

# PBS/RPBS - Stop Press

The following changes have taken effect since 1 March 2015

## ADDITIONS

**ABILIFY MAINTENA** (aripiprazole (monohydrate); sterile, lyophilised powder for reconstitution for prolonged release susp; 1 mth convenience kit contains 1 powder vial, 1 solvent vial (2 mL water for inj), one 3 mL syringe with 21 gauge needle for reconstitution, 1 syringe without needle, one 1.5 inch and one 2 inch 21 gauge sterile safety needle for inj, 1 vial adapter; single use kit powder for injection) Lundbeck (3c)  
**300 mg (+ solv) [1]:**  
Authority (Streamlined) - PBS/RPBS  
[Approved indication(s) for authority: see product listing.]  
**400 mg (+ solv) [1]:**  
Authority (Streamlined) - PBS/RPBS  
[Approved indication(s) for authority: see product listing.]

**APO-METFORMIN XR** (metformin HCl; white to off white modified release tablets) Apotex (6e)  
**1 g [60]:**  
PBS®/RPBS (Rp 5)

**APO-ROSUVASTATIN** (rosuvastatin (Ca); lactose; white f-c tablets) Apotex (2f)  
**5 mg [30]:**  
Restricted - PBS®/RPBS (Rp 5)  
[Restr. benefit indication(s): see product listing.]  
**5 mg [30]:**  
Restricted - PBS®/RPBS (Rp 11)  
[Restr. benefit indication(s): see product listing.]  
**10 mg [30]:**  
Restricted - PBS®/RPBS (Rp 5)  
[Restr. benefit indication(s): see product listing.]  
**10 mg [30]:**  
Restricted - PBS®/RPBS (Rp 11)  
[Restr. benefit indication(s): see product listing.]  
**20 mg [30]:**  
Restricted - PBS®/RPBS (Rp 5)  
[Restr. benefit indication(s): see product listing.]  
**20 mg [30]:**  
Restricted - PBS®/RPBS (Rp 11)  
[Restr. benefit indication(s): see product listing.]  
**40 mg [30]:**  
Restricted - PBS®/RPBS (Rp 11)  
[Restr. benefit indication(s): see product listing.]

**BLOOMS THE CHEMIST ROSUVASTATIN** (rosuvastatin (Ca) tablets) Apotex (2f)  
**5 mg [30]:**  
Restricted - PBS®/RPBS (Rp 5)  
[Restr. benefit indication(s): see product listing.]  
**5 mg [30]:**  
Restricted - PBS®/RPBS (Rp 11)  
[Restr. benefit indication(s): see product listing.]  
**10 mg [30]:**  
Restricted - PBS®/RPBS (Rp 5)  
[Restr. benefit indication(s): see product listing.]  
**10 mg [30]:**  
Restricted - PBS®/RPBS (Rp 11)  
[Restr. benefit indication(s): see product listing.]  
**20 mg [30]:**  
Restricted - PBS®/RPBS (Rp 5)  
[Restr. benefit indication(s): see product listing.]  
**20 mg [30]:**  
Restricted - PBS®/RPBS (Rp 11)  
[Restr. benefit indication(s): see product listing.]  
**40 mg [30]:**  
Restricted - PBS®/RPBS (Rp 5)  
[Restr. benefit indication(s): see product listing.]  
**40 mg [30]:**  
Restricted - PBS®/RPBS (Rp 11)  
[Restr. benefit indication(s): see product listing.]

**BLOOMS THE CHEMIST VENLAFAXINE XR** (venlafaxine (HCl) modified release capsules) Apotex (3d)  
**75 mg [28]:**  
Restricted - PBS®/RPBS (Rp 5)  
[Restr. benefit indication(s): see product listing.]  
**150 mg [28]:**  
Restricted - PBS®/RPBS (Rp 5)  
[Restr. benefit indication(s): see product listing.]

**CAPECITABINE AN** (capecitabine tablets) Amneal (9b)  
**150 mg [60]:**  
PBS®/RPBS (Rp 2)  
**500 mg [120]:**  
PBS®/RPBS (Rp 2)

**COSDOR** (dorzolamide (HCl) 2%, timolol (maleate) 0.5% eye drops) Aspen Pharma (14c)  
**5 mL [1]:**  
Restricted - PBS®/RPBS (Rp 5)  
[Restr. benefit indication(s): see product listing.]  
**5 mL [1]:**  
Restricted - PBS®/RPBS Optometrist (Rp 5)  
[Restr. benefit indication(s): see product listing.]

