



Australian Government

Department of Health and Ageing

SCHEDULE OF PHARMACEUTICAL BENEFITS FOR DENTAL PRACTITIONERS

This Schedule contains some minor stylistic,
formatting and display changes necessary
to accommodate other media outputs

www.pbs.gov.au

EFFECTIVE 1 JUNE 2007 — 30 JUNE 2007
(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.

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PHARMACEUTICAL BENEFITS

This Schedule is effective from 1 June 2007 and all previous issues are cancelled. New Schedules take effect on the first day of each month.

Internet

The Schedule of Pharmaceutical Benefits is also available on the Internet. The address of the Schedule is www.pbs.gov.au

SUMMARY OF CHANGES

DELETIONS

Deletions - Brands

- | | |
|-------|--|
| 5039F | <i>Carbamazepine-BC, BG</i> — Carbamazepine , Tablet 100 mg |
| 5040G | <i>Carbamazepine-BC, BG</i> — Carbamazepine , Tablet 200 mg |

Section 1 – Explanatory Notes

Introduction

These Explanatory Notes are provided to help dentists 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 monthly by the Australian Department of Health and Ageing (effective on the first day of each month).

It is vital therefore that dentists 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 Medicare Australia (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. At the start of the Schedule, immediately after the table of contents, is a summary of any changes to listed items.

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

Section 1

Section 1 is what you are reading, the Explanatory Notes. It outlines the correct way to prescribe pharmaceutical benefits, patient charges and who qualifies for concessions. This is followed by a list of Medicare Australia contacts and addresses, then an index of manufacturers' codes.

Section 2

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

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.)

2. Prescribing Medicines — Information for Dentists

Eligible prescribers

Pharmaceutical benefits can only be prescribed by dentists who are approved to work within the PBS.

PBS prescription forms

Standard PBS prescription forms are available from Medicare Australia for prescribing pharmaceutical benefits.

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

Ordering forms

Dentists are asked not to over order. Getting the right amount of forms helps to reduce the cost to taxpayers and helps to reduce paper wastage. Also, the pads may deteriorate if stored over time.

Order forms for standard PBS prescription forms are available from Medicare Australia stationery officers. Contact details are listed in the front of the Schedule.

Orders for PBS prescription stationery will only be accepted by application in writing and through the channels mentioned above.

Preparing general prescriptions

Do's and don't's

A PBS prescription is only valid when it is written by an approved dentist for dental treatment only.

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

A dentist cannot write more than one PBS 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 PBS prescription form, but pharmaceutical benefits and non-pharmaceutical benefits should not be listed together on the one PBS 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 dentist should write the prescription either on a private prescription or on a standard prescription with 'PBS/RPBS' clearly struck out. It should also be endorsed 'non-PBS'.

A dentist cannot prescribe a narcotic drug for him/herself. In some States and Territories the prescribing of drugs of addiction by dentists is not permitted.

Dentists are issued with individual PBS prescription pads by Medicare Australia for their own use – these pads should not be used by other dentists, as this can cause confusion through incorrect pharmacy records.

Dentists are required to include their prescriber numbers on non-personalised PBS 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 non-pharmaceutical benefit item with a pharmaceutical benefit item.

Writing the PBS prescription

The following rules apply for writing PBS prescriptions:

- they must be written in indelible form (i.e., ink or ball-point pen) in the dentist's own handwriting (exceptions must be approved by Medicare Australia's Chief Executive Officer) either on the standard PBS prescription, or on paper approximately 18 cm x 12 cm, or they can be generated by computer on a form approved by Medicare Australia. For patient safety reasons, both the original and the duplicate must be legible;
- they must record the dentist's name, address and prescriber number, the patient's name, address and entitlement status (i.e. whether they are a 'concessional' or 'general' patient), and whether the prescription is under the PBS or RPBS;
- they should completely identify the pharmaceutical benefit by detailing the item, dose, form, strength, quantity and instructions for use;
- 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 dentist and dated. Forward or back dating is not permitted.

There are separate arrangements for PBS prescriptions in certain public hospitals. To gain access to pharmaceutical benefits under this arrangement a patient must attend a participating public hospital and be a discharge patient or non-admitted patient. Only a dental practitioner, in course of employment with the participating public hospital, may prescribe the subsidised medication. The States of Victoria, Queensland and Western Australia have agreed to implement these arrangements.

Restrictions

Pharmaceutical benefits listed in this Schedule fall into two broad categories:

Unrestricted benefits – which have no restrictions on their therapeutic uses; and

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

Maximum quantities

The maximum quantities allowed for PBS items are recommended by the Pharmaceutical Benefits Advisory Committee (PBAC). Dentists cannot prescribe repeats.

PBS prescriptions 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 **do not use** abbreviations such as 'Max. Qty', or 'M.Q.'

Urgent cases

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

3. 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 Department of Veterans' Affairs (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
- Safety Net Concession Card or Safety Net Entitlement Card are also issued by Medicare Australia.

Under the Reciprocal Health Care Agreements (RHCA), 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.

What patients pay

Patient contribution

Under the PBS, the maximum cost for a pharmaceutical benefit item at a pharmacy is \$30.70 for general patients and \$4.90 for concessional patients (except where a brand premium applies).

Patients who have a Safety Net Entitlement Card receive PBS items for free, except where a brand premium applies.

The contribution rate for general patients as outpatients at public hospitals throughout Australia is \$24.60.

The exception is Queensland and hospitals participating in the pharmaceutical reforms where they pay the safety net value of an item when it is listed in the Schedule, or up to \$30.70 for items not listed in the Schedule. The public hospital pharmaceutical reforms enable participating public hospitals to prescribe and supply pharmaceutical medication from the PBS to outpatients and patients upon discharge.

The contribution rate for concessional patients in all public hospitals is \$4.90.

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 are usually adjusted on 1 January each year in line with inflation.

Patient contributions for early supply of some PBS medicines

Prescriptions for some pharmaceutical benefits are not eligible for Safety Net benefits if resupplied within 20 days of a previous supply of the same pharmaceutical benefit for the same person under the PBS or the RPBS. (This is known as the 'Safety Net 20 day rule' which came into effect on 1 January 2006.)

Where a prescription is subject to the Safety Net 20 day rule, exclusion from Safety Net benefits has the following effects:

- the patient contribution does not count towards the Safety Net
- after the Safety Net threshold is reached, the usual patient payment amount for the corresponding entitlement level (not the Safety Net amount) applies.

There are no pharmaceutical benefits listed for prescribing by dentists that are subject to the Safety Net 20 day rule.

Brand premiums

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.

The Schedule's brand premiums apply to maximum quantities. When a quantity is less than the maximum, the premium will be a fraction of the maximum quantity, using standard pricing rules.

Solvents

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

4. RPBS Dental Prescribing

Under Department of Veterans' Affairs (DVA) arrangements, financial responsibility for pharmaceutical benefits prescribed by a Local Dental Officer (LDO) is limited to the 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 PBS.

Prescriptions for PBS Dental Schedule items for Gold, White and Orange Card holders are to be dispensed at the PBS concessional rate. The card holder is required to meet the cost of any applicable brand premium.

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 DVA if an itemised receipt (not a cash register receipt) and a copy of the prescription are provided.

