Australian Government

Department of Health and Ageing

SCHEDULE OF PHARMACEUTICAL BENEFITS

SUMMARY OF CHANGES

EFFECTIVE 1 MAY 2008

PHARMACEUTICAL BENEFITS

These changes to the Schedule of Pharmaceutical Benefits are effective from 1 May 2008. The Schedule is updated on the first day of each month and is available on the Internet at www.pbs.gov.au.

Fees, Patient Contributions and Safety Net Thresholds

The following fees, patient contributions and safety net thresholds apply as at 1 May 2008 and are included, where applicable, in prices published in the Schedule—

Dispensing Fees:	Ready-prepared	$5.44
	Dangerous drug fee	$2.71
	Extemporaneously-prepared	$7.48
	Allowable additional patient charge*	$3.63
Additional Fees (for safety net prices):	Ready-prepared	$1.01
	Extemporaneously-prepared	$1.40
Patient Co-payments:	General	$31.30
	Concessional	$5.00
Safety Net Thresholds:	General	$1141.80
	Concessional	$290.00
Safety Net Card Issue Fee:		$7.86

*The allowable additional patient charge is a discretionary charge to general patients if a pharmaceutical item has a dispensed price for maximum quantity less than the general patient co-payment. The pharmacist may charge general patients the allowable additional fee but the fee cannot take the cost of the prescription above the general patient co-payment for the medicine. This fee does not count towards the Safety Net threshold.

SUMMARY OF CHANGES

ADDITIONS

Additions - Items

(see under 'RESTRICTIONS' and 'NOTES' below for full details)

9149M **Flucloxacillin**, Powder for oral liquid 125 mg (as sodium) per 5 mL, 100 mL (*LN*)

5257Q **Flucloxacillin**, Powder for oral liquid 125 mg (as sodium) per 5 mL, 100 mL (*LN*) **(Dental)**

9150N **Flucloxacillin**, Powder for oral liquid 250 mg (as sodium) per 5 mL, 100 mL (*LN*)

5258R **Flucloxacillin**, Powder for oral liquid 250 mg (as sodium) per 5 mL, 100 mL (*LN*) **(Dental)**

9148L **Lapatinib**, Tablet 250 mg (as ditosylate monohydrate) (*Tykerb*)

9144G **Lercanidipine hydrochloride with enalapril maleate**, Tablet 10 mg-10 mg (*Zan-Extra 10/10*)

9145H **Lercanidipine hydrochloride with enalapril maleate**, Tablet 10 mg-20 mg (*Zan-Extra 10/20*)

9146J **Macrogol 3350**, Sachets containing powder for solution 6.563 g with electrolytes, 30 (*Movicol-Half*)

9147K **Risedronate sodium and calcium carbonate with colecalciferol**, Pack containing 4 tablets risedronate sodium 35 mg and 24 sachets containing granules of calcium carbonate 2.5 g (equivalent to 1 g calcium) with colecalciferol 22 micrograms (*Actonel Combi D*)

Additions - Brands

2751T *Amlodipine-GA, GM* — **Amlodipine**, Tablet 5 mg (as besylate)

2752W *Amlodipine-GA, GM* — **Amlodipine**, Tablet 10 mg (as besylate)

8559L *Pharmacor Gabapentin 600, CR* — **Gabapentin**, Tablet 600 mg

8389M *Pharmacor Gabapentin 800, CR* — **Gabapentin**, Tablet 800 mg

2848X *Lamotrigine generichealth, GQ* — **Lamotrigine**, Tablet 25 mg

2849Y *Lamotrigine generichealth, GQ* — **Lamotrigine**, Tablet 50 mg

2850B *Lamotrigine generichealth, GQ* — **Lamotrigine**, Tablet 100 mg

2851C *Lamotrigine generichealth, GQ* — **Lamotrigine**, Tablet 200 mg

2458J *Lisinopril generichealth, GQ* — **Lisinopril**, Tablet 20 mg

2236Q *Sertra 50, SI* — **Sertraline hydrochloride**, Tablet 50 mg (base)

2237R *Sertra 100, SI* — **Sertraline hydrochloride**, Tablet 100 mg (base)

8523N *Tramedo SR 100, AF* — **Tramadol hydrochloride**, Tablet 100 mg (sustained release)