**DARIO TEST STRIPS** (glucose indicator blood strips test strips) uHealth (17d)  
**[100]:**  
PBS/RPBS (Rp 5)  
**[100]:**  
Restricted - PBS/RPBS (Rp 11)  
[Restr. benefit indication(s): see product listing.]

**GLUNEO TEST STRIPS** (glucose indicator blood strips test strips) Infopia (17d)  
**[50] x2:**  
PBS/RPBS (Rp 5)  
**[5] x2:**  
Restricted - PBS/RPBS (Rp 11)  
[Restr. benefit indication(s): see product listing.]

**HEALTHPRO TEST STRIPS** (glucose indicator strips test strips) Infopia (17d)  
**[50] x2:**  
PBS/RPBS (Rp 5)  
**[50] x2:**  
Restricted - RPBS (Rp 11)  
[Restr. benefit indication(s): see product listing.]

**HOSPIRA CEFAZOLIN SODIUM POWDER FOR INJECTION** (cefazolin Na; Na content 48.3 mg/g powder for injection) Hospira (8b)  
**1 g (solv. needed) [5] x2:**  
Restricted - PBS®/RPBS  
[Restr. benefit indication(s): see product listing.]

**MEMANTINE RBX** (memantine HCl tablets) Ranbaxy (3e)  
**10 mg [56]:**  
Authority - PBS®/RPBS (Rp 5)  
[Approved indication(s) for authority: see product listing.]  
**10 mg [56]:**  
Authority (Streamlined) - PBS®/RPBS (Rp 5)  
[Approved indication(s) for authority: see product listing.]  
**20 mg [28]:**  
Authority - PBS®/RPBS (Rp 5)  
[Approved indication(s) for authority: see product listing.]  
**20 mg [28]:**  
Authority (Streamlined) - PBS®/RPBS (Rp 5)  
[Approved indication(s) for authority: see product listing.]

**PLEGRIDY** (peginterferon beta-1a injection (titration pack)) Biogen Idec (10c)  
**63 mcg/0.5 mL, 94 mcg/0.5 mL [1]:**  
Authority - PBS/RPBS  
[Approved indication(s) for authority: see product listing.]

**PLEGRIDY** (peginterferon beta-1a injection) Biogen Idec (10c)  
**125 mcg/0.5 mL [2]:**  
Authority - PBS/RPBS (Rp 4)  
[Approved indication(s) for authority: see product listing.]  
**125 mcg/0.5 mL [2]:**  
Authority - PBS/RPBS (Rp 5)  
[Approved indication(s) for authority: see product listing.]

**PLIDOGREL** (clopidogrel tablets) Fawns & McAllan (2k)  
**75 mg [28]:**  
Authority (Streamlined) - PBS®/RPBS (Rp 5)  
[Approved indication(s) for authority: see product listing.]

**SCYTERA** (coal tar topical solution) Dr Reddy's (15b)  
**20 mg/g 100 g [1]:**  
PBS/RPBS

**TOPIRAMATE AN** (topiramate tablets) Amneal (3g)  
**25 mg [60]:**  
Authority (Streamlined) - PBS®/RPBS (Rp 5)  
[Approved indication(s) for authority: see product listing.]  
**50 mg [60]:**  
Authority (Streamlined) - PBS®/RPBS (Rp 5)  
[Approved indication(s) for authority: see product listing.]  
**100 mg [60]:**  
Authority (Streamlined) - PBS®/RPBS (Rp 5)  
[Approved indication(s) for authority: see product listing.]  
**200 mg [60]:**  
Authority (Streamlined) - PBS®/RPBS (Rp 5)  
[Approved indication(s) for authority: see product listing.]

**XALAMOL 50/5** (latanoprost 50 mcg/mL, timolol (maleate) 5 mg/mL eye drops) Aspen Pharma (14c)  
**2.5 mL [1]:**  
Restricted - PBS®/RPBS (Rp 5)  
[Restr. benefit indication(s): see product listing.]  
**2.5 mL [1]:**  
Restricted - PBS®/RPBS Optometrist (Rp 5)  
[Restr. benefit indication(s): see product listing.]

**XALAPROST** (latanoprost eye drops) Aspen Pharma (14c)  
**50 mcg/mL 2.5 mL [1]:**  
PBS®/RPBS (Rp 5)  
**50 mcg/mL 2.5 mL [1]:**  
PBS®/RPBS Optometrist (Rp 5)

## RESTRICTION CHANGES

**AFINITOR** (everolimus; lactose; white-yellowish tablets) Novartis (9f)  
**5 mg [30]:**  
Authority - PBS/RPBS (Rp 5)  
[Approved indication(s) for authority: see product listing.]  
**10 mg [30]:**  
Authority - PBS/RPBS (Rp 5)  
[Approved indication(s) for authority: see product listing.]