Addresses — Medicare Australia

Medicare Australia has responsibility for the operational aspects of the Pharmaceutical Benefits Scheme (PBS). This responsibility covers the processing of pharmaceutical benefit and safety net claims, and PBS stationery used by participating dental practitioners.

Procedures for ordering prescription forms are set out in Section 1 (Explanatory Notes) of this Schedule.

NEW SOUTH WALES and AUSTRALIAN CAPITAL TERRITORY

Pharmaceutical Benefits Branch

130 George Street

Parramatta NSW 2150

General enquiries— Tel: 132 290

IME enquiries— Tel: 1300 302 122

Orange Service Centre

189 Anson Street

Orange NSW 2800

General enquiries— Tel: 132 290

IME enquiries— Tel: 1300 302 122

VICTORIA

Pharmaceutical Branch

Medibank House

460 Bourke Street

Melbourne VIC 3000

General enquiries— Tel: 132 290

IME enquiries— Tel: 1300 302 122

QUEENSLAND

Pharmaceutical Services Branch

444 Queen Street

Brisbane QLD 4000

General enquiries— Tel: 132 290

IME enquiries— Tel: 1300 302 122

SOUTH AUSTRALIA and NORTHERN TERRITORY

Pharmaceutical Services Branch

209 Greenhill Road

Eastwood SA 5063

General enquiries— Tel: 132 290

IME enquiries— Tel: 1300 302 122

WESTERN AUSTRALIA

Pharmaceutical Benefits Branch

11th Floor, Bankwest Tower

108 St George's Terrace

Perth WA 6000

General enquiries— Tel: 132 290

IME enquiries— Tel: 1300 302 122

TASMANIA

Pharmaceutical Branch

242 Liverpool Street

Hobart TAS 7000

General enquiries— Tel: 132 290

IME enquiries— Tel: 1300 302 122

NATIONAL PROGRAM MANAGEMENT

Pharmaceutical Benefits Branch

Medicare Australia

134 Reed Street

Tuggeranong ACT 2900

Telephone— (02) 6124 6333

Website— www.medicareaustralia.gov.au

Email— pbs@medicareaustralia.gov.au

Index of Manufacturers' Codes

<i>Code</i>	<i>Manufacturer</i>	<i>Code</i>	<i>Manufacturer</i>
AB	Abbott Australasia Pty Ltd Sir Joseph Banks Corporate Park 32-34 Lord Street Botany NSW 2019 Tel: (02) 9384 9700 Fax: (02) 9384 9800	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
AF	Alphapharm Pty Limited Chase Building 2 Wentworth Park Road Glebe NSW 2037 Tel: (02) 9298 3999 Fax: (02) 9566 4686	BX	Baxter Healthcare Pty Limited 1 Baxter Drive Old Toongabbie NSW 2146 Tel: (02) 9848 1111 Fax: (02) 9848 1123
AL	Alphapharm Medical A Division of Alphapharm Pty Limited Chase Building 2 Wentworth Park Road Glebe NSW 2037 Tel: (02) 9298 3999 Fax: (02) 9566 4686	CH	Chem mart Pty Limited Level 7, 5 Queens Road Melbourne Vic 3004 Tel: (03) 9918 2500 Fax: (03) 9918 2006
AP	AstraZeneca Pty Ltd Alma Road North Ryde NSW 2113 Tel: (02) 9978 3500 Fax: (02) 9978 3700	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
AS	Aspen Pharmacare Australia Pty Ltd First Floor 34-36 Chandos Street St Leonards NSW 2065 Tel: (02) 8436 8300 Fax: (02) 9901 3540	CS	CSL Limited 45 Poplar Road Parkville Vic 3052 Tel: (03) 9389 1911 Fax: (03) 9388 2351
AV	Aventis Pharma Pty Limited Building D, Talavera Corporate Centre 12-24 Talavera Road Macquarie Park NSW 2113 Tel: (02) 8666 2000 Fax: (02) 8666 3000	DT	DermaTech Laboratories Pty Ltd Unit 17, 167 Prospect Highway Seven Hills NSW 2147 Tel: (02) 9624 5874 Fax: (02) 9624 8822
AW	Arrow Pharmaceuticals Pty Limited 24 Rothschild Avenue Rosebery NSW 2018 Tel: (02) 8344 8344 Fax: (02) 8344 8355	FA	F.H. Faulding & Co. Limited Level 6, 390 St Kilda Road Melbourne Vic 3004 Tel: (03) 9868 0700 Fax: (03) 9868 0111

<i>Code</i>	<i>Manufacturer</i>
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
GK	GlaxoSmithKline Australia Pty Ltd 1061 Mountain Highway Boronia Vic 3155 Tel: (03) 9721 6000 Fax: (03) 9729 5319
GM	Genepharm Pty Ltd 3/10 Inglewood Place Norwest Business Park Baulkham Hills NSW 2153 Tel: 1800 678 302 Fax: (02) 8818 2122
GX	GenRx Pty Ltd Suite 2B, Level 3, Building A 11 Talavera Road North Ryde NSW 2113 Tel: 1800 195 055 Fax: 1800 133 300
HX	Hexal Australia Pty Ltd Level 4, Suite 7-19 100 Harris Street Pyrmont NSW 2009 Tel: (02) 9566 1500 Fax: (02) 9566 1458
JT	Johnson & Johnson Pacific Pty Limited 45 Jones Street Ultimo NSW 2007 Tel: 13 1565 Fax: (02) 8260 8102
KR	Kenral Division of Pharmacia Australia Pty Limited 59 Kirby Street Rydalmere NSW 2116 Tel: (02) 9848 3000 Fax: (02) 9848 3333
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

<i>Code</i>	<i>Manufacturer</i>
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
MK	Merck Sharp & Dohme (Australia) Pty Ltd 54-68 Ferndell Street South Granville NSW 2142 Tel: (02) 9795 9500 Fax: (02) 9795 9595
MM	3M Pharmaceuticals Australia Pty Ltd 9-15 Chilvers Road Thornleigh NSW 2120 Tel: (02) 9875 6333 Fax: (02) 9875 6416
MX	Mayne Pharma Pty Ltd (David Bull Laboratories, Faulding Pharmaceuticals) Level 6, 390 St Kilda Road Melbourne Vic 3004 Tel: (03) 9868 0700 Fax: (03) 9868 0111
NO	Novo Nordisk Pharmaceuticals Pty Ltd Level 3, 21 Solent Circuit Baulkham Hills NSW 2153 Tel: (02) 8858 3600 Fax: (02) 8858 3799
NV	Novartis Pharmaceuticals Australia Pty Ltd 54 Waterloo Road North Ryde NSW 2113 Tel: (02) 9805 3555 Fax: (02) 9887 4551

