



Australian Government

Department of Health and Ageing

SCHEDULE OF PHARMACEUTICAL BENEFITS FOR DENTAL PRACTITIONERS

This Schedule is also available on the internet at

www.pbs.gov.au

EFFECTIVE 1 JUNE 2009 -

30 JUNE 2009

(ALL PREVIOUS EDITIONS CANCELLED)

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This Schedule provides information on the arrangements for the prescribing and supply of pharmaceutical benefits. 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. The legislation is available from the Federal Register of Legislative Instruments website at <http://www.frli.gov.au>.

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PHARMACEUTICAL BENEFITS

These changes to the Schedule of Pharmaceutical Benefits for Dental Practitioners are effective from 1 June 2009. The Schedule is updated on the first day of each month and is available on the Internet at www.pbs.gov.au.

SUMMARY OF CHANGES

Additions — Brands

3301R *Amoxicillin Sandoz, SZ* — **Amoxicillin**, Capsule 250 mg

Deletions — Brands

3363B *Penhexal VK, HX* — **Phenoxymethylpenicillin**, Capsule 250 mg

3364C *Penhexal VK, HX* — **Phenoxymethylpenicillin**, Capsule 500 mg

ADVANCE NOTICES

Advance Notice — Deletion of Items

The following brands will be deleted from the Schedule of Pharmaceutical Benefits on 1 September 2009:

Brands discontinued by the manufacturer —

5196L *Dymadon P, PC* — **Paracetamol**, Tablet 500 mg

5224Y *Dymadon P, PC* — **Paracetamol**, Tablet 500 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 providing dental services within a participating public hospital, may prescribe the subsidised medication. The States of Victoria, Queensland and Western Australia and the Northern Territory 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 \$32.90 for general patients and \$5.30 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 \$26.30.

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 \$32.90 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 \$5.30.

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

It is the patient's responsibility to meet any charge lawfully demanded by an approved pharmacist, otherwise supply may be refused.

The patient contribution rates 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 and IME **Tel: 132 290**
enquiries—

Orange Service Centre
189 Anson Street
Orange NSW 2800

General and IME **Tel: 132 290**
enquiries—

VICTORIA

Pharmaceutical Branch
Level 10
595 Collins Street
Melbourne VIC 3000

General and IME **Tel: 132 290**
enquiries—

QUEENSLAND

Pharmaceutical Services Branch
143 Turbot Street
Brisbane QLD 4000

General and IME **Tel: 132 290**
enquiries—

SOUTH AUSTRALIA and NORTHERN TERRITORY

Pharmaceutical Services Branch
209 Greenhill Road
Eastwood SA 5063

General and IME **Tel: 132 290**
enquiries—

WESTERN AUSTRALIA

Pharmaceutical Benefits Branch
11th Floor, Bankwest Tower
108 St George's Terrace
Perth WA 6000

General and IME **Tel: 132 290**
enquiries—

TASMANIA

Pharmaceutical Branch
242 Liverpool Street
Hobart TAS 7000

General and IME **Tel: 132 290**
enquiries—

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	BF	Bellwether Pharma Limited Suite 2, Level 2 71 Epping Road North Ryde NSW 2113 Tel: (02) 8875 5700 Fax: (02) 9889 2250
AF	Alphapharm Pty Limited Chase Building 2 Wentworth Park Road Glebe NSW 2037 Tel: (02) 9298 3999 Fax: (02) 9566 4686	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
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	BX	Baxter Healthcare Pty Limited 1 Baxter Drive Old Toongabbie NSW 2146 Tel: (02) 9848 1111 Fax: (02) 9848 1123
AP	AstraZeneca Pty Ltd Alma Road North Ryde NSW 2113 Tel: (02) 9978 3500 Fax: (02) 9978 3700	CH	Chem mart Pty Limited Level 7, 5 Queens Road Melbourne Vic 3004 Tel: (03) 9918 2500 Fax: (03) 9918 2006
AS	Aspen Pharmacare Australia Pty Ltd First Floor 34-36 Chandos Street St Leonards NSW 2065 Tel: (02) 8436 8300 Fax: (02) 9901 3540	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 2753
AV	Aventis Pharma Division of Sanofi-Aventis Australia Pty Limited Building D, Talavera Corporate Centre 12-24 Talavera Road Macquarie Park NSW 2113 Tel: (02) 8666 2000 Fax: (02) 8666 3000	CR	Pharmacor Limited 5/36 Campbell Avenue Cromer NSW 2099 Tel: (02) 9981 4470 Fax: (02) 9981 4475
AW	Arrow Pharmaceuticals Pty Ltd A member of Sigma Group of Companies 96 Merrindale Drive Croydon Vic 3136 Tel: (03) 9839 2800 Fax: (03) 9839 2753	CS	CSL Limited 45 Poplar Road Parkville Vic 3052 Tel: (03) 9389 1911 Fax: (03) 9388 2351
		DT	DermaTech Laboratories Pty Ltd Unit 17, 167 Prospect Highway Seven Hills NSW 2147 Tel: (02) 9624 5874 Fax: (02) 9624 8822

<i>Code</i>	<i>Manufacturer</i>
FA	F.H. Faulding & Co. Limited Level 6, 390 St Kilda Road Melbourne Vic 3004 Tel: (03) 9868 0700 Fax: (03) 9868 0111
FK	PharmaLink Pty Ltd Level 8, 67 Albert Avenue Chatswood NSW 2067 Tel: (02) 9080 7200 Fax: (02) 9080 7201
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 2753
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
GN	Genepharm Australasia Limited Level 1, 263 City Road Southbank Vic 3006 Tel: 1800 508 168 Fax: (03) 9699 8333
GX	GenRx A Division of Apotex Pty Ltd 66 Waterloo Road North Ryde NSW 2113 Tel: (02) 8877 8333 Fax: (02) 8877 8377
HH	Hospira Pty Ltd (David Bull Laboratories, Faulding Pharmaceuticals) Level 6, 390 St Kilda Road Melbourne Vic 3004 Tel: (03) 9868 0700 Fax: (03) 9868 0111

