....202
PIZOTIFEN MALATE....219
PK AID II (SB)....269
PKU-Express (VF)....270
PKU-gel (VF)....270
Placil (AF)....231, 233
Plaqacide (OB)
.Repatriation Schedule....396
Plaquenil (SW)....205
Plasma-Lyte 148 (BX)....104
Plavix (SW)
.Blood and blood forming organs....100
.Repatriation Schedule....399
Plendil ER (AP)....115, 116
PNEUMOCOCCAL VACCINE, POLYVALENT....176
Pneumovax 23 (CS)....176
PODOPHYLLOTOXIN
.Repatriation Schedule....404
Poly Gel (AQ)....259
Poly Visc (IQ)....261

POLYETHYLENE GLYCOL 400 with PROPYLENE GLYCOL ... 261
POLYGELINE ... 103
POLYMYXIN B SULFATE with BACITRACIN and NEOMYCIN SULFATE ... 255
POLYMYXIN B SULFATE with NEOMYCIN SULFATE and GRAMICIDIN ... 255
Polytar (SX)
.Repatriation Schedule ... 406
Poly-Tears (IQ) ... 261
POLYVINYL ALCOHOL ... 261
POLYVINYL ALCOHOL with POVIDONE ... 261
Ponstan (PD) ... 204
Posalfilin (NE)
.Repatriation Schedule ... 406
POTASSIUM CHLORIDE ... 96
POVIDONE-IODINE
.Repatriation Schedule ... 405
Pramin (AF)
.Alimentary tract and metabolism ... 77
.Dental ... 281
Prantal (SH)
.Repatriation Schedule ... 405
Pravachol (BQ) ... 127
PRAVASTATIN SODIUM ... 127
Prazohexal (HX) ... 109, 110
PRAZOSIN HYDROCHLORIDE ... 109
Precision Plus (MS) ... 265
PredMix (LN) ... 150
Prednefrin Forte (AG) ... 256
PREDNISOLONE ... 150
PREDNISOLONE ACETATE with PHENYLEPHRINE HYDROCHLORIDE ... 256
PREDNISOLONE SODIUM PHOSPHATE
.Alimentary tract and metabolism ... 83
.Systemic hormonal preparations, excl. sex hormones and insulins ... 150
PREDNISONE ... 150
Predsol (SI) ... 83
Pregnyl (OR)
.Genito urinary system and sex hormones ... 144, 145
.Section 100 ... 348
Premarin (WY) ... 139
Premia 5 (WY) ... 142
Premia 10 (WY) ... 142
Premia 2.5 Continuous (WY) ... 140
Premia 5 Continuous (WY) ... 140
Premia Low (WY) ... 140
Prepulsid (JC) ... 77
Presolol 100 (AF) ... 115
Presolol 200 (AF) ... 115
Pressin 1 (AF) ... 109
Pressin 2 (AF) ... 110
Pressin 5 (AF) ... 110
PRESSURE REDUCING PRODUCTS
.Repatriation Schedule ... 432
PRIMIDONE ... 220
Primogyn Depot (SC) ... 138
Primolut N (SC) ... 139
Primoteston Depot (SC) ... 136
Prinivil 5 (AD) ... 121
Prinivil 10 (AD) ... 121
Prinivil 20 (AD) ... 121
Pritor (GK) ... 124
Pro-Banthine (SI) ... 147
PROBENECID ... 207
Probitor (SZ) ... 74
PROCAINAMIDE HYDROCHLORIDE ... 105
PROCAINE PENICILLIN
.Antiinfectives for systemic use ... 159
.Dental ... 287
.Doctor's Bag Supplies ... 65
PROCHLORPERAZINE
.Alimentary tract and metabolism ... 79
.Dental ... 281
.Doctor's Bag Supplies ... 66
Pro-Cid (PL) ... 207
Proctosedyl (AV)
.Repatriation Schedule ... 400
Procur (DP)
.Antineoplastic and immunomodulating agents ... 186
.Genito urinary system and sex hormones ... 146
Prodeine 15 (SW)
.Repatriation Schedule ... 414
Prodeine Forte (DK)
.Dental ... 299
.Nervous system ... 212
Profasi 2000 (SG)
.Genito urinary system and sex hormones ... 144, 145
.Section 100 ... 348
Profasi 5000 (SG)
.Genito urinary system and sex hormones ... 145
.Section 100 ... 348
Profloxin (HX) ... 168
Profore 66050016 (SN)
.Repatriation Schedule ... 423
Profore Lite 66050415 (SN)
.Repatriation Schedule ... 423
PROGESTERONE
.Section 100 ... 348
Progout 100 (AF) ... 207
Progout 300 (AF) ... 207
Prograf (JC)
.Antineoplastic and immunomodulating agents ... 200
.Section 100 ... 344
Progynova (SC) ... 138
Proladone (PL)
.Dental ... 301
.Nervous system ... 215
PROMETHAZINE HYDROCHLORIDE
.Dental ... 282
.Doctor's Bag Supplies ... 66
.Palliative Care ... 274
.Repatriation Schedule ... 418
.Respiratory system ... 254
Pronestyl (BQ) ... 105
PROPANTHELINE BROMIDE ... 147
Pro-Phree (AB) ... 271
Propine (AG) ... 257
PROPRANOLOL HYDROCHLORIDE ... 113
PROPYLTHIOURACIL ... 151
Proquin (DP) ... 168

Proscar (MK)
.Repatriation Schedule 410
Protaphane (NO) 85
Protaphane InnoLet (NI) 85
Protaphane NovoLet 3 mL (NL) 85
Protaphane Penfill 3 mL (NO) 85
PROTEIN HYDROLYSATE FORMULA with MEDIUM CHAIN TRIGLYCERIDES 266
Prothiaden (AB) 233
Provera (PH)
.Antineoplastic and immunomodulating agents 183
.Genito urinary system and sex hormones 139
Proxen SR 750 (MD)
.Dental 298
.Musculo-skeletal system 204
Proxen SR 1000 (MD)
.Dental 298
.Musculo-skeletal system 204
Prozac 20 (LY) 234
Prozac Tab (LY) 234
PSEUDOEPHEDRINE HYDROCHLORIDE
.Repatriation Schedule 417
PSEUDOEPHEDRINE SULFATE
.Repatriation Schedule 417
PSYLLIUM HYDROPHILIC MUCILLOID
.Repatriation Schedule 398
PSYLLIUM HYDROPHILIC MUCILLOID with HIGH AMYLOSE MAIZE STARCH
.Repatriation Schedule 398
Pulmicort Respules (AP) 250
Pulmicort Turbuhaler (AP) 249, 250
Pulmozyme (RO)
.Section 100 322
Puregon 50 IU/0.5 mL (OR)
.Genito urinary system and sex hormones 143, 144
.Section 100 347
Puregon 100 IU/0.5 mL (OR)
.Genito urinary system and sex hormones 143, 144
.Section 100 348
Puregon 150 IU/0.5 mL (OR)
.Genito urinary system and sex hormones 143, 144
.Section 100 348
Puregon 200 IU/0.5 mL (OR)
.Section 100 348
Puregon 300 IU/0.36 mL (OR)
.Genito urinary system and sex hormones 144
.Section 100 348
Puregon 600 IU/0.72 mL (OR)
.Genito urinary system and sex hormones 144
.Section 100 348
Purinethol (GK) 178
P.V. Carpine (AG) 257
PVA Forte (PE) 261
PVA Tears (PE) 261
Pyralin EN (KR) 84
PYRANTEL EMBONATE 245
PYRIDOSTIGMINE BROMIDE 242
PYRIDOXINE HYDROCHLORIDE 96
PYRIMETHAMINE 244

Q

Questran Lite (BQ) 128
QUETIAPINE FUMARATE 228
Quilonum SR (GK) 236
QUINAPRIL HYDROCHLORIDE 122
QUINAPRIL HYDROCHLORIDE with HYDROCHLOROTHIAZIDE 123
Quinate (AS)
.Antiparasitic products, insecticides and repellents 244
.Musculo-skeletal system 211
Quinbisul (AF)
.Antiparasitic products, insecticides and repellents 244
.Musculo-skeletal system 211
QUINIDINE BISULFATE 105
QUININE BISULFATE
.Antiparasitic products, insecticides and repellents 244
.Musculo-skeletal system 211
QUININE SULFATE
.Antiparasitic products, insecticides and repellents 244
.Musculo-skeletal system 211
Quinoctal (FM)
.Antiparasitic products, insecticides and repellents 244
.Musculo-skeletal system 211
Quinsul (AF)
.Antiparasitic products, insecticides and repellents 244
.Musculo-skeletal system 211
QV Bath Oil (EO)
.Repatriation Schedule 403
Qvar 50 (MM) 249
Qvar 50 Autohaler (MM) 249
Qvar 100 (MM) 249
Qvar 100 Autohaler (MM) 249

R

RABEPRAZOLE SODIUM 75
Rafen 200 (AF)
.Dental 297
.Musculo-skeletal system 203
Ralovera (KR) 139
RALOXIFENE HYDROCHLORIDE 211
RALTITREXED 178
Ramace 1.25 mg (ML) 122
Ramace 2.5 mg (ML) 122
Ramace 5 mg (ML) 122
RAMIPRIL
.Cardiovascular system 122
.Repatriation Schedule 401
Rani 2 (AF) 72
Ranihexal (HX) 72
RANITIDINE HYDROCHLORIDE
.Alimentary tract and metabolism 72
.Repatriation Schedule 397
Ranitidine-BC (BG) 72
Ranoxyl (DP) 72
Rapamune (WY)
.Antineoplastic and immunomodulating agents 200
.Section 100 343
Rapilysin 10 U (RO) 102
RCF (AB) 272

Rebetron Combination Therapy (SH)
.Section 100 ... 338, 339
Rebif 44 (SG) ... 189
REBOXETINE MESILATE ... 237
Redipred (AS) ... 150
Refresh Liquigel (AG) ... 260
Refresh Tears Plus (AG) ... 260
Remeron (OR) ... 237
Remicade (SH)
.Repatriation Schedule ... 412
.Section 100 ... 330
Reminyl (JC) ... 240
Renitec (MK) ... 120
Renitec 20 (MK) ... 120
Renitec M (MK) ... 120
Renitec Plus 20/6 (MK) ... 122
ReoPro (LY) ... 99
Repalyte New Formulation (AV) ... 82
Replicare Ultra 66000434 (SN)
.Repatriation Schedule ... 430
Replicare Ultra 66000435 (SN)
.Repatriation Schedule ... 430
Replicare Ultra 66000436 (SN)
.Repatriation Schedule ... 430
Replicare Ultra 66000437 (SN)
.Repatriation Schedule ... 430
Rescriptor (PF)
.Section 100 ... 320
Resonium-A (SW)
.Repatriation Schedule ... 420
Resprim (AF)
.Antiinfectives for systemic use ... 165, 166
.Dental ... 293
Resprim Forte (AF)
.Antiinfectives for systemic use ... 166
.Dental ... 293
Restore CalciCare 9937 (HO)
.Repatriation Schedule ... 426
Restore CalciCare 9938 (HO)
.Repatriation Schedule ... 425
Restore CalciCare 9940 (HO)
.Repatriation Schedule ... 425
Restore Extra Thin 9921 (HO)
.Repatriation Schedule ... 429
Restore Plus 9956 (HO)
.Repatriation Schedule ... 430
Restore Plus 9957 (HO)
.Repatriation Schedule ... 430
Restore Plus 9958 (HO)
.Repatriation Schedule ... 430
Restore Plus Sacral 9959 (HO)
.Repatriation Schedule ... 430
RETEPLASE (Recombinant plasminogen activator) 102
Retrovir (GK)
.Section 100 ... 345
ReVia (OA) ... 243
RIBAVIRIN and INTERFERON ALFA-2b
.Section 100 ... 338
RIBAVIRIN and PEGINTERFERON ALFA-2a
.Section 100 ... 339
RIBAVIRIN and PEGINTERFERON ALFA-2b
.Section 100 ... 340
RICINOLEIC ACID with ACETIC ACID and HYDROXYQUINOLINE SULFATE
.Repatriation Schedule ... 408
Ridaura (LM) ... 205
RIFABUTIN
.Section 100 ... 343
Rifadin (AV) ... 172
RIFAMPICIN ... 172
Rilutek (AV) ... 243
RILUZOLE ... 243
Rimycin 150 (AF) ... 172, 173
Rimycin 300 (AF) ... 172, 173
RISEDRONATE SODIUM
.Musculo-skeletal system ... 209
.Repatriation Schedule ... 413
Risperdal (JC) ... 228, 229
Risperdal Consta (JC)
.Repatriation Schedule ... 414
RISPERIDONE
.Nervous system ... 228
.Repatriation Schedule ... 414
RITONAVIR
.Section 100 ... 343
RITUXIMAB ... 182
RIVASTIGMINE HYDROGEN TARTRATE ... 240
Rivotril (RO)
.Nervous system ... 220
.Palliative Care ... 279
Roaccutane (RO) ... 132
Rocaltrol (RO)
.Alimentary tract and metabolism ... 95
.Musculo-skeletal system ... 210
Rocephin (RO) ... 163, 164
ROFECOXIB ... 205
Roferon-A (RO)
.Antineoplastic and immunomodulating agents ... 187, 188
.Section 100 ... 331
ROSIGLITAZONE MALEATE ... 93
Roxin (AW) ... 169
ROXITHROMYCIN ... 167
Rozex (GA)
.Repatriation Schedule ... 404
Rulide (AV) ... 167
Rulide D (AV) ... 167
Rynacrom (AV)
.Repatriation Schedule ... 417
Rythmodan (AV) ... 105

