



Australian Government

Department of Health and Ageing

**SCHEDULE OF PHARMACEUTICAL BENEFITS
FOR DENTAL PRACTITIONERS**

This Schedule is also available on the internet at
www.pbs.gov.au

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(ALL PREVIOUS EDITIONS CANCELLED)**

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This Schedule provides information on the arrangements for the prescribing and supply of pharmaceutical benefits. These arrangements operate under the *National Health Act 1953*. However, at the time of printing, the relevant legislation giving authority for the changes included in this issue of the Schedule may still be subject to the usual Parliamentary scrutiny. This book is not a legal document, and, in cases of discrepancy, the legislation will be the source document for payment for the supply of pharmaceutical benefits. The legislation is available from the Federal Register of Legislative Instruments website at <http://www.frli.gov.au>.

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SUMMARY OF CHANGES

Additions

Addition – Item

2002J **Cefuroxime Axetil**, Powder for oral suspension 125 mg (base) per 5 mL, 70 mL (*Zinnat*)

Addition – Brand

5260W *Roxithromycin-PS, FZ* – **Roxithromycin**, Tablet 150 mg

5261X *Roxithromycin-PS, FZ* – **Roxithromycin**, Tablet 300 mg

Deletions

Deletion – Brand

3318P *Cephabeil, BF* – **Cephalexin**, Capsule 500 mg

Advance Notices – Deletion of Item

The following items will be deleted from the Schedule of Pharmaceutical Benefits on 1 September 2012:
Deletion requested by manufacturer—

5144R **Lincomycin**, Injection 600 mg in 2 mL (*Lincocin*)

ADDITIONAL LISTINGS

Several listings of items have been split where there is more than 1 different pack size. **Notes relating to equivalence have been added to the items where relevant.** As a result new items codes have been allocated and the codes (both existing and new as allocated) are listed below. New codes are indicated with an asterisk (*).

	CEFOTAXIME	
5048Q	Powder for injection 1 g	Cefotaxime Sandoz, SZ
1768C*	Powder for injection 1 g	Hospira Pty Limited, HH
5049R	Powder for injection 2 g	Cefotaxime Sandoz, SZ
1769D*	Powder for injection 2 g	Hospira Pty Limited, HH
	METRONIDAZOLE	
5154G	I.V. infusion 500 mg in 100 mL	Baxter Healthcare Pty Ltd, BX
1832K*	I.V. infusion 500 mg in 100 mL	DBL Metronidazole Intravenous Infusion, HH

Section 1 – Explanatory Notes

Introduction

These Explanatory Notes are provided to help dentists work within the Australian Government's Pharmaceutical Benefits Scheme (PBS).

The PBS is a system of subsidising the cost of most prescription medicines. The subsidies are available to all Australian residents and eligible foreign visitors, i.e., people from countries which have Reciprocal Health Care Agreements with Australia. These countries are the United Kingdom, Ireland, New Zealand, Malta, Italy, Sweden, the Netherlands, Finland, Norway and Belgium.

The aim of the PBS, which has been in operation since 1948, is to provide reliable and affordable access to a wide range of necessary medicines.

The Schedule of Pharmaceutical Benefits – referred to throughout as the 'Schedule' – lists all of the medicines available under the PBS, and explains how they can be used in order to be subsidised.

The Schedule is produced monthly by the Australian Department of Health and Ageing (effective on the first day of each month).

It is vital therefore that dentists remain up to date with information on which medicines are included in or excluded from the Schedule, whether restrictions apply to the medicines, and how much patients should pay. Queries relating to the PBS can be made to the Pharmaceutical Branch in the State offices of Medicare Australia (telephone 132 290 Mondays to Fridays, during business hours). Queries relating to the Repatriation Pharmaceutical Benefits Scheme (RPBS) can be made to the State offices of the Department of Veterans' Affairs (DVA) (telephone 1800 552 580).

1. The Schedule — Where to Find What

The Schedule of Pharmaceutical Benefits is divided into sections. At the start of the Schedule, immediately after the table of contents, is a summary of any changes to listed items.

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

Section 1

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

Section 2

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

Any medicines that have restrictions on how they can be prescribed are printed in ***bold italics***. Items appearing in more than one therapeutic group are cross-referenced.

Section 2 SYMBOLS USED IN THE SCHEDULE explains symbols used throughout the Schedule.

The use of 'NOTE' in this section is used to clarify how some pharmaceutical benefits should be prescribed.

The use of 'CAUTION' is to warn of known adverse reactions from, or precautions to be taken with, a particular pharmaceutical benefit. (The absence of a cautionary note does not imply reactions may not happen.)

2. Prescribing Medicines — Information for Dentists

Eligible prescribers

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

PBS prescription forms

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

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

Ordering forms

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

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

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

Preparing general prescriptions

Do's and don't's

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

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

A dentist cannot write more than one PBS prescription for the same pharmaceutical benefit for the same person on the same day.

Up to **three** pharmaceutical benefit items may be included on a single PBS prescription form, but pharmaceutical benefits and non-pharmaceutical benefits should not be listed together on the one PBS prescription form.

If an item has a particular manner of administration it may not, as a pharmaceutical benefit, be administered in any other way, e.g., an ophthalmic preparation may not be prescribed for topical use.

If an item is restricted, but the patient is not suffering from one of the specified conditions, it cannot be prescribed as a pharmaceutical benefit. The dentist should write the prescription either on a private prescription or on a standard prescription with 'PBS/RPBS' clearly struck out. It should also be endorsed 'non-PBS'.

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

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

Dentists are required to include their prescriber numbers on non-personalised PBS prescriptions.

The following admixtures are not pharmaceutical benefits:

- the admixture of two or more ready-prepared items listed in the Schedule; or
- the admixture of a non-pharmaceutical benefit item with a pharmaceutical benefit item.

Writing the PBS prescription

The following rules apply for writing PBS prescriptions:

- they must be written in indelible form (i.e., ink or ball-point pen) in the dentist's own handwriting (exceptions must be approved by Medicare Australia's Chief Executive Officer) either on the standard PBS prescription, or on paper approximately 18 cm x 12 cm, or they can be generated by computer on a form approved by Medicare Australia. For patient safety reasons, both the original and the duplicate must be legible;
- they must record the dentist's name, address and prescriber number, the patient's name, address and entitlement status (i.e. whether they are a 'concessional' or 'general' patient), and whether the prescription is under the PBS or RPBS;
- they should completely identify the pharmaceutical benefit by detailing the item, dose, form, strength, quantity and instructions for use;
- they should indicate where brand substitution is not permitted. PBS prescriptions must not be prepared using a computer prescribing program that contains a default which would result in all prescriptions being indicated as Brand Substitution Not Permitted;
- where 'solvent required' is included after the form, the volume and number of ampoules must be specified; and
- they must be signed by the dentist and dated. Forward or back dating is not permitted.

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

Restrictions

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

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

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

Maximum quantities

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

PBS prescriptions can be for any quantity up to the maximum. It is not necessary to prescribe the maximum quantity if a lesser quantity is sufficient for the patient's needs. Please clearly indicate the number of tablets, capsules, etc. required, and **do not use** abbreviations such as 'Max. Qty', or 'M.Q.'

Urgent cases

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

3. Patient Charges

Type of patient

There are two types of PBS beneficiaries – general patients and concessional patients. General patients hold a Medicare card. Concessional patients hold a Medicare card and one of the following cards from Centrelink or the Department of Veterans' Affairs (DVA):

- Pensioner Concession Card
- Commonwealth Seniors Health Card
- Health Care Card
- Repatriation Health Card For All Conditions (gold) – concessional patients under RPBS
- Repatriation Health Card For Specific Conditions (white) – only regarded as concessional patients for RPBS prescriptions unless they hold a separate entitlement from Centrelink, otherwise they are general patients
- Repatriation Pharmaceutical Benefits Card (orange) – concessional patients under RPBS
- Safety Net Concession Card or Safety Net Entitlement Card are also issued by Medicare Australia.

Under the Reciprocal Health Care Agreements (RHCA), visitors from participating countries (see the introduction of this section for the list of countries) are treated as general patients – they do not have concessional entitlements. To receive pharmaceutical benefits, these visitors may need to present a temporary Medicare card or their passport.

What patients pay

Patient contribution

Under the PBS, the maximum cost for a pharmaceutical benefit item at a pharmacy is \$35.40 for general patients and \$5.80 for concessional patients (except where a brand premium applies).

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

The contribution rate for general patients as outpatients at public hospitals throughout Australia is \$28.30.

The exception is Queensland and hospitals participating in the pharmaceutical reforms where they pay the safety net value of an item when it is listed in the Schedule, or up to \$35.40 for items not listed in the Schedule. The public hospital pharmaceutical reforms enable participating public hospitals to prescribe and supply pharmaceutical medication from the PBS to outpatients and patients upon discharge.

The contribution rate for concessional patients in all public hospitals is \$5.80.