<i>Code</i>	<i>Manufacturer</i>
HX	Hexal Australia Pty Ltd Level 4, Suite 7-19 100 Harris Street Pyrmont NSW 2009 Tel: (02) 9566 1500 Fax: (02) 9566 1458
IA	iNova Pharmaceuticals (Australia) Pty Limited 9-15 Chilvers Road Thornleigh NSW 2120 Tel: (02) 9875 6333 Fax: (02) 9875 6416
JC	Janssen-Cilag Pty Ltd 1-5 Khartoum Road North Ryde NSW 2113 Tel: (02) 8875 3333 Fax: (02) 8875 3300
KR	Kenral Division of Pharmacia Australia Pty Limited 59 Kirby Street Rydalmere NSW 2116 Tel: (02) 9848 3000 Fax: (02) 9848 3333
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
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
MF	Mundipharma Pty Ltd Level 33, 50 Bridge Street Sydney NSW 2000 Tel: (02) 9231 7200 Fax: (02) 9223 0011

<i>Code</i>	<i>Manufacturer</i>
MI	Meditech Int. Pty Ltd Unit 5, 36 Campbell Avenue Cromer NSW 2099 Tel: (02) 9981 4470 Fax: (02) 9981 4475
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
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	Phebra 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

<i>Code</i>	<i>Manufacturer</i>
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 Level 4, 66 Waterloo Road North Ryde NSW 2113 Tel: (02) 8988 8000 Fax: (02) 9852 7500
SI	Sigma Pharmaceuticals (Australia) Pty Ltd A member of Sigma Group of Companies 96 Merrindale Drive Croydon Vic 3136 Tel: (03) 9839 2800 Fax: (03) 9839 2753
SU	Sauter Laboratories (Aust.) Pty Ltd 4-10 Inman Road Dee Why NSW 2099 Tel: (02) 9454 9000 Fax: (02) 9981 3229
SW	Sanofi-Aventis Australia Pty Ltd 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

<i>Code</i>	<i>Manufacturer</i>
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TX	Apotex Pty Ltd 66 Waterloo Road North Ryde NSW 2113 Tel: (02) 8877 8333 Fax: (02) 8877 8377
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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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XF	Max Pharma Suite 2, 210 Whitehorse Road Balwyn Vic 3103 Tel: (03) 9888 5222 Fax: (03) 9888 5288
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YM	Symbion Pharmacy Services Pty Ltd Level 7, 5 Queens Road Melbourne Vic 3004 Tel: (03) 9918 2000 Fax: (03) 9918 2006
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<i>Code</i>	<i>Manufacturer</i>
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All other non-therapeutic products 52

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	Reimbursement 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	..	s0.61	# 12.78	# 13.39	14.17	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	
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ALIMENTARY TRACT AND METABOLISM

STOMATOLOGICAL PREPARATIONS

Stomatological preparations

- **Antiinfectives and antiseptics for local oral treatment**

AMPHOTERICIN

3306B	Lozenge 10 mg	20	10.91	11.94	Fungilin	BQ
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NYSTATIN

3343Y	Oral suspension 100,000 units per mL, 24 mL	‡ 1	10.42	11.45	Mycostatin Nilstat	BQ SI
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- **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	21.83	22.86	Difflam	IA
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DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS

Belladonna and derivatives, plain

- **Belladonna alkaloids, tertiary amines**

ATROPINE SULFATE

5022H	Injection 600 micrograms in 1 mL	10	20.11	21.14	AP	
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Propulsives

- **Propulsives**

METOCLOPRAMIDE HYDROCHLORIDE

5151D	Tablet 10 mg	25	7.77	8.80	Pramin	AF
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					B3.02	10.79	8.80	Maxolon	VT
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5153F	Injection 10 mg in 2 mL	10	12.56	13.59	Maxolon	VT
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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 containing prochlorperazine	25	9.59	10.62	^a Stemizine	AV
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	maleate 5 mg				B2.50	12.09	^a Stemetil	SW
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5206B	Injection containing prochlorperazine mesylate 12.5 mg in 1 mL	10	16.39	17.42	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 containing prochlorperazine equivalent to 25 mg prochlorperazine maleate, 5	‡ 1	..	..	19.50	20.53	Stemetil	SW
	PROMETHAZINE HYDROCHLORIDE							
3374N	Injection 50 mg in 2 mL	10	..	..	* 21.89	22.92	HH	

ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ ANTIINFECTIVE AGENTS

Intestinal antiinfectives
• Antibiotics

NYSTATIN

3342X	Tablet 500,000 units	50	..	..	17.55	18.58	Nilstat	SI
3345C	Capsule 500,000 units	50	..	..	17.55	18.58	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	* 25.49	26.52	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	* 25.49	26.52	BX
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5213J	I.V. infusion 513 mmol per L (3%), 1 L	2	* 17.79	18.82	BX
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SODIUM CHLORIDE with GLUCOSE