<i>Code</i>	<i>Manufacturer</i>
PC	Pfizer Consumer Healthcare Pty Ltd 32 Cawarra Road Caringbah NSW 2229 Tel: (02) 9710 6500 Fax: (02) 9710 6644
PF	Pfizer Pty Limited 38-42 Wharf Road West Ryde NSW 2114 Tel: (02) 9850 3333 Fax: (02) 9858 1347
PH	Pharmacia Australia Pty Limited 38-42 Wharf Road West Ryde NSW 2114 Tel: (02) 9850 3333 Fax: (02) 9858 1347
PL	Pharmalab 332 Burns Bay Road Lane Cove NSW 2066 Tel: (02) 9420 9199 Fax: (02) 9420 9177
RA	Ranbaxy Australia Pty Limited Suite 4.02, Level 4 Building D 12-24 Talavera Road North Ryde NSW 2113 Tel: (02) 9647 1172 Fax: (02) 9647 1172
RC	Reckitt Benckiser (Australia) Pty Limited 44 Wharf Road West Ryde NSW 2114 Tel: (02) 9857 2000 Fax: (02) 9857 2004
RO	Roche Products Pty Ltd 4-10 Inman Road Dee Why NSW 2099 Tel: (02) 9454 9000 Fax: (02) 9971 7401
SH	Schering-Plough Pty Ltd 11 Gibbon Road Baulkham Hills NSW 2153 Tel: (02) 9852 7444 Fax: (02) 9852 7500

<i>Code</i>	<i>Manufacturer</i>
SI	Sigma Pharmaceuticals Pty Ltd 96 Merrindale Drive Croydon Vic 3136 Tel: (03) 9839 2800 Fax: (03) 9839 2801
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 Building D, Talavera Corporate Centre 12-24 Talavera Road Macquarie Park NSW 2113 Tel: (02) 8666 2000 Fax: (02) 8666 3000
SZ	Sandoz Pty Ltd Level 4, Suite 7-19 100 Harris Street Pyrmont NSW 2009 Tel: (02) 9566 1500 Fax: (02) 9566 1458
TW	Terry White Chemists Level 7, 5 Queens Road Melbourne Vic 3004 Tel: (03) 9918 2500 Fax: (03) 9918 2006
VT	Valeant Pharmaceuticals Australasia Pty Ltd Level 1, 85 St Hilliers Road Auburn NSW 2144 Tel: (02) 9648 4266 Fax: (02) 9648 4655

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All other non-therapeutic products 51

Section 2
Schedule of Benefits

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***. 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 a 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.

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 the 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 Therapeutic Goods Administration. 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 unknown whether or not they are equivalent. There may be several reasons for this, 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.

'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.

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 the Brand Premium Policy, suppliers of multi-branded items 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 when a cheaper one is available and is therapeutically interchangeable.

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

It should be noted that the brand 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.

SPECIAL PHARMACEUTICAL BENEFITS

The special patient contribution is payable by all patients in addition to the relevant patient contribution for concessional and general patients.

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
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PHARMACEUTICAL BENEFITS FOR DENTAL USE

AMOXYCILLIN

3310F	Powder for paediatric oral drops 100 mg per mL, 20 mL	‡ 1	..	s0.58	# 11.65	# 12.23	13.03	Amoxil	GK
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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	
ALIMENTARY TRACT AND METABOLISM								
STOMATOLOGICAL PREPARATIONS								
Stomatological preparations								
• Antiinfectives and antiseptics for local oral treatment								
AMPHOTERICIN								
3306B	Lozenge 10 mg	20	..	..	8.88	9.87	Fungilin	BQ
NYSTATIN								
3343Y	Oral suspension 100,000 units per mL, 24 mL	‡ 1	..	..	9.39	10.38	Mycostatin Nilstat	BQ SI
• Other agents for local oral treatment								
BENZYDAMINE HYDROCHLORIDE								
Restricted Benefit								
<i>Radiation induced mucositis.</i>								
5032W	<i>Mouth and throat rinse 22.5 mg per 15 mL, 500 mL</i>	‡ 1	..	..	19.11	20.10	<i>Difflam</i>	<i>MM</i>
DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS								
Belladonna and derivatives, plain								
• Belladonna alkaloids, tertiary amines								
ATROPINE SULFATE								
5022H	Injection 600 micrograms in 1 mL	10	..	..	13.39	14.38	AP	
Propulsives								
• Propulsives								
METOCLOPRAMIDE HYDROCHLORIDE								
5151D	Tablet 10 mg	25	..	..	6.70 B2.88	7.69 7.69	Pramin Maxolon	AF VT
5153F	Injection 10 mg in 2 mL	10	..	..	11.43	12.42	Maxolon	VT
ANTIEMETICS AND ANTINAUSEANTS								
Antiemetics and antinauseants								
• Other antiemetics								
PROCHLORPERAZINE								
CAUTION:								
Prochlorperazine may be associated with parkinsonism and tardive dyskinesia and should be used for short-term treatment only.								
5205Y	Tablet 5 mg	25	..	..	7.66 B2.09	8.65 8.65	^a Stemizine ^a Stemetil	AV SW
5206B	Injection 12.5 mg in 1 mL	10	14.26	15.25	Stemetil	SW
5207C	Suppositories 5 mg, 5	‡ 1	15.42	16.41	Stemetil	SW

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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	
5208D	Suppositories 25 mg, 5	‡ 1	..	..	16.92	17.91	Stemetil	SW
	PROMETHAZINE HYDROCHLORIDE							
3374N	Injection 50 mg in 2 mL	10	..	..	* 20.35	21.34	MX	

ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ ANTIINFECTIVE AGENTS

Intestinal antiinfectives

• **Antibiotics**

NYSTATIN

3342X	Tablet 500,000 units	50	..	..	16.21	17.20	Nilstat	SI
3345C	Capsule 500,000 units	50	..	..	16.21	17.20	Nilstat	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
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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	* 23.80	24.79	BX
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• *Solutions affecting the electrolyte balance*

SODIUM CHLORIDE

5212H	I.V. infusion 154 mmol per L (0.9%), 1 L	5	* 23.80	24.79	BX
5213J	I.V. infusion 513 mmol per L (3%), 1 L	2	..	..	* 16.43	17.42	BX

SODIUM CHLORIDE with GLUCOSE

5214K	I.V. infusion 31 mmol-222 mmol (anhydrous) per L (0.18%-4%), 1 L	5	..	..	* 23.80	24.79	BX
5215L	I.V. infusion 19 mmol-104 mmol (anhydrous) per 500 mL (0.225%-3.75%), 500 mL	5	..	..	* 29.65	30.64	BX
5216M	I.V. infusion 39 mmol-69 mmol (anhydrous) per 500 mL (0.45%-2.5%), 500 mL	5	..	..	* 29.65	30.64	BX

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
CARDIOVASCULAR SYSTEM								
CARDIAC THERAPY								
Antiarrhythmics, class I and III								
• Antiarrhythmics, class IB								
LIGNOCAINE HYDROCHLORIDE								
5142P	Injection 100 mg in 5 mL	5	..	..	34.72	30.70	PF
Cardiac stimulants excl. cardiac glycosides								
• Adrenergic and dopaminergic agents								
ADRENALINE								
5004J	Injection 1 mg in 1 mL (1 in 1,000)	5	..	..	18.46	19.45	AP
Vasodilators used in cardiac diseases								
• Organic nitrates								
GLYCERYL TRINITRATE								
5108W	Tablets 600 micrograms, 100	‡ 1	10.98 B1.61	11.97 ^a 11.97 ^a	Lycinate Anginine Stabilised	FM 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
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DERMATOLOGICALS

CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS

Corticosteroids, plain

• Corticosteroids, weak (group I)

HYDROCORTISONE ACETATE

Restricted Benefit

Treatment of corticosteroid-responsive dermatoses.