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

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

The patient contribution rates are usually adjusted on 1 January each year in line with inflation.

Patient contributions for early supply of some PBS medicines

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

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

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

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

Brand premiums

Under the brand premium arrangements, Commonwealth reimbursement to pharmacists is based on the lowest-priced brand. Patients pay the difference for higher-priced brands, on top of their usual patient contribution.

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

Solvents

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

4. RPBS Dental Prescribing

Under Department of Veterans' Affairs (DVA) arrangements, financial responsibility for pharmaceutical benefits prescribed by a Local Dental Officer (LDO) is limited to the treatment to which holders of the following cards are entitled:

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

Where possible the LDO shall prescribe in accordance with the provisions governing dental prescribing under the PBS.

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

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

Addresses — Medicare Australia

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

Procedures for ordering prescription forms are set out in Introduction of this Schedule .

New South Wales and Australian Capital Territory

Pharmaceutical Benefits Branch
130 George Street
Parramatta NSW 2150

General and IME enquiries — Tel: 132 290

Orange Service Centre
189 Anson Street
Orange NSW 2800

General and IME enquiries — Tel: 132 290

Victoria

Pharmaceutical Branch
Level 10
595 Collins Street
Melbourne Vic 3000

General and IME enquiries — Tel: 132 290

Queensland

Pharmaceutical Services Branch
143 Turbot Street
Brisbane Qld 4000

General and IME enquiries — Tel: 132 290

South Australia and Northern Territory

Pharmaceutical Services Branch
209 Greenhill Road
Eastwood SA 5063

General and IME enquiries — Tel: 132 290

Western Australia

Pharmaceutical Benefits Branch
Level 5, Work Distribution Centre,
(Reception on Level 4)
130 Stirling Street
Northbridge WA 6003

General and IME enquiries — Tel: 132 290

Tasmania

Pharmaceutical Branch
199 Collins Street
Hobart Tas 7000

General and IME enquiries — Tel: 132 290

National Program Management

Pharmaceutical Benefits Branch
Medicare Australia
134 Reed Street
Tuggeranong ACT 2900
Telephone — (02) 6124 6333
Website — www.medicareaustralia.gov.au Email — pbs@medicareaustralia.gov.au

Index of Manufacturers' Codes

<i>Code</i>	<i>Manufacturer</i>
AB	Abbott Australasia Pty Ltd Sir Joseph Banks Corporate Park 32-34 Lord Street Botany NSW 2019 Tel: (02) 9384 9700 Fax: (02) 9384 9800
AE	AFT Pharmaceuticals Pty Ltd Level 1, 296 Burns Bay Road Lane Cove NSW 2066 Tel: 1800 097 639 Fax: 1800 097 810
AF	Alphapharm Pty Limited Level 1, 30 The Bond 30-34 Hickson Road Millers Point NSW 2000 Tel: (02) 9298 3999 Fax: (02) 9566 4686
AL	Alphapharm Medical A Division of Alphapharm Pty Limited Level 1, 30 The Bond 30-34 Hickson Road Millers Point NSW 2000 Tel: (02) 9298 3999 Fax: (02) 9566 4686
AS	Aspen Pharmacare Australia Pty Ltd First Floor, 34-36 Chandos Street St Leonards NSW 2065 Tel: (02) 8436 8300 Fax: (02) 9901 3540
AV	Aventis Pharma Division of Sanofi-Aventis Australia Pty Limited Building D, Talavera Corporate Centre 12-24 Talavera Road Macquarie Park NSW 2113 Tel: (02) 8666 2000 Fax: (02) 8666 3000
BQ	Bristol-Myers Squibb Pharmaceuticals A Division of Bristol-Myers Squibb Australia Pty Ltd 556 Princes Highway Noble Park Vic 3174 Tel: (03) 9213 4000 Fax: (03) 9701 1518
BR	B. Braun Australia Pty Ltd Norwest Business Park 17 Lexington Drive Bella Vista NSW 2153 Tel: (02) 9629 0200 Fax: (02) 9629 0299
BX	Baxter Healthcare Pty Limited 1 Baxter Drive Old Toongabbie NSW 2146 Tel: (02) 9848 1111 Fax: (02) 9848 1123

<i>Code</i>	<i>Manufacturer</i>
CH	Symbion Pty Ltd, trading as Chemmart Level 3, 484 St Kilda Road Melbourne Vic 3004 Tel: (03) 9918 5555 Fax:
CR	Pharmacor Limited 5/36 Campbell Avenue Cromer NSW 2099 Tel: (02) 9981 4470 Fax: (02) 9981 4475
CS	CSL Limited 45 Poplar Road Parkville Vic 3052 Tel: (03) 9389 1911 Fax: (03) 9388 2351
FK	Invida Australia Pty Ltd Level 8, 67 Albert Avenue Chatswood NSW 2067 Tel: (02) 9080 7200 Fax: (02) 9080 7201
FM	Fawns and McAllan Pty Ltd A member of Aspen Group of Companies First Floor, 34-36 Chandos Street St Leonards NSW 2065 Tel: (02) 8436 8300 Fax: (02) 9901 3540
FZ	Pfizer Established Products Division of Pfizer Australia Pty Ltd 38-42 Wharf Road West Ryde NSW 2114 Tel: (02) 9850 3333 Fax: (02) 9850 3111
GK	GlaxoSmithKline Australia Pty Ltd Level 4, 436-438 Johnston Street Abbotsford Vic 3067 Tel: (03) 9413 7300 Fax: (03) 8761 2410
GM	Ascent Pharma Pty Ltd 151-153 Clarendon Street South Melbourne Vic 3205 Tel: 1800 678 302 Fax: (03) 8677 6666
GN	Ascent Pharmaceuticals Limited 151-153 Clarendon Street South Melbourne Vic 3205 Tel: 1800 678 302 Fax: (03) 8677 6666
GQ	Generic Health Pty Ltd Suite 1, Level 1 1175 Toorak Road Camberwell Vic 3124 Tel: (03) 9809 7900 Fax: (03) 9809 7999

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GX	GenRx A Division of Apotex Pty Ltd 16 Giffnock Avenue Macquarie Park NSW 2113 Tel: (02) 8877 8333 Fax: (02) 8877 8377
HH	Hospira Pty Ltd (David Bull Laboratories, Faulding Pharmaceuticals) Level 3, 500 Collins Street Melbourne Vic 3000 Tel: (03) 8744 5200 Fax: (03) 9866 3504
IA	iNova Pharmaceuticals (Australia) Pty Limited 9-15 Chilvers Road Thornleigh NSW 2120 Tel: (02) 9875 6333 Fax: (02) 9875 6416
LM	Link Medical Products Pty Ltd Unit 1, 5 Apollo Street Warriewood NSW 2102 Tel: (02) 8401 9777 Fax: (02) 8401 9786
LN	Lennon Healthcare A Division of Aspen Pharmacare Australia Pty Ltd First Floor 34-36 Chandos Street St Leonards NSW 2065 Tel: (02) 8436 8300 Fax: (02) 9901 3540
MD	Macarthur Research Division of Roche Products Pty Ltd 4-10 Inman Road Dee Why NSW 2099 Tel: (02) 9454 9000 Fax: (02) 9981 3229
MF	Mundipharma Pty Ltd Level 33, 50 Bridge Street Sydney NSW 2000 Tel: (02) 9231 7200 Fax: (02) 9223 0011
MI	Meditech Int. Pty Ltd Unit 5, 36 Campbell Avenue Cromer NSW 2099 Tel: (02) 9981 4470 Fax: (02) 9981 4475
MK	Merck Sharp & Dohme (Australia) Pty Ltd 54-68 Ferndell Street South Granville NSW 2142 Tel: (02) 9795 9500 Fax: (02) 9795 9595
NO	Novo Nordisk Pharmaceuticals Pty Ltd Level 3, 21 Solent Circuit Baulkham Hills NSW 2153 Tel: (02) 8858 3600 Fax: (02) 8858 3799