5214K	I.V. infusion 31 mmol-222 mmol (anhydrous) per L (0.18%-4%), 1 L	5	* 25.49	26.52	BX
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5215L	I.V. infusion 19 mmol-104 mmol (anhydrous) per 500 mL (0.225%-3.75%), 500 mL	5	* 31.59	32.62	BX
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5216M	I.V. infusion 39 mmol-69 mmol (anhydrous) per 500 mL (0.45%-2.5%), 500 mL	5	* 31.59	32.62	BX
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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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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	..	.. B1.90	8.61 10.51	9.64 9.64	^a Cortic-DS 1% ^a Sigmacort	FM SI
5113D	Cream 10 mg per g (1%), 50 g	‡ 1	..	.. B0.08 B1.91	8.27 8.35 10.18	9.30 9.30 9.30	^a Cortic-DS 1% ^a Cortef ^a Sigmacort	FM DT SI
5112C	Topical ointment 10 mg per g (1%), 30 g	‡ 1	..	.. B1.90	8.61 10.51	9.64 9.64	^a Cortic-DS 1% ^a Sigmacort	FM SI
5114E	Topical ointment 10 mg per g (1%), 50 g	‡ 1	..	.. B1.91	8.27 10.18	9.30 9.30	^a Cortic-DS 1% ^a Sigmacort	FM SI

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

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	25.74	26.77	Celestone Chronodose	SH
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HYDROCORTISONE SODIUM SUCCINATE

Restricted Benefit

For use in a hospital.

5118J	Injection equivalent to 100 mg hydrocortisone with 2 mL solvent	6	* 38.15	32.90	Solu-Cortef	PH
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5119K	Injection equivalent to 250 mg hydrocortisone with 2 mL solvent	6	* 61.61	32.90	Solu-Cortef	PH
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METHYLPREDNISOLONE ACETATE

Restricted Benefit

For local intra-articular or peri-articular infiltration.

5148Y	Injection 40 mg in 1 mL	5	..	..	24.92	25.95	^a Depo-Nisolone	KR
				b0.76	25.68	25.95	^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	25.74	26.77	Kenacort-A10	BQ
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PANCREATIC HORMONES


Glycogenolytic hormones

• Glycogenolytic hormones

GLUCAGON HYDROCHLORIDE

5105Q	Injection set containing 1 mg (1 i.u.) and 1 mL solvent in disposable syringe	1	45.20	32.90	GlucaGen Hypokit	NO
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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	
ANTIINFECTIVES FOR SYSTEMIC USE								
ANTIBACTERIALS FOR SYSTEMIC USE								
Tetracyclines								
• Tetracyclines								
DOXYCYCLINE								
5082L	Tablet 100 mg (as monohydrate)	7	..	..	8.04	9.07	a Chem mart Doxycycline	CH
							a Doxyhexal	SZ
							a GenRx Doxycycline	GX
							a Terry White Chemists Doxycycline	TW
3321T	Tablet 100 mg (as hydrochloride)	7	..	..	8.04	9.07	a Doxsig	SI
							a Doxy-100	GM
							a Doxylin 100	AF
				B1.19	9.23	9.07	a Vibramycin	PF
NOTE:								
Bioequivalence has been demonstrated between doxycycline tablet 100 mg (as hydrochloride) and doxycycline tablet 100 mg (as monohydrate).								
3322W	Capsule 100 mg (as hydrochloride)	7	..	..	8.04	9.07	a DBL Doxycycline	FA
				B1.15	9.19	9.07	a Doryx	HH
Beta-lactam antibacterials, penicillins								
• Penicillins with extended spectrum								
AMOXYCILLIN								
3301R	Capsule 250 mg	20	..	..	8.12	9.15	a Alphamox 250	AF
							a Amohexal	HX
							a Amoxycillin-DP	GM
							a Amoxycillin Ranbaxy	RA
							a Amoxycillin Sandoz	SZ
							a APO-Amoxycillin	TX
							a Chem mart Amoxycillin	CH
							a Cilamox	SI
							a GenRx Amoxycillin	GX
							a Terry White Chemists Amoxycillin	TW
				B0.79	8.91	9.15	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	..	..	10.22	11.25	a Alphamox 500	AF
							a Amohexal	HX
							a Amoxycillin-DP	GM
							a Amoxycillin Ranbaxy	RA
							a Amoxycillin Sandoz	SZ
							a APO-Amoxycillin	TX
							a Chem mart Amoxycillin	CH
							a Cilamox	SI
							a GenRx Amoxycillin	GX
							a Moxacin	AS
							a Terry White Chemists Amoxycillin	TW
				b0.80	11.02	11.25	a Amoxil	GK
3309E	Sachet containing oral powder 3 g	1	..	..	8.68	9.71	Amoxil	GK
3302T	Powder for syrup 125 mg per 5 mL, 100 mL	‡ 1	..	..	# 10.45	11.84	a Alphamox 125	AF
							a Amoxycillin Sandoz	SZ
							a Bgramin	GM
							a Chem mart Amoxycillin	CH
							a GenRx Amoxycillin	GX
							a Ranmoxy	RA
							a Terry White Chemists Amoxycillin	TW
				b0.95	# 11.40	11.84	a Amoxil	GK
3393N	Powder for syrup 250 mg per 5 mL, 100 mL	‡ 1	..	..	# 11.29	12.68	a Alphamox 250	AF
							a Amohexal	HX
							a Amoxycillin Sandoz	SZ
							a Bgramin	GM
							a Chem mart Amoxycillin	CH
							a Cilamox	SI
							a GenRx Amoxycillin	GX
							a Ranmoxy	RA
							a Terry White Chemists Amoxycillin	TW
				b0.79	# 12.08	12.68	a Amoxil Forte	GK
5225B	Powder for oral suspension 500 mg per 5 mL, 100 mL	‡ 1	..	..	# 14.30	15.69	Maxamox	SZ

