



PHARMACEUTICAL BENEFITS

AUGUST 1987

PHARMACEUTICAL BENEFITS

Explanatory Circular regarding the August 1987 edition of the Schedule of Pharmaceutical Benefits for Approved Pharmacists.

The reprint of the Schedule will take effect on 1 August 1987 and all previous editions of the Schedule are cancelled.

Please note. The Schedule of Maximum Patient Payments is now combined with the Schedule of Pharmaceutical Benefits for Approved Pharmacists. The Maximum Patient Payment is shown beside the relevant Dispensed Price for Maximum Quantity.

PROFESSIONAL FEES

The professional fees for the supply of ready prepared and extemporaneously prepared benefits have been increased as from 1 August 1987. The new professional fees are:

Ready prepared benefits—\$2.50

Extemporaneously prepared benefits—\$3.62

The new fees are incorporated in prices in this publication.

AMENDMENTS TO THE NATIONAL HEALTH ACT

Parliament has recently passed amendments to the National Health Act that will effect the operation of the Pharmaceutical Benefits Scheme:

1. To allow legitimate prescriptions, priced at or less than \$10, for the maximum quantity at the time of prescribing to be counted towards the Safety Net limit, even though the maximum quantity had been increased by the time the prescription was supplied. The date of effect was 1 November 1986.

2. To allow increased maximum quantities to be approved for Special Patient Contribution drugs. The following formula is to be used to determine the amount of the extra special patient contribution to be charged by the pharmacists.

Formula: $A \times \frac{E}{N}$ = Multiple Special Patient Contribution where:

A is the Special Patient Contribution for the listed maximum quantity;

N is the listed maximum quantity; and

E is:

- (a) in a case where the excess quantity or number is not a multiple of N—the nearest higher number that is a multiple of N; or
- (b) in any other case—the excess quantity or number.

One **normal** patient contribution, where applicable, is to be added to the result.

Example:

Phenytoin Injection 100mg/2mL. Quantity required—6 as a general benefit.

Special Patient Contribution \$1.80. Maximum quantity normally allowable—1 ampoule.

$$1.80 \times \frac{6}{1} + \$10 = \$20.80$$

Previously the patient would have been obliged to pay \$53.46 for six separate prescriptions.

The Schedule of Benefits will be amended to reflect these amendments in due course.

SUMMARY OF CHANGES

ADDITIONS

New Item

Section 2

Disodium Etidronate, tablet 200mg (*Didronel*)

New Forms and Strengths of Items

Section 2

Glyceryl Trinitrate, transdermal disc releasing approximately 5mg per 24 hours (*Nitradisc*) and transdermal pad releasing approximately 5mg per 24 hours (*Transiderm-Nitro 25*) (relistings)

Medroxyprogesterone, tablet 250mg (*Provera*)

Silver Sulphadiazine with Chlorhexidine Gluconate, cream 1%—0.2%, 50g (*Silvazine*)

Section 3

Carmellose Sodium, compound adhesive rings 10mm to 50mm, 30; compound adhesive strip pack (*Comfeel*)

New Brand of Existing Item

Clotrimazole, lotion 1%, 20mL (*Lotremim*)

Differential Maximum Quantity Listing

	<i>Maximum Quantity</i>	<i>Number of Repeats</i>
Medroxyprogesterone , tablet 10mg (<i>Provera</i>)	100	2

DELETIONS

Section 2

Items being discontinued by the manufacturer

Methylprednisolone, eye ointment 0.1%, 4g (*Medrol*)
Proguanil, tablet 100mg (*Paludrine*)
Streptomycin Sulphate, injection 1g (solvent required)
Wool Fat, Hydrous, 50g tube or jar

Intravenous Infusions

Sodium Bicarbonate, 4.2%, 500mL

Form and Strength of Item

Fenoterol Hydrobromide, tablet 2.5mg (*Berotec*)

ALTERATIONS

Maximum Quantity

Special Pharmaceutical Benefits

	<i>From</i>	<i>To</i>
Clomiphene Citrate , tablets 50mg, 5 (<i>Clomid</i>)	≠ 1	tablet 50mg, 10

General Pharmaceutical Benefits

	<i>From</i>	<i>To</i>
Mustine , injection 10mg (solvent required)	1	4

Number of Repeats

	<i>From</i>	<i>To</i>
Naproxen , tablet 500mg (<i>Naprosyn</i>)	1	3

Item Name

<i>From</i>	<i>To</i>
Diocetyl Sodium Sulpho-succinate with Bisacodyl	Docusate Sodium with Bisacodyl
Erythromycin Ethylsuccinate	Erythromycin Ethyl Succinate

Manufacturer's Code

	<i>From</i>	<i>To</i>
Metformin , tablet 500mg (<i>Glucophage</i>)	RN	LH

NOTES

Notes have been added, deleted or altered in respect of the following items.

Chloramphenicol with Polymyxin B
Mianserin Hydrochloride
Nifedipine
Timolol
Tri-potassium Di-citrato Bismuthate Complex

ADVANCE NOTICES

DELETIONS

Section 2

Following a recommendation by the Pharmaceutical Benefits Advisory Committee and the listing of **hydroxocobalamin** on 1 April 1987, **cyanocobalamin** will be deleted from the Schedule of Pharmaceutical Benefits as from 1 December 1987.

The items listed below will also be deleted from the Schedule of Pharmaceutical Benefits as from 1 December 1987.

Items being discontinued by the manufacturer:

Carindacillin, tablet (equivalent to 382mg carbenicillin) (*Geopen Oral*)
Epicillin, powder for syrup 250mg per 5mL, 100mL (*Dexacillin*)
Gentamicin Sulphate, injection 10mg (base) in 1mL (*Garamycin*)
Polyestradiol, injection set containing 40mg and 2mL solvent (*Estradurin*)

Items recommended for deletion by the Pharmaceutical Benefits Advisory Committee:

Clonidine, injection 150 micrograms in 1mL (*Catapres*)
Hyoscine Butylbromide, injection 20mg in 1mL (*Buscopan*)
Mexiletine Hydrochloride, injection 250mg in 10mL (*Mexitil*)
Vitamin Supplement, tablet, liquid 100mL (*Ketovite*)

All Previous Editions Cancelled



SCHEDULE OF

PHARMACEUTICAL BENEFITS

for

APPROVED PHARMACISTS

OPERATIVE FROM 1 AUGUST 1987

Commonwealth Department of Health,
CANBERRA, A.C.T.

A. B. CAUDELL, Government Printer, Tasmania

CONTENTS

SECTION 1—LEMON PAGES

INTRODUCTION

Paragraphs

THE SCHEDULE..... 1- 14

CONDITIONS UNDER WHICH PHARMACEUTICAL BENEFITS MAY BE PRESCRIBED AND DISPENSED

A. PRESCRIBING OF PHARMACEUTICAL BENEFITS—PROCEDURE BY MEDICAL PRACTITIONERS AND PARTICIPATING DENTAL PRACTITIONERS

Prescriptions.....	16- 19
Manner of Administration.....	20
Restrictions.....	21
Maximum Quantities and Repeats..	22- 27
Authority Prescriptions.....	28- 29
Regulation 24.....	30
Emergency Drug (Doctor's Bag)	
Supplies.....	31- 33
Urgent Cases.....	34- 35

B. SUPPLY OF PHARMACEUTICAL BENEFITS—PROCEDURE BY APPROVED PHARMACISTS

Prescriptions.....	36- 43
Suspected Forgery.....	44
Procedure before Supply of Pharmaceutical Benefit.....	45
Regulation 24.....	46
Deferred Supply.....	47
Repeat Authorisations.....	48- 52
Preparation of Repeat Authorisation Form—Repeat Supply.....	53
Repeat Authorisations for Injectibles and Solvents.....	54
Repeat Authorisations for Deferred Supply.....	55- 56
Issue of Repeat Authorisations....	57
Receipts.....	58- 59
Emergency Drug (Doctor's Bag)	
Supplies.....	60- 62
Urgent Cases.....	63
Prescription Identifying Numbers..	64- 65

C. OUTLINE OF THE SAFETY NET SCHEME

Introduction.....	66- 68
Recording of Prescriptions.....	69- 77
Multi-Item Forms.....	78- 79
Lost Pharmaceutical Benefits	
Prescription Record Forms.....	80
Retrospective Entitlement.....	81
Application for Original Entitlement Card Issue.....	82- 84

Issue of Entitlement Card.....	85- 87
Record of Entitlements.....	88- 90
Application for Supplementary Cards	91- 93
Lost Entitlement Cards.....	94- 96
Death of Prescription Record Form Holder.....	97
Notification to Department and Claim for Payment.....	98
Pharmacy Record of Issued Cards..	99
Use of Entitlement Card.....	100-102

D. CHARGES TO PATIENTS

Patient Contribution and Special Patient Contribution.....	103-108
Establishment by Eligible Pensioners, Entitlement Card Holders and Concessional Beneficiaries of Entitlements to Pharmaceutical Benefit Concessions.....	109-111
After Hours.....	112
Delivery.....	113
Responsibility.....	114
Approval Conditions.....	115

PREPARATION AND SUBMISSION OF CLAIMS FOR REIMBURSEMENT—PROCEDURE BY APPROVED PHARMACISTS

Paragraphs

A. INTRODUCTION..... 116-118

B. PROVISION OF INFORMATION BY AN APPROVED PHARMACIST

Entering of Information.....	119
Prescription Identification Stamp..	120-122
Information to be Entered in Prescription Identification Stamp	123
Serial Numbering of Prescriptions, Repeat Authorisations, and Emergency Drug (Doctor's Bag) Order Forms.....	124-126
Serial Numbering of an Injectable Item Ordered with a Solvent....	127
Serial Numbering of Repeat Authorisations for Authority Prescriptions.....	128
Serial Numbering of Repeat Authorisations for Deferred Supply	129
Dropper Containers.....	130
Extemporaneously Prepared Pharmaceutical Benefits which are not listed in the Standard Formulae List	131
Action to be taken when an Approved Pharmacist is to be paid on an Average Price Basis.....	132
Action to be taken when an Approved Pharmacist elects to price non-priced Extemporaneous Preparations.....	133

Items Not Included in either the NHS or Repatriation Schedule of Pharmaceutical Benefits	Paragraphs 134
Action by an Approved Pharmacist Dispensing a Repeat Authorisation	135
C. SUBMISSION OF CLAIMS	
Documents to be Submitted	136-138
Completion of Claim Form	139-143
Time for Lodgement of Claims ...	144
D. STATEMENT OF ACCOUNT	145-150
PROVISIONS GOVERNING PAYMENTS TO APPROVED PHARMACISTS FOR NHS DISPENSING	
A. READY PREPARED BENEFITS	
Price where Maximum Quantity Prescribed (RP items)	151-152
Price where Broken Quantity Prescribed (RP items)	153
Price for Unbranded Prescriptions ..	154
Unbroken Packs to be Supplied ...	155
Wastage Table Percentage for Ready Prepared Preparations	156-157
B. EXTEMPORANEOUSLY PREPARED PHARMACEUTICAL BENEFITS	
Prescribers' List Items	158
Pricing Prescriptions Not Pre-priced ..	159-160
Pricing of Ingredients	161
Miscellaneous Pricing Rules	162
Pricing Prescriptions where Additional Ingredients have been added to a Specified Formula	163-167
Containers	168-170
Special Provisions Governing Payment for Extemporaneous Prescriptions Outside the Standard Formulae List	171-177
C. GENERAL	
Pricing Principles	178-180
Fees and Containers	181
Pricing Dates	182
MISCELLANEOUS	
Premises	183
Hours of Supply	184-185
Approved Medical Practitioners, Friendly Societies	186
Isolated Pharmacy Allowance	187-188
Standards	189
References	190
Proper Stocks to be kept	191
Statement of Stocks	192
Retention of Documents	193
Sale Copies	194
Supplies of Stationery	195
Enquiries	196
EXAMPLES OF INFORMATION ENTERED IN THE PRESCRIPTION IDENTIFICATION STAMP	
Addresses of Poisons Information Centres	Page 24
Addresses of Drug Information Centres	24

Addresses of Commonwealth Department of Health Regional Offices	Page 25
Index of Manufacturers' Codes ...	26-29
Emergency Drug (Doctor's Bag) Supplies	30

SECTION 2—WHITE PAGES

Special Pharmaceutical Benefits ...	4
General, Pensioner and Restricted Benefits	5-78
Intravenous Infusions	79
Preparations which may be prescribed by Participating Dental Practitioners for Dental Treatment Only ..	80-83

SECTION 3—WHITE PAGES

Preparations available for Colostomy and Ileostomy Use	2- 3
Preparations Available for Use by Paraplegic and Quadriplegic Patients	4

SECTION 4—GREEN PAGES

Drug Tariff	2- 7
Container Prices for Extemporaneously Prepared Pharmaceutical Benefits	8
Standard Formulae Preparations ..	9-14
Table of Codes, Maximum Quantities and Number of Repeats for Extemporaneously Prepared Pharmaceutical Benefits	15

SECTION 5—GREEN PAGES

PREScriBERS' LIST PHARMACEUTICAL BENEFIT FORMULAE

Creams	1- 2
Dusting Powder	2
Ear Drops	2
Inhalations	2
Linctus	3
Liniments	3
Lotions	3
Mixtures	3- 4
Nasal Instillations	4
Ointments	4- 5
Paints	5
Pastes	5

CHILDREN'S SECTION

Mixtures	6
----------------	---

SECTION 6—BLUE PAGES

Container Prices and Fees for Ready Prepared Pharmaceutical Benefits	1
Standard Packs and Prices (including Mark-up, but no Fees) for items against the price of which an asterisk is shown in the Schedule of Benefits	2- 6

PROPRIETARY INDEX

Part 1—Proprietary Names Index	2-20
Part 2—Trade Names Index	21

SECTION 1

INTRODUCTION

These notes are designed for use by approved pharmacists. They set out the procedures to be followed by medical practitioners and participating dental practitioners in prescribing pharmaceutical benefits and the procedures to be followed by approved pharmacists in supplying pharmaceutical benefits. They also detail procedures under the Safety Net Scheme, and outline the action on the part of approved pharmacists in preparing claims for payment. Finally the notes explain the pricing arrangements in accordance with which approved pharmacists' claims are paid.

THE SCHEDULE OF PHARMACEUTICAL BENEFITS

1. Pharmaceutical benefits which may be prescribed by medical practitioners are listed later in this book, 'Schedule of Pharmaceutical Benefits for Approved Pharmacists'. The Schedule also includes a list of pharmaceutical benefits which may be prescribed by participating dental practitioners for dental treatment only. These items are listed in section 2 (White Pages) after the Intravenous Infusions.

2. Ready prepared items are listed in sections 2 and 3 (White Pages) of the Schedule. Restrictions apply to the prescribing of certain items in section 2 and all of the items in section 3. Further details may be found in these notes—paragraphs 18 (f) and 21. All restricted items are printed in red.

3. The Schedule of ready prepared items includes the form, manner of administration and brand of these items which may be prescribed. Where the words 'solvent required' are included after the form, the item and a solvent may be prescribed as one pharmaceutical benefit. In such cases, any determined brand of solvent may be ordered with the item. Medical practitioners and participating dental practitioners have been informed that such pharmaceutical benefits should be written as one prescription, e.g., 'Ampicillin, Injection 1g with 2mL water for injections'.

4. The maximum quantity and maximum number of repeats allowable for each item are also shown in sections 2 and 3 (White Pages) of the Schedule. Further details may be found in these notes—paragraphs 22-28.

5. The drugs which may be used in extemporaneous preparations are listed in section 4—Drug Tariff (Green Pages). Where a restriction applies to the use of a drug listed in this section it is indicated against the item. The following are also included in section 4:—

- (a) container prices;
- (b) a list of Standard Formulae preparations and prices. The list is comprised of formulae taken from formularies in common use and is referred to in this book as the Standard Formulae List; and
- (c) table of maximum quantities and number of repeats for extemporaneously prepared benefits.

6. Formulae in common use are listed in section 5—Prescribers' List (Green Pages).

7. Container prices, fees, standard packs and prices for ready prepared preparations are listed in section 6 (Blue Pages).

8. A proprietary name index of ready prepared items is published after section 6 (Blue Pages).

9. Symbols used in the Schedule of Benefits are explained on page 3, section 2 (White Pages).

10. Price changes and other amendments are advised so that the information in the Schedule may be updated.

11. The following admixtures are not pharmaceutical benefits:—

- (a) the admixture of two or more ready prepared items listed in the Schedule; or
- (b) the admixture of a ready prepared item and a drug or drugs listed in section 4 (Green Pages) of the Schedule; or
- (c) the admixture of two or more items which may be prescribed by participating dental practitioners for dental treatment only.

Explanatory and Warning Statements

12. The use of 'Note' in Section 2 (White Pages) of the Schedule is reserved for explanatory purposes in relation to the prescribing of some drugs as pharmaceutical benefits.

13. The use of 'Caution' in Section 2 (White Pages) of the Schedule is reserved for the purpose of warning of adverse reactions or precautions associated with the use of a drug. The absence of a cautionary note does not necessarily imply that significant adverse reactions may not be encountered.

Definitions

14. All references in this book to 'concessional beneficiaries' shall include:—

- (a) persons who are issued with a valid Health Care Card and their dependants; or
- (b) persons who are issued with a valid Pharmaceutical Benefits Concession Card and their dependants; and

all references to 'pensioners' shall include:—

- (a) persons who are issued with a valid Pensioner Health Benefits Card and their dependants; or
- (b) persons who are issued with a valid Health Benefits Card and their dependants.
- (c) persons who are the holders of a valid Entitlement Card including their dependants.
- (d) persons who are issued with a valid Dependant Treatment Entitlement Card (Lilac) or a Service Pensioner Benefits Card (Red) by the Department of Veterans' Affairs and their dependants.

CONDITIONS UNDER WHICH PHARMACEUTICAL BENEFITS MAY BE PRESCRIBED AND DISPENSED

15. Care must be taken to comply with the provisions of State law in regard to drugs listed as narcotic, specified or restricted under State legislation.

A. PRESCRIBING OF PHARMACEUTICAL BENEFITS—PROCEDURE BY MEDICAL PRACTITIONERS AND PARTICIPATING DENTAL PRACTITIONERS

Prescriptions

16. A prescription ordering a pharmaceutical benefit may be written only for the medical or dental treatment of the person named on the prescription and requiring treatment with that pharmaceutical benefit. A prescription must not be written for any other purpose and is valid only when it is written by a registered medical practitioner or a participating dental practitioner.

17. Prescriptions for pharmaceutical benefits for more than one person must not be written on the one prescription form.

18. Medical practitioners and participating dental practitioners are required by legislation under the National Health Act to observe the following rules when writing prescriptions for pharmaceutical benefits:—

- (a) write the prescription in indelible form, i.e., ink or ball point pen in own handwriting (or with the approval of the Secretary otherwise record the prescription) either on the standard prescription form supplied by the Department or on paper as near as convenient to 18 cm × 12 cm. The standard prescription forms supplied by the Department to participating dental practitioners have a blue margin to distinguish them from the forms supplied to medical practitioners. The name and address of the medical practitioner or participating dental practitioner must be shown and 'NHS' endorsed on the form. Each participating dental practitioner is also required to endorse each prescription with the participating dental practitioner (DP) number in the appropriate space. Medical practitioners who have obtained approval to record prescriptions in other than their own handwriting will endorse the prescriptions 'Regulation 19 (1) (a) approval obtained'.
- (b) write the prescription in duplicate marking the duplicate copy with the word 'Duplicate'. This is pre-printed on the standard prescription forms.

- (c) set out the name and full address of the patient.
- (d) the pharmaceutical benefit must be identified in the prescription by such particulars, including the name, form, strength and quantity, as are necessary for the complete identification of that pharmaceutical benefit.
- (e) if the pharmaceutical benefit is a single drug, the manner of administration must be indicated.
- (f) in the case of restricted pharmaceutical benefits they may only be prescribed by medical practitioners subject to the restrictions specified in the Schedule. The prescription requirements for these benefits are indicated under the item in the Schedule. Further details may be found in these notes—paragraph 21.
- (g) when directing that the maximum quantity and repeats of a pharmaceutical benefit be supplied at the one time, the prescription must be endorsed in the medical practitioner's own handwriting with the words 'Regulation 24'. Further details are available in paragraphs 30 and 46.
- (h) where the words 'solvent required' are included after the form of a benefit, the medical practitioner or participating dental practitioner must specify the volume and number of ampoules of solvent to be supplied.
- (i) sign and date the prescription.

19. A prescription is not a valid pharmaceutical benefit prescription if:—

- (a) the medical practitioner prescribes a pharmaceutical benefit for a person in respect of whom another prescription for the same benefit has been written on the same day by the same medical practitioner;
- (b) the medical practitioner prescribes on the one form a pharmaceutical benefit that is a drug of addiction and another pharmaceutical benefit and directs that the supply of either pharmaceutical benefit is to be made on more than one occasion. NOTE: If no repeats of either item are ordered, the prescription may be accepted;
- (c) the medical practitioner prescribes a narcotic drug for the medical practitioner writing the prescription; or
- (d) the participating dental practitioner prescribes a pharmaceutical benefit for a person in respect of whom another prescription for the same benefit has been written on the same day by the same participating dental practitioner.

Manner of Administration

20. Where a particular manner of administration is indicated in the Schedule, the item may not be supplied as a pharmaceutical benefit for administration in any other way, e.g. an ophthalmic preparation prescribed for topical use.

Restrictions

21.—

- (a) where a pharmaceutical benefit is restricted to the treatment of a specified disease, condition or class of person, the medical practitioner is required to indicate that the pharmaceutical benefit has been prescribed in accordance with the applicable restrictions by writing the words 'specified purpose'. Abbreviations such as 'Spec. Purp.' or 'S.P.' will be accepted.
- (b) where a prescription is written for an item available for use by colostomy and ileostomy patients or for an item available for use by paraplegic and quadriplegic patients, it is necessary that the prescription be endorsed 'specified purpose' by the medical practitioner.
- (c) where a pharmaceutical benefit is subject to a restriction that the written authority of the Director of Health is required, the medical practitioner should seek approval from the Director of Health, Commonwealth Department of Health in the State concerned before prescribing the item as a pharmaceutical benefit.

Maximum Quantities and Repeats

22. For ready prepared preparations, the allowable maximum quantity and number of repeats are shown in sections 2 and 3 (White Pages). For extemporaneously prepared preparations, details are set out in the Table of Maximum Quantities and Repeats, section 4 (Green Pages).

23. The maximum quantity of an item marked with a double dagger (‡) has been determined as a single pack. As explained on page 3, section 2 (White Pages), the standard pack must be supplied irrespective of the quantity prescribed.

24. For other items, it is not necessary to prescribe the maximum quantity if the medical practitioner or participating dental practitioner considers a lesser quantity is sufficient for the patient's needs; however, restrictions do apply to items being in the Safety Net (see paragraph 72). Medical practitioners or participating dental practitioners are required to specify the actual quantity of the pharmaceutical benefit required.

25. If a medical practitioner requires a prescription to be repeated he must specify the actual number of repeats required. It is not necessary for the maximum quantity to be ordered before the supply can be repeated; however, refer to paragraph 72. Repeats may be for any quantity up to the maximum, irrespective of whether the original supply is for an equal, greater or lesser quantity.

26. Some prescriptions for pharmaceutical benefits do not completely identify the pharmaceutical benefit, in that they do not clearly state the quantity and/or the number of repeats. For example, some medical practitioners or participating dental practitioners write 'Max. Qty', 'M.Q.' or 'M.R.' instead of the actual number of tablets, capsules, etc., or the number of repeats required. The abbreviations 'Max. Qty', 'M.Q.' or 'M.R.' are not acceptable unless suitably endorsed by the approved pharmacist in his own handwriting that the prescriber has been contacted and the quantity and/or repeats clarified.

27. The relevant maximum quantity and number of repeats are not to be exceeded, unless the prescription is accompanied by a written authority (Authority Prescription).

28. Special provisions exist to assist chronically ill persons who require larger quantities of drugs and/or continuous treatment. In most cases under these provisions a medical practitioner may, if in the patient's interest, apply to the Director of Health, Commonwealth Department of Health in the relevant State for written authority to prescribe a quantity and/or number of repeats in excess of the listed maximum quantity and/or maximum number of repeats.

Authority Prescriptions

29. Pharmaceutical benefits should not be supplied on presentation of an authority prescription which has not been approved by the Director of Health in the particular State, except in urgent cases, and then, only when the authority of the Director of Health is first obtained by telephone or other means.

- (a) the written authority of the Director of Health to prescribe:—
 - (i) restricted drugs (paragraph 21); or
 - (ii) increased maximum quantities and/or increased number of repeats (paragraph 28),
 will be forwarded to the medical practitioner on an Authority to Prescribe (Form PB15) or to the medical practitioner or the patient on an Authority Prescription (Form PB86).
- (b) when the authority is given on the Authority to Prescribe the medical practitioner will write the prescription in the space provided on the form for this purpose.

Regulation 24

30. Generally, a pharmaceutical benefit may not be supplied to the same person more than once on any one day. However, a medical practitioner may direct that the original supply and repeat supplies of a pharmaceutical benefit ordered in a prescription be supplied at the one time, provided he is satisfied that:—

- (a) the maximum quantity specified for the pharmaceutical benefit prescribed is insufficient for the medical treatment of the person for whom the prescription is written;
- (b) that person is suffering from a chronic illness or is resident in a place remote from the nearest approved pharmacist or approved medical practitioner; and
- (c) that person, without great hardship, could not obtain the pharmaceutical benefit on separate occasions.

The doctor must endorse the prescription 'Regulation 24', as certification that all the above conditions have been satisfied.

Emergency Drug (Doctor's Bag) Supplies

31. Certain pharmaceutical benefits are provided free to medical practitioners for emergency use. The patient is not required to make any payment when pharmaceutical benefits are made available to him from these supplies. The items available as Emergency Drug (Doctor's Bag) Supplies are listed at the end of this section. These emergency supplies are not available to ships' doctors.

32. Supplies of these drugs may be obtained from an approved pharmacist upon the production of an official Emergency Drug (Doctor's Bag) Order Form in duplicate, signed by the medical practitioner personally. (See paragraph 60)

33. Medical practitioners approved to supply pharmaceutical benefits under section 92 of the National Health Act are to use the Emergency Drug (Doctor's Bag) Supply Form (Form PB7A) which is not valid for the supply of pharmaceutical benefits by an approved pharmacist. Special instructions are issued to approved medical practitioners.

Urgent Cases

34. In cases of urgency, a medical practitioner or participating dental practitioner may communicate a prescription to an approved pharmacist by telephone or other means. In such cases the medical practitioner or participating dental practitioner must reduce the prescription to writing and forward it within 24 hours of such communication to the approved pharmacist who made the supply. For further details see paragraph 63.

35. The provision for communication of prescriptions in urgent cases applies also to those drugs for which the written authority of the Director of Health is necessary for supply as a pharmaceutical benefit. In such cases, the medical practitioner must first obtain advice from the Director of Health in the particular State, by telephone or other means, that the authority will be issued and notify the approved pharmacist accordingly when communicating the prescription. The medical practitioner must subsequently obtain the written authority and forward the completed form within 24 hours of its receipt to the approved pharmacist who supplied the benefit.

B. SUPPLY OF BENEFITS—PROCEDURE BY APPROVED PHARMACISTS

Prescriptions

36. An approved pharmacist is authorised to supply a pharmaceutical benefit only upon the surrender of:—

- (a) a valid prescription, dated within twelve months before the date of its presentation; or
- (b) an Authority Prescription or an Authority to Prescribe which has been dated by the prescribing medical practitioner within twelve months before the date of its presentation; or
- (c) a repeat authorisation presented with a duplicate prescription within twelve months of the date of the prescription.

37. A pharmaceutical benefit may not be supplied to the same person more than once on any one day, except where a prescription is endorsed 'Regulation 24' (see paragraph 30).

38. Prescriptions for items deleted from the Schedule may not be dispensed as benefits as from the date of effect of deletion (see also paragraph 49).

39. Where restrictions are removed or applied with regard to the prescribing of a pharmaceutical benefit, valid prescriptions written before the date of effect of the restriction changes may still be dispensed as pharmaceutical benefits.

40. Where the maximum quantity and/or number of repeats of an item are altered, the quantities and repeats which have been prescribed on valid prescriptions written before the date of effect of the alterations may be dispensed.

41. Prescription forms on which are prescribed both pharmaceutical benefit items and non-pharmaceutical benefit items may be accepted. The non-benefit items will be supplied as private prescriptions, cancelled from the form and must not be serially numbered.

42. A pharmaceutical benefit shall not be supplied a number of times greater than the number specified in the prescription.

43. Where a brand of a benefit item is specified by the prescriber, the approved pharmacist is required to supply that brand. The only exceptions to this are:—

- (a) where prior to supply the prescriber has given approval for supply of a listed brand different from that specified in the prescription; or

(b) where the prescribed brand is unavailable, the approved pharmacist supplying the benefit can satisfy the Director of Health, Commonwealth Department of Health in the relevant State that:—

- (i) the approved pharmacist was unable, after a conscientious attempt, to obtain approval from the prescribing medical practitioner to supply an alternative listed brand; and
- (ii) the supply of the benefit was required as a matter of urgency.

An appropriate certification setting out the relevant facts is to be made on such prescriptions by the approved pharmacist.