5111B	Cream 10 mg per g (1%), 30 g	‡ 1	..	.. B1.85	6.92 8.77	7.91 7.91	^a Cortic-DS 1% ^a Sigmacort	FM SI
5113D	Cream 10 mg per g (1%), 50 g	‡ 1	..	.. B0.08 B1.86	7.37 7.45 9.23	8.36 8.36 8.36	^a Cortic-DS 1% ^a Cortef ^a Sigmacort	FM DT SI
5112C	Topical ointment 10 mg per g (1%), 30 g	‡ 1	..	.. B1.85	6.92 8.77	7.91 7.91	^a Cortic-DS 1% ^a Sigmacort	FM SI
5114E	Topical ointment 10 mg per g (1%), 50 g	‡ 1	..	.. B1.86	7.37 9.23	8.36 8.36	^a Cortic-DS 1% ^a Sigmacort	FM 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	
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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	<i>Injection 3 mg-3.9 mg (equivalent to 5.7 mg betamethasone) in 1 mL</i>	5	24.42	25.41	<i>Celestone Chronodose</i>	<i>SH</i>
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HYDROCORTISONE SODIUM SUCCINATE

Restricted Benefit

For use in a hospital.

5118J	<i>Injection equivalent to 100 mg hydrocortisone with 2 mL solvent</i>	6	* 36.53	30.70	<i>Solu-Cortef</i>	<i>PH</i>
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5119K	<i>Injection equivalent to 250 mg hydrocortisone with 2 mL solvent</i>	6	* 61.91	30.70	<i>Solu-Cortef</i>	<i>PH</i>
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METHYLPREDNISOLONE ACETATE

Restricted Benefit

For local intra-articular or peri-articular infiltration.

5148Y	<i>Injection 40 mg in 1 mL</i>	5	..	..	23.10	24.09	<i>Depo-Nisolone</i>	<i>KR</i>
				b0.74	23.84	24.09	<i>Depo-Medrol</i>	<i>PH</i>

TRIAMCINOLONE ACETONIDE

Restricted Benefit

For local intra-articular or peri-articular infiltration;

Keloid;

Lichen planus hypertrophic.

5233K	<i>Injection 10 mg in 1 mL</i>	5	24.42	25.41	<i>Kenacort-A10</i>	<i>BQ</i>
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PANCREATIC HORMONES

Glycogenolytic hormones

• Glycogenolytic hormones

GLUCAGON HYDROCHLORIDE

5105Q	<i>Injection set containing 1 mg (1 i.u.) and 1 mL solvent in disposable syringe</i>	1	40.83	30.70	<i>GlucaGen Hypokit</i>	<i>NO</i>
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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
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ANTIINFECTIVES FOR SYSTEMIC USE

ANTIBACTERIALS FOR SYSTEMIC USE

Tetracyclines

• Tetracyclines

DOXYCYCLINE

3321T	Tablet 100 mg	7	..	..	7.76	8.75	a Chem mart Doxycycline	CH
							a Doxsig	SI
							a Doxy-100	GM
							a Doxyhexal	SZ
							a Doxylin 100	AF
							a GenRx Doxycycline	GX
							a Terry White Chemists Doxycycline	TW
				B1.53	9.29	8.75	a Vibramycin	PF
3322W	Capsule 100 mg	7	..	..	7.76	8.75	a DBL Doxycycline	FA
				B1.46	9.22	8.75	a Doryx	MX

Beta-lactam antibacterials, penicillins

• Penicillins with extended spectrum


AMOXYCILLIN

3303W	Chewable tablet 250 mg	20	..	..	8.73	9.72	Amoxil	GK
3301R	Capsule 250 mg	20	..	..	7.87	8.86	a Alphamox 250	AF
							a Amohexal	HX
							a Amoxycillin-DP	GM
							a Chem mart Amoxycillin	CH
							a Cilamox	SI
							a GenRx Amoxycillin	GX
							a Terry White Chemists Amoxycillin	TW
				B1.00	8.87	8.86	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	
3300Q	Capsule 500 mg	20	..	..	10.55	11.54	a Alphamox 500	AF
							a Amohexal	HX
							a Amoxicillin-DP	GM
							a Chem mart	CH
							Amoxicillin	
							a Cilamox	SI
							a GenRx	GX
							Amoxicillin	
							a Moxacin	CS
							a Terry White	TW
							Chemists	
							Amoxicillin	
				B1.00	11.55	11.54	a Amoxil	GK
3309E	Sachet containing oral powder 3 g	1	..	..	8.58	9.57	Amoxil	GK
3302T	Powder for syrup 125 mg per 5 mL, 100 mL	‡ 1	..	..	# 10.02	11.40	a Alphamox 125	AF
							a Amohexal	HX
							a Bgramin	GM
							a Chem mart	CH
							Amoxicillin	
							a GenRx	GX
							Amoxicillin	
							a Terry White	TW
							Chemists	
							Amoxicillin	
				B1.22	# 11.24	11.40	a Amoxil	GK
3393N	Powder for syrup 250 mg per 5 mL, 100 mL	‡ 1	..	..	# 11.09	12.47	a Alphamox 250	AF
							a Amohexal	HX
							a Bgramin	GM
							a Chem mart	CH
							Amoxicillin	
							a Cilamox	SI
							a GenRx	GX
							Amoxicillin	
							a Terry White	TW
							Chemists	
							Amoxicillin	
				B1.01	# 12.10	12.47	a Amoxil Forte	GK
5225B	Powder for oral suspension 500 mg per 5 mL, 100 mL	‡ 1	..	..	# 13.80	15.18	Maxamox	SZ
	AMPICILLIN							
5013W	Capsule 250 mg	24	..	..	8.87	9.86	Alphacin 250	AF
5014X	Capsule 500 mg	24	..	..	12.12	13.11	Alphacin 500	AF
3313J	Powder for injection 500 mg	5	..	..	11.09	12.08	a Austrapen	LN
							a Ibimicyn	GM
3314K	Powder for injection 1 g	5	..	..	14.90	15.89	a Aspen Ampicyn	AS
							a Austrapen	LN
							a Ibimicyn	GM

Code	Name, Restriction, Manner of 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	..	..	25.43	26.42	Bicillin L-A Tubex	AS
5252K	Powder for injection 900 mg (1,200,000 i.u.)	1	..	..	* 42.36	30.70	Pan Benzathine Benzylpenicillin	AS
BENZYL PENICILLIN								
3398W	Powder for injection 600 mg	10	..	..	* 38.05	30.70	BenPen	CS
3399X	Powder for injection 3 g	10	..	..	* 61.65	30.70	BenPen	CS
PHENOXYMETHYLPENICILLIN								
3360W	Tablet 250 mg	50	..	..	* 11.71	12.70	Abbecillin-VK Filmtab	SI
3361X	Tablet 500 mg	50	..	..	* 14.89	15.88	Abbecillin-VK Filmtab	SI
3363B	Capsule 250 mg	50	..	..	11.51	12.50	^a Cilicaine VK ^a Cilopen VK ^a Penhexal VK	FM GM HX
3364C	Capsule 500 mg	50	..	..	14.61	15.60	^a Cilicaine VK ^a Cilopen VK LPV ^a Penhexal VK	FM GM CS HX
3365D	Paediatric oral suspension 125 mg per 5 mL, 100 mL	2	..	..	* 12.49 b1.82	13.48 13.48	^a Cilicaine V ^a Abbecillin-V	FM SI
3366E	Oral suspension 250 mg per 5 mL, 100 mL	2	..	..	* 15.19 b1.80	16.18 16.18	^a Cilicaine V ^a Abbecillin-V	FM SI
PROCAINE PENICILLIN								
3371K	Injection 1.5 g	5	..	..	51.35	30.70	Cilicaine	SI
• Beta-lactamase resistant penicillins								
DICLOXACILLIN								
5098H	Powder for injection 500 mg	5	..	..	16.83	17.82	Diclocil	BQ
5099J	Powder for injection 1 g	5	..	..	23.49	24.48	Diclocil	BQ