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
AMPICILLIN								
3313J	Powder for injection 500 mg	5	..	..	10.65	11.68	^a Austrapen ^a Ibimicycyn	LN GM
3314K	Powder for injection 1 g	5	..	..	13.64	14.67	^a Aspen Ampicyn ^a Austrapen ^a Ibimicycyn	AS LN GM
• Beta-lactamase sensitive penicillins								
BENZATHINE BENZYL PENICILLIN								
5027N	Injection 900 mg in 2.3 mL single use pre-filled syringe	10	..	..	292.68	32.90	Bicillin L-A	AS
BENZYL PENICILLIN								
3398W	Powder for injection 600 mg	10	..	..	* 42.49	32.90	BenPen	CS
3399X	Powder for injection 3 g	10	..	..	* 66.49	32.90	BenPen	CS
PHENOXYMETHYL PENICILLIN								
3360W	Tablet 250 mg	50	..	..	* 11.15	12.18	Abbocillin-VK Filmstab	SI
3361X	Tablet 500 mg	50	..	..	* 13.63	14.66	Abbocillin-VK Filmstab	SI
3363B	Capsule 250 mg	50	..	..	10.98 10.98	12.01 12.01	LPV ^a Cilicaïne VK ^a Cilopen VK	AS FM GM
3364C	Capsule 500 mg	50	..	..	13.41 13.41	14.44 14.44	LPV ^a Cilicaïne VK ^a Cilopen VK	AS FM GM
5012T	Oral suspension 150 mg (as benzathine) per 5 mL, 100 mL	2	..	..	* 21.97	23.00	Abbocillin-V Cilicaïne V	SI FM
PROCAINE PENICILLIN								
3371K	Injection 1.5 g	5	..	..	91.79	32.90	Cilicaïne	SI
• Beta-lactamase resistant penicillins								
DICLOXACILLIN								
<u>Restricted Benefit</u>								
<i>Serious staphylococcal infections.</i>								
5096F	Capsule 250 mg	24	..	..	11.02	12.05	^a Diclocil ^a Dicloxsig ^a Distaph 250	BQ SI AF
5097G	Capsule 500 mg	24	..	..	16.51	17.54	^a Diclocil ^a Dicloxsig ^a Distaph 500	BQ SI 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.							
5094D	Powder for injection 500 mg	5	..	..	15.06	16.09	^a Flubiclox ^a Flucil GM AS
5095E	Powder for injection 1 g	5	..	..	20.23	21.26	^a Flubiclox ^a Flucil ^a HH GM AS
<hr/>							
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 (as sodium)	24	..	..	11.02	12.05	^a Flopen ^a Staphylex 250 AS AF
5091Y	Capsule 500 mg (as sodium)	24	..	..	16.51	17.54	^a Flopen ^a Staphylex 500 AS AF
5257Q	Powder for oral liquid 125 mg (as sodium) per 5 mL, 100 mL	‡ 1	..	..	# 15.97	17.36	LN
5258R	Powder for oral liquid 250 mg (as sodium) per 5 mL, 100 mL	‡ 1	..	..	# 19.68	21.07	LN
• Combinations of penicillins, incl. beta-lactamase inhibitors							
AMOXYCILLIN with CLAVULANIC ACID							
CAUTION: Hepatotoxicity has been reported with this drug.							
Restricted Benefit <i>Infections where resistance to amoxicillin is suspected;</i> <i>Infections where resistance to amoxicillin is proven.</i>							
5008N	Tablet 500 mg-125 mg	10	..	..	11.73	12.76	^a Clamoxyl Duo ^a Curam 500/125 ^a GA-Amclav 500/ 125 ^a Moxiclav Duo 500/ 125 AL SZ GM AW
					B1.55	13.28	12.76 ^a Augmentin Duo 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	
5006L	Tablet 875 mg-125 mg	10	..	..	14.17	15.20	^a Chem mart Amoxicillin and Clavulanic Acid	CH
							^a Clamoxyl Duo forte	AL
							^a Clavycillin 875/125	CR
							^a Curam 875/125	SZ
							^a GA-Amclav Forte 875/125	GM
							^a GenRx Amoxicillin and Clavulanic Acid	GX
							^a Moxiclav Duo Forte 875/125	AW
							^a Terry White Chemists Amoxicillin and Clavulanic Acid	TW
				b2.04	16.21	15.20	^a Augmentin Duo forte	GK
5009P	Powder for syrup 125 mg-31.25 mg per 5 mL, 75 mL	‡ 1	..	..	# 12.08 bL51 # 13.59	13.47 13.47	^a Clamoxyl ^a Augmentin	AL GK
5011R	Powder for syrup 400 mg-57 mg per 5 mL, 60 mL	‡ 1	..	..	# 13.59 bL54 # 15.13	14.98 14.98	^a Clamoxyl Duo 400 ^a Augmentin Duo 400	AL GK

TICARCILLIN with CLAVULANIC ACID

Restricted Benefit

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

5230G	Powder for injection 3 g-100 mg (solvent required) (code 7043Q applies to above item with approved solvent)	10	162.89	32.90	Timentin	GK
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Other beta-lactam antibacterials