<i>Code</i>	<i>Manufacturer</i>
NV	Novartis Pharmaceuticals Australia Pty Ltd 54 Waterloo Road North Ryde NSW 2113 Tel: (02) 9805 3555 Fax: (02) 9887 4551
PF	Pfizer Pty Limited 38-42 Wharf Road West Ryde NSW 2114 Tel: (02) 9850 3333 Fax: (02) 9858 1347
PK	Fresenius Kabi Australia Pty Limited 964 Pacific Highway Pymble NSW 2073 Tel: 1300 732 001 Fax: 1300 304 384
PL	Phebra 332 Burns Bay Road Lane Cove NSW 2066 Tel: (02) 9420 9199 Fax: (02) 9420 9177
QA	Aspen Pharma Pty Ltd First Floor, 34-36 Chandos Street St Leonards NSW 2065 Tel: (02) 8436 8300 Fax: (02) 9901 3540
RA	Ranbaxy Australia Pty Limited Suite 4.02, Level 4 Building D 12-24 Talavera Road North Ryde NSW 2113 Tel: (02) 9647 1172 Fax: (02) 9647 1172
RC	Reckitt Benckiser (Australia) Pty Limited 44 Wharf Road West Ryde NSW 2114 Tel: (02) 9857 2000 Fax: (02) 9857 2004
RO	Roche Products Pty Ltd 4-10 Inman Road Dee Why NSW 2099 Tel: (02) 9454 9000 Fax: (02) 9971 7401
SW	Sanofi-Aventis Australia Pty Ltd Building D, Talavera Corporate Centre 12-24 Talavera Road Macquarie Park NSW 2113 Tel: (02) 8666 2000 Fax: (02) 8666 3000
SZ	Sandoz Pty Ltd Level 2, 19 Harris Street Pyrmont NSW 2009 Tel: (02) 9566 1500 Fax: (02) 9566 1458
TS	Specialised Therapeutics Australia Pty Ltd Level 1, 711 High Street Kew East Vic 3102 Tel: 1300 798 820 Fax: 1800 798 829

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<i>Code</i>	<i>Manufacturer</i>
TW	Symbion Pty Ltd, trading as Terry White Chemists Level 3, 484 St Kilda Road Melbourne Vic 3004 Tel: (03) 9918 5555 Fax:
TX	Apotex Pty Ltd 16 Giffnock Avenue Macquarie Park NSW 2113 Tel: (02) 8877 8333 Fax: (02) 8877 8377
VT	Valeant Pharmaceuticals Australasia Pty Ltd Level 7, Suite 7.02 3 Rider Boulevard Rhodes NSW 2138 Tel: 1800 630 056 Fax: (02) 9743 4053
WQ	Willow Pharmaceuticals Pty Limited Level 4, 5 Essex Street The Rocks NSW 2000 Tel: (02) 9241 2235 Fax: (02) 9241 2217
XS	Symbion Pty Ltd Level 3, 484 St Kilda Road Melbourne Vic 3004 Tel: (03) 9918 5555 Fax:
YM	Symbion Pty Ltd Level 3, 484 St Kilda Road Melbourne Vic 3004 Tel: (03) 9918 5555 Fax:
YN	Mayne Pharma International Pty Ltd 1538 Main North Road Salisbury SA 5106 Tel: (08) 8209 2666 Fax: (08) 8281 6998
YS	Symbion Pty Ltd Level 3, 484 St Kilda Road Melbourne Vic 3004 Tel: (03) 9918 5555 Fax:
YT	Mayne Products Pty Ltd 1538 Main North Road Salisbury SA 5106 Tel: (08) 8209 2666 Fax: (08) 8281 6998
ZP	Spirit Pharmaceuticals Pty Ltd 117 Harrington Street The Rocks Sydney NSW 2000 Tel: (02) 9251 1088 Fax: (02) 9251 1099

<i>Code</i>	<i>Manufacturer</i>
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Section 2

Schedule of Benefits

SYMBOLS USED IN THE SCHEDULE

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

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

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

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

RESTRICTED BENEFITS

All restricted items 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 indication will also include a four digit streamlined authority code. The drug may be prescribed as a pharmaceutical benefit for a patient who qualifies under any of the specified indications.

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

The maximum quantity and/or number of repeats in respect of an item shown in the Schedule may be varied by the Chief Executive Officer of Medicare Australia when approving an Authority Prescription or an Authority to Prescribe. The quantity and number of repeats shown on the authority shall be supplied. (See Explanatory Notes). Payment will be made on the basis of the price shown for that item in the Schedule.

CODES FOR INJECTABLE ITEMS WITH ALLOWABLE SOLVENTS

The entry in this schedule of those pharmaceutical benefit injectable items which require a solvent includes the codes of the items with the relevant solvents. For each such item the code is for the injectable with 10mL sodium chloride injection 9 mg per mL (0.9%).

BRAND EQUIVALENCE

'a' located immediately before brand names of a particular strength of an item indicates that the sponsors of these brands have submitted evidence that they have been demonstrated to be bioequivalent or therapeutically equivalent, or that justification for not needing bioequivalence or therapeutic equivalence data has been provided to and accepted by the Therapeutic Goods Administration. It would thus be expected that these brands may be interchanged without differences in clinical effect.

For other brands of an item, i.e., those not indicated as above, it is unknown whether or not they are equivalent. There may be several reasons for this, such as bioequivalence data not being considered necessary when the products were approved for marketing, or that advice or data have not been forthcoming from sponsors. This does not necessarily suggest a lack of safety or efficacy, but in these circumstances caution should be taken if brands are interchanged.

'b' attached to brand names indicates that these brands are also equivalent, but that it is not known if there is equivalence between brands marked 'a' and brands marked 'b'.

BRAND PREMIUM POLICY

The Brand Premium Policy was introduced on 1 December 1990 to increase price competition by allowing pharmaceutical manufacturers to set their own price on multi-branded items listed on the Pharmaceutical Benefits Scheme and to encourage the development of the generic pharmaceutical industry in Australia. The policy does this by increasing prescribers' and patients' consciousness about the price of drugs. In effect, it makes both groups question whether it is

necessary for the patient to pay more for the drugs when a cheaper brand is available. The policy also allows companies to establish prices taking into account competition and consumer acceptance.

The policy operates where there is more than one brand of a particular drug available through the Pharmaceutical Benefits Scheme and where the brands are therapeutically interchangeable. Due to this, the policy mainly applies to out of patent drugs.

Basically the policy operates by:

- the Australian Government subsidising a drug to the level of the lowest priced brand (except in those instances where the lowest priced brand has, as part of its price, a therapeutic group premium);
- suppliers of other brands of that drug being able to set a price above the price charged by the supplier(s) of the lowest priced brand(s); and
- the patient paying the brand premium which is the price difference between the lowest price brand and the brand prescribed.

If a prescription is written generically or for the lowest priced brand, and the lowest priced brand is supplied, there is no brand premium payable.

'B' located immediately before an amount in the premium column indicates a brand premium which applies to that particular brand of the item.

If a brand of a drug which is subject to a therapeutic group premium also has a brand premium, there will be two amounts shown on separate lines in the premium column, prefixed by 'T' and 'B' respectively.

If a brand of a drug which is subject to a special patient contribution also has a brand premium, there will be two amounts shown on separate lines in the premium column, prefixed by 'S' and 'B' respectively.

THERAPEUTIC GROUP PREMIUM POLICY

The Therapeutic Group Premium Policy was introduced on 1 February 1998 as an extension of the Brand Premium Policy to encourage greater competition between manufacturers of drugs and to make doctors and patients more aware of the costs of medicines.

The Therapeutic Group Premium policy applies within narrowly defined therapeutic sub-groups where the drugs concerned are of similar safety, efficacy and health outcomes.

Basically the policy operates by:

- the Australian Government subsidising drugs within a defined therapeutic sub-group to the level of the lowest priced drug in the sub-group;
- suppliers of other drugs within that sub-group being able to set prices above the price charged by the supplier(s) of the lowest priced drug; and
- the patient paying the therapeutic group premium which is the price difference between the lowest price drug and the drug prescribed.

'T' located immediately before an amount in the premium column indicates a therapeutic group premium which applies to that particular item.

If a brand of a drug which is subject to a therapeutic group premium also has a brand premium, there will be two amounts shown on separate lines in the premium column, prefixed by 'T' and 'B' respectively.

The success of the Government in controlling prices of products supplied through the Pharmaceutical Benefits Scheme has often been criticised by the pharmaceutical industry. Under both the Brand Premium Policy and the Therapeutic Group Premium Policy, suppliers of multi-branded items and therapeutically similar drugs are able to set their own prices at a level that they think the market will bear. At the same time, the prescriber and the patient can decide whether it is necessary to pay more for a particular brand or drug when a cheaper one is available and is therapeutically interchangeable.

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

It should be noted that the brand premium or therapeutic group premium is not a Government charge or revenue. The premium arises from the manufacturer's price and the majority goes to the manufacturer with wholesalers and pharmacists receiving a small percentage.

SPECIAL PHARMACEUTICAL BENEFITS

The special patient contribution is payable by all patients in addition to the relevant patient contribution for concessional and general patients. Other than for bleomycin sulfate, exemptions on medical grounds are available. For eligible veterans under RPBS provisions, see RPBS EXPLANATORY NOTES, paragraph 32.