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	
DICLOXACILLIN								
Restricted Benefit								
<i>Serious staphylococcal infections.</i>								
5096F	Capsule 250 mg	24	..	..	11.56	12.55	^a Diclocil ^a Dicloxsig ^a Distaph 250	BQ SI AF
5097G	Capsule 500 mg	24	..	..	18.57	19.56	^a Diclocil ^a Dicloxsig ^a Distaph 500	BQ SI AF
FLUCLOXACILLIN								
CAUTION:								
Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.								
5094D	Powder for injection 500 mg	5	..	..	16.72	17.71	^a Flopen ^a Flubiclox	CS GM
5095E	Powder for injection 1 g	5	..	..	23.30	24.29	^a Aspen Flucil ^a Flopen ^a Flubiclox ^a MX	AS CS GM
FLUCLOXACILLIN								
CAUTION:								
Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.								
Restricted Benefit								
<i>Serious staphylococcal infections.</i>								
5090X	Capsule 250 mg	24	..	..	11.56	12.55	^a Flopen ^a Floxsig ^a Staphylex 250	CS SI AF
				b0.45	12.01	12.55	^a Floxapen	GK
5091Y	Capsule 500 mg	24	..	..	18.57	19.56	^a Flopen ^a Floxsig ^a Staphylex 500	CS SI AF
				b0.57	19.14	19.56	^a Floxapen	GK
5092B	Powder for syrup 125 mg per 5 mL, 100 mL	‡ 1	..	..	# 13.38	14.76	Floxapen	GK
5093C	Powder for syrup 250 mg per 5 mL, 100 mL	‡ 1	..	..	# 16.98 b0.09	18.36 18.36	^a Flopen ^a Floxapen	CS 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
• Combinations of penicillins, incl. beta-lactamase inhibitors							
AMOXYCILLIN with CLAVULANIC ACID							
CAUTION:							
<i>Hepatotoxicity has been reported with this drug.</i>							
Restricted Benefit							
<i>Infections where resistance to amoxicillin is suspected;</i>							
<i>Infections where resistance to amoxicillin is proven.</i>							
5008N	Tablet 500 mg-125 mg	10	..	..	12.47	13.46	^a Clamohexal Duo 500mg/125mg HX ^a Clamoxyl Duo AL ^a Clavulin Duo ME ^a Curam 500/125 SZ ^a Moxiclav Duo 500/125 AW
					b0.99	13.46	^a Augmentin Duo GK
5006L	Tablet 875 mg-125 mg	10	..	..	15.58	16.57	^a Chem mart CH <i>Amoxicillin and Clavulanic Acid</i> ^a Clamohexal Duo Forte 875mg/125mg HX ^a Clamoxyl Duo forte AL ^a Clavulin Duo Forte ME ^a Curam 875/125 SZ ^a GenRx GX <i>Amoxicillin and Clavulanic Acid</i> ^a Moxiclav Duo Forte 875/125 AW ^a Terry White TW <i>Chemists Amoxicillin and Clavulanic Acid</i> b1.30 16.88 16.57 ^a Augmentin Duo forte GK
5009P	Powder for syrup 125 mg-31.25 mg per 5 mL, 75 mL	‡ 1	..	..	# 12.10	13.48	^a Clamohexal 125mg/31.25mg/5mL HX ^a Clamoxyl AL ^a Clavulin ME b0.96 # 13.06 13.48 ^a Augmentin GK
5011R	Powder for syrup 400 mg-57 mg per 5 mL, 60 mL	‡ 1	..	..	# 14.02	15.40	^a Clamohexal Duo 400mg/57mg/5mL HX ^a Clamoxyl Duo 400 AL ^a Clavulin Duo 400 ME b0.98 # 15.00 15.40 ^a Augmentin Duo 400 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	
TICARCILLIN with CLAVULANIC ACID								
Restricted Benefit								
<i>Infections where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent.</i>								
5230G	Powder for injection 3 g-100 mg (solvent required) <i>(code 7043Q applies to above item with approved solvent)</i>	10	..	..	147.79	30.70	Timentin	GK
Other beta-lactam antibacterials								
• First-generation cephalosporins								
CEPHALEXIN								
3317N	Capsule 250 mg	20	..	..	8.24	9.23	^a Chem mart Cephalexin ^a Cilex ^a GenRx Cephalexin ^a Ialex ^a Ibilex 250 ^a Rancef ^a Sporahehexal ^a Terry White Chemists Cephalexin	CH GM GX LN AF RA HX TW
					B2.39	10.63	^a Keflex	AS
3318P	Capsule 500 mg	20	..	..	10.69	11.68	^a Chem mart Cephalexin ^a Cilex ^a GenRx Cephalexin ^a Ialex ^a Ibilex 500 ^a Rancef ^a Sporahehexal ^a Terry White Chemists Cephalexin	CH GM GX LN AF RA HX TW
					B2.84	13.53	^a Keflex	AS
3319Q	Granules for syrup 125 mg per 5 mL, 100 mL	‡ 1	..	..	# 11.29	12.67	^a Chem mart Cephalexin ^a Cilex ^a GenRx Cephalexin ^a Ialex ^a Ibilex 125 ^a Terry White Chemists Cephalexin	CH GM GX LN AF TW
					B2.47	# 13.76	^a Keflex	AS

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	
3320R	Granules for syrup 250 mg per 5 mL, 100 mL	‡ 1	..	..	# 13.07	14.45	a Chem mart Cephalexin	CH
							a Cilex	GM
							a GenRx Cephalexin	GX
							a Ialex	LN
							a Ibilex 250	AF
							a Terry White Chemists Cephalexin	TW
				B2.82	# 15.89	14.45	a Keflex	AS
	CEPHALOTHIN							
3376Q	Powder for injection 1 g	10	..	..	42.72	30.70	a MX	
				B0.28	43.00	30.70	a Keflin Neutral	AS
	• Second-generation cephalosporins							
	CEFACTOR							
	CAUTION:							
	Serum sickness-like reactions have been reported with this drug, especially in children.							
5045M	Tablet 375 mg (sustained release)	10	..	..	13.41	14.40	a Chem mart Cefaclor CD	CH
							a Douglas Cefaclor- CD	GM
							a GenRx Cefaclor CD	GX
							a Karlor CD	LN
							a Keflor CD	AF
							a Ozcef	RA
							a Terry White Chemists Cefaclor CD	TW
				B2.91	16.32	14.40	a Ceclor CD	AS
5046N	Powder for oral suspension 125 mg per 5 mL, 100 mL	‡ 1	..	..	# 13.41	14.79	a Aclor 125	AW
							a Chem mart Cefaclor	CH
							a GenRx Cefaclor	GX
							a Keflor	AF
							a Terry White Chemists Cefaclor	TW
				B2.54	# 15.95	14.79	a Ceclor	AS
5047P	Powder for oral suspension 250 mg per 5 mL, 75 mL	‡ 1	..	..	# 13.82	15.20	a Aclor 250	AW
							a Chem mart Cefaclor	CH
							a GenRx Cefaclor	GX
							a Keflor	AF
							a Terry White Chemists Cefaclor	TW
				B2.62	# 16.44	15.20	a Ceclor	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	
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CEFUROXIME AXETIL