**ANASTROL** (anastrozole; lactose; white-off white f-c tablets) Aspen Pharma (9e)  
**1 mg [30]:**  
Restricted - PBS®/RPBS (Rp 5)  
[Restr. benefit indication(s): see product listing.]

**ANASTROZOLE AN** (anastrozole tablets) Amneal (9e)  
**1 mg [30]:**  
Restricted - PBS®/RPBS (Rp 5)  
[Restr. benefit indication(s): see product listing.]

**ANASTROZOLE FBM** (anastrozole tablets) For Benefit Medicines (9e)  
**1 mg [30]:**  
Restricted - PBS®/RPBS (Rp 5)  
[Restr. benefit indication(s): see product listing.]

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**ANASTROZOLE GH** (anastrozole; lactose; white f-c tablets) *Generic Health* (9e)

**1 mg [30]:**

**Restricted - PBS®/RPBS (Rp 5)**

[*Restr. benefit indication(s): see product listing.*]

**ANASTROZOLE RBX** (anastrozole; lactose; white-off white f-c tablets) *Accord* (9e)

**1 mg [30]:**

**Restricted - PBS®/RPBS (Rp 5)**

[*Restr. benefit indication(s): see product listing.*]

**ANASTROZOLE SANDOZ** (anastrozole; lactose; white-off white f-c tablets) *Sandoz* (9e)

**1 mg [30]:**

**Restricted - PBS®/RPBS (Rp 5)**

[*Restr. benefit indication(s): see product listing.*]

**ANASTROZOLE-DRLA** (anastrozole tablets)

*Dr Reddy's* (9e)

**1 mg [30]:**

**Restricted - PBS®/RPBS (Rp 5)**

[*Restr. benefit indication(s): see product listing.*]

**ANASTROZOLE-GA** (anastrozole; lactose; white f-c tablets) *Ascent Pharma* (9e)

**1 mg [30]:**

**Restricted - PBS®/RPBS (Rp 5)**

[*Restr. benefit indication(s): see product listing.*]

**ANDRIOL TESTOCAPS** (testosterone undecanoate (40 mg ≡ testosterone 25 mg); propylene glycol, sunset yellow FCF; orange capsules) *Merck Sharp & Dohme* (6b)

**40 mg [60]:**

**Authority - PBS/RPBS (Rp 5)**

[*Approved indication(s) for authority: see product listing.*]

**ANDRODERM** (testosterone; ethanol; Al containing patch transdermal patch) *Watson* (6b)

**2.5 mg/24 hours (12.2 mg) [60]:**

**Authority - PBS/RPBS (Rp 5)**

[*Approved indication(s) for authority: see product listing.*]

**5 mg/24 hours (24.3 mg) [30]:**

**Authority - PBS/RPBS (Rp 5)**

[*Approved indication(s) for authority: see product listing.*]

**ANZOLE** (anastrozole tablets) *Willow* (9e)

**1 mg [30]:**

**Restricted - PBS®/RPBS (Rp 5)**

[*Restr. benefit indication(s): see product listing.*]

**APO-ANASTROZOLE** (anastrozole; lactose; white f-c tablets) *Apotex* (9e)

**1 mg [30]:**

**Restricted - PBS®/RPBS (Rp 5)**

[*Restr. benefit indication(s): see product listing.*]

**APO-EXEMESTANE** (exemestane; mannitol, sucrose; white-off white, s-c tablets) *Apotex* (9e)

**25 mg [30]:**

**Restricted - PBS®/RPBS (Rp 5)**

[*Restr. benefit indication(s): see product listing.*]

**APO-LETROZOLE** (letrozole; lactose; yellow f-c tablets) *Apotex* (9e)

**2.5 mg [30]:**

**Restricted - PBS®/RPBS (Rp 5)**

[*Restr. benefit indication(s): see product listing.*]

**ARIANNA** (anastrozole; lactose; white-off white f-c tablets) *Alphapharm* (9e)

**1 mg [30]:**

**Restricted - PBS®/RPBS (Rp 5)**

[*Restr. benefit indication(s): see product listing.*]

**ARIMIDEX** (anastrozole; lactose; white f-c tablets) *AstraZeneca* (9e)

**1 mg [30]:**

**Restricted - PBS®/RPBS (Rp 5)**

[*Restr. benefit indication(s): see product listing.*]

**AROMASIN** (exemestane; mannitol, sucrose, methyl hydroxybenzoate; s-c tablets) *Pfizer* (9e)

**25 mg [30]:**

**Restricted - PBS®/RPBS (Rp 5)**

[*Restr. benefit indication(s): see product listing.*]

