

Prime Cure Dental Formulary 2016



PLEASE NOTE: Provider Trade Names are not listed on formulary, allowing for generic substitution, but applying Reference Pricing

KEY TO QUANTITIES AND LIMITATIONS

1. "Consumables - Clinic use only" means the medication may only be administered by a DSP at the rooms. All injectables are consumables. Patients will not be able to collect from DSP pharmacies.
2. "Max Rx/7 days & 3 Rx/annum" means a script filled to a maximum of 7 days medication supply and 3 prescriptions per year can be claimed.
3. All items are to be dispensed by a contracted DSP pharmacy.
4. Benefits for medicine are subject to Mediscor Reference Price (MRP). Should the cost of the item exceed the MRP, the patient will be liable for payment of the difference in cost. If this is the case, please inform the patient that it will be for his/her own personal account.

MIMS	Mims Description	Active Ingredient	Route of admin	Dosage Form	Acute	Quantities and Limitations
2. ANAESTHETICS						
2.2 Local Anaesthetics						
2.2	Local Anaesthetics	Lidocaine HCl Local Inj 1%	IJ	SOLN	A	Consumables
		Lidocaine HCl Local Inj 2%	IJ	SOLN	A	Consumables
		Lidocaine Inj 2% w/ Epinephrine-1:80000	IJ	SOLN	A	Consumables
3. ANALGESICS						
3.2 Analgesics and Antipyretics						
3.2	Analgesic and Antipyretics	Ibuprofen Susp 100 MG/5ML	OR	SUSP	A	Max 200ml/Rx & 3 Rx/annum
		Mefenamic Acid Susp 50mg/5ml	OR	SUSP	A	Max 200ml/Rx & 3 Rx/annum
		Mefenamic Acid Cap 250 MG	OR	CAPS	A	Max Rx/5 days & 3 Rx/annum
		Paracetamol Elixir 120 MG/5ML	OR	ELIX	A	Max 200ml/Rx & 3 Rx/annum
		Paracetamol Tab 500 MG	OR	TABS	A	Max Rx/7 days & 3 Rx/annum
3.3 Combinations						
3.3	Combination Analgesics	Paracetamol w/ Codeine Tab 500-10 MG	OR	TABS	A	Max Rx/7 days & 3 Rx/annum
		Paracetamol w/ Codeine Tab 500-8 MG	OR	TABS	A	Max Rx/5 days & 3 Rx/annum
		Paracetamol-Meprobamate-Caff-Cod Tab 320-150-32-8 MG	OR	TABS	A	Max Rx/5 days & 3 Rx/annum
		Paracetamol-Promethazine w/ Codeine Syrup 120-6.5-5 MG/5ML	OR	SYRP	A	Max 100ml/Rx & 3 Rx/annum
4. MUSCULO-SKELETAL AGENTS						
4.1 Non-Steroidal Anti-Inflammatory Agents						
4.1.1	COX Inhibitors	Diclofenac Sodium Tab Delayed Release 25 MG	OR	TBEC	A	Max Rx/7 days & 3 Rx/annum
		Diclofenac Sodium Tab Delayed Release 50 MG	OR	TBEC	A	Max Rx/7 days & 3 Rx/annum
		Ibuprofen Tab 200 MG	OR	TABS	A	Max Rx/7 days & 3 Rx/annum
		Ibuprofen Tab 400 MG	OR	TABS	A	Max Rx/7 days & 3 Rx/annum
11. EAR, NOSE AND THROAT						
11.3. Mouth and throat preparations						
11.3	Mouth and Throat Preparations	Benzocaine Lozenge 10 MG	MT	LOZG	A	Max 20/Rx & 4 Rx/annum
		Chlorhexidine Gluconate Soln 0.2%	MT	SOLN	A	Max 200ml/annum
		Povidone-Iodine Mouthwash 1%	MT	SOLN	A	Max 200ml/annum
		Tetracaine HCl Ointment 0.5%	MT	OINT	A	Max 1 op/annum
18. ANTI-MICROBIALS						
18.1 Beta-Lactams						

