Australian Government

Department of Health, Disability and Ageing

PBS

Schedule of Pharmaceutical Benefits

Repatriation Pharmaceutical Benefits Schedule

Effective 1 November 2026

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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 Legislation website at www.legislation.gov.au.

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Fees, Patient Contributions and Safety Net Thresholds

The following fees, patient contributions and safety net thresholds apply from 1 November 2026 and are included, where applicable, in prices published in the Schedule.

Dispensing Fees:	Ready-prepared	$9.24
	Dangerous drug fee	$5.73
	Extemporaneously-prepared	$11.28
	Allowable additional patient charge*	$2.79
Additional Fees (for safety net prices):	Ready-prepared	$1.54
	Extemporaneously-prepared	$1.99
Patient Co-payments:	General	$25.00
	Concessional	$7.70
Safety Net Thresholds:	General	$1748.20
	Concessional	$277.20
Safety Net Card Issue Fee:		$12.78

* 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

These changes to the Schedule of Pharmaceutical Benefits – Repatriation Pharmaceutical Benefits Schedule are effective from 1 November 2026. The Schedule is updated on the first day of each month and is also available at www.pbs.gov.au.

Repatriation Pharmaceutical Benefits

Advance Notices

1 December 2026

Deletion – Item

4434J	*Aci-Jel, CU* – **ACETIC ACID + OXYQUINOLINE + RICINOLEIC ACID**, acetic acid 0.94% + oxyquinoline sulfate 0.025% + ricinoleic acid 0.75% vaginal gel, 100 g
10017F	*Allevyn Life 66801067, SN* – **DRESSING FOAM WITH SILICONE**, dressing foam with silicone 10.3 cm x 10.3 cm dressing, 10
10029W	*Allevyn Life 66801068, SN* – **DRESSING FOAM WITH SILICONE**, dressing foam with silicone 12.9 cm x 12.9 cm dressing, 10
10023M	*Allevyn Life 66801069, SN* – **DRESSING FOAM WITH SILICONE**, dressing foam with silicone 15.4 cm x 15.4 cm dressing, 10
10021K	*Allevyn Life 66801070, SN* – **DRESSING FOAM WITH SILICONE**, dressing foam with silicone 21 cm x 21 cm dressing, 10
10586E	*Petrus Pharmaceuticals Pty Ltd, PP* – **GLYCEROL**, glycerol 700 mg suppository, 12
10596Q	*Petrus Pharmaceuticals Pty Ltd, PP* – **GLYCEROL**, glycerol 1.4 g suppository, 12
4246L	*Petrus Pharmaceuticals Pty Ltd, PP* – **GLYCEROL**, glycerol 2.8 g suppository, 12
4306P	*Lubri-Gel, PP* – **LUBRICATING AGENT**, lubricating agent gel, 100 g

About the Schedule

The Schedule of Pharmaceutical Benefits - Repatriation Pharmaceutical Benefits Scheme lists all ready-prepared items subsidised under the Repatriation Pharmaceutical Benefits Scheme (RPBS).

The Schedule is published and is effective on the first day of each month.

For detailed information about the prescribing and supply of repatriation pharmaceutical benefits go to www.pbs.gov.au/browse/rpbs

For information about the operational aspects of the RPBS, such as, RPBS claiming, authority applications and stationery supplies contact Services Australia at www.servicesaustralia.gov.au

The repatriation Schedule of Pharmaceutical Benefits provides information about pharmaceutical benefits available under the Repatriation Pharmaceutical Benefits Scheme (RPBS). These may only be prescribed to Department of Veterans' Affairs (DVA) beneficiaries holding a valid repatriation health card. Queries relating to the RPBS can be made to the DVA or go to www.dva.gov.au

Symbols and Abbreviations Used in the Schedule

*	An asterisk in the dispensed price column indicates that the manufacturer's pack does not coincide with the maximum quantity
‡	A double dagger in the maximum quantity column indicates where the maximum quantity has been determined to match the manufacturer's pack. These packs cannot be broken and the maximum quantity should be supplied and claimed
#	A gauge in the dispensed price column indicates that the product is not preconstituted and that the dispensed price therefore included a dispensing fee and where appropriate, an amount for purified water
a or b	Located immediately before brand names of an item indicates that the brands are equivalent for the purposes of substitution. These brands may be interchanged without differences in clinical effect
B	Located immediately before an amount in the premium column indicates a brand premium which applies to that particular brand of the item
T	Located immediately before an amount in the premium column indicates a therapeutic group premium which applies to that particular item
S	Located immediately before an amount in the premium column indicates a special patient contribution which applies to that particular item
DPMQ $	Dispensed price for maximum quantity
MRVSN $	Maximum recordable value for safety net
NP	Indicates that the item can be prescribed by an authorised nurse practitioner
MW	Indicates that the item can be prescribed by an authorised midwife
OP	Indicates that the item can be prescribed by an authorised optometrist
DP	Indicates that the item can be prescribed by an authorised dental practitioner

Restricted Benefits

All restricted items have separate headings for authority and non-authority items. In each case these items may be prescribed as pharmaceutical benefits only for use for one of the specified indications. Where more than one indication is specified for an Authority required or Restricted pharmaceutical benefit, each indication is separated from the preceding indication by a semi-colon and commences on the next line. In the case of Authority required (STREAMLINED) items, each restriction will also include a streamlined authority code. The drug may be prescribed as a pharmaceutical benefit for a patient who qualifies under any of the specified indications.

Restricted benefits – above an item indicates where an item can only be prescribed for specific therapeutic uses.

Authority required benefits – above an item indicates that a prescriber must seek approval from Services Australia or the Department of Veterans' Affairs. The prescriber must declare the specific conditions and circumstances that justify the use of these medicines. This is usually done by phone or in writing.

Authority required (STREAMLINED) – authority can be sought electronically.

Beneficiaries' Entitlement Cards

Eligibility for Repatriation Pharmaceutical Benefits

Gold card

This card is issued to those veterans of Australia's defence force, their widows/widowers and dependents entitled to treatment for all medical conditions.



White card

A White Card is issued to Australian veterans or mariners under the Veterans' Entitlements Act 1986 with:

- an accepted war or service-caused injury or disease;
- malignant cancer (neoplasia) whether war-caused or not;
- pulmonary tuberculosis whether war-caused or not;
- post-traumatic stress disorder whether war-caused or not; or
- anxiety and/or depression whether war-caused or not.



Orange card

Orange Repatriation pharmaceutical benefits cards are issued to Commonwealth and allied veterans and mariners who:

- have qualifying service from World War I or II and
- are aged 70 or over and
- have been resident in Australia for 10 years or more.



For more information go to the Department of Veterans' Affairs website:
http://www.dva.gov.au

RPBS Explanatory Notes

The Australian Repatriation System

The Australian Repatriation system is based primarily on the principle of compensation to veterans and eligible dependants for injury or death related to war service. In certain cases, treatment is also provided for accepted injuries or conditions that are not service-related or have occurred as a result of other than war service.

Through the *Veterans' Entitlements Act 1986* the Department of Veterans' Affairs provides programs of compensation, income support and treatment for eligible veterans and their dependants. One of the defined benefits for eligible veterans is the Repatriation Pharmaceutical Benefits Scheme. This range of medications and dressings is more comprehensive than is available through the Pharmaceutical Benefits Scheme.

RPBS prescribing provisions

Unless otherwise stated, Repatriation Pharmaceutical Benefits Scheme (RPBS) prescriptions must conform with the requirements of Pharmaceutical Benefits Scheme (PBS) prescriptions, as detailed at www.pbs.gov.au. The prescriber shall ensure that a prescription contains the following details:

- the category of benefit, i.e., RPBS, by placing a cross in the relevant box;
- the patient's full name and address;
- the prescription date;
- the DVA file number of the patient as evidence of entitlement;
- in the case of authority prescriptions, the Authority approval number or the four digit streamlined authority code;
- the item, form, strength, quantity and directions;
- the number of repeats, if applicable;
- indicate when brand substitution is not permitted; and
- the name, signature, the prescriber number and address of the prescriber.

Prior Approval Arrangements

The prior approval of the Department is required to prescribe the following:

- “Authority required” items (excluding “Authority required (STREAMLINED)” items) listed in either the PBS or RPBS Schedule;
- increased quantities and/or repeats of items listed in either the PBS or RPBS Schedule;
- items listed under section 100 of the *National Health Act 1953*; and
- other items not listed in either Schedule (non-Schedule items).

The above items are to be prescribed on the common PBS/RPBS authority prescription form in accordance with the directions stated in the Explanatory Notes at www.pbs.gov.au. (See also information regarding dental prescribing and prescribing by optometrists under the RPBS in these Notes.)

All Authority required prescriptions and requests for non-Schedule items must receive prior approval from the Department. This can be achieved by either:

- using the Department's national free call number 1800 552 580; or
- by mailing the written authority prescription to the Veterans' Affairs Pharmaceutical Advisory Centre (VAPAC) at the reply paid address shown at the end of these RPBS Explanatory Notes.

Prior approval is not required from DVA to prescribe an Authority required (STREAMLINED) item (except where increased quantities and/or repeats are required). Instead, the authority prescription form must include a four digit streamlined authority code.

Some requests for prior approval (including some non-Schedule items) need to be referred by VAPAC to the Repatriation Pharmaceutical Reference Committee for consideration. In such cases, a VAPAC pharmacist will advise the prescriber to submit a request in writing that provides the following information:

- A current clinical report on the patient's condition (such as age, co-morbidities, renal, liver failure) and clinical reports including pathology, biochemistry, diagnostic and other investigations if appropriate.
- Details of past and current therapy for the condition. Include details of PBS, RPBS and non-Schedule items utilised, and the results of those therapies.
- Details of the proposed treatment regimen. Include intended dose and duration of treatment and objective measures of response.
- When the proposed use of the item is outside the TGA-approved indications for use in Australia, provide copies of articles from peer-reviewed publications supporting the proposed treatment.
- Signed, informed patient consent where the item is to be used for a non-TGA-approved indication.
- For items without Australian marketing approval, a copy of the TGA Special Access Scheme approval to prescribe the drug.

Requests for prior approval to prescribe a non-Schedule (PBS or RPBS) item that is of the same therapeutic class (ATC level 3) as an item that is listed on the Schedule, will not be approved unless unequivocal clinical evidence is presented to demonstrate that the requested item is essential for effective treatment of the nominated patient.

A pharmacist should not supply an item prescribed on an RPBS Authority Prescription Form unless the form has been approved and stamped by VAPAC, or has been endorsed by the prescriber with a telephone Authority approval number provided by VAPAC. Medicare Australia will not accept RPBS Authority prescriptions that have not been approved by the Department of Veterans' Affairs for payment.

Palliative Care Drugs

The following medications may be available, or made available in increased quantities or doses under prior approval arrangements for use only in the palliative care of terminal disease:

- clonazepam
- cyclizine
- dexamethasone
- disodium pamidronate
- fentanyl
- glycopyrrolate
- hyoscine butylbromide
- hyoscine hydrobromide
- ketamine
- midazolam
- octreotide

For further information telephone VAPAC on 1800 552 580.

Dental Prescribing

Under Department of Veterans' Affairs arrangements, financial responsibility for pharmaceutical benefits prescribed by a Local Dental Officer (LDO) is limited to treatment to which holders of the following cards are entitled: Where possible the LDO shall prescribe in accordance with the provisions governing dental prescribing under the Pharmaceutical Benefits Scheme (PBS).

- a Gold Repatriation Health Card – For All Conditions; or
- a White Repatriation Health Card – For Specific Conditions; or
- an Orange Repatriation Pharmaceutical Benefits Card.

Prescriptions for PBS Dental Schedule items for Gold, White and Orange cardholders are to be dispensed at the PBS concessional rate. Claims for payment by the dispensing pharmacist are to be included with other Repatriation prescriptions. The cardholder is required to meet the cost of any applicable brand premium.

When a non-PBS Dental Schedule item is prescribed for an eligible cardholder, the LDO's private prescription form should be used. The dispensing pharmacist may charge the patient the full cost of the prescription. The patient may claim a refund for the full cost of a non-Schedule item from the Department if an itemised receipt (not a cash register receipt) and a copy of the prescription are provided.

Prescribing by optometrists

Optometrists approved as ‘PBS prescribers’ may write RPBS prescriptions as outlined in Section 1 for medicines listed in Section 2 of the PBS Schedule as pharmaceutical benefits for optometrical use.

Medicines in the optometrist list include non-Authority and Authority required items. Procedures for obtaining VAPAC approval to prescribe ‘Authority required’ optometrist items or increased quantities and/or repeats of optometrist items under the RPBS are the same as indicated under prior approval arrangements above.

The list of medicines for prescribing by optometrists under the RPBS is the same as applies under the PBS. There are no optometrist listings in the RPBS Schedule for prescribing for veterans only. There is no provision for optometrist prescribers to request approval to prescribe items that are not included in the PBS optometrist list (non-Schedule items).

Optometrist PBS/RPBS prescription forms are for use for prescribing non-Authority or Authority required optometrist items under the RPBS with one item per form only.

Provisions governing pricing and payment for RPBS benefits

Introduction

Unless otherwise stated, the pricing and payment principles and arrangements for approved pharmacists supplying pharmaceutical benefits under the RPBS will be the same as those arrangements applying under the PBS.

Where a pharmaceutical benefit that is not listed on the PBS or RPBS Schedule is dispensed on an RPBS Authority prescription, a pharmacist will price the benefit and enter the serial number, prescription identifying number and price on the sticker or stamp imprint affixed to the prescription.

Pricing of Schedule Items

Items supplied under the RPBS from the PBS Schedule, both ready-prepared and extemporaneously-prepared, will be paid on the same basis as benefits supplied under the PBS. Items supplied under the RPBS from the Repatriation Schedule, including wound dressings, will be paid on the basis of the price as given in the Repatriation Pharmaceutical Benefits section (Section 1 – RPBS Schedule, Drugs, Medicines and Dressings) of the *Schedule of Pharmaceutical Benefits*.

Pricing of Non-Schedule Ready Prepared Items

Non-Schedule ready-prepared items are to be priced on the basis of the invoiced, GST-exclusive wholesale price to pharmacists plus the appropriate PBS mark-up and the PBS dispensing fee. Where the item price to pharmacists is greater than $100.00, a copy of the invoice pertaining to the supply of that item is to be submitted together with the appropriate copy of the authority prescription as part of the claim for payment.

Pricing of Non-Schedule Extemporaneously Prepared Items

When an ingredient drug is not listed in the PBS Drug Tariff, the recovery price will be based on the invoiced wholesale price to pharmacists, increased by a mark-up of 100%, calculated in accordance with the directions contained in the pricing instructions for pricing of PBS extemporaneously-prepared benefits in this Schedule. The price paid by the pharmacist for the commercial pack from which the ingredient is used shall be endorsed on the prescription form.

Miscellaneous Pricing Rules

The price to pharmacists used as the basis of pricing will be the invoiced, GST-exclusive price from the wholesaler.

If multiple quantities of a manufacturer's original pack are supplied, the PBS mark-up is applied to the price to pharmacist of each pack and then totalled. The PBS dispensing fee, and the PBS dangerous drug fee if applicable, are then added to the total of the marked-up prices.

When the quantity prescribed corresponds with the quantity of a manufacturer's original pack, in no circumstances will the price payable for one pack exceed that payable for multiples or combinations of packs to supply the quantity prescribed.

The list of ingredient drugs and prices included in the PBS Drug Tariff are common to both the PBS and RPBS. Certain restrictions apply regarding the prescribing and dispensing of some of these ingredient drugs as pharmaceutical benefits, e.g., use as additive only.

For items prescribed generically, including non-Schedule and wound dressings, the pharmacist should indicate on the prescription the quantity and brand supplied. If prescriptions are not endorsed, the Department will pay the lowest priced acceptable product available.

General

Packaging Material, Postage or Freight

Payment to a pharmacist for the costs of packaging materials, postage or freight required to supply a pharmaceutical benefit is to be paid by the patient, who may then claim reimbursement from the Department through the provision of a pharmacists itemised receipt.

Payment for Items Supplied at Short Intervals

For all items dispensed at specific short intervals of time, the Department will pay a separate PBS dispensing fee for each occasion that the drug is supplied and which is acknowledged on receipt by the patient or agent.

The price payable on the items supplied will be based on the individual dose quantity supplied. Where applicable, a PBS dangerous drug fee and a minimum container charge will be payable for each supply.

Receipts for Patient Charges

Where a charge is paid by a patient in any of the circumstances of paragraphs 13 or 24, the pharmacist is required to provide a printed receipt to the patient with the details of the items or services provided, the amount paid, date of supply and the patients name and address. The patient may apply for reimbursement from the Department.

Special Patient Contributions

The Special Patient Contribution for items listed as Special Pharmaceutical Benefits in the PBS Schedule is not payable by veterans entitled to pharmaceutical benefits under the RPBS. Eligible veterans receiving Special Pharmaceutical Benefits under the RPBS are required to pay only the concessional patient contribution and any applicable brand premium. If a Safety Net Entitlement card is held, the veteran should receive a Special Pharmaceutical Benefit free of charge, subject to any brand premium applicable. Medicare Australia will reimburse the dispensing pharmacist the total dispensed price, less the concessional patient contribution and/or brand premium if applicable.

Therapeutic Group Premiums — Authority Processing

Items attracting a therapeutic group premium are dual listed. Dispensing pharmacists are therefore required to select the appropriate code for those items that are dual listed as authority and non-authority items, in order to correctly charge the patient and claim from Medicare Australia. Those authority prescriptions that grant exemption from a therapeutic group premium will have the letters 'TPX' at the beginning of the telephone Authority approval number, or, in the case of a written approval, will be stamped with the words "This prescription does not attract a therapeutic group premium".

Contact the Department of Veterans' Affairs

Authority Prescription Applications

Applications for authority to prescribe under the Repatriation Pharmaceutical Benefits Scheme (RPBS) should be sent to the Veterans' Affairs Pharmaceutical Advisory Centre (VAPAC) using the free postal service:

REPLY PAID 9998
VAPAC (Veterans' Affairs Pharmaceutical Advisory Centre)
Department of Veterens' Affairs
GPO Box 9998
BRISBANE QLD 4001

For RPBS enquiries and telephone approvals 24 hours a day the Freecall number is: 1800 552 580

Departmental pharmacists answer applications for prior approval for non-Schedule items and Authority application calls.