5234L *Tramedo SR 100, AF* — **Tramadol hydrochloride**, Tablet 100 mg (sustained release) **(Dental)**

8524P *Tramedo SR 150, AF* — **Tramadol hydrochloride**, Tablet 150 mg (sustained release)

5235M *Tramedo SR 150, AF* — **Tramadol hydrochloride**, Tablet 150 mg (sustained release) **(Dental)**

8525Q *Tramedo SR 200, AF* — **Tramadol hydrochloride**, Tablet 200 mg (sustained release)

5236N *Tramedo SR 200, AF* — **Tramadol hydrochloride**, Tablet 200 mg (sustained release) **(Dental)**

DELETIONS

Deletion - Item

3027H **Salmeterol xinafoate**, Oral pressurised inhalation 25 micrograms (base) per dose (120 doses) (*Serevent*)

Deletions - Brands

8581P *Amoxil Duo, GK* — **Amoxycillin**, Tablet 1 g

1526H *Floxapen, GK* — **Flucloxacillin**, Capsule 250 mg
5090X *Floxapen, GK* — **Flucloxacillin**, Capsule 250 mg **(Dental)**
1527J *Floxapen, GK* — **Flucloxacillin**, Capsule 500 mg
5091Y *Floxapen, GK* — **Flucloxacillin**, Capsule 500 mg **(Dental)**
2587E *Isordil, SI* — **Isosorbide dinitrate**, Tablet 10 mg

Deletion - Bioequivalence Indicator

The bioequivalence indicator ([a]) has been removed from the following **brand**:

2587E *Sorbidin, AF* — **Isosorbide dinitrate**, Tablet 10 mg

ALTERATIONS

Alterations - Manufacturer's Code

		From	*To*
8748K	**Ethacrynic acid**, Tablet 25 mg (*Edecrin*)	MK	FK
1472L	**Fluconazole**, Capsule 100 mg (*Fluconazole Winthrop*)	BG	WA
1475P	**Fluconazole**, Capsule 200 mg (*Fluconazole Winthrop*)	BG	WA
1182F	**Fosinopril sodium**, Tablet 10 mg (*Fosinopril Winthrop*)	BG	WA
1183G	**Fosinopril sodium**, Tablet 20 mg (*Fosinopril Winthrop*)	BG	WA
8400D	**Fosinopril sodium with hydrochlorothiazide**, Tablet 10 mg-12.5 mg (*Fosinopril/HCT Winthrop 10mg/12.5mg*)	BG	WA
8401E	**Fosinopril sodium with hydrochlorothiazide**, Tablet 20 mg-12.5 mg (*Fosinopril/HCT Winthrop 20mg/12.5mg*)	BG	WA
2456G	**Lisinopril**, Tablet 5 mg (*Lisinopril Winthrop*)	SZ	WA
2457H	**Lisinopril**, Tablet 10 mg (*Lisinopril Winthrop*)	SZ	WA
2458J	**Lisinopril**, Tablet 20 mg (*Lisinopril Winthrop*)	SZ	WA
2242B	**Paroxetine hydrochloride**, Tablet 20 mg (base) (*Paroxetine Winthrop*)	BG	WA
8221Q	**Tiagabine hydrochloride**, Tablet 5 mg (base) (*Gabitril*)	HH	OA
8222R	**Tiagabine hydrochloride**, Tablet 10 mg (base) (*Gabitril*)	HH	OA
8223T	**Tiagabine hydrochloride**, Tablet 15 mg (base) (*Gabitril*)	HH	OA

Alteration - Restriction

(see under 'RESTRICTIONS' below for full details)

8612G **Macrogol 3350**, Sachets containing powder for solution 13.125 g with electrolytes, 30 (*Movicol*)

SECTION 100 - HIGHLY SPECIALISED DRUGS PROGRAM

ADDITION

Addition - Item

(see under 'RESTRICTIONS' below for full details)

9623L **Epoetin alfa**, Injection 30,000 units in 0.75 mL pre-filled syringe (*Eprex 30,000*)

SECTION 100 - HUMAN GROWTH HORMONE PROGRAM

ADDITION

Addition - Item

(see under 'RESTRICTIONS' below for full details)