Suspected Forgery

44. The National Health Act requires that a prescription must be written by a registered medical practitioner or a participating dental practitioner. In the event that the approved pharmacist cannot recognise the medical practitioner's or participating dental practitioner's signature he should take all reasonable steps to satisfy himself that the prescription was written by a registered medical practitioner or a participating dental practitioner. If an approved pharmacist is not satisfied that the signature on a prescription form is that of a medical practitioner or participating dental practitioner, or suspects that the prescription has been forged or fraudulently obtained, he is entitled, before supplying the pharmaceutical benefit, to obtain a statement from the person obtaining the pharmaceutical benefit. However, in the case of Emergency Drug (Doctor's Bag) Order Forms particular requirements are set out in paragraph 60.

Procedure before Supply of Pharmaceutical Benefit

45. Before a pharmaceutical benefit is supplied on presentation of a prescription the approved pharmacist is required to:—

- (a) endorse the prescription form and duplicate with the approved pharmacist's name and approval number;
- (b) allot a prescription identifying number (see paragraphs 64 and 65) which will identify the prescription item and mark that number on the form and duplicate; and
- (c) if more than one item has been written on the one form allot a separate prescription identifying number to each prescription item.

Regulation 24

46. Where a prescription is endorsed 'Regulation 24' (see paragraph 30), an approved pharmacist is authorised to supply the pharmaceutical benefit and the repeats of that benefit at the one time. The

approved pharmacist should not complete a Repeat Authorisation Form (see paragraph 52). An amount equivalent to one professional fee and where applicable, one dangerous drug fee is payable for the total supply.

Deferred Supply

47. When a patient presents a prescription form, in duplicate, ordering more than one pharmaceutical benefit item, and does not require the supply of one or more of the pharmaceutical benefit items at the same time as other pharmaceutical benefit items prescribed on the form, a separate Repeat Authorisation (see paragraph 55) for each deferred item must be prepared in duplicate and the words 'Original Supply Deferred' must be stamped across the relevant item on the original and duplicate of the prescription form and the Repeat Authorisation. The duplicate must be stamped in such a manner as to not render the duplicate illegible. DEFERRED ITEMS MUST NOT BE CLAIMED ON THE ORIGINAL PRESCRIPTION FORM.

Repeat Authorisations

48. Before a pharmaceutical benefit is supplied on presentation of a valid prescription, Authority Prescription or Authority to Prescribe which contains a direction to repeat the supply (when repeats are allowable) or on a Repeat Authorisation requiring further allowable repeats the approved pharmacist shall prepare a Repeat Authorisation Form (Form PB13 or PB13A) in duplicate, except when supply under the provisions of Regulation 24 is authorised.

49. Where repeats are allowable a pharmaceutical benefit may be supplied on a Repeat Authorisation only when it is presented with a duplicate prescription to which it is duly related and it is indicated that the pharmaceutical benefit to be supplied has not already been supplied the number of times directed in the prescription.

50. Repeat Authorisations which relate to prescriptions for items deleted from the Schedule may not be dispensed as pharmaceutical benefits as from the date of effect of deletion.

51. However, where changes to restrictions, maximum quantities and/or number of repeats occur (as for original prescriptions, paragraphs 39, 40), Repeat Authorisations which relate to valid prescriptions written before the date of effect of the alterations, may be dispensed as pharmaceutical benefits.

52. Before a pharmaceutical benefit is supplied on presentation of a Repeat Authorisation, the approved pharmacist shall mark his name and approval number in the space provided on the Repeat Authorisation Form.

Preparation of Repeat Authorisation Form—Repeat Supply

53. The Repeat Authorisation Form shall show:—

- (a) the category of benefit (either NHS General, NHS Concessional, NHS Pensioner, including an Entitlement Card holder, or RPBS)—by placing a cross (x) in the relevant box;
- (b) the patient's name and full address;
- (c) if the prescription is for a pensioner or concessional beneficiary, the entitlement number appearing on the prescription, or, in the case of a previous Repeat Authorisation, the entitlement number appearing on the front of the previous Repeat Authorisation Form;
- (d) in the case of repeats authorised on Authority Prescriptions, the authority number;
- (e) the transcription of the original prescription stating the item, form, strength, quantity and directions;
- (f) on the first occasion of supply of the pharmaceutical benefit, the approval number, the date of the original prescription together with the prescription identifying number allotted by the pharmacist to the prescription (see paragraph 64);
- (g) on subsequent occasions of supply, the approval number, the date of the original prescription and the prescription identifying number as shown on the previous Repeat Authorisation Form;
- (h) the number of times the pharmaceutical benefit has been directed to be repeated and the number of times supply has been made; and
- (i) the name and approval number of the approved pharmacist issuing the Repeat Authorisation.

Repeat Authorisations for Injectibles and Solvents

54. Only one Repeat Authorisation is to be prepared in respect of an injectible pharmaceutical benefit which requires a solvent, and the solvent ordered. Details of both the injectible and the solvent should appear in the space provided for the 'Original Prescription Transcription'.

Repeat Authorisations for Deferred Supply

55. The Repeat Authorisation Form when it is used for a deferred supply of an original prescription item, is to be prepared and issued in the same manner as is required for the normal authorisation of repeats except that:—

- (a) '0' is to be inserted in the space for 'No. of times already dispensed';
- (b) if no repeats are ordered, '0' is to be inserted in the space for 'No. of Repeats Authorised';
- (c) where a Repeat Authorisation Form authorises the first supply of deferred original supply prescription items, the words 'Original Supply Deferred' should be stamped horizontally across the form just below the space provided for the 'Original Prescription Transcription' in such a manner that will not render illegible any of the other information entered on the form.

56. The supply of a benefit on a Repeat Authorisation which has been prepared for deferred supply is to be regarded as the first occasion of supply. If repeats have been directed the normal procedure in regard to Repeat Authorisations will apply at the time of first supply.

Issue of Repeat Authorisations

57. At the time of supply of the benefit the completed Repeat Authorisation for any further allowable repeat(s) or deferred supply together with the duplicate of the prescription is to be issued to the person to whom the benefit is supplied.

Receipts

58. Upon the supply to a person of a pharmaceutical benefit item, for which reimbursement will be sought from the Commonwealth by an approved pharmacist that person shall sign and date a receipt for that benefit on the prescription or Repeat Authorisation, as the case may be. If the person taking delivery of the benefit is not the person for whose treatment the prescription was written, that person shall in addition endorse the prescription form or Repeat Authorisation with his/her address. Not in any circumstances must a person give or an approved pharmacist demand a receipt until supply of the pharmaceutical benefit has actually been made.

59. Where a pharmaceutical benefit is supplied through the post, by rail, or other means of transport, and it is impracticable to obtain a receipt, the approved pharmacist must certify on the prescription or Repeat Authorisation, as the case may be, that the pharmaceutical benefit has been supplied, the date on which the supply was made and particulars of the means of supply. Where a pharmaceutical benefit is supplied prior to the presentation of a prescription (urgent cases see paragraphs 34, 35 and 63) or to a person who cannot read or write, or who is unable to write, the approved pharmacist should sign and date a statement on the prescription or Repeat Authorisation, certifying that the pharmaceutical benefit has been supplied and indicating the reason why a receipt was not obtained.

Emergency Drug (Doctor's Bag) Supplies

60. Certain pharmaceutical benefit items may be supplied to medical practitioners on receipt of an Emergency Drug (Doctor's Bag) Order Form (Form PB7) in duplicate, signed by the medical practitioner personally. These items are listed at the end of this section. Each order form is valid during the month printed thereon and each medical practitioner may obtain the benefits not more often than once per month. If the signature appearing on an Emergency Drug (Doctor's Bag) Order Form is that of a medical practitioner unknown to the approved pharmacist the latter is required to obtain, from the person presenting the order, particulars of the full name and address and medical registration number of the medical practitioner, and endorse these particulars on the back of the original copy of the order form.

61. The quantity of emergency drug items which may be supplied at the one time must not exceed those quantities specified in the list shown at the end of this section.

62. A medical practitioner may also specify on the order form a particular brand of a pharmaceutical benefit. If it is not available, the medical practitioner should be requested to specify in the order a permitted brand which is available, and to initial the alteration. On supply of the pharmaceutical benefits ordered on the order form, a receipt for the benefits must be signed by either the medical practitioner or by a person authorised by the medical practitioner.

Urgent Cases

63. A pharmaceutical benefit may be supplied by an approved pharmacist before the prescription for that benefit has been surrendered to the approved pharmacist, where in cases of urgency, the medical practitioner or participating dental practitioner communicates the prescription to the approved pharmacist by telephone or other means. This provision does not apply to prescriptions for supply by approved pharmacists where the law of the State in which that approved pharmacist's premises are

situated requires the prescription to be in writing. This provision also applies to drugs for which the written authority of the Director of Health, Commonwealth Department of Health is necessary for supply as pharmaceutical benefits. In such cases the medical practitioner must first obtain advice from the Director of Health in the particular State, by telephone or other means, that the authority will be issued.

Prescription Identifying Numbers

64. In addition to a serial number (see paragraph 125), each pharmaceutical benefit prescription dispensed must be given an identifying number which identifies it specifically. Any recognised series which will meet the purpose may be used, provided that the pharmacist's approval number is not a component of such numbers.

65. Further, in cases where an approved pharmacist allots a prescription identifying number to a Repeat Authorisation different from the original prescription number allotted by the approved pharmacist issuing the Repeat Authorisation, he/she should enter this new identifying number in the appropriate space.

OUTLINE OF THE SAFETY NET SCHEME

66. From 1 November 1986 the Pharmaceutical Benefits Scheme (PBS) changed for general users and those currently entitled to concessional benefits. Pensioners continue to receive items on the Pharmaceutical Benefits Schedule free (except for very few items where a special patient contribution applies).

67. To provide protection for those members of the community who, due to chronic illness, are high volume users of prescription medicines, a 'Safety Net' of 25 Pharmaceutical Benefit items for a family or individual applies for each calendar year. However, the first eligibility period is from 1 November 1986 to 31 December 1987. When the 'Safety Net' limit has been reached, all subsequent Pharmaceutical Benefits items will be free for both general and concessional users (except for the very few items where the special patient contribution applies).

68. Under these arrangements general users will pay up to a maximum agreed price for pharmaceutical benefit prescription drugs costing up to and including \$10.00. For prescriptions costing more than \$10.00 (or \$2.50 in the case of concessional beneficiary prescriptions) the government continues to pay the balance to the approved pharmacist.

Recording of Prescriptions

69. Each person (or family) presenting a prescription for dispensing may request the issue by an approved pharmacist of a Pharmaceutical Benefits Prescription Record Form (PRF). Details of family members whose prescriptions are to be recorded on this form should

be entered by the applicant. Entries on the form must be for pharmaceutical benefit items supplied to either the applicant, his/her spouse (including de facto spouse), children under 16 in his/her care and control and dependent full time students aged 16 to 24.

70. A person who has been or becomes a family member at any time during the year is considered to be a family member for the whole of that year. Pharmaceutical benefit items supplied for that person may count towards the family's 25 prescription limit.

71. The approved pharmacist, if requested, will enter on this form, at the time of supply, details of prescriptions dispensed for pharmaceutical benefit items only. An item qualifies for inclusion on the Prescription Record Form if:-

- (a) the item is NHS listed and satisfies the relevant restrictions (e.g. 'S.P.' or Authority) at the date of prescribing; and
- (b) either
 - (i) the NHS dispensed price is greater than the relevant patient contribution; or
 - (ii) the NHS dispensed price is less than or equal to the relevant patient contribution and the price charged to the patient is less than or equal to the agreed price;

Note: The agreed price is the NHS dispensed price plus a surcharge (currently 58 cents for RP items or 84 cents for EP items) up to a maximum of the patient contribution. Where the above calculation indicates a price less than \$5 the agreed price is \$5.

72. For items with a quantity less than the NHS listed maximum quantity at date of prescribing the NHS dispensed price must be greater than or equal to the patient contribution for the item to qualify. This restriction does not apply to Schedule 8 drugs. For differential maximum quantities (i.e. items listed with more than one maximum quantity) take the lower quantity.

73. Pharmaceutical benefit items and authority items can only be counted towards the Safety Net limit when prescribed as a pharmaceutical benefit.

74. The details to be listed are the date of supply, the PBS Code No. of the item supplied, the pharmacy approval number and the prescription identifying number. The pharmacist (or a person authorised by the approved pharmacist) must then sign the entry.

75. Some computer software suppliers provide this service as a software option by printing a special label for use as a record on the Prescription Record Form.

This label has the date of supply, NHS approval number, PBS code number and prescription identifying number with room for the signature. Some suppliers also provide the facility for a computer printout which is an acceptable replacement for the Prescription Record Form, provided that the information on both sides of the Form is reproduced. Should only the detail inside the Prescription Record Form be reproduced, both the Form and the printout are to be signed by the patient.

76. Items supplied under Regulation 24 count as the total number of supplies. For example, details of an item for the original supply plus 2 repeats, Regulation 24 should be entered on 3 lines.

77. The patient is responsible for maintenance and storage of this form. However, the form may be retained in the pharmacy. An individual (or family) may have more than one Prescription Record Form.

Multi-Item Forms

78. If the patient submits a multi-item prescription form which raises the number of items entered on the Prescription Record Form to 25, any items in excess of 25 are to be treated as entitled items. If a multi-item prescription (which raises the eligibility to 25) would result in general (or concessional) and pensioner items being claimed on the same prescription form, a Repeat Authorisation must be created to separate the items. Those items on the form which would be in excess of 25 are to be treated in a similar manner as 'deferred supply' items.

79. It would be to the patient's advantage for this procedure to be used in such a way that the lowest cost pharmaceutical benefit items are used to attain the 25 item entitlement. This will result in fewer items having to be treated as 'deferred supply' as in most cases the lower cost items, whilst being used to reach entitlement, are not claimed as general items because they are less than the patient contribution.

Lost Pharmaceutical Benefits Prescription Record Forms

80. Although an approved pharmacist may wish to give every assistance to recreate the details previously recorded on a Prescription Record Form that has been lost, stolen or destroyed, there is no obligation to do so.

Retrospective Entitlement

81. The responsibility for claiming entitlement rests with the patient. There is no provision for the refund of any amount paid for any item which is in excess of the 25 item limit. That is, if the number of items accumulated on all Pharmaceutical Benefits Prescription Record forms presented for entitlement is greater than 25, then the cost of those items in excess of 25 cannot be recovered by the patient.

Application for Original Entitlement Card Issue

82. The responsibility for claiming entitlement rests with the patient. The patient must complete an application form including the declaration on each Prescription Record Form used to claim entitlement.

83. When presented with an application form for issue of an Entitlement Card, it is important for the approved pharmacist to confirm that:-

- (a) the family members named on the application form are consistent with those appearing on the associated Prescription Record Form(s).

Responsibility for determining the family members who are entitled to be covered by the Entitlement Card rests with the applicant. Eligible family members are the primary cardholder and spouse (or de facto spouse) and family members who, at any time during the year, were either children under 16 in the cardholder's care and control or dependent full time students under 25.

Eligible family members whose names do not appear on the Prescription Record Form(s) may be included on the Application Form and covered by the Entitlement Card. However, all persons named on the Prescription Record Form will not necessarily be included on the Application Form, e.g. deceased persons or family members who have since married and become members of new family units.

A person who is included as a family member on an entitlement card is covered by that entitlement for the calendar year even if family arrangements change, e.g. a child or student who qualifies as a family member at the beginning of the year, but who has ceased to be a dependant, may be included as a family member for the remainder of that year.

- (b) the declaration on all Prescription Record Forms has been signed by the applicant. It is an offence for an applicant to make a false or misleading statement in connection with an application for an Entitlement Card or for a person to obtain the issue of an Entitlement Card to which he/she is not entitled.
- (c) the date of supply of all items entered falls within the current entitlement period.
- (d) details of 25 items have been entered on the Prescription Record Form and there are no apparent irregularities.

If the approved pharmacist is unable to do this, it is recommended that the applicant be told to send the application and the associated Prescription Record Form(s) to the Department's Regional Office in the State Capital.

- (e) the code 'E' (original Entitlement Card) has been entered in the 'card code' box and that the correct number has been entered into the 'Total number of family members' box.

84. An Entitlement Card must not be issued unless the approved pharmacist is satisfied that the person or family is eligible to receive Pharmaceutical Benefit Entitlement, nor must the name of any person whom the approved pharmacist knows is not a family member be entered on an Entitlement Card.

Issue of Entitlement Card

85. When satisfied that the individual or family is entitled, the approved pharmacist should issue the next blank Entitlement Card. The following details from the application form should be copied onto the Entitlement Card to be issued:

- (a) the names of family members to be covered by this entitlement. If more than 12 family members, the cardholder should submit an original application and list himself/herself plus 11 family members on one card and complete an application form for the issue of a second card (duplicate) listing himself/herself and the other members of the family;
- (b) the two character code to indicate the relationship to the cardholder. Applicable codes are:
 - CH—cardholder/self, parent or guardian;
 - SP—spouse
 - DC—child under 16 in the care and control of the cardholder; and
 - DS—dependant full time student under 25.
- (c) the code to indicate the type of Entitlement Card issued. The applicable codes are:
 - E—original
 - S—duplicate
 - child/student
 - new family member
 - N—replacement for lost, stolen or destroyed card;
- (d) the total number of family members whose details have been entered on the card.

86. Having confirmed that the number of names entered on the card matches the number entered into the 'total number of family members' box, rule a line through the unused space provided on the Entitlement Card for listing the names of family members to prevent the entry of any additional names. The approved pharmacist then copies the Serial Number which appears in the top right hand corner of the new Entitlement Card into the space provided at the top right hand corner of the Application Form.

87. When issuing an Original Entitlement Card, having entered the cardholder's details onto the card, the approved pharmacist must copy the Serial Number of the Entitlement Card onto the back of each Prescription Record Form, sign and stamp each form with the Pharmacy's stamp. The Entitlement Card issue details must be entered in the Entitlement Card Issues Register and an Entitlement Number entered on the Entitlement Card being issued.

Record of Entitlements

88. To maintain a record of Entitlement Card issues and to determine the Entitlement Number for the card being issued, the approved pharmacist must enter the following details on the Pharmaceutical Benefits Entitlement Card Issue and Claim for Payment Book:

(a) if the next available line is the first line on a new page, at the top of the page enter:—

- (i) the book number—each book of Pharmaceutical Benefit Entitlement Card Issue forms issued to a pharmacist must be sequentially numbered;
- (ii) the approval number of the issuing approved pharmacy;
- (iii) on the first line of the new page enter the Serial Number of the next Entitlement Card (in order of serial number) to be issued.

(b) if the next available line is not the first line of the register enter only the last 2 digits of the serial number of the entitlement card to be issued. This number appears in the top right hand corner of the Entitlement Card.

(c) general details:

- (i) the card code—for the type of Entitlement Card issued. The applicable codes are—

E—original;

S—supplementary—duplicate;

—child/student;

—new family member;

N—replacement for a lost, stolen or destroyed card; and

V—void—if an error is made issuing a card and the card is not to be issued, then the pharmacist must write 'VOID' across the section used to list family members.

(ii) the number of people covered by the card;

(iii) surname and Christian or given names of the primary cardholder (i.e. first person listed in the family member's section of the application form).

89. By reference to the book, page and line number for the entry line the approved pharmacist has just completed on the Entitlement Card Issues Form, allocate and enter an Entitlement Number from left to right in the boxes provided on the Entitlement Card as follows:—

(a) enter the 5 characters of the pharmacy approval number (in the case of approved medical practitioners and approved hospitals omit the 'D' or 'H' prefix) in the first 5 positions provided on the Entitlement Card for the Entitlement Number;

Note: Because existing prescription forms contain a ' ' pre-printed between the fields of the entitlement number, the ' ' has been printed on the Entitlement Card. This will require the first two characters of the approval number to be entered before the ' ' and the remaining three characters after the ' '.

(b) then in the next four positions enter 4 characters which indicate the entry line for this card issue in the Entitlement Card Issues Book:—

(i) 1 character book number;

(ii) 2 characters page number; and

(iii) 1 character line number.

(c) finally enter the last digit of the current calendar year as the last digit of the Entitlement Number (e.g. for 1987, 7 would be entered in the rightmost position).

90. The Entitlement Card is to be signed and dated by the issuing approved pharmacist and stamped with the pharmacy stamp.

Application for Supplementary Cards

91. Supplementary Cards can be issued to Entitlement Cardholders only by the approved pharmacist who issued the original Entitlement Card. If an approved

pharmacist receives an application for a Supplementary Card, but was not the issuer of the original Entitlement Card, the applicant is to be advised to apply to the approved pharmacy which issued the original Card or to send the application to the Director of Health Commonwealth Department of Health in the State concerned. The original (or duplicate) Entitlement Card must be produced before a Supplementary Card can be issued.

92. An application form must be completed by the original cardholder (or spouse) and the applicant must enter the code 'S' in the 'card code' box. The Entitlement Number from the Original Card must also be entered by the applicant.

93. The applicant must list all members of the family to be covered by this card. A Child/Student Card can only be issued in the name of one child or student. The name of the child or student should be entered and 'DC' or 'DS' as appropriate entered in the 'Relationship' column. The declaration on the application form must be signed and dated by the applicant.

Lost Entitlement Cards

94. Where an Entitlement Card has been lost, damaged, stolen or destroyed, an application form should be completed by the original cardholder (or spouse).

95. A replacement card can only be issued by the approved pharmacy that issued the original entitlement card. If in doubt, or if it is impracticable to contact the original issuing approved pharmacy, the request should be submitted to the relevant Regional Office of the Department of Health for processing. The issuing approved pharmacist must:—

- (a) ensure that the code 'N' has been entered in the 'card code' box;
- (b) note that the applicant has listed all members of the family to be covered by the card; and
- (c) ensure that the form is signed and dated by the applicant.

96. A new card can be issued if, after consulting the records of previous entitlement cards issued, the approved pharmacist is satisfied that the request is genuine.

Death of Prescription Record Form Holder

97. If the person listed as 'self' on the Pharmaceutical Benefits Prescription Record Form dies, any other member of the family can assume the role of applicant for purposes of establishing the family entitlement.

Notification to Department and Claim for Payment

98. In order to expedite payment for the issue of Entitlement Cards and to reduce the volume of Prescription Record Forms and Application Forms that the approved pharmacist may accumulate in the later months of the year, and to provide the Department with up-to-date information on Entitlement Card issues, the following procedures for handling the Issue and Claim for Payment Form should be followed:—

- (a) any completed Pharmaceutical Benefits Entitlement Card Issue Forms (i.e. any form containing 9 entries) must be forwarded to the Regional Office of the Department of Health in the respective State the next day;
- (b) at the end of each week any partially used Pharmaceutical Benefit Entitlement Card Issue Forms must be forwarded to the Department;
- (c) enter the date in the 'date of return' box on the Pharmaceutical Benefit Entitlement Card Issue Form and sign the form;
- (d) all supporting documents (the relevant Prescription Record Forms, application forms for the issue of original or supplementary cards, and all reclaimed and void Entitlement Cards) must be submitted to the Department of Health with the Pharmaceutical Benefits Entitlement Card Issue Form; and
- (e) payment for the issue of Entitlement Cards will be made on the basis of this return. No payment will be made for VOID cards.

Pharmacy Record of Issued Cards

99. A record must be maintained within the approved pharmacy of all cards issued. The duplicate ('bookfast') copy in the Pharmaceutical Benefits Entitlement Card Issues book is provided for this purpose.

Use of Entitlement Card

100. Before supplying a prescription item which attracts a pharmaceutical benefit for use by an Entitlement Card holder, a pensioner, a concessional beneficiary or their dependants, the approved pharmacist must check that an Entitlement Number has been entered, and a cross entered in the appropriate box (i.e. Concessional or Pensioner (includes Entitlement Card holder)) on the prescription form. On supplying the pharmaceutical benefit, the recipient is to sign the prescription form.

101. A concessional cardholder who also has a Pharmaceutical Benefits Entitlement Card must quote the Pharmaceutical Benefits Entitlement number (not the concessional number) to obtain the benefit as a pensioner prescription.

102. An approved pharmacist must be satisfied that the person for whom a pharmaceutical benefit is supplied is entitled to receive the relevant pharmaceutical benefit. Otherwise the person must provide evidence that they are entitled to receive pharmaceutical benefits free of charge or at the concessional rate.

D. CHARGES TO PATIENTS

Patient Contribution and Special Patient Contribution

103. An approved pharmacist is required for each supply by him whether on a prescription or Repeat Authorisation, to charge the person to whom the pharmaceutical benefit being a pharmaceutical benefit having a dispensed price greater than \$10.00 is supplied an amount of \$10.00 for general patients or an amount of \$2.50 for patients with a concessional entitlement. A charge is not to be made for patients who are pensioners or holders of an Entitlement Card. Where a solvent is prescribed as part of a pharmaceutical benefit, only one relevant patient contribution is to be made for each supply of the pharmaceutical benefit. Neither of these patient contributions can be discounted and the circumstances outlined in paragraph 115 apply.

104. For those items having a dispensed price of \$10.00 or less the agreed price applies and is the maximum price that an approved pharmacist can charge a patient and have these items included on the Prescription Record Form for the 'Safety Net' purposes. The approved pharmacist may charge less than the agreed price for these items.

105. Where a medical practitioner has obtained a written Authority from the Director of Health, Commonwealth Department of Health to prescribe a quantity greater than the normal maximum quantity the relevant patient contribution should be made for each supply of the increased maximum quantity.

106. A special patient contribution is determined for certain drugs in regard to which there exists a price disagreement with the manufacturer. The special patient contribution is thus an additional charge over and above the relevant patient contribution set out in paragraph 103. All patients, including concessional beneficiaries, pensioners and holders of an Entitlement Card, are required to pay this special patient contribution for these special pharmaceutical benefits.

107. Where a medical practitioner has endorsed a prescription 'Regulation 24' (see paragraphs 30 and 46) the approved pharmacist should make a relevant patient contribution charge (including a special patient contribution if applicable) for the original and the same charge for each repeat that would normally be needed to make up the total supplies. For example, if the prescription ordered two repeats, a charge of \$30 should be made to a general patient, or \$7.50 to a patient with a concessional entitlement, and where the special patient contribution applies, the multiple of the special patient contribution equal to the total number of supplies is also to be charged.

108. A prescription, other than a prescription for a pensioner or a holder of an Entitlement Card, written for a pharmaceutical benefit for which the dispensed price at the date of supply is equal to or less than \$10 for general patients, or \$2.50 for patients with a concessional entitlement, is only a prescription for the pharmaceutical benefits 'Safety Net' provisions. This also applies to prescriptions endorsed 'Regulation 24', for which the price of the total quantity of the pharmaceutical benefit supplied is equal to or less than the relevant patient contribution specified in paragraph 106.

Establishment by Eligible Pensioners, Entitlement Card Holders and Concessional Beneficiaries of Entitlements to Pharmaceutical Benefit Concessions

109. Any person may enter the relevant information to establish the patient as an eligible pensioner, Entitlement Card Holder or concessional beneficiary in the spaces provided on prescription forms (front or back) supplied by the Department. The person entering the entitlement information shall complete all the relevant details applicable to the patient's entitlement on the prescription. **Concessional Beneficiaries or their dependants will be the holders of a valid Health Care Card or a Pharmaceutical Benefits Concession Card. While pensioners or their dependants will possess a valid Health Benefits Card, Pensioner Benefits Card, Dependant Treatment Entitlement Card (Lilac) or a Service Pensioner Benefits Card (Red). Note:** The Entitlement Number on the Dependant Treatment Entitlement Card (Lilac) and the Service Pensioner Benefit Card (Red) may contain fewer digits than those allowed for on the prescription form. The numbers should be entered consecutively from the left. The information to be provided in the appropriate spaces are:—

- (a) the entitlement number appearing on the card, i.e., a ten-character alpha-numeric number (the entitlement number does not identify the type of card or the entitlement category); and
- (b) a cross (x) in the appropriate box indicating the type of entitlement card held by the patient or entitlement category. The type of card or category denotes the entitlement of the patient to receive pharmaceutical benefits free of charge or at the concessional patient contribution rate.

Where a patient or agent is required to sign and date a receipt for the supply of a pharmaceutical benefit on an original prescription form (see paragraphs 58-59), that person also accepts responsibility for the validity of the entitlement information shown on the prescription. Where the approved pharmacist supplies a pharmaceutical benefit before the prescription is reduced to writing, the approved pharmacist is authorised to obtain the patient's entitlement information so that this information can be entered on the prescription, if the prescription, when received from the medical practitioner, does not include the relevant information.

110. Where prescriptions are written on forms which do not provide space (front or back) for the entry of entitlement information, the dispensing approved pharmacist, on request, shall place the declaration stamp imprint on the back of the original prescription form to enable the patient's entitlement information to be provided. In these cases a signature and date is not required on the declaration format.

111. In those cases where the patient obtains an Entitlement Card or becomes a pensioner or concessional beneficiary after the original prescription has been supplied and wishes to establish entitlement for subsequent repeat or deferred supplies, the approved pharmacist shall place the declaration stamp imprint on the back of the Repeat Authorisation Form to enable the relevant information to be provided.

After Hours

112. A charge, to be set by the approved pharmacist, may be made when an approved pharmacist is required to return to the approved premises in order to supply a pharmaceutical benefit or pharmaceutical benefits at a time outside normal trading hours. The charge is recoverable from the patient concerned and not from the Department.