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Wound Assessment and Dressing Identification

It is essential to define the aetiology of the wound before selecting a dressing. Recommendations are based on wound type, colour of wound base, depth of wound, and amount of exudate.

This wound chart adheres to the MOIST WOUND concept of healing and wound dressings are described below as ABSORBING or MOISTURE DONATING.

Most wound healing products are designed to remain in situ for several days, with the exception of those for infected wounds which should be changed daily. The quantities and repeats listed in the Repatriation Schedule are considered to be adequate to manage the treatment of a wound for two weeks to one month, when an assessment of the wound's healing process should be undertaken.

DRESSINGS

PINK EPITHELIALISING WOUND

Aim: To protect and promote epithelialisation. Epithelialising wounds normally are superficial and only produce a light exudate.

(A) Covering	• Film; • Film Island	• Gauze—Paraffin; • Non-adherent
(B) Absorbing	• Foam (Light Exudate); • Hydroactive (Superficial Wound—Light Exudate)	• Hydrocolloid (Superficial Wound—Light Exudate)

RED GRANULATING WOUND

Aims: (1) to protect the granulating tissue; (2) to encourage epithelialisation; (3) to absorb excess exudate.

LIGHT EXUDATE:	**Superficial**	**Cavity**
(A) Absorbing	• Foam (Light Exudate); • Hydroactive (Superficial Wound—Light Exudate); • Hydrocolloid (Superficial Wound—Light Exudate)	• Hydrocolloid (Cavity Wound)
(B) Moisture donating	• Hydrogel—Amorphous; • Hydrogel—Sheet	• Hydrogel—Amorphous

HIGH EXUDATE:	**Superficial**	**Cavity**
(A) Absorbing	• Alginate (Superficial Wound); • Foam—Heavy Exudate; • Hydroactive (Superficial Wound—Moderate Exudate); • Hydrocolloid (Superficial Wound—Moderate/High Exudate)	• Alginate (Cavity Wound); • Foam—Moderate Exudate (see “cavity conforming” product); • Hydroactive (Cavity Wound); • Hydrocolloid (Cavity Wound)
(B) Moisture donating	NOT APPROPRIATE	

YELLOW SLOUGHY WOUND

Aims: (1) to remove slough; (2) to encourage granulation; (3) to absorb excess exudate.

LIGHT EXUDATE:	Superficial	Cavity
(A) Absorbing	• Cadexomer Iodine; • Foam—Light Exudate; • Foam with Charcoal; • Hydroactive (Superficial Wound—Moderate Exudate); • Hydrocolloid (Superficial Wound—Moderate Exudate)	• Cadexomer Iodine; • Hydrocolloid (Cavity Wound)
(B) Moisture Donating	• Hydrogel—Amorphous; • Hydrogel—Sheet	• Hydrogel—Amorphous
HIGH EXUDATE:	**Superficial**	**Cavity**
(A) Absorbing	• Alginate (Superficial Wound); • Cadexomer Iodine; • Foam—Heavy Exudate; • Hydroactive (Superficial Wound—Moderate/High Exudate); • Hydrocolloid (Superficial Wound—Moderate/High Exudate)	• Alginate (Cavity Wound); • Cadexomer Iodine; • Hydrocolloid (Cavity Wound)
(B) Moisture donating	NOT APPROPRIATE	

BLACK NECROTIC WOUND

Aim: To remove eschar by — (1) sharp debridement, e.g., scissor/scalpel and/or (2) rehydration and autolytic debridement. (These wounds usually produce a LIGHT EXUDATE.)

DRY / LIGHT EXUDATE:	Superficial	Cavity
(A) Absorbing	• Hydroactive (Superficial Wound—Light Exudate); • Hydrocolloid (Superficial Wound—Light/Moderate Exudate)	• Hydrocolloid (Cavity Wound)
(B) Moisture donating	• Hydrogel—Amorphous; • Hydrogel—Sheet	• Hydrogel—Amorphous; • Hydrogel—Sheet

INFECTED WOUNDS

Aims: (1) to clear the infection with systemic antibiotics; (2) to absorb excess exudate; (3) to remove slough if present; (4) to decrease bacterial burden - by applying a Silver dressing or Cadexomer Iodine dressing.

MALODOROUS WOUNDS

Aims: (1) to clear infection if present; (2) to remove slough if present; (3) to clear colonising odour-producing bacteria in slough — by applying metronidazole gel, a Silver dressing or a Cadexomer Iodine dressing; (4) to absorb excess exudate.

Products: Activated Charcoal; Alginate with Charcoal; Foam with Charcoal; Silver dressing; Cadexomer Iodine dressing.

MINOR SKIN TRAUMA

Aims: (1) to stop bleeding; (2) to prevent infection; (3) to minimise the surface defect; (4) to promote epithelialisation.

ORDERING COLOPLAST PRODUCTS

Coloplast dressings are available via a range of distributors. However, Coloplast's principal agreement to ensure correct RPBS Price to Pharmacy and ready supply has been secured with Independence Australia on 1300 788 855 and BrightSky on 1300 290 400. Please note that Coloplast is unable to guarantee ready supply or rebate for price differences on purchases outside these distributors.

ORDERING HARTMANN PRODUCTS

Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.

ORDERING MOLNLYCKE HEALTHCARE PRODUCTS

Molnlycke Health Care products are distributed through leading pharmacy distributors. To best ensure product availability at the RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions

(IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email: customerservice@independenceaustralia.com. Molnlycke Health Care is not able to ensure product availability or pricing on listed products beyond these two suppliers.

ORDERING SMITH & NEPHEW PRODUCTS

Smith & Nephew products are distributed via the three major wholesalers, API, SIGMA & Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

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ALIMENTARY TRACT AND METABOLISM

STOMATOLOGICAL PREPARATIONS

STOMATOLOGICAL PREPARATIONS

Antiinfectives and antiseptics for local oral treatment

CHLORHEXIDINE

chlorhexidine gluconate 0.2% mouthwash, 250 mL

4161B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	0	0.00	19.03	7.70	Plaqacide [OB]

chlorhexidine gluconate 0.2% mouthwash, 300 mL

4204G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	0	0.00	21.83	7.70	Savacol Mouth and Throat Rinse [OM]

NYSTATIN

nystatin 100 000 units/mL oral liquid, 24 mL

10854G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	1	0.00	20.65	7.70	[a] Pharmacy Action Nystatin Oral Drops [GQ]	[a] Trust Nystatin Oral Drops [CR]
		0.00	21.85	7.70	[a] Mycostatin Oral Drops [LN]	

DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS

DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS

Synthetic anticholinergics, esters with tertiary amino group

MEBEVERINE

mebeverine hydrochloride 135 mg tablet, 90

4328T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	0	0.00	31.64	7.70	[a] APO-Mebeverine [TX]	[a] Colese [AF]
		0.00	36.01	7.70	[a] Colofac [GO]	

BELLADONNA AND DERIVATIVES, PLAIN

Belladonna alkaloids, semisynthetic, quaternary ammonium compounds

HYOSCINE BUTYLBROMIDE

hyoscine butylbromide 20 mg/mL injection, 5 x 1 mL ampoules

4279F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	0	0.00	20.18	7.70	[a] Buscopan [VZ]	[a] HYOSCINE BUTYLBROMIDE-AFT [AE]
					[a] HYOSCINE BUTYLBROMIDE MEDSURGE [DZ]	[a] HYOSCINE BUTYLBROMIDE SXP [XN]

DRUGS FOR CONSTIPATION

DRUGS FOR CONSTIPATION

Softeners, emollients

DOCUSATE

docusate sodium 50 mg tablet, 100

4200C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	0.00	21.01	7.70	Coloxyl 50 [AS]

Contact laxatives

BISACODYL

bisacodyl 10 mg suppository, 10

10578R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	5	0.00	*26.85	7.70	[a] Petrus Bisacodyl Suppositories [PP]	
		0.00	*28.05	7.70	[a] Dulcolax [VZ]	

bisacodyl 10 mg suppository, 12

10580W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	4	0.00	*25.59	7.70	Petrus Bisacodyl Suppositories [PP]

BISACODYL

Restricted benefit

15420

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

bisacodyl 10 mg suppository, 10

14567Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	6	5	0.00	*39.30	7.70	[a] Petrus Bisacodyl Suppositories [PP]	
			0.00	*41.70	7.70	[a] Dulcolax [VZ]	

bisacodyl 10 mg suppository, 12

14572Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	6	4	0.00	*36.78	7.70	Petrus Bisacodyl Suppositories [PP]

DOCUSATE + SENNOSIDE B

docusate sodium 50 mg + sennoside B 8 mg tablet, 90

10177P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	2	0.00	20.03	7.70	[a] Pharmacy Action Colox-Senna [HQ]	
			0.00	20.07	7.70	[a] Chemists' Own Laxative with Senna [RW]	[a] Co-Senna [PP]
						[a] Coloxyl with Senna [LN]	[a] Trust Coloxease [CR]

SENNOSIDE B

sennoside B 7.5 mg tablet, 100

4455L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	1	0.00	19.59	7.70	[a] Senna-Gen [PP]	
			0.00	20.64	7.70	[a] Senokot [RC]	

Bulk-forming laxatives

DRY PSYLLIUM HUSK

dry psyllium husk 3.5 g powder for oral liquid, 30 sachets

4285M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	0.00	23.83	7.70	Fybogel [RC]

PSYLLIUM HUSK POWDER

psyllium husk powder 3.4 g/5.9 g powder for oral liquid, 283 g

4419N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	0.00	27.22	7.70	Metamucil Orange Smooth [PY]

psyllium husk powder 3.4 g/7 g powder for oral liquid, 504 g

12596Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	0.00	33.55	7.70	Metamucil Natural Granular [PY]

Enemas

CITRIC ACID + LAURYL SULFOACETATE SODIUM + SORBITOL

sodium citrate dihydrate 450 mg/5 mL + lauryl sulfoacetate sodium 45 mg/5 mL + sorbitol 3.125 g/5 mL enema, 4 x 5 mL

4462W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	20.59	7.70	Micolette [AE]

Other drugs for constipation

GLYCEROL

glycerol 700 mg suppository, 12

10586E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	5	0.00	*26.13	7.70	Petrus Pharmaceuticals Pty Ltd [PP]

glycerol 1.4 g suppository, 12

10596Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	5	0.00	*26.46	7.70	Petrus Pharmaceuticals Pty Ltd [PP]

glycerol 2.8 g suppository, 12

4246L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	5	0.00	*26.91	7.70	Petrus Pharmaceuticals Pty Ltd [PP]

ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ANTIINFECTIVE AGENTS

ANTIPROPULSIVES

Antipropulsives

LOPERAMIDE

loperamide hydrochloride 2 mg capsule, 12

10592L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	0	0.00	15.99	7.70	[a] A-WON DIARRHOEA RELIEF CAPSULES [WN]	[a] Gastrex [CR]

loperamide hydrochloride 2 mg capsule, 20

11135C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	0	0.00	15.99	7.70	[a] A-WON DIARRHOEA RELIEF CAPSULES [WN] [a] Pharmacy Action Diarrhoea Relief [GQ]	[a] Gastrex [CR]

ANTIOBESITY PREPARATIONS, EXCL. DIET PRODUCTS

ANTIOBESITY PREPARATIONS, EXCL. DIET PRODUCTS

Peripherally acting antiobesity products

ORLISTAT

Authority Required

5263

Obesity

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a Body Mass Index (BMI) greater than or equal to 35 with no known co-morbidities; **OR**
- Patient must have a BMI greater than or equal to 30 with 1 or more of the following co-morbidities;(i) diabetes;(ii) ischaemic heart disease;(iii) psychiatric conditions;(iv) hypertension, **AND**
- Patient must be receiving, or enrolled to receive, professional dietetic and weight management advice (where this is available), **AND**
- The treatment must not exceed 12 months in total from initial application, **AND**
- Patient must not receive more than 1 continuous treatment in a lifetime.

The prescriber must provide the patient's initial body weight and BMI at the time of application.

Note The patient should be ideally enrolled in an exercise program and be receiving supplemental vitamins.

Authority Required

5264

Obesity

Treatment Phase: Continuing treatment (3 to 6 months following commencement)

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- Patient must have reduced their inital body weight by 2.5 kg or 2.5% (whichever is the lesser) during the period 3 to 6 months following commencement of treatment with this drug, **AND**
- The treatment must not exceed 12 months in total from initial application, **AND**
- Patient must not receive more than 1 continuous treatment in a lifetime, **AND**
- Patient must be receiving, or enrolled to receive, professional dietetic and weight management advice (where this is available).

Note The patient should be ideally enrolled in an exercise program and be receiving supplemental vitamins.

Authority Required

5182

Obesity

Treatment Phase: Continuing treatment (6 to 12 months following commencement)

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- Patient must have reduced their inital body weight by 5 kg or 5% (whichever is the lesser) during the period 6 to 12 months following commencement of treatment with this drug, **AND**
- The treatment must not exceed 12 months in total from initial application, **AND**
- Patient must not receive more than 1 continuous treatment in a lifetime, **AND**
- Patient must be receiving, or enrolled to receive, professional dietetic and weight management advice (where this is available).

Note The patient should be ideally enrolled in an exercise program and be receiving supplemental vitamins.

orlistat 120 mg capsule, 84

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4570M	1	2	0.00	133.20	7.70	Xenical [PB]

VITAMINS

VITAMIN B1, PLAIN AND IN COMBINATION WITH VITAMIN B6 AND B12

Vitamin B1, plain

THIAMINE

thiamine hydrochloride 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4043T	1	2	0.00	18.22	7.70	Betavit [PP]

THIAMINE

Restricted benefit

15420

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

thiamine hydrochloride 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14182K	2	2	0.00	*22.08	7.70	Betavit [PP]

VITAMIN B-COMPLEX, INCL. COMBINATIONS

Vitamin B-complex, plain

LYSINE + THIAMINE + PYRIDOXINE + CYANOCOBALAMIN + FERRIC PYROPHOSPHATE

lysine hydrochloride 300 mg/10 mL + thiamine hydrochloride 10 mg/10 mL + pyridoxine hydrochloride 5 mg/10 mL + cyanocobalamin 25 microgram/10 mL + iron (as ferric pyrophosphate) 10 mg/10 mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4493L	‡1	2	0.00	20.20	7.70	Accomin Adult Tonic [PF]

MINERAL SUPPLEMENTS

CALCIUM

Calcium

CALCIUM

Restricted benefit

5181

Hyperphosphataemia

Clinical criteria:

- The condition must be associated with chronic renal failure.

calcium carbonate 1.25 g (calcium 500 mg) chewable tablet, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11845K	2	1	0.00	*29.96	7.70	Cal-500 [PP]

calcium carbonate 1.5 g (calcium 600 mg) tablet, 120

4142B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	1	0.00	*25.20	7.70	[a] A-WON Calcium 600 [WN]	[a] Cal-care 600 mg [CR]
		0.00	*27.74	7.70	[a] CAL-600 [PP]	

CALCIUM

Restricted benefit

15397

Hyperphosphataemia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be associated with chronic renal failure.

calcium carbonate 1.25 g (calcium 500 mg) chewable tablet, 120

14217G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	1	0.00	*45.56	7.70	Cal-500 [PP]

calcium carbonate 1.5 g (calcium 600 mg) tablet, 120

14175C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4	1	0.00	*36.04	7.70	[a] A-WON Calcium 600 [WN]	[a] Cal-care 600 mg [CR]
		0.00	*41.12	7.70	[a] CAL-600 [PP]	

CALCIUM

Restricted benefit

5179

Hypocalcaemia

Restricted benefit

5143

Osteoporosis

Restricted benefit

5180

Proven calcium malabsorption

calcium carbonate 1.25 g (calcium 500 mg) chewable tablet, 120

11862H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	0.00	22.16	7.70	Cal-500 [PP]

calcium carbonate 1.5 g (calcium 600 mg) tablet, 120

4082W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	0.00	19.78	7.70	[a] A-WON Calcium 600 [WN]	[a] Cal-care 600 mg [CR]
		0.00	21.05	7.70	[a] CAL-600 [PP]	

CALCIUM

Restricted benefit

15419

Hypocalcaemia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Restricted benefit

15372

Osteoporosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Restricted benefit

15373

Proven calcium malabsorption

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

calcium carbonate 1.25 g (calcium 500 mg) chewable tablet, 120

14176D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	0.00	*29.96	7.70	Cal-500 [PP]

calcium carbonate 1.5 g (calcium 600 mg) tablet, 120

14174B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	1	0.00	*25.20	7.70	[a] A-WON Calcium 600 [WN]	[a] Cal-care 600 mg [CR]
		0.00	*27.74	7.70	[a] CAL-600 [PP]	

OTHER MINERAL SUPPLEMENTS

Magnesium

MAGNESIUM

Restricted benefit

5216

Hypomagnesaemia

The condition must be documented in the patient's medical records.

magnesium 37.4 mg tablet, 50

4321K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	0	0.00	19.92	7.70	Mag-Sup [PP]	
		0.00	20.20	7.70	Amcal Mag-A [IG]	Pharmacy Care Magnesium [SI]
		0.00	20.75	7.70	Magmin [BB]	

Magnesium 37.4 mg tablet, 120

15372C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	0	0.00	27.68	7.70	A-WON Magnesium [WN]

BLOOD AND BLOOD FORMING ORGANS

ANTITHROMBOTIC AGENTS

ANTITHROMBOTIC AGENTS

Platelet aggregation inhibitors excl. heparin

ASPIRIN

aspirin 100 mg tablet, 90

4076M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	0.00	22.16	7.70	Cardiprin 100 [RC]

aspirin 100 mg tablet, 112

10590J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	0.00	16.31	7.70	Spren 100 [OW]

ASPIRIN

Note The enteric coated preparations are for patients with a significant risk of gastrointestinal bleeding.

aspirin 100 mg enteric tablet, 84

4077N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	0.00	20.51	7.70	Cardasa [AF]	[a] Cartia [AS]
					[a] Pharmacy Action Low Dose Aspirin [GQ]	[a] Trust Aspirin EC 100 [CR]

aspirin 100 mg enteric capsule, 84

4078P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	0.00	21.28	7.70	Astrix [YN]

ANTIANEMIC PREPARATIONS

IRON PREPARATIONS

Iron bivalent, oral preparations

FERROUS FUMARATE

ferrous fumarate 200 mg (iron 65.7 mg) tablet, 60

10594N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	0.00	20.50	7.70	Ferro-tab [AE]

Iron in combination with folic acid

FERROUS FUMARATE + FOLIC ACID

ferrous fumarate 310 mg (iron 100 mg) + folic acid 350 microgram tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10579T	1	1	0.00	21.44	7.70	Ferro-f-tab [AE]

VITAMIN B12 AND FOLIC ACID

Vitamin B12 (cyanocobalamin and analogues)

HYDROXOCOBALAMIN

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

Note Pharmaceutical benefits that have the form hydroxocobalamin injection 1 mg (as acetate) in 1 mL and pharmaceutical benefits that have the form hydroxocobalamin injection 1 mg (as chloride) in 1 mL are equivalent for the purposes of substitution.