• **First-generation cephalosporins**

CEFALOTIN

3376Q	Powder for injection 1 g	10	40.35	32.90	^a Cefalotin Sandoz ^a Keflin Neutral ^a HH	SZ AS
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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
CEPHALEXIN							
3317N	Capsule 250 mg	20	..	..	8.42	9.45	a Cefalexin Sandoz SZ a Cephabell BF a Cephalixin Max XF a Cephatrust 250 MI a Chem mart CH Cephalixin a Cilex GM a GenRx Cephalixin GX a Ialex LN a Ibilex 250 AF a Rancef RA a Sporahehexal HX a Terry White TW Chemists Cephalixin
				B3.30	11.72	9.45	a Keflex AS
3318P	Capsule 500 mg	20	..	..	10.34	11.37	a Cefalexin Sandoz SZ a Cephabell BF a Cephalixin Max XF a Cephatrust 500 MI a Chem mart CH Cephalixin a Cilex GM a GenRx Cephalixin GX a Ialex LN a Ibilex 500 AF a Rancef RA a Sporahehexal HX a Terry White TW Chemists Cephalixin
				B4.41	14.75	11.37	a Keflex AS
3319Q	Granules for syrup 125 mg per 5 mL, 100 mL	‡ 1	..	..	# 11.44	12.83	a Cefalexin Sandoz SZ a Chem mart CH Cephalixin a Cilex GM a GenRx Cephalixin GX a Ialex LN a Ibilex 125 AF a Terry White TW Chemists Cephalixin
				B3.55	# 14.99	12.83	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	..	..	# 12.84	14.23	a Cefalexin Sandoz	SZ
							a Chem mart	CH
							Cephalexin	
							a Cilex	GM
							a GenRx Cephalexin	GX
							a Ialex	LN
							a Ibilex 250	AF
							a Terry White	TW
							Chemists	
							Cephalexin	
				B4.38	# 17.22	14.23	a Keflex	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	..	..	12.46	13.49	a Cefaclor-GA	GN
							a Chem mart	CH
							Cefaclor CD	
							a Douglas Cefaclor-	GM
							CD	
							a GenRx Cefaclor	GX
							CD	
							a Karlor CD	LN
							a Keflor CD	AF
							a Ozcef	RA
							a Terry White	TW
							Chemists	
							Cefaclor CD	
				B5.20	17.66	13.49	a Ceclor CD	AS
5046N	Powder for oral suspension 125 mg per 5 mL, 100 mL	‡ 1	..	..	# 13.10	14.49	a Aclor 125	AW
							a Cefaclor Sandoz	SZ
							a Chem mart	CH
							Cefaclor	
							a GenRx Cefaclor	GX
							a Keflor	AF
							a Ozcef	RA
							a Terry White	TW
							Chemists	
							Cefaclor	
				B4.18	# 17.28	14.49	a Ceclor	AS
5047P	Powder for oral suspension 250 mg per 5 mL, 75 mL	‡ 1	..	..	# 13.43	14.82	a Aclor 250	AW
							a Cefaclor Sandoz	SZ
							a Chem mart	CH
							Cefaclor	
							a GenRx Cefaclor	GX
							a Keflor	AF
							a Ozcef	RA
							a Terry White	TW
							Chemists	
							Cefaclor	
				B4.37	# 17.80	14.82	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	18.19	19.22	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	..	..	27.27 B25.10	28.30 28.32	^a HH ^a Cefotaxime Sandoz	SZ
5049R	Powder for injection 2 g	10	..	..	44.60 B46.50	32.90 32.90	^a HH ^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	..	..	8.24	9.27	Resprim	AF
3390K	Tablet 160 mg-800 mg	10	..	..	8.96	9.99	^a Bactrim DS ^a Resprim Forte	RO AF
				B1.10	10.06	9.99	^a Septrin Forte	SI
3391L	Oral suspension 40 mg-200 mg per 5 mL, 100 mL	‡ 1	..	..	8.62 B1.46	9.65 9.65	Bactrim Septrin	RO SI

Macrolides, lincosamides and streptogramins

• **Macrolides**

ERYTHROMYCIN

3325B	Capsule 250 mg	25	9.00 B1.35	10.03 10.03	^a DBL Erythromycin ^a Eryc	FA HH
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ERYTHROMYCIN ETHYL SUCCINATE

3336N	Tablet 400 mg (base)	25	10.49 B2.80	11.52 11.52	^a E-Mycin ^a E.E.S. 400 Filmtab	AF LM
3334L	Powder for oral liquid 200 mg (base) per 5 mL, 100 mL	‡ 1	..	..	# 11.92 B2.86	13.31 13.31	^a E-Mycin 200 ^a E.E.S. 200	AF LM
3337P	Powder for oral liquid 400 mg (base) per 5 mL, 100 mL	‡ 1	..	..	# 13.00 B2.89	14.39 14.39	^a E-Mycin 400 ^a E.E.S. Granules	AF LM

ERYTHROMYCIN LACTOBIONATE

5088T	Powder for I.V. infusion 1 g (base)	5	* 50.94	32.90	Erythrocin-I.V.	LM
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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	
• 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	24	..	.. B1.45	20.16 21.61	21.19 21.19	^a Cleocin ^a Dalacin C	KR PH
LINCOMYCIN								
5144R	Injection 600 mg in 2 mL	5	..	..	33.31	32.90	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	..	..	* 46.09	32.90	^a Vancocin CP ^a Vancomycin Sandoz ^a HH	AS SZ
5083M	Powder for injection 1 g (1,000,000 i.u.) vancomycin activity	1	..	..	46.07	32.90	^a Vancomycin Sandoz ^a HH	SZ
• Imidazole derivatives								
METRONIDAZOLE								
3339R	Tablet 200 mg	21	..	.. B2.30	7.53 9.83	8.56 8.56	^a Metrogyl 200 ^a Metronide 200 ^a Flagyl	AF AV SW
5159M	Tablet 400 mg	5	..	..	7.45	8.48	Metrogyl 400	AF
5157K	Suppositories 500 mg, 10	‡ 1	..	..	22.73	23.76	Flagyl	SW
<hr/>								
METRONIDAZOLE								
<u>Restricted Benefit</u>								
<i>Treatment of anaerobic infections.</i>								
5155H	Tablet 400 mg	21	..	.. B2.30	9.60 11.90	10.63 10.63	^a Metrogyl 400 ^a Metronide 400 ^a Flagyl	AF AV 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	
Restricted Benefit								
<i>Treatment, in a hospital, of acute anaerobic sepsis.</i>								
5154G	<i>I.V. infusion 500 mg in 100 mL</i>	5	..	..	* 31.54	32.57	^a BX	
				..	* 31.54	32.57	^a DBL	HH
							<i>Metronidazole Intravenous Infusion</i>	
							^a <i>Metronidazole Sandoz</i>	SZ
METRONIDAZOLE BENZOATE								
3341W	Oral suspension 320 mg per 5 mL (equivalent to 200 mg metronidazole in 5 mL), 100 mL	‡ 1	..	..	16.74	17.77	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	* 24.49	25.52	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	..	..	* 12.63	13.66	^a Chem mart Diclofenac	CH
							^a Clonac 25	AW
							^a Diclofenac-GA	GN
							^a Diclohexal	SZ
							^a Dinac	GM
							^a GenRx Diclofenac	GX
							^a Terry White Chemists Diclofenac	TW
				..	12.64	13.67	^a Fenac 25	AF
				bl.96	* 14.59	13.66	^a Voltaren 25	NV
5077F	Tablet 50 mg (enteric coated)	50	..	..	10.62	11.65	^a Chem mart Diclofenac	CH
							^a Clonac 50	AW
							^a Diclohexal	SZ
							^a Dinac	GM
							^a Fenac	AF
							^a GenRx Diclofenac	GX
							^a Terry White Chemists Diclofenac	TW
				bl.96	12.58	11.65	^a Voltaren 50	NV