Delivery

113. A charge equal to the cost of delivering the pharmaceutical benefit may be made if supply is made at or to a place other than the approved pharmacist's pharmacy.

Responsibility

114. It is the patient's responsibility to meet any charge lawfully demanded and an approved pharmacist may refuse to supply a pharmaceutical benefit if payment of a charge is not made.

Approval Conditions

115. The approval of an approved pharmacist is subject to the condition that an approved pharmacist:

- (a) will not, by advertisement, notice or otherwise, state or indicate that he/she is willing to supply all or any pharmaceutical benefits being pharmaceutical benefits that attract a Commonwealth contribution to all or any persons (except pensioners) without charge or for a charge of less than the relevant patient contribution(s) for each supply;
- (b) will not follow a practice of supplying all or any pharmaceutical benefits being items that attract a Commonwealth contribution to all or any persons (except pensioners and holders of an Entitlement Card) without charge or for a charge that is less than the relevant patient contribution(s);
- (c) will clearly indicate in any statement made by advertisement, notice or otherwise, that any offer to supply drugs or medicinal preparations without charge or at a reduced charge does not apply to the supply of pharmaceutical benefits again being items that attract a Commonwealth contribution; and
- (d) will not enter into any agreement or arrangement to pay rebates or refunds of the relevant patient contribution for those items which attract a Commonwealth contribution nor will he/she become a party to such agreements.

PREPARATION AND SUBMISSION OF CLAIMS FOR REIMBURSEMENT— PROCEDURE BY APPROVED PHARMACISTS

A. INTRODUCTION

116. The pricing of valid prescriptions, Repeat Authorisation Forms and Emergency Drug (Doctor's Bag) Order Forms and the calculation of the total amount payable for each claim are carried out by computer operating on information provided in respect of each pharmaceutical benefit supplied under the National Health Act.

117. The payment system is designed to enable approved pharmacists to prepare claims correctly with a minimum of work and it is essential that the instructions be followed carefully and without modification. The inclusion in claims of incorrectly prepared or otherwise defective prescriptions can be expected to interrupt processing and delay payments.

118. The interest and co-operation of approved pharmacists in ensuring that claims are always correctly prepared is invited and would substantially assist this Department to maintain a programme of prompt and satisfactory payments.

B. PROVISION OF INFORMATION BY AN APPROVED PHARMACIST

Entering of Information

119. The approved pharmacist will enter relevant information on each document he submits in support of his claim. The information to be entered will depend upon the type of document, i.e., original or repeat supply, Emergency Drug (Doctor's Bag) Order Form, etc.

Prescription Identification Stamp

120. A stamp in the following format may be used to facilitate the presentation of pharmaceutical benefit prescriptions for payment:—

S
A
No.

The stamp may be used for identifying all pharmaceutical benefit prescriptions and provides spaces for information required on original prescription forms. Stamp imprints must be placed on the extreme left of the front side of the prescription form, opposite each prescription item being claimed. Care must be taken not to obliterate any of the prescription details written by the prescriber. Most medical practitioners as well as participating dental practitioners use pharmaceutical benefits prescription forms which provide space suitable for this purpose. Repeat Authorisation Forms, Emergency Drug (Doctor's Bag) Order Forms, Authority Prescription Forms and Authority to Prescribe Forms currently on issue have printed spaces designed for the information required.

121. Where the prescription identification stamp is not used, the required information must be inserted in the same area on the prescription form as that designated for the stamp and in the same order as that shown in the stamp.

122. Approved pharmacists are asked to avoid stamping or writing over the prescriber number pre-printed on the NHS prescription forms supplied to medical practitioners or over the 'DP No.' box on NHS dental prescription forms supplied to participating dental practitioners by the Department.

Information to be Entered in Prescription Identification Stamp

123. The spaces in the stamp imprint are to be used for the following information:—

'S'—Serial Number (see paragraphs 124-129).

- 'A'—
- (a) To indicate the price claimed for pricing elect prescriptions (see paragraph 133), exceptional priced prescriptions (see paragraph 132) and Repatriation non-scheduled prescriptions (see paragraph 134).
 - (b) To confirm the prescription is endorsed 'Regulation 24' (see paragraph 30).
 - (c) To claim for a glass dropper bottle where applicable (see paragraph 130).
 - (d) To make any clarification concerning the prescription which the approved pharmacist considers will assist the Department in the payment of the prescription.

'No.'—The prescription identifying number.

Serial Numbering of Prescriptions, Repeat Authorisations, Authority Forms and Emergency Drug (Doctor's Bag) Order Forms

124. Prescriptions, Repeat Authorisation Forms, Authority Prescription Forms and Emergency Drug (Doctor's Bag) Order Forms submitted in each claim must bear consecutive serial numbers commencing at:—

- (a) 1 for Emergency Drug (Doctor's Bag) supplies;
- (b) 1 for general benefits;
- (c) C1 for concessional benefits;
- (d) P1 for pensioner benefits; and
- (e) R1 for repatriation benefits.

Each serial number allotted should also be endorsed on the corresponding document retained by the approved pharmacist for record purposes. Each Emergency Drug (Doctor's Bag) item should be given a serial number, e.g., if there are five items on the first form in the claim the first item on the second form in the claim will bear the serial number 6.

125. Each serial number allotted by an approved pharmacist to a prescription item or allowable repeat supplied as a pharmaceutical benefit should be entered in the prescription identification stamp imprint on the original prescription form or in the printed space on the Repeat Authorisation Form or the Authority Prescription Form.

126. Serial numbers allotted in respect of prescription items or allowable repeats supplied as concessional benefits must be prefixed with the letter 'C', in respect of pensioner benefits including those supplied to Entitlement Card holders with the letter 'P' and in respect of repatriation benefits with the letter 'R'.

Serial Numbering of an Injectable Item Ordered with a Solvent

127. Where the words '(solvent required)' are included after the form of a pharmaceutical benefit and the prescriber has directed in the prescription that both the injectible and the solvent are to be supplied, only one serial number is to be allocated and should be placed on the left hand side of the prescription form opposite the injectible item.

Serial Numbering of Repeat Authorisations for Authority Prescriptions

128. Where a Repeat Authorisation is dispensed in respect of a benefit for which an Authority Form is required, the serial number allotted must be prefixed with the letter 'A' in the case of a general benefit, the letters 'AC' in the case of a concessional benefit, the letters 'AP' in the case of a pensioner benefit including those supplied to Entitlement Card holders, or the letters 'AR' in the case of a repatriation benefit.

Serial Numbering of Repeat Authorisations for Deferred Supply

129. Where a benefit is supplied on a Repeat Authorisation which has been prepared for deferred supply, the serial number allotted must be prefixed with the letter 'D' in the case of a general benefit, the letters 'DC' in the case of a concessional benefit, the letters 'DP' in the case of a pensioner benefit including those supplied to Entitlement Card holders, or the letters 'DR' in the case of a repatriation benefit.

Dropper Containers

130. Dispensed prices for extemporaneously prepared eye drops, ear drops and nasal instillations include the price of a polythene dropper container. Where a glass dropper container is specified by the prescriber or considered necessary by the approved pharmacist, payment for same should be claimed by writing the words 'glass bottle' in box 'A' of the stamp imprint.

Extemporaneously Prepared Pharmaceutical Benefits which are not Listed in the Standard Formulae List

131. In the case of a formula which is not listed in the Standard Formulae List, claimants will receive an average 10g/mL rate for the type of preparation with provision to price exceptional prescriptions (see paragraph 177) or the claimants may elect to calculate the cost of ingredients, containers and professional fee manually (see paragraphs 171-176). These arrangements have been agreed between the Department and the Pharmacy Guild of Australia.

Action to be taken when an Approved Pharmacist is to be paid on an Average Price Basis

132.—

- (a) Where a prescription is to be reimbursed on an average price basis, the prescription identification stamp should be completed as outlined in paragraph 123.
- (b) Where a prescription is to be claimed as an exceptional prescription, as defined in paragraph 177, the approved pharmacist should detail the formula supplied on the prescription form or Repeat Authorisation Form, price the prescription in accordance with the pricing principles set out in paragraphs 159-170 and enter the calculated price in box 'A' of the stamp imprint or the appropriate space on Repeat Authorisation Forms.

Action to be taken when an Approved Pharmacist elects to price Non-pre-priced Extemporaneous Preparations

133. When the approved pharmacist has advised the Department of his or her election to price out non-pre-priced extemporaneous preparations, the approved pharmacist should price each prescription in this category in accordance with the pricing principles set out in paragraphs 159-170 and enter the calculated price in box 'A' of the stamp imprint or the appropriate space on Repeat Authorisation Forms.

Items Not Included in either the NHS or Repatriation Schedule of Pharmaceutical Benefits

134. Where a prescription for a Repatriation beneficiary is for an item which is not included in either the NHS or the Repatriation Schedule of Pharmaceutical Benefits, the price claimed should be entered in box 'A' of the stamp imprint. Full details concerning the pricing of such items and their availability under the Repatriation Pharmaceutical Benefits Scheme are set out in the booklet 'Notes for Pharmacists' issued by the Department of Veterans' Affairs.

Action by Approved Pharmacist Dispensing a Repeat Authorisation

135. It is the responsibility of the approved pharmacist dispensing a repeat supply to ensure that all details required on the Repeat Authorisation Form have been completed and are correct. It should be noted that:—

- (a) The serial number allotted by the approved pharmacist to the Repeat Authorisation is to be entered in the space at the top of the form.
- (b) The new prescription identifying number of the Repeat Authorisation is to be entered in the space marked 'Prescription No.' on the front of the form.

C. SUBMISSION OF CLAIMS

Documents to be Submitted

136. A claim for pharmaceutical benefits consists of:—

- (a) The original and duplicate of a completed Claim for Payment Form (Form PB1).
- (b) A completed Isolated Pharmacy Allowance—Claim for Payment Form (Form PB42) where applicable (see paragraphs 187-188).
- (c) The original orders for Emergency Drug (Doctor's Bag) supplies in a separate bundle submitted in serial number order.
- (d) Three separate bundles, each consisting of the originals of all prescriptions, Repeat Authorisations and authority prescription forms for benefits supplied to the general public, concessional beneficiaries and pensioners (including Entitlement Card holders). Each bundle is to be submitted in serial number order.
- (e) A separate bundle, consisting of the originals of all prescriptions, Repeat Authorisations and prior approval forms for benefits supplied to repatriation beneficiaries and submitted in serial number order.

137. Prescriptions in each bundle should be submitted in serial number order, with the first serial number at the top of the bundle.

138. Prescriptions submitted for payment which are apparently in a wrong bundle will be returned to the approved pharmacist for any necessary clarification and if appropriate, resubmission in the correct bundle of the next claim.

Completion of Claim Form

139. Particulars of claimant's name, address of approved premises, approval number and reference should be entered in the spaces provided on the Claim for Payment Form. It is important that these particulars agree entirely with the latest written information held by this Department, i.e., Application for Approval as a Pharmacist Form or later letter. In the event of discrepancies, payment will necessarily be delayed pending clarification.

140. The claimant's reference should indicate the number of claims submitted by the approved pharmacist thus far in the particular calendar year, e.g., the sixth claim submitted by an approved pharmacist in 1986 should bear a claimant's reference of 8606.

141. The numbers of prescriptions to be entered on the Claim for Payment Form are the first and last serial numbers given to items in the Emergency Drug (Doctor's Bag), General, Concessional, Pensioner

(including Entitlement Card holders) and Repatriation bundles respectively (see paragraph 124). The last numbers should be the total numbers of these categories.

142. Please note that no entry of the amount of the claim is required—this will be calculated by computer after the prescriptions have been individually priced.

143. The declaration on the Claim for Payment Form must be signed by the approved pharmacist unless an authority for another pharmacist to do so has been sent by the approved pharmacist to the Director of Health, Commonwealth Department of Health in the State concerned.

Time for Lodgement of Claims

144. Claims for pharmaceutical benefits may be lodged at the office of the Commonwealth Department of Health in the relevant capital city at any time during the month. Claims for pharmaceutical benefits supplied more than eighteen months prior to the date of claiming will not be accepted for computer processing, but will require manual pricing of prescriptions and preparation of tally sheets and claim forms by the approved pharmacist. Approved pharmacists desiring to submit such claims should contact the Pharmaceutical Branch in the relevant Regional Office for instructions regarding the preparation of the claims and the necessary forms.

D. STATEMENT OF ACCOUNT

145. A Statement of Account will be forwarded in respect of each claim passed for payment. This gives, in addition to the details of payment, the number of prescriptions paid and the total amount paid in respect of each brand of each pharmaceutical benefit item supplied in that claim.

146. The reason for non-payment of any item will be indicated by a code number. An explanation of the code number(s) employed appears in the Statement of Account.

147. Prescriptions and Repeat Authorisations which are not acceptable for payment, with the exception of those for which the dispensed price is equal to or less than the applicable patient contribution, will be returned with the Statement of Account. Other prescriptions appearing on such forms will have been paid and appropriately cancelled before being returned to the approved pharmacist. Where prescriptions are resubmitted they must be allotted an entirely new serial number and included as a normal part of the next claim.

148. If prescriptions from previous claims are the subject of adjustment to current claims, details will be shown on the Statement of Account.

149. The Statement of Account will include a statement reconciling the number of prescriptions claimed for by the approved pharmacist with the number of prescriptions for which payment has been made.

150. A fully itemised Statement of Account in respect of a claim can be obtained on application to the Regional Office of the Department in the State concerned.

PROVISIONS GOVERNING PAYMENTS TO APPROVED PHARMACISTS FOR NHS DISPENSING

A. READY PREPARED BENEFITS

Price where Maximum Quantity Prescribed (Ready Prepared Items)

151. The price payable for a pharmaceutical benefit is the amount shown in the Schedule against the pharmaceutical benefit.

152. Injectibles with required solvent—where the words ‘(solvent required)’ are included after the form of the pharmaceutical benefit, and the prescriber has directed in the prescription that both the injectible and the solvent are to be supplied, the price payable is ascertained as follows:—

- (a) Where the standard pack of the injectible coincides with that of the solvent—by adding the listed prices for the injectible and the solvent less a professional fee (i.e., only one professional fee is payable); or
- (b) Where the standard pack of the injectible does not coincide with that of the solvent:—
 - (i) an amount equivalent to the professional fee is deducted from the price shown in the Schedule in relation to the solvent;
 - (ii) to the resultant amount is applied the appropriate wastage percentage ascertained from the Wastage Factor Table shown in paragraph 157, to determine the price for that quantity of the solvent which coincides with the standard pack of the injectible;
 - (iii) the amount ascertained under (ii) is added to the price shown in the Schedule where the maximum quantity of the injectible coincides with its standard pack; or to the standard pack rate for the injectible shown in section 6 (Blue Pages) of the Schedule where the maximum quantity of the injectible does not coincide with its standard pack.

Price where Broken Quantity Prescribed (Ready Prepared Items)

153.—

- (a) Packs not to be broken—where items packed by the manufacturer under special conditions or for which the maximum quantity has been determined as a single pack are prescribed (see paragraph 155), the maximum quantity should be supplied and the price payable is that for the maximum quantity.
- (b) Ready Prepared Items where Standard Pack coincides with Maximum Quantity—where the standard pack coincides with the maximum quantity, the price payable for a broken quantity is ascertained as follows:—
 - (i) an amount equivalent to the professional fee and where applicable the dangerous drug fee is deducted from the price shown in the Schedule in relation to the benefit;
 - (ii) to the resultant amount is applied the appropriate wastage percentage ascertained from the Wastage Factor Table shown in paragraph 157;
 - (iii) the amount ascertained under (ii) is added to an amount equivalent to the professional fee, the dangerous drug fee, where applicable, and the appropriate container fee.

In no case shall the price payable for a broken quantity exceed the dispensed price shown in the Schedule in relation to the maximum quantity of the pharmaceutical benefit.

- (c) Ready Prepared Items where Standard Pack does not coincide with Maximum Quantity (i.e. where an asterisk is shown against the price)—In cases where the standard pack does not coincide with the maximum quantity an asterisk has been placed beside the price shown for the pharmaceutical benefit concerned. In such cases the standard pack rate is set out in section 6 (Blue Pages) of the Schedule. The price payable for the quantity supplied is ascertained as follows:—
 - (i) To the standard pack rate is applied the appropriate wastage table percentage ascertained from the Wastage Factor Table shown in paragraph 157.

- (ii) The amount so ascertained is added to an amount equivalent to the professional fee, the dangerous drug fee, where applicable, and the appropriate container fee.

In no case shall the price payable for a broken quantity which is less than the maximum quantity of the item exceed the dispensed price for the maximum quantity of that item.

- (d) No container fee is payable where the quantity of pharmaceutical benefit ordered and supplied is more than the quantity contained in the standard or non-standard packs.

Price for Unbranded Prescriptions

154. For unbranded prescriptions the price shown in the Schedule for the lowest priced brand in the relevant State in relation to that item is payable.

Unbroken Packs to be Supplied (‡)

155. The maximum quantity of certain forms of pharmaceutical benefits such as eye drops and oral suspensions has been determined as a single pack corresponding to the manufacturer's pack. Where a prescription calls for a quantity less than the manufacturer's pack, the maximum quantity should be dispensed and claimed from the Department. These items are indicated by a double dagger (‡) in the Schedule.

Wastage Table Percentage for Ready Prepared Preparations

156. The Wastage Factor Table shown below is used in ascertaining the price payable for quantities dispensed from the standard pack. (Refer paragraph 153 (b) and (c).)

157. The appropriate wastage table percentage is ascertained as follows:—

- (a) The percentage that the quantity supplied bears to the number contained in the standard pack is determined; and
- (b) Where the percentage determined in subparagraph (a) coincides with a percentage listed in Column A of the Wastage Factor Table, the percentage used is the relative figure shown in Column B; or
- (c) Where the percentage determined in subparagraph (a) does not coincide with a percentage in Column A, then the nearest upward percentage in Column A applies, and the percentage used is the relative figure shown in Column B.

For example, suppose that 24 tablets are supplied and that the number in the standard pack is 100. Thus 24% of the number contained in the standard pack is supplied. As this percentage does not appear in Column A the next higher (i.e. 25%) is used. Reading

down from 25% to Column B, the wastage table percentage is found to be 38%.

Wastage Factor Table

Column A	5	10	15	20	25	30	35	40	45	50
Column B	10	18	26	32	38	44	50	54	58	62
Column A	55	60	65	70	75	80	85	90	95	100
Column B	66	70	74	78	82	86	90	94	98	100

B. EXTEMPOREANEOUSLY PREPARED PHARMACEUTICAL BENEFITS

Prescribers' List Items

158. The price payable for the supply of the maximum quantity of extemporaneous preparations included in the Prescribers' List is shown in the Standard Formulae List.

Pricing Prescriptions Not Pre-Priced

159. The following are the principles applied in determining the prices of all pre-priced extemporaneous formulae shown in the Standard Formulae List, section 4 (Green Pages). They also apply where an approved pharmacist elects to price out extemporaneous prescriptions outside the Standard Formulae List.

160. The amount payable is ascertained as the sum of:—

- (a) the recovery price of each ingredient as shown in the Drug Tariff;
- (b) the price of the appropriate container as shown in the price section; and
- (c) a professional fee as shown in the price section.

Pricing of Ingredients

161. Where the quantity is not specified in the Drug Tariff, the recovery price may be ascertained as follows:—

- (a) determine the basic pricing unit relative to the quantity by reference to the following table:—

Quantity	Basic Pricing Unit
Up to 50mg (minimum price)	100mg price multiplied by 0.5
Over 50mg and up to and including 700mg	100mg price
Over 700mg and up to and including 1g	price as 1g
Over 1g and up to and including 7g	1g price
Over 7g and up to and including 10g	price as 10g
Over 10g and up to and including 80g	10g price
Over 80g and up to and including 90g	price as 80g
Over 90g	100g price

- (b) ascertain the recovery price of the basic pricing unit by the application of the following quantity divisors to the recovery price shown for the ingredient in the Drug Tariff—

100g price is 500g price divided by 5 or 1kg price divided by 10.

10g price is 100g price plus 12.5% divided by 10.

1g price is 10g price plus 25% divided by 10.

100mg price is 1g price plus 25% divided by 10.

- (c) ascertain the recovery price by multiplying the price of the basic pricing unit, as ascertained in (b), by the fraction that the quantity bears to the basic pricing unit.
- (d) for pricing purposes the quantity is to be taken to the next upward 50 milligrams or 0.05 millilitres.

Miscellaneous Pricing Rules

162.—

- (a) The minimum recovery price for any ingredient is one cent.
- (b) Where a fraction of a cent occurs in a price that price is to be taken to the nearest cent, a half cent being taken up to the next cent.
- (c) The amount payable for a quantity of an ingredient or preparation shall not exceed the amount which would be payable for a greater amount of that ingredient or preparation.

Pricing Prescriptions where Additional Ingredients have been added to a Specified Formula

163. The amount payable for a prescription which comprises a vehicle which is specified under a particular name, and an additional specified ingredient or ingredients shall be calculated in accordance with paragraphs 164-167.

164. Where the vehicle is a single liquid ingredient and one or more solid ingredients are added, displacement of the vehicle by solids shall be disregarded and the amount payable shall be calculated in accordance with paragraph 161.

165. Where the vehicle is a single liquid ingredient and one or more liquids are added, the amount payable for the ingredients shall be the sum of:—

- (a) the recovery price of the added ingredients, calculated in accordance with paragraph 161; and
- (b) the recovery price of the quantity of the vehicle calculated in accordance with paragraph 161.

166. Where the vehicle is compounded from two or more ingredients and one or more solid ingredients are added, displacement of the vehicle by the solid ingredients shall be disregarded and the amount payable for the ingredients shall be the sum of:—

- (a) the recovery price of the added ingredients, calculated in accordance with paragraph 161; and
- (b) the recovery price of each ingredient of the vehicle calculated in accordance with paragraph 161.

167. Where the vehicle is compounded from two or more ingredients and one or more liquid ingredients are added, the amount payable for the ingredients shall be the sum of:—

- (a) the recovery price of the added ingredients, calculated in accordance with paragraph 161; and
- (b) the recovery price of the quantity of the vehicle, this amount being the sum of the recovery prices for each ingredient of the vehicle in such quantity as calculated in accordance with paragraph 161.

Containers

168. Separate container rates are payable in each State.

169. Where a quantity is ordered in excess of the published container sizes, payment for containers will be made as if that quantity had been supplied in more than one of the published containers.

170. A double size container is allowed for bulk powders.

Special Provisions Governing Payment for Extemporaneous Prescriptions Outside the Standard Formulae List

171. Where an approved pharmacist elects to price out these prescriptions written advice is required by the Department. Once made, however, such an election cannot be varied for a period of three months and applies to all extemporaneously dispensed formulae not listed in the Standard Formulae List. An election under this paragraph applies to both NHS and RPBS prescriptions.

172. Unless so elected, the approved pharmacist will be paid at an average reimbursement rate for these prescriptions. Under this system, payment is made on the basis of an average 10g/mL rate applied to the category of preparation concerned, i.e., the price will be ascertained by multiplying the appropriate 10g/mL rate by the number of 10g/mL units supplied and adding container and professional fees. For example, an 80mL mixture would be priced at eight times the average 10mL rate for mixtures, plus container and professional fee. Notwithstanding that an approved

pharmacist is accepting the average price for non-pre-priced prescriptions, he/she may price out 'exceptional' prescriptions and claim for reimbursement at that price (see paragraph 177).

173. The average 10g/mL rate may vary from month to month but the rate for a particular prescription will be that applicable for the month in which it was supplied. The current month's average 10g/mL rates are printed on the last page of the Statement of Account (see paragraphs 145-149).

174. By agreement with the Pharmacy Guild of Australia the average 10g/mL rate is determined as in paragraph 175.

175. Each month the total number of 10g/mL units of each type of pre-priced extemporaneous preparation claimed for will be ascertained, together with the total values minus container and professional fees. From these figures an average 10g/mL rate will be calculated for each type of preparation. This rate will be used as the rate for calculating prices for the prescriptions supplied in the succeeding month. It should be noted that prescriptions ordering a combination of standard preparations also fall outside the scope of the Standard Formulae List and therefore are subject to this section.

176.—

- (a) Any variant to a formula included in the Standard Formulae List (addition or deletion of an ingredient or variation of dose up or down) takes the formula dispensed outside the Standard Formulae List.
- (b) Where an approved pharmacist is accepting the average price for non-pre-priced prescriptions, and where an ingredient is added to a standard formula and the recovery price for the standard formula plus additive under the average price system is less than that for the standard formula alone, the approved pharmacist may indicate that the prescription is to be priced as though it were the basic standard formula item.

177. An exceptional prescription is a prescription for an extemporaneously prepared pharmaceutical benefit which is not included in the Standard Formulae List and for which the price of the ingredients calculated in accordance with the basic pricing rules is twice or more than twice the recovery price of the ingredients calculated on an average price basis.

C. GENERAL

Pricing Principles

178. The pricing principles are identical for prescriptions written for the general public, concessional beneficiaries, pensioners and Entitlement Card holders.

179. Where a prescription for a pharmaceutical benefit, a formulation of which is available as a ready prepared pharmaceutical benefit, does not specify a brand, payment is made on the basis of the lowest priced brand of the ready prepared benefit item which is listed. This also applies if the preparation is, or the ingredients are, available for use in dispensing extemporaneously prepared benefits, listed in section 4 (Green Pages).

180. Where, in a prescription for a pharmaceutical benefit which is not listed as a ready prepared pharmaceutical benefit, a monograph title of a formulation is stated but no formulary is specified, payment is made on the basis of the formula, if any, specified in the Prescribers' List section 5 (Green Pages). Should there be no formula specified in the Prescribers' List, payment is made on the basis of the precedence of formularies accorded by State legislation.

Fees and Containers

181. The amounts payable by way of professional fee, dangerous drug fee and container charges for ready prepared preparations are set out in section 6 (Blue Pages) of the Schedule. The professional fee and container charges for extemporaneously prepared preparations are set out in section 4 (Green Pages) of the Schedule.

Pricing Dates

182. For pricing purposes the operative dates are:—

- (a) for extemporaneously prepared pharmaceutical benefits—the first day of January, May and September each year for benefits supplied as from the first day of the third succeeding month.
- (b) for ready prepared pharmaceutical benefits—the first day of the month in which the pharmaceutical benefits are supplied.
- (c) for containers:—
 - (i) for extemporaneously prepared pharmaceutical benefits—the first day of April, August and December each year for benefits supplied as from the first day of the fourth succeeding month.
 - (ii) for ready prepared benefits—the first day of January each year for benefits supplied as from the first day of April in that year.

MISCELLANEOUS

Premises

183. Approval to supply pharmaceutical benefits is granted to an approved pharmacist in respect of particular premises. Pharmaceutical benefits may be supplied from those premises only.

Hours of Supply

184. A person is entitled to be supplied with pharmaceutical benefits during normal trading hours established by or under the State or Territory when that person presents a valid prescription and pays any charge applicable. When the prescription is marked 'urgent' and initialled by the medical practitioner or participating dental practitioner who wrote the prescription, it is obligatory for the approved pharmacist to make supply at the pharmacy at any hour.

185. An approved pharmacist shall, at all times, keep prominently displayed, at each of the premises in respect of which approval is granted, a notice setting out his/her normal trading hours for the supply of pharmaceutical benefits.

Approved Medical Practitioners, Friendly Societies

186. Medical practitioners approved to supply pharmaceutical benefits should follow the procedures explained in these Notes unless otherwise indicated. Friendly Society Pharmacies should follow the procedures subject to additional instructions made available to them.

Isolated Pharmacy Allowance (IPA)

187. Approved pharmacists providing a pharmaceutical service in isolated areas may apply for IPA on the basis of economic need. Application forms may be obtained from the Pharmaceutical Operations Branch, Commonwealth Department of Health, P.O. Box 100, Woden, A.C.T., 2606.

188. Approved pharmacists eligible to receive IPA will be:—

- (a) those where the pharmacy is more than 25 kilometres from the nearest pharmacy and who are able to demonstrate the need for such allowance on the basis of economic need;
- (b) those where the pharmacy can be demonstrated to be 'isolated' on a basis other than distance (e.g. on an island, intervening mountain range, no roads) and where economic need can be demonstrated.

Standards

189. An approved pharmacist should not supply as a pharmaceutical benefit a substance that does not conform to the standards of composition or purity prescribed, or that has as an ingredient a substance that does not conform to those standards. The standards which are applicable to pharmaceutical benefits are:—

- (a) in the case of drugs or medicinal preparations which are the subject of a monograph in the British Pharmacopoeia, the standards set out in that pharmacopoeia; and
- (b) in the case of drugs or medicinal preparations contained in editions of the British Pharmaceutical Codex or the Australian Pharmaceutical Formulary (and Handbook) or earlier editions of the British Pharmacopoeia, the standards specified in the particular edition in relation to the drug or medicinal preparation.

References

190. Monographs of the British Pharmacopoeia, the British Pharmaceutical Codex, the Australian Pharmaceutical Formulary (and Handbook) and items listed in the Prescribers' List are identified in the Schedule and associated publications by the letters BP, BPC, APF and PL respectively. References to all editions of the BPC and to earlier editions of the BP and APF also include the year of publication.