Restricted benefit

5838

Pernicious anaemia

Restricted benefit

5880

Proven vitamin B12 deficiencies other than pernicious anaemia

Restricted benefit

5839

Anaemias associated with vitamin B12 deficiency

Clinical criteria:

- Patient must have had a gastrectomy, **AND**
- The treatment must be for prophylaxis.

hydroxocobalamin 1 mg/mL injection, 3 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10577Q	1	0	0.00	18.57	7.70	[a] Vita-B12 [GH]

hydroxocobalamin 1 mg/mL injection, 3 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10587F	1	0	0.00	18.57	7.70	[a] Neo-B12 [PF]

Folic acid and derivatives

FOLIC ACID

folic acid 500 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10584C	2	0	0.00	*18.62	7.70	[a] Foltabs 500 [PP]	[a] Megafol 0.5 [AF]

FOLIC ACID

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

folic acid 5 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10573L	2	1	0.00	*20.68	7.70	Megafol 5 [AF]

BLOOD SUBSTITUTES AND PERFUSION SOLUTIONS

IRRIGATING SOLUTIONS

Salt solutions

SODIUM CHLORIDE

sodium chloride 0.9% (4.5 g/500 mL) solution, 500 mL bottle

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4460R	‡1	2	0.00	17.76	7.70	Baxter Healthcare Pty Ltd [BX]

sodium chloride 0.9% (9 g/L) solution, 1 L bottle

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4461T	‡1	2	0.00	18.02	7.70	Baxter Healthcare Pty Ltd [BX]

CARDIOVASCULAR SYSTEM

VASOPROTECTIVES

AGENTS FOR TREATMENT OF HEMORRHOIDS AND ANAL FISSURES FOR TOPICAL USE

Other agents for treatment of hemorrhoids and anal fissures for topical use

ZINC OXIDE + PERU BALSAM + BENZYL BENZOATE

zinc oxide 300 mg + peru balsam 50 mg + benzyl benzoate 33 mg suppository, 12

4040P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	0.00	20.21	7.70	Anusol [JT]

zinc oxide 10.75% + peru balsam 1.88% + benzyl benzoate 1.25% ointment, 50 g

4039N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	0.00	21.12	7.70	Anusol [JT]

DERMATOLOGICALS

ANTIFUNGALS FOR DERMATOLOGICAL USE

ANTIFUNGALS FOR TOPICAL USE

Imidazole and triazole derivatives

CLOTRIMAZOLE

clotrimazole 1% cream, 20 g

4004R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	1	0.00	16.24	7.70	[a] Pharmacy Action Anti-Fungal Cream [GQ]	
		0.00	16.55	7.70	[a] Clonea [AF]	

Other antifungals for topical use

AMOROLFINE

Restricted benefit
6386
Onychomycosis

amorolfine 5% solution, 5 mL

4010C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	1	0.00	49.82	7.70	[a] Myconail [AE]	[a] Pharmacy Action Anti-Fungal Nail Treatment [GQ]
		0.00	84.99	7.70	[a] Aporyl [TX]	
		0.00	93.48	7.70	[a] Loceryl [GA]	

TERBINAFINE

Restricted benefit
6479
Tinea pedis

terbinafine 1% gel, 15 g

4463X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	0	0.00	28.64	7.70	Lamisil DermGel [NP]

terbinafine hydrochloride 1% cream, 15 g

4473K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	1	0.00	27.41	7.70	[a] Lamisil [NP]	[a] Pharmacy Action Pharmisil [GQ]
					[a] Trust Terbinafine Cream [CR]	

TOLNAFTATE

tolnaftate 0.07% spray, 100 g

4481W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	0	0.00	21.67	7.70	Tinaderm [BN]

ANTIFUNGALS FOR SYSTEMIC USE

Antifungals for systemic use

TERBINAFINE

Authority Required

6375
Onychomycosis
Clinical criteria:

- The condition must be due to dermatophyte infection proven by microscopy and confirmed by an Approved Pathology Provider; **OR**
- The condition must be due to dermatophyte infection proven by culture and confirmed by an Approved Pathology Provider.

terbinafine 250 mg tablet, 42

4011D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	0.00	25.16	7.70	[a] APO-Terbinafine [TX]	[a] Tamsil [RW]
					[a] Terbinafine Sandoz [SZ]	[a] TERBINAFINE-WGR [WG]
					[a] Tinasil [AF]	

EMOLLIENTS AND PROTECTIVES

EMOLLIENTS AND PROTECTIVES

Soft paraffin and fat products

WOOL ALCOHOLS

wool alcohols 6% ointment, 100 g

4041Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	0.00	20.91	7.70	Eucerin [BE]

Carbamide products

UREA

urea 10% cream, 100 g

4042R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	2	0.00	19.27	7.70	Aquacare H.P. [VE]	
		0.00	19.47	7.70	Urederm [KY]	

Other emollients and protectives

GLYCEROL + WHITE SOFT PARAFFIN

glycerol 5% + white soft paraffin 5% lotion, 1 L

11712K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	0.00	32.99	7.70	QV Skin Lotion [EO]

SKIN EMOLLIENT

SKIN EMOLLIENT Lotion 500 mL, 1

4107E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	0.00	23.58	7.70	Alpha Keri Lotion [MT]

SKIN EMOLLIENT Bath oil 500 mL, 1

4122Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	2	0.00	23.58	7.70	Alpha Keri Bath Oil [MT]	
		0.00	25.61	7.70	QV Bath Oil [EO]	
		0.00	25.69	7.70	Hamilton Skin Therapy Oil [KY]	

PROTECTIVES AGAINST UV-RADIATION

Protectives against UV-radiation for topical use

BEMOTRIZINOL + DIETHYLAMINO HYDROXYBENZOYL HEXYL BENZOATE + HOMOSALATE + OCTOCRYLENE + TITANIUM DIOXIDE

bemotrizinol 1.8% + diethylamino hydroxybenzoyl hexyl benzoate 4% + homosalate 8% + octocrylene 8% + titanium dioxide 2.5% lotion, 125 mL

13188D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	0.00	24.16	7.70	Sunsense Comfort SPF 50+ [EO]

SUNSCREENS

SUNSCREENS Lotion (non-alcoholic) 125 mL, 1

4546G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	0.00	22.42	7.70	Aquasun Lotion SPF 18 [PF]

SUNSCREENS Cream 75 g, 1

4307Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	0.00	24.16	7.70	Sunsense Sensitive SPF 50+ [EO]

ANTIPRURITICS, INCL. ANTIHISTAMINES, ANESTHETICS, ETC.

ANTIPRURITICS, INCL. ANTIHISTAMINES, ANESTHETICS, ETC.

Anesthetics for topical use

LIDOCAINE

lidocaine hydrochloride 2% oral liquid, 200 mL

4308R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	0	0.00	103.72	7.70	Xylocaine Viscous [AS]

Other antipruritics

TAR + TROLAMINE LAURIL SULFATE

Note For patients who have failed to respond to simple moisturising agents.

tar 2.3% + trolamine lauril sulfate 6% solution, 500 mL

4408B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	0.00	28.28	7.70	Pinetarsol [EO]

ANTIPSORIATICS

ANTIPSORIATICS FOR TOPICAL USE

Tars

COAL TAR SOLUTION + PHENOL + PRECIPITATED SULFUR

coal tar solution 5% + phenol 0.5% + precipitated sulfur 0.5% gel, 30 g

4505D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	0.00	22.46	7.70	Egopsoryl-TA [EO]

ANTIBIOTICS AND CHEMOTHERAPEUTICS FOR DERMATOLOGICAL USE

ANTIBIOTICS FOR TOPICAL USE

Other antibiotics for topical use

MUPIROCIN

mupirocin 2% ointment, 15 g

4350Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	0	0.00	22.72	7.70	[a] Medicianz Mupirocin Ointment [DZ]	[a] MUPIROCIN-WGR [WG]
		0.00	23.50	7.70	[a] APO-Mupirocin [TX]	
		0.00	26.48	7.70	[a] Bactroban [GK]	

MUPIROCIN

Restricted benefit

6342

Secondarily infected traumatic skin lesions

mupirocin 2% cream, 15 g

4348W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	0	0.00	26.48	7.70	[a] Bactroban [GK]	[a] SUPIROCIN [JM]

CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS

CORTICOSTEROIDS, PLAIN

Corticosteroids, weak (group I)

HYDROCORTISONE ACETATE

hydrocortisone acetate 1% cream, 30 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11710H	‡1	1	0.00	19.41	7.70	[a] Pharmacy Action Hydrocortisone Cream 1% [GQ]	[a] Trust HydroCortic Cream [CR]

HYDROCORTISONE ACETATE

Restricted benefit
6303
Corticosteroid-responsive dermatoses

hydrocortisone acetate 1% ointment, 30 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10831C	‡1	1	0.00	19.41	7.70	Cortic-DS 1% [AS]

Corticosteroids, potent (group III)

BETAMETHASONE VALERATE

betamethasone (as valerate) 0.1% cream, 30 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4131K	‡1	2	0.00	27.87	7.70	Betnovate [AS]

betamethasone (as valerate) 0.1% ointment, 30 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4132L	‡1	2	0.00	27.87	7.70	Betnovate [AS]

MOMETASONE

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

mometasone furoate 0.1% cream, 50 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4342M	‡1	0	0.00	37.18	7.70	Elocon Alcohol Free [AL]

mometasone furoate 0.1% ointment, 50 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4343N	‡1	0	0.00	37.18	7.70	Elocon [AL]

ANTISEPTICS AND DISINFECTANTS

ANTISEPTICS AND DISINFECTANTS

Iodine products

POVIDONE-IODINE

povidone-iodine 10% solution, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4411E	‡1	0	0.00	27.60	7.70	Betadine Antiseptic Liquid [IL]

OTHER DERMATOLOGICAL PREPARATIONS

OTHER DERMATOLOGICAL PREPARATIONS

Medicated shampoos

COAL TAR SOLUTION + SALICYLIC ACID

coal tar solution 4.25% + salicylic acid 2% shampoo, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4560B	‡1	2	0.00	26.14	7.70	Ionil-T [GA]

SELENIUM SULFIDE

selenium sulfide 2.5% shampoo, 125 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4452H	‡1	0	0.00	20.87	7.70	Selsun [VZ]

TAR + COAL TAR SOLUTION + SALICYLIC ACID

tar 1% + coal tar solution 1% + salicylic acid 2% solution, 250 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4447C	‡1	2	0.00	24.83	7.70	Sebitar [EO]

Wart and anti-corn preparations

SALICYLIC ACID + LACTIC ACID

salicylic acid 16.7% + lactic acid 15% solution, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11959K	‡1	0	0.00	24.26	7.70	Duofilm Solution [GK]

Other dermatologicals

DICLOFENAC

Authority Required

5225

Solar (actinic) keratosis

Treatment Phase: Management

Clinical criteria:

- Patient must require topical drug therapy as field treatment for clinically visible and subclinical lesions where other standard treatments are inappropriate.

Note Maximum quantity of four tubes (original + 3 repeats) in 12 months.

diclofenac sodium 3% gel, 25 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4046Y	‡1	3	0.00	62.43	7.70	[a] Dofidaz [JM]	[a] Solaraze 3% Gel [YN]

GLYCEROL

glycerol 15% solution, 1 kg

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11708F	‡1	1	0.00	32.51	7.70	QV Gentle Wash [EO]

ICHTHAMMOL

Note For patients who have failed to respond to simple moisturising agents.

ichthammol 1% cream, 50 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4281H	‡1	2	0.00	24.22	7.70	Egoderm Cream [EO]

ICHTHAMMOL + ZINC OXIDE

Note For patients who have failed to respond to simple moisturising agents.

ichthammol 1% + zinc oxide 15% ointment, 50 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4280G	‡1	2	0.00	24.22	7.70	Egoderm Ointment [EO]

IMIQUIMOD

Authority Required

4554

Solar keratosis

Clinical criteria:

- Patient must require topical drug therapy on the face and scalp as field treatment for clinically visible and subclinical lesions where other standard treatments are inappropriate.

Note Pharmaceutical benefits that have the form imiquimod single use sachets and pharmaceutical benefits that have the form imiquimod multi-use pump are equivalent for the purposes of substitution.

imiquimod 5% cream, 12 x 250 mg sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4134N	1	1	0.00	87.63	7.70	[a] APO-Imiquimod [TX]	
			0.00	90.83	7.70	[a] Aldara [IL]	

imiquimod 5% cream, 2 x 2 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10106X	1	1	0.00	95.72	7.70	[a] Aldara Pump [IL]

IMIQUIMOD

Authority Required

5367

Superficial basal cell carcinoma

Treatment Phase: Primary treatment

Clinical criteria:

- The condition must be confirmed by a histological diagnosis, **AND**
- The condition must be one where other standard treatments are inappropriate, **AND**
- The condition must require topical drug therapy.

imiquimod 5% cream, 12 x 250 mg sachets

4559Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	1	0.00	87.63	7.70	[a] APO-Imiquimod [TX]	
			0.00	90.83	7.70	[a] Aldara [IL]	

LIGHT LIQUID PARAFFIN + COCOAMPHODIACETATE DISODIUM

light liquid paraffin 3.5% + cocoamphodiacetate disodium 3% lotion, 500 mL

4549K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	2	0.00	26.44	7.70	Hamilton Skin Therapy Wash [KY]

PANTHENOL

Note To be used in conjunction with the scalp cleanser salicylic acid with coal tar solution and pine tar (code 4447C).

panthenol conditioner, 200 g

4510J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	2	0.00	23.52	7.70	SebiRinse [EO]

panthenol conditioner, 250 g

15408Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	2	0.00	23.52	7.70	SebiRinse [EO]

ZINC OXIDE + MAIZE STARCH + PURIFIED TALC + CHLORPHENESIN

zinc oxide 25% + maize starch 55.85% + purified talc 18.07% + chlorphenesin 1% powder, 100 g

4497Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	0.00	19.32	7.70	Z.S.C. [RW]

GENITO URINARY SYSTEM AND SEX HORMONES

GYNECOLOGICAL ANTIINFECTIVES AND ANTISEPTICS

ANTIINFECTIVES AND ANTISEPTICS, EXCL. COMBINATIONS WITH CORTICOSTEROIDS

Antibiotics

NYSTATIN

nystatin 20 000 units/g vaginal cream, 75 g

4013F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	0.00	20.58	7.70	Nilstat [AS]

Imidazole derivatives

CLOTRIMAZOLE

clotrimazole 2% vaginal cream, 20 g

4017K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	‡1	0	0.00	21.66	7.70	[a] APO-Clotrimazole 3 Day Cream [TX]	[a] Clonea 3 Day Cream [AF]
						[a] Pharmacy Action FemCream 3 Day Cream [GQ]	[a] Trust Fem V 3 Day Cream [CR]

clotrimazole 1% vaginal cream, 35 g

4016J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	‡1	0	0.00	20.49	7.70	[a] Clonea 6 Day Cream [AF]	[a] Pharmacy Action FemCream [GQ]
						[a] Trust Fem V 6 Day Cream [CR]	

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4016J			0.00	21.66	7.70	[a] APO-Clotrimazole 6 Day Cream [TX]	

OTHER GYNECOLOGICALS

OTHER GYNECOLOGICALS

ACETIC ACID + OXYQUINOLINE + RICINOLEIC ACID

acetic acid 0.94% + oxyquinoline sulfate 0.025% + ricinoleic acid 0.75% vaginal gel, 100 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4434J	‡1	0	0.00	36.70	7.70	Aci-Jel [CU]

UROLOGICALS

UROLOGICALS

Drugs used in erectile dysfunction

ALPROSTADIL

Authority Required

5590

Erectile dysfunction

Clinical criteria:

- The condition must be vasculogenic; **OR**
- The condition must be psychogenic; **OR**
- The condition must be neurogenic, **AND**
- Patient must have a specific accepted war-caused or service-related disability.

Population criteria:

- Patient must be male.

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

alprostadil 10 microgram injection [1 chamber] (&) inert substance diluent [0.5 mL chamber], 2 dual chamber syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4579B	3	3	0.00	*118.20	7.70	Caverject Impulse [PF]

alprostadil 20 microgram injection [1 chamber] (&) inert substance diluent [0.5 mL chamber], 2 dual chamber syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4580C	3	3	0.00	*149.55	7.70	Caverject Impulse [PF]

AVANAFIL

Authority Required

5590

Erectile dysfunction

Clinical criteria:

- The condition must be vasculogenic; **OR**
- The condition must be psychogenic; **OR**
- The condition must be neurogenic, **AND**
- Patient must have a specific accepted war-caused or service-related disability.

Population criteria:

- Patient must be male.

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

avanafil 50 mg tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11837B	1	5	0.00	51.91	7.70	Spedra [FK]

avanafil 100 mg tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11861G	1	5	0.00	53.99	7.70	Spedra [FK]

avanafil 200 mg tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11860F	1	5	0.00	56.08	7.70	Spedra [FK]

SILDENAFIL

Authority Required

5590

Erectile dysfunction

Clinical criteria:

- The condition must be vasculogenic; **OR**
- The condition must be psychogenic; **OR**
- The condition must be neurogenic, **AND**
- Patient must have a specific accepted war-caused or service-related disability.