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

Antibacterials for systemic use

Beta-lactam antibacterials, penicillins
Penicillins with extended spectrum

AMOXYCILLIN								
3310F	Powder for paediatric oral drops 100 mg per mL, 20 mL	#1	..	\$0.61	#13.36	#13.97	14.81	Amoxil GK

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

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

Alimentary tract and metabolism

Stomatological preparations

Stomatological preparations

Antiinfectives and antiseptics for local oral treatment

AMPHOTERICIN								
3306B	Lozenge 10 mg	20	..	..	12.13	13.24	Fungilin	QA
NYSTATIN								
3343Y	Oral suspension 100,000 units per mL, 24 mL	¥1	..	..	11.24	12.35	Mycostatin	FM
							Nilstat	QA

Other agents for local oral treatment

BENZYDAMINE HYDROCHLORIDE								
<u>Restricted benefit</u>								
Radiation induced mucositis.								
5032W	Mouth and throat rinse 22.5 mg per 15 mL, 500 mL	¥1	..	..	22.36	23.47	Difflam	IA

Drugs for functional gastrointestinal disorders

Belladonna and derivatives, plain

Belladonna alkaloids, tertiary amines

ATROPINE								
5022H	Injection containing atropine sulfate 600 micrograms in 1 mL	10	..	..	20.64	21.75	Pfizer Australia Pty Ltd	PF

Propulsives

Propulsives

METOCLOPRAMIDE HYDROCHLORIDE								
5151D	Tablet 10 mg	25	..	..	8.30	9.41	Pramin	AF
				^B 3.02	11.32	9.41	Maxolon	VT
5153F	Injection 10 mg in 2 mL	10	..	..	13.09	14.20	Maxolon	VT

Antiemetics and antinauseants

Antiemetics and antinauseants

Other antiemetics

PROCHLORPERAZINE								
<u>Caution</u>								
Prochlorperazine may be associated with parkinsonism and tardive dyskinesia and should be used for short-term treatment only.								
5205Y	Tablet containing prochlorperazine maleate 5 mg	25	..	..	8.79	9.90	^a APO-Prochlorperazine	TX
							^a Pharmacor Prozine 5	CR
							^a ProCalm	QA
							^a Prochlorperazine-GA	GM
							^a Prochlorperazine GH	GQ
							^a Prochlorperazine-PS	FZ

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

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Brand Name and Manufacturer	
							^a Stemzine	AV
				^B 2.57	11.36	9.90	^a Stemetil	SW
5206B	Injection containing prochlorperazine mesylate 12.5 mg in 1 mL	10	..	..	16.92	18.03	Stemetil	SW
5208D	Suppositories containing prochlorperazine equivalent to 25 mg prochlorperazine maleate, 5	1	..	..	20.03	21.14	Stemetil	SW
PROMETHAZINE HYDROCHLORIDE								
3374N	Injection 50 mg in 2 mL	10	..	..	*22.42	23.53	Hospira Pty Limited	HH

Antidiarrheals, intestinal antiinflammatory/ antiinfective agents

Intestinal antiinfectives

Antibiotics

NYSTATIN

3342X	Tablet 500,000 units	50	..	..	18.08	19.19	Nilstat	QA
3345C	Capsule 500,000 units	50	..	..	18.08	19.19	Nilstat	QA

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

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

Blood and blood forming organs

Blood substitutes and perfusion solutions

I.V. solutions

Solutions for parenteral nutrition

GLUCOSE

5005K	I.V. infusion 139 mmol (anhydrous) per 500 mL (5%), 500 mL	5	..	..	*17.97	19.08	^a B. Braun Australia Pty Ltd	BR
							^a Fresenius Kabi Australia Pty Limited	PK
5106R	I.V. infusion 278 mmol (anhydrous) per L (5%), 1 L	5	..	..	*22.92	24.03	^a B. Braun Australia Pty Ltd	BR
							^a Baxter Healthcare Pty Ltd	BX
							^a Fresenius Kabi Australia Pty Limited	PK

Solutions affecting the electrolyte balance

SODIUM CHLORIDE

5021G	I.V. infusion 77 mmol per 500 mL (0.9%), 500 mL	5	..	..	*13.12	14.23	^a B. Braun Australia Pty Ltd	BR
							^a Fresenius Kabi Australia Pty Limited	PK
5212H	I.V. infusion 154 mmol per L (0.9%), 1 L	5	..	..	*16.02	17.13	^a B. Braun Australia Pty Ltd	BR
							^a Baxter Healthcare Pty Ltd	BX
							^a Fresenius Kabi Australia Pty Limited	PK
5213J	I.V. infusion 513 mmol per L (3%), 1 L	2	..	..	*12.22	13.33	Baxter Healthcare Pty Ltd	BX

SODIUM CHLORIDE with GLUCOSE

5214K	I.V. infusion 31 mmol-222 mmol (anhydrous) per L (0.18%-4%), 1 L	5	..	..	*23.62	24.73	Baxter Healthcare Pty Ltd	BX
5215L	I.V. infusion 19 mmol-104 mmol (anhydrous) per 500 mL (0.225%-3.75%), 500 mL	5	..	..	*28.87	29.98	Baxter Healthcare Pty Ltd	BX
5216M	I.V. infusion 39 mmol-69 mmol (anhydrous) per 500 mL (0.45%-2.5%), 500 mL	5	..	..	*28.87	29.98	Baxter Healthcare Pty Ltd	BX

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

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

Cardiac therapy

Antiarrhythmics, class I and III

Antiarrhythmics, class IB

LIGNOCAINE HYDROCHLORIDE

5142P	Injection 100 mg in 5 mL	5	37.43	35.40	Pfizer Australia Pty Ltd	PF
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Cardiac stimulants excl. cardiac glycosides

Adrenergic and dopaminergic agents

ADRENALINE

5004J	Injection 1 mg in 1 mL (1 in 1,000)	5	20.44	21.55	Link Medical Products Pty Ltd	LM
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Vasodilators used in cardiac diseases

Organic nitrates

GLYCERYL TRINITRATE

5108W	Tablets 600 micrograms, 100	±1	..	..	14.93	16.04 ^a	Lycinate	FM
				^B 2.94	17.87	16.04 ^a	Anginine Stabilised	QA

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

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

Dermatologicals

Corticosteroids, dermatological preparations

Corticosteroids, plain

Corticosteroids, weak (group I)

HYDROCORTISONE ACETATE

Restricted benefit

Treatment of corticosteroid-responsive dermatoses.

5111B	Cream 10 mg per g (1%), 30 g	‡1	..	..	8.99	10.10	^a	Cortic-DS 1%	FM
				^B 2.69	11.68	10.10	^a	Sigmacort	QA
5112C	Topical ointment 10 mg per g (1%), 30 g	‡1	..	..	8.99	10.10	^a	Cortic-DS 1%	FM
				^B 2.69	11.68	10.10	^a	Sigmacort	QA
5113D	Cream 10 mg per g (1%), 50 g	‡1	..	..	8.66	9.77	^a	Cortic-DS 1%	FM
				^B 2.70	11.36	9.77	^a	Sigmacort	QA
5114E	Topical ointment 10 mg per g (1%), 50 g	‡1	..	..	8.66	9.77	^a	Cortic-DS 1%	FM
				^B 2.70	11.36	9.77	^a	Sigmacort	QA

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

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

Systemic hormonal preparations, excl. sex hormones and insulins

Corticosteroids for systemic use

Corticosteroids for systemic use, plain *Glucocorticoids*

BETAMETHASONE ACETATE with BETAMETHASONE SODIUM PHOSPHATE

Restricted benefit

For local intra-articular or peri-articular infiltration;

Keloid;

Lichen planus hypertrophic.

5034Y	Injection 3 mg-3.9 mg (equivalent to 5.7 mg betamethasone) in 1 mL	5	25.10	26.21	Celestone Chronodose	MK
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HYDROCORTISONE SODIUM SUCCINATE

Restricted benefit

For use in a hospital.

5118J	Injection equivalent to 100 mg hydrocortisone with 2 mL solvent	6	..	..	*36.82	35.40	Solu-Cortef	PF
5119K	Injection equivalent to 250 mg hydrocortisone with 2 mL solvent	6	..	..	*58.84	35.40	Solu-Cortef	PF

METHYLPREDNISOLONE ACETATE

Restricted benefit

For local intra-articular or peri-articular infiltration.

5148Y	Injection 40 mg in 1 mL	5	..	..	21.48	22.59	^a Depo-Nisolone	FZ
				^B 0.96	22.44	22.59	^a Depo-Medrol	PF

TRIAMCINOLONE ACETONIDE

Restricted benefit

For local intra-articular or peri-articular infiltration;

Keloid;

Lichen planus hypertrophic.

5233K	Injection 10 mg in 1 mL	5	25.10	26.21	Kenacort-A10	QA
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Pancreatic hormones

Glycogenolytic hormones *Glycogenolytic hormones*

GLUCAGON HYDROCHLORIDE

5105Q	Injection set containing 1 mg (1 i.u.) and 1 mL solvent in disposable syringe	1	45.73	35.40	GlucaGen Hypokit	NO
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PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY

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

Antibacterials for systemic use

Tetracyclines

Tetracyclines

DOXYCYCLINE

Note

Pharmaceutical benefits that have the form doxycycline tablet 100 mg (as hydrochloride) and pharmaceutical benefits that have the form doxycycline tablet 100 mg (as monohydrate) are equivalent for the purposes of substitution.