**AXIRON** (testosterone 30 mg/1.5 mL (≡ 1 pump actuation); ethanol; clear, colourless, fragrance free soln; metered dose pump with applicator transdermal solution) *Eli Lilly* (6b)

**30 mg/1.5 mL 110 mL (60 actuations) [1]:**

**Authority - PBS/RPBS (Rp 5)**

[*Approved indication(s) for authority: see product listing.*]

**AZASTROLE** (anastrozole tablets) *Eris* (9e)

**1 mg [30]:**

**Restricted - PBS®/RPBS (Rp 5)**

[*Restr. benefit indication(s): see product listing.*]

**EXACCORD** (exemestane; mannitol; white-off white f-c tablets) *Accord* (9e)

**25 mg [30]:**

**Restricted - PBS®/RPBS (Rp 5)**

[*Restr. benefit indication(s): see product listing.*]

**EXEMESTANE AN** (exemestane tablets) *Amneal* (9e)

**25 mg [30]:**

**Restricted - PBS®/RPBS (Rp 5)**

[*Restr. benefit indication(s): see product listing.*]

**EXEMESTANE GH** (exemestane tablets) *Accord* (9e)

**25 mg [30]:**

**Restricted - PBS®/RPBS (Rp 5)**

[*Restr. benefit indication(s): see product listing.*]

**EXEMESTANE PFIZER** (exemestane; mannitol, sucrose, methyl hydroxybenzoate; s-c tablets) *Pfizer* (9e)

**25 mg [30]:**

**Restricted - PBS®/RPBS (Rp 5)**

[*Restr. benefit indication(s): see product listing.*]

**EXEMESTANE SANDOZ** (exemestane; mannitol; white-off white f-c tablets) *Sandoz* (9e)

**25 mg [30]:**

**Restricted - PBS®/RPBS (Rp 5)**

[*Restr. benefit indication(s): see product listing.*]

**EXEMESTANE-GA** (exemestane tablets) *Ascent Pharma* (9e)

**25 mg [30]:**

**Restricted - PBS®/RPBS (Rp 5)**

[*Restr. benefit indication(s): see product listing.*]

**FEMARA** (letrozole; lactose; dark yellow f-c tablets) *Novartis* (9e)

**2.5 mg [30]:**

**Restricted - PBS®/RPBS (Rp 5)**

[*Restr. benefit indication(s): see product listing.*]

**FEMOLET** (letrozole; lactose, polydextrose; dark yellow f-c tablets) *Alphapharm* (9e)

**2.5 mg [30]:**

**Restricted - PBS®/RPBS (Rp 5)**

[*Restr. benefit indication(s): see product listing.*]

**FERA** (letrozole; lactose; yellow f-c tablets) *Aspen* (9e)

**2.5 mg [30]:**

**Restricted - PBS®/RPBS (Rp 5)**

[*Restr. benefit indication(s): see product listing.*]

**GYNOTRIL** (letrozole tablets) *Eris* (9e)

**2.5 mg [30]:**

**Restricted - PBS®/RPBS (Rp 5)**

[*Restr. benefit indication(s): see product listing.*]

**LETROZOLE ACTAVIS** (letrozole; lactose; yellow f-c tablets) *Actavis* (9e)

**2.5 mg [30]:**

**Restricted - PBS®/RPBS (Rp 5)**

[*Restr. benefit indication(s): see product listing.*]

**LETROZOLE AN** (letrozole tablets) *Amneal* (9e)

**2.5 mg [30]:**

**Restricted - PBS®/RPBS (Rp 5)**

[*Restr. benefit indication(s): see product listing.*]

**LETROZOLE FBM** (letrozole tablets) *Southern Cross Pharma* (9e)

**2.5 mg [30]:**

**Restricted - PBS®/RPBS (Rp 5)**

[*Restr. benefit indication(s): see product listing.*]

**LETROZOLE GENERICHEALTH** (letrozole; lactose; yellow f-c tablets) *Generic Health* (9e)

**2.5 mg [30]:**

**Restricted - PBS®/RPBS (Rp 5)**

[*Restr. benefit indication(s): see product listing.*]

**LETROZOLE RBX** (letrozole; lactose; yellow f-c tablets) *Ranbaxy* (9e)

**2.5 mg [30]:**

**Restricted - PBS®/RPBS (Rp 5)**

[*Restr. benefit indication(s): see product listing.*]

**LETROZOLE SANDOZ** (letrozole; lactose; dark yellow f-c tablets) *Sandoz* (9e)

**2.5 mg [30]:**

**Restricted - PBS®/RPBS (Rp 5)**

[*Restr. benefit indication(s): see product listing.*]