Proper Stocks to be Kept

191. An approved pharmacist shall, as far as practicable, keep in stock an adequate supply of all drugs and medicinal preparations that he may reasonably be expected to be called upon to supply as pharmaceutical benefits, or as ingredients of pharmaceutical benefits.

Statement of Stocks

192. An approved pharmacist may be required to furnish, within a specified time and in accordance with the form supplied, a signed statement setting out particulars of stocks and drugs or medicinal preparations that are in the approved pharmacist's possession or under his/her control immediately before the date on which the statement is signed. This refers only to drugs and medicinal preparations that are pharmaceutical benefits or are capable of being used as ingredients in pharmaceutical benefits.

Retention of Documents

193. Without affecting the requirements of the law of a State in regard to drugs of addiction or restricted drugs, every approved pharmacist is required to retain for not less than one year from the date on which the pharmaceutical benefits attracting a Commonwealth contribution were supplied:—

- (a) the duplicates of prescriptions which do not bear repeat instructions;
- (b) the duplicates of Repeat Authorisations;
- (c) in the case of an approved pharmacist making supply on the last occasion of supply, the duplicates of prescriptions that bear instructions to repeat; and
- (d) the duplicates of order forms presented in connection with Emergency Drug (Doctor's Bag) supplies.

Sale Copies

194. Copies of the National Health Act and the National Health (Pharmaceutical Benefits) Regulations are available from the Australian Government Publishing Service in each capital city.

Supplies of Stationery

195. Prescription Record Forms, Entitlement Cards, Claim for Payment Forms, Repeat Authorisation Forms, etc., are available from the Pharmaceutical Branch in the relevant Regional Office.

Enquiries

196. Enquiries regarding pharmaceutical benefits may be made to the Pharmaceutical Branch in the relevant Regional Office.

EXAMPLES OF INFORMATION TO BE ENTERED IN THE PRESCRIPTION IDENTIFICATION STAMP

197. In all the below examples the box 'A', which is for additional information or clarification, can be used when it is considered that this additional information is required to accurately identify the item. In the majority of cases this clarification should not be required.

A. READY PREPARED ITEMS

Example 1: Item with prescribed quantity of 50 tablets or capsules with 2 repeats.

S	53
A	
No.	12345678

Example 2:

Item with prescribed quantity of 50 tablets or capsules with 2 repeats dispensed under Regulation 24, pensioner benefit.

S	P54
A	Reg 24
No.	12345679

Example 3:

Item prescribed under Regulation 24 where the quantity prescribed for the original differs from the quantity for any of the repeats e.g. Quantity of 50 for the original and 100 for each of 2 repeats, concessional benefit.

S	C55
A	250 Reg 24
No.	12345680

Example 4:

Item ordered as a synonym where it is considered that the synonym would not be readily known.

S	56
A	Common name of item
No.	12345681

Example 5:

Injectible item prescribed with required solvent e.g.:—

Ampicillin injection 250 mg
mitte: 5 ampoules

Water for Injection 2 mL
mitte: 5 ampoules

S	57
A	
No.	12345682

Note: the injection and its solvent are to be claimed as one item.

B. EXTEMPORANEOUSLY PREPARED ITEMS

Example 6:

Item prescribed as a standard formula.

S	58
A	
No.	12345683

Example 7: Non standard formula item where the cost of the ingredients is greater than twice the price paid for ingredients in the average price item i.e., exceptionally priced extemporaneous items. This item supplied under Regulation 24 provisions.

S	59
A	\$20.49 Reg 24
No.	12345684

Example 8: Item prescribed as an extemporaneous prescription outside the Standard Formulae List, for pharmacists who have not elected to price extemporaneous prescriptions outside the Standard Formulae List.

S	60
A	
No.	12345685

Example 9: Item prescribed as an extemporaneous prescription outside the Standard Formulae List, for pharmacists who have elected to price extemporaneous prescriptions outside the Standard Formulae List.

S	61
A	\$8.36
No.	12345686

Example 10: Item prescribed as extemporaneously prepared eye drops, ear drops or nasal instillations where a glass bottle is dispensed.

S	62
A	Glass bottle
No.	12345687

C. REPATRIATION SCHEDULE ITEM

Example 11: Item prescribed from the Repatriation Schedule of Pharmaceutical Benefits.

S	R2
A	
No.	12345689

The clarification box 'A' may need to be used for identifying bandages because of the variety of names under which they may be prescribed. The clarification which would be of most benefit is the name of the item as published in the Repatriation Schedule of Pharmaceutical Benefits.

ADDRESSES OF POISONS INFORMATION CENTRES

NEW SOUTH WALES

Royal Alexandra Hospital for Children,
Pyrmont Bridge Road,
Camperdown. Telephone Sydney 51 0466

WESTERN AUSTRALIA

Princess Margaret Hospital for Children,
Thomas Street,
Subiaco. Telephone Perth 381 1177
Country Areas 008-11 9244

VICTORIA

Royal Children's Hospital,
Flemington Road,
Parkville. Telephone Melbourne 345 5678

TASMANIA

Royal Hobart Hospital,
Liverpool Street,
Hobart. Telephone Hobart 38 8485

QUEENSLAND

Brisbane Royal Children's Hospital,
Herston Road,
Herston. Telephone Brisbane 253 8233

NORTHERN TERRITORY

Royal Darwin Hospital,
Darwin. Telephone Darwin 27 4777

SOUTH AUSTRALIA

Adelaide Children's Hospital (Incorporated),
King William Road,
North Adelaide. Telephone Adelaide 267 4999
Ext. 6117

AUSTRALIAN CAPITAL TERRITORY

Royal Canberra Hospital,
Canberra. Telephone Canberra 43 2154

ADDRESSES OF DRUG INFORMATION CENTRES

AUSTRALIAN CAPITAL TERRITORY

Drug Information Pharmacist,
Royal Canberra Hospital,
ACTON, A.C.T. 2601
Telephone (062) 43 2113

SOUTH AUSTRALIA

CENTRAL SECTOR

Drug Information Pharmacist,
Royal Adelaide Hospital,
ADELAIDE, S.A. 5000
Telephone (08) 224 5546

VICTORIA

Pharmacist-in-Charge,
Victorian Drug Information Centre,
C/- Post Office,
Royal Melbourne Hospital,
VICTORIA 3050
Telephone (03) 342 7777

NEW SOUTH WALES

Pharmacist,
New South Wales Drug Information
Centre,
P.O.Box 244,
KOGARAH, N.S.W. 2217
Telephone (02) 588 3222

SOUTH AUSTRALIA

SOUTHERN SECTOR

Drug Information Pharmacist,
South Australian Drug Information
Centre,
Flinders Medical Centre,
BEDFORD PARK, S.A. 5042
Telephone (08) 275 9301

WESTERN AUSTRALIA

Drug Information Pharmacist,
Sir Charles Gairdner Hospital,
Verdun Street,
NEDLANDS, W.A. 6009
Telephone (09) 389 3333 ext. 2923

NORTHERN TERRITORY

Chief Pharmacist,
Darwin Hospitals Group,
P.O. Box 41326,
DARWIN, N.T. 5792
Telephone (089) 20 7211

SOUTH AUSTRALIA

WESTERN SECTOR

Drug Information Pharmacist,
Queen Elizabeth Hospital,
Woodville Road,
WOODVILLE, S.A. 5011
Telephone (08) 243 6777

NATIONAL CENTRE

Senior Drug Information Officer,
Department of Health,
P.O. Box 100,
WODEN, A.C.T. 2606
Telephone (062) 89 8656

QUEENSLAND

Drug Information Pharmacist,
Queensland Drug Information Centre,
Royal Brisbane Hospital,
Herston Road,
BRISBANE, QLD 4006
Telephone (07) 253 7098

TASMANIA

Staff Pharmacist,
Royal Hobart Hospital,
G.P.O. Box 1061L,
HOBART, TAS. 7001
Telephone (002) 38 8737

ADDRESSES OF COMMONWEALTH DEPARTMENT OF HEALTH REGIONAL OFFICES

NEW SOUTH WALES

Commonwealth Department of Health,
Commonwealth Government Centre,
Chifley Square,
Corner Phillip and Hunter Streets,
Sydney, N.S.W. 2000

Telephone 239 3000

Director of Health—
Mr J. B. Jamieson
Deputy Director (Medical)—
Dr T. G. Quinn

After hours: Telephone 969 6367

Assistant Director (Pharmaceutical)—
Mr W. A. Williams

After hours: Telephone
Weekdays 741 294
Weekends (062) 543 747

VICTORIA

Commonwealth Department of Health,
399 Lonsdale Street,
Melbourne, Vic. 3000

Telephone 604 4000

Postal Address—
G.P.O. Box 1547P, Melbourne, Vic. 3001
Director of Health—
Dr Diana Shogren
Assistant Director (Medical)—
Dr A. I. Mead

After hours: Telephone 347 0103

Assistant Director (Pharmaceutical)—
Mr B. G. Foster

After hours: Telephone 221 8195

QUEENSLAND

Commonwealth Department of Health,
232 Adelaide Street,
Brisbane, Qld 4000

Telephone 225 0122

Postal Address—
G.P.O. Box 567, Brisbane, Qld 4001
Director of Health—
Dr Peter E. R. Ulrich
Assistant Director (Medical)—
Dr J. A. Williamson

After hours: Telephone 378 8508

Assistant Director (Pharmaceutical)—
Mr A. A. Green

After hours: Telephone 263 2257

SOUTH AUSTRALIA

Commonwealth Department of Health,
Hooker House,
33 King William Street,
Adelaide, S.A. 5000

Telephone 216 3911

Outside Adelaide metropolitan area

Telephone (008) 18 8175

Postal Address—
G.P.O. Box 2219, Adelaide, S.A. 5001

Director of Health—
Dr J. Y. Hancock

After hours: Telephone 272 0527

Assistant Director (Pharmaceutical)—
Mr M. G. Wallace

After hours: Telephone 339 3932

WESTERN AUSTRALIA

Commonwealth Department of Health,
Victoria Centre,
2-6 St George's Terrace,
Perth, W.A. 6000

Telephone 323 5711

Postal Address—
G.P.O. Box M970, Perth, W.A. 6001

Director of Health—
Mr B. Kelly

Assistant Director (Medical) (Acting)—
Dr P. J. Carrivick

Assistant Director (Pharmaceutical)—
Mr M. P. Humbert

After hours: Telephone 330 1575

TASMANIA

Commonwealth Department of Health,
Kirksway House,
6 Kirksway Place,
Hobart, Tas. 7000

Telephone 20 5011

Postal Address—
G.P.O. Box 919J, Hobart, Tas. 7001

Director of Health—
Dr C. W. Phillips

After hours: Telephone 25 1536

Assistant Director (Pharmaceutical)—
Mr W. M. Murton

After hours: Telephone 29 6749

NORTHERN TERRITORY

Commonwealth Department of Health,
M.L.C. Building,
Smith Street,
Darwin, N.T. 5794

Telephone 82 4735

Postal Address—
P.O. Box 147, Darwin, N.T. 5794

Director of Health—
Dr G. E. Long

Adelaide Processing Centre

Telephone (008) 18 8175

INDEX OF MANUFACTURERS' CODES

<i>Code</i>	<i>Manufacturer</i>	<i>Code</i>	<i>Manufacturer</i>
AB	Abbott Laboratories Pty Ltd Captain Cook Drive, Kurnell, N.S.W. 2231	BT	The Boots Company (Australia) Pty Ltd Loyalty Road, North Rocks, N.S.W. 2151
AF	Alphapharm Pty Ltd 12 Crown Street, Glebe, N.S.W. 2037	BW	Wellcome Australia Limited 53 Phillips Street, Cabarita, N.S.W. 2137
AG	Allergan Pharmaceuticals Pty Ltd 5 George Place, Artarmon, N.S.W. 2064	BY	Boehringer Ingelheim Pty Ltd 50 Broughton Road, Artarmon, N.S.W. 2064
AM	Ames Company, Division of Miles Laboratories Australia Pty Ltd Wellington Road, Mulgrave, Vic. 3170	BZ	Boucher & Muir Pty Ltd 118-124 Willoughby Road, Crows Nest, N.S.W. 2065
AP	Astra Pharmaceuticals Pty Ltd 10-14 Khartoum Road, North Ryde, N.S.W. 2113	CG	Ciba-Geigy Australia Limited 140 Bungaree Road, Pendle Hill, N.S.W. 2145
AQ	Alcon Laboratories (Australia) Pty Ltd 9 Winbourne Road, Brookvale, N.S.W. 2100	CL	Cilag Pty Limited 154 Pacific Highway, St Leonards, N.S.W. 2065
AY	Ayerst Laboratories Pty Ltd Gregory Place, Parramatta, N.S.W. 2150	CN	CSL-Novo Pty Limited Unit 1, 22 Loyalty Road, North Rocks, N.S.W. 2151
BC	Bristol Laboratories Pty Ltd 345 Pacific Highway, Crows Nest, N.S.W. 2065	CP	CP Pharmaceuticals 6 Chilvers Road, Thornleigh, N.S.W. 2120
BF	Barnes-Hind Pty Limited 7 Dickson Avenue, Artarmon, N.S.W. 2064	CS	Commonwealth Serum Laboratories 45 Poplar Road, Parkville, Vic. 3052
BH	Biopharm Pty Ltd 109 Willis Street, Hampton, Vic. 3188	DF	Difrex (Aust.) Laboratories 6 Chilvers Road, Thornleigh, N.S.W. 2120
BL	David Bull Laboratories 11-15 Lexia Place, Mulgrave, Vic. 3170	DH	Drug Houses of Australia Pty Ltd 31 Henderson Street, Turrella, N.S.W. 2205
BM	Bermudapharm 6th Floor, 80 Alfred Street, Milsons Point, N.S.W. 2061	DL	Dista Products (Australia) & Company Waratah Street and Wharf Road, Ermington, N.S.W. 2115
BN	Bayer Pharmaceutical Company 46-67 Wilson Street, Botany, N.S.W. 2019	DY	Denyer Brothers 250 Pitt Street, Sydney, N.S.W. 2000
BO	Boehringer Mannheim Australia Pty Ltd 6-8 Byfield Street, North Ryde, N.S.W. 2113	EG	Eagle Laboratory Pty Ltd 39c Church Street, Lidcombe, N.S.W. 2141
BR	Beecham Research Laboratories 300 Frankston Road, Dandenong, Vic. 3175	FA	F. H. Faulding & Co. Ltd 62 Dew Street, Thebarton, S.A. 5031

<i>Code</i>	<i>Manufacturer</i>	<i>Code</i>	<i>Manufacturer</i>
FC	Fisons Pty Ltd 6 Chilvers Road, Thornleigh, N.S.W. 2120	KN	Knoll, A. G., Germany Wood Street, Tempe, N.S.W. 2044
FE	Farmitalia Carlo Erba Australian Distributor, Sigma Co. Ltd	KY	Key Pharmaceuticals Pty Ltd 21 Leeds Street, Rhodes, N.S.W. 2138
FL	Florafaun Pty Ltd Suite 11, 16 Dellamarta Road, Wangara, W.A. 6065	LA	L.A. Chemicals Pty Ltd 16 Manchester Street, Mile End, S.A. 5031
FM	Fawns and McAllan Pty Ltd 432 Mt Dandenong Road, Croydon, Vic. 3136	LE	Lederle Laboratories Division Cyanamid Australia Pty Ltd 5 Gibbon Road, Baulkham Hills, N.S.W. 2153
FR	Charles E. Frosst Division of Merck Sharp & Dohme (Australia) Pty Ltd 54-68 Ferndell Street, South Granville, N.S.W. 2142	LH	Lipha Pharmaceuticals, London, U.K. Australian Distributor, Riker Laboratories Australia Pty Ltd
GB	Gist-Brocades nv, The Netherlands, Australian Distributor, Astra Pharmaceuticals Pty Ltd	LY	Eli Lilly (Aust.) and Company Wharf Road, West Ryde, N.S.W. 2114
GF	Gelflex Laboratories 27 Healey Road, Dandenong, Vic. 3175	MB	May & Baker Australia Pty Ltd Paramount Road, Footscray West, Vic. 3012
GL	Glaxo 1061 Mountain Highway, Boronia, Vic. 3155	MG	J. McGloin Pty Ltd 20 Forrester Street, Kingsgrove, N.S.W. 2208
GP	G.P. Laboratories Wharf Road, West Ryde, N.S.W. 2114	MJ	Mead Johnson 345 Pacific Highway, Crows Nest, N.S.W. 2065
HA	Hamilton Laboratories Pty Ltd 217 Flinders Street, Adelaide, S.A. 5000	MK	Merck Sharp & Dohme (Australia) Pty Ltd 54-68 Ferndell Street, South Granville, N.S.W. 2142
HO	Hollister Incorporated, U.S.A. Australian Distributor, Abbott Laboratories Pty Ltd	ML	Merrell Dow Pharmaceuticals (Australia) Pty Ltd 37th Floor, Northpoint, 100 Miller Street, North Sydney, N.S.W. 2060
HP	Hoechst Australia Ltd 606 St Kilda Road, Melbourne, Vic. 3000	NN	Nelson Laboratories (Sales) Pty Ltd 21-25 Derby Street, Silverwater, N.S.W. 2141
IC	ICI Australia Operations Pty Ltd ICI House, 1 Nicholson Street, Melbourne, Vic. 3000	NR	Nordia, Denmark Australian Distributor, Ascot Pharmaceuticals Pty Ltd, 33 Myrtle Street, North Sydney, N.S.W. 2060
IQ	The Ioquin Company 9 Winbourne Road, Brookvale, N.S.W. 2100		
JP	Janssen Pharmaceutica Pty Ltd 13 Rodborough Road, Frenchs Forest, N.S.W. 2086		

<i>Code</i>	<i>Manufacturer</i>	<i>Code</i>	<i>Manufacturer</i>
NS	Nicholas Kiwi (Pacific) Pty Ltd 699 Warrigal Road, Chadstone, Vic. 3148	RO	Roche Products Pty Ltd Inman Road, Dee Why, N.S.W. 2099
NT	Nestle Australia Ltd 60 Bathurst Street, Sydney, N.S.W. 2000	RS	A. H. Robins Pty Limited 102 Bonds Road, Punchbowl, N.S.W. 2196
NW	Norwich Eaton Pharmaceuticals Pty Ltd 1408 Centre Road, Clayton, Vic. 3168	RT	Rocke, Tomsitt & Co., Ltd 10 Griffiths Street, Richmond, Vic. 3121
OL	Owen Laboratories 9 Winbourne Road, Brookvale, N.S.W. 2100	SC	Schering, A.G., Berlin Wood Street, Tempe, N.S.W. 2044
OR	Organon (Australia) Pty Ltd 31-33 Sirius Road, Lane Cove, N.S.W. 2066	SD	Syntex Pharmaceuticals Ltd Funds of Australia Building, 10th Floor, 275 Alfred Street North, North Sydney, N.S.W. 2060
PD	Parke, Davis Pty Ltd 32 Cawarra Road, Caringbah, N.S.W. 2229	SE	Servier Laboratories (Aust.) Pty Ltd 2-8 Lynch Street, Hawthorn, Vic. 3122
PF	Pfizer Pty Ltd Wharf Road, West Ryde, N.S.W. 2114	SH	Essex Laboratories Pty Ltd Australian subsidiary of Schering Corporation, U.S.A. 11 Gibbon Road, Baulkham Hills, N.S.W. 2153
PR	Prosana Laboratories Pty Ltd 86-92 Antimony Street, Carole Park, Qld 4300	SI	Sigma Co. Ltd P.O. Box 144, Clayton, Vic. 3168
PS	Pharmacia (Australia) Pty Ltd 4 Byfield Street, North Ryde, N.S.W. 2113	SJ	Sharpe Laboratories Pty Ltd 24 Punch Street, Artarmon, N.S.W. 2064
PT	CP Protea 6 Chilvers Road, Thornleigh, N.S.W. 2120	SK	Smith Kline & French Laboratories (Aust.) Ltd Warringah Road, Frenchs Forest, N.S.W. 2086
QE	Queensland Ethicals Enterprise Street, Salisbury, Qld 4107	SL	Soul Pattinson Laboratories Pty Ltd 20 Forrester Street, Kingsgrove, N.S.W. 2208
RC	Reckitts Pty Ltd 44 Wharf Road, West Ryde, N.S.W. 2114	SN	Smith & Nephew (Aust.) Pty Ltd Wellington Road, Clayton, Vic. 3168
RG	Rorer Australia Pty Ltd 172-182 Princes Highway, Arncliffe, N.S.W. 2205	SQ	E. R. Squibb & Sons Pty Ltd Princes Highway, Noble Park, Vic. 3174
RK	Riker Laboratories Australia Pty Ltd 9-15 Chilvers Road, Thornleigh, N.S.W. 2120		
RL	Roussel Pharmaceuticals Pty Ltd Gladstone Road, Castle Hill, N.S.W. 2154		

<i>Code</i>	<i>Manufacturer</i>	<i>Code</i>	<i>Manufacturer</i>
SR	Searle Laboratories 20 Clarke Street, Crows Nest, N.S.W. 2065	UW	United Works of Pharmaceutical and Dietetic Products, Hungary Australian Distributor, Boucher & Muir Pty Ltd
ST	A. E. Stansen & Co. Pty Ltd 121 Ricketts Road, Notting Hill, Vic. 3168	VF	Vifor, S.A., Geneva, Switzerland Australian Distributor, Boucher & Muir Pty Ltd
SU	Sauter Laboratories (Aust.) Pty Ltd 60 Campbell Avenue, Dee Why, N.S.W. 2099	WH	H. W. Woods Pty Ltd 10 Clifford Street, Huntingdale, Vic. 3166
SV	Stafford-Miller Limited 5-9 Enterprise Avenue, Padstow, N.S.W. 2211	WL	Winthrop Laboratories 75-89 Atkins Road, Ermington, N.S.W. 2115
SZ	Sandoz Australia Pty Ltd 54 Waterloo Road, North Ryde, N.S.W. 2113	WW	Wm R. Warner 32 Cawarra Road, Caringbah, N.S.W. 2229
TO	R. D. Toppin & Sons Pty Ltd 9-15 Chilvers Road, Thornleigh, N.S.W. 2120	WY	Wyeth Pharmaceuticals Pty Ltd Gregory Place, Parramatta, N.S.W. 2150
TV	Travenol Laboratories Pty Ltd Oakes Road, Old Toongabbie, N.S.W. 2146	ZR	Zero Chemicals (Aust.) Pty Ltd 17 Carlyle Road, East Lindfield, N.S.W. 2070
UP	Upjohn Pty Ltd 55-73 Kirby Street, Rydalmere, N.S.W. 2116	ZY	Zyma Pharmaceuticals 14 Orion Road, Lane Cove, N.S.W. 2066
US	USV Pharmaceuticals A Division of Rorer Australia Pty Ltd 172-182 Princes Highway, Arncliffe, N.S.W. 2205		

EMERGENCY DRUG (DOCTOR'S BAG) SUPPLIES

<i>Code</i>	<i>Name of Pharmaceutical Benefit</i>	<i>Form, Strength and Volume</i>	<i>Maximum Quantity</i>
1016L	Adrenaline	Injection 1mg in 1mL (1 in 1 000)	5
1038P	Aminophylline	Injection I.V. 250mg in 10mL	5
1089H	Atropine Sulphate	Injection 600 micrograms in 1mL	5
1195X	Chlorpromazine	Injection 50mg in 2mL	10
<i>or</i>	<i>or</i>		
2768Q	Haloperidol	Injection 5mg in 1mL	10
2558P	Diazepam	Injection 10mg in 2mL	5
1321M	Digoxin	Injection 500 micrograms in 2 mL	5
1341N	Diphtheria and Tetanus Vaccine, Adsorbed	Injection 0.5mL	10
3019X	Diphtheria and Tetanus Vaccine, Adsorbed, Diluted for Adult Use	Injection 0.5mL	10
<i>or</i>	<i>or</i>		
2127Y	Tetanus Vaccine, Adsorbed	Injection 0.5mL	10
1378M	Ergometrine Maleate	Injection 250 micrograms in 1mL	5
1395K	Erythromycin Ethyl Succinate	Injection I.M. 100mg (base) in 2mL	5
2413B	Frusemide	Injection 20mg in 2mL	5
3040B	Glucose	Injection 50%, 10mL	5
1467F	Heparin Sodium	Injection 5,000 units in 1mL	5
<i>or</i>	<i>or</i>		
1468G	Heparin Sodium	Injection 25,000 units in 5mL	1
1501B	Hydrocortisone Sodium Succinate	Injection set containing equivalent of 100mg hydrocortisone and 2mL solvent	2 sets
<i>or</i>	<i>or</i>		
3096Y	Hydrocortisone Sodium Succinate	Injection set containing equivalent of 250mg hydrocortisone and 2mL solvent	1 set
<i>or</i>	<i>or</i>		
2509C	Dexamethasone	Injection 4mg in 1mL	5
2875H	Lignocaine	Injection 100mg in 5mL	4
<i>or</i>	<i>or</i>		
2861N	Lignocaine	Injection I.M. (pre-filled syringe) 300mg in 3mL	1
1645N	Morphine sulphate	Injection 15mg in 1mL	5
<i>or</i>	<i>or</i>		
1647Q	Morphine Sulphate	Injection 30mg in 1mL	5
1753G	Naloxone Hydrochloride	Injection (pre-filled syringe) 2mg in 5mL	2
1829G	Pethidine	Injection 100mg in 2mL	5
1794K	Procaine Penicillin	Injection (pre-filled syringe) 1.5g	10
1206L	Metoclopramide Hydrochloride	Injection 10mg in 2mL	10
<i>or</i>	<i>or</i>		
2369Q	Prochlorperazine	Injection 12.5mg in 1mL	10
<i>or</i>	<i>or</i>		
2368P	Thiethylperazine	Injection 6.5mg (base) in 1mL	10
1948M	Promethazine	Injection 50mg in 2mL	10
1239F	Terbutaline Sulphate	Injection 100 micrograms in 1mL	5
<i>or</i>	<i>or</i>		
1034K	Terbutaline Sulphate	Injection 500 micrograms in 1mL	5
1060T	Verapamil Hydrochloride	Injection 5mg in 2mL	5

NOTE: Only those brands of benefits listed in Section 2 (White Pages) may be ordered on a Doctor's Bag Order Form.

SECTION 2

SPECIAL PHARMACEUTICAL BENEFITS

**GENERAL, PENSIONER AND RESTRICTED
BENEFITS**

INTRAVENOUS INFUSIONS

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

RESTRICTED BENEFITS

All restricted items are printed in red.

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 Director of Health when issuing an Authority Prescription (Form PB86) or an Authority to Prescribe (Form PB15). The quantity and number of repeats shown on the authority shall be supplied. (See paragraph 28 of Section 1 - Explanatory Notes (Lemon Pages).) Payment will be made on the basis of the price shown for that item in the Schedule.

SYMBOLS USED IN THE SCHEDULE

An asterisk (*) against the 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 supplied.

A gauge sign (#) against the price of a benefit indicates that the product is not preconstituted and that a special professional fee of \$3.62 is included in the dispensed price.

A plus sign (+) against the price of a benefit indicates that the Commonwealth dispensed price for that benefit is in excess of \$10.00. The patient payment, if applicable, will be \$10.00 (with the exception of Special Pharmaceutical Benefits).

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

CODES FOR INJECTIBLE ITEMS WITH ALLOWABLE SOLVENTS

The entry in this Schedule of those pharmaceutical benefit injectible items which require a solvent includes the codes of the items with the relevant solvents. For each such item:-

- First code is for the injectible with 2mL water for injections
- Second code is for the injectible with 5mL water for injections
- Third code is for the injectible with 10mL water for injections
- Fourth code is for the injectible with 2mL sodium chloride injection 0.9%
- Fifth code is for the injectible with 5mL sodium chloride injection 0.9%
- Sixth code is for the injectible with 10mL sodium chloride injection 0.9%

For dental injectible items the additional codes are for the injectible with 2mL, 5mL and 10mL water for injections respectively.

SPECIAL PHARMACEUTICAL BENEFITS

4

The special patient contribution shown below is payable by all patients (including pensioners) in addition to the relevant patient contribution for concessional and general patients.