3321T	Tablet 100 mg (as hydrochloride)	7	..	..	8.46	9.57	^a	Doxsig	QA
							^a	Doxy-100	GM
							^a	Doxylin 100	AF
5082L	Tablet 100 mg (as monohydrate)	7	..	..	8.46	9.57	^a	Chem mart	CH
							^a	Doxycycline	
							^a	Doxyhexal	SZ
							^a	GenRx Doxycycline	GX
							^a	Terry White Chemists Doxycycline	TW

DOXYCYCLINE

3322W	Capsule 100 mg (as hydrochloride)	7	..	..	8.46	9.57	^a	Mayne Pharma Doxycycline	YT
				^B 2.86	11.32	9.57	^a	Doryx	YN

Beta-lactam antibacterials, penicillins

Penicillins with extended spectrum

AMOXYCILLIN

[illegible]

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

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Brand Name and Manufacturer				
3302T	Powder for syrup 125 mg per 5 mL, 100 mL	#1	..	..	#10.30	11.75	^a GenRx Amoxycillin	GX	
							^a Terry White Chemists Amoxycillin	TW			
							^B 0.88	8.71	8.94	^a Amoxil	GK
							^a Alphamox 125	AF			
							^a Amoxycillin Sandoz	SZ			
							^a Bgramin	GM			
							^a Chem mart Amoxycillin	CH			
							^a GenRx Amoxycillin	GX			
							^a Ranmoxy	RA			
							^a Terry White Chemists Amoxycillin	TW			
3393N	Powder for syrup 250 mg per 5 mL, 100 mL	#1	#10.81	12.26	^B 0.89	#11.19	11.75	^a Amoxil	GK
							^a Alphamox 250	AF			
							^a Amoxycillin Sandoz	SZ			
							^a Bgramin	GM			
							^a Chem mart Amoxycillin	CH			
							^a Cilamox	QA			
							^a GenRx Amoxycillin	GX			
							^a Ranmoxy	RA			
							^a Terry White Chemists Amoxycillin	TW			
							^B 0.87	#11.68	12.26	^a Amoxil Forte	GK
5225B	Powder for oral suspension 500 mg per 5 mL, 100 mL	#1	..	..	#12.67	14.12	Maxamox	SZ	
AMPICILLIN											
3313J	Powder for injection 500 mg	5	..	..	10.95	12.06	^a Austrapen	LN	
							^a Ibimicyn	TS			
3314K	Powder for injection 1 g	5	..	..	13.79	14.90	^a Aspen Ampicyn	AS	
							^a Austrapen	LN			
							^a Ibimicyn	TS			
Beta-lactamase sensitive penicillins											
BENZATHINE BENZYLPENICILLIN											
5027N	Injection 900 mg in 2.3 mL single use pre-filled syringe	10	..	..	293.21	35.40	Bicillin L-A	PF	
BENZYLPENICILLIN											
3398W	Powder for injection 600 mg	10	..	..	*43.02	35.40	BenPen	CS	
3399X	Powder for injection 3 g	10	..	..	*67.02	35.40	BenPen	CS	
PHENOXYMETHYLPENICILLIN											
3360W	Tablet 250 mg	50	..	..	*11.42	12.53	Abbocillin-VK Filmtab	QA	
3361X	Tablet 500 mg	50	..	..	*13.76	14.87	Abbocillin-VK Filmtab	QA	
3363B	Capsule 250 mg	50	..	..	11.26	12.37	^a Cilicaine VK	FM	
							^a Cilopen VK	GM			
							LPV	VT			
3364C	Capsule 500 mg	50	..	..	13.57	14.68	^a Cilicaine VK	FM	

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

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Brand Name and Manufacturer	
							^a Cilopen VK	GM
							LPV	VT
5012T	Oral suspension 150 mg (as benzathine) per 5 mL, 100 mL	2	..	..	*21.70	22.81	^a Cilicaine V	FM
				^B 1.90	*23.60	22.81	^a Abbocillin-V	QA
5024K	Powder for oral liquid 125 mg (as potassium) per 5 mL, 100 mL	2	..	..	*#16.89	18.34	Phenoxymethyl- penicillin-AFT	AE
5029Q	Powder for oral liquid 250 mg (as potassium) per 5 mL, 100 mL	2	..	..	*#19.45	20.90	Phenoxymethyl- penicillin-AFT	AE
PROCAINE PENICILLIN								
3371K	Injection 1.5 g	5	..	..	92.32	35.40	Cilicaine	QA

Beta-lactamase resistant penicillins

DICLOXACILLIN

Restricted benefit

Serious staphylococcal infections.

5096F	Capsule 250 mg	24	..	..	11.29	12.40	^a Dicloxsig	QA
							^a Distaph 250	AF
5097G	Capsule 500 mg	24	..	..	16.51	17.62	^a Diclocil	BQ
							^a Dicloxsig	QA
							^a Distaph 500	AF

FLUCLOXACILLIN

Caution

Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.

5094D	Powder for injection 500 mg	5	..	..	12.86	13.97	^a Flubiclox	TS
							^a Flucil	AS
5095E	Powder for injection 1 g	5	..	..	16.43	17.54	^a Flubiclox	TS
							^a Flucil	AS
							^a Hospira Pty Limited	HH

FLUCLOXACILLIN

Caution

Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.

Restricted benefit

Serious staphylococcal infections.

5090X	Capsule 250 mg (as sodium)	24	..	..	11.29	12.40	^a Flopen	AS
							^a Staphylex 250	AF
5091Y	Capsule 500 mg (as sodium)	24	..	..	16.51	17.62	^a Flopen	AS
							^a Staphylex 500	AF
5257Q	Powder for oral liquid 125 mg (as sodium) per 5 mL, 100 mL	#1	..	..	#16.18	17.63	Flucil	LN
5258R	Powder for oral liquid 250 mg (as sodium) per 5 mL, 100 mL	#1	..	..	#19.71	21.16	Flucil	LN

Combinations of penicillins, incl. beta-lactamase inhibitors

AMOXYCILLIN with CLAVULANIC ACID

Caution

Hepatotoxicity has been reported with this drug.

Restricted benefit

Infections where resistance to amoxycillin is suspected;

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

					Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$			
Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium				Brand Name and Manufacturer	
	Infections where resistance to amoxycillin is proven.								
5006L	Tablet 875 mg-125 mg	10	..	..	11.73	12.84	^a	Amoxycillin/ Clavulanic Acid 875/125 generichealth	GQ
							^a	Chem mart	CH
							^a	Amoxycillin and Clavulanic Acid	
							^a	Clamoxyl Duo forte	AL
							^a	Clavycillin 875/125	CR
							^a	Curam Duo Forte 875/125	SZ
							^a	GA-Amclav Forte 875/125	GM
							^a	GenRx Amoxycillin and Clavulanic Acid	GX
							^a	Moxiclav Duo Forte 875/125	QA
							^a	Terry White Chemists	TW
				^B 1.56	13.29	12.84	^a	Amoxycillin and Clavulanic Acid	
							^a	Augmentin Duo forte	GK
5008N	Tablet 500 mg-125 mg	10	..	..	10.18	11.29	^a	Amoxycillin/ Clavulanic Acid 500/125 generichealth	GQ
							^a	APO-Amoxycillin/ Clavulanic Acid 500/125	TX
							^a	Clamoxyl Duo	AL
							^a	Curam Duo 500/125	SZ
							^a	GA-Amclav 500/125	GM
							^a	Moxiclav Duo 500/125	QA
				^B 1.57	11.75	11.29	^a	Augmentin Duo	GK
5009P	Powder for syrup 125 mg-31.25 mg per 5 mL, 75 mL	‡1	..	..	#11.38	12.83	^a	Clamoxyl	AL
							^a	Curam	SZ
				^B 1.58	#12.96	12.83	^a	Augmentin	GK
5011R	Powder for syrup 400 mg-57 mg per 5 mL, 60 mL	‡1	..	..	#12.35	13.80	^a	Clamoxyl Duo 400	AL
							^a	Curam Duo	SZ
				^B 1.58	#13.93	13.80	^a	Augmentin Duo 400	GK

TICARCILLIN with CLAVULANIC ACID

Restricted benefit

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

5230G	Powder for injection 3 g-100 mg (solvent required) (code 7043Q applies to above item with approved solvent)	10	163.42	35.40		Timentin	GK
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Other beta-lactam antibacterials
First-generation cephalosporins

CEFALOTIN

3376Q	Powder for injection 1 g	10	22.98	24.09	^a	Cefalotin Sandoz	SZ
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**PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING
DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY**