5052X	Tablet 250 mg (base)	14	14.87	15.86	Zinnat	GK
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• **Third-generation cephalosporins**

CEFOTAXIME

Restricted Benefit

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

5048Q	Powder for injection 1 g	10	..	..	25.85 B26.40	26.84 * 52.25 26.84	^a MX ^a Cefotaxime Sandoz	SZ
5049R	Powder for injection 2 g	10	..	..	43.45 B48.60	30.70 * 92.05 30.70	^a MX ^a Cefotaxime Sandoz	SZ

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	..	..	8.02	9.01	^a Resprim ^a Septrin	AF SI
3390K	Tablet 160 mg-800 mg	10	..	..	8.93	9.92	^a Bactrim DS ^a Chem mart Trimethoprim with Sulfamethoxazole DS ^a GenRx	RO CH GX
					B1.41	10.34	^a Septrin Forte	SI
3391L	Oral suspension 40 mg-200 mg per 5 mL, 100 mL	‡ 1	..	..	8.51	9.50	Bactrim ^a Resprim	RO AF
					B1.85	10.36	^a Septrin	SI

Macrolides, lincosamides and streptogramins

• **Macrolides**

ERYTHROMYCIN

3325B	Capsule 250 mg	25	..	..	8.99	9.98	^a DBL Erythromycin	FA
					B1.72	10.71	^a Eryc	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	
ERYTHROMYCIN ETHYL SUCCINATE								
3336N	Tablet 400 mg (base)	25	..	.. B3.00	8.90 11.90	9.89 9.89	^a E-Mycin ^a E.E.S. 400 Filmstab	AF AB
3334L	Powder for oral liquid 200 mg (base) per 5 mL, 100 mL	‡ 1	..	.. B2.12	# 10.77 # 12.89	12.15 12.15	^a E-Mycin 200 ^a E.E.S. 200	AF AB
3337P	Powder for oral liquid 400 mg (base) per 5 mL, 100 mL	‡ 1	..	.. B1.71	# 12.34 # 14.05	13.72 13.72	^a E-Mycin 400 ^a E.E.S. Granules	AF AB
ERYTHROMYCIN LACTOBIONATE								
5088T	Powder for I.V. infusion 1 g (base)	5	..	..	* 49.65	30.70	Erythrocin-I.V.	AB
• Lincosamides								
CLINDAMYCIN								
<u>Restricted Benefit</u>								
<i>Gram-positive coccal infections where these cannot be safely and effectively treated with a penicillin.</i>								
5057E	Capsule 150 mg	25	..	.. B1.41	18.71 20.12	19.70 19.70	^a Cleocin ^a Dalacin C	KR PH
LINCOMYCIN								
5144R	Injection 600 mg in 2 mL	5	..	..	28.73	29.72	Lincocin	PH
Other antibacterials								
• Glycopeptide antibacterials								
VANCOMYCIN								
<u>Restricted Benefit</u>								
<i>Prophylaxis of endocarditis in patients hypersensitive to penicillin.</i>								
3323X	Powder for injection 500 mg (500,000 i.u.) vancomycin activity	2	..	..	* 50.81	30.70	^a Vancocin ^a MX	AS
• Imidazole derivatives								
METRONIDAZOLE								
3339R	Tablet 200 mg	21	..	.. B1.92	7.11 9.03	8.10 8.10	^a Metrogyl 200 ^a Metronide 200 ^a Flagyl	AF AV SW
5159M	Tablet 400 mg	5	..	..	7.01	8.00	Metrogyl 400	AF
5157K	Suppositories 500 mg, 10	‡ 1	..	..	20.15	21.14	Flagyl	SW

continued ↪

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
METRONIDAZOLE								
Restricted Benefit								
<i>Treatment of anaerobic infections.</i>								
5155H	Tablet 400 mg	21	..	..	9.75	10.74	^a Metrogl 400	AF
							^a Metronide 400	AV
				B2.00	11.75	10.74	^a Flagyl	SW
Restricted Benefit								
<i>Treatment, in a hospital, of acute anaerobic sepsis.</i>								
5154G	I.V. infusion 500 mg in 100 mL	5	..	..	* 42.35	30.70	BX	
METRONIDAZOLE BENZOATE								
3341W	Oral suspension 320 mg per 5 mL (equivalent to 200 mg metronidazole in 5 mL), 100 mL	‡ 1	..	..	14.47	15.46	Flagyl S	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
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MUSCULO-SKELETAL SYSTEM

ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS

Antiinflammatory and antirheumatic products, non-steroids

• Acetic acid derivatives and related substances

DICLOFENAC SODIUM

5079H	Suppository 100 mg	40	* 22.83	23.82	Voltaren 100	NV
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DICLOFENAC SODIUM

Restricted Benefit

Chronic arthropathies (including osteoarthritis) with an inflammatory component;

Bone pain due to malignant disease.

5076E	Tablet 25 mg (enteric coated)	100	..	..	* 13.63	14.62	^a Chem mart Diclofenac	CH
							^a Clonac 25	AW
							^a Diclohexal	HX
							^a Dinac	GM
							^a GenRx Diclofenac	GX
							^a Terry White Chemists Diclofenac	TW
				..	13.63	14.62	^a Fenac 25	AF
				B2.50	* 16.13	14.62	^a Voltaren 25	NV
5077F	Tablet 50 mg (enteric coated)	50	..	..	11.06	12.05	^a Chem mart Diclofenac	CH
							^a Clonac 50	AW
							^a Diclohexal	HX
							^a Dinac	GM
							^a Fenac	AF
							^a GenRx Diclofenac	GX
							^a Terry White Chemists Diclofenac	TW
				B2.49	13.55	12.05	^a Voltaren 50	NV

INDOMETHACIN

5128X	Suppository 100 mg	40	* 20.53	21.52	Indocid	MK
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INDOMETHACIN

Restricted Benefit

Chronic arthropathies (including osteoarthritis) with an inflammatory component;

Bone pain due to malignant disease.