INDOMETHACIN

5128X	Suppository 100 mg	40	* 22.07	23.10	Indocid	AS
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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		
INDOMETHACIN									
Restricted Benefit									
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component;</i>									
<i>Bone pain due to malignant disease.</i>									
5126T	Capsule 25 mg	100	..	..	* 11.65 b0.92	12.68 12.68	^a Arthrexin ^a Indocid	AF AS
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	..	..	* 15.91	16.94	Actin	AF
5218P	Tablet 200 mg	50	..	..	14.85	15.88	Actin 200	AF
• Oxicams									
PIROXICAM									
Restricted Benefit									
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component.</i>									
5201R	Dispersible tablet 10 mg	50	..	..	12.07	13.10	Mobilis D-10	AF
5202T	Dispersible tablet 20 mg	25	..	..	11.77 b2.64	12.80 12.80	^a Mobilis D-20 ^a Feldene-D	AF PF
5203W	Capsule 10 mg	50	..	..	12.07	13.10	^a Chem mart Piroxicam ^a GenRx Piroxicam ^a Mobilis 10 ^a Terry White Chemists Piroxicam	CH GX AF TW
					b2.66	14.73	13.10	^a Feldene	PF
5204X	Capsule 20 mg	25	..	..	11.77	12.80	^a Chem mart Piroxicam ^a GenRx Piroxicam ^a Mobilis 20 ^a Terry White Chemists Piroxicam	CH GX AF TW
					b2.64	14.41	12.80	^a Feldene	PF
• Propionic acid derivatives									
IBUPROFEN									
5124Q	Tablet 400 mg	30	..	..	8.76	9.79	Brufen	AB

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	
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	..	..	* 11.63	12.66	Rafen 200	AF
5123P	Tablet 400 mg	90	..	..	* 14.30	15.33	Brufen	AB
KETOPROFEN								
5139L	Suppository 100 mg	40	..	..	* 24.87	25.90	Orudis	SW
KETOPROFEN								
Restricted Benefit								
<i>Chronic arthropathies (including osteoarthritis) with an inflammatory component.</i>								
5136H	Capsule 200 mg (sustained release)	28	..	..	19.47 B2.30	20.50 21.77	^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	..	..	* 13.29 B2.34	14.32 14.32	^a Inza 250 ^a Naprosyn	AF RO
5177L	Tablet 500 mg	50	..	..	12.48 B1.36	13.51 13.84	^a Inza 500 ^a Naprosyn	AF RO
5178M	Tablet 750 mg (sustained release)	28	..	..	11.95 B1.27	12.98 13.22	^a Proxen SR 750 ^a Naprosyn SR750	MD RO
5179N	Tablet 1 g (sustained release)	28	..	..	13.94 B1.34	14.97 15.28	^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	..	..	12.67 B2.29	13.70 14.96	^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	16.44	17.47	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	..	..	7.65	8.68	^a Codalgin Forte	FM
							^a Codapane Forte	AL
							^a Comfarol Forte	SZ
							^a Dolaforte	CO
							^a Prodeine Forte	AV
				B2.80	10.45	8.68	^a Panadeine Forte	SW

HYDROMORPHONE HYDROCHLORIDE

CAUTION:

The risk of drug dependence is high.

5129Y	Injection 2 mg in 1 mL	5	..	..	13.51	14.54	Dilaudid	MF
5130B	Injection 10 mg in 1 mL	5	..	..	18.87	19.90	Dilaudid-HP	MF
5131C	Injection 50 mg in 5 mL	5	..	..	47.07	32.90	Dilaudid-HP	MF

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	..	..	13.79	14.82	Dilaudid	MF
5116G	Tablet 4 mg	20	..	..	18.85	19.88	Dilaudid	MF
5117H	Tablet 8 mg	20	..	..	28.61	29.64	Dilaudid	MF
5132D	Oral liquid 1 mg per mL, 473 mL	1	..	..	49.09	32.90	Dilaudid	MF

NOTE:

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

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	
Restricted Benefit								
<i>Chronic severe disabling pain not responding to non-narcotic analgesics.</i>								
3357Q	Tablet 8 mg (modified release)	10	..	..	28.18	29.21	Jurnista	JC
3358R	Tablet 16 mg (modified release)	10	..	..	40.89	32.90	Jurnista	JC
3367F	Tablet 32 mg (modified release)	10	..	..	65.54	32.90	Jurnista	JC
3368G	Tablet 64 mg (modified release)	10	..	..	108.88	32.90	Jurnista	JC
NOTE:								
<i>Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.</i>								
MORPHINE HYDROCHLORIDE								
CAUTION:								
<i>The risk of drug dependence is high.</i>								
Restricted Benefit								
<i>Severe disabling pain not responding to non-narcotic analgesics.</i>								
5237P	Oral solution 2 mg per mL, 200 mL	1	..	..	18.73	19.76	Ordine 2	MF
5238Q	Oral solution 5 mg per mL, 200 mL	1	..	..	21.64	22.67	Ordine 5	MF
5239R	Oral solution 10 mg per mL, 200 mL	1	..	..	26.24	27.27	Ordine 10	MF
NOTE:								
<i>Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.</i>								
MORPHINE SULFATE								
CAUTION:								
<i>The risk of drug dependence is high.</i>								
5168B	Injection 10 mg in 1 mL	5	..	..	13.77	14.80	HH	
5169C	Injection 15 mg in 1 mL	5	..	..	14.13	15.16	HH	
5170D	Injection 30 mg in 1 mL	5	..	..	15.61	16.64	HH	
NOTE:								
<i>Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.</i>								
MORPHINE SULFATE								
CAUTION:								
<i>The risk of drug dependence is high.</i>								
Restricted Benefit								
<i>Severe disabling pain not responding to non-narcotic analgesics.</i>								
5163R	Tablet 30 mg	20	..	..	14.53	15.56	Anamorph	FM
NOTE:								
<i>Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.</i>								

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	
Restricted Benefit								
<i>Chronic severe disabling pain not responding to non-narcotic analgesics.</i>								
5162Q	Tablet 5 mg (controlled release)	20	..	..	15.89	16.92	MS Contin	MF
5164T	Tablet 10 mg (controlled release)	20	..	..	17.97	19.00	MS Contin	MF
5161P	Tablet 15 mg (controlled release)	20	..	..	21.52	22.55	MS Contin	MF
5165W	Tablet 30 mg (controlled release)	20	..	..	31.44	32.47	MS Contin	MF
5166X	Tablet 60 mg (controlled release)	20	..	..	47.92	32.90	MS Contin	MF
5167Y	Tablet 100 mg (controlled release)	20	..	..	62.58	32.90	MS Contin	MF
5246D	Capsule 10 mg (containing sustained release pellets)	20	..	..	17.97	19.00	Kapanol	GK
5240T	Capsule 20 mg (containing sustained release pellets)	20	..	..	22.20	23.23	Kapanol	GK
5064M	Capsule 30 mg (controlled release)	10	..	..	21.52	22.55	MS Mono	MF
5241W	Capsule 50 mg (containing sustained release pellets)	20	..	..	37.75	32.90	Kapanol	GK
5065N	Capsule 60 mg (controlled release)	10	..	..	31.44	32.47	MS Mono	MF
5066P	Capsule 90 mg (controlled release)	10	..	..	36.15	32.90	MS Mono	MF
5242X	Capsule 100 mg (containing sustained release pellets)	20	..	..	60.83	32.90	Kapanol	GK
5067Q	Capsule 120 mg (controlled release)	10	..	..	47.92	32.90	MS Mono	MF
5171E	Sachet containing controlled release granules for oral suspension, 20 mg per sachet	20	..	..	48.36	32.90	MS Contin Suspension 20 mg	MF
5243Y	Sachet containing controlled release granules for oral suspension, 30 mg per sachet	20	..	..	49.60	32.90	MS Contin Suspension 30 mg	MF
5244B	Sachet containing controlled release granules for oral suspension, 60 mg per sachet	20	..	..	54.95	32.90	MS Contin Suspension 60 mg	MF
5245C	Sachet containing controlled release granules for oral suspension, 100 mg per sachet	20	..	..	67.09	32.90	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	43.23	32.90	Proladone	PL
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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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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	..	..	11.87	12.90	Endone	SI
5191F	Capsule 5 mg	20	..	..	11.87	12.90	OxyNorm	MF
5197M	Capsule 10 mg	20	..	..	14.99	16.02	OxyNorm	MF
5198N	Capsule 20 mg	20	..	..	19.72	20.75	OxyNorm	MF
5190E	Oral solution 5 mg per 5 mL, 250 mL	1	..	..	20.29	21.32	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	..	..	20.75	21.78	OxyContin	MF
5247E	Tablet 10 mg (controlled release)	20	..	..	21.52	22.55	OxyContin	MF
5015Y	Tablet 15 mg (controlled release)	20	..	..	27.50	28.53	OxyContin	MF
5248F	Tablet 20 mg (controlled release)	20	..	..	31.44	32.47	OxyContin	MF
5016B	Tablet 30 mg (controlled release)	20	..	..	40.79	32.90	OxyContin	MF
5249G	Tablet 40 mg (controlled release)	20	..	..	47.92	32.90	OxyContin	MF
5250H	Tablet 80 mg (controlled release)	20	..	..	71.27	32.90	OxyContin	MF

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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• **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	..	..	8.73	9.76	^a Chem mart Tramadol	CH
							^a GenRx Tramadol	GX
							^a Terry White Chemists Tramadol	TW
							^a Tramedo	AF
							^a Zydol	AW
				B2.42	11.15	9.76	^a Tramal	CS