Population criteria:

- Patient must be male.

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

sildenafil 25 mg tablet, 4

4584G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	57.00	7.70	[a] Sildenafil APOTEX [GX]	[a] Sildenafil Sandoz [SZ]
						[a] Vasafil 25 [RW]	[a] Vedafil [AF]

sildenafil 50 mg tablet, 4

4585H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	30.51	7.70	[a] Sildenafil Lupin [HQ]	
			0.00	68.64	7.70	[a] NOUMED Sildenafil [VO]	[a] Sildenafil APOTEX [GX]
						[a] Sildenafil Sandoz [SZ]	[a] Vasafil 50 [RW]
						[a] Vedafil [AF]	

sildenafil 100 mg tablet, 4

4586J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	33.76	7.70	[a] Sildenafil Lupin [HQ]	
			0.00	73.07	7.70	[a] NOUMED Sildenafil [VO]	[a] Sildenafil APOTEX [GX]
						[a] Sildenafil Sandoz [SZ]	[a] Vasafil 100 [RW]
						[a] Vedafil [AF]	

TADALAFIL

Authority Required

5590

Erectile dysfunction

Clinical criteria:

- The condition must be vasculogenic; **OR**
- The condition must be psychogenic; **OR**
- The condition must be neurogenic, **AND**
- Patient must have a specific accepted war-caused or service-related disability.

Population criteria:

- Patient must be male.

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

tadalafil 10 mg tablet, 4

4596X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	104.34	7.70	[a] Apo-Tadalafil [TX]	[a] Cialis [LY]
						[a] Cidala [RW]	[a] Cilatil [AF]
						[a] Cipla Tadalafil [LR]	[a] Tadalafil GH [GQ]
						[a] Tadalafil Sandoz [SZ]	[a] Tadalafil Sandoz Pharma [HX]
						[a] TADALAFIL-WGR [WG]	

tadalafil 20 mg tablet, 4

4597Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	104.34	7.70	[a] Apo-Tadalafil [TX]	[a] Cialis [LY]
						[a] Cidala [RW]	[a] Cilatil [AF]
						[a] Cipla Tadalafil [LR]	[a] Tadalaccord [CR]
						[a] Tadalafil GH [GQ]	[a] Tadalafil Sandoz [SZ]
						[a] Tadalafil Sandoz Pharma [HX]	[a] TADALAFIL-WGR [WG]

Other urologicals

BICARBONATE + CITRIC ACID + TARTARIC ACID

Note Pharmaceutical benefits that have the following forms are equivalent for the purposes of substitution:

- sodium bicarbonate 1.76 g + sodium citrate 630 mg + citric acid 720 mg + tartaric acid 890 mg powder for oral liquid; and
- sodium bicarbonate 1.76 g + citric acid 720 mg + sodium citrate 630 mg + tartaric acid 890 mg effervescent granules.

Restricted benefit

5565

Urinary symptoms

Clinical criteria:

- The treatment must be for when antibiotic or other therapy alone is inappropriate.

sodium bicarbonate 1.76 g + sodium citrate 630 mg + citric acid 720 mg + tartaric acid 890 mg powder for oral liquid, 28 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4049D	‡1	4	0.00	20.38	7.70	[a] Pharmacy Action Cystitis Relief [GQ]	[a] Ural Sachets [AS]

sodium bicarbonate 1.76 g + citric acid 720 mg + sodium citrate 630 mg + tartaric acid 890 mg effervescent granules, 28 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12179B	‡1	4	0.00	20.38	7.70	[a] Trust Cystitis Relief [CR]

DRUGS USED IN BENIGN PROSTATIC HYPERTROPHY

Alpha-adrenoreceptor antagonists

ALFUZOSIN

Authority Required

10499

Benign prostatic hyperplasia

Clinical criteria:

- Patient must have lower urinary tract symptoms.

alfuzosin hydrochloride 10 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4277D	1	5	0.00	82.68	7.70	Xatral SR [SW]

ALFUZOSIN

Authority Required

15374

Benign prostatic hyperplasia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have lower urinary tract symptoms.

alfuzosin hydrochloride 10 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14183L	2	5	0.00	*152.84	7.70	Xatral SR [SW]

DUTASTERIDE + TAMSULOSIN

Authority Required

10499

Benign prostatic hyperplasia

Clinical criteria:

- Patient must have lower urinary tract symptoms.

dutasteride 500 microgram + tamsulosin hydrochloride 400 microgram modified release capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10102Q	1	5	0.00	31.73	7.70	[a] Dutasteride/Tamsulosin Lupin 500/400 [GQ]	[a] Dutasteride/Tamsulosin Sandoz 500/400 [SZ]
			0.00	35.12	7.70	[a] Duodart 500ug/400ug [GK]	

DUTASTERIDE + TAMSULOSIN

Authority Required

15374

Benign prostatic hyperplasia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have lower urinary tract symptoms.

dutasteride 500 microgram + tamsulosin hydrochloride 400 microgram modified release capsule, 30

14184M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	0.00	*49.10	7.70	[a] Dutasteride/Tamsulosin Lupin 500/400 [GQ]	[a] Dutasteride/Tamsulosin Sandoz 500/400 [SZ]
		0.00	*55.88	7.70	[a] Duodart 500ug/400ug [GK]	

SILODOSIN

Authority Required

10499

Benign prostatic hyperplasia

Clinical criteria:

- Patient must have lower urinary tract symptoms.

silodosin 4 mg capsule, 30

12079R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	40.35	7.70	Urorec [YN]

silodosin 8 mg capsule, 30

12077P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	0.00	44.95	7.70	Urorec [YN]

SILODOSIN

Authority Required

15374

Benign prostatic hyperplasia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have lower urinary tract symptoms.

silodosin 4 mg capsule, 30

14185N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	0.00	*66.34	7.70	Urorec [YN]

silodosin 8 mg capsule, 30

14192Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	0.00	*75.54	7.70	Urorec [YN]

TAMSULOSIN

Authority Required

10499

Benign prostatic hyperplasia

Clinical criteria:

- Patient must have lower urinary tract symptoms.

tamsulosin hydrochloride 400 microgram modified release tablet, 30

4070F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	0.00	64.57	7.70	[a] Apo-Tamsulosin SR [TX]	[a] BTC Tamsulosin SR [BG]
					[a] Flomaxtra [LS]	[a] Flosix [AF]
					[a] Tamsulosin Lupin SR [GQ]	[a] Tamsulosin Sandoz SR [SZ]
					[a] TAMSULOSIN-WGR SR [WG]	

TAMSULOSIN

Authority Required

15374

Benign prostatic hyperplasia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have lower urinary tract symptoms.

tamsulosin hydrochloride 400 microgram modified release tablet, 30

14200J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	5	0.00	*114.80	7.70	[a] Apo-Tamsulosin SR [TX]	[a] BTC Tamsulosin SR [BG]
						[a] Flomaxtra [LS]	[a] Flosix [AF]
						[a] Tamsulosin Lupin SR [GQ]	[a] Tamsulosin Sandoz SR [SZ]
						[a] TAMSULOSIN-WGR SR [WG]	

Testosterone-5-alpha reductase inhibitors

DUTASTERIDE

Authority Required

10499

Benign prostatic hyperplasia

Clinical criteria:

- Patient must have lower urinary tract symptoms.

dutasteride 500 microgram capsule, 30

10095H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	30.23	7.70	[a] APO-Dutasteride [TX]	
			0.00	37.02	7.70	[a] Avodart [GK]	

DUTASTERIDE

Authority Required

15374

Benign prostatic hyperplasia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have lower urinary tract symptoms.

dutasteride 500 microgram capsule, 30

14210X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	5	0.00	*46.10	7.70	[a] APO-Dutasteride [TX]	
			0.00	*59.68	7.70	[a] Avodart [GK]	

FINASTERIDE

Authority Required

10499

Benign prostatic hyperplasia

Clinical criteria:

- Patient must have lower urinary tract symptoms.

finasteride 5 mg tablet, 30

4233T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	77.21	7.70	[a] Finasteride GH 5 [GQ]	[a] Finasteride Mylan 5 [AF]
						[a] Finide [AL]	
			0.00	94.52	7.70	[a] Finnacar [RW]	
			0.00	98.75	7.70	[a] APO-Finasteride [TX]	[a] Finasta [SZ]
						[a] Finasteride-GA 5 [GN]	[a] Pharmacor Finasteride 5 [CR]
						[a] Proscar [OQ]	

finasteride 5 mg tablet, 28

4303L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	0.00	89.18	7.70	Finpro [RZ]

FINASTERIDE

Authority Required

15374

Benign prostatic hyperplasia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have lower urinary tract symptoms.

finasteride 5 mg tablet, 28

14191X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	5	0.00	*166.48	7.70	Finpro [RZ]

finasteride 5 mg tablet, 30

14199H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	5	0.00	*141.34	7.70	[a] Finasteride GH 5 [GQ]	[a] Finasteride Mylan 5 [AF]
						[a] Finide [AL]	
			0.00	*177.70	7.70	[a] Finnacar [RW]	
			0.00	*186.58	7.70	[a] APO-Finasteride [TX]	[a] Finasta [SZ]
						[a] Finasteride-GA 5 [GN]	[a] Pharmacor Finasteride 5 [CR]
						[a] Proscar [OQ]	

ANTIINFECTIVES FOR SYSTEMIC USE

ANTIBACTERIALS FOR SYSTEMIC USE

MACROLIDES, LINCOSAMIDES AND STREPTOGRAMINS

Macrolides

AZITHROMYCIN

Restricted benefit

5803

Upper and lower respiratory tract infections

azithromycin 500 mg tablet, 3

4115N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	0	0.00	35.52	7.70	[a] APO-Azithromycin [TX]	[a] Azithromycin Mylan [AF]
						[a] Azithromycin Sandoz [SZ]	[a] Azithromycin Viatris [AL]
						[a] Azithromycin-WGR [WG]	Zedd 500 [RW]
						[a] ZITHRO [RF]	[a] Zithromax [PF]

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS

ANTINEOPLASTIC AGENTS

ANTIMETABOLITES

Pyrimidine analogues

FLUOROURACIL

fluorouracil 5% cream, 20 g

4222F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	‡1	0	0.00	66.93	7.70	[a] APOC-5FU [TX]	[a] Fluorouracil Viatris [AF]
						[a] MAYNE PHARMA 5FU [SZ]	
			0.00	75.69	7.70	[a] Efudix [IL]	

fluorouracil 4% cream, 20 g

13758D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	67.55	7.70	TOLAK 4% ONCE DAILY [AS]

IMMUNOSUPPRESSANTS

IMMUNOSUPPRESSANTS

Tumor necrosis factor alpha (TNF-alpha) inhibitors

INFLIXIMAB

Note Any queries concerning the arrangements to prescribe infliximab, or requests for forms, may be directed to the Veterans' Affairs Pharmaceutical Advisory Centre (VAPAC) on 1800 552 580.

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

Reply Paid 9998

Veterans' Affairs Pharmaceutical Advisory Centre (VAPAC)

Department of Veterans' Affairs

GPO Box 9998

BRISBANE QLD 4001

Authority Required

14135

Rheumatoid arthritis

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a consultant physician.

Population criteria:

- Patient must be an adult.

Clinical criteria:

- Patient must have active rheumatoid arthritis, **AND**
- Patient must have a specific accepted war-caused or service-related disability of refractory rheumatoid arthritis, **AND**
- Patient must have a proven raised erythrocyte sedimentation rate (ESR) and/or C-reactive protein (CRP) level, **AND**
- Patient must have proven erosive rheumatoid arthritis without end-stage disease, **AND**
- Patient must have failed an adequate trial of methotrexate and 2 other disease modifying anti-rheumatic drugs (such as sulfasalazine, hydroxychloroquine, leflunomide or ciclosporin), unless these drugs were contraindicated or intolerance developed, **AND**
- Patient must have no history of active tuberculosis requiring treatment in the last 3 years, **AND**
- Patient must have no history of opportunistic infection in the last 2 months, **AND**
- The treatment must be in combination with methotrexate, **AND**
- The treatment must be for the reduction of signs and symptoms and prevention of structural joint damage, **AND**
- Patient must not be pregnant or breastfeeding, **AND**
- Patient must be using an effective form of contraception if female and of child-bearing age.

Applications for authorisation must be in writing and must include:

(1) a completed authority prescription form; and

(2) a completed Infliximab (Remicade) RPBS Authority Application - Supporting Information form (contact the VAPAC on 1800 552 580 for a copy of the form).

Authority Required

14183

Rheumatoid arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; **OR**
- Must be treated by a consultant physician.

Clinical criteria:

- Patient must have a specific accepted war-caused or service-related disability of refractory rheumatoid arthritis, **AND**
- Patient must have previously been issued with an authority prescription for this drug for the treatment of this condition, **AND**
- Patient must have demonstrated an improvement in ESR and/or CRP level following the initial 3 dose course of therapy, **AND**
- Patient must have achieved an ACR20 (American College of Rheumatology) response by 14 weeks after the commencement of the initial course of therapy, **AND**
- The treatment must be in combination with methotrexate.

Applications for authorisation must be in writing and must include:

(1) a completed authority prescription form; and

(2) a completed Infliximab (Remicade) RPBS Authority Application - Supporting Information form (contact the VAPAC on 1800 552 580 for a copy of the form).

infliximab 100 mg injection, 1 vial

4284L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	0.00	182.61	7.70	Remicade [JC]

MUSCULO-SKELETAL SYSTEM

TOPICAL PRODUCTS FOR JOINT AND MUSCULAR PAIN

TOPICAL PRODUCTS FOR JOINT AND MUSCULAR PAIN

Preparations with salicylic acid derivatives

METHYL SALICYLATE + MENTHOL + CAMPHOR + EUCALYPTUS OIL + PINE OIL PUMILIO + TURPENTINE OIL + PEPPERMINT OIL + CAJUPUT OIL + CAPSICUM EXTRACT

methyl salicylate 20% + menthol 5% + camphor 3.5% + eucalyptus oil 3% + pine oil pumilio 1% + turpentine oil 1% + peppermint oil 0.5% + cajuput oil 0.5% + capsicum extract 0.15% cream, 100 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11707E	‡1	1	0.00	20.77	7.70	Goanna Heat Cream [GQ]

DRUGS FOR TREATMENT OF BONE DISEASES

DRUGS AFFECTING BONE STRUCTURE AND MINERALIZATION

Bisphosphonates

RISEDRONATE

Authority Required

5952

Preservation of bone mineral density

Clinical criteria:

- Patient must be on long-term glucocorticoid therapy, **AND**
- Patient must be undergoing continuous treatment with a dose equal to or greater than 7.5 mg of prednisone or equivalent per day, **AND**
- Patient must be osteopenic (bone mineral density t-score of less than -1.0).

Prescribers need to demonstrate that the patient has been on continuous therapy for 3 months or more.

risedronate sodium 5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4443W	1	5	0.00	37.65	7.70	Actonel [TT]

risedronate sodium 35 mg enteric tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2191H	1	5	0.00	34.17	7.70	Actonel EC [TT]

risedronate sodium 35 mg tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4444X	1	5	0.00	34.17	7.70	[a] APO-Risedronate [TX]	[a] Risedronate Sandoz [SZ]
						[a] RISEDRONATE-WGR [WG]	

RISEDRONATE

Authority Required

15339

Preservation of bone mineral density

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be on long-term glucocorticoid therapy, **AND**
- Patient must be undergoing continuous treatment with a dose equal to or greater than 7.5 mg of prednisone or equivalent per day, **AND**
- Patient must be osteopenic (bone mineral density t-score of less than -1.0).

Prescribers need to demonstrate that the patient has been on continuous therapy for 3 months or more.

risedronate sodium 5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14209W	2	5	0.00	*60.94	7.70	Actonel [TT]

risedronate sodium 35 mg tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
14197F	2	5	0.00	*53.98	7.70	[a] APO-Risedronate [TX]	[a] Risedronate Sandoz [SZ]
						[a] RISEDRONATE-WGR [WG]	

risedronate sodium 35 mg enteric tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14198G	2	5	0.00	*53.98	7.70	Actonel EC [TT]

Bisphosphonates, combinations

ALENDRONATE + COLECALCIFEROL

Authority Required

5952

Preservation of bone mineral density

Clinical criteria:

- Patient must be on long-term glucocorticoid therapy, **AND**
- Patient must be undergoing continuous treatment with a dose equal to or greater than 7.5 mg of prednisone or equivalent per day, **AND**
- Patient must be osteopenic (bone mineral density t-score of less than -1.0).

Prescribers need to demonstrate that the patient has been on continuous therapy for 3 months or more.

alendronate 70 mg + colecalciferol 70 microgram (2800 units) tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2194L	1	5	0.00	21.32	7.70	Fosamax Plus [MQ]

alendronate 70 mg + colecalciferol 140 microgram (5600 units) tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2224C	1	5	0.00	21.32	7.70	Fosamax Plus 70 mg/140 mcg [MQ]

NERVOUS SYSTEM

ANALGESICS

OPIOIDS

Natural opium alkaloids

MORPHINE

Caution The risk of drug dependence is high.

Restricted benefit

5836

Chronic severe disabling pain

Clinical criteria:

- The condition must be unresponsive to non-opioid analgesics.

Caution The risk of drug dependence is high.