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Special Patient Contribution	Reimburse- ment Price for Max. Qty	Total Dispensed Price for Max. Qty	Maximum Patient Payment
				\$	\$	\$	\$
2315W	BLEOMYCIN (Blenoxane BC) To be endorsed "S.P." <u>CAUTION:</u> Bleomycin can cause irreversible pulmonary fibrosis. Injection 15mg (solvent required) (codes 6891Q, 6892R, 6893T, 6894W, 6895X, 6896Y apply to above item with approved solvents)	10	..	507.35	627.50	1134.85	+517.35
1211R	CLOMIPHENE CITRATE (Clomid ML) To be endorsed "S.P." Tablet 50mg	10	5	29.26	*19.62	*48.88	+39.26
1249R	PHENYTOIN (Dilantin Infatabs PD, Dilantin PD) Tablet 50mg	200	2	2.50	10.33	12.83	+12.50
2692Q	Paediatric Suspension 30mg per 5mL, 500mL	≠1	3	0.61	8.05	8.66	9.24
1873N	PHENYTOIN SODIUM (Dilantin Sodium PD) Capsule 30mg	200	2	1.01	10.28	11.29	+11.01
1874P	100mg	200	2	1.30	10.38	11.68	+11.30
3035R	Injection 100mg in 2mL	1	..	2.45	7.15	9.60	10.18
1871L	250mg in 5mL	1	..	3.10	8.38	11.48	12.06

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
1004W	ACETAZOLAMIDE Tablet 250mg	50	6	8.53	9.11	Diamox	LE
2376C	Capsule 500mg (sustained release)	50	3	15.03	+10.00	Diamox	LE
1005X	Injection 500mg (solvent required) (codes 6501E, 6502F, 6503G, 6504H, 6505J, 6506K apply to above item with approved solvents)	1		10.00	10.00	Diamox	LE
	ACETYLCYSTEINE To be endorsed "S.P."						
2630K	Solution 20%, 10mL	5	3	28.23	+10.00	Mucomyst	AP
	ACYCLOVIR To be accompanied by an authority from the Director of Health.						
1003T	Tablet 200mg	25		52.50	+10.00	Zovirax	BW
	To be endorsed "S.P."						
1002R	Eye Ointment 3%, 4.5g	/I		15.00	+10.00	Zovirax	BW
	ADRENALINE						
1016L	Injection 1mg in 1mL (1 in 1,000)	5	1	4.69	5.27	AP,SI	
2434D	Eye Drops 0.5%, 7.5mL	/I	6	5.91	6.49	Eppy/N	BF
3031M	0.5%, 10mL	/I	6	6.06	6.64	Epifrin	AG
1014J	1 %, 7.5mL	A	6	6.26	6.84	Eppy/N	BF
2955M	1%, 10mL	/i	6	6.75	7.33	Epifrin Glaucon	AG AQ
1015K	2%, 10mL	A	6	9.69	10.00	Epifrin Glaucon	AG AQ
	ALLOPURINOL						
2600W	Tablet 100mg	100	5	6.00 6.55 7.50 7.56	6.58 7.13 8.08 8.14	Progout Alloremed 100 Alinol Zyloprim	PT DH US BW
2604C	300mg	30	5	6.00 6.45 7.29 7.35	6.58 7.03 7.87 7.93	Progout Alloremed 300 Alinol Zyloprim	PT DH US BW
2601X	Capsule 100mg	100	5	7.56	8.14	Capurate- 100	FM
2603B	300mg	30	5	7.35	7.93	Capurate- 300	FM
	ALPRENOLOL						
2991K	Tablet 100mg	100	5	10.75	+10.00	Apt in Betacard	AP BR

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
2153H	ALUMINIUM HYDROXIDE Mixture 320mg per 5mL, 500mL	#1	5	5.18	5.76	Alusorb Amphojel Gelox	DH WY PR
1026B	ALUMINIUM HYDROXIDE DRIED Tablet 300mg	100	5	5.18	5.76	Actal Amphotabs	WL WY
2552H	ALUMINIUM HYDROXIDE with KAOLIN Mixture 137mg-1g per 5mL, 500mL	#1	2	5.44	6.02	Kaomagma	WY
1033J	ALUMINIUM HYDROXIDE and MAGNESIUM CARBONATE CO-DRIED GEL Tablet 375mg	100	5	5.18	5.76	Almacarb Simeco	GL WY
2576N	ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE Tablet 200mg-200mg	100	5	5.18	5.76	Gelusil Mylanta	WW PD
2154J	Dispersible Tablet 230mg-230mg	100	5	5.18	5.76	LoAsid	BW
2155K	Mixture 300mg-100mg per 5mL, 500mL	#1	5	5.18	5.76	Aludrox	WY
2156L	Suspension 215mg-80mg per 5mL, 500mL	#1	5	5.18	5.76	Simeco	WY
2157M	200mg-200mg per 5mL, 500mL	#1	5	5.18	5.76	Alucone Gelusil Mylanta Sodexol	DH WW PD SC
2158N	ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE and OXETHAZAINE Suspension 306mg-97.5mg-10mg per 5mL, 500mL	#1	5	5.50	6.08	Mucaine	WY
1032H	ALUMINIUM HYDROXIDE with MAGNESIUM TRISILICATE and MAGNESIUM HYDROXIDE Tablet 250mg-120mg-120mg	100	5	5.18	5.76	Gastrogel	FM
2159P	Mixture 250mg-120mg-120mg per 5mL, 500mL	#1	5	5.18	5.76	Gastrogel	FM
2577P	ALUMINIUM SODIUM SILICATE Powder 100g	#1	5	6.25	6.83	Neutralon	SC
3016R	AMANTADINE HYDROCHLORIDE To be endorsed "S.P."	100	5	22.31 22.39	+10.00 +10.00	Antadine Symmetrel	BT CG
2934K	AM BENONIUM CHLORIDE Tablet 10mg	100	2	47.61	+10.00	Mytelase	WL

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
	AMILORIDE CAUTION: Serum electrolytes should be checked regularly. Supplement- ary potassium may cause life- threatening hyperkalaemia.						
3109P	Tablet 5mg	50	3	4.81 6.38	5.39 6.96	Kaluril Midamor	AF MK
1035L	AMINACRINE HYDROCHLORIDE Eye Drops 3mg in 15mL	≠1	2	4.94	5.52	Aminopt	SI
3073R	AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE To be endorsed "S.P." Powder 200g	5	5	*236.25	+10.00	Maxamaid XP	SJ
3075W	AMINO ACID FORMULA with VITAMINS and MINERALS without VALINE, LEUCINE AND ISOLEUCINE To be endorsed "S.P." Powder 200g	5	5	*565.00	+10.00	M.S.U.D. AID	SJ
3071P	AMINO ACID FORMULA without PHENYLALANINE To be endorsed "S.P." Powder 250g	2	5	*252.50	+10.00	PK AID I	SJ
3072Q	250g	2	5	*252.50	+10.00	PK AID II	SJ
1450H	Food Supplement Powder 500g	≠1	5	160.44	+10.00	Aminogran F.S.	GL
2483Q	AMINOCAPROIC ACID Injection I.V. 250mg per mL, 10mL	10	..	11.39	+10.00	Ekaprol	DF
1036M	AMINOGLUTETHIMIDE To be accompanied by an authority from the Director of Health. NOTE: Replacement therapy with a corticosteroid is essential. Tablet 250mg	100	..	108.75	+10.00	Cytadren	CG
1039Q	AMINOPHYLLINE Tablet 100mg	100	5	4.53	5.11	Cardophyllin	HA
1040R	Oral Liquid 105mg per 5mL, 500mL	≠1	5	5.63	6.21	Somophyllin	FC
1038P	Injection I.V. 250mg in 10mL	5	..	5.65	6.23	BT,SI	

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer
	AMIODARONE HYDROCHLORIDE To be accompanied by an authority from the Director of Health. CAUTION: Amiodarone hydrochloride has been reported to cause frequent and potentially serious toxicity.					
2344J	Tablet 100mg	30	..	22.50	+10.00	Cordarone X 100 RC
2343H	200mg	30	..	35.00	+10.00	Cordarone X 200 RC
2417F	AMITRIPTYLINE Tablet 10mg	50	2	3.88 4.13	5.00 5.00	Amitrip Endep 10 Laroxyl Tryptanol PT AF RO MK
2418G	25mg	50	2	4.50 5.25	5.08 5.83	Amitrip Endep 25 Laroxyl Saroten Tryptanol PT AF RO NS MK
2429W	50mg	50	2	5.88	6.46	Endep 50 AF
1044Y	AMMONIUM CHLORIDE Tablet 500mg	100	3	6.25	6.83	FM
1883D	AMOXYCILLIN Tablet 250mg	20	1	7.05	7.63	Amoxil Moxacin BR CS
1885F	Dispersible Tablet 3g	1	..	7.01	7.59	Amoxil Moxacin BR CS
1884E	Capsule 250mg	20	1	6.29 7.05	6.87 7.63	Alphamox 250 Ibiamox Amoxil Cilamox Moxacin AF PT BR SI CS
1888J	Powder for Paediatric Drops 100mg per mL, 20mL	≠1	1	#7.89	8.73	Amoxil BR
1886G	Powder for Syrup 125mg per 5mL, 100mL	≠1	1	#7.38 #7.89	8.22 8.73	Ibiamox Amoxil Cilamox Moxacin PT BR SI CS
1887H	250mg per 5mL, 100mL	≠1	..	#8.96 #9.31	9.80 10.00	Ibiamox Amoxil Forte Cilamox Moxacin 250 PT BR SI CS
1875Q	Injection 250mg with 3mL solvent	5	1	8.78	9.36	Ibiamox PT
1876R	500mg with 3mL solvent	5	1	11.04	+10.00	Ibiamox PT
1877T	1g with 4mL solvent	5	1	17.19	+10.00	Ibiamox PT

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer
1890L	AMOXICILLIN with CLAVULANIC ACID Tablet 250mg-125mg	15	1	11.93	+10.00	Augmentin BR
1891M	500mg-125mg	15	1	15.64	+10.00	Augmentin Forte BR
1892N	Powder for Syrup 125mg-31.25mg per 5mL, 75mL	≠1	1	#9.57	10.00	Augmentin BR
1893P	250mg-62.5mg per 5mL, 75mL	≠1	..	#12.06	+10.00	Augmentin Forte BR
2930F	AMPHOTERICIN Tablet 100mg	50	..	10.63	+10.00	Fungilin SQ
2931G	Lozenge 10mg	20	1	4.70	5.28	Fungilin SQ
2932H	Suspension 100mg per mL, 24mL	≠1	1	5.51	6.09	Fungilin SQ
1047D	Injection 50mg (solvent required) (codes 6507L, 6508M, 6509N, 6510P, 6511Q, 6512R apply to above item with approved solvents)	1	..	20.21	+10.00	Fungizone SQ
2927C	Cream 3%, 15g	≠1	1	4.96	5.54	Fungilin SQ
2929E	Ointment 3%, 15g	≠1	1	4.96	5.54	Fungilin SQ
1048E	AMPICILLIN Capsule 250mg	24	1	6.61 6.86	7.19 7.44	Ampicyn Austrapen Penbritin PT CS BR
2671N	500mg	24	..	*10.18 10.64	+10.00 +10.00	Ampicyn Austrapen Penbritin PT CS BR
3061D	Powder for Syrup 125mg per 5mL, 100mL	≠1	1	#7.42	8.26	Austrapen Penbritin CS BR
3123J	250mg per 5mL, 100mL	≠1	..	#8.42	9.26	Austrapen Forte Penbritin Forte CS BR
2389R	Injection 250mg (solvent required) (codes 6519D, 6520E, 6521F, 6522G, 6523H, 6524J apply to above item with approved solvents)	5	1	7.61 7.69	8.19 8.27	Ampicyn Austrapen Penbritin PT CS BR
2390T	Injection 500mg (solvent required) (codes 6525K, 6526L, 6527M, 6528N, 6529P, 6530Q apply to above item with approved solvents)	5	1	9.98 10.04	10.00 +10.00	Ampicyn Austrapen Penbritin PT CS BR
2977Q	Injection 1g (solvent required) (codes 6531R, 6532T, 6533W, 6534X, 6535Y, 6536B apply to above item with approved solvents)	5	1	14.74 14.81	+10.00 +10.00	Ampicyn Austrapen Penbritin PT CS BR

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
	AMYLOBARBITONE SODIUM To be endorsed "S.P."						
1059R	Injection 500mg (solvent required) (codes 6543J, 6544K, 6545L, 6546M, 6547N, 6548P apply to above item with approved solvents)	2	..	*8.76	9.34	Amytal Sodium	LY
1075N	ANTAZOLINE with NAPHAZOLINE Eye Drops 0.5% (sulphate)-0.025% (nitrate), 10mL	≠1	2	4.75	5.33	Antistine-Privine	ZY
1077Q	Eye Drops 0.5% (phosphate)-0.05% (hydrochloride), 15mL	≠1	2	4.94	5.52	Albalon-A	AG
1980F	ANTIVENOM - RED BACK SPIDER Injection 500 units	2	..	*121.26	+10.00	CS	
1230R	ASPIRIN Tablet 650mg (enteric coated)	100	2	6.23	6.81	Ecotrin Rhusal	SK GP
1231T	650mg (sustained release)	100	2	6.23	6.81	S.R.A.	BT
1081X	ATENOLOL Tablet 50mg	30	5	11.00	+10.00	Tenormin	IC
1084C	ATROPINE METHONITRATE Tablet 1mg	50	2	6.33	6.91	Eumydrin	WL
1083B	Oral Solution 0.6%, 15mL	≠1	..	5.59	6.17	Eumydrin	WL
2704H	ATROPINE SULPHATE Tablet 600 micrograms	100	2	5.35	5.93	FM	
1089H	Injection 600 micrograms in 1mL	5	1	4.29	5.00	AP,BT	
1091K	1.2mg in 1mL	5	1	4.31 4.33	5.00 5.00	BT AP	
1092L	Eye Drops 0.5%, 15mL	≠1	2	4.94	5.52	Atropt	SI
1093M	1%, 15mL	≠1	2	4.94	5.52	Atropt	SI
1094N	Eye Ointment 1%, 4g	≠1	..	6.26	6.84	PD	
	AURANOFIN CAUTION: Regular blood and urine checks are essential.						
1095P	Tablet 3mg	60	5	53.75	+10.00	Ridaura	SK
2021J	AUROTHIOGLUCOSE Injection 50mg per mL, 10mL	1	..	78.75	+10.00	Gold-50	SH
2687K	AZATHIOPRINE Tablet 50mg	100	2	57.50 70.23	+10.00 +10.00	Thioprine Imuran	AF BW
2729P	BACLOFEN Tablet 10mg	100	5	31.25	+10.00	Lioresal	CG
2730Q	25mg	100	5	57.50	+10.00	Lioresal	CG

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer
	BECLOMETHASONE DIPROPIONATE To be endorsed "S.P."					
1649T	Capsule 100 micrograms (oral inhalation)	100	5	16.25	+10.00	Becotide Rotacaps GL
1650W	Inhalation, metered aerosol spray, 50 micrograms per dose (200 dose)	≠1	5	10.29	+10.00	Aldecin Becotide SH GL
	BELLADONNA ALKALOIDS Hyoscyamine Hydrobromide, Atropine Sulphate and Hyoscine Hydrobromide					
2705J	Tablet 101.1 micrograms-14.8 micrograms-10.7 micrograms	100	2	4.53	5.11	Atrobel FM
2706K	Tablet 151.6 micrograms-22.2 micrograms-16.0 micrograms	100	2	4.63	5.21	Atrobel FORTE FM
	Hyoscyamine Sulphate, Atropine Sulphate and Hyoscine Hydro- bromide					
2916L	Tablet 103.7 micrograms-19.4 micrograms-6.5 micrograms	100	2	4.53	5.11	Donnatab RS
	BENDROFLUAZIDE					
1105E	Tablet 2.5mg	50	3	4.43 4.49	5.01 5.07	Benzide M Aprinox-M PT BT
1106F	5mg	50	3	4.50 5.36	5.08 5.94	Benzide Aprinox PT BT
	BENZALKONIUM CHLORIDE					
1108H	Solution 10%, 125mL	≠1	..	4.89	5.47	Zephiran Concentrated WL
	BENZATHINE PENICILLIN					
1766Y	Injection 1.8g in 4mL, disposable syringe	1	..	17.04	+10.00	Bicillin L-A WY
	BENZATHINE PENICILLIN with PROCAINE PENICILLIN and BENZYL PENICILLIN POTASSIUM					
1767B	Injection set 450mg-300mg-187mg, containing 1 vial and 2mL water for injections	1	..	6.86	7.44	Bicillin All-Purpose WY
	BENZHEXOL					
1109J	Tablet 2mg	100	5	5.51 5.59	6.09 6.17	Anti-Spas Artane PT LE
1110K	5mg	100	2	6.84 6.86	7.42 7.44	Anti-Spas Artane PT LE
	BENZOCAINE with ADRENALINE					
1111L	Compound Ointment 50g	≠1	1	4.94	5.52	Rectinol GP
1112M	Compound Suppositories, 12	≠1	1	4.94	5.52	Rectinol GP

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
2362H	BENZTROPINE Tablet 2mg	30	5	*4.88	5.46	Cogentin	MK
3038X	Injection 2mg in 2mL	5	..	13.13	+10.00	Cogentin	MK
1114P	BENZYL BENZOATE Application 25% w/v, 200mL	≠1	2	5.16 5.88	5.74 6.46	Benzemul Ascabiol	MG MB
1774J	BENZYL PENICILLIN Injection 300mg (solvent required) (codes 6555B, 6556C, 6557D, 6558E, 6559F, 6560G apply to above item with approved solvents)	5	1	6.86	7.44	CS	
1775K	Injection 600mg (solvent required) (codes 6561H, 6562J, 6563K, 6564L, 6565M, 6566N apply to above item with approved solvents)	5	1	7.08	7.66	Crystapen CS	GL
2647H	Injection 3g (solvent required) (codes 6567P, 6568Q, 6569R, 6570T, 6571W, 6572X apply to above item with approved solvents)	10	..	*31.58	+10.00	CS	
2648J	Injection 6g (solvent required) (codes 6573Y, 6574B, 6575C, 6576D, 6577E, 6578F apply to above item with approved solvents)	10	..	*60.60	+10.00	CS	
1117T	BETAMETHASONE Tablet 500 micrograms	30	4	4.70	5.28	Celestone	SH
2694T	BETAMETHASONE ACETATE with BETAMETHASONE SODIUM PHOSPHATE To be endorsed "S.P."						
	Injection 3mg-3.9mg (equivalent to 5.7mg betamethasone) in 1mL	5	..	16.25	+10.00	Celestone Chronodose	SH
1115Q	BETAMETHASONE DIPROPIONATE Cream 0.05%, 15g	≠1	1	4.16	5.00	Diprosone	SH
1119X	Ointment 0.05%, 15g	≠1	1	4.16	5.00	Diprosone	SH
1118W	Scalp Lotion 0.05%, 30mL	≠1	..	7.35	7.93	Diprosone	SH
2812B	BETAMETHASONE VALERATE Cream 0.02%, 100g	≠1	..	5.21	5.79	Betnovate 1/5 Celestone-M	GL SH
2813C	0.05%, 15g	≠1	1	4.16	5.00	Betnovate 1/2 Celestone-V Half Strength	GL SH
2820K	Ointment 0.02%, 100g	≠1	..	5.21	5.79	Celestone-M	SH
	(continued)						

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
2815E	BETAMETHASONE VALERATE - cont. Ointment 0.05%, 15g	A	1	4.16	5.00	Betnovate 1/2 Celestone-V Half Strength	GL SH
2814D	Gel 0.05%, 15g	/I	1	4.16	5.00	Betnovate 1/2	GL
1062X	BETHANECHOL Tablet 10mg	100	2	9.55 *9.56	10.00 10.00	Uro-Carb Urecholine	HA MK
1071J	Injection 5mg in 1mL	2		*12.06	+10.00	Urecholine	MK
2544X	BIPERIDEN Tablet 2mg	100	5	8.38	8.96	Akineton	KN
2543W	Injection 5mg in 1mL	5		9.13	9.71	Akineton	KN
	BISACODYL To be endorsed "S.P."						
1259G	Tablet 5mg	100	2	5.58	6.16	Bisalax	PT
1260H	Suppositories 10mg, 10	/I		6.00	6.58	Durolax	BY
	Enemas - See Paraplegic and Quadriplegic - Section 3						
	BLEOMYCIN See Special Pharmaceutical Benefits						
	BROMOCRIPTINE MESYLATE To be endorsed "S.P."						
1444B	Tablet 2.5mg	30		20.73	+10.00	Parlodel	SZ
	To be accompanied by an authority from the Director of Health.						
1443Y	Tablet 2.5mg	60		35.00	+10.00	Parlodel	SZ
1446D	Capsule 5mg	60		67.50	+10.00	Parlodel	SZ
1445C	10mg	100		238.13	+10.00	Parlodel	SZ
1130L	BUMETANIDE Tablet 1mg	50	3	5.94	6.52	Burinex	AP
1128J	BUSULPHAN Tablet 2mg	100		28.51	+10.00	Myleran	BW
	CALCITONIN To be accompanied by an authority from the Director of Health.						
2994N	Injections (porcine) 160 i.u. with 2mL gelatin solvent, 10	2		*375.50	+10.00	Calcitare	RG
	(cont inued)						

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
	CALCITONIN - cont. Injections (salmon)						
2995P	50 i.u. in 1mL ampoule, 5	6	..	*161.38	+10.00	Miacalcic	SZ
2996Q	80 i.u. in 0.8mL ampoule, 5	3	..	*118.00	+10.00	Miacalcic	SZ
2997R	100 i.u. in 1mL ampoule, 5	3	..	*139.93	+10.00	Calsynar Miacalcic	RG SZ
2998T	400 i.u. in 2mL vial	4	..	*126.86	+10.00	Calsynar	RG
2999W	Injections (synthetic human) 0.5mg with 2mL solvent, 5	3	..	*145.90	+10.00	Cibacalcin	CG
	CALCITRIOL To be accompanied by an authority from the Director of Health.						
2502Q	Capsule 0.25 micrograms	100	..	50.00	+10.00	Rocaltrol	RO
	CALCIUM To be endorsed "S.P."						
3117C	Tablet 600mg (as carbonate)	60	2	7.44	8.02	Caltrate	LE
3122H	Compound Effervescent Tablet equivalent to 1g (25mmol) Ca ²⁺ NOTE: Each 'Sandocal 1000' tablet also contains 18mmol Na ⁺	30	2	8.80	9.38	Sandocal 1000	SZ
	CALCIUM FOLINATE To be endorsed "S.P."						
2308L	Tablet 15mg	10	..	116.25	+10.00	Leucovorin	LE
2309M	Injection 3mg in 1mL	5	..	16.56	+10.00	BL	
	CALCIUM GLUCONATE						
1146H	Injection 10%, 10mL			9.44	10.00	Calcium-Sandoz	SZ
	CAPTOPRIL To be endorsed "S.P."						
1147J	Tablet 12.5mg	90	5	29.90	+10.00	Capoten	SQ
1148K	25mg	90	5	42.50	+10.00	Capoten	SQ
1149L	50mg	90	5	71.25	+10.00	Capoten	SQ
	CARBACHOL						
2535K	Eye Drops 1.5%, 15mL	≠1	6	5.56	6.14	AQ	
2536L	3%, 15mL	≠1	6	5.56	6.14	AQ	
	CARBAMAZEPINE						
2422L	Tablet 100mg	200	2	13.50	+10.00	Tegretol	CG
	(continued)						

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
2419H	CARBAMAZEPINE - cont. Tablet 200mg	200	2	21.38 23.25	+10.00 +10.00	Convuline Teril Tegretol	PT AF CG
2427R	Syrup 100mg per 5mL, 300mL	≠1	5	17.73	+10.00	Tegretol	CG
1153Q	CARBIMAZOLE Tablet 5mg	100	4	5.59	6.17	Neo-Mercazole	NS
1057P	CARINDACILLIN To be accompanied by an authority from the Director of Health. Tablet (equivalent to 382mg carbenicillin)	40	..	36.63	+10.00	Geopon Oral	PF
1085D	CEFOTAXIME To be endorsed "S.P." Injection 1g (solvent required) (codes 6591X, 6592Y, 6593B, 6594C, 6595D, 6596E apply to above item with approved solvents)	5	..	*68.15	+10.00	Claforan	RL
1086E	Injection 2g (solvent required) (codes 6597F, 6598G, 6599H, 6600J, 6601K, 6602L apply to above item with approved solvents)	5	..	*127.50	+10.00	Claforan	RL
1782T	CEFTRIAXONE To be endorsed "S.P." Injection 250mg (solvent required) (codes 6855T, 6856W, 6857X, 6858Y, 6859B, 6860C apply to above item with approved solvents)	2	..	*23.46	+10.00	Rocephin	RO
1783W	Injection 500mg (solvent required) (codes 6861D, 6862E, 6863F, 6864G, 6865H, 6866J apply to above item with approved solvents)	2	..	*41.20	+10.00	Rocephin	RO
1784X	Injection 1g (solvent required) (codes 6867K, 6868L, 6869M, 6870N, 6871P, 6872Q apply to above item with approved solvents)	2	..	*73.58	+10.00	Rocephin	RO
1785Y	Injection 2g (solvent required) (codes 6873R, 6874T, 6875W, 6876X, 6877Y, 6878B apply to above item with approved solvents)	2	..	*136.76	+10.00	Rocephin	RO
3058Y	CEPHALEXIN Capsule 250mg	20	1	7.05	7.63	Ceporex Keflex	GL LY
3119E	500mg	10	1	7.05	7.63	Ceporex Keflex	GL LY
	(continued)						

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
3094W	CEPHALEXIN - cont. Granules for Syrup 125mg per 5mL, 100mL	#1	1	#9.26	10.00	Ceporex Keflex	GL LY
3095X	250mg per 5mL, 100mL	#1	..	#11.78	+10.00	Ceporex Keflex	GL LY
2964B	CEPHALOTHIN SODIUM Injection 1g (solvent required) (codes 6609W, 6610X, 6611Y, 6612B, 6613C, 6614D apply to above item with approved solvents)	5	..	*23.30	+10.00	Ceporacin Keflin Neutral	GL LY
1135R	Injection 2g (solvent required) (codes 6615E, 6616F, 6617G, 6618H, 6619J, 6620K apply to above item with approved solvents)	1	..	10.63	+10.00	Keflin Neutral	LY
1136T	Injection 4g (solvent required) (codes 6621L, 6622M, 6623N, 6624P, 6625Q, 6626R apply to above item with approved solvents)	1	..	18.13	+10.00	Keflin Neutral	LY
	CEPHAZOLIN SODIUM To be endorsed "S.P."						
1256D	Injection 500mg (solvent required) (codes 6627T, 6628W, 6629X, 6630Y, 6631B, 6632C apply to above item with approved solvents)	5	..	*23.40	+10.00	Kefzol	LY
1257E	Injection 1g (solvent required) (codes 6633D, 6634E, 6635F, 6636G, 6637H, 6638J apply to above item with approved solvents)	5	..	*42.20	+10.00	Kefzol	LY
2935L	CHLORAL HYDRATE Capsule 500mg	25	..	4.06	5.00	Noctec	SQ
2869B	Mixture 250mg per 5mL, 200mL	#1	..	4.38	5.00	Dormel	DH
1163F	CHLORAMBUCIL Tablet 2mg	100	2	*49.74	+10.00	Leukeran	BW
1164G	5mg	100	2	*64.50	+10.00	Leukeran	BW
	CHLORAMPHENICOL To be endorsed "S.P." CAUTION: Chloramphenicol may cause aplastic anaemia.						
1174T	Capsule 250mg	16	..	5.79	6.37	Chloromycetin	PD
2693R	Paediatric Suspension 125mg per 5mL, 100mL	#1	..	5.79	6.37	Chloromycetin Palmitate	PD
	(continued)						

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
1167K	CHLORAMPHENICOL - cont. Injection Ig (solvent required) (codes 6651C, 6652D, 6653E, 6654F, 6655G, 6656H apply to above item with approved solvents)	3		*25.18	+10.00	Chloromycetin Succinate	PD
	CHLORAMPHENICOL CAUTION: Topical chloramphenicol may cause aplastic anaemia.						
1172Q	Ear Drops (aqueous) 0.5%, 5mL	/I	2	4.75	5.33	Chloromycetin	PD
2360F	Eye Drops 0.5%, 10mL	^1	2	4.75	5.33	Chlomin Chloromycetin Chloroptic Chlorsig	US PD AG SI
1171P	Eye Ointment 1%, 4g	^1	..	4.43	5.01	Chloromycetin Chlorsig	PD SI
	CHLORAMPHENICOL with POLYMYXIN B CAUTION: Topical chloramphenicol may cause aplastic anaemia.						
1181E	Eye Drops 5mg-5,000 units per mL, 10mL	/I	2	4.75	5.33	Chloromyxin	PD
1177Y	Eye Ointment 1%-5,000 units per g, 4g			4.50	5.08	Chloromyxin	PD
1066D	CHLORHEXIDINE Solution 5%, 200mL	/I	1	5.86	6.44	Hibitane Concentrate	IC
	CHLORMETHIAZOLE To be accompanied by an authority from the Director of Health.						
1410F	Capsule 192mg		50	9.83	10.00	Hemineurin	AP
	To be endorsed "S.P."						
1409E	I.V. Infusion 0.8%, 500mL		1	20.00	+10.00	Hemineurin	AP
1184H	CHLOROQUINE Tablet equivalent to 150mg (approx.) chloroquine base		100	7.50	8.08	Chlorquin Nivaquine	PT MB
1185J	Injection 40mg per mL, 5mL		5	*11.10	+10.00	Nivaquine	MB
1187L	CHLOROTHIAZIDE Tablet 500mg		50	5.86 6.25	6.44 6.83	Diuret Azide Chlotride	PT FM FR