Restricted Benefit

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

3338Q	Tablet 50 mg (twice daily sustained release)	20	..	..	11.20	12.23	Tramal SR 50	CS
5234L	Tablet 100 mg (twice daily sustained release)	20	..	..	13.43	14.46	^a Tramahexal SR ^a Tramedo SR 100 ^a Zydol SR 100	SZ AF AW
				B4.51	17.94	14.46	^a Tramal SR 100	CS
5001F	Tablet 100 mg (once a day extended release)	10	..	..	12.94	13.97	Durotram XR	IA
5235M	Tablet 150 mg (twice daily sustained release)	20	..	..	16.02	17.05	^a Tramahexal SR ^a Tramedo SR 150 ^a Zydol SR 150	SZ AF AW
				B5.37	21.39	17.05	^a Tramal SR 150	CS
5236N	Tablet 200 mg (twice daily sustained release)	20	..	..	18.20	19.23	^a Tramahexal SR ^a Tramedo SR 200 ^a Zydol SR 200	SZ AF AW
				B6.09	24.29	19.23	^a Tramal SR 200	CS
5002G	Tablet 200 mg (once a day extended release)	10	..	..	15.91	16.94	Durotram XR	IA
5003H	Tablet 300 mg (once a day extended release)	10	..	..	19.36	20.39	Durotram XR	IA
5150C	Oral drops 100 mg per mL, 10 mL	≠ 1	..	..	13.28	14.31	Tramal	CS

Restricted Benefit

Short-term treatment of acute pain.

5231H	Injection 100 mg in 2 mL	5	13.87	14.90	Tramal 100	CS
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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	
Other analgesics and antipyretics								
• Salicylic acid and derivatives								
ASPIRIN								
5018D	Tablet 300 mg (dispersible)	96	..	..	8.21	9.24	Solprin	RC
• Anilides								
PARACETAMOL								
5196L	Tablet 500 mg	100	..	..	7.99	9.02	^a Chem mart Chemadol	CH
							^a Dymadon P	PC
							^a Febridol	GM
							^a Panamax	SW
							^a Paracetamol Sandoz	SZ
							^b Parahexal	HX
							^a Paralgin	FM
							^b Parmol	SI
							^a Pharmacy Choice Paracetamol	YM
							^a Terry White Chemists Paracetamol	TW
3348F	Oral liquid 120 mg per 5 mL, 100 mL	‡ 1	..	..	8.95	9.98	Panamax	SW
3349G	Oral liquid 240 mg per 5 mL, 200 mL	‡ 1	..	..	10.25	11.28	Panamax 240 Elixir	SW
 PARACETAMOL								
<u>Restricted Benefit</u>								
<i>Chronic arthropathies.</i>								
5224Y	Tablet 500 mg	300	..	..	* 11.99	13.02	^a Chem mart Chemadol	CH
							^a Dymadon P	PC
							^a Febridol	GM
							^a Panamax	SW
							^a Paracetamol Sandoz	SZ
							^b Parahexal	HX
							^a Paralgin	FM
							^b Parmol	SI
							^a Pharmacy Choice Paracetamol	YM
							^a Terry White Chemists Paracetamol	TW

Code	Name, Restriction, Manner of 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	..	..	18.71	19.74	^a Carbamazepine Sandoz	SZ
				B2.55	21.26	19.74	^a Tegretol 100	NV
5040G	Tablet 200 mg	200	..	..	29.77	30.80	^a Carbamazepine Sandoz	SZ
				B2.74	32.51	30.80	^a Teril ^a Tegretol 200	AF NV
5038E	Tablet 200 mg (controlled release)	200	..	..	30.26	31.29	Tegretol CR 200	NV
5037D	Tablet 400 mg (controlled release)	200	..	..	50.59	32.90	Tegretol CR 400	NV
5041H	Oral suspension 100 mg per 5 mL, 300 mL	‡ 1	..	..	20.92	21.95	Tegretol Liquid	NV
ANTI-PARKINSON DRUGS								
Anticholinergic agents								
• Ethers of tropine or tropine derivatives								
BENZTROPINE MESYLATE								
5031T	Injection 2 mg in 2 mL	5	..	..	22.41	23.44	Cogentin	FK
PSYCHOLEPTICS								
Anxiolytics								
• Benzodiazepine derivatives								
DIAZEPAM								
5071X	Tablet 2 mg	50	..	..	7.36	8.39	^a Antenex 2 ^a Valpam 2	AF SI
				B0.59	7.95	8.39	Ducene	SU
				B0.86	8.22	8.39	^a Valium	RO
5072Y	Tablet 5 mg	50	..	..	7.50	8.53	^a Antenex 5 ^a Diazepam-DP ^a Ranzepam ^a Valpam 5	AF GM RA SI
				B0.63	8.13	8.53	Ducene	SU
				B0.88	8.38	8.53	^a Valium	RO
5073B	Injection 10 mg in 2 mL	5	..	..	11.86	12.89	HH	
OXAZEPAM								
5192G	Tablet 15 mg	25	..	..	7.27	8.30	^a Alepam 15 ^a Serepax	AF SI
				B1.78	9.05	8.30		
5193H	Tablet 30 mg	25	..	..	7.46	8.49	^a Alepam 30 ^a Murelax ^a Serepax	AF FM SI
				B1.90	9.36	8.49		

Code	Name, Restriction, Manner of 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	..	..	7.46	8.49	^a Alodorm	AF
				B1.53	8.99	8.49	^a Mogadon	VT
TEMAZEPAM								
5221T	Tablet 10 mg	25	..	..	7.46	8.49	^a Temaze	AF
							^a Temtabs	FM
				B1.38	8.84	8.49	^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	19.91	20.94	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	10.57	11.60	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	..	..	29.43	30.46	Naloxone Min-I-Jet CS
5175J	Injection 2 mg in 5 mL	1	..	..	43.06	32.90	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	17.73	18.76	PF
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