6266T **Somatropin (recombinant human growth hormone)**, Injection 4 mg (12 i.u.) vial with 3.5 mL diluent (with preservative) (*Zomacton*)

ADVANCE NOTICES

Advance Notices - Deletion of Item

The following item will be deleted from the Schedule of Pharmaceutical Benefits on 1 **July** 2008:
Deletion requested by manufacturer -

2695W **Hydroxocobalamin acetate**, Injection 1 mg (base) in 1 mL (*Goldshield Hydroxocobalamin*)

RESTRICTIONS

The text of restrictions mentioned above:

9623L **Epoetin alfa**, Injection 30,000 units in 0.75 mL pre-filled syringe (*Eprex 30,000*)

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

9149M **Flucloxacillin**, Powder for oral liquid 125 mg (as sodium) per 5 mL, 100 mL (*LN*)
5257Q **Flucloxacillin**, Powder for oral liquid 125 mg (as sodium) per 5 mL, 100 mL (*LN*)
9150N **Flucloxacillin**, Powder for oral liquid 250 mg (as sodium) per 5 mL, 100 mL (*LN*)
5258R **Flucloxacillin**, Powder for oral liquid 250 mg (as sodium) per 5 mL, 100 mL (*LN*)

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

9148L **Lapatinib**, Tablet 250 mg (as ditosylate monohydrate) (*Tykerb*)

NOTE:

Treatment with trastuzumab for metastatic disease is defined as trastuzumab administered alone or in combination with chemotherapy for at least 6 weeks at standard doses

Authority required

Initial treatment, in combination with capecitabine, of a patient with HER2 positive metastatic breast cancer (equivalent to Stage IIIC or Stage IV) who has received prior therapy with an anthracycline and a taxane, each for at least 3 cycles, and whose disease has progressed despite treatment with trastuzumab for metastatic disease.

Authority applications for initial treatment must be made in writing and must include:

(a) a completed authority prescription form;

(b) a pathology report demonstrating HER2 positivity has been demonstrated by in situ hybridisation (ISH);

(c) date of last treatment with a taxane and total number of cycles;

(d) date of last treatment with an anthracycline and total number of cycles;

(e) a signed patient acknowledgment;

(f) dates of treatment with trastuzumab; and

(g) date of demonstration of progression whilst on treatment with trastuzumab

Authority required

Initial treatment, in combination with capecitabine, of a patient with HER2 positive metastatic breast cancer who was receiving treatment with lapatinib prior to 1 May 2008.

Authority applications for initial PBS-subsidised treatment must be made in writing and must include:

(a) a completed authority prescription form;

(b) a pathology report demonstrating that HER2 positivity has been demonstrated by in situ hybridisation (ISH);

(c) a signed patient acknowledgment; and

(d) the date the patient commenced non-PBS-subsidised treatment with lapatinib

Authority required

Continuing treatment, in combination with capecitabine, of a patient with HER2 positive metastatic breast cancer who has previously received treatment with PBS-subsidised lapatinib and who does not have progressive disease.

Authority applications must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a statement from the prescribing doctor that the disease has not progressed

9144G **Lercanidipine hydrochloride with enalapril maleate**, Tablet 10 mg-10 mg (*Zan-Extra 10/10*)
9145H **Lercanidipine hydrochloride with enalapril maleate**, Tablet 10 mg-20 mg (*Zan-Extra 10/20*)

Restricted benefit

Hypertension in a patient who is not adequately controlled with either lercanidipine hydrochloride or enalapril maleate monotherapy

8612G **Macrogol 3350**, Sachets containing powder for solution 13.125 g with electrolytes, 30 (*Movicol*)
9146J **Macrogol 3350**, Sachets containing powder for solution 6.563 g with electrolytes, 30 (*Movicol-Half*)

Restricted benefit

Constipation in patients with malignant neoplasia

Restricted benefit

Chronic constipation or faecal impaction not adequately controlled with first line interventions such as bulk-forming agents

Restricted benefit

Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function not responding to other oral therapies

9147K **Risedronate sodium and calcium carbonate with colecalciferol**, Pack containing 4 tablets risedronate sodium 35 mg and 24 sachets containing granules of calcium carbonate 2.5 g (equivalent to 1 g calcium) with colecalciferol 22 micrograms (*Actonel Combi D*)

Authority required (STREAMLINED)

2645

Treatment as the sole PBS-subsidised anti-resorptive agent for osteoporosis in a patient aged 70 years of age or older with a Bone Mineral Density (BMD) T-score of -3.0 or less.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated

Authority required (STREAMLINED)

2646

Treatment as the sole PBS-subsidised anti-resorptive agent 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 documented in the patient's medical records when treatment is initiated.