S

S-26 LF (WY) ... 268
Sabril (AV) ... 222
Saizen 8 mg click.easy (SG)
.Section 100 ... 346
Salazopyrin (PH) ... 84
Salazopyrin-EN (PH) ... 84
SALBUTAMOL SULFATE
.Doctor's Bag Supplies ... 66, 67
.Respiratory system ... 246, 253

SALICYLIC ACID with BENZALKONIUM CHLORIDE, ALCOHOL and POLYOXYETHYLENE ETHERS
.Repatriation Schedule 406
SALICYLIC ACID with BENZALKONIUM CHLORIDE, ALCOHOL, COAL TAR and POLYOXYETHYLENE ETHERS
.Repatriation Schedule 406
SALICYLIC ACID with COAL TAR SOLUTION, PINE TAR and UNDECYLENAMIDE
.Repatriation Schedule 406
SALICYLIC ACID with PODOPHYLLIN RESIN
.Repatriation Schedule 406
SALMETEROL XINAFOATE 247
Salofalk (OA) 83, 84
Sandimmun (NV)
.Section 100 319
Sandomigran 0.5 (NV) 219
Sandostatin 0.05 (NV)
.Section 100 335
Sandostatin 0.1 (NV)
.Section 100 335
Sandostatin 0.5 (NV)
.Section 100 335
Sandostatin LAR (NV)
.Section 100 336
Sandrena (OR) 137
SAQUINAVIR
.Section 100 343
SAQUINAVIR MESYLATE
.Section 100 343
Savacol Mouth and Throat Rinse (OM)
.Repatriation Schedule 396
SciTropin (SA)
.Section 100 346
SebiRinse Conditioner (EO)
.Repatriation Schedule 406
Sebitar (EO)
.Repatriation Schedule 406
Sebizole (DP)
.Repatriation Schedule 401
SELEGILINE HYDROCHLORIDE 226
SELENIUM SULFIDE
.Repatriation Schedule 406
Selgene (AF) 226
Selsun (AB)
.Repatriation Schedule 406
Senagar (SI)
.Repatriation Schedule 418
SENEGA and AMMONIA
.Repatriation Schedule 418
SENNA STANDARDISED
.Repatriation Schedule 398
Senokot (RC)
.Repatriation Schedule 398
Septrin (SI)
.Antiinfectives for systemic use 165, 166
.Dental 293
Septrin Forte (SI)
.Antiinfectives for systemic use 166
.Dental 293
Sequilar ED (SC) 134
Serenace (SI)
.Doctor's Bag Supplies 65
.Nervous system 227
Serepax (SI)
.Dental 305
.Nervous system 230, 231
Seretide Accuhaler 100/50 (GK) 249
Seretide Accuhaler 250/50 (GK) 249
Seretide Accuhaler 500/50 (GK) 249
Seretide MDI 50/25 (GK) 248
Seretide MDI 125/25 (GK) 248
Seretide MDI 250/25 (GK) 249
Serevent (GK) 247
Serevent Accuhaler (GK) 247
Serophene (SG) 145
Seroquel (AP) 228
SERTRALINE HYDROCHLORIDE 235
Setopress 3504 (SS)
.Repatriation Schedule 423
Setopress 3505 (SS)
.Repatriation Schedule 423
Sevredol (MF) 213
Sigma Liquid Antacid (SI) 69
Sigmacort (SI)
.Dental 283
.Dermatologicals 130
Sigmaxin (FM) 105
Sigmaxin-PG (FM) 105
SILDENAFIL CITRATE
.Repatriation Schedule 409
Silic 15 (EO)
.Repatriation Schedule 402
Silvazine (SN) 130
SILVER SULFADIAZINE with CHLORHEXIDINE GLUCONATE 130
Simplotan (GP) 170
SIMVASTATIN 127
Sinemet (MK) 224
Sinemet 100/25 (MK) 224
Sinemet CR (MK) 224
Sinequan (PF) 233
Singulair (MK) 254
SIROLIMUS
.Antineoplastic and immunomodulating agents 200
.Section 100 343
Sitriol (AF)
.Alimentary tract and metabolism 95
.Musculo-skeletal system 210
Skelid (MX) 209
SKIN CLEANSER
.Repatriation Schedule 407
SKIN EMOLLIENT
.Repatriation Schedule 403
Slow-K (NV) 96
Sodibic (AS)
.Repatriation Schedule 409
SODIUM ACID PHOSPHATE 264
SODIUM ALGINATE with CALCIUM CARBONATE and SODIUM BICARBONATE 76
SODIUM AUROTHIOMALATE 205

SODIUM BICARBONATE
.Repatriation Schedule ... 409
SODIUM CHLORIDE
.Blood and blood forming organs ... 104
.Dental ... 282, 306
.Repatriation Schedule ... 400
.Various ... 272
SODIUM CHLORIDE COMPOUND ... 104
SODIUM CHLORIDE with GLUCOSE
.Blood and blood forming organs ... 104
.Dental ... 282
SODIUM CITRO-TARTRATE
.Repatriation Schedule ... 409
SODIUM CLODRONATE TETRAHYDRATE ... 209
SODIUM CROMOGLYCATE
.Repatriation Schedule ... 417
.Respiratory system ... 252
.Sensory organs ... 259
SODIUM LACTATE COMPOUND ... 104
SODIUM NITROPRUSSIDE ... 110
SODIUM POLYSTYRENE SULFONATE
.Repatriation Schedule ... 420
SODIUM VALPROATE ... 222
Soffban 7224 (BV)
.Repatriation Schedule ... 423
Sofradex (AV) ... 262
Soframycin (AV) ... 262
SofTact (MS) ... 264
Solavert (AW) ... 106
Solian 100 (SW) ... 228
Solian 200 (SW) ... 228
Solian 400 (SW) ... 228
Solian Solution (SW) ... 228
Solone (FM) ... 150
SoloSite Gel 36361338 (SN)
.Repatriation Schedule ... 430
Solprin (RC)
.Blood and blood forming organs ... 100
.Dental ... 303
.Nervous system ... 218
Solu-Cortef (PH)
.Dental ... 283
.Doctor's Bag Supplies ... 65
.Systemic hormonal preparations, excl. sex hormones and insulins ... 150
Solugel 10336 (JJ)
.Repatriation Schedule ... 430
Solu-Medrol (PH) ... 150
Somac (PH) ... 75
SOMATROPIN (Recombinant human growth hormone)
.Section 100 ... 346
Somatuline Autogel (IS)
.Section 100 ... 333
Somatuline LA (IS)
.Section 100 ... 333
Sone (FM) ... 150
Sorbidin (AF) ... 108
SORBITOL with SODIUM CITRATE and SODIUM LAURYL SULFOACETATE
.Alimentary tract and metabolism ... 81
.Palliative Care ... 277
.Repatriation Schedule ... 398
Sorbsan 1410 (UM)
.Repatriation Schedule ... 426
Sorbsan 1411 (UM)
.Repatriation Schedule ... 425
Sotab (DP) ... 106
Sotacor (BQ) ... 106
Sotahexal (HX) ... 106
SOTALOL HYDROCHLORIDE ... 106
SOY PROTEIN and FAT FORMULA with VITAMINS and MINERALS—CARBOHYDRATE FREE ... 272
Span-K (AS) ... 96
SPECTINOMYCIN ... 171
Spenco Dermal Pad 10-553 (KC)
.Repatriation Schedule ... 432
Spenco Dermal Pad 10-561 (KC)
.Repatriation Schedule ... 432
Spiractin 25 (AF) ... 112
Spiractin 100 (AF) ... 112
Spiriva (BY) ... 252
SPIRONOLACTONE ... 112
Sporahexal (HX)
.Antiinfectives for systemic use ... 164
.Dental ... 292
Sporanox (JC) ... 172
Spren (SI)
.Blood and blood forming organs ... 100
.Dental ... 303
.Nervous system ... 218
Staphylex 250 (AF)
.Antiinfectives for systemic use ... 160
.Dental ... 288
Staphylex 500 (AF)
.Antiinfectives for systemic use ... 160
.Dental ... 288
STAVUDINE
.Section 100 ... 343
Stelax 10 (AW) ... 206
Stelax 25 (AW) ... 206
Stelazine (LM) ... 226
Stemetil (AV)
.Alimentary tract and metabolism ... 79
.Dental ... 281
.Doctor's Bag Supplies ... 66
Stemzine (HP)
.Alimentary tract and metabolism ... 79
.Dental ... 281
STERCULIA with FRANGULA BARK
.Alimentary tract and metabolism ... 80
.Palliative Care ... 276
.Repatriation Schedule ... 398
Steripaste 3610 (SS)
.Repatriation Schedule ... 425
Stocrin (MK)
.Section 100 ... 323
Stromectol (MK) ... 245

Subutex (RC)
.Section 100 349
SUCRALFATE 76
Sudafed Sinus & Nasal Decongestant (WR)
.Repatriation Schedule 417
SULFACETAMIDE SODIUM 255
SULFASALAZINE 84
SULINDAC
.Dental 296
.Musculo-skeletal system 202
SULTHIAME 223
SUMATRIPTAN 218
SUMATRIPTAN SUCCINATE 219
SUNSCREENS
.Repatriation Schedule 403
SunSense Cream SPF 30+ (EO)
.Repatriation Schedule 403
SunSense Ultra SPF 30+ (EO)
.Repatriation Schedule 403
Surepress 650947 (CC)
.Repatriation Schedule 423
Surepress 650948 (CC)
.Repatriation Schedule 423
Surgam (AV) 204
Surgical Lubricating Gel (BI)
.Repatriation Schedule 431
Sustanon 100 (OR) 136
Sustanon 250 (OR) 136
Suvalan 50 (AW) 219
Symbicort Turbuhaler 200/6 (AP) 248
Symmetrel 100 (NV) 225
Synacthen Depot1 mg/1 mL (NV) 148
Synarel (PH) 149
Synphasic (PH) 135
Systane (AQ) 261