5126T	Capsule 25 mg	100	..	..	* 10.55	11.54	^a Arthrexin	AF
				B2.98	* 13.53	11.54	^a Indocid	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	
SULINDAC								
Restricted Benefit								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component;</i>								
<i>Bone pain due to malignant disease.</i>								
5217N	Tablet 100 mg	100	..	..	* 14.63	15.62	Acilin	AF
5218P	Tablet 200 mg	50	..	..	13.62	14.61	Acilin 200	AF
• Oxicams								
PIROXICAM								
Restricted Benefit								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component.</i>								
5201R	Dispersible tablet 10 mg	50	..	..	12.91	13.90	^a GenRx Piroxicam Dispersible	GX
							^a Mobilis D-10	AF
							^a Pirohexal-D	HX
					82.66	15.57	^a Feldene-D	PF
5202T	Dispersible tablet 20 mg	25	..	..	12.52	13.51	^a Chem mart Piroxicam Dispersible	CH
							^a GenRx Piroxicam Dispersible	GX
							^a Mobilis D-20	AF
							^a Pirohexal-D	HX
							^a Terry White Chemists Piroxicam Dispersible	TW
					82.64	15.16	^a Feldene-D	PF
5203W	Capsule 10 mg	50	..	..	12.91	13.90	^a Chem mart Piroxicam	CH
							^a GenRx Piroxicam	GX
							^a Mobilis 10	AF
							^a Terry White Chemists Piroxicam	TW
					82.66	15.57	^a Feldene	PF
5204X	Capsule 20 mg	25	..	..	12.52	13.51	^a Chem mart Piroxicam	CH
							^a GenRx Piroxicam	GX
							^a Mobilis 20	AF
							^a Terry White Chemists Piroxicam	TW
					82.64	15.16	^a Feldene	PF
• Propionic acid derivatives								
IBUPROFEN								
5124Q	Tablet 400 mg	30	..	..	7.80	8.79	Brufen	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	
IBUPROFEN								
Restricted Benefit								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component;</i>								
<i>Bone pain due to malignant disease.</i>								
5121M	Tablet 200 mg	100	..	..	* 10.55	11.54	Rafen 200	AF
5123P	Tablet 400 mg	90	..	..	* 13.10	14.09	Brufen	AB
KETOPROFEN								
5139L	Suppository 100 mg	40	..	..	* 21.23	22.22	Orudis	SW
KETOPROFEN								
Restricted Benefit								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component.</i>								
5136H	Capsule 200 mg (sustained release)	28	..	..	15.40 B1.95	16.39 17.35	^a Oruvail SR ^a Orudis SR 200	AV SW
NAPROXEN								
Restricted Benefit								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component;</i>								
<i>Bone pain due to malignant disease.</i>								
5176K	Tablet 250 mg	100	..	..	* 14.45 B3.00	15.44 15.44	^a Inza 250 ^a Naprosyn	AF RO
5177L	Tablet 500 mg	50	..	..	13.42 B1.75	14.41 14.41	^a Inza 500 ^a Naprosyn	AF RO
5178M	Tablet 750 mg (sustained release)	28	..	..	12.75 B1.62	13.74 13.74	^a Proxen SR 750 ^a Naprosyn SR750	MD RO
5179N	Tablet 1 g (sustained release)	28	..	..	15.28 B1.72	16.27 16.27	^a Proxen SR 1000 ^a Naprosyn SR1000	MD RO
NAPROXEN SODIUM								
Restricted Benefit								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component;</i>								
<i>Bone pain due to malignant disease.</i>								
5186Y	Tablet 550 mg	50	..	..	13.68 B2.91	14.67 14.67	^a Crysanal ^a Anaprox 550	MD RO

NOTE:

Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.

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

ANALGESICS

Opioids

• *Natural opium alkaloids*

CODEINE PHOSPHATE

5063L	Tablet 30 mg	20	10.92	11.91	FM
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NOTE:

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

CODEINE PHOSPHATE with PARACETAMOL

3316M	Tablet 30 mg-500 mg	20	..	..	7.26	8.25	a Codalgin Forte	FM
							a Codapane Forte	AL
							a Dolaforte	CO
							a Dymadon Forte	GK
							a Prodeine Forte	AV
				b1.84	9.10	8.25	a Panadeine Forte	SW

HYDROMORPHONE HYDROCHLORIDE

CAUTION:

The risk of drug dependence is high.

5129Y	Injection 2 mg in 1 mL	5	..	..	12.46	13.45	Dilaudid	AB
5130B	Injection 10 mg in 1 mL	5	..	..	17.58	18.57	Dilaudid-HP	AB
5131C	Injection 50 mg in 5 mL	5	..	..	45.12	30.70	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	..	..	12.73	13.72	Dilaudid	AB
5116G	Tablet 4 mg	20	..	..	17.57	18.56	Dilaudid	AB
5117H	Tablet 8 mg	20	..	..	26.90	27.89	Dilaudid	AB
5132D	Oral liquid 1 mg per mL, 473 mL	1	..	..	47.34	30.70	Dilaudid	AB

NOTE:

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

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
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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	..	..	17.45	18.44	Ordine 2	MF
5238Q	Oral solution 5 mg per mL, 200 mL	1	..	..	20.24	21.23	Ordine 5	MF
5239R	Oral solution 10 mg per mL, 200 mL	1	..	..	24.64	25.63	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	..	..	12.51	13.50	MX	
5169C	Injection 15 mg in 1 mL	5	..	..	12.82	13.81	MX	
5170D	Injection 30 mg in 1 mL	5	..	..	14.20	15.19	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	13.44	14.43	Anamorph	FM
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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	..	..	14.74	15.73	MS Contin	MF
5164T	Tablet 10 mg (controlled release)	20	..	..	15.87	16.86	MS Contin	MF
5161P	Tablet 15 mg (controlled release)	20	..	..	19.49	20.48	MS Contin	MF
5165W	Tablet 30 mg (controlled release)	20	..	..	28.27	29.26	MS Contin	MF
5166X	Tablet 60 mg (controlled release)	20	..	..	43.76	30.70	MS Contin	MF
5167Y	Tablet 100 mg (controlled release)	20	..	..	59.99	30.70	MS Contin	MF
5246D	Capsule 10 mg (containing sustained release pellets)	20	..	..	15.87	16.86	Kapanol	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	
5240T	Capsule 20 mg (containing sustained release pellets)	20	..	..	20.77	21.76	Kapanol	GK
5064M	Capsule 30 mg (controlled release)	10	..	..	19.49	20.48	MS Mono	MF
5241W	Capsule 50 mg (containing sustained release pellets)	20	..	..	35.65	30.70	Kapanol	GK
5065N	Capsule 60 mg (controlled release)	10	..	..	28.27	29.26	MS Mono	MF
5066P	Capsule 90 mg (controlled release)	10	..	..	34.12	30.70	MS Mono	MF
5242X	Capsule 100 mg (containing sustained release pellets)	20	..	..	59.99	30.70	Kapanol	GK
5067Q	Capsule 120 mg (controlled release)	10	..	..	43.76	30.70	MS Mono	MF
5171E	Sachet containing controlled release granules for oral suspension, 20 mg per sachet	20	..	..	20.77	21.76	MS Contin Suspension 20 mg	MF
5243Y	Sachet containing controlled release granules for oral suspension, 30 mg per sachet	20	..	..	28.27	29.26	MS Contin Suspension 30 mg	MF
5244B	Sachet containing controlled release granules for oral suspension, 60 mg per sachet	20	..	..	43.76	30.70	MS Contin Suspension 60 mg	MF
5245C	Sachet containing controlled release granules for oral suspension, 100 mg per sachet	20	..	..	59.99	30.70	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	37.43	30.70	Proladone	PL
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NOTE:

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

OXYCODONE HYDROCHLORIDE**CAUTION:**

The risk of drug dependence is high.

Restricted Benefit

Severe disabling pain not responding to non-narcotic analgesics.