Note Authorities for increased maximum quantities and/or repeats will be granted only for:

(i) chronic severe disabling pain associated with proven malignant neoplasia; or (ii) chronic severe disabling pain where treatment has been initiated by a specialist with appropriate expertise in pain management.

morphine sulfate pentahydrate 200 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4349X	1	0	0.00	119.50	7.70	MS Contin [MF]

Opioids in combination with non-opioid analgesics

ASPIRIN + CODEINE

aspirin 300 mg + codeine phosphate hemihydrate 8 mg dispersible tablet, 40

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4286N	1	2	0.00	20.91	7.70	Aspalgin 40 [GO]

PARACETAMOL + CODEINE

paracetamol 500 mg + codeine phosphate hemihydrate 8 mg tablet, 40

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4275B	1	2	0.00	19.71	7.70	Panamax Co. 40 [SW]

OTHER ANALGESICS AND ANTIPYRETICS

Anilides

PARACETAMOL

paracetamol 48 mg/mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10599W	‡1	2	0.00	18.04	7.70	[a] Panamax 240 Elixir [SW]	[a] Trust for Kids Paracetamol 6 to 12 years [CR]

paracetamol 500 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10582Y	1	1	0.00	16.13	7.70	[a] APO-Paracetamol [TX]	[a] Febridol [XT]
						[a] Panamax [SW]	[a] Paracetamol (Sandoz) [SZ]

10582Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
						[a] Paracetamol Sandoz Pharma [QS]	[a] Paralgin [OW]
						[a] PHARMACY CARE PARACETAMOL [SI]	[a] Wagner Health Paracetamol [BG]

PARACETAMOL

Restricted benefit

5845

Chronic arthropathies

paracetamol 500 mg tablet, 100

10585D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	3	4	0.00	*19.68	7.70	[a] APO-Paracetamol [TX]	[a] Febridol [XT]
						[a] Panamax [SW]	[a] Paracetamol (Sandoz) [SZ]
						[a] Paracetamol Sandoz Pharma [QS]	[a] Paralgin [OW]
						[a] PHARMACY CARE PARACETAMOL [SI]	[a] Wagner Health Paracetamol [BG]

PARACETAMOL

Restricted benefit

5871

Persistent pain

Clinical criteria:

- The condition must be associated with osteoarthritis.

paracetamol 665 mg modified release tablet, 96

10598T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	5	0.00	*21.84	7.70	[a] APOHEALTH Osteo Relief Paracetamol 665 mg [TX]	[a] Chemists' Own Osteo Relief Paracetamol [RF]
						[a] Osteomol 665 Paracetamol [CR]	[a] Parapane OSTEO [XT]
						[a] Pharmacy Action Paracetamol Osteo 665 [GQ]	

Gabapentinoids

GABAPENTIN

Authority Required

5399

Refractory neuropathic pain

Clinical criteria:

- The condition must be unable to be controlled by other drugs.

gabapentin 100 mg capsule, 100

4591P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	18.36	7.70	[a] APX-Gabapentin [GX]	[a] Gabacor [CR]
						[a] GAPENTIN [RF]	[a] Nupentin 100 [AF]
			0.00	20.53	7.70	[a] Neurontin [GO]	

gabapentin 300 mg capsule, 100

4592Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	23.72	7.70	[a] APX-Gabapentin [GX]	[a] Gabacor [CR]
						[a] Gabapentin Sandoz [SZ]	[a] GABAPENTIN-WGR [WG]
						[a] GAPENTIN [RF]	[a] Nupentin 300 [AF]
			0.00	25.84	7.70	[a] Neurontin [GO]	

gabapentin 400 mg capsule, 100

4593R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	27.12	7.70	[a] APX-Gabapentin [GX]	[a] Gabacor [CR]
						[a] Gabapentin Sandoz [SZ]	[a] GABAPENTIN-WGR [WG]
						[a] GAPENTIN [RF]	[a] Nupentin 400 [AF]
			0.00	29.25	7.70	[a] Neurontin [GO]	

gabapentin 600 mg tablet, 100

4594T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	34.34	7.70	[a] APX-GABAPENTIN [TX]	[a] Gabapentin APOTEX [TY]
						[a] GAPENTIN [RF]	[a] Pharmacor Gabapentin 600 [CR]
			0.00	36.48	7.70	[a] Neurontin [GO]	

gabapentin 800 mg tablet, 100

4595W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	0.00	41.35	7.70	[a] Gabapentin APOTEX [TY]	[a] Neurontin [GO]
						[a] Pharmacor Gabapentin 800 [CR]	

PSYCHOLEPTICS

ANXIOLYTICS

Benzodiazepine derivatives

BROMAZEPAM

Authority Required

5745

Terminal disease

Clinical criteria:

- The treatment must be for the short-term, **AND**
- Patient must be receiving palliative care.

Note This drug should not be used as the first line of treatment.

Note Other PBS-listed benzodiazepines should have been adequately tried and found to be ineffective or inappropriate.

Note Authorities for increased quantities and/or repeats may be granted to patients with terminal disease, and other patients who have been shown to be dependent on this item by an unsuccessful attempt at gradual withdrawal.

Authority Required

5913

Refractory phobic or anxiety states

Clinical criteria:

- The treatment must be for the short-term.

Note This drug should not be used as the first line of treatment.

Note Other PBS-listed benzodiazepines should have been adequately tried and found to be ineffective or inappropriate.

Note Authorities for increased quantities and/or repeats may be granted to patients with terminal disease, and other patients who have been shown to be dependent on this item by an unsuccessful attempt at gradual withdrawal.

bromazepam 3 mg tablet, 30

4150K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*33.82	7.70	Lexotan [PB]

bromazepam 6 mg tablet, 30

4151L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*39.40	7.70	Lexotan [PB]

HYPNOTICS AND SEDATIVES

Benzodiazepine derivatives

FLUNITRAZEPAM

Authority Required

5745

Terminal disease

Clinical criteria:

- The treatment must be for the short-term, **AND**
- Patient must be receiving palliative care.

Note This drug should not be used as the first line of treatment.

Note Other PBS-listed benzodiazepines should have been adequately tried and found to be ineffective or inappropriate.

Note Authorities for increased quantities and/or repeats may be granted to patients with terminal disease, and other patients who have been shown to be dependent on this item by an unsuccessful attempt at gradual withdrawal.

Authority Required

5913

Refractory phobic or anxiety states

Clinical criteria:

- The treatment must be for the short-term.

Note This drug should not be used as the first line of treatment.

Note Other PBS-listed benzodiazepines should have been adequately tried and found to be ineffective or inappropriate.

Note Authorities for increased quantities and/or repeats may be granted to patients with terminal disease, and other patients who have been shown to be dependent on this item by an unsuccessful attempt at gradual withdrawal.

flunitrazepam 1 mg tablet, 30

4216X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	0	0.00	24.98	7.70	Hypnodorm [AF]

Benzodiazepine related drugs

ZOPICLONE

Restricted benefit

5553

Insomnia

Clinical criteria:

- The treatment must be for the short-term.

zopiclone 7.5 mg tablet, 30

4522B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	0	0.00	27.30	7.70	[a] APO-Zopiclone [TX]	[a] Imoclone [RW]
						[a] Imrest [AF]	[a] Pharmacor Zopiclone [CR]

zopiclone 7.5 mg tablet, 14

13307J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	1	0.00	21.51	7.70	[a] APO-Zopiclone [TX]	[a] Imoclone [RW]
						[a] Zopiclone GH [GQ]	
			0.00	22.99	7.70	[a] Imovane [SW]	

ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLENTS

ANTHELMINTICS

ANTINEMATODAL AGENTS

Benzimidazole derivatives

MEBENDAZOLE

Note Pharmaceutical benefits that have the forms mebendazole 100 mg tablet and mebendazole 100 mg chewable tablet are equivalent for the purposes of substitution.

mebendazole 100 mg tablet, 6

4325P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	0	0.00	20.38	7.70	[a] Pharmacy Action Worm Treatment [GQ]

mebendazole 100 mg chewable tablet, 6

12194T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	0	0.00	20.38	7.70	[a] Trust Deworm [CR]

RESPIRATORY SYSTEM

NASAL PREPARATIONS

DECONGESTANTS AND OTHER NASAL PREPARATIONS FOR TOPICAL USE

Sympathomimetics, plain

OXYMETAZOLINE

oxymetazoline hydrochloride 0.05% nasal spray, 15 mL

4378K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	23.41	7.70	Drixine [BN]

oxymetazoline hydrochloride 0.05% nasal spray, 18 mL

4379L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	23.08	7.70	Logicin Rapid Relief [AS]

oxymetazoline hydrochloride 0.05% nasal spray, 20 mL

11711J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	‡1	0	0.00	23.08	7.70	[a] Pharmacy Action Nasal Decongestant [GQ]	[a] Trust Decongestant Nasal Spray [CR]

NASAL DECONGESTANTS FOR SYSTEMIC USE

Sympathomimetics

PSEUDOEPHEDRINE

pseudoephedrine hydrochloride 60 mg tablet, 12

4029C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	0	0.00	17.72	7.70	[a] Pharmacy Action Sinus & Nasal Decongestant Relief [GQ]	[a] Trust Sinus & Nasal Decongestant [CR]

ANTIHISTAMINES FOR SYSTEMIC USE

ANTIHISTAMINES FOR SYSTEMIC USE

Piperazine derivatives

CETIRIZINE

cetirizine hydrochloride 10 mg tablet, 30

4175R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	0	0.00	30.82	7.70	[a] Pharmacy Action Cetrelief [GQ]	[a] Trust Cetirizine [CR]
			0.00	33.96	7.70	[a] Alzene [AF]	

Other antihistamines for systemic use

FEXOFENADINE

fexofenadine hydrochloride 60 mg tablet, 20

4237B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	0	0.00	*57.12	7.70	Telfast [VZ]

fexofenadine hydrochloride 120 mg tablet, 30

4238C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	0	0.00	30.65	7.70	[a] Pharmacy Action Fexorelief 120 [GQ]	[a] Trust Fexit 120 [CR]
			0.00	33.76	7.70	[a] Xergic [AF]	
			0.00	49.49	7.70	[a] Telfast 120 [VZ]	

LORATADINE

loratadine 10 mg tablet, 30

4313B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	0	0.00	33.18	7.70	[a] Pharmacy Action Lorastyne [GQ]	[a] Trust Loratadine [CR]
						[a] Trust Loratadine Antihistamine [RM]	
			0.00	36.76	7.70	[a] Allereze [AF]	
			0.00	48.31	7.70	[a] Claratyne [BN]	

SENSORY ORGANS

OPHTHALMOLOGICALS

ANTIINFECTIVES

Antibiotics

CHLORAMPHENICOL

chloramphenicol 0.5% eye drops, 10 mL

14180H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	2	0.00	18.30	7.70	Chlorsig [AS]

OTOLOGICALS

OTHER OTOLOGICALS

Indifferent preparations

CARBAMIDE PEROXIDE

carbamide peroxide 6.5% ear drops, 12 mL

4176T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	0	0.00	23.56	7.70	Ear Clear for Ear Wax Removal [KY]

DOCUSATE

docusate sodium 0.5% ear drops, 10 mL

4199B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	0	0.00	21.15	7.70	Waxsol [GO]

ORTHO-DICHLOROBENZENE + PARA-DICHLOROBENZENE + CHLOROBUTANOL + ARACHIS OIL

ortho-dichlorobenzene 14% + para-dichlorobenzene 2% + chlorobutanol hemihydrate 5% + arachis oil 57% ear drops, 10 mL

4180B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	0	0.00	20.82	7.70	Cerumol [UN]

VARIOUS

ALL OTHER THERAPEUTIC PRODUCTS

ALL OTHER THERAPEUTIC PRODUCTS

Drugs for treatment of hyperkalemia and hyperphosphatemia

SODIUM POLYSTYRENE SULFONATE

sodium polystyrene sulfonate 999.3 mg/g powder, 454 g

4470G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	0.00	89.27	7.70	Resonium-A [SW]

GENERAL NUTRIENTS

OTHER NUTRIENTS

Other combinations of nutrients

PROTEIN FORMULA WITH ARGININE, VITAMIN C, E AND ZINC

Restricted benefit

6301

Stage 2 and above pressure injury

Clinical criteria:

- The treatment must be for special medical purposes to support healing of pressure injuries.

protein formula with arginine, vitamin C, E and zinc oral liquid, 24 x 200 mL bottles

11401C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	0.00	*202.28	7.70	Cubitan [SB]

ALL OTHER NON-THERAPEUTIC PRODUCTS

ALL OTHER NON-THERAPEUTIC PRODUCTS

LUBRICATING AGENT

lubricating agent gel, 100 g

4306P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	0	0.00	17.60	7.70	Lubri-Gel [PP]

Other non-therapeutic auxiliary products

BANDAGE ABSORBENT WOOL

bandage absorbent wool 10 cm x 3 m bandage, 1

4653X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	0	0.00	26.08	7.70	Surepress 650948 [CC]

BANDAGE CALICO

bandage calico large triangular bandage, 1

4717G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	20.19	7.70	Handy 36361414 [BV]

BANDAGE COMPRESSION

bandage compression 10 cm x 3.5 m soft bandage [1] (&) bandage compression 10 cm x 6 m short stretch bandage [1], 1 pack

11714M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	40.15	7.70	Rosidal TCS 26484 [LC]

BANDAGE COMPRESSION

Note Treatment of varices and oedema associated with venous disease and lymphoedema; contraindicated in arterial disease.

bandage compression 8 cm x 2.6 m short stretch bandage, 1

4654Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	5	0	0.00	*78.19	7.70	Comprilan 01027-00 [BV]

bandage compression 10 cm x 3 m high stretch bandage, 1

4748X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	5	0	0.00	*72.94	7.70	Surepress 650947 [CC]	
			0.00	*150.69	7.70	Tensopress 71723-00 [BV]	

BANDAGE COMPRESSION

Note Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.

bandage compression two layer bandage, 1

12592R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	0	0.00	52.86	7.70	Putter Pro 2 931685 [HR]

BANDAGE COMPRESSION

Note Treatment of varices and oedema associated with venous disease and lymphoedema; contraindicated in arterial disease.

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma & Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS pricing from distributors other than those aforementioned.

bandage compression four layer bandage, 1

4598B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	5	0	0.00	*218.29	7.70	Profore Lite 66050415 [SN]

bandage compression four layer bandage, 1

4658E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	5	0	0.00	*325.74	7.70	Profore 66050016 [SN]

BANDAGE COMPRESSION

Note Treatment of varices and oedema associated with venous disease and lymphoedema; contraindicated in arterial disease.

Note Molnlycke Health Care products are distributed through leading pharmacy distributors. To best ensure product availability at the RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email: customerservice@independenceaustralia.com. Molnlycke Health Care is not able to ensure product availability or pricing on listed products beyond these two suppliers.

bandage compression 10 cm x 3.5 m high stretch bandage, 1

4657D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	5	0	0.00	*77.94	7.70	Setopress 3505 [MH]

BANDAGE COMPRESSION

Note Use with caution if arterial disease present and avoid if severe arterial disease.

Note Bandage can be left in situ for up to 7 days as per manufacturer's instructions.

bandage compression 18 cm to 25 cm two layer bandage, 1

13005L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	4	0.00	42.67	7.70	UrgoK2 100396 [UG]

bandage compression 18 cm to 25 cm two layer bandage, 1

13006M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	4	0.00	42.67	7.70	UrgoK2 Lite 100400 [UG]

bandage compression 25 cm to 32 cm two layer bandage, 1

13010R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	4	0.00	48.31	7.70	UrgoK2 100397 [UG]

bandage compression 25 cm to 32 cm two layer bandage, 1

13016C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	4	0.00	48.31	7.70	UrgoK2 Lite 100401 [UG]

BANDAGE COMPRESSION

Note Use with caution if arterial disease present and avoid if severe arterial disease.
Note Bandage can be left in situ for up to 7 days as per manufacturer's instructions.

Restricted benefit
5620
Venous ulcer
Treatment Phase: Initial treatment
Restricted benefit
5754
Venous ulcer
Treatment Phase: Continuing treatment

bandage compression two layer bandage, 1

4050E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	0	0.00	45.17	7.70	Coban 2 [MM]

BANDAGE RETENTION COHESIVE HEAVY

bandage retention cohesive heavy 5 cm x 1.3 m bandage, 1

4811F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*20.98	7.70	Peg 7420 [MM]

bandage retention cohesive heavy 7.5 cm x 1.3 m bandage, 1

4812G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*23.64	7.70	Peg 7422 [MM]

bandage retention cohesive heavy 10 cm x 1.3 m bandage, 1

4813H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*26.70	7.70	Peg 7423 [MM]

bandage retention cohesive heavy 10 cm x 2 m bandage, 1

4660G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*25.32	7.70	Coban 1584 [MM]

bandage retention cohesive heavy 15 cm x 1.3 m bandage, 1

4814J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*32.72	7.70	Peg 7425 [MM]

BANDAGE RETENTION COHESIVE LIGHT

bandage retention cohesive light 2.5 cm x 2 m bandage, 2

4718H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	20.32	7.70	Handygauze Cohesive 8631 [BV]

bandage retention cohesive light 6 cm x 2 m bandage, 1

4719J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*22.76	7.70	Handygauze Cohesive 8633 [BV]

bandage retention cohesive light 10 cm x 2 m bandage, 1

4662J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*36.08	7.70	Handygauze Cohesive 8635 [BV]

BANDAGE RETENTION COTTON CREPE

bandage retention cotton crepe 5 cm x 2.3 m bandage, 1

4727T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	0	0.00	*23.74	7.70	Telfa 8252F [KE]	
			0.00	*26.20	7.70	Tensocrepe 36300501 [BV]	

bandage retention cotton crepe 7.5 cm x 2.3 m bandage, 1

4728W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	0	0.00	*27.68	7.70	Telfa 8253F [KE]	
			0.00	*30.64	7.70	Tensocrepe 36307501 [BV]	

bandage retention cotton crepe 10 cm x 2.3 m bandage, 1

4729X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	0	0.00	*30.34	7.70	Telfa 8254F [KE]	
			0.00	*35.62	7.70	Tensocrepe 36301001 [BV]	

BANDAGE TUBULAR

bandage tubular size C (15 cm to 25 cm) straight bandage, 1

4663K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	21.92	7.70	Elastoplast 2225 [BE]

bandage tubular size D (25 cm to 43 cm) straight bandage, 1

4664L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	21.92	7.70	Elastoplast 2226 [BE]

bandage tubular size E (35 cm to 45 cm) straight bandage, 1

4665M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	21.92	7.70	Elastoplast 2227 [BE]

BANDAGE TUBULAR

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bandage tubular 6.25 cm x 1 m bandage, 1

4855M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	21.58	7.70	Tubigrip B 1520 [MH]

bandage tubular 6.75 cm x 1 m bandage, 1

4856N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	21.58	7.70	Tubigrip C 1545 [MH]

bandage tubular 7.5 cm x 1 m bandage, 1

4857P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	21.58	7.70	Tubigrip D 1546 [MH]

bandage tubular 8.75 cm x 1 m bandage, 1

4858Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	21.58	7.70	Tubigrip E 1547 [MH]

bandage tubular 10 cm x 1 m bandage, 1

4859R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	21.58	7.70	Tubigrip F 1548 [MH]

BANDAGE TUBULAR FINGER

BANDAGE-TUBULAR (FINGER) Complete pack including applicator, 1

4798M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	23.93	7.70	Tubegauz 0501633 [SS]

BANDAGE TUBULAR LIGHT WEIGHT

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bandage tubular light weight 10 m small limb size bandage, 1

4671W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	28.15	7.70	Tubifast 2434 [MH]

bandage tubular light weight 10 m medium limb size bandage, 1

4672X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	31.49	7.70	Tubifast 2436 [MH]

bandage tubular light weight 10 m large limb size bandage, 1

4673Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	32.68	7.70	Tubifast 2438 [MH]

BANDAGE TUBULAR LONG STOCKING

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bandage tubular long stocking small size bandage, 1

4674B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*40.26	7.70	Tubigrip 1482 [MH]

bandage tubular long stocking XX/large size bandage, 1

4675C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*40.28	7.70	Tubigrip 1486 [MH]

bandage tubular long stocking medium size bandage, 1

4797L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*40.26	7.70	Tubigrip 1483 [MH]

bandage tubular long stocking large size bandage, 1

4799N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*40.26	7.70	Tubigrip 1484 [MH]

BANDAGE TUBULAR SHORT STOCKING

Note Molnlycke Health Care products are distributed through leading pharmacy distributors. To best ensure product availability at the RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email: customerservice@independenceaustralia.com. Molnlycke Health Care is not able to ensure product availability or pricing on listed products beyond these two suppliers.

bandage tubular short stocking small B/C size bandage, 1

4661H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*30.34	7.70	Tubigrip 1479 [MH]

bandage tubular short stocking medium C/D size bandage, 1

4815K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*30.34	7.70	Tubigrip 1480 [MH]

bandage tubular short stocking large D/E size bandage, 1

4816L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*30.34	7.70	Tubigrip 1481 [MH]

BANDAGE ZINC PASTE

Note Used as an adjunct in the management of leg ulceration and associated eczema and skin conditions.