T

TACROLIMUS
.Antineoplastic and immunomodulating agents 200
.Section 100 344
TADALAFIL
.Repatriation Schedule 409
Tagamet (GK) 69, 70
Tagamet 800 Express (GK)
.Alimentary tract and metabolism 70
.Repatriation Schedule 396
Talam (AW) 234
Talohexal (HX) 234
Tambocor (MM) 105
Tamosin (SI) 185
Tamoxen 10 mg (DP) 185
Tamoxen 20 mg (DP) 185
TAMOXIFEN CITRATE 185
Tamoxifen Hexal (HX) 185
TAMSULOSIN HYDROCHLORIDE
.Repatriation Schedule 410
TAPES—NON-WOVEN RETENTION (POLYACRYLATE)
.Repatriation Schedule 432
TAPES—PLASTER ADHESIVE ELASTIC
.Repatriation Schedule 432
TAPES—PLASTER ADHESIVE HYPOALLERGENIC
.Repatriation Schedule 432
Taxol (BQ) 180
Taxotere (AV) 180
Tazac (AS)
.Alimentary tract and metabolism 71
.Repatriation Schedule 397
Tears Naturale (AQ) 261
Tears Plus (AG) 261
Tegaderm Transparent 1628 (MM)
.Repatriation Schedule 426
Tegaderm Transparent Island 3582 (MM)
.Repatriation Schedule 426
Tegaderm Transparent Island 3586 (MM)
.Repatriation Schedule 427
Tegretol 100 (NV)
.Dental 304
.Nervous system 221
Tegretol 200 (NV)
.Dental 304
.Nervous system 221
Tegretol CR 200 (NV)
.Dental 304
.Nervous system 221
Tegretol CR 400 (NV)
.Dental 304
.Nervous system 221
Tegretol Liquid (NV)
.Dental 304
.Nervous system 221
Telfa 1970C (KE)
.Repatriation Schedule 431
Telfa 2140C (KE)
.Repatriation Schedule 431
Telfa 6020C (KE)
.Repatriation Schedule 431
Telfa 7650C (KE)
.Repatriation Schedule 431
Telfa 8252F (KE)
.Repatriation Schedule 424
Telfa 8253F (KE)
.Repatriation Schedule 424
Telfa 8254F (KE)
.Repatriation Schedule 424
Telfast (AV)
.Repatriation Schedule 418
Telfast 120 (AV)
.Repatriation Schedule 418
TELMISARTAN 124
TELMISARTAN with HYDROCHLOROTHIAZIDE 125
Temaze (AF)
.Dental 305
.Nervous system 232
TEMAZEPAM
.Dental 305
.Nervous system 232
Temodal (SH) 177, 178
TEMOZOLOMIDE 177
Temtabs (FM)
.Dental 305
.Nervous system 232

TENECTEPLASE 102
TENOFOVIR DISOPROXIL FUMARATE
.Section 100 344
Tenopt (SI) 258
Tenormin (AP) 113
Tensig (SI) 113
Tensogrip 36361259 (BV)
.Repatriation Schedule 424
Tensopress 66004347 (BV)
.Repatriation Schedule 423
Tensopress 66004348 (BV)
.Repatriation Schedule 423
Tequin (BQ)
.Repatriation Schedule 411
TERAZOSIN HYDROCHLORIDE
.Repatriation Schedule 410
TERBINAFINE
.Repatriation Schedule 402
TERBINAFINE HYDROCHLORIDE
.Dermatologicals 129
.Repatriation Schedule 402
TERBUTALINE SULFATE
.Doctor's Bag Supplies 67
.Respiratory system 248, 253
Teril (AF)
.Dental 304
.Nervous system 221
Terry White Chemists Aciclovir (TW) 173
Terry White Chemists Allopurinol (TW) 207
Terry White Chemists Alprazolam (TW) 229
Terry White Chemists Amiodarone (TW) 106
Terry White Chemists Amoxycillin (TW)
.Antiinfectives for systemic use 156, 157
.Dental 285, 286
Terry White Chemists Amoxycillin and Clavulanic Acid (TW)
.Antiinfectives for systemic use 161
.Dental 289
Terry White Chemists Atenolol (TW) 113
Terry White Chemists Baclofen (TW) 206
Terry White Chemists Captopril (TW) 119
Terry White Chemists Cefaclor (TW)
.Antiinfectives for systemic use 162
.Dental 291
Terry White Chemists Cefaclor CD (TW)
.Antiinfectives for systemic use 162
.Dental 290
Terry White Chemists Cephalexin (TW)
.Antiinfectives for systemic use 164, 165
.Dental 292
Terry White Chemists Citalopram (TW) 234
Terry White Chemists Clomipramine (TW) 231, 233
Terry White Chemists Clotrimazole 3 Day Cream (TW)
.Repatriation Schedule 408
Terry White Chemists Clotrimazole 6 Day Cream (TW)
.Repatriation Schedule 407
Terry White Chemists Diazepam (TW)
.Dental 304, 305
.Nervous system 229, 230
Terry White Chemists Diclofenac (TW)
.Dental 295, 296
.Musculo-skeletal system 201
Terry White Chemists Diltiazem (TW) 118
Terry White Chemists Diltiazem CD (TW) 118
Terry White Chemists Doxycycline (TW)
.Antiinfectives for systemic use 153, 154, 155
.Dental 284
Terry White Chemists Enalapril (TW) 120
Terry White Chemists Famotidine (TW) 70, 71
Terry White Chemists Fluoxetine (TW) 234
Terry White Chemists Frusemide (TW) 111
Terry White Chemists Gemfibrozil (TW) 128
Terry White Chemists Gliclazide (TW) 88
Terry White Chemists Indapamide (TW) 111
Terry White Chemists Ipratropium (TW) 251
Terry White Chemists Isosorbide Mononitrate (TW) 108
Terry White Chemists Isotretinoin (TW) 132
Terry White Chemists Lisinopril (TW) 121
Terry White Chemists Metformin (TW) 87
Terry White Chemists Metoprolol (TW) 114
Terry White Chemists Moclobemide (TW) 236
Terry White Chemists Nifedipine (TW) 116
Terry White Chemists Norfloxacin (TW) 169
Terry White Chemists Paroxetine (TW) 235
Terry White Chemists Piroxicam (TW)
.Dental 297
.Musculo-skeletal system 203
Terry White Chemists Piroxicam Dispersible (TW)
.Dental 297
.Musculo-skeletal system 202
Terry White Chemists Prazosin (TW) 109, 110
Terry White Chemists Ranitidine (TW) 72
Terry White Chemists Salbutamol (TW)
.Doctor's Bag Supplies 66, 67
.Respiratory system 247
Terry White Chemists Sotalol (TW) 106
Terry White Chemists Tamoxifen (TW) 185
Terry White Chemists Trimethoprim with Sulfamethoxazole DS (TW)
.Antiinfectives for systemic use 166
.Dental 293
Tertroxin (BT) 151
TESTOSTERONE 135
TESTOSTERONE ENANTHATE 136
TESTOSTERONE ESTERS 136
TESTOSTERONE UNDECANOATE 136
TETANUS VACCINE, ADSORBED
.Antiinfectives for systemic use 176
.Dental 295
.Doctor's Bag Supplies 67
TETRABENAZINE 228
TETRACOSACTRIN 148
TETRACYCLINE HYDROCHLORIDE
.Antiinfectives for systemic use 156
.Dental 285
TETRACYCLINE HYDROCHLORIDE (BUFFERED)
.Antiinfectives for systemic use 156
.Dental 285

Tetrex (BC)
.Antiinfectives for systemic use....156
.Dental....285
Teveten (SM)....123
Teveten Plus600/12.5 (SM)....124
THEOPHYLLINE....253
THIAMINE HYDROCHLORIDE
.Alimentary tract and metabolism....95
.Repatriation Schedule....398
THIOGUANINE....178
Thioprine (AF)....200
THIORIDAZINE HYDROCHLORIDE....227
THIOTEPA....177
3TC (GK)
.Section 100....332
THYROXINE SODIUM....151
TIAGABINE HYDROCHLORIDE....222
TIAPROFENIC ACID....204
TICARCILLIN with CLAVULANIC ACID
.Antiinfectives for systemic use....161
.Dental....290
Ticlid (RO)....101
Ticlopidine Hexal (HX)....101
TICLOPIDINE HYDROCHLORIDE....101
Tielle MT2440 (JJ)
.Repatriation Schedule....428
Tielle MT2442 (JJ)
.Repatriation Schedule....428
Tilade CFC-Free (AV)....252
Tilodene (AF)....101
TILUDRONATE DISODIUM....209
Timentin (GK)
.Antiinfectives for systemic use....161
.Dental....290
TIMOLOL MALEATE....258
TIMOLOL MALEATE with PILOCARPINE HYDROCHLORIDE....258
Timoptol (FR)....258
Timoptol XE (MK)....258
Timpilo 2 (MK)....258
Timpilo 4 (MK)....258
Tinaderm (SH)
.Repatriation Schedule....402
TINIDAZOLE....170
TIOTROPIUM BROMIDE MONOHYDRATE....252
TIROFIBAN HYDROCHLORIDE....101
Titralac (MM)
.Repatriation Schedule....396
TOBRAMYCIN....255
TOBRAMYCIN SULFATE....167
Tobrex (AQ)....255
Tofranil 10 (NV)....233
Tofranil 25 (NV)....233
TOLNAFTATE
.Repatriation Schedule....402
Tolvon (OR)....236
Tomudex (AP)....178
Topace (FM)....119
Topamax (JC)....223
Topamax Sprinkle (JC)....223, 224
TOPIRAMATE....223
TOPOTECAN HYDROCHLORIDE....183
Toprol-XL 23.75 (AP)....114
Toprol-XL 47.5 (AP)....114
Toprol-XL 95 (AP)....114
Toprol-XL 190 (AP)....114
TOREMIFENE CITRATE....185
Tracleer (AT)
.Section 100....318
TRAMADOL HYDROCHLORIDE
.Doctor's Bag Supplies....66
.Dental....303
.Nervous system....217
Tramal (CS)
.Dental....303
.Nervous system....217
Tramal 100 (CS)
.Dental....303
.Doctor's Bag Supplies....66
.Nervous system....217
Tramal SR 100 (CS)
.Dental....303
.Nervous system....217
Tramal SR 150 (CS)
.Dental....303
.Nervous system....217
Tramal SR 200 (CS)
.Dental....303
.Nervous system....217
Trandate (SI)....115
TRANDOLAPRIL....122
TRANEXAMIC ACID....102
Transiderm-Nitro 25 (NV)....108
Transiderm-Nitro 50 (NV)....108
TRANYLCYPROMINE SULFATE....235
Travatan (AQ)....259
TRAVOPROST....259
TRIAMCINOLONE ACETONIDE
.Dental....284
.Dermatologicals....130
.Systemic hormonal preparations, excl. sex hormones and insulins....151
TRIAMCINOLONE ACETONIDE with NEOMYCIN SULFATE, GRAMICIDIN and NYSTATIN
.Repatriation Schedule....405
.Sensory organs....262
Tricortone (FM)....130
Trifeme 28 (WX)....135
TRIFLUOPERAZINE HYDROCHLORIDE....226
TRIGLYCERIDES, MEDIUM CHAIN....265
TRIGLYCERIDES—MEDIUM CHAIN, FORMULA....267
TRIGLYCERIDES, MEDIUM CHAIN and LONG CHAIN with GLUCOSE POLYMER....272
Trileptal (NV)....221
TRIMETHOPRIM....165
TRIMETHOPRIM with SULFAMETHOXAZOLE
.Antiinfectives for systemic use....165
.Dental....293
Trimoxazole-BC 800/160 (BG)
.Antiinfectives for systemic use....166
.Dental....293
Triphasil 28 (WY)....135