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

NOTE:

Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, disodium etidronate, raloxifene hydrochloride and strontium ranelate

6266T **Somatropin (recombinant human growth hormone)**, Injection 4 mg (12 i.u.) vial with 3.5 mL diluent (with preservative) (*Zomacton*)

Restricted benefit

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/internet/wcms/publishing.nsf/Content/ pbs-hghguidelines-contents, or from:

Growth Hormone Program

Access and Systems Branch

Department of Health and Ageing

GPO Box 9848

CANBERRA ACT 2601

Contact telephone number (02) 6289 7274

NOTES

The text of notes mentioned above:

Lapatinib

NOTE:

Any queries concerning the arrangements to prescribe lapatinib may be directed to Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Lapatinib should not be used in patients with a left ventricular ejection fraction (LVEF) of less than 45% or with symptomatic heart failure. Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, prior to seeking the initial authority approval and then at 3 monthly intervals during treatment.

Lapatinib is not PBS-subsidised when used in combination with Commonwealth-subsidised trastuzumab. Once PBS-subsidised lapatinib has been commenced, a patient cannot subsequently receive Commonwealth-subsidised trastuzumab.

If disease progression occurs, the prescribing doctor must contact Medicare Australia within one week on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday) and lapatinib treatment must be ceased immediately

NOTE:

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

REPATRIATION PHARMACEUTICAL BENEFITS

This Schedule is effective from 1 May 2008 and all previous issues are cancelled.

New Schedules take effect on the first day of each month.

SUMMARY OF CHANGES

ADDITION

Addition - Item

4649Q **Dressing—hydrofibre (alternate to alginates)**, Dressings 10 cm x 10 cm, 10 (*Aquacel 177902*)

DELETION

Deletion - Brand

4921B *Aquacel 177902, CC —* **Dressing—hydrocolloid (superficial wound—moderate exudate)**, Dressings 10 cm x 10 cm, 10

ALTERATIONS

Alterations - Item Description

From:
4795J **Dressing—foam—moderate exudate**, Dressings 10 cm x 10 cm, 10 (*Lyofoam Extra 603088, Allevyn 66007637*)
To:
4795J **Dressing—foam—heavy exudate**, Dressings 10 cm x 10 cm, 10 (*Lyofoam Extra 603088, Allevyn 66007637*)
From:
4880W **Dressing—foam—moderate exudate**, Dressings 20 cm x 15 cm, 10 (*Lyofoam Extra 603090*)
To:
4880W **Dressing—foam—heavy exudate**, Dressings 20 cm x 15 cm, 10 (*Lyofoam Extra 603090*)
From:
4890J **Dressing—foam—light exudate**, Dressings 7.5 cm x 7.5 cm, 10 (*Lyofoam Flat 603092*)
To:
4890J **Dressing—foam—moderate exudate**, Dressings 7.5 cm x 7.5 cm, 10 (*Lyofoam Flat 603092*)
From:
4891K **Dressing—foam—light exudate**, Dressings 10 cm x 10 cm, 10 (*Lyofoam Flat 603093*)
To:
4891K **Dressing—foam—moderate exudate**, Dressings 10 cm x 10 cm, 10 (*Lyofoam Flat 603093*)
From:
4878R **Dressing—foam—light exudate**, Dressings 20 cm x 15 cm, 10 (*Lyofoam Flat 603095*)
To:
4878R **Dressing—foam—moderate exudate**, Dressings 20 cm x 15 cm, 10 (*Lyofoam Flat 603095*)

From:

4692Y **Dressing—foam—heavy exudate**, Dressings (foam alternative) 10 cm x 10 cm, 10 (*CombiDERM 651031*)

To:

4692Y **Dressing—hydroactive (superficial wound—high exudate)**, Dressings (foam alternative) 10 cm x 10 cm, 10 (*CombiDERM 651031*)

From:

4693B **Dressing—foam—heavy exudate**, Dressings (foam alternative) 15 cm x 18 cm, 5 (*CombiDERM 651027*)

To:

4693B **Dressing—hydroactive (superficial wound—high exudate)**, Dressings (foam alternative) 15 cm x 18 cm, 5 (*CombiDERM 651027*)

From:

4927H **Dressing—foam—moderate exudate**, Non-adhesive waterproof semi-permeable absorbent foam pads 10 cm x 10 cm, 10 (*Biatain Non-adhesive 3410*)

To:

4927H **Dressing—hydroactive (superficial wound—high exudate)**, Non-adhesive waterproof semi-permeable absorbent foam pads 10 cm x 10 cm, 10 (*Biatain Non-adhesive 3410*)

From:

4929K **Dressing—foam—moderate exudate**, Adhesive waterproof semi-permeable absorbent foam pads 12 cm x 12 cm, 10 (*Biatain Adhesive 3420*)

To:

4929K **Dressing—hydroactive (superficial wound—high exudate)**, Adhesive waterproof semi-permeable absorbent foam pads 12 cm x 12 cm, 10 (*Biatain Adhesive 3420*)

From:

4928J **Dressing—foam—moderate exudate**, Non-adhesive waterproof semi-permeable absorbent foam pads 15 cm x 15 cm, 5 (*Biatain Non-adhesive 3413*)

To:

4928J **Dressing—hydroactive (superficial wound—high exudate)**, Non-adhesive waterproof semi-permeable absorbent foam pads 15 cm x 15 cm, 5 (*Biatain Non-adhesive 3413*)

From:

4930L **Dressing—foam—moderate exudate**, Adhesive waterproof semi-permeable absorbent foam pads 18 cm x 18 cm, 5 (*Biatain Adhesive 3423*)

To:

4930L **Dressing—hydroactive (superficial wound—high exudate)**, Adhesive waterproof semi-permeable absorbent foam pads 18 cm x 18 cm, 5 (*Biatain Adhesive 3423*)

From:

4678F **Pressure reducing products**, Butterfly shape 7 cm (*Comfeel Plus Pressure Relieving 3350*)

To:

4678F **Dressing—hydrocolloid (superficial wound—moderate exudate)**, Butterfly shape 7 cm (*Comfeel Plus Pressure Relieving 3350*)

From:

4679G **Pressure reducing products**, Round 10 cm (*Comfeel Plus Pressure Relieving 3353*)

To:

4679G **Dressing—hydrocolloid (superficial wound—moderate exudate)**, Round 10 cm (*Comfeel Plus Pressure Relieving 3353*)

From:

4922C **Dressing—hydrocolloid (superficial wound—moderate exudate)**, Dressings 15 cm x 15 cm, 5 (*Aquacel 177903*)

To:

4922C **Dressing—hydrofibre (alternate to alginates)**, Dressings 15 cm x 15 cm, 5 (*Aquacel 177903*)

From:
4698G **Dressing—hydrocolloid (cavity wound)**, Ropes 2 g (30 cm), 5 (*Aquacel 177904*)
To:
4698G **Dressing—hydrofibre (alternate to alginates)**, Ropes 2 g (30 cm), 5 (*Aquacel 177904*)
From:
4894N **Dressing—hydrogel—amorphous**, Tubes 25 g, 10 (*Intrasite Gel 7313*)
To:
4894N **Dressing—hydrogel—amorphous**, Tube 25 g (*Intrasite Gel 7313*)
From:
4806Y **Dressing—hydrogel—sheet**, Dressings 11 cm x 10 cm, 5 (*Aquaclear*)
To:
4806Y **Dressing—hydrogel—sheet**, Dressings 10 cm x 10 cm, 5 (*Aquaclear 900796*)
From:
4909J **Dressing—non-adherent**, Dressing 7.6 cm x 7.6 cm (*Adaptic 2012*)
To:
4909J **Dressing—tulle non-gauze—paraffin**, Dressing 7.6 cm x 7.6 cm (*Adaptic 2012*)

Alterations - Maximum Quantity

		From	*To*
4894N	**Dressing—hydrogel—amorphous**, Tube 25 g (*Intrasite Gel 7313*)	1	4
4599C	**Dressing—hydrogel—amorphous**, Tube 50 g (*SoloSite Gel 36361338*)	6	3