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
	CHLORPROMAZINE To be endorsed "S.P."						
1196Y	Tablet 10mg	100	1	4.61 4.63	5.19 5.21	Protran Largactil	PT MB
1197B	25mg	100	1	5.88 6.31	6.46 6.89	Protran Largactil	PT MB
1198C	50mg	100	1	7.63 8.89	8.21 9.47	Protran Largactil	PT MB
1199D	100mg	100	1	12.38 13.00	+10.00 +10.00	Protran Largactil	PT MB
1201F	Mixture 25mg per 5mL, 100mL	≠1	4	4.43	5.01	Largactil Promacid	MB US
1194W	Injection 25mg in 1mL	10	..	6.63	7.21	Largactil	MB
1195X	50mg in 2mL	10	..	6.75	7.33	Largactil	MB
1200E	Suppositories 100mg, 5	≠1	1	5.25	5.83	Largactil	MB
	CHLORPROPAMIDE						
1202G	Tablet 250mg	100	5	8.60 8.75	9.18 9.33	Promide Diabinese	PT PF
	CHLORTETRACYCLINE						
1072K	Cream 3%, 15g	≠1	..	4.53	5.11	Aureomycin	LE
1055M	Ointment 3%, 15g	≠1	..	4.53	5.11	Aureomycin	LE
	CHLORTHALIDONE						
1585K	Tablet 25mg	50	3	4.50 5.58	5.08 6.16	Urid Hygroton	PT CG
	CHOLERA VACCINE						
3021B	Injection 1mL	2	..	*6.70	7.28	CS	
	CHOLESTYRAMINE To be endorsed "G.P."						
2967E	Sachets 9g (equivalent to 4g cholestyramine), 50	2	5	*57.50	+10.00	Questran	AP
	CHOLINE THEOPHYLLINATE						
2788R	Tablet 100mg	100	5	5.50	6.08	Choledyl	WW
2789T	200mg	100	5	6.13	6.71	Brondecon-PD Choledyl	PD WW
2786P	Elixir 50mg per 5mL, 500mL	≠1	5	5.04	5.62	Brondecon Elixir-PD	PD
2787Q	Syrup 50mg per 5mL, 500mL	≠1	5	5.04	5.62	Choledyl	WW

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
	CIMETIDINE To be accompanied by an authority from the Director of Health.						
1157X	Tablet 200mg	120	..	45.63	+10.00	Duractin Tagamet	CS SK
1158Y	400mg	60	..	45.63	+10.00	Duractin Tagamet	CS SK
	CLINDAMYCIN To be endorsed "S.P."						
3137D	Capsule 75mg	25	..	9.38	9.96	Dalacin C	UP
3138E	150mg	25	..	12.88	+10.00	Dalacin C	UP
3139F	Granules for Syrup 75mg per 5mL, 100mL	≠1	..	#12.78	+10.00	Dalacin C	UP
3030L	CLIOQUINOL Cream 1%, 30g	≠1	..	4.75	5.33	Vioform	CG
	CLOFIBRATE To be endorsed "S.P."						
2892F	Capsule 500mg	100	5	11.86 11.93	+10.00 +10.00	Arterioflexin Atromid-S	PT IC
	CLOMIPHENE CITRATE See Special Pharmaceutical Benefits						
	CLOMIPRAMINE HYDROCHLORIDE To be endorsed "S.P."						
1561E	Tablet 25mg	50	1	11.56	+10.00	Anafranil	CG
	CLONAZEPAM						
1805B	Tablet 500 micrograms	200	2	13.00	+10.00	Rivotril	RO
1806C	2mg	200	2	20.75	+10.00	Rivotril	RO
1808E	Paediatric Drops 2.5mg in 1mL, 10mL	≠1	1	5.25	5.83	Rivotril	RO
1807D	Injection 1mg in 2mL (set containing solution 1mg in 1mL and 1mL diluent)	5	..	6.63	7.21	Rivotril	RO
	CLONIDINE						
3145M	Tablet 100 micrograms	100	5	15.31	+10.00	Catapres 100	BY
3141H	150 micrograms	100	5	20.00	+10.00	Catapres	BY
3142J	Injection 150 micrograms in 1mL	5	..	9.13	9.71	Catapres	BY
	CLOPAMIDE						
2392X	Tablet 5mg	50	3	5.50	6.08	Brinaldix	SZ
	CLOREXOLONE						
2297X	Tablet 25mg	50	3	5.30	5.88	Nefrolan	MB

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
1017M	CLOTRIMAZOLE Cream 1%, 20g	≠1	1	5.90 5.91	6.48 6.49	Lotremin Canesten	SH BN
1027C	Lotion 1%, 20mL	≠1	1	5.91	6.49	Canesten Lotremin	BN SH
1018N	Pessaries 100mg, 6	≠1	..	6.64 6.66	7.22 7.24	Gyne-Lotremin Canesten	SH BN
1020Q	Pessary 500mg	1	..	6.66	7.24	Canesten 1	BN
1019P	Vaginal Cream 1%, 35g	≠1	..	6.60 6.61	7.18 7.19	Gyne-Lotremin Canesten	SH BN
1006Y	2%, 20g	≠1	..	6.61	7.19	Canesten 3	BN
2300C	CLOXACILLIN Capsule 250mg	24	..	11.10 12.08	+10.00 +10.00	Alclox 250 Austrastaph Orbenin	AF CS BR
1120Y	500mg	24	..	19.00 20.98	+10.00 +10.00	Alclox 500 Austrastaph Orbenin	AF CS BR
2936M	Powder for Syrup 125mg per 5mL, 100mL	≠1	..	#10.28	+10.00	Austrastaph	CS
2299B	Injection 250mg (solvent required) (codes 6663Q, 6664R, 6665T, 6666W, 6667X, 6668Y apply to above item with approved solvents)	5	..	10.85	+10.00	Austrastaph Orbenin	CS BR
2301D	Injection 500mg (solvent required) (codes 6669B, 6670C, 6671D, 6672E, 6673F, 6674G apply to above item with approved solvents)	5	..	15.54	+10.00	Austrastaph Orbenin	CS BR
1420R	Injection 1g (solvent required) (codes 6675H, 6676J, 6677K, 6678L, 6679M, 6680N apply to above item with approved solvents)	5	..	24.34	+10.00	Austrastaph Orbenin	CS BR
1214X	CODEINE PHOSPHATE Tablet 30mg	20	..	6.31	6.89	Codate DH,FA,FM	US
1222H	CODEINE PHOSPHATE with ASPIRIN Tablet 30mg-325mg	20	..	4.98	5.56	Codral Forte	BW
1227N	COLCHICINE Tablet 500 micrograms	100	2	5.63	6.21	Colgout DH,PR,RT	PT
1224K	COLESTIPOL HYDROCHLORIDE To be endorsed "S.P." Sachets 5g, 120	≠1	5	70.00	+10.00	Colestid	UP

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
2621Y	COLISTIN Injection 150mg (solvent required) (codes 6681P, 6682Q, 6683R, 6684T, 6685W, 6686X apply to above item with approved solvents)	5	..	*119.20	+10.00	Coly-Mycin	WW
2756C	COLISTIN with NEOMYCIN Ear Drops 3mg-3.3mg per mL, 10mL	#1	2	5.00	5.58	Coly-Mycin	WW
1228P	COPPER SULPHATE Diagnostic Compound Tablets, 36	2	3	*8.50	9.08	Clinitest	AM
1246N	CORTISONE ACETATE Tablet 5mg	50	4	4.89	5.47	Cortate	PT
1247P	25mg	60	4	9.00	9.58	Cortate	PT
	CYANOCOBALAMIN To be endorsed "S.P."						
1258F	Injection 100 micrograms in 1mL	5	1	5.63	6.21	Cytamen 100	GL
1262K	1mg in 1mL	5	..	6.00	6.58	Cytamen 1000	GL
1264M	CYCLOPENTHIAZIDE Tablet 500 micrograms	50	3	6.09	6.67	Navidrex	CG
1266P	CYCLOPHOSPHAMIDE Tablet 50mg	50	2	12.91	+10.00	Cycloblastin	FE
1265N	Injection 100mg (solvent required) (codes 6687Y, 6688B, 6689C, 6690D, 6691E, 6692F apply to above item with approved solvents)	6	..	21.61	+10.00	Cycloblastin	FE
2381H	Injection 200mg (solvent required) (codes 6693G, 6694H, 6695J, 6696K, 6697L, 6698M apply to above item with approved solvents)	6	..	22.89	+10.00	Cycloblastin	FE
1079T	Injection 500mg (solvent required) (codes 6699N, 6700P, 6701Q, 6702R, 6703T, 6704W apply to above item with approved solvents)	2	..	*12.96	+10.00	Cycloblastin	FE
1080W	Injection 1g (solvent required) (codes 6705X, 6706Y, 6707B, 6708C, 6709D, 6710E apply to above item with approved solvents)	1	..	11.61	+10.00	Cycloblastin	FE
	CYPROHEPTADINE To be endorsed "S.P."						
1798P	Tablet 4mg	100	2	*8.12	8.70	Periactin	FR
2925Y	CYTARABINE Injection 40mg in 2mL	10	1	*41.88	+10.00	Alexan	BT
2926B	100mg in 5mL	10	1	85.25	+10.00	Alexan	BT
	(continued)						

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
2910E	CYTARABINE - cont. Injection set containing 100mg and 5mL solvent	10	1	*85.30	+10.00	Cytosar-U	UP
2911F	Injection 500mg in 25mL	2	1	*80.00	+10.00	Alexan	BT
	DANAZOL To be accompanied by an authority from the Director of Health. CAUTION: Pregnancy must be excluded prior to administration of this drug.						
1285P	Capsule 100mg	100	..	90.00	+10.00	Danocrine	WL
1287R	200mg	100	..	126.05	+10.00	Danocrine	WL
	DANTROLENE SODIUM To be endorsed "S.P."						
1779P	Capsule 25mg	100	2	21.19	+10.00	Dantrium	NW
1780Q	50mg	100	2	31.75	+10.00	Dantrium	NW
1272Y	DAPSONE Tablet 100mg	100	2	7.25	7.83	Avlosulfon	IC
2740F	DEBRISOQUINE Tablet 10mg	100	5	7.48 7.54	8.06 8.12	Redu-Press M Declinax	PT RO
2741G	20mg	100	5	9.19 9.25	9.77 9.83	Redu-Press Declinax	PT RO
	DEMECLOCYCLINE HYDROCHLORIDE To be endorsed "S.P."						
2854F	Capsule 150mg	100	3	33.44	+10.00	Ledermycin	LE
2972K	DESIPRAMINE Tablet 25mg	50	2	6.20	6.78	Pertofran	CG
	DESMOPRESSIN Nasal Solution						
2129C	100 micrograms per mL, 2.5mL	5	2	*124.40	+10.00	Minirin	PT
	DEXAMETHASONE To be endorsed "S.P."						
2508B	Injection 120mg in 5mL	1	..	34.53	+10.00	Decadron Shock Pak	MK
1292B	DEXAMETHASONE Tablet 500 micrograms	30	4	4.76 4.83	5.34 5.41	Dexamethsone Oradexon	PT OR
2507Y	4mg	30	4	9.34	9.92	Dexamethsone	PT
1288T	Eye Drops 0.1%, 5mL	#1	2	5.45	6.03	Maxidex	AQ
	(continued)						

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
2509C	DEXAMETHASONE - cont. Injection 4mg in 1mL	5	..	13.13	+10.00	Decadron	MK
1290X	5mg in 1mL	5	..	13.43	+10.00	Oradexon	OR
1291Y	8mg in 2mL	5	..	17.25	+10.00	Decadron	MK
2781J	DEXAMETHASONE with FRAMYCETIN and GRAMICIDIN Ear Drops 500 micrograms-5mg- 50 micrograms per mL, 8mL	≠1	2	4.81	5.39	Sofradex	RL
2759F	Ear Ointment 500 micrograms-5mg- 50 micrograms per g, 5g	≠1	2	4.55	5.13	Sofradex	RL
1165H	DEXAMPHETAMINE To be accompanied by an authority from the Director of Health. Tablet 5mg	100	..	7.29	7.87	SI	
	DEXTRAN 40 See Intravenous Infusions						
	DEXTRAN 70 See Intravenous Infusions						
3161J	DIAZEPAM Tablet 2mg	50	..	4.06	5.00	Antenex 2 Pro-Pam Ducene Valium	AF PT SU RO
3162K	5mg	50	..	4.25	5.00	Antenex 5 Pro-Pam Ducene Valium	AF PT SU RO
2559Q	Paediatric Syrup 2mg per 5mL, 100mL	≠1	..	4.83	5.41	Valium	RO
2558P	Injection 10mg in 2mL	5	..	5.43	6.01	Valium BL	RO
3068L	DIAZOXIDE Injection 300mg in 20mL	1	..	16.79 16.94	+10.00 +10.00	BL Hyperstat I.V.	SH
1303N	DICHLORPHENAMIDE Tablet 50mg	50	6	12.50	+10.00	Daranide	MK
1300K	DICLOFENAC SODIUM Tablet 50mg (enteric coated)	50	3	9.44	10.00	Voltaren 50	CG
1310Y	DIENOESTROL Cream 0.01%, 85g	≠1	1	4.89	5.47	CL	
2506X	DIFENOXIN HYDROCHLORIDE with ATROPINE SULPHATE Tablet 500 micrograms-25 micrograms	20	..	4.50	5.08	Lyspafen	PT

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
1319K	DIFLUNISAL Tablet 250mg	50	3	8.84	9.42	Dolobid	MK
2605D	DIGOXIN Tablet 62.5 micrograms	100	3	4.76	5.34	Lanoxin-PG	BW
1322N	250 micrograms	50	3	4.29	5.00	Lanoxin	BW
3164M	Oral Solution for children 50 micrograms per mL, 100mL	≠1	3	8.50	9.08	Lanoxin	BW
1321M	Injection 500 micrograms in 2mL	5	1	9.39	9.97	Lanoxin	BW
1323P	DIHYDROERGOTAMINE Injection 1mg in 1mL	5	..	6.20	6.78	Dihydergot	SZ
	DIHYDROTACHYSTEROL To be accompanied by an authority from the Director of Health.						
1483C	Capsule 125 micrograms	100	..	38.13	+10.00	A.T.10	WL
1333E	DILOXANIDE FUROATE Tablet 500mg	30	..	*11.06	+10.00	Furamide	BT
	DILTIAZEM HYDROCHLORIDE To be endorsed "S.P."						
1335G	Tablet 60mg	100	5	39.56	+10.00	Cardizem	IC
1334F	DIMERCAPROL Injection 100mg in 2mL	12	..	29.11	+10.00	B.A.L.	BT
	DIMETHICONE To be endorsed "S.P."						
2233M	Cream 10%, 50g	≠1	..	4.01	5.00	Dermabase-S	HA
2618T	10%, 75g	≠1	..	4.35	5.00	Silcon	FA
	Solution - See Colostomy and Ileostomy - Section 3						
	DIOCTYL SODIUM SULPHOSUCCINATE with BISACODYL - See DOCUSATE SODIUM with BISACODYL						
2501P	DIPHENOXYLATE HYDROCHLORIDE with ATROPINE SULPHATE Tablet 2.5mg-25 micrograms	20	..	4.50	5.08	Lomotil	SR
1344R	DIPHThERIA ANTITOXIN Injection 10,000 units	2	1	*57.50	+10.00	CS	
	DIPHThERIA and TETANUS VACCINE, ADSORBED For immunisation of children up to the age of eight years.						
1341N	Injection 0.5mL	3	..	*8.50	9.08	CS	

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
3019X	DIPHTHERIA and TETANUS VACCINE, ADSORBED, DILUTED FOR ADULT USE For immunisation of adults and children over the age of eight years. Injection 0.5mL	3	..	*8.50	9.08	CS	
1346W	DIPHTHERIA, TETANUS and PERTUSSIS VACCINE, ADSORBED Injection 0.5mL	3	..	*9.07	9.65	CS,PD	
1348Y	DIPHTHERIA VACCINE, ADSORBED For immunisation of children up to the age of eight years. Injection 0.5mL	2	1	*7.20	7.78	CS	
3020Y	DIPHTHERIA VACCINE, ADSORBED, DILUTED FOR ADULT USE For immunisation of adults and children over the age of eight years. Injection 0.5mL	2	..	*6.90	7.48	CS	
1351D	DIPIVEFRINE HYDROCHLORIDE Eye Drops 0.1%, 10mL	#1	6	10.25	+10.00	Propine	AG
3140G	DIPYRIDAMOLE To be accompanied by an authority from the Director of Health. Tablet 100mg	100	..	16.70 16.76	+10.00 +10.00	Dipramol Persantin 100	PT BY
2920Q	DISODIUM ETIDRONATE To be accompanied by an authority from the Director of Health. Tablet 200mg	60	..	81.56	+10.00	Didronel	NW
2923W	DISOPYRAMIDE Capsule 100mg	100	5	17.80	+10.00	Norpace Rythmodan	SR RL
2924X	150mg	100	5	22.79	+10.00	Norpace Rythmodan	SR RL
1125F	DOCUSATE SODIUM (DIOCTYL SODIUM SULPHOSUCCINATE) with BISACODYL To be endorsed "S.P." Suppositories 100mg-10mg, 5	2	..	*6.00	6.58	Coloxyl	FM
1347X	DOMPERIDONE Tablet 10mg	25	..	5.44	6.02	Motilium	JP

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
1357K	DOTHIEPIN HYDROCHLORIDE Capsule 25mg	50	2	5.48	6.06	Prothiaden	BT
1358L	Tablet 75mg	30	2	6.13	6.71	Prothiaden	BT
1022T	DOXEPIN Tablet 10mg	50	2	4.55	5.13	Quitaxon	RC
1023W	25mg	50	2	5.48	6.06	Quitaxon	RC
1012G	50mg	50	2	6.13	6.71	Deptran 50	AF
1011F	Capsule 10mg	50	2	4.44 4.55	5.02 5.13	Deptran 10 Sinequan	AF PF
1013H	25mg	50	2	4.50 5.48	5.08 6.06	Deptran 25 Sinequan	AF PF
1338K	DOXORUBICIN HYDROCHLORIDE Powder for I.V. Injection 10mg	4	..	*185.46	+10.00	Adriamycin	FE
1339L	50mg	3	..	*657.28	+10.00	Adriamycin	FE
2711Q	DOXYCYCLINE To be endorsed "S.P." Tablet 50mg	25	5	7.00 7.89	7.58 8.47	Doxylin 50 Vibra-Tabs	AF PF
2714W	100mg	21	..	*10.63 *11.95	+10.00 +10.00	Doxylin 100 Vibramycin	AF PF
2707L	Capsule 50mg	25	5	7.89	8.47	Doryx	FA
2715X	100mg	21	..	*8.50 *11.95	9.08 +10.00	Cyclidox Doryx	PT FA
2709N	DOXYCYCLINE Tablet 100mg	7	1	5.21 5.65	5.79 6.23	Doxylin 100 Vibramycin	AF PF
2708M	Capsule 100mg	7	1	4.50 5.65	5.08 6.23	Cyclidox Doryx	PT FA
1350C	DYDROGESTERONE To be accompanied by an authority from the Director of Health. Tablet 10mg	50	..	30.50	+10.00	Duphaston	CL
1364T	ECONAZOLE NITRATE Cream 1%, 20g	#1	1	5.91	6.49	Ecostatin Pevaryl	SQ SK
1365W	Lotion 1%, 20mL	#1	1	5.91	6.49	Ecostatin Pevaryl	SQ SK
1366X	Pessaries 150mg, 3	#1	..	6.66	7.24	Ecostatin Pevaryl	SQ SK
1367Y	Vaginal Cream 1.5%, 35g	#1	..	6.61	7.19	Ecostatin	SQ

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
1359M	ECOTHIOPATE IODIDE Eye Drops 0.03%, 1.5mg and 5mL solvent	≠1	6	#11.12	+10.00	Phospholine Iodide	AY
2405N	0.06%, 3mg and 5mL solvent	≠1	6	#11.12	+10.00	Phospholine Iodide	AY
1360N	0.125%, 6.25mg and 5mL solvent	≠1	6	#11.12	+10.00	Phospholine Iodide	AY
1361P	0.25%, 12.5mg and 5mL solvent	≠1	6	#11.12	+10.00	Phospholine Iodide	AY
2992L	ELECTROLYTE REPLACEMENT (ORAL) Powder for Solution Sachets 40g, 6	≠1	..	6.49	7.07	Repalyte	DH
	ELECTROLYTE REPLACEMENT SOLUTION See Intravenous Infusions						
	ENALAPRIL MALEATE To be endorsed "S.P."						
1370D	Tablet 5mg	30	5	26.58	+10.00	Renitec M	MK
1368B	10mg	30	5	37.65	+10.00	Renitec	MK
1369C	20mg	30	5	62.91	+10.00	Renitec 20	MK
3069M	EPICILLIN Capsule 250mg	25	1	6.86	7.44	Dexacillin	SQ
3070N	500mg	12	1	6.56	7.14	Dexacillin	SQ
3086K	Powder for Syrup 250mg per 5mL, 100mL	≠1	..	#8.42	9.26	Dexacillin	SQ
	ERGOALCIFEROL To be endorsed "S.P."						
2498L	Tablet 250 micrograms	100	5	7.40	7.98	Ostelin	GL
2500N	Oral Solution 15mg (600,000 units) in 1.5mL alcoholic solution	3	5	5.59	6.17	Sterogyl-15	RL
1380P	ERGOMETRINE MALEATE Tablet 200 micrograms	24	..	5.33	5.91	Ergotrate	LY
1378M	Injection 250 micrograms in 1mL	5	..	4.94	5.52	BL	
1384W	ERGOTAMINE TARTRATE Tablet 1mg	50	2	6.06	6.64	Lingraine	WL
1385X	ERGOTAMINE TARTRATE with CAFFEINE Tablet 1mg-100mg	50	2	6.80	7.38	Cafergot	SZ
1387B	ERGOTAMINE TARTRATE with CAFFEINE and CYCLIZINE HYDROCHLORIDE Tablet 2mg-100mg-50mg	50	2	8.13	8.71	Migral	BW

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
1386Y	ERGOTAMINE TARTRATE with CAFFEINE, ITOBARBITONE and BELLADONNA ALKALOIDS Suppositories 2mg-100mg-100mg-250 micrograms, 6	≠1	2	6.23	6.81	Cafergot PB	SZ
1388C	ERGOTAMINE TARTRATE with CAFFEINE CITRATE and DIPHENHYDRAMINE HYDROCHLORIDE Capsule 1mg-100mg-25mg	50	2	6.80	7.38	Ergodryl	PD
1399P	ERYTHROMYCIN Tablet 250mg	25	1	6.41	6.99	EMU-V	UP
1402T	Capsule 125mg	25	1	5.75	6.33	Eryc	FA
1404X	250mg	25	1	6.63	7.21	Eryc Ilocap	FA LY
2499M	ERYTHROMYCIN ESTOLATE Paediatric Drops 100mg (base) per mL, 10mL	≠1	1	5.69	6.27	Ilosone	LY
2423M	Paediatric Suspension 125mg (base) per 5mL, 100mL	≠1	1	5.69	6.27	Ilosone	LY
2749Q	ERYTHROMYCIN ETHYL SUCCINATE Tablet 200mg (base)	25	1	6.13	6.71	EES Dulcet	AB
2424N	Granules for Paediatric Suspension 200mg (base) per 5mL, 100mL	≠1	1	#7.69	8.53	EES 200	AB
1395K	Injection I.M. 100mg (base) in 2mL	5	..	9.55	10.00	Erythrocin	AB
1396L	ERYTHROMYCIN GLUCEPTATE Infusion I.V. 1g (base)	1	..	14.80	+10.00	Ilotycin	LY
1398N	ERYTHROMYCIN LACTOBIONATE Infusion I.V. 300mg (base)	5	..	*23.75	+10.00	Erythrocin	AB
1397M	1g (base)	1	..	14.80	+10.00	Erythrocin	AB
1401R	ERYTHROMYCIN STEARATE Tablet 250mg (base)	25	1	6.41	6.99	Erythrocin	AB
1403W	Capsule 250mg (base)	25	1	6.36 6.41	6.94 6.99	E-Mycin Erythrocin	PT AB
2425P	Paediatric Suspension 125mg (base) per 5mL, 100mL	≠1	1	5.69	6.27	Erythrocin	AB
2610J	Suspension 250mg (base) per 5mL, 100mL	≠1	..	7.66	8.24	Erythrocin	AB
2511E	ETHACRYNIC ACID To be endorsed "S.P."	50	3	10.63	+10.00	Edecril	MK
1271X	ETHANOLAMINE OLEATE Injection 5%, 2mL	5	1	9.38	9.96	Ethamolin	GL

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
1405Y	ETHINYLOESTRADIOL Tablet 10 micrograms	100	2	4.66	5.24	Estigyn	GL
1406B	20 micrograms	100	2	4.83	5.41	Estigyn Primogyn C	GL SC
1407C	50 micrograms	100	2	5.59	6.17	Estigyn	GL
1413J	ETHOSUXIMIDE Capsule 250mg	200	2	20.13	+10.00	Zarontin	PD
1414K	Paediatric Syrup 250mg per 5mL, 250mL	≠1	4	10.30	+10.00	Zarontin	PD
2370R	ETHYLOESTRENOL To be accompanied by an authority from the Director of Health. Tablet 2mg	100	3	16.25	+10.00	Orabolin	OR
3166P	ETHYNODIOL DIACETATE with ETHINYLOESTRADIOL Tablet 500 micrograms-50 micrograms, 21	4	2	*10.86	+10.00	Ovulen 0.5/50	SR
3167Q	1mg-50 micrograms, 21	4	2	*10.86	+10.00	Ovulen 1/50	SR
2447T	Pack containing 21 tablets 500 micrograms-50 micrograms and 7 inert tablets	4	2	*10.86	+10.00	Ovulen 0.5/50-28	SR
3168R	Pack containing 21 tablets 1mg-50 micrograms and 7 inert tablets	4	2	*10.86	+10.00	Ovulen 1/50-28	SR
1421T	ETRETINATE To be accompanied by an authority from the Director of Health. CAUTION: This drug is a potent teratogen - pregnancy should be avoided for at least one year after cessation of therapy. Capsule 10mg	100	..	127.50	+10.00	Tigason	RO
1422W	25mg	100	..	267.50	+10.00	Tigason	RO
1315F	FENOTEROL HYDROBROMIDE Elixir 2.5mg per 5mL, 300mL	≠1	5	5.79	6.37	Berotec	BY
1312C	Inhalation Solution for use in RESPIRATOR or NEBULISER 0.1%, 20mL	≠1	5	7.36	7.94	Berotec	BY
1313D	Inhalation, metered aerosol spray, 200 micrograms per dose (300 dose)	≠1	5	8.13	8.71	Berotec	BY
2465R	FERROUS AMINOACETOSULPHATE Paediatric Syrup 100mL	≠1	4	4.44	5.02	Plesmet	NN
1424Y	FERROUS GLUCONATE Tablet 300mg	100	2	4.44	5.02	Fergon	WL
2726L	Paediatric Elixir 6%, 100mL	≠1	4	4.44	5.02	Fergon	WL

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
1150M	FERROUS SULPHATE DRIED Tablet 320mg (delayed release)	30	2	4.44	5.02	Slow-Fe	CG
2689M	350mg (sustained release)	30	2	4.43 4.44	5.01 5.02	Feritard Ferro-Gradumets	PT AB
3100E	Capsule 320mg (delayed release)	30	2	4.44	5.02	Fespan	SK
3150T	FERROUS SULPHATE DRIED with FOLIC ACID Tablet 270mg-300 micrograms (delayed release)	30	2	4.43	5.01	Feritard Folic	PT
3160H	270mg-300 micrograms (sustained release)	30	2	4.50	5.08	F.G.F.	AB
3149R	Capsule 270mg-300 micrograms (delayed release)	30	2	4.50	5.08	Fefol	SK
1090J	FLECAINIDE ACETATE To be endorsed "S.P." Tablet 100mg	60	5	42.85	+10.00	Tambocor	RK
1363R	FLUCLOROLONE ACETONIDE Cream 0.025%, 15g	#1	1	4.16	5.00	Topilar	SD
1526H	FLUCLOXACILLIN Capsule 250mg	24	..	11.10 12.08	+10.00 +10.00	Staphylex 250 Flophen Floxapen	AF CS BR
1527J	500mg	24	..	19.00 20.98	+10.00 +10.00	Staphylex 500 Flophen Floxapen	AF CS BR
1528K	Powder for Syrup 125mg per 5mL, 100mL	#1	..	#10.28	+10.00	Flophen Floxapen	CS BR
1523E	Injection 250mg (solvent required) (codes 6717M, 6718N, 6719P, 6720Q, 6721R, 6722T apply to above item with approved solvents)	5	..	10.85	+10.00	Flophen Floxapen	CS BR
1524F	Injection 500mg (solvent required) (codes 6723W, 6724X, 6725Y, 6726B, 6727C, 6728D apply to above item with approved solvents)	5	..	15.54	+10.00	Flophen Floxapen	CS BR
1525G	Injection 1g (solvent required) (codes 6729E, 6730F, 6731G, 6732H, 6733J, 6734K apply to above item with approved solvents)	5	..	24.34	+10.00	Flophen Floxapen	CS BR
1073L	FLUCYTOSINE To be endorsed "S.P." Tablet 500mg	100	..	146.25	+10.00	Ancotil	RO
1433K	FLUDROCORTISONE ACETATE Tablet 100 micrograms	100	3	7.40	7.98	Florinef	SQ