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bandage zinc paste 7.5 cm x 6 m bandage, 1

4669R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	3	0.00	*33.94	7.70	Steripaste 3610 [MH]

BANDAGE ZINC PASTE

Note Used as an adjunct in the management of leg ulceration and associated eczema and skin conditions.

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cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS pricing from distributors other than those aforementioned.

bandage zinc paste 7.5 cm x 6 m bandage, 1

4750B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	3	0.00	*100.14	7.70	Viscopaste 4948 [SN]

bandage zinc paste 80 cm (stockings) bandage, 4

4760M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	3	0.00	114.55	7.70	ZipZoc 66000747 [SN]

BETAINE + POLYAMINOPROPYL BIGUANIDE

betaine 0.1% + polyaminopropyl biguanide 0.1% solution, 6 x 40 mL ampoules

2525X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	0	0.00	31.44	7.70	Prontosan Wound Irrigation Solution [BR]

CADEXOMER-IODINE

Note Suitable for yellow sloughy infected and malodorous wounds.

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cadexomer-iodine 6 cm x 4 cm dressing, 5 x 5 g sheet

4935R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	2	0.00	144.19	7.70	Iodosorb 66051330 [SN]

cadexomer-iodine 8 cm x 6 cm dressing, 3 x 10 g sheet

4936T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	2	0.00	208.35	7.70	Iodosorb 66051340 [SN]

cadexomer-iodine 10 cm x 8 cm dressing, 2 x 17 g sheet

4937W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	219.52	7.70	Iodosorb 66051360 [SN]

cadexomer-iodine 3 g powder, 7 sachets

4931M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	2	0.00	95.71	7.70	Iodosorb Powder 66051070 [SN]

cadexomer-iodine 50% ointment, 4 x 10 g

4932N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	2	0.00	152.58	7.70	Iodosorb Ointment 66051240 [SN]

cadexomer-iodine 50% ointment, 2 x 20 g

4933P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	2	0.00	151.13	7.70	Iodosorb Ointment 66051230 [SN]

DRESSING ACTIVATED CHARCOAL MALODOROUS WOUND

dressing activated charcoal malodorous wound 10 cm x 10 cm dressing, 10

4742N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	78.35	7.70	CarboFLEX 403202 [CC]

dressing activated charcoal malodorous wound 10.5 cm x 10.5 cm dressing, 1

4681J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	10	0	0.00	*97.64	7.70	Actisorb Plus MAP105 [KI]

dressing activated charcoal malodorous wound 15 cm x 20 cm dressing, 5

4743P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	87.94	7.70	CarboFLEX 403204 [CC]

DRESSING ALGINATE CAVITY WOUND

Note This dressing should be used only on moderately to heavily exuding wounds and should remain in place until saturated or for a maximum of 3 days.

dressing alginate cavity wound 2 g rope, 1

4832H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	10	0	0.00	*104.94	7.70	Sorbsan 1411 [UM]

dressing alginate cavity wound 2 g rope, 5 x 2 g

1905G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*110.34	7.70	Kaltostat 168117 [CC]

DRESSING ALGINATE CAVITY WOUND

Note This dressing should be used only on moderately to heavily exuding wounds and should remain in place until saturated or for a maximum of 3 days.

Note Coloplast dressings are available via a range of distributors. However, Coloplast's principal agreement to ensure correct RPBS Price to Pharmacy and ready supply has been secured with Independence Australia on 1300 788 855 and BrightSky on 1300 290 400. Please note that Coloplast is unable to guarantee ready supply or rebate for price differences on purchases outside these distributors.

dressing alginate cavity wound 2 g (40 cm) rope, 6 x 2 g

4682K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*130.96	7.70	Comfeel SeaSorb Filler 3740 [CT]

DRESSING ALGINATE SUPERFICIAL WOUND

Note This dressing should be used only on moderately to heavily exuding wounds and should remain in place until saturated or for a maximum of 3 days.

dressing alginate superficial wound 7.5 cm x 12 cm dressing, 10

4683L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	0.00	89.02	7.70	Kaltostat 168212 [CC]

DRESSING ALGINATE SUPERFICIAL WOUND

Note This dressing should be used only on moderately to heavily exuding wounds and should remain in place until saturated or for a maximum of 3 days.

Note Coloplast dressings are available via a range of distributors. However, Coloplast's principal agreement to ensure correct RPBS Price to Pharmacy and ready supply has been secured with Independence Australia on 1300 788 855 and BrightSky on 1300 290 400. Please note that Coloplast is unable to guarantee ready supply or rebate for price differences on purchases outside these distributors.

dressing alginate superficial wound 5 cm x 5 cm dressing, 1

4684M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	10	1	0.00	*50.24	7.70	Comfeel SeaSorb Dressing 3705 [CT]

dressing alginate superficial wound 10 cm x 10 cm dressing, 1

4831G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	10	1	0.00	*83.04	7.70	Sorbsan 1410 [UM]	
			0.00	*88.14	7.70	Comfeel SeaSorb Dressing 3710 [CT]	

DRESSING ALGINATE SUPERFICIAL WOUND

Note This dressing should be used only on moderately to heavily exuding wounds and should remain in place until saturated or for a maximum of 3 days.

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dressing alginate superficial wound 5 cm x 5 cm dressing, 10

4699H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	‡1	1	0.00	51.69	7.70	Kaltostat 168210 [CC]	
			0.00	69.08	7.70	Algisite M 66000519 [SN]	

dressing alginate superficial wound 10 cm x 10 cm dressing, 10

4700J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	0.00	134.68	7.70	Algisite M 66000520 [SN]

dressing alginate superficial wound 15 cm x 20 cm dressing, 10

4691X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	0.00	329.67	7.70	Algisite M 66000521 [SN]

DRESSING ALGINATE WITH MANUKA HONEY

Note Suitable for yellow sloughy infected and malodorous wounds.

dressing alginate with manuka honey 2.5 cm x 20 cm ribbon, 5

10857K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	4	0.00	82.03	7.70	Algivon Plus Ribbon & Probe CR4231 [DJ]

dressing alginate with manuka honey 10 cm x 10 cm dressing, 5

10849B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	4	0.00	70.68	7.70	Algivon Plus CR4225 [DJ]

DRESSING ALGINATE WITH SILVER CAVITY WOUND

Authority Required

5669

Wounds

Clinical criteria:

- Patient must have a wound where there is evidence of critical colonisation; **OR**
- Patient must have a well-assessed chronic wound that has not responded to conventional dressings.

dressing alginate with silver cavity wound 3 cm x 44 cm dressing, 10

12765W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	390.69	7.70	Melgisorb Ag 256605 [MH]

DRESSING ALGINATE WITH SILVER DEEP WOUND

Authority Required

5669

Wounds

Clinical criteria:

- Patient must have a wound where there is evidence of critical colonisation; **OR**
- Patient must have a well-assessed chronic wound that has not responded to conventional dressings.

dressing alginate with silver deep wound 5 cm x 5 cm dressing, 10

12772F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	133.88	7.70	Melgisorb Ag 256055 [MH]

dressing alginate with silver deep wound 10 cm x 10 cm dressing, 10

12801R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	231.46	7.70	Melgisorb Ag 256105 [MH]

DRESSING CONTACT LAYER LIPIDOCOLLOID

dressing contact layer lipidocolloid 10 cm x 10 cm dressing, 10

13022J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	0.00	70.77	7.70	UrgoTul Contact 100351 [UG]

DRESSING CONTACT LAYER LIPIDOCOLLOID WITH SUCROSE OCTASULFATE

dressing contact layer lipidocolloid with sucrose octasulfate 10 cm x 10 cm dressing, 10

13002H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	3	0.00	123.25	7.70	UrgoStart Contact-Interface-Tul 100380 [UG]

dressing contact layer lipidocolloid with sucrose octasulfate 15 cm x 20 cm dressing, 10

13011T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	3	0.00	223.82	7.70	UrgoStart Contact-Interface-Tul 100381 [UG]

DRESSING FILM

dressing film 6 cm x 7 cm dressing, 8

4686P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	22.14	7.70	Nexcare Tegaderm Transparent H1624 [MM]

dressing film 10 cm x 12 cm dressing, 4

4687Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	25.52	7.70	Nexcare Tegaderm Transparent H1626 [MM]

dressing film 15 cm x 20 cm dressing, 1

4688R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	6	0	0.00	*35.34	7.70	Tegaderm Transparent 1628 [MM]

DRESSING FILM

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dressing film 10 cm x 12 cm dressing, 10

4893M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	47.91	7.70	Op-Site Flexigrid 4629 [SN]

DRESSING FILM ISLAND

dressing film island 5 cm x 7 cm dressing, 1

4689T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	10	0	0.00	*24.64	7.70	Tegaderm Transparent Island 3582 [MM]

dressing film island 9 cm x 10 cm dressing, 1

4690W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	10	0	0.00	*33.94	7.70	Tegaderm Transparent Island 3586 [MM]

DRESSING FILM ISLAND

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dressing film island 5 cm x 7.2 cm dressing, 5

4898T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*38.06	7.70	Cutifilm Plus 36361370 [SN]

dressing film island 8 cm x 10 cm dressing, 5

4899W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*56.28	7.70	Cutifilm Plus 36361371 [SN]

DRESSING FOAM HEAVY EXUDATE

Restricted benefit

12437

Wounds

Clinical criteria:

- Patient must have a wound with highly viscous exudate.

dressing foam heavy exudate 5 cm x 5 cm dressing, 5

12797M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	38.40	7.70	Mepilex XT 211015 [MH]

dressing foam heavy exudate 10 cm x 10 cm dressing, 5

12760N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	44.24	7.70	Mepilex XT 211100 [MH]

dressing foam heavy exudate 20 cm x 20 cm dressing, 5

12776K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	129.06	7.70	Mepilex XT 211400 [MH]

DRESSING FOAM HEAVY EXUDATE

Note This dressing should remain in place until saturated or up to a maximum of 7 days. Allow a minimum of 2 cm to 3 cm in excess of the wound size of the dressing around the wound.

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dressing foam heavy exudate 10 cm x 10 cm dressing, 10

4795J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	0.00	176.61	7.70	Allevyn 66007637 [SN]

DRESSING FOAM LIPIDOCOLLOID WITH SILICONE HEAVY EXUDATE

dressing foam lipidocolloid with silicone heavy exudate 10 cm x 10 cm dressing, 10

13007N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	0.00	93.40	7.70	UrgoTul Absorb Silicone Border 102203 [UG]

DRESSING FOAM LIPIDOCOLLOID WITH SUCROSE OCTASULFATE HEAVY EXUDATE

dressing foam lipidocolloid with sucrose octasulfate heavy exudate 8 cm x 8 cm dressing, 10

13023K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	3	0.00	126.25	7.70	UrgoStart Border 100480 [UG]

dressing foam lipidocolloid with sucrose octasulfate heavy exudate 10 cm x 10 cm dressing, 10

13017D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	3	0.00	162.69	7.70	UrgoStart Border 100481 [UG]

dressing foam lipidocolloid with sucrose octasulfate heavy exudate 15 cm x 20 cm dressing, 10

13021H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	3	0.00	353.90	7.70	UrgoStart Border 100482 [UG]

DRESSING FOAM LIPIDOCOLLOID WITH SUCROSE OCTASULFATE MODERATE EXUDATE

dressing foam lipidocolloid with sucrose octasulfate moderate exudate 10 cm x 10 cm dressing, 10

13008P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	3	0.00	136.07	7.70	UrgoStart Pad 100376 [UG]

dressing foam lipidocolloid with sucrose octasulfate moderate exudate 12 cm x 19 cm dressing, 10

13004K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	3	0.00	220.57	7.70	UrgoStart Pad 100378 [UG]

dressing foam lipidocolloid with sucrose octasulfate moderate exudate 15 cm x 20 cm dressing, 10

13003J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	3	0.00	294.10	7.70	UrgoStart Pad 100377 [UG]

DRESSING FOAM MODERATE EXUDATE

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dressing foam moderate exudate cavity conforming foam, 20 g sachet

4694C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	1	0.00	99.56	7.70	Cavicare 4563 [SN]

DRESSING FOAM MODERATE EXUDATE

Note This dressing should remain in place until saturated or up to a maximum of 7 days. Allow a minimum of 2 cm to 3 cm in excess of the wound size of the dressing around the wound.

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dressing foam moderate exudate 12.5 cm x 12.5 cm dressing, 10

4590N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	175.34	7.70	Allevyn Adhesive 66000044 [SN]

DRESSING FOAM WITH SILICONE

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma and Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

dressing foam with silicone 10.3 cm x 10.3 cm dressing, 10

10017F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	76.05	7.70	Allevyn Life 66801067 [SN]

dressing foam with silicone 10.5 cm x 10.5 cm dressing, 10

11384E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	68.73	7.70	Allevyn Life Non-Bordered 66801748 [SN]

dressing foam with silicone 12.9 cm x 12.9 cm dressing, 10

10029W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	106.94	7.70	Allevyn Life 66801068 [SN]

dressing foam with silicone 15.4 cm x 15.4 cm dressing, 10

10023M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	147.90	7.70	Allevyn Life 66801069 [SN]

dressing foam with silicone 16 cm x 16 cm dressing, 10

11393P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	116.00	7.70	Allevyn Life Non-Bordered 66801749 [SN]

dressing foam with silicone 21 cm x 21 cm dressing, 10

10021K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	297.04	7.70	Allevyn Life 66801070 [SN]

DRESSING FOAM WITH SILICONE AND SILVER

Authority Required

5756

Wounds

Clinical criteria:

- Patient must have a wound where there is evidence of critical colonisation; **OR**
- Patient must have a well-assessed chronic wound that has not responded to conventional dressings.

Note Molnlycke Health Care products are distributed through leading pharmacy distributors. To best ensure product availability at the RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email: customerservice@independenceaustralia.com. Molnlycke Health Care is not able to ensure product availability or pricing on listed products beyond these two suppliers.

dressing foam with silicone and silver 10 cm x 10 cm dressing, 5

2439J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	105.09	7.70	Mepilex Ag [MH]

dressing foam with silicone and silver 10 cm x 10 cm dressing, 5

2470B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	111.93	7.70	Mepilex Border Ag [MH]

DRESSING FOAM WITH SILICONE HEAVY EXUDATE

dressing foam with silicone heavy exudate 7.5 cm x 7.5 cm dressing, 10

12184G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	54.10	7.70	Mepilex Border Flex 595211 [MH]

dressing foam with silicone heavy exudate 10 cm x 10 cm dressing, 10

12206K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	71.62	7.70	Mepilex Border Flex 595311 [MH]

dressing foam with silicone heavy exudate 15 cm x 20 cm dressing, 10

12185H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	175.17	7.70	Mepilex Border Flex 595611 [MH]

dressing foam with silicone heavy exudate 16 cm x 20 cm dressing, 5

12216Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	84.29	7.70	Mepilex Border Sacrum 282050 [MH]

dressing foam with silicone heavy exudate 22 cm x 23 cm dressing, 6

12195W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	165.09	7.70	Mepilex Border Heel 282750 [MH]

dressing foam with silicone heavy exudate 22 cm x 25 cm dressing, 5

12207L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	126.54	7.70	Mepilex Border Sacrum 282450 [MH]

DRESSING FOAM WITH SILICONE HEAVY EXUDATE

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dressing foam with silicone heavy exudate 7.5 cm x 7.5 cm dressing, 10

4207K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	68.71	7.70	Allevyn Gentle Border 66800269 [SN]

dressing foam with silicone heavy exudate 10 cm x 10 cm dressing, 10

4196W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	86.27	7.70	Allevyn Gentle 66800248 [SN]

dressing foam with silicone heavy exudate 10 cm x 10 cm dressing, 10

4230P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	95.86	7.70	Allevyn Gentle Border 66800270 [SN]

DRESSING FOAM WITH SILICONE LIGHT EXUDATE

dressing foam with silicone light exudate 4 cm x 5 cm dressing, 10

12780P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	31.26	7.70	Mepilex Border Lite 281000 [MH]

dressing foam with silicone light exudate 5 cm x 12.5 cm dressing, 5

12774H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	33.76	7.70	Mepilex Border Lite 281100 [MH]

dressing foam with silicone light exudate 10 cm x 10 cm dressing, 5

12804X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	40.54	7.70	Mepilex Border Lite 281300 [MH]

DRESSING FOAM WITH SILICONE LIGHT EXUDATE

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dressing foam with silicone light exudate 6 cm x 8.5 cm dressing, 5

4644K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	32.61	7.70	Mepilex Lite 284000 [MH]

dressing foam with silicone light exudate 10 cm x 10 cm dressing, 5

4645L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	41.18	7.70	Mepilex Lite 284100 [MH]

DRESSING FOAM WITH SILICONE MODERATE EXUDATE

dressing foam with silicone moderate exudate 4 cm x 5 cm dressing, 10

12777L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	29.48	7.70	Mepilex Border Flex Lite 581011 [MH]

dressing foam with silicone moderate exudate 5 cm x 12.5 cm dressing, 5

12782R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	32.09	7.70	Mepilex Border Flex Lite 581100 [MH]

dressing foam with silicone moderate exudate 10 cm x 10 cm dressing, 5

12799P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	38.51	7.70	Mepilex Border Flex Lite 581300 [MH]

DRESSING FOAM WITH SILICONE MODERATE EXUDATE

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dressing foam with silicone moderate exudate 10 cm x 10 cm dressing, 5

4626L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	45.17	7.70	Mepilex 294100 [MH]

DRESSING FOAM WITH SILVER

Authority Required

5753

Wounds

Clinical criteria:

- Patient must have a wound where there is evidence of critical colonisation; **OR**
- Patient must have a well-assessed chronic wound that has not responded to conventional dressings.