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Brand Name and Manufacturer
							^a Hospira Pty Limited HH
							^a Keflin Neutral AS
3317N	CEPHALEXIN Capsule 250 mg	20	..	..	8.02	9.13	^a Cefalexin Sandoz SZ ^a Cephalixin GQ generichealth ^a Cephalixin-PS FZ ^a Cephatrust 250 MI ^a Chem mart CH Cephalixin ^a Cilex GM ^a GenRx Cephalixin GX ^a Ialex LN ^a Ibilex 250 AF ^a Pharmacor CR Cephalixin 250 ^a Rancef RA ^a Terry White TW Chemists Cephalixin
3318P	Capsule 500 mg	20	..	^B 3.94 ..	11.96 9.20	9.13 10.31	^a Keflex AS ^a Cefalexin Sandoz SZ ^a Cephalixin GQ generichealth ^a Cephalixin-PS FZ ^a Cephatrust 500 MI ^a Chem mart CH Cephalixin ^a Cilex GM ^a GenRx Cephalixin GX ^a Ialex LN ^a Ibilex 500 AF ^a Pharmacor CR Cephalixin 500 ^a Rancef RA ^a Terry White TW Chemists Cephalixin
3319Q	Granules for syrup 125 mg per 5 mL, 100 mL	‡1	..	^B 5.65 ..	14.85 #10.91	10.31 12.36	^a Keflex AS ^a APO-Cephalixin TX ^a Cefalexin Sandoz SZ ^a Chem mart CH Cephalixin ^a Cilex GM ^a GenRx Cephalixin GX ^a Ialex LN ^a Ibilex 125 AF ^a Terry White TW Chemists Cephalixin
3320R	Granules for syrup 250 mg per 5 mL, 100 mL	‡1	..	^B 4.34 ..	#15.25 #11.78	12.36 13.23	^a Keflex AS ^a APO-Cephalixin TX ^a Cefalexin Sandoz SZ ^a Chem mart CH Cephalixin ^a Cilex GM

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

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Brand Name and Manufacturer
							^a GenRx Cephalixin GX
							^a Ialex LN
							^a Ibilex 250 AF
							^a Terry White Chemists Cephalixin TW
				^B 5.58	#17.36	13.23	^a Keflex AS
<i>Second-generation cephalosporins</i>							
CEFACTOR							
<u>Caution</u>							
Serum sickness-like reactions have been reported with this drug, especially in children.							
5045M	Tablet 375 mg (sustained release)	10	..	..	11.43	12.54	^a Cefaclor-GA GN
							^a Cefaclor GH GQ
							^a Chem mart CH
							^a Cefaclor CD
							^a GenRx Cefaclor CD GX
							^a Karlor CD LN
							^a Keflor CD AF
							^a Ozcef RA
							^a Terry White Chemists Cefaclor CD TW
				^B 6.16	17.59	12.54	^a Ceclor CD AS
5046N	Powder for oral suspension 125 mg per 5 mL, 100 mL	‡1	..	..	#12.58	14.03	^a Aclor 125 QA
							^a Cefaclor Sandoz SZ
							^a Chem mart CH
							^a Cefaclor
							^a GenRx Cefaclor GX
							^a Keflor AF
							^a Ozcef RA
							^a Terry White Chemists Cefaclor TW
				^B 4.83	#17.41	14.03	^a Ceclor AS
5047P	Powder for oral suspension 250 mg per 5 mL, 75 mL	‡1	..	..	#12.82	14.27	^a Aclor 250 QA
							^a Cefaclor Sandoz SZ
							^a Chem mart CH
							^a Cefaclor
							^a GenRx Cefaclor GX
							^a Keflor AF
							^a Ozcef RA
							^a Terry White Chemists Cefaclor TW
				^B 5.08	#17.90	14.27	^a Ceclor AS
CEFUROXIME AXETIL							
2002J	Powder for oral suspension 125 mg (base) per 5 mL, 70 mL	‡1	#19.54	20.99	Zinnat GK
5052X	Tablet 250 mg (base)	14	18.72	19.83	Zinnat GK

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

Third-generation cephalosporins

CEFOTAXIME

Restricted benefit

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

Note

For item codes 5048Q and 1768C, pharmaceutical benefits that have the form powder for injection 1 g are equivalent for the purposes of substitution.

1768C	Powder for injection 1 g	10	..	..	26.54	27.65	^a	Hospira Pty Limited	HH
5048Q	Powder for injection 1 g	10	..	..	*26.42	27.53	^a	Cefotaxime Sandoz	SZ

CEFOTAXIME

Restricted benefit

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

Note

For item codes 5049R and 1769D, pharmaceutical benefits that have the form powder for injection 2 g are equivalent for the purposes of substitution.

1769D	Powder for injection 2 g	10	..	..	43.12	35.40	^a	Hospira Pty Limited	HH
5049R	Powder for injection 2 g	10	..	..	*43.02	35.40	^a	Cefotaxime Sandoz	SZ

Sulfonamides and trimethoprim

Combinations of sulfonamides and trimethoprim, incl. derivatives

TRIMETHOPRIM with SULFAMETHOXAZOLE

Caution

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

3390K	Tablet 160 mg-800 mg	10	..	..	9.34	10.45	^a	Bactrim DS	RO
							^a	Resprim Forte	AF
				^B 1.46	10.80	10.45	^a	Septin Forte	QA
3391L	Oral suspension 40 mg-200 mg per 5 mL, 100 mL	‡1	..	..	9.03	10.14		Bactrim	RO
				^B 1.79	10.82	10.14		Septin	QA

Macrolides, lincosamides and streptogramins

Macrolides

ERYTHROMYCIN

3325B	Capsule 250 mg	25	..	..	10.79	11.90	^a	Mayne Pharma	YT
				^B 2.91	13.70	11.90	^a	Erythromycin	YN
								Eryc	YN

ERYTHROMYCIN ETHYL SUCCINATE

3334L	Powder for oral liquid 200 mg (base) per 5 mL, 100 mL	‡1	..	..	#14.65	16.10	^a	E-Mycin 200	AF
				^B 2.71	#17.36	16.10	^a	E.E.S. 200	LM
3336N	Tablet 400 mg (base)	25	..	..	10.79	11.90	^a	E-Mycin	AF
				^B 2.66	13.45	11.90	^a	E.E.S. 400 Filmtab	LM
3337P	Powder for oral liquid 400 mg (base) per 5 mL, 100 mL	‡1	..	..	#16.16	17.61	^a	E-Mycin 400	AF
				^B 2.73	#18.89	17.61	^a	E.E.S. Granules	LM

ERYTHROMYCIN LACTOBIONATE

5088T	Powder for I.V. infusion 1 g (base)	5	*98.72	35.40		Erythrocin-I.V.	LM
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ROXITHROMYCIN

5259T	Tablet for oral suspension 50 mg	10	12.99	14.10		Rulide D	SW
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**PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING
DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY**

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for	Maximum		Brand Name and Manufacturer
					Max. Qty	Recordable		
					\$	Value for		
						Safety Net		
5260W	Tablet 150 mg	10	..	..	9.86	10.97	^a	APO-Roxithromycin TX
							^a	Biaxsig AV
							^a	Chem mart CH
							^a	Roxithromycin
							^a	Roxar 150 QA
							^a	Roximycin AF
							^a	Roxithromycin-GA GM
							^a	Roxithromycin-PS FZ
							^a	Roxithromycin SZ
							^a	Sandoz
							^a	Terry White TW
							^a	Chemists
							^a	Roxithromycin
				^B 2.61	12.47	10.97	^a	Rulide SW
5261X	Tablet 300 mg	5	..	..	9.86	10.97	^a	APO-Roxithromycin TX
							^a	Biaxsig AV
							^a	Chem mart CH
							^a	Roxithromycin
							^a	Roxar 300 QA
							^a	Roximycin AF
							^a	Roxithromycin-GA GM
							^a	Roxithromycin-PS FZ
							^a	Roxithromycin SZ
							^a	Sandoz
							^a	Terry White TW
							^a	Chemists
							^a	Roxithromycin
				^B 2.61	12.47	10.97	^a	Rulide SW

Lincosamides

CLINDAMYCIN

Restricted benefit

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

5057E	Capsule 150 mg	24	..	..	19.85	20.96	^a	Cleocin FZ
				^B 1.37	21.22	20.96	^a	Dalacin C PF

LINCOMYCIN

5144R	Injection 600 mg in 2 mL	5	33.84	34.95		Lincocin PF
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Other antibacterials

Glycopeptide antibacterials

VANCOMYCIN

Restricted benefit

Prophylaxis of endocarditis in patients hypersensitive to penicillin.