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
2823N	FLUMETHASONE with CLIOQUINOL Ear Drops 0.02%-1%, 7.5mL	≠1	..	4.81	5.39	Locacorten Vioform	CG
2677X	FLUOCORTOLONE ESTERS Cream 0.08%, 100g	≠1	..	5.21	5.79	Topodil	SC
1305Q	0.2%, 15g	≠1	1	4.16	5.00	Ultralan-D	SC
1306R	Ointment 0.2%, 15g	≠1	1	4.16	5.00	Ultralan-D	SC
1307T	Ointment (anhydrous) 0.2%, 15g	≠1	1	4.16	5.00	Ultralan-D Fatty	SC
1204J	FLUOROMETHOLONE Eye Drops 0.1%, 5mL	≠1	6	5.81	6.39	Flucon FML Liquifilm	AQ AG
2521Q	FLUOROURACIL Injection 250mg in 10mL	10	..	28.29	+10.00	RO	
2528C	500mg in 10mL	5	1	28.29	+10.00	Fluroblastin	FE
1435M	FLUOXYMESTERONE To be accompanied by an authority from the Director of Health. Tablet 5mg	100	3	21.46	+10.00	Halotestin	UP
2659Y	FLUPHENAZINE To be endorsed "S.P." Tablet 1mg	100	1	6.58	7.16	Anatensol	SQ
2660B	2.5mg	100	1	8.31	8.89	Anatensol	SQ
2661C	5mg	100	1	10.75	+10.00	Anatensol	SQ
2662D	Elixir 500 micrograms per mL, 60mL	≠1	4	4.99	5.57	Anatensol	SQ
1046C	FLUPHENAZINE DECANOATE To be endorsed "S.P." Injection 12.5mg in 0.5mL	5	..	16.73	+10.00	Modecate	SQ
3098C	25mg in 1mL	5	..	26.25	+10.00	Modecate	SQ
1001Q	50mg in 2mL	5	..	39.65	+10.00	Modecate	SQ
2958Q	FOLIC ACID Tablet 500 micrograms	100	..	4.18 4.19	5.00 5.00	DH,PT SI	
1437P	5mg	100	2	4.33 4.35	5.00 5.00	DH,PT Folasic Folicid FM,PR,RT,SI	NN US
1436N	Injection 15mg in 1mL	10	..	*8.12	8.70	AB	

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
	FOSFESTROL SODIUM To be endorsed "S.P."						
1353F	Tablet 120mg	100	2	38.75	+10.00	Honvan	BC
1352E	Injection 250mg in 5mL	10	..	22.56	+10.00	Honvan	BC
	FRAMYCETIN						
1439R	Eye Ointment 0.5%, 5g	#1	..	4.50	5.08	Soframycin	RL
1440T	Eye and Ear Drops 0.5%, 8mL	#1	2	4.75	5.33	Soframycin	RL
	FRUSEMIDE To be endorsed "S.P."						
2415D	Tablet 500mg	50	3	22.24 22.30	+10.00 +10.00	Urex-Forte Lasix	FM HP
	FRUSEMIDE						
2414C	Tablet 20mg	50	3	5.31	5.89	Lasix-M Urex-M	HP FM
2412Y	40mg	50	3	4.50 5.63 5.94	5.08 6.21 6.52	Uremide Urex Lasix	PT FM HP
2411X	Oral Solution 10mg per mL, 30mL	#1	3	9.25	9.83	Lasix	HP
2413B	Injection 20mg in 2mL	5	..	5.81 6.41	6.39 6.99	AF Lasix	HP
	FUSIDIC ACID To be endorsed "S.P."						
2312Q	Tablet (sodium salt) 250mg (enteric coated)	36	..	61.25	+10.00	Fucidin	SK
2311P	Suspension 50mg per mL, 90mL	#1	..	41.70	+10.00	Fucidin	SK
	GAS GANGRENE ANTITOXIN - MIXED (POLYVALENT)						
2699C	Injection: 1 amp containing 10,000 units Perfringens; 10,000 units Novyi; 5,000 units Septicum	2	1	*92.50	+10.00	CS	
	GENTAMICIN SULPHATE To be endorsed "S.P."						
1441W	Eye Drops 0.3% (base), 5mL	#1	2	7.00	7.58	Genoptic	AG
	GENTAMICIN SULPHATE						
1067E	Injection 10mg (base) in 1mL	5	..	12.75	+10.00	Garamycin	SH
1068F	40mg (base) in 1mL	5	..	16.33	+10.00	Garamycin BL	SH
	(continued)						

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
1168L	GENTAMICIN SULPHATE - cont. Injection 60mg (base) in 1.5mL	5	..	19.63	+10.00	Garamycin BL	SH
2824P	80mg (base) in 2mL	5	..	8.75 22.95	9.33 +10.00	Cidomycin Garamycin BL	RL SH
2939Q	GLIBENCLAMIDE Tablet 5mg	100	5	15.75	+10.00	Daonil Euglucon	HP RC
2449X	GLICLAZIDE Tablet 80mg	100	5	15.75	+10.00	Diamicron	SE
1447E	GLUCAGON HYDROCHLORIDE Injection 1 i.u. with diluent	1	1	11.16	+10.00	CN,LY	
3040B	GLUCOSE Injection 50%, 10mL	5	..	7.50	8.08	AP	
	Injections 500mL and 1L - See Intravenous Infusions						
2909D	GLUCOSE INDICATOR - BLOOD Reagent Strips, 50	≠1	5	15.90	+10.00	Ames-BG	AM
2912G	Reagent Strips, 50	≠1	5	15.90	+10.00	BM-Test-BG	BO
2917M	Reagent Strips, 50	≠1	5	22.25	+10.00	Glucostix	AM
2914J	Reagent Strips, 50	≠1	5	22.25	+10.00	BM-Test-Glycemie 20-800	BO
1448F	GLUCOSE INDICATOR - URINE Test Dispenser 4m	≠1	2	6.50	7.08	Tes-Tape	LY
2352T	Reagent Strips, 100	≠1	2	6.75	7.33	Clinistix	AM
3104J	Reagent Strips, 100	≠1	2	7.00	7.58	Diastix	AM
3107M	GLUCOSE and KETONE INDICATOR - URINE Reagent Strips, 100	≠1	2	8.13	8.71	Keto-Diastix	AM
1459T	GLYCERYL TRINITRATE Tablets 600 micrograms, 100	≠1	5	4.49	5.07	Anginine Stabilised	BW
1452K	Ointment 2%, 60g	≠1	5	12.35	+10.00	Nitro-Bid	PT
1513P	Transdermal Disc releasing approximately 5mg per 24 hours	30	2	21.25	+10.00	Nitradisc	SR
1514Q	Transdermal Disc releasing approximately 10mg per 24 hours	30	2	27.50	+10.00	Nitradisc	SR
1515R	Transdermal Pad releasing approximately 5mg per 24 hours	30	2	21.25	+10.00	Transiderm-Nitro 25	CG
1516T	Transdermal Pad releasing approximately 10mg per 24 hours	30	2	27.50	+10.00	Transiderm-Nitro 50	CG

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
	GRISEOFULVIN To be endorsed "S.P."						
1460W	Tablet 125mg	100	2	10.01	+10.00	Fulcin 125 Grisovin	IC GL
2983B	330mg	28	2	7.81 9.75	8.39 10.00	Grisfulvin 330 Griseostatin	PT SH
2982Y	500mg	28	2	9.75	10.00	Fulcin 500 Grisovin 500	IC GL
	HALOPERIDOL To be endorsed "S.P."						
2767P	Tablet 1.5mg	100	1	6.34 6.40	6.92 6.98	Pacedol Serenace	PT SR
2770T	5mg	50	1	7.34 7.40	7.92 7.98	Pacedol Serenace	PT SR
2768Q	Injection 5mg in 1mL	10	..	12.06	+10.00	Serenace	SR
	HEPARIN CALCIUM						
1234Y	Injection 5,000 units in 0.2mL	5	5	10.01	+10.00	Calcihep Calciparine Caprin	CP BL CS
1235B	5,000 units in 0.5mL	5	5	10.01	+10.00	Caprin	CS
1053K	12,500 units in 0.5mL	2	5	9.34 *9.38	9.92 9.96	Calciparine CS	BL
1054L	25,000 units in 1mL	2	5	11.39 *11.42	+10.00 +10.00	Calciparine CS	BL
	HEPARIN SODIUM						
1466E	Injection 5,000 units in 0.2mL	5	5	8.59	9.17	BL,CP,CS	
1467F	5,000 units in 1mL	5	5	8.59 8.65	9.17 9.23	BL,CP CS	
1469H	20,000 units in 20mL	12	5	47.38	+10.00	BL	
1468G	25,000 units in 5mL	2	5	*11.42	+10.00	CP,CS	
1076P	35,000 units in 35mL	12	5	*101.62	+10.00	CP,CS	
	HEXAMINE HIPPURATE						
3124K	Tablet 1g	100	5	15.38	+10.00	Hiprex	RK
	HEXAMINE MANDELATE						
1617D	Tablet 250mg	100	5	6.88	7.46	Mandelamine	WW
1618E	500mg	100	5	9.01	9.59	Mandelamine Hafgrams	WW
2690N	1g	100	5	15.38	+10.00	Mandelamine	WW

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
2541R	HOMATROPINE HYDROBROMIDE Eye Drops 2%, 15mL	≠1	2	5.75	6.33	AG,AQ	
2542T	5%, 15mL	≠1	2	6.63	7.21	AG,AQ	
1477R	HUMAN CHORIONIC GONADOTROPHIN To be endorsed "S.P." Injection 5,000 units (set containing one ampoule powder for injection and one ampoule solvent 1mL)	2	..	*31.90	+10.00	Profasi 5000	CS
1640H	HYDRALAZINE HYDROCHLORIDE Tablet 25mg	100	5	5.43 6.31 7.43	6.01 6.89 8.01	Supres 25 Alphapress 25 Apresoline	PT AF CG
1639G	50mg	100	5	7.50 7.99 9.75	8.08 8.57 10.00	Supres 50 Alphapress 50 Apresoline	PT AF CG
1484D	HYDROCHLOROTHIAZIDE Tablet 25mg	50	3	5.13	5.71	Dichlotride Esidrex	MK CG
1485E	50mg	50	3	6.39	6.97	Dichlotride Esidrex	MK CG
1486F	HYDROCHLOROTHIAZIDE with AMILORIDE CAUTION: Serum electrolytes should be checked regularly. Supplementary potassium may cause life-threatening hyperkalaemia. Tablet 50mg-5mg	50	3	6.14 7.46	6.72 8.04	Amizide Lorizide 50/5 Moduretic	PT AF MK
1280J	HYDROCHLOROTHIAZIDE with TRIAMTERENE CAUTION: Serum electrolytes should be checked regularly. Supplementary potassium may cause life-threatening hyperkalaemia. Tablet 25mg-50mg	50	3	7.88	8.46	Dyazide	SK
1499X	HYDROCORTISONE Tablet 4mg	50	4	4.89	5.47	Hysone	PT
1500Y	20mg	60	4	9.00	9.58	Hysone	PT
	(continued)						

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
1489J	HYDROCORTISONE - cont. Eye Drops 0.5%, 10mL	#1	2	4.96	5.54	Hycor	SI
1492M	1%, 10mL	#1	2	5.18	5.76	Hycor	SI
1493N	2.5%, 5mL	#1	2	5.18	5.76	Hycor	SI
1494P	2.5%, 10mL	#1	2	5.88	6.46	Hycor	SI
1496R	Eye Ointment 0.5%, 4g	#1	..	4.83	5.41	Cortef	UP
1497T	0.5%, 5g	#1	..	4.83	5.41	Hycor	SI
2441L	1%, 5g	#1	..	4.83	5.41	Hycor	SI
2887Y	Cream 1%, 30g	#1	1	4.70	5.28	Adacor Cortef Dermacort Hydrosone Procort Sigmacort Squibb-HC	NN UP PD US PR SI SQ
2881P	1%, 50g	#1	1	5.30	5.88	Adacor Cortef Dermacort Hydrosone Procort Sigmacort Squibb-HC	NN UP PD US PR SI SQ
2888B	Topical Ointment 1%, 30g	#1	1	4.70	5.28	Adacor Cortef Dermacort "O" Procort Sigmacort Squibb-HC	NN UP PD PR SI SQ
2882Q	1%, 50g	#1	1	5.30	5.88	Adacor Cortef Dermacort "O" Procort Sigmacort Squibb-HC	NN UP PD PR SI SQ
2794C	HYDROCORTISONE with NEOMYCIN SULPHATE Ear Drops 1.5%-0.5%, 5mL	#1	..	4.81	5.39	Neo-Cortef	UP
2795D	Ear Ointment 1.5%-0.5%, 4g	#1	2	4.55	5.13	Neo-Cortef	UP
1498W	HYDROCORTISONE ACETATE To be endorsed "S.P." Injection 25mg in 1mL	5	..	6.48	7.06	Hysone-A	PT
1502C	Rectal Foam 10%, Aerosol 25g	2	1	*34.90	+10.00	Colifoam	SV

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
	HYDROCORTISONE SODIUM SUCCINATE To be endorsed "S.P."						
1510L	Injection Set containing equivalent of 100mg hydrocortisone and 2mL solvent	6	..	*20.80 *21.04	+10.00 +10.00	Nordicort Solu-Cortef	NR UP
1511M	containing equivalent of 250mg hydrocortisone and 2mL solvent	6	..	*42.70	+10.00	Solu-Cortef	UP
3097B	containing equivalent of 500mg hydrocortisone and 4mL solvent	2	..	*27.92	+10.00	Solu-Cortef	UP
	HYDROCORTISONE SODIUM SUCCINATE Injection Set						
1501B	containing equivalent of 100mg hydrocortisone and 2mL solvent	2	..	*8.60 *8.68	9.18 9.26	Nordicort Solu-Cortef	NR UP
3096Y	containing equivalent of 250mg hydrocortisone and 2mL solvent	1	..	9.20	9.78	Solu-Cortef	UP
	HYDROXOCOBALAMIN To be endorsed "S.P."						
1508J	Injection 1mg in 1mL	3	..	8.75	9.33	Neo-Cytamen	GL
1512N	HYDROXYCHLOROQUINE Tablet 200mg	100	1	14.50	+10.00	Plaquenil	WL
3093T	HYDROXYUREA Capsule 500mg	100	..	49.95	+10.00	Hydrea	SQ
3042D	HYOSCINE BUTYLBROMIDE Injection 20mg in 1mL	5	..	9.00	9.58	Buscopan	BY
2956N	HYPROMELLOSE Eye Drops 0.5%, 15mL	#1	6	4.75	5.33	Isopto Tears Lacril Methopt	AQ AG SI
2952J	1%, 15mL	#1	6	4.75	5.33	Methopt Forte	SI
1509K	HYPROMELLOSE with DEXTRAN Eye Drops 0.3%-0.1%, 15mL	#1	6	5.04	5.62	Tears Naturale	AQ
3198H	IBUPROFEN Tablet 200mg	50	3	4.50 5.28	5.08 5.86	Inflam Rafen 200 Brufen	PT AF BT
3190X	400mg	50	3	5.63 6.88	6.21 7.46	Inflam Brufen	PT BT

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
2442M	IDOXURIDINE Eye Drops 0.1%, 15mL	#1	2	7.05	7.63	Herplex Stoxil	AG SK
2569F	Eye Ointment 0.5%, 5g	#1	..	7.30	7.88	Stoxil	SK
2567D	Topical Ointment 0.5%, 5g	#1	..	4.44	5.02	Stoxil	SK
2420J	IMIPRAMINE Tablet 10mg	50	2	4.30 4.43	5.00 5.01	Imiprin Tofranil	PT CG
2421K	25mg	50	2	4.50 5.25	5.08 5.83	Imiprin Melipramine Tofranil	PT UW(N) CG
2719D	Injection I.M. 25mg in 2mL	10	..	11.88	+10.00	Tofranil	CG
2436F	INDAPAMIDE Tablet 2.5mg	30	3	8.75	9.33	Natrilix	SE
2454E	INDOMETHACIN Capsule 25mg	50	3	4.50 6.63	5.08 7.21	Arthrexin Rheumacin Indocid	AF PT MK
2757D	Suppository 100mg	20	3	10.30	+10.00	Indocid	MK
2852D	INFLUENZA VACCINE To be endorsed "S.P."	1	..	10.00	10.00	Fluvax Vaxigrip	CS MB
1141C	INSECT ALLERGEN EXTRACT - BULL ANT Injection Set - strengths A,B,C each 5mL	1	..	67.50	+10.00	CS	
1139Y	strengths A,B,C,D each 5mL	1	..	102.50	+10.00	CS	
1138X	Injection - strength C, 5mL	1	..	25.00	+10.00	CS	
1142D	strength D, 5mL	1	..	37.50	+10.00	CS	
2886X	INSECT ALLERGEN EXTRACT - HONEY BEE VENOM Injection set containing 550 micrograms	1	..	81.25	+10.00	Albay Bee Venom	BN
3022C	INSECT ALLERGEN EXTRACT - JUMPER ANT Injection Set - strengths A,B,C each 5mL	1	..	67.50	+10.00	CS	
3034Q	strengths A,B,C,D each 5mL	1	..	102.50	+10.00	CS	
3025F	Injection - strength C, 5mL	1	..	25.00	+10.00	CS	
3023D	strength D, 5mL	1	..	37.50	+10.00	CS	

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer
1473M	INSECT ALLERGEN EXTRACT - MOSQUITO Injection Set - strengths A,B,C each 5mL	1	..	67.50	+10.00	CS
1474N	strengths A,B,C,D each 5mL	1	..	102.50	+10.00	CS
1471K	Injection - strength C, 5mL	1	..	25.00	+10.00	CS
1475P	strength D, 5mL	1	..	37.50	+10.00	CS
2918N	INSECT ALLERGEN EXTRACT - PAPER WASP VENOM NOTE: Paper wasp venom is not European wasp venom. Injection set containing 550 micrograms	1	..	98.75	+10.00	Albay Wasp Venom BN
1710B	INSULIN Injection (bovine) 100 units per mL, 10mL	5	2	*80.65	+10.00	Insulin 2 CN
1530M	300 units per mL, 5mL	10	2	*158.80	+10.00	CN
1723Q	INSULIN BIPHASIC Injection (mixed porcine/bovine) 100 units per mL, 10mL	5	2	*83.75	+10.00	Rapitard MC CN
1533Q	INSULIN ISOPHANE (N.P.H.) To be endorsed "S.P." Injection (synthetic human) 100 units per mL, 10mL	5	2	*102.50	+10.00	Humulin N LY Insulatard Human BW Protaphane HM CN
1711C	INSULIN ISOPHANE (N.P.H.) Injection (bovine) 100 units per mL, 10mL	5	2	*80.65	+10.00	Hypurin Isophane CP Isotard MC CN
1712D	Injection (porcine) 100 units per mL, 10mL	5	2	*83.75	+10.00	Insulatard BW Nordisk CN Protaphane MC
1425B	INSULIN ISOPHANE (N.P.H.) - INSULIN NEUTRAL, (MIXED) To be endorsed "S.P." Injection (synthetic human) 100 units (50 units-50 units) per mL, 10mL	5	2	*102.50	+10.00	Initard Human BW
1426C	100 units (70 units-30 units) per mL, 10mL	5	2	*102.50	+10.00	Actraphane HM CN Mixtard Human BW
	(continued)					

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
1428E	INSULIN ISOPHANE (N.P.H.) - INSULIN NEUTRAL, (MIXED) - cont. Injection (porcine) 100 units (50 units-50 units) per mL, 10mL	5	2	*83.75	+10.00	Initard Nordisk	BW
1427D	100 units (70 units-30 units) per mL, 10mL	5	2	*83.75	+10.00	Actraphane MC Mixtard Nordisk	CN BW
1531N	INSULIN NEUTRAL To be endorsed "S.P." Injection (synthetic human) 100 units per mL, 10mL	5	2	*102.50	+10.00	Actrapid HM Humulin R Velosulin Human	CN LY BW
1532P	Injections (synthetic human) 100 units per mL, 1.5mL, 5	7	2	*107.50	+10.00	Actrapid HM Penfill	CN
1713E	INSULIN NEUTRAL Injection (bovine). 100 units per mL, 10mL	5	2	*80.65	+10.00	Hypurin Neutral	CP
1714F	Injection (porcine) 100 units per mL, 10mL	5	2	*83.75	+10.00	Actrapid MC Velosulin Nordisk	CN BW
1538Y	Injections (porcine) 100 units per mL, 1.5mL, 5	7	2	*87.83	+10.00	Actrapid MC Penfill	CN
1715G	INSULIN PROTAMINE ZINC Injection (bovine) 100 units per mL, 10mL	5	2	*80.65	+10.00	Protamine Zinc Insulin MC	CN
1718K	INSULIN ZINC SUSPENSION (Lente) To be endorsed "S.P." Injection (synthetic human) 100 units per mL, 10mL	5	2	*102.50	+10.00	Monotard HM	CN
1716H	INSULIN ZINC SUSPENSION (Lente) Injection (bovine) 100 units per mL, 10mL	5	2	*80.65	+10.00	Lente MC	CN
1717J	Injection (porcine) 100 units per mL, 10mL	5	2	*83.75	+10.00	Monotard MC	CN
1720M	INSULIN ZINC SUSPENSION (AMORPHOUS) (Semilente) Injection (porcine) 100 units per mL, 10mL	5	2	*83.75	+10.00	Semilente MC	CN

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
1722P	INSULIN ZINC SUSPENSION (CRYSTALLINE) (Ultralente) To be endorsed "S.P." Injection (synthetic human) 100 units per mL, 10mL	5	2	*102.50	+10.00	Ultratard HM	CN
1721N	INSULIN ZINC SUSPENSION (CRYSTALLINE) (Ultralente) Injection (bovine) 100 units per mL, 10mL	5	2	*80.65	+10.00	Ultralente MC	CN
	INTRAVENOUS INFUSIONS 500mL and 1L - see separate listings immediately before 'dental' benefits at end of Section 2						
1540C	IPRATROPIUM BROMIDE Inhalation, metered aerosol spray, 20 micrograms per dose (200 dose)	≠1	5	13.25	+10.00	Atrovent	BY
1541D	Nebuliser Solution 0.025%, 20mL	≠1	5	8.65	9.23	Atrovent	BY
1298H	IRON DEXTRAN Injection 2mL	5	..	7.28	7.86	Imferon	FC
2764L	IRON POLYMALTOSE COMPLEX Tablet 40mg (iron)	100	2	4.44	5.02	Ferrum H	SI
2593L	Injection 100mg (iron) in 2mL	5	..	7.28	7.86	Ferrum H	SI
1552Q	IRON SORBITOL Injection I.M. trivalent iron 2mL	5	..	7.28	7.86	Jectofer	AP
1550N	ISOCONAZOLE NITRATE Cream 1%, 20g	≠1	1	5.91	6.49	Travogen	SC
1549M	Lotion 1%, 20mL	≠1	1	5.91	6.49	Travogen	SC
1551P	Pessaries 300mg, 2	≠1	..	6.66	7.24	Gyno-Travogen	SC
1553R	ISONIAZID Tablet 50mg	200	2	5.31	5.89	FM	
1554T	100mg	100	2	5.31	5.89	FM	
2587E	ISOSORBIDE DINITRATE Tablet 10mg	100	5	5.25	5.83	Isordil Isotrate	AY PD
2588F	Sublingual Tablet 5mg	100	5	5.25	5.83	Isordil Sublingual Isotrate Sublingual	AY PD

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
	ISOTRETINOIN To be accompanied by an authority from the Director of Health. CAUTION: This drug causes birth defects. Isotretinoin has been reported to cause other frequent and potentially serious toxicity.						
2591J	Capsule 10mg	60	3	*100.00	+10.00	Roaccutane	RO
2592K	20mg	60	3	*185.00	+10.00	Roaccutane	RO
2988G	KAOLIN with PECTIN Mixture 5.91g-132mg per 30mL, 375mL	#1	2	5.13	5.71	Kaopectate	UP
1586L	KETOPROFEN Capsule 50mg	50	3	8.75	9.33	Orudis	MB
1587M	100mg	50	3	12.75	+10.00	Orudis	MB
1588N	Suppository 100mg	20	3	11.45	+10.00	Orudis	MB
1566K	LABETALOL Tablet 100mg	100	5	13.56 14.13	+10.00 +10.00	Presolol 100 Trandate	AF GL
1567L	200mg	100	5	21.75 23.75	+10.00 +10.00	Presolol 200 Trandate	AF GL
	LACTULOSE To be accompanied by an authority from the Director of Health.						
3064G	Mixture 3.34g per 5mL, 500mL	#1	..	16.70	+10.00	Duphalac	CL
	LEUPRORELIN ACETATE To be accompanied by an authority from the Director of Health.						
1568M	Injection 5mg per mL, 2.8mL	2	2	*390.00	+10.00	Lucrin	AB
3143K	LEVODOPA Tablet 100mg	50	5	8.81	9.39	Larodopa	RO
3144L	250mg	100	5	17.25	+10.00	Larodopa	RO
3014P	500mg	250	5	74.50	+10.00	Larodopa	RO
2228G	LEVODOPA with BENSERAZIDE Tablet 200mg-50mg	100	5	46.30	+10.00	Madopar	RO
2227F	Capsule 50mg-12.5mg	100	5	16.38	+10.00	Madopar Q	RO
2225D	100mg-25mg	100	5	30.20	+10.00	Madopar-M	RO
2226E	200mg-50mg	100	5	46.30	+10.00	Madopar	RO

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
1244L	LEVODOPA with CARBIDOPA Tablet 100mg-10mg	100	5	23.63	+10.00	Sinemet M	MK
1242J	100mg-25mg	100	5	30.20	+10.00	Sinemet 100/25	MK
1245M	250mg-25mg	100	5	46.30	+10.00	Sinemet	MK
2913H	LEVONORGESTREL Tablet 30 micrograms, 28	4	2	*10.86	+10.00	Microlut 28 Microval 28	SC WY
1455N	LEVONORGESTREL with ETHINYLOESTRADIOL Tablet 125 micrograms-50 micrograms, 21	4	2	*10.86	+10.00	Microgynon 50	SC
1393H	150 micrograms-30 micrograms, 21	4	2	*10.86	+10.00	Microgynon 30 Nordette 21	SC WY
3186Q	250 micrograms-50 micrograms, 21	4	2	*10.86	+10.00	Neogynon Nordiol 21	SC WY
1456P	Pack containing 21 tablets 125 micrograms-50 micrograms and 7 inert tablets	4	2	*10.86	+10.00	Microgynon 50 ED Nordette 50	SC WY
1394J	Pack containing 21 tablets 150 micrograms-30 micrograms and 7 inert tablets	4	2	*10.86	+10.00	Microgynon 30 ED Nordette 28	SC WY
3188T	Pack containing 21 tablets 250 micrograms-50 micrograms and 7 inert tablets	4	2	*10.86	+10.00	Neogynon ED Nordiol 28	SC WY
1457Q	Pack containing 11 tablets 50 micrograms-50 micrograms and 10 tablets 125 micrograms- 50 micrograms	4	2	*10.86	+10.00	Biphasil 21	WY
1458R	Pack containing 11 tablets 50 micrograms-50 micrograms, 10 tablets 125 micrograms- 50 micrograms and 7 inert tablets	4	2	*10.86	+10.00	Biphasil 28 Sequilar ED	WY SC
1391F	Pack containing 6 tablets 50 micrograms-30 micrograms, 5 tablets 75 micrograms- 40 micrograms and 10 tablets 125 micrograms-30 micrograms	4	2	*10.86	+10.00	Triphasil Triquilar	WY SC
1392G	Pack containing 6 tablets 50 micrograms-30 micrograms, 5 tablets 75 micrograms- 40 micrograms, 10 tablets 125 micrograms-30 micrograms and 7 inert tablets	4	2	*10.86	+10.00	Triphasil 28 Triquilar ED	WY SC

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
2875H	LIGNOCAINE Injection 100mg in 5mL	≠2	..	7.89	8.47	Xylocard 100	AP
2861N	I.M. 300mg in 3mL	1	..	7.89	8.47	Xylocard 300 I.M.	AP
2876J	Infusion 500mg in 5mL	5	..	7.89	8.47	Xylocard 500	AP
3084H	LINCOMYCIN Injection 300mg in 1mL	5	..	12.88	+10.00	Lincocin SS Paediatric	UP
2530E	600mg in 2mL	5	..	15.00	+10.00	Lincocin	UP
1175W	LINDANE Cream 1%, 200g	≠1	2	6.39	6.97	Lorexane	IC
1176X	Head Lotion 0.2%, 200mL	≠1	..	5.30	5.88	Lorexane	IC
1178B	Lotion Concentrate 1%, 200mL	≠1	..	6.39	6.97	Lorexane Concentrate	IC
2318B	LIOTHYRONINE Tablet 20 micrograms	100	1	5.35	5.93	Tertroxin	GL
3059B	LITHIUM CARBONATE Tablet 250mg	100	5	5.65 5.71	6.23 6.29	Lithicarb Carbolith	PT DH
3060C	400mg (sustained release)	100	3	8.31	8.89	Priadel	PT
1571Q	LOPERAMIDE HYDROCHLORIDE Capsule 2mg	12	..	4.50	5.08	Imodium	JP
2401J	LYPRESSIN Nasal Spray 50 units per mL, 5mL	10	2	*67.00	+10.00	Vasopressin	SZ
1578C	MALDISON Lotion 0.5%, 100mL	≠1	..	4.84	5.42	Cleensheen	FL
2321E	MEDROXYPROGESTERONE Tablet 10mg	30	5	13.36	+10.00	Provera	UP
	----- MEDROXYPROGESTERONE To be endorsed "S.P."						
2722G	Tablet 10mg	100	2	30.50	+10.00	Provera	UP
2725K	100mg	100	2	90.00	+10.00	Farlutal Provera	FE UP
2727M	250mg	60	2	127.50	+10.00	Provera	UP
2728N	500mg	30	2	127.50	+10.00	Farlutal Provera	FE UP
2317Y	Oral Suspension 100mg per mL, 100mL	≠1	2	90.00	+10.00	Provera	UP
2319C	Injection 50mg in 1mL	1	..	6.61	7.19	Dopo-Provera	UP
	(continued)						