Triprim (SI) 165
Triquilar (SC) 135
Triquilar ED (SC) 135
Trisequens (NO) 140
Trisequens Forte (NO) 140
Tritace 1.25 mg (AV) 122
Tritace 2.5 mg (AV) 122
Tritace 5 mg (AV) 122
Tritace 10 mg (AV)
.Cardiovascular system 122
.Repatriation Schedule 401
Tritace Titration Pack (AV) 122
Trizivir (GK)
.Section 100 308
Trobicin (PH) 171
TROPISETRON HYDROCHLORIDE 78
TrueSense (MS) 264
Trusopt (MK) 258
Tryptanol (MK) 233
Tubegauz 0501633 (SS)
.Repatriation Schedule 424
Tubegauz 0501658 (SS)
.Repatriation Schedule 424
Tubifast 2434 (SS)
.Repatriation Schedule 424
Tubifast 2436 (SS)
.Repatriation Schedule 424
Tubifast 2438 (SS)
.Repatriation Schedule 424
Tubigrip 1479 (SS)
.Repatriation Schedule 424
Tubigrip 1480 (SS)
.Repatriation Schedule 424
Tubigrip 1481 (SS)
.Repatriation Schedule 424
Tubigrip 1482 (SS)
.Repatriation Schedule 424
Tubigrip 1483 (SS)
.Repatriation Schedule 424
Tubigrip 1484 (SS)
.Repatriation Schedule 424
Tubigrip 1486 (SS)
.Repatriation Schedule 424
Tubigrip B 1520 (SS)
.Repatriation Schedule 424
Tubigrip C 1545 (SS)
.Repatriation Schedule 424
Tubigrip D 1546 (SS)
.Repatriation Schedule 424
Tubigrip E 1547 (SS)
.Repatriation Schedule 424
Tubigrip F 1548 (SS)
.Repatriation Schedule 424
Tylenol (JT)
.Dental 303
.Nervous system 218
TYR Express (VF) 270
TYR gel (VF) 270

U

Ulcyte (AF) 76
Ultratard (NO) 86
Ural Sachets (SI)
.Repatriation Schedule 410
UREA
.Repatriation Schedule 403
Urederm (HA)
.Repatriation Schedule 403
Uremide (AF) 111
Urex (FM) 111
Urex-Forte (FM) 111
Urex-M (FM) 111
Uro-Carb (HA) 242
Uromitexan (BX) 263
URSODEOXYCHOLIC ACID 79
Ursofalk (OA) 79

V

Vagifem (NO) 136
VALACICLOVIR HYDROCHLORIDE
.Antiinfectives for systemic use 175
.Section 100 344
Valcyte (RO)
.Section 100 344
VALGANCICLOVIR HYDROCHLORIDE
.Section 100 344
Valium (RO)
.Dental 304, 305
.Nervous system 229, 230
Valpam 2 (AW)
.Dental 304
.Nervous system 229
Valpam 5 (AW)
.Dental 305
.Nervous system 230
Valpro 200 (AF) 222
Valpro 500 (AF) 222
Valtrex (GK)
.Antiinfectives for systemic use 175
.Section 100 344
Vancocin (LY)
.Alimentary tract and metabolism 82
.Antiinfectives for systemic use 169, 170
.Dental 294
VANCOMYCIN
.Alimentary tract and metabolism 82
.Antiinfectives for systemic use 169
.Dental 294
Vasocardol (HP) 118
Vasocardol CD (HP) 118
Vastin (AP) 127
Vaxigrip (AX) 176
Velbe (AS) 179
VENLAFAXINE HYDROCHLORIDE 237
Ventolin (GK) 253
Ventolin CFC-free (GK)
.Doctor's Bag Supplies 66
.Respiratory system 246
Ventolin Nebules (GK)
.Doctor's Bag Supplies 66, 67
.Respiratory system 247
Ventolin Rotacaps (GK) 246
Vepesid (BQ) 179
Veracaps SR (SI) 117

Verahexal (HX) 117
VERAPAMIL HYDROCHLORIDE
.Cardiovascular system 117
.Doctor's Bag Supplies 67
Vermox (JC)
.Repatriation Schedule 416
Viagra (PF)
.Repatriation Schedule 409
Vibramycin (PF)
.Antiinfectives for systemic use 153, 154, 155
.Dental 284
Vibra-Tabs (PF) 153
Videx EC (BQ)
.Section 100 321
VIGABATRIN 222
VINBLASTINE SULFATE 179
VINCRISTINE SULFATE 179
VINORELBINE TARTRATE 179
Vioxx (MK) 205
Viracept (RO)
.Section 100 335
Viramune (BY)
.Section 100 335
Viread (GI)
.Section 100 344
Viscopaste 4948 (SN)
.Repatriation Schedule 425
Viscotears (NV) 260
Viscotears Liquid Gel (NV) 260
Visken 5 (NV) 113
Visken 15 (NV) 113
Vistide (PU)
.Section 100 318
VITAMIN B GROUP COMPLEX
.Repatriation Schedule 398
Vitelle Vitamin C (FH)
.Repatriation Schedule 399
Vitrasert (BU)
.Section 100 327
Voltaren 25 (NV)
.Dental 295
.Musculo-skeletal system 201
Voltaren 50 (NV)
.Dental 296
.Musculo-skeletal system 201
Voltaren 100 (NV)
.Dental 295
.Musculo-skeletal system 201
Voltaren Ophtha (NV) 257
Voltaren Rapid 50 (NV)
.Dental 295
.Musculo-skeletal system 201

W

WARFARIN SODIUM 98
WATER FOR INJECTIONS, STERILISED
.Dental 306
.Various 272
Waxsol (NE)
.Repatriation Schedule 420
Wellvone (GK) 244
WHEY PROTEIN FORMULA supplemented with AMINO ACIDS, VITAMINS and MINERALS, and low in PROTEIN, PHOSPHATE, POTASSIUM and LACTOSE 272
WOOL ALCOHOLS
.Repatriation Schedule 402

X

Xalacom (PU)
.Repatriation Schedule 419
Xalatan (PU) 259
Xanax (PH) 229
Xanax Tri-Score (PH) 229
Xeloda (RO) 178
Xigris (LY) 102
XMET Analog (SB) 269
XMET Maxamaid (SB) 270
XMET Maxamum (SB) 270
XMTVI Analog (SB) 270
XMTVI Asadon (SB) 269
XMTVI Maxamaid (SB) 270
XMTVI Maxamum (SB) 270
XP Analog (SB) 270
XP Analog LCP (SB) 269
XP Maxamaid (SB) 270
XP Maxamum (SB) 270
XPhen, Tyr Analog (SB) 270
XPhen, Tyr Maxamaid (SB) 270
XPhen, Tyr Maxamum (SB) 270
XPTM Tyrosidon (SB) 269
Xylocaine Viscous (AP)
.Repatriation Schedule 403
Xylocard 100 (AP)
.Cardiovascular system 105
.Dental 282
.Doctor's Bag Supplies 66
Xylocard 500 (AP) 105

Z

Zactin (AF) 234
ZALCITABINE
.Section 100 344
Zanidip (SM)
.Cardiovascular system 116
.Repatriation Schedule 400
Zantac (GK)
.Alimentary tract and metabolism 72
.Repatriation Schedule 397
Zantac Syrup (GK)
.Alimentary tract and metabolism 72
.Repatriation Schedule 397
Zarontin (PF) 220
Zavedos (PH) 181
Zavedos Solution (PH) 181
Zeffix (GK)
.Section 100 332
Zentel (GK) 245
Zerit (BQ)
.Section 100 ..... 343, 344
Zestril (AP) 121
Ziagen (GK)
.Section 100 308

ZIDOVUDINE
.Section 100 345
ZINC OXIDE
.Repatriation Schedule 400
ZINC OXIDE with STARCH and CHLORPHENESIN
.Repatriation Schedule 407
ZINC PYRITHIONE
.Repatriation Schedule 406
ZINC SULFATE with PHENYLEPHRINE HYDROCHLORIDE
.Repatriation Schedule 419
Zincaband 3604 (SS)
.Repatriation Schedule 425
Zincfrin (AQ)
.Repatriation Schedule 419
Zinnat (GK)
.Antiinfectives for systemic use 164
.Dental 291
ZipZoc 66051550 (SN)
.Repatriation Schedule 425
Zithromax (PF)
.Antiinfectives for systemic use 166
.Repatriation Schedule 410
.Section 100 308
.Sensory organs 255
Zocor (MK) 127
Zofran (GK) 78
Zofran syrup 50 mL (GK) 78
Zofran Zydis (GK) 78
Zoladex 10.8 Implant (AP) 184
Zoladex Implant (AP) 184
ZOLEDRONIC ACID
.Section 100 345
ZOLMITRIPTAN 219
Zoloft (PF) 235
Zometa (NV)
.Section 100 345
Zomig (AP) 219
ZOPICLONE
.Repatriation Schedule 415
Zoton (WY) 73, 74
Zovirax (GK) 256
Zovirax 200 mg (GK) 173
Zovirax 800 mg (GK) 174
Z.S.C. (SI)
.Repatriation Schedule 407
ZUCLOPENTHIXOL DECANOATE 227
Zumenon (SM) 136
Zyban (GK) 242
Zyclir 200 (AW) 173
Zyclir 800 (AW) 174
Zydol (AW)
.Dental 303
.Nervous system 217
Zydol SR 100 (AW)
.Dental 303
.Nervous system 217
Zydol SR 150 (AW)
.Dental 303
.Nervous system 217
Zydol SR 200 (AW)
.Dental 303
.Nervous system 217
Zyloprim (SI) 207
Zyprexa (LY) 227
Zyprexa Zydis (LY) 228
Zyrtec (WR)
.Repatriation Schedule 418

THERAPEUTIC GROUP PREMIUM POLICY

PHARMACEUTICAL BENEFIT ITEMS WHICH HAVE A THERAPEUTIC GROUP PREMIUM WITH EFFECT FROM 1 MAY 2004

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

The premiums are not a Government charge but reflect the fact that the supplier(s) of the drug charge a price higher than the Government is willing to subsidise.

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

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

Premium Priced Brand	Form and Strength	Max. Qty	Therapeutic Group Premium $
H_2-RECEPTOR ANTAGONISTS			
Tagamet 800 Express	Effervescent tablet 800 mg (as hydrochloride)	30	7.01
Tazac	Capsule 150 mg	60	4.05
Tazac	Capsule 300 mg	30	4.05
Zantac	Effervescent tablet 150 mg (base)	60	2.14
Zantac Syrup	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 (as hydrochloride)), famotidine and ranitidine hydrochloride (except ranitidine hydrochloride effervescent tablet 150 mg (base) and syrup 150 mg (base) per 10 mL, 300 mL).

DIHYDROPYRIDINE-DERIVATIVE CALCIUM CHANNEL BLOCKERS			
Adalat Oros 20mg	Tablet 20 mg (controlled release)	30	0.64
Norvasc	Tablet 5 mg (base)	30	3.74
Norvasc	Tablet 10 mg (base)	30	5.84
Zanidip	Tablet 10 mg	30	1.60

The base-priced drugs in this therapeutic group are felodipine, lercanidipine hydrochloride (except lercanidipine hydrochloride tablet 10 mg) and nifedipine (except nifedipine controlled release tablet 20 mg).

ACE INHIBITORS, PLAIN			
Tritace 10 mg	Capsule 10 mg	30	4.14

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.

BRAND PREMIUM POLICY

BRANDS OF PHARMACEUTICAL BENEFIT ITEMS WHICH HAVE A BRAND PREMIUM AND THAT MAY BE SUBSTITUTED WITH EFFECT FROM 1 MAY 2004

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 Australian Government, through the PBS, subsidises up to the price of the lowest priced brand (except in those instances where the lowest priced brand has, as part of its price, a therapeutic group premium). This means that consumers may have to pay extra for more expensive brands (those with a brand premium). This extra amount does not count towards their PBS safety net threshold.

Brand substitution by pharmacists without reference to the prescriber is permitted for PBS prescriptions where:

- the patient agrees to the substitution;
- the brands are identified in the Schedule of Pharmaceutical Benefits as being interchangeable;
- the prescriber has not indicated on the prescription form that substitution is not to occur; and
- substitution is permitted under the relevant State or Territory legislation.

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

Prescribers not using these prescription forms should endorse the prescription if brand substitution is not permitted. Where a stamp is used for this purpose, the prescriber will be required to initial the stamped statement.