Alterations - Number of Repeats

		From	*To*
4669R	**Bandage—zinc paste**, Bandage 7.5 cm x 6 m (*Steripaste 3610*)	0	3
4750B	**Bandage—zinc paste**, Bandage 7.5 cm x 6 m (*Viscopaste 4948*)	0	3
4670T	**Bandage—zinc paste**, Bandage 10 cm x 9.1 m (*Flexidress 650941*)	0	3
4749Y	**Bandage—zinc paste**, Bandage 8 cm x 5 m (compression) (*Gelocast Elastic 1080*)	0	3
4760M	**Bandage—zinc paste**, Bandages 80 cm (stockings), 4 (*ZipZoc 66051550*)	0	3
4795J	**Dressing—foam—heavy exudate**, Dressings 10 cm x 10 cm, 10 (*Lyofoam Extra 603088, Allevyn 66007637*)	0	1
4880W	**Dressing—foam—heavy exudate**, Dressings 20 cm x 15 cm, 10 (*Lyofoam Extra 603090*)	0	1
4878R	**Dressing—foam—moderate exudate**, Dressings 20 cm x 15 cm, 10 (*Lyofoam Flat 603095*)	0	1
4694C	**Dressing—foam—moderate exudate**, Dressing, cavity, conforming, 20 g (*Cavicare 4563*)	0	1
4698G	**Dressing—hydrofibre (alternate to alginates)**, Ropes 2 g (30 cm), 5 (*Aquacel 177904*)	0	1
4894N	**Dressing—hydrogel—amorphous**, Tube 25 g (*Intrasite Gel 7313*)	1	3
4599C	**Dressing—hydrogel—amorphous**, Tube 50 g (*SoloSite Gel 36361338*)	1	3
4931M	**Dressing with cadexomer iodine**, Sachets 3 g, 7 (*Iodosorb Powder 66051070*)	0	2
4932N	**Dressing with cadexomer iodine**, Tubes 10 g, 4 (*Iodosorb Ointment 66051240*)	0	2
4933P	**Dressing with cadexomer iodine**, Tubes 20 g, 2 (*Iodosorb Ointment 66051230*)	0	2
4935R	**Dressing with cadexomer iodine**, Sachets 5 g (6 cm x 4 cm), 5 (*Iodosorb 66051330*)	0	2
4936T	**Dressing with cadexomer iodine**, Sachets 10 g (8 cm x 6 cm), 3 (*Iodosorb 66051340*)	0	2

Alterations - Proprietary Name

From:
4760M **Bandage—zinc paste**, Bandages 80 cm (stockings), 4 (*ZipZoc 66000747*)
To:
4760M **Bandage—zinc paste**, Bandages 80 cm (stockings), 4 (*ZipZoc 66051550*)

From:
4599C **Dressing—hydrogel—amorphous**, Tube 50 g (*SoloSite Gel 36361354*)
To:
4599C **Dressing—hydrogel—amorphous**, Tube 50 g (*SoloSite Gel 36361338*)

From:
4806Y **Dressing—hydrogel—sheet**, Dressings 11 cm x 10 cm, 5 (*Aquaclear*)
To:
4806Y **Dressing—hydrogel—sheet**, Dressings 10 cm x 10 cm, 5 (*Aquaclear 900796*)

Alterations - Manufacturer's Code

		From	*To*
4669R	**Bandage—zinc paste**, Bandage 7.5 cm x 6 m (*Steripaste 3610*)	SS	XP
4795J	**Dressing—foam—heavy exudate**, Dressings 10 cm x 10 cm, 10 (*Lyofoam Extra 603088*)	SS	XP
4880W	**Dressing—foam—heavy exudate**, Dressings 20 cm x 15 cm, 10 (*Lyofoam Extra 603090*)	SS	XP
4890J	**Dressing—foam—moderate exudate**, Dressings 7.5 cm x 7.5 cm, 10 (*Lyofoam Flat 603092*)	SS	XP
4891K	**Dressing—foam—moderate exudate**, Dressings 10 cm x 10 cm, 10 (*Lyofoam Flat 603093*)	SS	XP
4878R	**Dressing—foam—moderate exudate**, Dressings 20 cm x 15 cm, 10 (*Lyofoam Flat 603095*)	SS	XP