3323X	Powder for injection 500 mg (as hydrochloride) (500,000 i.u. vancomycin activity)	2	..	..	*16.62	17.73	^a	Hospira Pty Limited HH
							^a	Vancocin CP AS
							^a	Vancomycin AF
							^a	Alphapharm
							^a	Vancomycin SZ
							^a	Sandoz
							^a	Vycin IV WQ
5083M	Powder for injection 1 g (as hydrochloride) (1,000,000 i.u. vancomycin activity)	1	16.62	17.73	^a	Hospira Pty Limited HH
							^a	Vancomycin AF
							^a	Alphapharm
							^a	Vancomycin SZ

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DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY**

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$		Brand Name and Manufacturer	
							^a	Sandoz Vycin IV	WQ
<i>Imidazole derivatives</i>									
METRONIDAZOLE									
3339R	Tablet 200 mg	21	..	..	7.98	9.09	^a	Metrogyl 200	AF
							^a	Metronide 200	AV
				^B 2.30	10.28	9.09	^a	Flagyl	SW
5157K	Suppositories 500 mg, 10	‡1	23.26	24.37		Flagyl	SW
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METRONIDAZOLE									
<u>Restricted benefit</u>									
Treatment of anaerobic infections.									
5155H	Tablet 400 mg	21	9.95	11.06	^a	Metrogyl 400	AF
							^a	Metronide 400	AV
				^B 2.30	12.25	11.06	^a	Flagyl	SW
<hr/>									
METRONIDAZOLE									
<u>Restricted benefit</u>									
Treatment, in a hospital, of acute anaerobic sepsis.									
<u>Note</u>									
For item codes 5154G and 1832K, pharmaceutical benefits that have the form I.V. infusion 500 mg in 100 mL are equivalent for the purposes of substitution.									
1832K	I.V. infusion 500 mg in 100 mL	5	..	..	*30.89	32.00	^a	DBL Metronidazole Intravenous Infusion	HH
5154G	I.V. infusion 500 mg in 100 mL	5	..	..	*30.77	31.88	^a	Baxter Healthcare Pty Ltd	BX
METRONIDAZOLE BENZOATE									
3341W	Oral suspension 320 mg per 5 mL (equivalent to 200 mg metronidazole in 5 mL), 100 mL	‡1	18.92	20.03		Flagyl S	SW

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

Antiinflammatory and antirheumatic products

Antiinflammatory and antirheumatic products, non-steroids

Acetic acid derivatives and related substances

DICLOFENAC SODIUM								
5079H	Suppository 100 mg	40	*25.02	26.13	Voltaren 100	NV
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DICLOFENAC SODIUM								
<u>Restricted benefit</u>								
Chronic arthropathies (including osteoarthritis) with an inflammatory component;								
Bone pain due to malignant disease.								
5076E	Tablet 25 mg (enteric coated)	100	..	..	*12.84	13.95	^a APO-Diclofenac	TX
							^a Chem mart	CH
							^a Diclofenac	
							^a Clonac 25	QA
							^a Diclofenac-GA	GM
							^a Diclofenac Sandoz	SZ
							^a Fenac 25	AF
							^a Terry White	TW
							^a Chemists	
				^B 2.32	*15.16	13.95	^a Diclofenac	
							^a Voltaren 25	NV
5077F	Tablet 50 mg (enteric coated)	50	..	..	10.92	12.03	^a APO-Diclofenac	TX
							^a Chem mart	CH
							^a Diclofenac	
							^a Clonac 50	QA
							^a Diclofenac-GA	GM
							^a Diclofenac Sandoz	SZ
							^a Fenac	AF
							^a Terry White	TW
							^a Chemists	
				^B 2.34	13.26	12.03	^a Diclofenac	
							^a Voltaren 50	NV
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INDOMETHACIN								
5128X	Suppository 100 mg	40	*22.60	23.71	Indocid	AS
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INDOMETHACIN								
<u>Restricted benefit</u>								
Chronic arthropathies (including osteoarthritis) with an inflammatory component;								
Bone pain due to malignant disease.								
5126T	Capsule 25 mg	100	..	..	*12.52	13.63	^a Arthrexin	AF
				^B 2.02	*14.54	13.63	^a Indocid	AS

Oxicams

PIROXICAM

Restricted benefit

Chronic arthropathies (including osteoarthritis) with an inflammatory component.

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for	Maximum		Brand Name and Manufacturer
					Max. Qty	Recordable		
					\$	Value for		
						Safety Net		
5201R	Dispersible tablet 10 mg	50	..	..	12.30	13.41		Mobilis D-10 AF
5202T	Dispersible tablet 20 mg	25	..	..	12.02	13.13	^a	Mobilis D-20 AF
				^B 2.95	14.97	13.13	^a	Feldene-D PF
5203W	Capsule 10 mg	50	..	..	12.30	13.41	^a	Chem mart CH
							^a	Piroxicam
							^a	GenRx Piroxicam GX
							^a	Mobilis 10 AF
							^a	Terry White TW
							^a	Chemists
				^B 2.52	14.82	13.41	^a	Piroxicam
							^a	Feldene PF
5204X	Capsule 20 mg	25	..	..	12.02	13.13	^a	Chem mart CH
							^a	Piroxicam
							^a	GenRx Piroxicam GX
							^a	Mobilis 20 AF
							^a	Terry White TW
							^a	Chemists
				^B 2.49	14.51	13.13	^a	Piroxicam
							^a	Feldene PF

Propionic acid derivatives

IBUPROFEN								
5124Q	Tablet 400 mg	30	..	..	9.29	10.40		Brufen AB

IBUPROFEN

Restricted benefit

Chronic arthropathies (including osteoarthritis) with an inflammatory component;

Bone pain due to malignant disease.

5123P	Tablet 400 mg	90	*14.83	15.94		Brufen AB
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KETOPROFEN

5139L	Suppository 100 mg	40	*25.40	26.51		Orudis SW
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KETOPROFEN

Restricted benefit

Chronic arthropathies (including osteoarthritis) with an inflammatory component.

5136H	Capsule 200 mg (sustained release)	28	..	..	19.20	20.31	^a	Oruvail SR AV
				^B 2.21	21.41	20.31	^a	Orudis SR 200 SW

NAPROXEN

Restricted benefit

Chronic arthropathies (including osteoarthritis) with an inflammatory component;

Bone pain due to malignant disease.

5176K	Tablet 250 mg	100	..	..	*13.44	14.55	^a	Inza 250 AF
				^B 2.24	*15.68	14.55	^a	Naprosyn RO
5177L	Tablet 500 mg	50	..	..	12.68	13.79	^a	Inza 500 AF
				^B 1.30	13.98	13.79	^a	Naprosyn RO
5178M	Tablet 750 mg (sustained release)	28	..	..	12.18	13.29	^a	Proxen SR 750 MD
				^B 1.22	13.40	13.29	^a	Naprosyn SR750 RO
5179N	Tablet 1 g (sustained release)	28	14.06	15.17	^a	Proxen SR 1000 MD
				^B 1.29	15.35	15.17	^a	Naprosyn SR1000 RO

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DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for	Maximum Recordable Value for	Brand Name and Manufacturer	
					Max. Qty \$	Safety Net \$		
5186Y	NAPROXEN SODIUM							
	<u>Restricted benefit</u>							
	Chronic arthropathies (including osteoarthritis) with an inflammatory component;							
	Bone pain due to malignant disease.							
	<u>Note</u>							
	Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.							
5186Y	Tablet 550 mg	50	12.87	13.98 ^a	Crysanal	MD
				^B 2.17	15.04	13.98 ^a	Anaprox 550	RO

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

Nervous system

Analgesics

Opioids

Natural opium alkaloids

CODEINE PHOSPHATE

Note

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

5063L	Tablet 30 mg	20	16.97	18.08	Fawns and McAllan Proprietary Limited	FM
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CODEINE PHOSPHATE with PARACETAMOL

3316M	Tablet 30 mg-500 mg	20	7.58	8.69 ^a	APO- Paracetamol/Code ine 500/30	TX
						^a	Codalgin Forte	FM
						^a	Codapane Forte	AL
						^a	Comfarol Forte	SZ
						^a	Prodeine Forte	AV
				^B 2.80	10.38	8.69 ^a	Panadeine Forte	SW

HYDROMORPHONE HYDROCHLORIDE

Caution

The risk of drug dependence is high.

Restricted benefit

Severe disabling pain not responding to non-narcotic analgesics.

Note

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

5115F	Tablet 2 mg	20	..	..	17.20	18.31	Dilaudid	MF
5116G	Tablet 4 mg	20	..	..	19.95	21.06	Dilaudid	MF
5117H	Tablet 8 mg	20	..	..	30.13	31.24	Dilaudid	MF
5132D	Oral liquid 1 mg per mL, 473 mL	1	..	..	63.80	35.40	Dilaudid	MF

MORPHINE HYDROCHLORIDE

Caution

The risk of drug dependence is high.

Restricted benefit

Severe disabling pain not responding to non-narcotic analgesics.

Note

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

5237P	Oral solution 2 mg per mL, 200 mL	1	..	..	20.43	21.54	Ordine 2	MF
5238Q	Oral solution 5 mg per mL, 200 mL	1	..	..	22.83	23.94	Ordine 5	MF
5239R	Oral solution 10 mg per mL, 200 mL	1	..	..	26.96	28.07	Ordine 10	MF

MORPHINE SULFATE

Caution

The risk of drug dependence is high.