For ease of prescribing and dispensing, and in the interests of your patients, the following list shows those PBS drugs that attract a brand premium and that can be substituted where permitted. They are listed alphabetically, by brand name, with the brand premium and benchmark brand(s) cited in the last column.

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium $	Benchmark Priced Brands
Abbocillin-V	Paediatric oral suspension 125 mg per 5 mL, 100 mL	2	1.46	*Cilicaine V*
	Oral suspension 250 mg per 5 mL, 100 mL	2	1.46	*Cilicaine V*
Adalat Oros 30	Tablet 30 mg (controlled release)	30	3.10	*Adefin XL 30*
Adalat Oros 60	Tablet 60 mg (controlled release)	30	3.70	*Adefin XL 60*
Adalat 10	Tablet 10 mg	60	1.78	*Adefin 10; Nifedipine-BC; Nypine 10*
Adalat 20	Tablet 20 mg	60	3.31	*Adefin 20; Chem mart Nifedipine; GenRx Nifedipine; healthsense Nifedipine; Nifedipine-BC; Nifehexal; Nyefax 20 mg; Nypine 20; Terry White Chemists Nifedipine*
Agon SR	Tablet 2.5 mg (extended release)	30	8.50	*Felodur ER 2.5 mg*
	Tablet 5 mg (extended release)	30	8.50	*Felodur ER 5 mg*
	Tablet 10 mg (extended release)	30	8.50	*Felodur ER 10 mg*
Airomir	Oral pressurised inhalation 100 micrograms (base) per dose (200 doses), CFC-free formulation	2	0.62	*Asmol CFC-free; Epaq*
Aldactone	Tablet 25 mg	100	1.89	*Spiractin 25*
	Tablet 100 mg	100	2.62	*Spiractin 100*
Aldomet	Tablet 250 mg	100	2.70	*Hydopa*
Alphagan	Eye drops 2 mg per mL (0.2%), 5 mL	1	1.22	*Enidin*
Amaryl	Tablet 1 mg	30	2.28	*Dimirel*
	Tablet 2 mg	30	2.30	*Dimirel*
	Tablet 3 mg	30	2.30	*Dimirel*
	Tablet 4 mg	30	2.30	*Dimirel*
Amfamox 20	Tablet 20 mg	60	5.41	*Ausfam 20; Chem mart Famotidine; Famohexal; GenRx Famotidine; Pamacid 20; Pepzan; Terry White Chemists Famotidine*
Amfamox 40	Tablet 40 mg	30	5.41	*Ausfam 40; Chem mart Famotidine; Famohexal; GenRx Famotidine; Pamacid 40; Pepzan; Terry White Chemists Famotidine*
Amoxil	Capsule 250 mg	20	1.00	*Alphamox 250; Amohexal; Amoxycillin-BC; Amoxycillin-DP; Bgramin; Chem mart Amoxycillin; Cilamox; GenRx Amoxycillin; healthsense Amoxycillin; Moxacin; Terry White Chemists Amoxycillin*
	Capsule 500 mg	20	1.00	*Alphamox 500; Amohexal; Amoxycillin-BC; Amoxycillin-DP; Bgramin; Chem mart Amoxycillin; Cilamox; GenRx Amoxycillin; healthsense Amoxycillin; Moxacin; Terry White Chemists Amoxycillin*
	Powder for syrup 125 mg per 5 mL, 100 mL	1	1.00	*Alphamox 125; Amohexal; Bgramin; Chem mart Amoxycillin; Cilamox; GenRx Amoxycillin; healthsense Amoxycillin; Moxacin; Terry White Chemists Amoxycillin*
Amoxil Duo	Tablet 1 g	14	1.49	*Amoxycillin Sandoz*
Amoxil Forte	Powder for syrup 250 mg per 5 mL, 100 mL	1	1.01	*Alphamox 250; Amohexal; Bgramin; Chem mart Amoxycillin; Cilamox; GenRx Amoxycillin; healthsense Amoxycillin; Moxacin 250; Terry White Chemists Amoxycillin*

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium $	Benchmark Priced Brands
Amprace 5	Tablet 5 mg	30	2.45	*Alphapril; Auspril; Chem mart Enalapril; Enahexal; Enalapril-BC; Enalapril-DP 5mg; GenRx Enalapril; healthsense Enalapril; Terry White Chemists Enalapril*
Amprace 10	Tablet 10 mg	30	2.45	*Alphapril; Auspril; Chem mart Enalapril; Enahexal; Enalapril-BC; Enalapril-DP 10mg; GenRx Enalapril; healthsense Enalapril; Terry White Chemists Enalapril*
Amprace 20	Tablet 20 mg	30	2.46	*Alphapril; Auspril; Chem mart Enalapril; Enahexal; Enalapril-BC; Enalapril-DP 20mg; GenRx Enalapril; healthsense Enalapril; Terry White Chemists Enalapril*
Anafranil 25	Tablet 25 mg	50	2.94	*Chem mart Clomipramine; GenRx Clomipramine; healthsense Clomipramine; Placil; Terry White Chemists Clomipramine*
Anaprox 550	Tablet 550 mg	50	3.00	*Crysanal*
Androcur	Tablet 50 mg	20	1.50	*Cyprone; Cyprostat; GenRx Cyproterone Acetate; Procur*
	Tablet 50 mg	100	3.28	*Cyprone; Cyprostat; GenRx Cyproterone Acetate; Procur*
Androcur-100	Tablet 100 mg	50	1.00	*Cyprostat-100*
Anginine Stabilised	Tablets 600 micrograms, 100	1	1.30	*Lycinate*
Arava	Tablet 10 mg	30	1.22	*Arabloc*
	Tablet 20 mg	30	1.22	*Arabloc*
Aristocort 0.02%	Cream 200 micrograms per g (0.02%), 100 g	2	2.60	*Tricortone*
	Ointment 200 micrograms per g (0.02%), 100 g	2	2.60	*Tricortone*
Aropax	Tablet 20 mg (base)	30	1.10	*Chem mart Paroxetine; GenRx Paroxetine; Oxetine; healthsense Paroxetine; Paxtine; Terry White Chemists Paroxetine*
Astrix	Tablet 100 mg	112	1.36	*DBL Aspirin 100 mg*
Atrovent	Nebuliser solution single dose units 250 micrograms (anhydrous) in 1 mL, 30	2	0.96	*Apoven 250; Chem mart Ipratropium; DBL Ipratropium; GenRx Ipratropium; healthsense Ipratropium; Ipratrin; Ipravent; Terry White Chemists Ipratropium*
Atrovent Adult	Nebuliser solution single dose units 500 micrograms (anhydrous) in 1 mL, 30	2	0.92	*Apoven 500; Chem mart Ipratropium; DBL Ipratropium; GenRx Ipratropium; healthsense Ipratropium; Ipratrin Adult; Ipravent; Terry White Chemists Ipratropium*
Augmentin	Powder for syrup 125 mg-31.25 mg per 5 mL, 75 mL	1	0.96	*Clamohexal 125mg/31.25mg/5mL; Clamoxyl; Clavulin*
Augmentin Duo	Tablet 500 mg-125 mg	10	0.99	*Clamohexal Duo 500mg/125mg; Clamoxyl Duo; Clavulin Duo; Curam 500/125; Muric 500/125*
Augmentin Duo forte	Tablet 875 mg-125 mg	10	1.30	*Chem mart Amoxycillin and Clavulanic Acid; Clamohexal Duo Forte 875mg/125mg; Clamoxyl Duo forte; Clavulin Duo Forte; Curam 875/125; GenRx Amoxycillin and Clavulanic Acid; Muric 875/125; Terry White Chemists Amoxycillin and Clavulanic Acid*

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium $	Benchmark Priced Brands
Augmentin Duo 400	Powder for syrup 400 mg-57 mg per 5 mL, 60 mL	1	0.98	*Clamohexal Duo 400mg/57mg/5mL; Clamoxyl Duo 400; Clavulin Duo 400*
Aurorix	Tablet 150 mg	60	0.95	*Arima; Chem mart Moclobemide; Clobemix; GenRx Moclobemide; healthsense Moclobemide; Mohexal; Terry White Chemists Moclobemide*
Aurorix 300 mg	Tablet 300 mg	60	1.93	*Arima 300; Chem mart Moclobemide; Clobemix; GenRx Moclobemide; healthsense Moclobemide; Maosig; Mohexal; Terry White Chemists Moclobemide*
Avanza	Tablet 30 mg	30	1.25	*Axit 30; Mirtazon*
Betaloc	Tablet 50 mg	100	2.95	*Chem mart Metoprolol; GenRx Metoprolol; healthsense Metoprolol; Metohexal; Metolol; Metoprolol-BC; Metrol 50; Minax 50; Terry White Chemists Metoprolol*
	Tablet 100 mg	60	2.95	*Chem mart Metoprolol; GenRx Metoprolol; healthsense Metoprolol; Metohexal; Metolol; Metrol 100; Minax 100; Terry White Chemists Metoprolol*
Betnovate 1/5	Cream 200 micrograms (base) per g (0.02%), 100 g	2	2.60	*Cortival 1/5*
Betnovate 1/2	Cream 500 micrograms (base) per g (0.05%), 15 g	1	1.29	*Cortival 1/2*
	Ointment 500 micrograms (base) per g (0.05%), 15 g	1	1.29	*Cortival 1/2*
Betoptic	Eye drops, solution, 5 mg (base) per mL (0.5%), 5 mL	1	2.01	*BetoQuin*
Blenoxane	Powder for injection 15,000 i.u. (solvent required)	10	79.48	*Blenamax*
Brevinor	Tablets 500 micrograms-35 micrograms, 21	4	7.96	*Norimin 28 Day*
	Pack containing 21 tablets 500 micrograms-35 micrograms and 7 inert tablets	4	7.96	*Norimin 28 Day*
Brevinor-1	Tablets 1 mg-35 micrograms, 21	4	7.96	*Norimin-1 28 Day*
	Pack containing 21 tablets 1 mg-35 micrograms and 7 inert tablets	4	7.96	*Norimin-1 28 Day*
Capoten	Tablet 12.5 mg	90	2.46	*Acenorm 12.5 mg; Captohexal; Chem mart Captopril; GenRx Captopril; healthsense Captopril; Terry White Chemists Captopril; Topace;* DP brand
	Tablet 25 mg	90	2.46	*Acenorm 25 mg; Captohexal; Chem mart Captopril; GenRx Captopril; healthsense Captopril; Terry White Chemists Captopril; Topace;* DP brand
	Tablet 50 mg	90	2.45	*Acenorm 50 mg; Captohexal; Chem mart Captopril; GenRx Captopril; healthsense Captopril; Terry White Chemists Captopril; Topace;* DP brand
Carafate	Tablet equivalent to 1 g anhydrous sucralfate	120	2.21	*Ulcyte*