**LETROZOLE-DRLA** (letrozole tablets) *Dr Reddy's* (9e)

**2.5 mg [30]:**

**Restricted - PBS®/RPBS (Rp 5)**

[*Restr. benefit indication(s): see product listing.*]

**LETROZOLE-GA** (letrozole; lactose; yellow-dark yellow f-c tablets) *Actavis* (9e)

**2.5 mg [30]:**

**Restricted - PBS®/RPBS (Rp 5)**

[*Restr. benefit indication(s): see product listing.*]

**LEZOLE** (letrozole tablets) *Willow* (9e)

**2.5 mg [30]:**

**Restricted - PBS®/RPBS (Rp 5)**

[*Restr. benefit indication(s): see product listing.*]

**PHARMACOR ANASTROZOLE 1** (anastrozole tablets) *Pharmacor* (9e)

**1 mg [30]:**

**Restricted - PBS®/RPBS (Rp 5)**

[*Restr. benefit indication(s): see product listing.*]

**PHARMACOR LETROZOLE 2.5** (letrozole tablets) *Pharmacor* (9e)

**2.5 mg [30]:**

**Restricted - PBS®/RPBS (Rp 5)**

[*Restr. benefit indication(s): see product listing.*]

**PHARMACY CHOICE ANASTROZOLE** (anastrozole tablets) *Dr Reddy's* (9e)

**1 mg [30]:**

**Restricted - PBS®/RPBS (Rp 5)**

[*Restr. benefit indication(s): see product listing.*]

**PHARMACY CHOICE LETROZOLE** (letrozole tablets) *Dr Reddy's* (9e)

**2.5 mg [30]:**

**Restricted - PBS®/RPBS (Rp 5)**

[*Restr. benefit indication(s): see product listing.*]

**PRIMOTESTON DEPOT** (testosterone enanthate (≡ testosterone 180 mg/mL); benzyl benzoate; clear yellowish oily soln; prefilled syringe solution for injection) *Bayer* (6b)

**250 mg/mL 1 mL [3]:**

**Authority - PBS/RPBS (Rp 3)**

[*Approved indication(s) for authority: see product listing.*]

**REANDRON 1000** (testosterone undecanoate; benzyl benzoate, castor oil; preservative free; clear yellowish oily soln solution for injection) *Bayer* (6b)

**1,000 mg/4 mL (amp) [1]:**

**Authority - PBS/RPBS (Rp 1)**

[*Approved indication(s) for authority: see product listing.*]

**TESTOGEL** (testosterone; ethanol; clear, colourless; sachet transdermal gel) *Bayer* (6b)

**10 mg/g 5 g (sachet) [30]:**

**Authority - PBS/RPBS (Rp 5)**

[*Approved indication(s) for authority: see product listing.*]

# PBS/RPBS - Stop Press

**ZOLADEX 3.6 MG IMPLANT** (goserelin (acetate); sterile, biodegradable cylindrical SC implant; prefilled syringe implant) *AstraZeneca* (9e)  
**3.6 mg [1]:**

**Authority - PBS/RPBS (Rp 5)**  
**[Approved indication(s) for authority: see product listing.]**

## RESTRICTION CHANGES/ BRAND EQUIVALENCE INDICATOR ADDITIONS

**LUCENTIS VIAL** (ranibizumab (rbe); clear, colourless to pale yellow soln; preservative free, single use vial intravitreal injection) *Novartis* (14g)  
**2.3 mg/0.23 mL [1]:**

**Authority - PBS®/RPBS (Rp 2)**  
**[Approved indication(s) for authority: see product listing.]**

**LUCENTIS PREFILLED SYRINGE** (ranibizumab (rbe); clear, colourless to pale yellow soln; preservative free, prefilled syringe intravitreal injection) *Novartis* (14g)  
**1.65 mg/0.165 mL [1]:**

**Authority - PBS®/RPBS (Rp 2)**  
**[Approved indication(s) for authority: see product listing.]**

## BRAND EQUIVALENCE INDICATOR DELETIONS

**DBL CEPHALOTHIN SODIUM FOR INJECTION** (cephalothin (Na); Na bicarbonate; total Na = 63 mg (2.8 mEq)/g; white-off white powder for reconstitution; vial powder for injection) *Hospira* (8b)  
**1 g (solv. req'd) [10]:**  
**PBS®/RPBS (Rp 1)**

**SINEMET 25/250 TABLETS** (carbidopa 25 mg, levodopa 250 mg; light dapple blue tablets) *Merck Sharp & Dohme* (3f)  
**[100]:**