Note

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

5168B	Injection 10 mg in 1 mL	5	14.09	15.20	Hospira Pty Limited	HH
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DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY**

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for	Maximum Recordable Value for	Brand Name and Manufacturer	
					Max. Qty \$	Safety Net \$		
5169C	Injection 15 mg in 1 mL	5	..	..	14.45	15.56	Hospira Pty Limited	HH
5170D	Injection 30 mg in 1 mL	5	..	..	15.87	16.98	Hospira Pty Limited	HH

MORPHINE SULFATE

Caution

The risk of drug dependence is high.

Restricted benefit

Severe disabling pain not responding to non-narcotic analgesics.

Note

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

5163R	Tablet 30 mg	20	14.13	15.24	Anamorph	FM
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OXYCODONE

Caution

The risk of drug dependence is high.

Restricted benefit

Severe disabling pain not responding to non-narcotic analgesics.

Note

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

5194J	Suppository 30 mg	12	43.76	35.40	Proladone	PL
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OXYCODONE HYDROCHLORIDE

Caution

The risk of drug dependence is high.

Restricted benefit

Severe disabling pain not responding to non-narcotic analgesics.

Note

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

5190E	Oral solution 5 mg per 5 mL, 250 mL	1	..	..	20.82	21.93	OxyNorm Liquid 5mg/5mL	MF
5191F	Capsule 5 mg	20	..	..	12.40	13.51	OxyNorm	MF
5195K	Tablet 5 mg	20	..	..	12.40	13.51	Endone	QA
5197M	Capsule 10 mg	20	..	..	15.52	16.63	OxyNorm	MF

Other opioids

TRAMADOL HYDROCHLORIDE

Restricted benefit

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

For dosage titration in chronic pain where aspirin and/or paracetamol alone are inappropriate or have failed.

5232J	Capsule 50 mg	20	..	..	8.49	9.60	^a APO-Tramadol	TX
							^a Chem mart	CH
							^a Tramadol	
							^a GA Tramadol 50mg	GM
							^a GenRx Tramadol	GX
							^a Lodam 50	ZP
							^a Terry White Chemists	TW
							^a Tramadol Sandoz	SZ
							^a Tramedo	AF
							^a Zydol	QA
				^B 2.41	10.90	9.60	^a Tramal	CS

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Brand Name and Manufacturer	
<hr/>								
TRAMADOL HYDROCHLORIDE								
<u>Restricted benefit</u>								
For pain where aspirin and/or paracetamol alone are inappropriate or have failed.								
5150C	Oral drops 100 mg per mL, 10 mL	‡1	13.81	14.92	Tramal	CS
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TRAMADOL HYDROCHLORIDE								
<u>Restricted benefit</u>								
Short-term treatment of acute pain.								
5231H	Injection 100 mg in 2 mL	5	..	..	13.20	14.31	^a Tramahexal ^a Tramal 100	SZ CS
 Other analgesics and antipyretics								
<i>Salicylic acid and derivatives</i>								
ASPIRIN								
5018D	Tablet 300 mg (dispersible)	96	..	..	8.27	9.38	Solprin	RC
 <i>Anilides</i>								
PARACETAMOL								
3348F	Oral liquid 120 mg per 5 mL, 100 mL	‡1	..	..	9.48	10.59	Panamax	SW
3349G	Oral liquid 240 mg per 5 mL, 200 mL	‡1	..	..	10.78	11.89	Panamax 240 Elixir	SW
5196L	Tablet 500 mg	100	..	..	8.42	9.53	^a APO-Paracetamol ^a Chem mart Paracetamol ^a Febridol ^a Generic Health Pty Ltd ^a Panamax ^a Paracetamol Sandoz ^a Paralgin ^a Pharmacy Choice Paracetamol ^a Terry White Chemists Paracetamol	TX XS GM GQ SW SZ FM YM YS
<hr/>								
PARACETAMOL								
<u>Restricted benefit</u>								
Chronic arthropathies.								
5224Y	Tablet 500 mg	300	*12.22	13.33	^a APO-Paracetamol ^a Chem mart Paracetamol ^a Febridol ^a Generic Health Pty Ltd ^a Panamax ^a Paracetamol Sandoz ^a Paralgin ^a Pharmacy Choice Paracetamol ^a Terry White	TX XS GM GQ SW SZ FM YM YS

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

Antiepileptics

Antiepileptics

Carboxamide derivatives

CARBAMAZEPINE

Note

For item codes 5039F and 1755J, pharmaceutical benefits that have the form tablet 100 mg are equivalent for the purposes of substitution.

1755J	Tablet 100 mg	200	..	..	18.61	19.72	^a	Carbamazepine Sandoz	SZ
5039F	Tablet 100 mg	200	..	^B 2.96	*21.56	19.71	^a	Tegretol 100	NV

CARBAMAZEPINE

Note

For item codes 5040G and 1724R, pharmaceutical benefits that have the form tablet 200 mg are equivalent for the purposes of substitution.

1724R	Tablet 200 mg	200	..	^B 2.96	*32.06	30.21	^a	Tegretol 200	NV
5040G	Tablet 200 mg	200	..	..	29.12	30.23	^a	Carbamazepine Sandoz	SZ
							^a	Teril	AF

CARBAMAZEPINE

5037D	Tablet 400 mg (controlled release)	200	..	..	49.12	35.40		Tegretol CR 400	NV
5038E	Tablet 200 mg (controlled release)	200	..	..	29.58	30.69		Tegretol CR 200	NV
5041H	Oral suspension 100 mg per 5 mL, 300 mL	£1	..	..	21.45	22.56		Tegretol Liquid	NV

Anti-Parkinson drugs

Anticholinergic agents

Ethers of tropine or tropine derivatives

BENZTROPINE MESYLATE

5031T	Injection 2 mg in 2 mL	5	103.69	35.40		Cogentin	FK
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Psycholeptics

Anxiolytics

Benzodiazepine derivatives

DIAZEPAM

5071X	Tablet 2 mg	50	7.82	8.93	^a	Antenex 2	AF
							^a	APO-Diazepam	TX
							^a	Ranzepam	RA
							^a	Valpam 2	QA
				^B 0.82	8.64	8.93	^a	Valium	RO
5072Y	Tablet 5 mg	50	..	..	7.95	9.06	^a	Antenex 5	AF
							^a	APO-Diazepam	TX
							^a	Diazepam-GA	GM
							^a	Ranzepam	RA
							^a	Valpam 5	QA
				^B 0.85	8.80	9.06	^a	Valium	RO

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

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for	Maximum Recordable Value for		Brand Name and Manufacturer	
					Max. Qty \$	Safety Net \$			
5073B	Injection 10 mg in 2 mL	5	..	..	12.39	13.50		Hospira Pty Limited	HH
OXAZEPAM									
5192G	Tablet 15 mg	25	..	..	7.75	8.86	^a	Alepam 15	AF
				^B 2.69	10.44	8.86	^a	Serepax	QA
5193H	Tablet 30 mg	25	..	..	7.75	8.86	^a	Alepam 30	AF
							^a	APO-Oxazepam	TX
							^a	Murelax	FM
				^B 2.69	10.44	8.86	^a	Serepax	QA

Hypnotics and sedatives
Benzodiazepine derivatives

NITRAZEPAM									
5189D	Tablet 5 mg	25	..	..	7.92	9.03	^a	Alodorm	AF
				^B 1.45	9.37	9.03	^a	Mogadon	VT
TEMAZEPAM									
5221T	Tablet 10 mg	25	7.56	8.67	^a	APO-Temazepam	TX
							^a	Temaze	AF
							^a	Temtabs	FM
				^B 2.05	9.61	8.67	^a	Normison	QA

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DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY**

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

Respiratory system

Drugs for obstructive airway diseases

Adrenergics for systemic use

Alpha- and beta-adrenoceptor agonists

ADRENALINE

5004J	Injection 1 mg in 1 mL (1 in 1,000)	5	20.44	21.55	Link Medical Products Pty Ltd	LM
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DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY

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

Sensory organs

Ophthalmologicals

Antiinfectives
Antibiotics

CHLORAMPHENICOL							
5055C	Eye drops 5 mg per mL (0.5%), 10 mL	‡1	..	..	11.10	12.21	Chloromycetin PF Chlorsig QA

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

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

Various

All other therapeutic products

All other therapeutic products

Antidotes

NALOXONE HYDROCHLORIDE

5175J	Injection 2 mg in 5 mL	1	43.59	35.40	Naloxone Min-I-Jet	CS
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All other non-therapeutic products

All other non-therapeutic products

Solvents and diluting agents, incl. irrigating solutions

SODIUM CHLORIDE

5211G	Injection 9 mg per mL (0.9%), 10 mL	5	8.22	9.33	Pfizer Australia Pty Ltd	PF
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