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium $	Benchmark Priced Brands
Cardizem	Tablet 60 mg	90	2.64	*Chem mart Diltiazem; Coras; Diltahexal; Dilzem 60 mg; GenRx Diltiazem; healthsense Diltiazem; Terry White Chemists Diltiazem; Vasocardol*
Cardizem CD	Capsule 180 mg (controlled delivery)	30	2.64	*Chem mart Diltiazem CD; Diltahexal CD; Dilzem CD; GenRx Diltiazem CD; Terry White Chemists Diltiazem CD; Vasocardol CD*
	Capsule 240 mg (controlled delivery)	30	2.64	*Chem mart Diltiazem CD; Diltahexal CD; Dilzem CD; GenRx Diltiazem CD; healthsense Diltiazem CD; Terry White Chemists Diltiazem CD; Vasocardol CD*
	Capsule 360 mg (controlled delivery)	30	3.20	*Vasocardol CD*
Ceclor	Powder for oral suspension 125 mg per 5 mL, 100 mL	1	1.03	*Aclor 125; Chem mart Cefaclor; GenRx Cefaclor; healthsense Cefaclor; Keflor; Terry White Chemists Cefaclor*
	Powder for oral suspension 250 mg per 5 mL, 75 mL	1	1.05	*Aclor 250; Chem mart Cefaclor; GenRx Cefaclor; healthsense Cefaclor; Keflor; Terry White Chemists Cefaclor*
Ceclor CD	Tablet 375 mg (sustained release)	10	1.04	*Cefaclor CD Hexal; Cefkor CD; Chem mart Cefaclor CD; Douglas Cefaclor-CD; GenRx Cefaclor CD; healthsense Cefaclor CD; Keflor CD; Terry White Chemists Cefaclor CD*
Chlorvescent	Effervescent tablet 14 mmol K^+ and 8 mmol Cl^-	60	2.63	*K-Sol*
Ciloxan	Eye drops 3 mg per mL (0.3%), 5 mL	2	2.48	*CiloQuin*
Cipramil	Tablet 20 mg (base)	28	3.20	*Celapram; Chem mart Citalopram; GenRx Citalopram; Talam; Talohexal; Terry White Chemists Citalopram*
Ciproxin 250	Tablet 250 mg	14	1.90	*C-Flox 250; Ciprofloxacin-BC; Ciprol 250; GenRx Ciprofloxacin; Profloxin*
Ciproxin 500	Tablet 500 mg	14	1.90	*C-Flox 500; Ciprofloxacin-BC; Ciprol 500; GenRx Ciprofloxacin; Profloxin; Proquin*
Ciproxin 750	Tablet 750 mg	14	1.90	*C-Flox 750; Ciprofloxacin-BC; Ciprol 750; GenRx Ciprofloxacin; Profloxin; Proquin*
Clinoril 200	Tablet 200 mg	50	2.80	*Aclin 200*
Clomid	Tablet 50 mg	10	3.74	*Clomhexal; GenRx Clomiphene*
Cordarone X 100	Tablet 100 mg	30	1.00	*Aratac 100; Cardinorm; GenRx Amiodarone*
Cordarone X 200	Tablet 200 mg	30	1.00	*Aratac 200; Cardinorm; Chem mart Amiodarone; GenRx Amiodarone; healthsense Amiodarone; Terry White Chemists Amiodarone*
Dalacin C	Capsule 150 mg	25	1.47	*Cleocin*
Daonil	Tablet 5 mg	100	1.25	*Glimel*
Depo-Medrol	Injection 40 mg in 1 mL	5	0.74	*Depo-Nisolone*
Depo-Provera	Injection 150 mg in 1 mL	1	3.36	*Depo-Ralovera*

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium $	Benchmark Priced Brands
Diabex	Tablet 500 mg	100	1.80	*Chem mart Metformin; Diaformin; GenRx Metformin; Glucohexal; Glucomet 500 mg; healthsense Metformin; Metformin-BC; Terry White Chemists Metformin*
Diabex 850	Tablet 850 mg	60	1.80	*Chem mart Metformin; Diaformin 850; GenRx Metformin; Glucohexal; Glucomet 850 mg; Metformin-BC; Terry White Chemists Metformin*
Diamicron	Tablet 80 mg	100	1.35	*Chem mart Gliclazide; GenRx Gliclazide; Glyade; healthsense Gliclazide; Nidem; Terry White Chemists Gliclazide*
Doryx	Capsule 100 mg	7	1.52	*Chem mart Doxycycline; DBL Doxycycline; GenRx Doxycycline; healthsense Doxycycline; Terry White Chemists Doxycycline*
	Capsule 50 mg	25	1.71	*Chem mart Doxycycline; DBL Doxycycline; GenRx Doxycycline; healthsense Doxycycline; Terry White Chemists Doxycycline*
	Capsule 100 mg	28	6.08	*Chem mart Doxycycline; DBL Doxycycline; GenRx Doxycycline; healthsense Doxycycline; Terry White Chemists Doxycycline*
	Capsule 100 mg	21	2.75	*Chem mart Doxycycline; DBL Doxycycline; GenRx Doxycycline; healthsense Doxycycline; Terry White Chemists Doxycycline*
Duphalac	Mixture 3.34 g per 5 mL, 500 mL	1	2.20	*Actilax; Genlac; GenRx Lactulose; Lac-Dol*
Duratears	Compound eye ointment 3.5 g	2	2.00	*Poly Visc*
E.E.S. Granules	Powder for oral liquid 400 mg (base) per 5 mL, 100 mL	1	1.75	*E-Mycin 400*
E.E.S. 200	Powder for oral liquid 200 mg (base) per 5 mL, 100 mL	1	2.19	*E-Mycin 200*
E.E.S. 400 Filmtab	Tablet 400 mg (base)	25	2.89	*E-Mycin*
Epilim EC	Tablet 200 mg (enteric coated)	200	1.32	*Valpro 200*
	Tablet 500 mg (enteric coated)	200	1.64	*Valpro 500*
Eryc	Capsule 250 mg	25	1.20	*DBL Erythromycin*
Eryc LD	Capsule 175 mg	25	1.20	*DBL Erythromycin*
Fasigyn	Tablet 500 mg	4	2.50	*Simplotan*
Feldene	Capsule 10 mg	50	2.75	*Chem mart Piroxicam; GenRx Piroxicam; healthsense Piroxicam; Mobilis 10; Terry White Chemists Piroxicam*
	Capsule 20 mg	25	2.73	*Chem mart Piroxicam; GenRx Piroxicam; healthsense Piroxicam; Mobilis 20; Terry White Chemists Piroxicam*
Feldene-D	Dispersible tablet 10 mg	50	2.75	*GenRx Piroxicam Dispersible; Mobilis D-10; Pirohexal-D*

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium $	Benchmark Priced Brands
Feldene-D	Dispersible tablet 20 mg	25	2.73	*Chem mart Piroxicam Dispersible; GenRx Piroxicam Dispersible; healthsense Piroxicam Dispersible; Mobilis D-20; Pirohexal-D; Terry White Chemists Piroxicam Dispersible*
Ferrum H	Injection 100 mg (iron) in 2 mL	5	1.22	*Ferrosig*
Flagyl	Tablet 200 mg	21	1.98	*Metrogyl 200; Metronide 200*
	Tablet 400 mg	21	2.07	*Metrogyl 400; Metronide 400*
Floxapen	Capsule 250 mg	24	0.46	*Flopen; Floxsig; Staphylex 250*
	Capsule 500 mg	24	0.58	*Flopen; Floxsig; Staphylex 500*
	Powder for syrup 125 mg per 5 mL, 100 mL	1	0.06	*Flopen*
	Powder for syrup 250 mg per 5 mL, 100 mL	1	0.10	*Flopen*
Fugerel	Tablet 250 mg	100	49.39	*Eulexin; Flutamin*
Genteal	Eye drops 3 mg per mL (0.3%), 15 mL (contains sodium perborate as preservative)	1	1.86	*In a Wink Moisturising*
Glucophage	Tablet 500 mg	100	1.41	*Chem mart Metformin; Diaformin; GenRx Metformin; Glucohexal; Glucomet 500 mg; healthsense Metformin; Metformin-BC; Terry White Chemists Metformin*
	Tablet 850 mg	60	1.41	*Chem mart Metformin; Diaformin 850; GenRx Metformin; Glucohexal; Glucomet 850 mg; Metformin-BC; Terry White Chemists Metformin*
Imdur Durule	Tablet 60 mg (sustained release)	30	2.55	*Arsorb 60; Chem mart Isosorbide Mononitrate; Duride; GenRx Isosorbide Mononitrate; healthsense Isosorbide Mononitrate; Imtrate 60 mg; Isomonit; Monodur 60 mg; Terry White Chemists Isosorbide Mononitrate*
Imdur 120 mg	Tablet 120 mg (sustained release)	30	2.55	*Monodur 120 mg*
Imodium	Capsule 2 mg	12	1.00	*Gastro-Stop Loperamide*
Imuran	Tablet 25 mg	100	1.57	*Azahexal*
	Tablet 50 mg	100	1.50	*Azahexal; Azamun; Azapin; GenRx Azathioprine; Thioprine*
Indocid	Capsule 25 mg	100	3.06	*Arthrexin*
Insensye	Tablet 400 mg	14	1.73	*Chem mart Norfloxacin; GenRx Norfloxacin; healthsense Norfloxacin; Norflohexal; Nufloxib; Roxin; Terry White Chemists Norfloxacin;* DP brand
Isoptin	Tablet 40 mg	100	1.00	*Anpec 40; Verahexal*
	Tablet 80 mg	100	1.00	*Anpec 80; Verahexal*
	Tablet 120 mg	100	1.00	*Verahexal*
Isoptin SR	Tablet 240 mg (sustained release)	30	2.00	*Anpec SR; Cordilox SR*
Isoptin 180 SR	Tablet 180 mg (sustained release)	30	2.00	*Cordilox 180 SR*
Isordil	Tablet 10 mg	200	3.70	*Sorbidin*
Keflex	Capsule 250 mg	20	1.26	*Cefalexin-BC; Chem mart Cephalexin; Cilex; GenRx Cephalexin; healthsense Cephalexin; Ibilex 250; Sporahexal; Terry White Chemists Cephalexin*

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium $	Benchmark Priced Brands
Keflex	Capsule 500 mg	20	1.37	*Cefalexin-BC; Chem mart Cephalexin; Cilex; GenRx Cephalexin; healthsense Cephalexin; Ibilex 500; Sporahexal; Terry White Chemists Cephalexin*
	Granules for syrup 125 mg per 5 mL, 100 mL	1	1.28	*Cefalexin-BC; Chem mart Cephalexin; Cilex; GenRx Cephalexin; Ibilex 125; Terry White Chemists Cephalexin*
	Granules for syrup 250 mg per 5 mL, 100 mL	1	1.37	*Cefalexin-BC; Chem mart Cephalexin; Cilex; GenRx Cephalexin; Ibilex 250; Terry White Chemists Cephalexin*
Keflin Neutral	Injection 1 g (solvent required)	10	0.30	MX brand
Kefzol	Injection 1 g (solvent required)	10	2.51	*Cefazolin Sandoz; Cefazolin-BC;* MX brand
Kenacomb Otic	Ear drops 1 mg-2.5 mg (base)-250 micrograms-100,000 units per g (0.1%-0.25%-0.025%-100,000 units per g), 7.5 mL	1	1.10	*Otocomb Otic*
	Ear ointment 1 mg-2.5 mg (base)-250 micrograms-100,000 units per g (0.1%-0.25%-0.025%-100,000 units per g), 5 g	1	1.10	*Otocomb Otic*
Lacri-Lube	Pack containing 2 tubes compound eye ointment 3.5 g	1	1.22	*Ircal*
Lanoxin	Tablet 250 micrograms	100	1.30	*Sigmaxin*
Lanoxin-PG	Tablet 62.5 micrograms	200	1.30	*Sigmaxin-PG*
Lasix	Tablet 40 mg	100	1.11	*Chem mart Frusemide; Frusehexal 40 mg; Frusemide-BC; Frusid; GenRx Frusemide; healthsense Frusemide; Terry White Chemists Frusemide; Uremide*
Lasix-M	Tablet 20 mg	100	1.12	*Chem mart Frusemide; Frusid; GenRx Frusemide; healthsense Frusemide; Terry White Chemists Frusemide*
Ledertrexate	Tablet 2.5 mg	30	0.08	*Methoblastin;* MX brand
Lioresal 10	Tablet 10 mg	100	3.00	*Baclo; Baclohexal; Chem mart Baclofen; Clofen 10; GenRx Baclofen; Stelax 10; Terry White Chemists Baclofen*
Lioresal 25	Tablet 25 mg	100	3.01	*Baclo; Baclohexal; Chem mart Baclofen; Clofen 25; GenRx Baclofen; Stelax 25; Terry White Chemists Baclofen*
Liquifilm Forte	Eye drops 30 mg per mL (3%), 15 mL	1	1.22	*PVA Forte*
Liquifilm Tears	Eye drops 14 mg per mL (1.4%), 15 mL	1	1.22	*PVA Tears*
Lomotil	Tablet 2.5 mg-25 micrograms	20	1.84	*Lofenoxal*
Lopid	Tablet 600 mg	60	3.49	*Ausgem; Chem mart Gemfibrozil; Gemfibrozil-BC; Gemhexal; GenRx Gemfibrozil; Jezil; Lipazil 600 mg; Terry White Chemists Gemfibrozil*
Losec Tablets	Tablet 20 mg (base)	30	1.50	*Acimax Tablets*
	Tablet 20 mg (base)	30	1.50	*Acimax Tablets*
Luvox	Tablet 50 mg	30	1.60	*Faverin 50; Movox 50*
	Tablet 100 mg	30	1.60	*Faverin 100; Movox 100*
Maxamox	Tablet 1 g	14	1.49	*Amoxycillin Sandoz*
Microgynon 30	Tablets 150 micrograms-30 micrograms, 21	4	9.88	*Levlen ED*