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dressing foam with silver 7.5 cm x 7.5 cm dressing, 10

4252T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	185.15	7.70	Allevyn Ag Adhesive 66800073 [SN]

dressing foam with silver 7.5 cm x 7.5 cm dressing, 10

4263J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	185.15	7.70	Allevyn Ag Gentle Border 66800460 [SN]

dressing foam with silver 10 cm x 10 cm dressing, 10

4255Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	275.01	7.70	Allevyn Ag Adhesive 66800075 [SN]

dressing foam with silver 10 cm x 10 cm dressing, 10

4259E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	280.28	7.70	Allevyn Ag Non-Adhesive 66800086 [SN]

dressing foam with silver 10 cm x 10 cm dressing, 10

4266M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	275.01	7.70	Allevyn Ag Gentle Border 66800461 [SN]

dressing foam with silver 12.5 cm x 12.5 cm dressing, 10

4258D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	341.44	7.70	Allevyn Ag Adhesive 66800078 [SN]

dressing foam with silver 12.5 cm x 12.5 cm dressing, 10

4270R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	341.44	7.70	Allevyn Ag Gentle Border 66800462 [SN]

DRESSING GAUZE

dressing gauze eye pad, 12 pads

4768Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	19.78	7.70	Curity 4112 [KE]

DRESSING GAUZE ABSORBENT

dressing gauze absorbent 5 cm x 5 cm pad, 100

4707R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	21.73	7.70	Handy 71117-05 [BV]

dressing gauze absorbent 10 cm x 10 cm pad, 100

4708T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	35.05	7.70	Handy 71117-06 [BV]

DRESSING GAUZE PARAFFIN

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma and Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

dressing gauze paraffin 10 cm x 10 cm dressing, 10

4759L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	32.35	7.70	Jelonet 7404 [SN]

DRESSING GAUZE PARAFFIN WITH CHLORHEXIDINE ACETATE

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma and Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

dressing gauze paraffin with chlorhexidine acetate 10 cm x 10 cm dressing, 10

4845B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	2	0.00	41.19	7.70	Bactigras 7457 [SN]

DRESSING GELLING FIBRE

dressing gelling fibre 1 cm x 45 cm dressing, 5

12213T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	53.16	7.70	Exufiber 709908 [MH]

dressing gelling fibre 2 cm x 45 cm dressing, 5

12182E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	53.16	7.70	Exufiber 709909 [MH]

dressing gelling fibre 5 cm x 5 cm dressing, 10

12187K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	42.21	7.70	Exufiber 709900 [MH]

dressing gelling fibre 10 cm x 10 cm dressing, 10

12181D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	75.58	7.70	Exufiber 709901 [MH]

dressing gelling fibre 15 cm x 15 cm dressing, 10

12202F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	156.22	7.70	Exufiber 709903 [MH]

DRESSING GELLING FIBRE

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dressing gelling fibre 2 cm x 45 cm rope, 5

2462N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	0.00	111.60	7.70	Durafiber 66800563 [SN]

dressing gelling fibre 10 cm x 10 cm dressing, 10

2486W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	0.00	130.55	7.70	Durafiber 66800560 [SN]

dressing gelling fibre 15 cm x 15 cm dressing, 5

2445Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	1	0.00	*271.06	7.70	Durafiber 66800561 [SN]

DRESSING GELLING FIBRE LIPIDOCOLLOID

dressing gelling fibre lipidocolloid 10 cm x 10 cm dressing, 10

13015B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	0.00	104.58	7.70	UrgoClean Pad 100370 [UG]

dressing gelling fibre lipidocolloid 15 cm x 20 cm dressing, 10

13009Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	0.00	228.39	7.70	UrgoClean Pad 100372 [UG]

DRESSING HYDROACTIVE DEBRIDEMENT

Note Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.

dressing hydroactive debridement 4 cm dressing, 10

4949L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	83.55	7.70	TenderWet 24 Active 609210 [HR]

dressing hydroactive debridement 4 cm dressing, 10

12636C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	91.89	7.70	HydroClean Plus Cavity 609622 [HR]

dressing hydroactive debridement 4 cm dressing, 10

12637D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	88.17	7.70	HydroClean Plus 609602 [HR]

dressing hydroactive debridement 5.5 cm dressing, 10

4948K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	85.36	7.70	TenderWet Active Cavity 609272 [HR]

dressing hydroactive debridement 5.5 cm dressing, 10

12629Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	145.30	7.70	HydroClean Plus 609606 [HR]

dressing hydroactive debridement 7.5 cm x 7.5 cm dressing, 10

4950M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	110.33	7.70	TenderWet 24 Active 609213 [HR]

dressing hydroactive debridement 7.5 cm x 7.5 cm dressing, 10

12660H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	192.88	7.70	HydroClean Plus 609608 [HR]

DRESSING HYDROACTIVE SUPERFICIAL WOUND HIGH EXUDATE SEMI-PERMEABLE ABSORBENT FOAM

dressing hydroactive superficial wound high exudate semi-permeable absorbent foam 11 cm x 11 cm dressing: island, 10 dressings

4695D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	106.80	7.70	Tielle MTL101E [KI]

dressing hydroactive superficial wound high exudate semi-permeable absorbent foam 18 cm x 18 cm dressing: island, 5 dressings

4696E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	129.20	7.70	Tielle MTL103 [KI]

DRESSING HYDROACTIVE SUPERFICIAL WOUND HIGH EXUDATE SEMI-PERMEABLE ABSORBENT FOAM

Note Coloplast dressings are available via a range of distributors. However, Coloplast's principal agreement to ensure correct RPBS Price to Pharmacy and ready supply has been secured with Independence Australia on 1300 788 855 and BrightSky on 1300 290 400. Please note that Coloplast is unable to guarantee ready supply or rebate for price differences on purchases outside these distributors.

dressing hydroactive superficial wound high exudate semi-permeable absorbent foam 10 cm x 10 cm waterproof pad, 10

4927H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	0.00	86.24	7.70	Biatain Non-adhesive 3410 [CT]

dressing hydroactive superficial wound high exudate semi-permeable absorbent foam 12 cm x 12 cm waterproof pad, 10

4929K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	0.00	94.19	7.70	Biatain Adhesive 3420 [CT]

dressing hydroactive superficial wound high exudate semi-permeable absorbent foam 15 cm x 15 cm waterproof pad, 5

4928J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	2	0.00	84.93	7.70	Biatain Non-adhesive 3413 [CT]

dressing hydroactive superficial wound high exudate semi-permeable absorbent foam 18 cm x 18 cm waterproof pad, 5

4930L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	2	0.00	91.43	7.70	Biatain Adhesive 3423 [CT]

DRESSING HYDROACTIVE SUPERFICIAL WOUND LIGHT EXUDATE

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dressing hydroactive superficial wound light exudate 5 cm x 6 cm dressing, 10

4905E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	0.00	86.22	7.70	Allevyn Thin 66047576 [SN]

dressing hydroactive superficial wound light exudate 10 cm x 10 cm dressing, 5

4906F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	1	0.00	*155.10	7.70	Allevyn Thin 66047578 [SN]

DRESSING HYDROACTIVE SUPERFICIAL WOUND MODERATE EXUDATE

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dressing hydroactive superficial wound moderate exudate 5 cm x 6 cm dressing, 10

4885D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	0.00	61.39	7.70	Cutinova Hydro 66047441 [SN]

dressing hydroactive superficial wound moderate exudate 10 cm x 10 cm dressing, 5

4886E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	1	0.00	*98.78	7.70	Cutinova Hydro 66047443 [SN]

DRESSING HYDROCOLLOID CAVITY WOUND

Note This dressing should remain in place until saturated or strike through occurs for a maximum of 7 days.

dressing hydrocolloid cavity wound paste, 30 g

4896Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	10	0	0.00	*137.74	7.70	DuoDERM Paste 187930 [CC]

DRESSING HYDROCOLLOID SUPERFICIAL WOUND LIGHT EXUDATE

Note This dressing should be applied to a thickness of 3 mm to 5 mm. It should be covered with a hydrocolloid dressing and may be left in place for up to 7 days.

dressing hydrocolloid superficial wound light exudate 10 cm x 10 cm dressing, 10

4907G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	0.00	71.94	7.70	DuoDERM Extra Thin 187955 [CC]

DRESSING HYDROCOLLOID SUPERFICIAL WOUND LIGHT EXUDATE

Note This dressing should be applied to a thickness of 3 mm to 5 mm. It should be covered with a hydrocolloid dressing and may be left in place for up to 7 days.

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dressing hydrocolloid superficial wound light exudate 5 cm x 7 cm dressing, 10

4888G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	0.00	44.24	7.70	Comfeel Plus Transparent 3530 [CT]

dressing hydrocolloid superficial wound light exudate 9 cm x 14 cm dressing, 10

4889H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	0.00	83.23	7.70	Comfeel Plus Transparent 3536 [CT]

dressing hydrocolloid superficial wound light exudate 10 cm x 10 cm dressing, 10

4924E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	0.00	70.23	7.70	Comfeel Plus Transparent 3533 [CT]

DRESSING HYDROCOLLOID SUPERFICIAL WOUND LIGHT EXUDATE

Note This dressing should be applied to a thickness of 3 mm to 5 mm. It should be covered with a hydrocolloid dressing and may be left in place for up to 7 days.

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dressing hydrocolloid superficial wound light exudate 10 cm x 10 cm dressing, 10

4947J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	0.00	50.48	7.70	Hydrocoll Thin 900758 [HR]

DRESSING HYDROCOLLOID SUPERFICIAL WOUND MODERATE EXUDATE

Note This dressing should remain in place until saturated or strike through occurs for a maximum of 7 days.

dressing hydrocolloid superficial wound moderate exudate 10 cm x 10 cm dressing, 5

4897R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	1	0.00	*80.48	7.70	DuoDERM CGF 187660 [CC]

dressing hydrocolloid superficial wound moderate exudate 20 cm x 20 cm dressing, 5

4920Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	1	0.00	*210.94	7.70	DuoDERM CGF 187662 [CC]

DRESSING HYDROCOLLOID SUPERFICIAL WOUND MODERATE EXUDATE

Note This dressing should remain in place until saturated or strike through occurs for a maximum of 7 days.

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dressing hydrocolloid superficial wound moderate exudate 7cm (butterfly shape) dressing, 1

4678F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	5	0	0.00	*57.24	7.70	Comfeel Plus Pressure Relieving 3350 [CT]

dressing hydrocolloid superficial wound moderate exudate 10cm (round) dressing, 1

4679G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	5	0	0.00	*61.24	7.70	Comfeel Plus Pressure Relieving 3353 [CT]

DRESSING-HYDROCOLLOID (SUPERFICIAL WOUND-MODERATE EXUDATE) Dressings with alginate 10 cm x 10 cm, 10, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4923D	‡1	1	0.00	81.01	7.70	Comfeel Plus Ulcer Dressing 3110 [CT]

DRESSING HYDROCOLLOID SUPERFICIAL WOUND MODERATE EXUDATE

Note This dressing should remain in place until saturated or strike through occurs for a maximum of 7 days.

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dressing hydrocolloid superficial wound moderate exudate 10 cm x 10 cm dressing, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4921B	‡1	1	0.00	108.32	7.70	Replicare Ultra 66000434 [SN]

DRESSING HYDROCOLLOID SUPERFICIAL WOUND MODERATE EXUDATE

Note This dressing should remain in place until saturated or strike through occurs for a maximum of 7 days.

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dressing hydrocolloid superficial wound moderate exudate 10 cm x 10 cm dressing, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4945G	‡1	1	0.00	50.48	7.70	Hydrocoll 900744 [HR]

dressing hydrocolloid superficial wound moderate exudate 15 cm x 15 cm dressing, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4946H	‡1	1	0.00	87.99	7.70	Hydrocoll 900936 [HR]

DRESSING HYDROFIBRE ALTERNATE TO ALGINATES

dressing hydrofibre alternate to alginates 2 cm x 45 cm ribbon, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4698G	‡1	1	0.00	82.52	7.70	Aquacel 403770 [CC]

dressing hydrofibre alternate to alginates 10 cm x 10 cm dressing, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2797F	‡1	1	0.00	97.75	7.70	Aquacel Extra 420672 [CC]

dressing hydrofibre alternate to alginates 10 cm x 10 cm dressing, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10837J	‡1	0	0.00	120.49	7.70	Aquacel Foam Non-Adhesive [CC]

dressing hydrofibre alternate to alginates 12.5 cm x 12.5 cm dressing, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10832D	‡1	0	0.00	116.95	7.70	Aquacel Foam Adhesive [CC]

dressing hydrofibre alternate to alginates 15 cm x 15 cm dressing, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2803M	2	1	0.00	*197.08	7.70	Aquacel Extra 420673 [CC]

DRESSING HYDROFIBRE WITH SILVER

Authority Required

5669

Wounds

Clinical criteria:

- Patient must have a wound where there is evidence of critical colonisation; **OR**
- Patient must have a well-assessed chronic wound that has not responded to conventional dressings.

dressing hydrofibre with silver 2 cm x 45 cm ribbon, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15409B	‡1	0	0.00	213.09	7.70	Aquacel Ag+ Ribbon 413571 [CC]

dressing hydrofibre with silver 10 cm x 10 cm dressing, 10

15373D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	0	0.00	251.41	7.70	Aquacel Ag+ Extra 413567 [CC]

dressing hydrofibre with silver 15 cm x 15 cm dressing, 5

15396H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	0	0.00	268.78	7.70	Aquacel Ag+ Extra 413568 [CC]

DRESSING HYDROGEL

dressing hydrogel 7.5 cm x 15 cm dressing, 10

11395R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	0	0.00	113.45	7.70	Sorbact Gel Dressing S98137 [BV]

dressing hydrogel 10 cm x 10 cm dressing, 20

2471C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	0	0.00	182.39	7.70	Sorbact Absorption Dressing S98222 [BV]

dressing hydrogel 10 cm x 10 cm dressing, 5

11709G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	0	0.00	32.35	7.70	Suprasorb G 33631 [LC]

DRESSING HYDROGEL

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dressing hydrogel 12.5 cm x 12.5 cm dressing, 5

12659G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	0	0.00	43.67	7.70	Hydrosorb Comfort 900723 [HR]

DRESSING HYDROGEL AMORPHOUS

Note This dressing should be applied to a thickness of 3 mm to 5 mm and remain in situ in infected wounds for 24 hours and in clean wounds for up to 3 days. It should be covered with a secondary dressing such as foam or film. It should not be covered with gauze or combine.

dressing hydrogel amorphous gel, 3 x 30 g

4913N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	1	0.00	*94.35	7.70	DuoDERM Gel H7987 [CC]

dressing hydrogel amorphous gel, 50 g

4914P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	3	0.00	*36.90	7.70	Solugel 10336 [JJ]

DRESSING HYDROGEL AMORPHOUS

Note This dressing should be applied to a thickness of 3 mm to 5 mm and remain in situ in infected wounds for 24 hours and in clean wounds for up to 3 days. It should be covered with a secondary dressing such as foam or film. It should not be covered with gauze or combine.

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dressing hydrogel amorphous gel, 25 g

4894N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	3	0.00	*91.92	7.70	Intrasite Gel 7313 [SN]

dressing hydrogel amorphous gel, 50 g

4599C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	3	0.00	*43.86	7.70	SoloSite Gel 36361338 [SN]

DRESSING HYDROGEL AMORPHOUS

Note This dressing should be applied to a thickness of 3 mm to 5 mm and remain in situ in infected wounds for 24 hours and in clean wounds for up to 3 days. It should be covered with a secondary dressing such as foam or film. It should not be covered with gauze or combine.