MIMS	Mims Description	Active Ingredient	Route of admin	Dosage Form	Acute	Quantities and Limitations
18.1.1	Penicillins	Amoxicillin & K Clavulanate For Susp 125-31.25 MG/5ML	OR	SUSR	A	Max 4 fills/annum
		Amoxicillin & K Clavulanate For Susp 250-62.5 MG/5ML	OR	SUSR	A	Max 4 fills/annum
		Amoxicillin & K Clavulanate For Susp 400-57 MG/5ML	OR	SUSR	A	Max 4 fills/annum
		Amoxicillin & K Clavulanate Tab 250-125 MG	OR	TABS	A	Max 4 fills/annum
		Amoxicillin & K Clavulanate Tab 500-125 MG	OR	TABS	A	Max 4 fills/annum
		Amoxicillin (Trihydrate) For Susp 125 MG/5ML	OR	SUSR	A	Max 4 fills/annum
		Amoxicillin (Trihydrate) For Susp 250 MG/5ML	OR	SUSR	A	Max 4 fills/annum
		Amoxicillin (Trihydrate) Cap 250 MG	OR	CAPS	A	Max 4 fills/annum
		Amoxicillin (Trihydrate) Cap 500 MG	OR	CAPS	A	Max 4 fills/annum
		Ampicillin-Cloxacillin Cap 250-250 MG	OR	CAPS	A	Max 4 fills/annum
		Ampicillin-Cloxacillin For Susp 125-125 MG/5ML	OR	SUSR	A	Max 4 fills/annum
		Cloxacillin Sodium Cap 250 MG	OR	CAPS	A	Max 4 fills/annum
		Cloxacillin Sodium Cap 500 MG	OR	CAPS	A	Max 4 fills/annum
		Floxacillin Sodium Cap 250 MG	OR	CAPS	A	Max 4 fills/annum
		Penicillin G Procaine Intramuscular Susp 300000 Unit/ML	IM	SUSP	A	Consumables - Clinic use only
		Penicillin G Benzathine For Intramuscular Susp 2400000 Unit	IM	SUSR	A	Consumables - Clinic use only
		Penicillin V Potassium For Soln 125 MG/5ML	OR	SOLR	A	Max 4 fills/annum
		Penicillin V Potassium Tab 250 MG	OR	TABS	A	Max 4 fills/annum
18.1.2	Cephalosporins	Cefotaxime Sodium For Inj 500 MG	IJ	SOLR	A	Consumables - Clinic use only
		Cefoxitin Sodium For Inj 1 GM	IV	SOLR	A	Consumables - Clinic use only
		Ceftriaxone Sodium For Inj 1 GM	IJ	SOLR	A	Consumables - Clinic use only
		Ceftriaxone Sodium For IV Soln 2 GM	IV	SOLN	A	Consumables - Clinic use only
		Cefuroxime Sodium For Inj 250 MG	IJ	SOLR	A	Consumables - Clinic use only
		Cefuroxime Sodium For Inj 750 MG	IJ	SOLR	A	Consumables - Clinic use only
18.1.3	Others	NONE LISTED				
18.2 Erythromycin and other Macrolides						
18.2	Erythromycin and other Macrolides	Erythromycin Estolate Cap 250 MG	OR	CAPS	A	Max 4 fills/annum
		Erythromycin Estolate Susp 125 MG/5ML	OR	SUSP	A	Max 4 fills/annum
		Erythromycin Estolate Susp 250 MG/5ML	OR	SUSP	A	Max 4 fills/annum
		Erythromycin Stearate Tab 250 MG	OR	TABS	A	Max 4 fills/annum
18.3 Aminoglycosides						
18.3	Aminoglycosides	Gentamicin Sulfate Inj 40 MG/ML	IJ	SOLN	A	Consumables - Clinic use only
		Streptomycin Sulfate Inj 1000 MG/3ML	IJ	SOLN	A	Consumables - Clinic use only
18.4 Tetracyclines						
18.4	Tetracyclines	Doxycycline Hyclate Cap 100 MG	OR	CAPS	A	Max 4 fills/annum
		Doxycycline Monohydrate Tab 100 MG	OR	TABS	A	Max 4 fills/annum
		Oxytetracycline HCl Cap 250 MG	OR	CAPS	A	Max 4 fills/annum
18.5 Chloramphenicols						
18.5	Chloramphenicols	Chloramphenicol Cap 250 MG	OR	CAPS	A	Max 4 fills/annum
		Chloramphenicol Susp 125 MG/5ML	OR	SUSP	A	Max 4 fills/annum
18.6 Sulphonamides and combinations						
18.6	Sulphonamides and combinations	Sulfamethoxazole-Trimethoprim IV Soln 400-80 MG/5ML	IV	SOLN	A	Consumables - Clinic use only
		Sulfamethoxazole-Trimethoprim Susp 200-40 MG/5ML	OR	SUSP	A	Max 4 fills/annum

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		Sulfamethoxazole-Trimethoprim Tab 400-80 MG	OR	TABS	A	Max 4 fills/annum
18.7 Quinolones						
18.7	Quinolones	Ciprofloxacin HCl Tab 250 MG	OR	TABS	A	Max 4 fills/annum
		Ciprofloxacin HCl Tab 500 MG	OR	TABS	A	Max 4 fills/annum
18.9 Other anti-bacterial agents						
18.9	Other anti-bacterial agents	Clindamycin HCl Cap 150 MG	OR	CAPS	A	Max 2 fills/annum
18.10 Anti-Fungal agents						
18.10	Anti-Fungal agents	Nystatin Susp 100000 Unit/ML	MT	SUSP	A	Max 2 fills/annum
18.11 Anti-protozoal agents						
18.11	Anti-protozoal agents	Metronidazole Susp 200 MG/5ML	OR	SUSP	A	Max 3 fills/annum
		Metronidazole Tab 200 MG	OR	TABS	A	Max 3 fills/annum
		Metronidazole Tab 400 MG	OR	TABS	A	Max 3 fills/annum
18.12 Anti-viral agents						
18.12.2	Other Anti-viral Agents	Acyclovir Cream 5%	EX	CREA	A	Max 1 Rx/annum
19. ENDOCRINE SYSTEM						
19.5. Corticosteroids						
19.5	Corticosteroids	Prednisone Tab 5 MG	OR	TABS	A	Max 3 fills/annum
Disclaimer:						
Please note that the formulary will be reviewed regularly by clinical and pharmaceutical advisors to ensure it complies with the latest industry norms for the treatment of dental conditions. Prime Cure reserves the right to change medication on the formulary when important information comes to light that requires us to do so, e.g. new findings regarding safety of medicine.						