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium $	Benchmark Priced Brands
Microgynon 30 ED	Pack containing 21 tablets 150 micrograms-30 micrograms and 7 inert tablets	4	9.88	*Levlen ED*
Midamor	Tablet 5 mg	100	3.00	*Kaluril*
Minidiab	Tablet 5 mg	100	4.10	*Melizide*
Minipress	Tablet 1 mg (base)	100	3.05	*Chem mart Prazosin; GenRx Prazosin; healthsense Prazosin; Prazohexal; Pressin 1; Terry White Chemists Prazosin*
	Tablet 2 mg (base)	100	3.15	*Chem mart Prazosin; GenRx Prazosin; Prazohexal; Pressin 2; Terry White Chemists Prazosin*
	Tablet 5 mg (base)	100	3.40	*Chem mart Prazosin; GenRx Prazosin; healthsense Prazosin; Prazohexal; Pressin 5; Terry White Chemists Prazosin*
Minomycin	Capsule 100 mg	11	0.89	*Akamin 100*
Minomycin-50	Tablet 50 mg	60	1.12	*Akamin 50*
Moduretic	Tablet 50 mg-5 mg	100	3.44	*Amizide*
Mogadon	Tablet 5 mg	25	2.02	*Alodorm*
	Tablet 5 mg	50	4.04	*Alodorm*
Mylanta	Tablet 200 mg-200 mg	200	0.40	*Gelusil*
Mylanta P	Oral suspension 200 mg-200 mg per 5 mL, 500 mL	2	0.32	*Gelusil; Sigma Liquid Antacid*
Naprosyn	Tablet 250 mg	100	3.10	*Inza 250*
	Tablet 500 mg	50	1.80	*Inza 500*
Naprosyn SR750	Tablet 750 mg (sustained release)	28	1.68	*Proxen SR 750*
Naprosyn SR1000	Tablet 1 g (sustained release)	28	1.77	*Proxen SR 1000*
Natrilix	Tablet 2.5 mg	90	3.37	*Chem mart Indapamide; Dapa-Tabs; GenRx Indapamide; healthsense Indapamide; Indahexal; Insig; Napamide 2.5 mg; Terry White Chemists Indapamide*
Neoral 25	Capsule 25 mg	60	4.68	*Cicloral; Cysporin*
Neoral 50	Capsule 50 mg	60	4.26	*Cicloral; Cysporin*
Neoral 100	Capsule 100 mg	60	4.26	*Cicloral; Cysporin*
Nolvadex	Tablet 10 mg (base)	60	2.16	*Genox 10; Tamoxen 10 mg; Tamoxifen Hexal*
Nolvadex-D	Tablet 20 mg (base)	60	3.94	*Chem mart Tamoxifen; Genox 20; GenRx Tamoxifen; Tamosin; Tamoxen 20 mg; Tamoxifen Hexal; Terry White Chemists Tamoxifen*
Nordette 28	Pack containing 21 tablets 150 micrograms-30 micrograms and 7 inert tablets	4	9.24	*Monofeme 28*
Noriday 28 Day	Tablets 350 micrograms, 28	4	4.00	*Locilan 28 Day*
Normison	Tablet 10 mg	25	1.06	*Temaze; Temtabs*
	Tablet 10 mg	50	2.12	*Temaze; Temtabs*
Noroxin	Tablet 400 mg	14	3.73	*Chem mart Norfloxacin; GenRx Norfloxacin; healthsense Norfloxacin; Norflohexal; Nufloxib; Roxin; Terry White Chemists Norfloxacin;* DP brand
Ogen .625	Tablet 730 micrograms (equivalent to 625 micrograms sodium oestrone sulfate)	56	1.48	*Genoral 0.625*
Ogen 1.25	Tablet 1.46 mg (equivalent to 1.25 mg sodium oestrone sulfate)	56	1.49	*Genoral 1.25*
Oroxine	Tablet equivalent to 50 micrograms anhydrous thyroxine sodium	200	1.31	*Eutroxsig*
	Tablet equivalent to 100 micrograms anhydrous thyroxine sodium	200	1.30	*Eutroxsig*

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium $	Benchmark Priced Brands
Oroxine	Tablet equivalent to 200 micrograms anhydrous thyroxine sodium	200	1.30	*Eutroxsig*
Orudis SR 200	Capsule 200 mg (sustained release)	28	1.80	*Oruvail SR*
Panadeine Forte	Tablet 30 mg-500 mg	20	1.24	*Codalgin Forte; Dolaforte; Dymadon Forte; Prodeine Forte*
Parlodel	Tablet 2.5 mg (base)	30	2.94	*Bromocriptine-BC; Bromohexal; Kripton 2.5*
	Tablet 2.5 mg (base)	60	3.00	*Bromocriptine-BC; Bromohexal; Kripton 2.5*
	Capsule 5 mg (base)	60	3.00	*Bromohexal; Kripton 5*
	Capsule 10 mg (base)	100	3.00	*Kripton 10*
Pepcidine	Tablet 40 mg	30	5.41	*Ausfam 40; Chem mart Famotidine; Famohexal; GenRx Famotidine; Pamacid 40; Pepzan; Terry White Chemists Famotidine*
Pepcidine M	Tablet 20 mg	60	5.41	*Ausfam 20; Chem mart Famotidine; Famohexal; GenRx Famotidine; Pamacid 20; Pepzan; Terry White Chemists Famotidine*
Plendil ER	Tablet 2.5 mg (extended release)	30	2.65	*Felodur ER 2.5 mg*
	Tablet 5 mg (extended release)	30	2.95	*Felodur ER 5 mg*
	Tablet 10 mg (extended release)	30	4.30	*Felodur ER 10 mg*
Prinivil 5	Tablet 5 mg	30	1.95	*Chem mart Lisinopril; Fibsol 5; GenRx Lisinopril; healthsense Lisinopril; Liprace; Lisinopril Hexal; Lisinopril-BC; Lisodur; Terry White Chemists Lisinopril*
Prinivil 10	Tablet 10 mg	30	1.95	*Chem mart Lisinopril; Fibsol 10; GenRx Lisinopril; healthsense Lisinopril; Liprace; Lisinopril Hexal; Lisinopril-BC; Lisodur; Terry White Chemists Lisinopril*
Prinivil 20	Tablet 20 mg	30	1.95	*Chem mart Lisinopril; Fibsol 20; GenRx Lisinopril; healthsense Lisinopril; Liprace; Lisinopril Hexal; Lisinopril-BC; Lisodur; Terry White Chemists Lisinopril*
Pritor	Tablet 40 mg	28	4.99	*Micardis*
	Tablet 80 mg	28	4.99	*Micardis*
Prothiaden	Capsule 25 mg	50	1.07	*Dothep 25*
	Tablet 75 mg	30	1.05	*Dothep 75*
Provera	Tablet 5 mg	56	1.77	*Ralovera*
	Tablet 10 mg	30	1.78	*Medroxyhexal; Ralovera*
	Tablet 10 mg	100	1.65	*Ralovera*
Prozac Tab	Tablet 20 mg (base) (dispersible)	28	4.10	*Lovan 20 Tab*
Prozac 20	Capsule 20 mg (base)	28	4.10	*Auscap; Chem mart Fluoxetine; Fluohexal; Fluoxetine-BC; Fluoxetine-DP; GenRx Fluoxetine; healthsense Fluoxetine; Lovan; Terry White Chemists Fluoxetine; Zactin*
P.V. Carpine	Eye drops 5 mg per mL (0.5%), 15 mL	1	1.87	*Pilopt*
	Eye drops 10 mg per mL (1%), 15 mL	1	1.87	*Pilopt*
	Eye drops 20 mg per mL (2%), 15 mL	1	1.88	*Pilopt*
	Eye drops 30 mg per mL (3%), 15 mL	1	1.76	*Pilopt*
	Eye drops 40 mg per mL (4%), 15 mL	1	1.91	*Pilopt*
	Eye drops 60 mg per mL (6%), 15 mL	1	2.00	*Pilopt*
Quinate	Tablet 300 mg	50	1.06	*Quinsul*
Ramace 1.25 mg	Tablet 1.25 mg	30	4.00	*Tritace 1.25 mg*

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium $	Benchmark Priced Brands
Ramace 2.5 mg	Tablet 2.5 mg	30	4.01	*Tritace 2.5 mg*
Ramace 5 mg	Tablet 5 mg	30	4.00	*Tritace 5 mg*
Redipred	Oral solution equivalent to 5 mg prednisolone per mL, 30 mL	1	1.32	*PredMix*
Remeron	Tablet 30 mg	30	22.76	*Axit 30; Mirtazon*
Renitec	Tablet 10 mg	30	3.15	*Alphapril; Auspril; Chem mart Enalapril; Enahexal; Enalapril-BC; Enalapril-DP 10mg; GenRx Enalapril; healthsense Enalapril; Terry White Chemists Enalapril*
Renitec M	Tablet 5 mg	30	3.15	*Alphapril; Auspril; Chem mart Enalapril; Enahexal; Enalapril-BC; Enalapril-DP 5mg; GenRx Enalapril; healthsense Enalapril; Terry White Chemists Enalapril*
Renitec 20	Tablet 20 mg	30	3.15	*Alphapril; Auspril; Chem mart Enalapril; Enahexal; Enalapril-BC; Enalapril-DP 20mg; GenRx Enalapril; healthsense Enalapril; Terry White Chemists Enalapril*
Rivotril	Tablet 500 micrograms	200	4.74	*Paxam 0.5*
	Tablet 2 mg	200	5.36	*Paxam 2*
Roaccutane	Capsule 20 mg	60	2.50	*Accure 20; Chem mart Isotretinoin; GenRx Isotretinoin; Isohexal; Oratane; Terry White Chemists Isotretinoin*
Rulide	Tablet 150 mg	10	2.27	*Biaxsig*
	Tablet 300 mg	5	2.27	*Biaxsig*
Salazopyrin-EN	Tablet 500 mg (enteric coated)	200	1.66	*Pyralin EN*
Septrin	Tablet 80 mg-400 mg	10	1.54	*Resprim*
	Oral suspension 40 mg-200 mg per 5 mL, 100 mL	1	1.91	*Resprim*
Septrin Forte	Tablet 160 mg-800 mg	10	1.46	*Bactrim DS; Chem mart Trimethoprim with Sulfamethoxazole DS; GenRx Trimethoprim with Sulfamethoxazole DS; healthsense Trimethoprim with Sulfamethoxazole DS; Resprim Forte; Terry White Chemists Trimethoprim with Sulfamethoxazole DS; Trimoxazole-BC 800/160*
Serepax	Tablet 15 mg	25	1.44	*Alepam 15*
	Tablet 30 mg	25	1.45	*Alepam 30; Murelax*
	Tablet 15 mg	50	2.88	*Alepam 15*
	Tablet 30 mg	50	2.90	*Alepam 30; Murelax*
Serophene	Tablet 50 mg	10	0.18	*Clomhexal; GenRx Clomiphene*
Sigmacort	Cream 10 mg per g (1%), 30 g	1	1.30	*Cortic-DS 1%*
	Cream 10 mg per g (1%), 50 g	1	1.30	*Cortic-DS 1%*
	Topical ointment 10 mg per g (1%), 30 g	1	1.30	*Cortic-DS 1%*
	Topical ointment 10 mg per g (1%), 50 g	1	1.30	*Cortic-DS 1%*
Sinemet 100/25	Tablet 100 mg-25 mg	100	5.41	*Kinson*
Slow-K	Tablet 600 mg (sustained release)	200	2.14	*Duro-K*
Sofradex	Ear drops 500 micrograms-5 mg-50 micrograms per mL, 8 mL	1	1.50	*Otodex*
Sotacor	Tablet 80 mg	60	1.66	*GenRx Sotalol; Solavert; Sotahexal*
	Tablet 160 mg	60	1.80	*Cardol; Chem mart Sotalol; GenRx Sotalol; healthsense Sotalol; Solavert; Sotab; Sotahexal; Terry White Chemists Sotalol*