5195K	Tablet 5 mg	20	..	..	10.90	11.89	Endone	SI
5191F	Capsule 5 mg	20	..	..	10.90	11.89	OxyNorm	MF
5197M	Capsule 10 mg	20	..	..	13.88	14.87	OxyNorm	MF
5198N	Capsule 20 mg	20	..	..	18.40	19.39	OxyNorm	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	
5190E	Oral solution 5 mg per 5 mL, 250 mL	1	..	..	18.95	19.94	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	..	..	19.39	20.38	OxyContin	MF
5247E	Tablet 10 mg (controlled release)	20	..	..	19.86	20.85	OxyContin	MF
5248F	Tablet 20 mg (controlled release)	20	..	..	28.27	29.26	OxyContin	MF
5249G	Tablet 40 mg (controlled release)	20	..	..	43.76	30.70	OxyContin	MF
5250H	Tablet 80 mg (controlled release)	20	..	..	70.43	30.70	OxyContin	MF

NOTE:

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

• 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	..	..	8.64	9.63	^a Chem mart Tramadol	CH
							^a GenRx Tramadol	GX
							^a Terry White Chemists Tramadol	TW
							^a Tramedo	AF
							^a Zydol	AW
				B1.45	10.09	9.63	^a Tramal	CS

Restricted Benefit

For pain where aspirin and/or paracetamol alone are inappropriate or have failed.

3338Q	Tablet 50 mg (sustained release)	20	..	..	11.79	12.78	Tramal SR 50	CS
5234L	Tablet 100 mg (sustained release)	20	..	..	14.64	15.63	^a Tramahexal SR	HX
							^a Zydol SR 100	AW
				B1.94	16.58	15.63	^a Tramal SR 100	CS
5235M	Tablet 150 mg (sustained release)	20	..	..	17.94	18.93	^a Tramahexal SR	HX
							^a Zydol SR 150	AW
				B1.94	19.88	18.93	^a Tramal SR 150	CS
5236N	Tablet 200 mg (sustained release)	20	..	..	20.73	21.72	^a Tramahexal SR	HX
							^a Zydol SR 200	AW
				B1.92	22.65	21.72	^a Tramal SR 200	CS

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	
5150C	Oral drops 100 mg per mL, 10 mL	‡ 1	..	..	8.64	9.63	Tramal	CS

Restricted Benefit*Short-term treatment of acute pain.*

5231H	Injection 100 mg in 2 mL	5	10.53	11.52	^a Tramahexal ^a Tramal 100	HX CS
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Other analgesics and antipyretics**• Salicylic acid and derivatives**

ASPIRIN

5018D	Tablet 300 mg (dispersible)	96	7.32	8.31	Solprin	RC
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• Anilides

PARACETAMOL

5196L	Tablet 500 mg	100	7.70	8.69	^a Chem mart Chemadol ^a Dymadon P ^a Febridol ^a Panamax ^b Parahexal ^a Paralgin ^b Parmol ^a Terry White Chemists Paracetamol ^b Tylenol	CH PC GM SW HX FM AW TW JT
3348F	Oral liquid 120 mg per 5 mL, 100 mL	‡ 1	..	..	7.98	8.97	Panamax	SW
3349G	Oral liquid 240 mg per 5 mL, 200 mL	‡ 1	..	..	9.22	10.21	Panamax 240 Elixir	SW

PARACETAMOL

Restricted Benefit*Chronic arthropathies.*

5224Y	Tablet 500 mg	300	* 12.80	13.79	^a Chem mart Chemadol ^a Dymadon P ^a Febridol ^a Panamax ^b Parahexal ^a Paralgin ^b Parmol ^a Terry White Chemists Paracetamol ^b Tylenol	CH PC GM SW HX FM AW TW JT
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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	
ANTIEPILEPTICS								
Antiepileptics								
• Carboxamide derivatives								
CARBAMAZEPINE								
5039F	Tablet 100 mg	200	..	..	21.38	22.37	^a Carbamazepine Sandoz	SZ
				B3.25	24.63	22.37	^a Tegretol 100	NV
5040G	Tablet 200 mg	200	..	..	35.48	30.70	^a Carbamazepine Sandoz	SZ
				B3.50	38.98	30.70	^a Teril ^a Tegretol 200	AF NV
5038E	Tablet 200 mg (controlled release)	200	..	..	36.09	30.70	Tegretol CR 200	NV
5037D	Tablet 400 mg (controlled release)	200	..	..	63.96	30.70	Tegretol CR 400	NV
5041H	Oral suspension 100 mg per 5 mL, 300 mL	‡ 1	..	..	19.43	20.42	Tegretol Liquid	NV
ANTI-PARKINSON DRUGS								
Anticholinergic agents								
• Ethers of tropine or tropine derivatives								
BENZTROPINE MESYLATE								
5031T	Injection 2 mg in 2 mL	5	..	..	20.86	21.85	Cogentin	MK
PSYCHOLEPTICS								
Anxiolytics								
• Benzodiazepine derivatives								
DIAZEPAM								
5071X	Tablet 2 mg	50	..	..	7.13	8.12	^a Antenex 2 ^a Valpam 2	AF AW
				B0.87	8.00	8.12	Ducene	SU
				B1.27	8.40	8.12	^a Valium	RO
5072Y	Tablet 5 mg	50	..	..	7.35	8.34	^a Antenex 5 ^a Diazepam-DP ^a Valpam 5	AF GM AW
				B0.91	8.26	8.34	Ducene	SU
				B1.28	8.63	8.34	^a Valium	RO
5073B	Injection 10 mg in 2 mL	5	..	..	10.76	11.75	MX	
OXAZEPAM								
5192G	Tablet 15 mg	25	..	..	6.39	7.38	^a Alepam 15 ^a Serepax	AF SI
				B1.74	8.13	7.38		
5193H	Tablet 30 mg	25	..	..	6.59	7.58	^a Alepam 30 ^a Murelax ^a Serepax	AF FM SI
				B1.85	8.44	7.58		

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
Hypnotics and sedatives								
• Benzodiazepine derivatives								
NITRAZEPAM								
5189D	Tablet 5 mg	25	..	..	7.02	8.01	^a Alodorm	AF
				B1.96	8.98	8.01	^a Mogadon	VT
TEMAZEPAM								
5221T	Tablet 10 mg	25	..	..	7.02	8.01	^a Temaze	AF
							^a Temtabs	FM
				B1.77	8.79	8.01	^a 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
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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	18.46	19.45	AP
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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
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SENSORY ORGANS

OPHTHALMOLOGICALS

Antiinfectives

- *Antibiotics*

CHLORAMPHENICOL

5055C	Eye drops 5 mg per mL (0.5%), 10 mL	‡ 1	7.91	8.90	Chloromycetin Chlorsig	PF SI
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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer
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VARIOUS**ALL OTHER THERAPEUTIC PRODUCTS****All other therapeutic products****• Antidotes**

NALOXONE HYDROCHLORIDE

5174H	Injection 800 micrograms in 2 mL	1	..	..	26.09	27.08	Naloxone Min-I-Jet CS
5175J	Injection 2 mg in 5 mL	1	..	..	38.63	30.70	Naloxone Min-I-Jet CS

ALL OTHER NON-THERAPEUTIC PRODUCTS**All other non-therapeutic products****• Solvents and diluting agents, incl. irrigating solutions**

SODIUM CHLORIDE

5211G	Injection 9 mg per mL (0.9%), 10 mL	5	16.38	17.37	PF
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GENERIC/PROPRIETARY INDEX

GENERIC/PROPRIETARY INDEX

A		BETAMETHASONE ACETATE WITH BETAMETHASONE SODIUM PHOSPHATE 28
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