**PBS®/RPBS (Rp 5) [\$2.92 BPP]**

## CHANGE OF BENEFIT TYPE

**CAPECITABINE ACTAVIS** (capecitabine; peach, f-c tablets) *Actavis* (9b)  
**150 mg [60]:**

**PBS®/RPBS (Rp 2)**  
**500 mg [120]:**  
**PBS®/RPBS (Rp 2)**

**CAPECITABINE ALPHAPHARM** (capecitabine tablets) *Alphapharm* (9b)  
**150 mg [60]:**

**PBS®/RPBS (Rp 2)**  
**500 mg [120]:**  
**PBS®/RPBS (Rp 2)**

**CAPECITABINE APOTEX** (capecitabine tablets) *Apotex* (9b)  
**500 mg [120]:**

**PBS®/RPBS (Rp 2)**

**CAPECITABINE GH** (capecitabine tablets) *Generic Health* (9b)  
**500 mg [120]:**

**PBS®/RPBS (Rp 2)**

**CAPECITABINE SANDOZ** (capecitabine; lactose; pink f-c tablets) *Sandoz* (9b)  
**150 mg [60]:**

**PBS®/RPBS (Rp 2)**  
**500 mg [120]:**  
**PBS®/RPBS (Rp 2)**

**CAPECITABINE-DRLA** (capecitabine tablets) *Dr Reddy's* (9b)  
**150 mg [60]:**

**PBS®/RPBS (Rp 2)**  
**500 mg [120]:**  
**PBS®/RPBS (Rp 2)**

**FARESTON** (toremifene citrate; lactose; white tablet) *Merck Sharp & Dohme* (9e)  
**60 mg [30]:**

**PBS®/RPBS (Rp 5)**

**MEGACE** (megestrol acetate; lactose; white scored tablets) *Aspen* (9e)  
**160 mg [30]:**

**PBS®/RPBS (Rp 2)**

**XELABINE** (capecitabine tablets) *Aspen Pharma* (9b)  
**150 mg [60]:**

**PBS®/RPBS (Rp 2)**  
**500 mg [120]:**  
**PBS®/RPBS (Rp 2)**

**XELODA** (capecitabine; lactose; peach, f-c tablets) *Roche* (9b)  
**150 mg [60]:**

**PBS®/RPBS (Rp 2)**  
**500 mg [120]:**  
**PBS®/RPBS (Rp 2)**

## DELETED FROM PBS

**ACIHEXAL** (aciclovir; lactose; white scored tablets) *Sandoz* (8i)  
**200 mg [90]:**

**Authority (Streamlined) - PBS®/RPBS (Rp 5)**  
**[Approved indication(s) for authority: see product listing.]**

**ALDIQ** (imiquimod; hydroxybenzoates, cetyl/ stearyl alcohol; off white vanishing cream base cream) *Aspen* (10c)  
**5% 250 mg (single use sachet) [12]:**

**Authority - RPBS (Rp 1)**  
**[Approved indication(s) for authority: see product listing.]**

**ARTELAC** (carbomer with triglyceride lipids eye gel) *Bausch & Lomb* (14f)  
**0.6 g [30] x3:**

**Authority (Streamlined) - PBS/RPBS (Rp 5)**  
**[Approved indication(s) for authority: see product listing.]**

**0.6 g [30] x3:**  
**Authority - PBS/RPBS Optometrist (Rp 5)**

**[Approved indication(s) for authority: see product listing.]**

**BENZTROPINE OMEGA** (benztropine mesylate solution for injection) *Menarini* (3f)  
**2 mg/2 mL [10]:**

**PBS/RPBS**

**CALCIUM FOLINATE EBewe** (calcium folinate; NaCl 7.7 mg/mL; sterile colourless-pale yellow; preservative free; single use solution for injection) *Sandoz* (9g)  
**50 mg/5 mL (amp) [5] x2:**

**PBS®/RPBS (Rp 2)**  
**50 mg/5 mL (amp) [5]:**  
**Section 100 - CT (Chemotherapy Scheme) (Rp 2)**

**CEFALOTIN SANDOZ** (cefalotin (Na); Na bicarbonate; total Na = 63 mg (2.8 mEq)/g; vial powder for injection) *Sandoz* (8b)  
**1 g (solv. req'd) [10]:**