Note Coloplast dressings are available via a range of distributors. However, Coloplast's principal agreement to ensure correct RPBS Price to Pharmacy and ready supply has been secured with Independence Australia on 1300 788 855 and BrightSky on 1300 290 400. Please note that Coloplast is unable to guarantee ready supply or rebate for price differences on purchases outside these distributors.

dressing hydrogel amorphous gel, 10 x 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4912M	‡1	1	0.00	65.56	7.70	DuoDERM Gel 187990 [CC]	
			0.00	72.27	7.70	Comfeel Purilon Gel 3900 [CT]	

DRESSING HYDROGEL FOAM

dressing hydrogel foam 10 cm x 10 cm dressing, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2533H	1	0	0.00	124.36	7.70	Sorbact Foam Dressing S98310 [BV]

DRESSING HYDROGEL RIBBON

dressing hydrogel ribbon 1 cm x 50 cm dressing, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2512F	1	0	0.00	184.58	7.70	Sorbact Ribbon Gauze S98118 [BV]

dressing hydrogel ribbon 5 cm x 200 cm dressing, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2529D	1	0	0.00	182.39	7.70	Sorbact Ribbon Gauze S98120 [BV]

DRESSING HYDROGEL SHEET

Note This dressing should be applied to a thickness of 3 mm to 5 mm and remain in situ in infected wounds for 24 hours and in clean wounds for up to 3 days. It should be covered with a secondary dressing such as foam or film. It should not be covered with gauze or combine.

dressing hydrogel sheet 9.5 cm x 10.2 cm dressing, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4911L	2	0	0.00	*82.08	7.70	Nu-Gel 2497 [KI]

DRESSING HYDROGEL SHEET

Note This dressing should be applied to a thickness of 3 mm to 5 mm and remain in situ in infected wounds for 24 hours and in clean wounds for up to 3 days. It should be covered with a secondary dressing such as foam or film. It should not be covered with gauze or combine.

Note Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.

dressing hydrogel sheet 10 cm x 10 cm dressing, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4806Y	2	0	0.00	*55.46	7.70	Hydrosorb 900854 [HR]

DRESSING HYDROPHOBIC

dressing hydrophobic 10 cm x 10 cm dressing, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11392N	‡1	0	0.00	195.54	7.70	Sorbact Foam Gentle Border 98532 [BV]

dressing hydrophobic 10 cm x 10 cm dressing, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11402D	‡1	0	0.00	89.98	7.70	Sorbact Superabsorbent 98501 [BV]

dressing hydrophobic 15 cm x 15 cm dressing, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11394Q	‡1	0	0.00	305.05	7.70	Sorbact Foam Gentle Border 98533 [BV]

dressing hydrophobic 15 cm x 15 cm foam dressing, 10

11404F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	201.02	7.70	Sorbact Foam Dressing S98315 [BV]

dressing hydrophobic 20 cm x 20 cm dressing, 10

11403E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	239.34	7.70	Sorbact Superabsorbent 98503 [BV]

DRESSING LIPIDOCOLLOID MODERATE EXUDATE

dressing lipidocolloid moderate exudate 10 cm x 12 cm dressing, 16

13026N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	0.00	118.98	7.70	UrgoTul Lite Border 100357 [UG]

dressing lipidocolloid moderate exudate 10 cm x 12 cm dressing, 10

13331P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	0.00	79.61	7.70	UrgoTul Lite Border 10035710 [UG]

DRESSING NON ADHERENT

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DRESSING SELF ADHESIVE NON-ADHERENT DRY ABSORBENT Dressings, non-woven, with silicone 5 cm x 7.5 cm, 10, 1

4243H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	64.80	7.70	Mepitel 290510 [MH]

DRESSING SELF ADHESIVE NON-ADHERENT DRY ABSORBENT Dressings, non-woven, with silicone 7.5 cm x 10 cm, 10, 1

4244J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	103.61	7.70	Mepitel 290710 [MH]

DRESSING NON ADHERENT

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma and Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

dressing non adherent 5 cm x 5 cm dressing, 5

4819P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*24.24	7.70	Cutilin Non-Stick Wound Pad 36361374 [SN]

dressing non adherent 5 cm x 5 cm dressing, 5

4860T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*25.64	7.70	Melolin 36361357 [SN]

dressing non adherent 10 cm x 10 cm dressing, 10

4861W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	47.49	7.70	Melolin 66974933 [SN]

dressing non adherent 10 cm x 10 cm dressing, 5

4862X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*34.22	7.70	Cutilin Non-Stick Wound Pad 36361375 [SN]

DRESSING NON ADHERENT

Note Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.

dressing non adherent 7.5 cm x 10 cm dressing, 10

4944F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	21.80	7.70	Atrauman 499513 [HR]

DRESSING NON-ADHERENT ABSORBENT

dressing non-adherent absorbent 10 cm x 13 cm dressing, 50

12832J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	57.64	7.70	Mesorb 677001 [MH]

dressing non-adherent absorbent 10 cm x 23 cm dressing, 50

12825B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	77.46	7.70	Mesorb 677401 [MH]

dressing non-adherent absorbent 12.5 cm x 12.5 cm hydroactive dressing, 10

11717Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	28.13	7.70	Vliwasorb Pro 32641 [LC]

dressing non-adherent absorbent 12.5 cm x 12.5 cm hydroactive dressing, 10

12837P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	34.49	7.70	Mextra Superabsorbent 610000 [MH]

dressing non-adherent absorbent 17.5 cm x 22.5 cm hydroactive dressing, 10

12834L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	52.95	7.70	Mextra Superabsorbent 610300 [MH]

dressing non-adherent absorbent 22 cm x 22 cm hydroactive dressing, 10

11715N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	38.66	7.70	Vliwasorb Pro 32643 [LC]

dressing non-adherent absorbent 22 cm x 32 cm hydroactive dressing, 10

11718R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	50.87	7.70	Vliwasorb Pro 32644 [LC]

dressing non-adherent absorbent 22.5 cm x 32.5 cm hydroactive dressing, 10

12833K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	89.46	7.70	Mextra Superabsorbent 610500 [MH]

dressing non-adherent absorbent 23 cm x 25 cm dressing, 30

12824Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	99.78	7.70	Mesorb 677701 [MH]

DRESSING NON-ADHERENT ABSORBENT

Note Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.

dressing non-adherent absorbent 10 cm x 10 cm hydroactive dressing, 10

12600E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	39.44	7.70	Zetuvit Plus 413710 [HR]

dressing non-adherent absorbent 10 cm x 20 cm hydroactive dressing, 10

12593T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	45.71	7.70	Zetuvit Plus 413711 [HR]

dressing non-adherent absorbent 20 cm x 40 cm hydroactive dressing, 10

12599D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	95.88	7.70	Zetuvit Plus 413715 [HR]

DRESSING NON-ADHERENT WITH SILICONE

dressing non-adherent with silicone 5 cm x 7.5 cm dressing, 10

12208M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	91.65	7.70	Mepitel One 289100 [MH]

dressing non-adherent with silicone 10 cm x 18 cm dressing, 10

12196X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	301.98	7.70	Mepitel One 289500 [MH]

DRESSING NON-ADHERENT WITH SILICONE

Note Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.

dressing non-adherent with silicone 7.5 cm x 10 cm dressing, 5

12651W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	65.55	7.70	Atrauman Silicone 499561 [HR]

DRESSING POLY-ABSORBENT FIBRE LIPIDOCOLLOID WITH SUCROSE OCTASULFATE HEAVY EXUDATE

dressing poly-absorbent fibre lipidocolloid with sucrose octasulfate heavy exudate 8 cm x 8 cm dressing, 10

13013X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	3	0.00	200.13	7.70	UrgoStart Plus Border 100460 [UG]

dressing poly-absorbent fibre lipidocolloid with sucrose octasulfate heavy exudate 10 cm x 10 cm dressing, 10

13014Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	3	0.00	259.79	7.70	UrgoStart Plus Non Adhesive 100441 [UG]

dressing poly-absorbent fibre lipidocolloid with sucrose octasulfate heavy exudate 10 cm x 10 cm dressing, 10

13019F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	3	0.00	272.89	7.70	UrgoStart Plus Border 100461 [UG]

dressing poly-absorbent fibre lipidocolloid with sucrose octasulfate heavy exudate 15 cm x 20 cm dressing, 5

13018E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	3	0.00	299.22	7.70	UrgoStart Plus Non Adhesive 100442 [UG]

dressing poly-absorbent fibre lipidocolloid with sucrose octasulfate heavy exudate 15 cm x 20 cm dressing, 10

13024L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	3	0.00	619.56	7.70	UrgoStart Plus Border 100462 [UG]

DRESSING POLY-ABSORBENT FIBRE LIPIDOCOLLOID WITH SUCROSE OCTASULFATE MODERATE EXUDATE

dressing poly-absorbent fibre lipidocolloid with sucrose octasulfate moderate exudate 10 cm x 10 cm dressing, 10

13025M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	3	0.00	204.98	7.70	UrgoStart Plus Pad 100421 [UG]

dressing poly-absorbent fibre lipidocolloid with sucrose octasulfate moderate exudate 15 cm x 20 cm dressing, 10

13012W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	3	0.00	462.24	7.70	UrgoStart Plus Pad 100422 [UG]

DRESSING TULLE NON-ADHERENT PRIMARY WOUND CONTACT LAYER PARAFFIN

dressing tulle non-adherent primary wound contact layer paraffin 7.6 cm x 7.6 cm dressing, 1

4909J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	10	1	0.00	*24.24	7.70	Adaptic 2012 [KI]

DRESSING WITH SILVER

Authority Required

5755

Wounds

Clinical criteria:

- Patient must have a wound where there is evidence of critical colonisation; **OR**
- Patient must have a well-assessed chronic wound that has not responded to conventional dressings.

Note Coloplast dressings are available via a range of distributors. However, Coloplast's principal agreement to ensure correct RPBS Price to Pharmacy and ready supply has been secured with Independence Australia on 1300 788 855 and BrightSky on 1300 290 400. Please note that Coloplast is unable to guarantee ready supply or rebate for price differences on purchases outside these distributors.

dressing with silver 10 cm x 10 cm hydroactive dressing, 5

4646M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	166.27	7.70	Biatain Ag 9622 [CT]

dressing with silver 12.5 cm x 12.5 cm hydroactive dressing, 5

4647N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	180.54	7.70	Biatain Ag 9632 [CT]

DRESSING WITH SILVER

Authority Required

5695

Wounds

Clinical criteria:

- Patient must have a wound where there is evidence of critical colonisation; **OR**
- Patient must have a well-assessed chronic wound that has not responded to conventional dressings.

Note Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.

dressing with silver 10 cm x 10 cm tulle dressing, 3

4648P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	46.23	7.70	Atrauman Ag 499572 [HR]

dressing with silver 10 cm x 10 cm tulle dressing, 10

12591Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	114.72	7.70	Atrauman Ag 499573 [HR]

GAUZE AND COTTON TISSUE COMBINE ROLL

gauze and cotton tissue combine roll 9 cm x 10 m wrapped pack roll, 1

4767X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	18.96	7.70	BSN 2902165 [BV]

gauze and cotton tissue combine roll 10 cm x 10 m wrapped pack roll, 1

4761N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	23.45	7.70	JJ 12010 [JJ]

PAD WOUND DEBRIDEMENT

Note If the wound has not healed during this period, further use is to be discontinued after initial pack, no repeats. Where wounds remain unresponsive to standard treatment, patient should be referred on to a specialist.

pad wound debridement pad, 5

11391M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	92.32	7.70	Debrisoft Lolly [LC]

pad wound debridement 10 cm x 10 cm pad, 5

11383D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	92.32	7.70	Debrisoft [LC]

POVIDONE-IODINE

povidone-iodine 9.5 cm x 9.5 cm dressing, 25

10847X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	2	0.00	78.92	7.70	Inadine [KI]

SODIUM CHLORIDE + HYPOCHLOROUS ACID + SODIUM HYPOCHLORITE

sodium chloride 0.022% + hypochlorous acid 0.004% + sodium hypochlorite 0.004% irrigation solution, 250 mL

11134B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	3	0.00	33.13	7.70	Microdacyn [TF]

TAPE NON WOVEN RETENTION POLYACRYLATE

tape non woven retention polyacrylate 2.5 cm x 9.1 m tape, 1 roll

4915Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	19.82	7.70	Medipore 2961 [MM]

TAPE NON WOVEN RETENTION POLYACRYLATE

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tape non woven retention polyacrylate 2.5 cm x 10 m tape, 1 roll

4917T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	18.34	7.70	Mefix 310250 [MH]

TAPE PLASTER ADHESIVE ELASTIC

tape plaster adhesive elastic 2.5 cm x 2.5 m tape, 1 roll

4780N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	20.69	7.70	Leukoplast 01071-00 [BV]

tape plaster adhesive elastic 5 cm x 2.5 m tape, 1 roll

4781P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	26.46	7.70	Leukoplast 01072-00 [BV]

tape plaster adhesive elastic 7.5 cm x 2.5 m tape, 1 roll

4782Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	30.03	7.70	Leukoplast 01073-00 [BV]

TAPE PLASTER ADHESIVE HYPOALLERGENIC

tape plaster adhesive hypoallergenic 1.25 cm x 5 m tape, 1 roll

4783R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	18.26	7.70	Leukopor 2471 [BV]

tape plaster adhesive hypoallergenic 1.25 cm x 5 m tape, 1 roll

4785W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	18.53	7.70	Leukosilk 1021 [BV]

tape plaster adhesive hypoallergenic 1.9 cm x 5.4 m dispenser tape, 1 roll

4848E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	18.35	7.70	Nexcare Durable Cloth First Aid Tape 799 [MM]

tape plaster adhesive hypoallergenic 1.9 cm x 7.3 m dispenser tape, 1 roll

4849F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	18.35	7.70	Nexcare Gentle Paper First Aid Tape 789 [MM]

tape plaster adhesive hypoallergenic 2.5 cm x 5 m tape, 1 roll

4787Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	21.04	7.70	Leukosilk 1022 [BV]

tape plaster adhesive hypoallergenic 2.5 cm x 5 m tape, 1 roll

4794H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	20.52	7.70	Leukopor 2472 [BV]

tape plaster adhesive hypoallergenic 5 cm x 5 m tape, 1 roll

4788B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	23.45	7.70	Leukoflex 1124 [BV]

tape plaster adhesive hypoallergenic 5 cm x 5 m tape, 1 roll

4789C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	24.74	7.70	Leukosilk 1024 [BV]

tape plaster adhesive hypoallergenic 5 cm x 5 m tape, 1 roll

4790D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	0	0.00	23.93	7.70	Leukopor 2474 [BV]

TAPE PLASTER ADHESIVE WITH SILICONE

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tape plaster adhesive with silicone 2 cm x 3 m tape, 1 roll

4239D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	0	0.00	26.97	7.70	Mepitac 298300 [MH]

tape plaster adhesive with silicone 4 cm x 1.5 m tape, 1 roll

4240E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	0	0.00	26.97	7.70	Mepitac 298400 [MH]

Index of Manufacturer Codes

Code	Manufacturer
AE	AFT Pharmaceuticals (AU) Pty Ltd
AF	Alphapharm Pty Ltd
AL	Alphapharm Pty Ltd
AS	Aspen Pharmacare Australia Pty Limited
BB	Blackmores Limited
BE	Beiersdorf Australia Ltd
BG	Sandoz Pty Ltd
BN	Bayer Australia Ltd
BR	B. Braun Australia Pty Ltd
BV	BSN medical (Aust.) Pty Ltd
BX	BAXTER HEALTHCARE PTY LTD
CC	ConvaTec Australia Pty Ltd
CR	Pharmacor Pty Limited
CT	Coloplast Pty Ltd
CU	Care Pharmaceuticals Pty Limited
DJ	De Fries Industries Pty Ltd
DZ	Medsurge Healthcare Pty Ltd
EO	Ego Pharmaceuticals Pty Ltd
FK	A.Menarini Australia Pty Limited
GA	Galderma Australia Pty Ltd
GH	Amdipharm Mercury (Australia) Pty Limited
GK	GlaxoSmithKline Australia Pty Ltd
GN	Actavis Pty Ltd
GO	Viatris Pty Ltd
GQ	Generic Health Pty Ltd
GX	Apotex Pty Ltd
HQ	Generic Health Pty Ltd
HR	Paul Hartmann Pty Ltd
HX	Sandoz Pty Ltd
IG	Sigma Company Limited
IL	iNova Pharmaceuticals (Australia) Pty Limited
JC	Janssen-Cilag Pty Ltd
JJ	Johnson & Johnson Medical Pty Ltd
JM	Glenmark Pharmaceuticals (Australia) Pty Ltd
JT	Johnson & Johnson Pacific Pty Limited
KE	Kendall Australasia Pty Ltd
KI	KCI Medical Australia Pty Ltd
KY	Key Pharmaceuticals Pty Ltd
LC	Lohmann & Rauscher Pty Ltd
LN	Aspen Pharmacare Australia Pty Limited
LR	Cipla Australia Pty Ltd
LS	Astellas Pharma Australia Pty Ltd
LY	Eli Lilly Australia Pty Ltd
MF	Mundipharma Pty Limited
MH	Molnlycke Health Care Pty Ltd
MM	3M Pharmaceuticals Australia Pty Ltd
MQ	Alphapharm Pty Ltd
MT	Mentholatum Australasia Pty Ltd
NP	NICE-PAK PRODUCTS PTY. LTD.
OB	Oral B Laboratories Pty Ltd
OM	Colgate Oral Care
OQ	Organon Pharma Pty Ltd
OW	Arrow Pharma Pty Ltd
PB	Pharmaco (Australia) Limited
PF	Pfizer Australia Pty Ltd
PP	Petrus Pharmaceuticals Pty Ltd
PY	Procter & Gamble Pharmaceuticals Australia Pty Ltd
QS	Sandoz Pty Ltd
RC	Reckitt Benckiser (Australia) Pty Limited
RF	Arrow Pharma Pty Ltd
RM	Pharmacor Pty Limited
RW	Arrow Pharma Pty Ltd
RZ	Dr Reddy's Laboratories (Australia) Pty Ltd
SB	Nutricia Australia Pty Limited
SI	Sigma Company Limited
SN	Smith & Nephew Pty Limited
SS	SSL Australia Pty Ltd
SW	sanofi-aventis Australia Pty Ltd
SZ	Sandoz Pty Ltd
TF	Te Arai BioFarma Limited
TT	Theramex Australia Pty Ltd
TX	Apotex Pty Ltd
TY	Apotex Pty Ltd
UG	Urgo Medical Australia Pty Ltd
UM	Unomedical Pty Ltd
UN	Unilever Australia Limited
VE	AbbVie Pty Ltd
VO	Avallon Pharmaceuticals Pty Limited
VZ	Sanofi-aventis Healthcare Pty Ltd
WG	WAGNER PHARMACEUTICALS PTY LTD
WN	A-WON PHARMA PTY LTD
XN	Southern XP Pty Ltd
XT	Arrotex Pharmaceuticals Pty Ltd
YN	Mayne Pharma International Pty Ltd

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