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium $	Benchmark Priced Brands
Stemetil	Tablet 5 mg	25	1.95	*Stemzine*
Synphasic	Pack containing 12 tablets 500 micrograms-35 micrograms, 9 tablets 1 mg-35 micrograms and 7 inert tablets	4	7.96	*Improvil 28 Day*
Tagamet	Tablet 200 mg	120	2.49	*Cimehexal; Magicul 200*
	Tablet 400 mg	60	2.49	*Cimehexal; GenRx Cimetidine; Magicul 400*
	Tablet 800 mg	30	4.96	*Cimehexal; GenRx Cimetidine; Magicul 800*
Tambocor	Tablet 100 mg	60	2.86	*Flecatab*
Tears Naturale	Eye drops 3 mg-1 mg per mL (0.3%-0.1%), 15 mL	1	1.50	*Poly-Tears*
Tegretol 100	Tablet 100 mg	200	1.50	*Carbamazepine Sandoz; Carbamazepine-BC*
Tegretol 200	Tablet 200 mg	200	2.64	*Carbamazepine Sandoz; Carbamazepine-BC; Teril*
Tenormin	Tablet 50 mg	30	3.30	*Anselol 50 mg; Atehexal; Chem mart Atenolol; GenRx Atenolol; healthsense Atenolol; Noten; Tensig; Terry White Chemists Atenolol*
Ticlid	Tablet 250 mg	60	2.26	*Ticlopidine Hexal; Tilodene*
Timoptol	Eye drops 2.5 mg (base) per mL (0.25%), 5 mL	1	1.09	*Tenopt*
	Eye drops 5 mg (base) per mL (0.5%), 5 mL	1	1.15	*Tenopt*
Tolvon	Tablet 10 mg	50	1.29	*Lumin 10*
	Tablet 20 mg	50	1.60	*Lumin 20*
Tramal	Capsule 50 mg	20	0.60	*Zydol*
	Capsule 50 mg	20	0.60	*Zydol*
Tramal SR 100	Tablet 100 mg (sustained release)	20	0.79	*Zydol SR 100*
Tramal SR 150	Tablet 150 mg (sustained release)	20	0.79	*Zydol SR 150*
Tramal SR 200	Tablet 200 mg (sustained release)	20	0.79	*Zydol SR 200*
Trandate	Tablet 100 mg	100	2.84	*Presolol 100*
	Tablet 200 mg	100	2.97	*Presolol 200*
Triphasil 28	Pack containing 6 tablets 50 micrograms-30 micrograms, 5 tablets 75 micrograms-40 micrograms, 10 tablets 125 micrograms-30 micrograms and 7 inert tablets	4	9.24	*Trifeme 28*
Triprim	Tablet 300 mg	7	1.36	*Alprim*
Triquilar	Pack containing 6 tablets 50 micrograms-30 micrograms, 5 tablets 75 micrograms-40 micrograms and 10 tablets 125 micrograms-30 micrograms	4	9.88	*Logynon ED*
Triquilar ED	Pack containing 6 tablets 50 micrograms-30 micrograms, 5 tablets 75 micrograms-40 micrograms, 10 tablets 125 micrograms-30 micrograms and 7 inert tablets	4	9.88	*Logynon ED*
Tryptanol	Tablet 25 mg	50	1.25	*Endep 25*
Valium	Tablet 2 mg	50	1.30	*Antenex 2; Chem mart Diazepam; GenRx Diazepam; Terry White Chemists Diazepam; Valpam 2*
	Tablet 5 mg	50	1.32	*Antenex 5; Chem mart Diazepam; Diazepam-DP; GenRx Diazepam; Terry White Chemists Diazepam; Valpam 5*
Vancocin	Injection 500 mg (500,000 i.u.) vancomycin activity (solvent required)	2	0.36	MX brand
	Injection 500 mg (500,000 i.u.) vancomycin activity (solvent required)	5	0.90	MX brand

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium $	Benchmark Priced Brands
Ventolin CFC-free	Oral pressurised inhalation 100 micrograms (base) per dose (200 doses), CFC-free formulation	2	1.00	*Asmol CFC-free; Epaq*
Ventolin Nebules	Nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30	2	2.20	*Asmol 2.5 uni-dose; Chem mart Salbutamol; GenRx Salbutamol; Terry White Chemists Salbutamol;* PU brand
	Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30	2	2.20	*Asmol 5 uni-dose; Chem mart Salbutamol; GenRx Salbutamol; healthsense Salbutamol; Terry White Chemists Salbutamol;* PU brand
Vibramycin	Tablet 100 mg	7	1.60	*Chem mart Doxycycline; Doxsig; Doxy-100; Doxyhexal; Doxylin 100; GenRx Doxycycline; Terry White Chemists Doxycycline*
	Tablet 100 mg	28	6.40	*Chem mart Doxycycline; Doxsig; Doxy-100; Doxyhexal; Doxylin 100; GenRx Doxycycline; Terry White Chemists Doxycycline*
	Tablet 100 mg	21	4.80	*Chem mart Doxycycline; Doxsig; Doxy-100; Doxyhexal; Doxylin 100; GenRx Doxycycline; Terry White Chemists Doxycycline*
Vibra-Tabs	Tablet 50 mg	25	1.65	*Chem mart Doxycycline; Doxy-50; Doxyhexal; Doxylin 50; GenRx Doxycycline; healthsense Doxycycline; Terry White Chemists Doxycycline*
Visken 5	Tablet 5 mg	100	2.63	*Barbloc 5*
Visken 15	Tablet 15 mg	50	2.70	*Barbloc 15*
Voltaren 25	Tablet 25 mg (enteric coated)	100	3.04	*Chem mart Diclofenac; Clonac 25; Diclofenac-BC; Diclohexal; Dinac; Fenac 25; GenRx Diclofenac; healthsense Diclofenac; Terry White Chemists Diclofenac*
Voltaren 50	Tablet 50 mg (enteric coated)	50	2.94	*Chem mart Diclofenac; Clonac 50; Diclohexal; Dinac; Fenac; GenRx Diclofenac; healthsense Diclofenac; Terry White Chemists Diclofenac*
Xanax	Tablet 250 micrograms	50	1.08	*Alprax 0.25; Kalma 0.25*
	Tablet 500 micrograms	50	1.16	*Alprax 0.5; Kalma 0.5*
	Tablet 1 mg	50	1.35	*Alprax 1; Alprazolam-DP; Chem mart Alprazolam; GenRx Alprazolam; Kalma 1; Terry White Chemists Alprazolam*
Xanax Tri-Score	Tablet 2 mg	50	1.65	*Alprax 2; Alprazolam-DP; Chem mart Alprazolam; GenRx Alprazolam; Kalma 2; Terry White Chemists Alprazolam*
Zantac	Tablet 150 mg (base)	60	2.17	*Ausran; Chem mart Ranitidine; GenRx Ranitidine; Rani 2; Ranihexal; Ranitidine-BC; Ranoxyl; Terry White Chemists Ranitidine*
	Tablet 300 mg (base)	30	2.17	*Ausran; Chem mart Ranitidine; GenRx Ranitidine; healthsense Ranitidine; Rani 2; Ranihexal; Ranitidine-BC; Ranoxyl; Terry White Chemists Ranitidine*

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium $	Benchmark Priced Brands
Zestril	Tablet 5 mg	30	1.95	*Chem mart Lisinopril; Fibsol 5; GenRx Lisinopril; healthsense Lisinopril; Liprace; Lisinopril Hexal; Lisinopril-BC; Lisodur; Terry White Chemists Lisinopril*
	Tablet 10 mg	30	1.95	*Chem mart Lisinopril; Fibsol 10; GenRx Lisinopril; healthsense Lisinopril; Liprace; Lisinopril Hexal; Lisinopril-BC; Lisodur; Terry White Chemists Lisinopril*
	Tablet 20 mg	30	1.95	*Chem mart Lisinopril; Fibsol 20; GenRx Lisinopril; healthsense Lisinopril; Liprace; Lisinopril Hexal; Lisinopril-BC; Lisodur; Terry White Chemists Lisinopril*
Zovirax 200 mg	Tablet 200 mg	50	5.78	*Acihexal; Acyclo-V 200; GenRx Aciclovir; Lovir*
	Tablet 200 mg	90	4.28	*Aciclovir-BC; Acihexal; Acyclo-V 200; Chem mart Aciclovir; GenRx Aciclovir; healthsense Lisinopril; Lovir; Terry White Chemists Aciclovir; Zyclir 200*
Zovirax 800 mg	Tablet 800 mg	35	2.09	*Aciclovir-BC; Acihexal; Acyclo-V 800; GenRx Aciclovir; Lovir; Zyclir 800*
	Tablet 800 mg	120	7.19	*Acihexal; Acyclo-V 800; Lovir*
Zyloprim	Tablet 100 mg	200	2.43	*Allohexal; Allopurinol-BC; Allosig; Chem mart Allopurinol; GenRx Allopurinol; Progout 100; Terry White Chemists Allopurinol*
	Tablet 300 mg	60	2.28	*Allohexal; Allopurinol-BC; Allorin 300 mg; Allosig; Chem mart Allopurinol; GenRx Allopurinol; healthsense Allopurinol; Progout 300; Terry White Chemists Allopurinol*

Preparations Available to Members of Colostomy and Ileostomy Associations

Effective 1 MAY 2004

Code	Name, Manner of Administration and Form	Max. Qty	Unit Price $	Proprietary Name and Manufacturer	
	CHARCOAL, ACTIVATED				
3206R	Tablets 300 mg, 500	1	15.00	Karbons BI	EG

Preparations Available to Members of Paraplegic and Quadriplegic Associations

Effective 1 MAY 2004

Code	Name, Manner of Administration and Form	Max. Qty	Unit Price $	Proprietary Name and Manufacturer	
	BISACODYL				
3261P	Tablets 5 mg, 200	2	8.23	Bisalax	AS
3250C	Suppositories 10 mg, 10	9	5.08	Durolax	BY
3276K	Suppositories 10 mg, 12	8	3.86	Fleet Laxative Suppositories	FL
				Petrus Bisacodyl Suppositories	PP
3263R	Enemas 10 mg in 5 mL, 25	2	28.20	Bisalax	AS
	DOCUSATE SODIUM with BISACODYL				
3253F	Suppositories 100 mg-10 mg, 5	18	2.54	Coloxyl	FM
	GLYCEROL				
3265W	Suppositories 700 mg (for infants), 12	8	3.04	PP	
3266X	Suppositories 1.4 g (for children), 12	8	3.15	PP	
3267Y	Suppositories 2.8 g (for adults), 12	8	3.26	PP	
	SORBITOL with SODIUM CITRATE and SODIUM LAURYL SULFOACETATE				
3274H	Enemas 3.125 g-450 mg-45 mg in 5 mL, 12	4	12.14	Microlax	PH
	STERCULIA with FRANGULA BARK				
3262Q	Granules 473 mg-83 mg per g (47.3%-8.3%), 250 g	4	8.32	Granocol	SC
3275J	Granules 620 mg-80 mg per g (62%-8%), 500 g	2	16.64	Normacol Plus	NE