**PBS®/RPBS (Rp 1)**

**CHLOROMYCETIN EYE OINTMENT** (chloramphenicol eye ointment) *Pfizer* (14a)  
**1% 4 g [1]:**

**PBS/RPBS**  
**1% 4 g [1]:**  
**PBS/RPBS Optometrist**

**DIAZEPAM-GA** (diazepam; lactose; yellow tablets) *Ascent Pharma* (3b)  
**5 mg [50]:**

**PBS®/RPBS**  
**5 mg [50]:**  
**Authority - PBS®/RPBS**

**[Approved indication(s) for authority: see product listing.]**

**5 mg [50]:**

**Authority - PBS®/RPBS (Rp 3)**

**[Approved indication(s) for authority: see product listing.]**

**ESOMEPRAZOLE ACTAVIS** (esomeprazole (Mg dihydrate); sucrose; light pink (20 mg), pink (40 mg); e-c tab with e-c pellets tablets) *Actavis* (1a)  
**20 mg [30]:**

**Restricted - PBS®/RPBS (Rp 1)**

**[Restr. benefit indication(s): see product listing.]**

**20 mg [30]:**  
**Restricted - PBS®/RPBS (Rp 5)**

**[Restr. benefit indication(s): see product listing.]**

**40 mg [30]:**  
**Restricted - PBS®/RPBS (Rp 1)**

**[Restr. benefit indication(s): see product listing.]**

**40 mg [30]:**  
**Authority - PBS®/RPBS (Rp 5)**

**[Approved indication(s) for authority: see product listing.]**

**FLUCONAZOLE CLARIS** (fluconazole; NaCl (= 15.4 mmol/100 mL); clear colourless; vial solution for infusion) *AFT* (8h)  
**100 mg/50 mL [1] x7:**

**Authority (Streamlined) - PBS®/RPBS**  
**[Approved indication(s) for authority: see product listing.]**

**200 mg/100 mL [1] x7:**  
**Authority (Streamlined) - PBS®/RPBS**

**[Approved indication(s) for authority: see product listing.]**

**FRUSEMIDE AN** (frusemide; lactose, hydroxybenzoates; off white scored tablets) *Amneal* (2c)  
**20 mg [100]:**

**PBS®/RPBS (Rp 1)**  
**40 mg [100]:**  
**PBS®/RPBS (Rp 1)**

**GYMISO** (misoprostol; white tablets) *MS Health* (7c)  
**200 mcg [4]:**

**Authority - PBS/RPBS (Rp 1)**  
**[Approved indication(s) for authority: see product listing.]**

**HCU COOLER 10** (amino acid formula with vitamins and minerals without methionine oral liquid) *Vitalfo* (19b)  
**87 mL [30] x4:**

**Restricted - PBS/RPBS (Rp 5)**  
**[Restr. benefit indication(s): see product listing.]**

**HCU COOLER 20** (amino acid formula with vitamins and minerals without methionine oral liquid) *Vitalfo* (19b)  
**174 mL (pouch) [30] x4:**

**Restricted - PBS/RPBS (Rp 5)**  
**[Restr. benefit indication(s): see product listing.]**

**LERCANIDIPINE AN** (lercanidipine HCl; lactose; yellow (10 mg), pink (20 mg); scored f-c tablets) *Southern Cross Pharma* (2a)  
**10 mg [28]:**

**PBS®/RPBS (Rp 5)**  
**20 mg [28]:**

**PBS®/RPBS (Rp 5)**

**LEVO/CARBIDOPA SANDOZ** (levodopa 250 mg, carbidopa (monohydrate) 25 mg; off white, scored f-c tablets) *Sandoz* (3f)  
**[100]:**

**PBS®/RPBS (Rp 5)**

**LEXAPRO** (escitalopram (oxalate); clear colourless to yellow; ethanol (20 mg/mL soln); syringe (10 mg/mL soln), dropper applicator (20 mg/mL soln) oral solution) *Lundbeck* (3d)  
**10 mg/mL 28 mL [1]:**

**Restricted - PBS/RPBS (Rp 5)**  
**[Restr. benefit indication(s): see product listing.]**

# PBS/RPBS - Stop Press

**LIQUIFILM FORTE EYE DROPS** (polyvinyl alcohol; benzalkonium Cl (preservative); sterile eye drops) *Allergan* (14f)

**3% 15 mL [1]:**

**Restricted - PBS<sup>⊕</sup>/RPBS (Rp 5) [\$5.59 BPP]**

[*Restr. benefit indication(s)*: see product listing.]

**3% 15 mL [1]:**

**Restricted - PBS<sup>⊕</sup>/RPBS (Rp 11) [\$5.59 BPP]**

[*Restr. benefit indication(s)*: see product listing.]

**3% 15 mL [1]:**

**Restricted - PBS<sup>⊕</sup>/RPBS Optometrist (Rp 5) [\$5.59 BPP]**

[*Restr. benefit indication(s)*: see product listing.]

**LODAM SR** (tramadol HCl twice daily sustained release tablets) *Medis* (4a)

**200 mg [20]:**

**Restricted - PBS<sup>⊕</sup>/RPBS**

[*Restr. benefit indication(s)*: see product listing.]

**MEDIHEALTH CLEARLAX** (macrogol 3350; colour, taste, grit free powder for oral solution) *Perrigo Australia* (1c)

**17 g (single dose sachet) [30]:**

**Authority (Streamlined) - PBS<sup>⊕</sup>/RPBS**

[*Approved indication(s)* for authority: see product listing.]

**17 g [30] x2:**

**Authority (Streamlined) - PBS<sup>⊕</sup>/RPBS (Rp 3)**

[*Approved indication(s)* for authority: see product listing.]

**17 g (single dose sachet) [30]:**

**Restricted - PBS<sup>⊕</sup>/RPBS (Rp 5)**

[*Restr. benefit indication(s)*: see product listing.]

**MIACALCIC** (salcatonin; NaCl; amp solution for injection) *Novartis* (6g)

**50 IU/mL [5] x6:**

**Authority (Streamlined) - PBS/RPBS (Rp 5)**

[*Approved indication(s)* for authority: see product listing.]

**MIFEPRISTONE LINEPHARMA** (mifepristone; white to off white tablets) *MS Health* (7c)

**200 mg [1]:**

**Authority - PBS/RPBS**

[*Approved indication(s)* for authority: see product listing.]

**MORPHINE MR APOTEX** (morphine sulfate; lactose (excl 100 mg); buff (10 mg), violet (30 mg), orange (60 mg), grey (100 mg); f-c s-r modified release tablets) *Southern Cross Pharma* (4a)

**60 mg [28]:**

**Restricted - PBS<sup>⊕</sup>/RPBS**

[*Restr. benefit indication(s)*: see product listing.]

**MYFORTIC** (mycophenolate (as Na salt); lactose; lime (180 mg), orange (360 mg); e-c gastroresistant tablets) *Novartis* (10c)

**180 mg [120]:**

**Authority - PBS/RPBS (Rp 3)**

[*Approved indication(s)* for authority: see product listing.]

**360 mg [120]:**

**Authority - PBS/RPBS (Rp 3)**

[*Approved indication(s)* for authority: see product listing.]

**PVA FORTE** (polyvinyl alcohol; benzalkonium Cl 50 mcg/mL; sterile eye drops) *Allergan* (14f)

**30 mg/mL 15 mL (3%) [1]:**

**Restricted - PBS<sup>⊕</sup>/RPBS (Rp 5)**

[*Restr. benefit indication(s)*: see product listing.]

**30 mg/mL 15 mL (3%) [1]:**

**Restricted - PBS<sup>⊕</sup>/RPBS (Rp 11)**

[*Restr. benefit indication(s)*: see product listing.]

**30 mg/mL 15 mL (3%) [1]:**

**Restricted - PBS<sup>⊕</sup>/RPBS Optometrist (Rp 5)**

[*Restr. benefit indication(s)*: see product listing.]

**REANDRON 1000** (testosterone undecanoate;

benzyl benzoate, castor oil; preservative free; clear yellowish oily soln solution for injection) *Bayer* (6b)

**1,000 mg/4 mL (amp) [1]:**

**Authority - PBS/RPBS (Rp 1)**

[*Approved indication(s)* for authority: see product listing.]

**TOLVON** (mianserin HCl; white f-c tablets) *Merck Sharp & Dohme* (3d)

**10 mg [50]:**

**Restricted - PBS/RPBS (Rp 5) [\$3.29 BPP]**

[*Restr. benefit indication(s)*: see product listing.]

**TYR COOLER 10** (amino acid formula with vitamins and minerals without phenylalanine and tyrosine oral liquid) *Vitaflo* (19b)

**87 mL (pouch) [30] x4:**

**Restricted - PBS/RPBS (Rp 5)**

[*Restr. benefit indication(s)*: see product listing.]

**TYR COOLER 20** (amino acid formula with vitamins and minerals without phenylalanine and tyrosine oral liquid) *Vitaflo* (19b)

**174 mL (pouch) [30] x4:**

**Restricted - PBS/RPBS (Rp 5)**

[*Restr. benefit indication(s)*: see product listing.]

**VAGIFEM** (oestradiol (hemihydrate); m-r white f-c pessaries) *Novo Nordisk* (7d)

**25 mcg (disposable applicator) [15]:**

**PBS/RPBS (Rp 2)**