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
3118D	MEDROXYPROGESTERONE - cont. Injection 150mg in 1mL	1	..	11.60	+10.00	Depo-Provera	UP
2322F	500mg in 2.5mL	1	..	32.46	+10.00	Farlutal	FE
3197G	MEDRYSONE Eye Drops 1%, 5mL	#1	6	5.81	6.39	HMS Liquifilm	AG
1824B	MEFENAMIC ACID To be endorsed "S.P." Capsule 250mg	50	2	6.00 7.50	6.58 8.08	Mefic Ponstan	AF PD
1823Y	MEFRUSIDE Tablet 25mg	50	3	5.99	6.57	Baycaron	BN
2547C	MELPHALAN Tablet 2mg	100	..	*65.26	+10.00	Alkeran	BW
2548D	5mg	100	..	*111.26	+10.00	Alkeran	BW
1598D	MERCAPTOPURINE Tablet 50mg	100	2	*89.14	+10.00	Purinethol	BW
2430X	METFORMIN Tablet 500mg	100	5	10.50 11.41 11.43	+10.00 +10.00 +10.00	Diaformin Glucophage Diabex	AF LH DF
2397E	METHACYCLINE Capsule 150mg	21	1	6.25	6.83	Rondomycin	WW
2901Q	300mg	11	1	6.25	6.83	Rondomycin	WW
1608P	METHADONE To be endorsed "S.P." CAUTION: The risk of drug dependence is high. Tablet 5mg	20	..	6.98	7.56	Physeptone	BW
1609Q	10mg	20	..	7.41	7.99	Physeptone	BW
1606M	Injection 10mg in 1mL	5	..	10.36	+10.00	Physeptone	BW
1612W	METHDILAZINE To be endorsed "S.P." Tablet 4mg	100	2	*6.36	6.94	Dilosyn	GL
1613X	8mg	100	2	*6.62	7.20	Dilosyn	GL
1620G	METHENOLONE ACETATE To be accompanied by an authority from the Director of Health. Tablet 5mg	100	3	*20.50	+10.00	Primobolan	SC
1622J	METHOTREXATE Tablet 2.5mg (continued)	100	2	20.94 24.65	+10.00 +10.00	Methoblastin LE	FE

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
1623K	METHOTREXATE Tablet 10mg	100	2	74.43	+10.00	Methoblastin	FE
2393Y	Injection 5mg (solvent required) (codes 6741T, 6742W, 6743X, 6744Y, 6745B, 6746C apply to above item with approved solvents)	5	..	*23.75	+10.00	LE	
2396D	Injection 5mg in 2mL	5	..	*52.65	+10.00	LE	
2394B	Injection 50mg (solvent required) (codes 6747D, 6748E, 6749F, 6750G, 6751H, 6752J apply to above item with approved solvents)	5	..	*71.95	+10.00	LE	
2395C	Injection 50mg in 2mL	5	..	60.90 *60.95	+10.00 +10.00	BL LE	
2398F	METHSUXIMIDE Capsule 300mg	200	2	48.65	+10.00	Celontin	PD
1624L	METHYLCLOTHIAZIDE Tablet 2.5mg	50	3	5.10	5.68	Enduron-M	AB
1625M	5mg	50	3	5.43	6.01	Enduron	AB
3194D	METHYLDOPA Tablet 125mg	100	5	8.10	8.68	Aldomet-M	MK
1629R	250mg	100	5	11.00 11.06 11.50	+10.00 +10.00 +10.00	Dimal Hydopa Methopa Aldomet	PT AF US MK
	METHYLPHENOBARBITONE To be endorsed "S.P."						
1633Y	Tablet 30mg	200	2	5.70	6.28	Prominal	WL
1634B	60mg	200	2	6.28	6.86	Prominal	WL
1635C	200mg	200	2	13.65	+10.00	Prominal	WL
	METHYLPREDNISOLONE ACETATE To be endorsed "S.P."						
1928L	Injection 40mg in 1mL	5	..	16.85	+10.00	Depo-Medrol	UP
2981X	METHYLPREDNISOLONE SODIUM SUCCINATE Injection 40mg (base) in 1mL	5	..	19.50	+10.00	Solu-Medrol	UP
1641J	METHYL SALICYLATE Liniment APF, 100mL	#1	1	4.24 4.26 4.28 4.29	5.00 5.00 5.00 5.00	Linsal TO MG Emsalin NN,PR,QE(NQ)	SI DH

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
	METHYLTESTOSTERONE To be endorsed "S.P."						
3151W	Tablet 5mg	100	2	5.63	6.21	Testomet	PT
2112E	25mg	100	2	9.26 9.34	9.84 9.92	Testomet CL	PT
2113F	50mg	100	2	13.30	+10.00	Testomet	PT
2826R	METHYSERGIDE Tablet 1mg	100	2	27.35	+10.00	Deseril	SZ
1207M	METOCLOPRAMIDE HYDROCHLORIDE Tablet 10mg	25	..	4.50 5.31 5.44	5.08 5.89 6.02	Metamide Pramin Primperan Maxolon	PT AF US BR
1205K	Syrup 5mg per 5mL, 100mL	≠1	..	4.84	5.42	Maxolon Primperan	BR US
1206L	Injection 10mg in 2mL	10	..	6.48	7.06	Maxolon	BR
1203H	METOLAZONE Tablet 2.5mg	50	3	5.24	5.82	Diulo	SR
1324Q	METOPROLOL Tablet 50mg	100	5	12.19	+10.00	Betaloc Lopresor	AP CG
1325R	100mg	60	5	14.13	+10.00	Betaloc Lopresor	AP CG
	METRONIDAZOLE To be endorsed "S.P."						
1638F	Intravenous infusion 500mg in 100mL (0.5%)	1	..	16.70	+10.00	Flagyl BL	MB
1636D	METRONIDAZOLE Tablet 200mg	21	1	5.60 5.63	6.18 6.21	Trichozole Flagyl Metrozine	PT MB SR
1631W	250mg	21	1	5.63	6.21	Protostat	CL
1632X	500mg	4	..	5.19	5.77	Protostat	CL
1642K	Suppositories 500mg, 10	≠1	..	9.01	9.59	Flagyl Trichozole	MB PT
1643L	1g, 10	≠1	..	10.93	+10.00	Flagyl	MB
1630T	METRONIDAZOLE BENZOATE Suspension 6.4% (equivalent to 200mg metronidazole in 5mL), 100mL	≠1	..	9.19	9.77	Flagyl S	MB

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
1682M	MEXILETINE HYDROCHLORIDE Capsule 50mg	100	5	16.25	+10.00	Mexitil	BY
1683N	200mg	100	5	34.61	+10.00	Mexitil	BY
1694E	Injection 250mg in 10mL	5	..	25.88	+10.00	Mexitil	BY
	MIANSERIN HYDROCHLORIDE To be accompanied by an authority from the Director of Health. CAUTION: Neutropenia and agranulocytosis continue to be reported with this drug.						
1627P	Tablet 10mg	50	..	11.25	+10.00	Tolvon	OR
1628Q	20mg	50	..	18.75	+10.00	Tolvon	OR
	MICONAZOLE						
1274C	Oral Gel 2%, 20g	#1	1	5.91	6.49	Daktarin	JP
1286Q	Tincture 2%, 20mL	#1	1	5.91	6.49	Daktarin	JP
	MICONAZOLE NITRATE						
1276E	Cream 2%, 20g	#1	1	5.91	6.49	Daktarin Monistat Derm	JP CL
1282L	Lotion 2%, 20g	#1	1	5.91	6.49	Daktarin	JP
1277F	Pessaries 100mg, 7	#1	..	6.66	7.24	Gyno-Daktarin 7 Monistat 7	JP CL
1275D	200mg, 3	#1	..	6.66	7.24	Monistat 3	CL
1273B	Vaginal Cream 2%, 40g	#1	..	6.61	7.19	Gyno-Daktarin 7 Monistat 7	JP CL
	MILK POWDER - LACTOSE MODIFIED To be accompanied by an authority from the Director of Health.						
1284N	Lactose-Predigested Powder 500g	2	20	*15.12	+10.00	Digestelact	SJ
	MILK POWDER - LOW LACTOSE FORMULA To be endorsed "S.P."						
1283M	Lactose-Predigested Powder Infant Formula 500g	2	..	*15.12	+10.00	De-Lact Infant	SJ
	MILK POWDER - SYNTHETIC To be accompanied by an authority from the Director of Health.						
3092R	Low Calcium Compound Powder 397g	2	20	*24.16	+10.00	Locasol	KY
1637E	Low Lactose Compound Powder 454g	2	20	*25.52	+10.00	Galactomin Formula 17	KY

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
	MINERAL MIXTURE (For use with Amino Acid Formula without Phenylalanine) To be endorsed "S.P."						
1451J	Powder 250g	≠1	5	25.19	+10.00	Aminogran M.M.	GL
3037W	MINOCYCLINE Capsule 100mg	11	..	6.88	7.46	Minomycin	LE
	MINOXIDIL To be accompanied by an authority from the Director of Health.						
2313R	Tablet 10mg	100	..	47.50	+10.00	Loniten	UP
2314T	25mg	100	..	107.50	+10.00	Loniten	UP
	MISOPROSTOL To be accompanied by an authority from the Director of Health. CAUTION: Misoprostol is a prostaglandin analogue. It should not be used in pregnant women.						
1648R	Tablet 200 micrograms	120	..	43.75	+10.00	Cytotec	SR
	MITHRAMYCIN To be endorsed "S.P."						
1924G	Injection 2.5mg (solvent required) (codes 6753K, 6754L, 6755M, 6756N, 6757P, 6758Q apply to above item with approved solvents)	5	..	*111.90	+10.00	Mithracin	PF
	MITOZANTRONE To be endorsed "S.P."						
1929M	Injection 20mg in 10mL	1	..	311.34	+10.00	Novantrone	LE
1930N	25mg in 12.5mL	1	..	387.80	+10.00	Novantrone	LE
1931P	30mg in 15mL	1	..	465.75	+10.00	Novantrone	LE
	MORPHINE with TACRINE To be endorsed "S.P." CAUTION: The risk of drug dependence is high.						
1667R	Tablet 30mg-15mg	20	..	*9.90	10.00	Mortha	WH
	MORPHINE SULPHATE CAUTION: The risk of drug dependence is high.						
1644M	Injection 10mg in 1mL	5	..	6.23	6.81	BL,BT,SI	
1645N	15mg in 1mL	5	..	6.35	6.93	BL,BT,SI	
1647Q	30mg in 1mL	5	..	6.73	7.31	BL	

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer
1668T	MUSTINE Injection 10mg (solvent required) (codes 6759R, 6760T, 6761W, 6762X, 6763Y, 6764B apply to above item with approved solvents)	4	..	*27.14	+10.00	BT
	NALIDIXIC ACID To be endorsed "S.P."					
2451B	Tablet 500mg	56	2	14.38	+10.00	Negram WL
2645F	Oral Suspension 50mg per mL, 200mL	≠1	2	14.38	+10.00	Negram WL
	NALOXONE HYDROCHLORIDE					
1670X	Injection 40 micrograms in 2mL	5	..	32.50	+10.00	Narcan Neonatal BT
1751E	400 micrograms in 1mL	1	..	11.56	+10.00	Naloxone Min-I-Jet CS
1752F	800 micrograms in 2mL	1	..	14.38	+10.00	Naloxone Min-I-Jet CS
1753G	2mg in 5mL	1	..	24.69	+10.00	Naloxone Min-I-Jet CS
	NANDROLONE DECANOATE To be accompanied by an authority from the Director of Health.					
1671Y	Injection 50mg in 1mL, disposable syringe	1	3	15.00	+10.00	Deca-Durabolin OR
	NANDROLONE PHENYLPROPIONATE To be accompanied by an authority from the Director of Health.					
1672B	Injection 25mg in 1mL	3	3	15.00	+10.00	Durabolin OR
	NAPHAZOLINE HYDROCHLORIDE					
1317H	Eye Drops 0.1%, 15mL	≠1	2	4.94	5.52	Albalon Liquifilm AG
	NAPROXEN					
1674D	Tablet 250mg	50	3	8.13 8.75	8.71 9.33	Naxen AF Naprosyn SD
1659H	500mg	50	3	12.75	+10.00	Naprosyn SD
1662L	Suppository 500mg	20	3	11.45	+10.00	Naprosyn SD
	NATAMYCIN					
2807R	Tablet 100mg	50	..	10.63	+10.00	Pimafulcin GB
2877K	Suspension 1%, 5mL	≠1	1	4.89	5.47	Pimafulcin GB
2519N	Cream 20mg per g, 15g	≠1	1	4.96	5.54	Pimafulcin GB
2520P	Pessaries 25mg, 20	≠1	..	6.74	7.32	Pimafulcin GB

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
2325J	NEOMYCIN To be endorsed "S.P." Tablet 500mg	25	1	11.39	+10.00	Neosulf CL	PT
1673C	NEOMYCIN Eye Drops 0.5% (0.35% neomycin base), 10mL	#1	2	4.75	5.33	Neopt	SI
2296W	NEOMYCIN UNDECENOATE with BACITRACIN ZINC Ear Ointment 12mg (3.5mg base)- 400 units per g, 10g	#1	..	4.63	5.21	Nemdyn	HA
1675E	NEOSTIGMINE Tablet 15mg	100	2	7.81	8.39	Prostigmin	RO
1676F	Injection 500 micrograms in 1mL	5	3	5.13	5.71	Prostigmin	RO
1677G	2.5mg in 1mL	5	3	5.38	5.96	Prostigmin	RO
1680K	NICLOSAMIDE Tablet 500mg	4	..	5.04	5.62	Yomesan	BN
1681L	NICLOSAMIDE To be endorsed "S.P." Tablet 500mg	16	..	*12.66	+10.00	Yomesan	BN
1684P	NICOTINIC ACID Tablet 25mg	100	2	4.21	5.00	Nikacid DH	US
1685Q	50mg	100	2	4.29	5.00	Nikacid DH,RT,SI	US
1686R	100mg	100	2	4.43	5.01	Nikacid DH	US
1687T	250mg	100	2	6.25	6.83	DH	
1695F	NIFEDIPINE CAUTION: Nifedipine tablets and nifedipine capsules have different absorption profiles and these formulations should be interchanged with caution. Tablet 20mg	60	5	25.00	+10.00	Adalat 20	BN
1688W	Capsule 10mg	100	5	18.75 21.25	+10.00 +10.00	Anpine Adalat	AF BN
2723H	NITRAZEPAM Tablet 5mg	25	..	3.86 4.29	5.00 5.00	Alodorm Dormicum Mogadon	AF PT RO

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
	NITROFURANTOIN CAUTION: Nitrofurantoin may cause peripheral neuritis and severe pulmonary reactions.						
1689X	Tablet 50mg	25	1	6.30	6.88	Furadantin	NW
1690Y	100mg	25	1	8.28	8.86	Furadantin	NW
1692C	Capsule 50mg	30	1	7.50	8.08	Macrochantin	NW
1693D	100mg	30	1	9.61	10.00	Macrochantin	NW
1691B	Paediatric Suspension 25mg per 5mL, 200mL	41	..	9.25	9.83	Furadantin	NW
1967M	NORETHISTERONE Tablet 350 micrograms, 28	4	2	*10.86	+10.00	Micronor Noriday 28 Day	CL SD
2993M	5mg	30	5	11.25	+10.00	Primolut N	SC
2772X	NORETHISTERONE with ETHINYLOESTRADIOL Tablet 500 micrograms-35 micrograms, 21	4	2	*10.86	+10.00	Brevinor Modicon	SD CL
2773Y	1mg-35 micrograms, 21	4	2	*10.86	+10.00	Brevinor-1	SD
2774B	Pack containing 21 tablets 500 micrograms-35 micrograms and 7 inert tablets	4	2	*10.86	+10.00	Brevinor Modicon	SD CL
2775C	Pack containing 21 tablets 1mg- 35 micrograms and 7 inert tablets	4	2	*10.86	+10.00	Brevinor-1	SD
2776D	Pack containing 12 tablets 500 micrograms-35 micrograms, 9 tablets 1mg-35 micrograms and 7 inert tablets	4	2	*10.86	+10.00	Synphasic	SD
3176E	NORETHISTERONE with MESTRANOL Tablet 1mg-50 micrograms, 21	4	2	*10.86	+10.00	Norinyl-1 Ortho-Novum 1/50	SD CL
3179H	Pack containing 21 tablets 1mg- 50 micrograms and 7 inert tablets	4	2	*10.86	+10.00	Norinyl-1/28	SD
2865T	NORETHISTERONE ACETATE To be endorsed "S.P." Tablet 10mg	100	2	69.56	+10.00	SH420	SC
3180J	NORETHISTERONE ACETATE with ETHINYLOESTRADIOL Tablet 1mg-50 micrograms, 21	4	2	*10.86	+10.00	Minovlar	SC
3183M	Pack containing 21 tablets 1mg- 50 micrograms and 7 inert tablets	4	2	*10.86	+10.00	Minovlar ED	SC

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
3010K	NORFLOXACIN To be endorsed "S.P." Tablet 400mg	14	1	23.50	+10.00	Noroxin	MK
1442X	NORGESTREL with ETHINYLOESTRADIOL Tablet 500 micrograms-50 micrograms, 20	4	2	*10.86	+10.00	Duoluton	SC
2522R	NORTRIPTYLINE Tablet 10mg	50	2	4.43	5.01	Allegron Nortab	DL SQ
2523T	25mg	50	2	5.25	5.83	Allegron Nortab	DL SQ
2524W	Paediatric Elixir 10mg per 5mL, 100mL	≠1	4	5.18	5.76	Allegron	DL
2564Y	NUTRAMIGEN To be accompanied by an authority from the Director of Health. Powder 1kg	≠1	20	29.03	+10.00	Glucose Nutramigen	MJ
1696G	NYSTATIN Tablet 500,000 units	50	..	10.25	+10.00	Diastatin Mycostatin Nilstat	GP SQ LE
1699K	Capsule 500,000 units	50	..	10.25	+10.00	Mycostatin	SQ
3032N	Lozenge 100,000 units	20	1	4.70	5.28	Nilstat	LE
3033P	Mixture 100,000 units per mL, 24mL	≠1	1	5.51	6.09	Mycostatin Nilstat	SQ LE
1698J	Cream 100,000 units per g, 15g	≠1	1	4.83	5.41	Mycostatin Nilstat	SQ LE
1318J	Gel 100,000 units per g, 15g	≠1	1	4.83	5.41	Mycostatin	SQ
1179C	Ointment 100,000 units per g, 15g	≠1	1	4.83	5.41	Mycostatin Nilstat	SQ LE
1697H	Pessaries 100,000 units, 15	≠1	1	5.23	5.81	Mycostatin Nilstat	SQ LE
1660J	Cream Pessaries 100,000 units, 15	≠1	1	5.23	5.81	Nilstat	LE
3102G	Vaginal Cream 100,000 units per dose, 15 doses, 75g	≠1	1	5.36	5.94	Mycostatin Nilstat	SQ LE
1058Q	0ESTRADIOL VALERATE Tablet 1mg	21	5	4.63	5.21	Progynova	SC
1063Y	2mg	21	5	5.31	5.89	Progynova	SC
1061W	Injection 10mg. in 1mL	3	..	16.63	+10.00	Primogyn Depot	SC

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
1731D	OESTROGENS - CONJUGATED Tablet 300 micrograms	21	5	4.63	5.21	Premarin	AY
1732E	625 micrograms	21	5	5.31	5.89	Premarin	AY
1700L	OESTRONE Pessaries 0.1mg, 12	≠1	1	6.71	7.29	Kolpon	OR
1701M	1mg, 12	≠1	1	8.13	8.71	Kolpon	OR
1725T	ORNIDAZOLE Tablet 500mg	3	..	5.88	6.46	Tiberal	RO
2627G	ORPHENADRINE HYDROCHLORIDE To be endorsed "S.P." Tablet 50mg	100	5	7.69 7.75	8.27 8.33	Orpadrex Disipal	PT RK
3132W	OXAZEPAM Tablet 15mg	25	..	3.88 3.95	5.00 5.00	Alepam 15 Benzotran Murelax Serepax	AF PT AY WY
3133X	30mg	25	..	4.19 4.20	5.00 5.00	Alepam 30 Benzotran Murelax Serepax	AF PT AY WY
2942W	OXPRENOLOL Tablet 20mg	100	5	6.14 6.88 7.50	6.72 7.46 8.08	Captol Corbeton 20 Trasicor	PT AF CG
2961W	40mg	100	5	8.38 9.06 9.38	8.96 9.64 9.96	Captol Corbeton 40 Trasicor	PT AF CG
2941T	Injection 2mg (solvent required) (codes 6771J, 6772K, 6773L, 6774M, 6775N, 6776P apply to above item with approved solvents)	5	..	8.89	9.47	Trasicor	CG
2481N	OXYCODONE To be endorsed "S.P." CAUTION: The risk of drug dependence is high. Suppositories 30mg, 12	≠1	..	15.29	+10.00	Proladone	BT
2622B	OXYCODONE HYDROCHLORIDE To be endorsed "S.P." CAUTION: The risk of drug dependence is high. Tablet 5mg	20	..	6.24	6.82	Endone	BT

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
	OXYMETHOLONE To be accompanied by an authority from the Director of Health.						
2902R	Tablet 50mg	100	..	79.88	+10.00	Anapolon	SD
2903T	100mg	100	..	152.50	+10.00	Adroyd	PD
1064B	OXYTETRACYCLINE Ointment 3%, 15g	≠1	..	4.53	5.11	Terramycin	PF
1727X	OXYTOCIN Injection 2 units in 2mL	5	..	6.38	6.96	Syntocinon	SZ
1729B	5 units in 1mL	5	..	6.55	7.13	Syntocinon	SZ
1730C	10 units in 1mL	5	..	6.68	7.26	Syntocinon	SZ
2400H	OXYTOCIN with ERGOMETRINE Injection 5 units and 500 micrograms in 1mL	5	..	7.16	7.74	Syntometrine	SZ
	PANCREATIN ENZYME To be endorsed "S.P."						
1735H	Tablet providing not less than 6,500 BP units of lipase activity	500	4	33.93	+10.00	Viokase	RS
1737K	Capsule providing not less than 6,500 BP units of lipase activity	500	4	40.00	+10.00	Viokase	RS
	PANCRELIPASE To be endorsed "S.P."						
2496J	Capsule providing not less than 5,000 BP units of lipase activity	250	10	55.36	+10.00	Pancrease	CL
2495H	Capsule providing not less than 10,000 BP units of lipase activity	250	10	77.50	+10.00	Cotazym S Forte	OR
	PAPAVERETUM CAUTION: The risk of drug dependence is high.						
1739M	Injection 20mg in 1mL	5	..	6.11	6.69	Omnopon	RO
	PAPAVERETUM with HYOSCINE HYDROBROMIDE CAUTION: The risk of drug dependence is high.						
1741P	Injection 20mg-400 micrograms in 1mL	5	..	6.24	6.82	Omnopon- Scopolamine	RO
1747Y	PARACETAMOL Mixture 120mg per 5mL, 100mL	≠1	2	4.21	5.00	Dymadon Panamax Parmol	BW WL US

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer
1750D	PARAFFIN Compound Eye Ointment 7g Cream, Ointment - See Colostomy and Ileostomy - Section 3 PENICILLAMINE. To be endorsed "S.P."	≠1	6	5.63	6.21	Lacri-Lube S.O.P. AG
2721F	Tablet 125mg	100	1	22.43	+10.00	D-Penamine Perdolat DL KN
2838J	250mg	100	1	35.94	+10.00	D-Penamine Perdolat DL KN
	PERHEXILINE MALEATE To be accompanied by an authority from the Director of Health.					
1822X	Tablet 100mg	100	..	20.34	+10.00	Pexid ML
	PERICYAZINE To be endorsed "S.P."					
3052P	Tablet 2.5mg	100	1	5.10	5.68	Neulactil MB
3053Q	10mg	100	1	8.25	8.83	Neulactil MB
3055T	Mixture 2.5mg per 5mL, 100mL	≠1	4	5.00	5.58	Neulactil MB
	PERITONEAL DIALYSIS SOLUTION Injection					
2407Q	with 1.5% glucose, 1L, 12	2	1	*104.50	+10.00	Dianeal TV
2408R	with 4.25% glucose, 1L, 10	2	1	*87.50	+10.00	Dianeal TV
	PETHIDINE To be accompanied by an authority from the Director of Health. CAUTION: The risk of drug dependence is high.					
1827E	Tablet 50mg	20	..	6.00	6.58	SI
	PETHIDINE CAUTION: The risk of drug dependence is high.					
1828F	Injection 50mg in 1mL	5	..	6.16	6.74	BL,BT,SI
1829G	100mg in 2mL	5	..	6.23	6.81	BL,BT,SI
	PHENELZINE To be endorsed "S.P." CAUTION: This drug is a monoamine oxidase inhibitor.					
2856H	Tablet 15mg	50	2	7.25	7.83	Nardil NW

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
1840W	PHENETHICILLIN Tablet 250mg	25	1	6.20	6.78	Pensig	SI
1838R	Capsule 250mg	25	1	6.20	6.78	Pensig	SI
3088M	500mg	25	1	7.01	7.59	Pensig	SI
3120F	Powder for Syrup 125mg per 5mL, 100mL	#1	1	#6.69	7.53	Pensig 125	SI
3121G	250mg per 5mL, 100mL	#1	..	#7.42	8.26	Pensig 250	SI
	PHENETHICILLIN To be endorsed "S.P."						
1707W	Tablet 250mg	50	5	*9.90	10.00	Pensig	SI
1709Y	Capsule 250mg	50	5	*9.90	10.00	Pensig	SI
1843B	PHENINDIONE Tablet 10mg	100	2	6.61	7.19	Dindevan	GL
1844C	50mg	100	2	10.63	+10.00	Dindevan	GL
	PHENOBARBITONE To be endorsed "S.P."						
1850J	Tablet 30mg	200	4	4.83	5.41	DH,FM,SI	
	PHENOBARBITONE SODIUM To be endorsed "S.P."						
1853H	Injection 200mg in 1mL	5	..	5.75	6.33	FM	
	PHENOXYBENZAMINE To be accompanied by an authority from the Director of Health.						
1862B	Capsule 10mg	100	..	15.63	+10.00	Dibenyline	SK
1786B	PHENOXYMETHYLPENICILLIN Tablet 125mg	25	1	5.26	5.84	Abbocillin-V	AB
1787C	250mg	25	1	5.40	5.98	Abbocillin-VK Cilicaine VK LPV PVK P.V.O.	AB SI CS LY FM
3028J	500mg	25	1	6.40	6.98	Abbocillin-VK LPV PVK P.V.O.	AB CS LY FM
1789E	Capsule 250mg	25	1	5.40	5.98	Abbocillin-VK Cilicaine VK LPV PVK P.V.O.	AB SI CS LY FM
	(continued)						

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer
2965C	PHENOXYMETHYLPENICILLIN - cont. Capsule 500mg	25	1	6.40	6.98	Cilicaine VK LPV P.V.O. SI CS FM
2356B	Paediatric Suspension 125mg per 5mL, 100mL	≠1	1	5.14	5.72	Abbecillin-V Cilicaine V LPV 125 AB SI CS
2354X	Suspension 250mg per 5mL, 100mL	≠1	1	5.80	6.38	Abbecillin-V Cilicaine V LPV 250 AB SI CS
	PHENOXYMETHYLPENICILLIN To be endorsed "S.P."					
1702N	Tablet 125mg	50	5	*8.02	8.60	Abbecillin-V AB
1703P	250mg	50	5	*8.30	8.88	Abbecillin-VK Cilicaine VK LPV AB SI CS LY FM P.V.O.
1705R	Capsule 250mg	50	5	*8.30	8.88	Abbecillin-VK Cilicaine VK LPV AB SI CS LY FM P.V.O.
1863C	PHENSUXIMIDE Capsule 500mg	200	2	49.21	+10.00	Milontin PD
	PHENYLALANINE LOW CONTENT FORMULA To be endorsed "S.P."					
1865E	Powder 1 lb	5	5	*139.30	+10.00	Lofenalac MJ
2829X	PHENYLEPHRINE Eye Drops 0.12%, 15mL	≠1	2	4.94	5.52	Isopto Frin Prefrin AQ AG
2649K	10%, 5mL	≠1	..	6.05	6.63	Neo-Synephrine WL
2455F	Compound Ointment 60g	≠1	1	4.94	5.52	Hemorex WL
1869J	Compound Suppositories, 12	≠1	1	4.94	5.52	Hemorex WL
	PHENYTOIN See Special Pharmaceutical Benefits					
	PHENYTOIN SODIUM See Special Pharmaceutical Benefits					
1881B	PHYTOMENADIONE Injection 1mg	5	..	5.63	6.21	Konakion RO
1882C	10mg	5	..	8.19	8.77	Konakion RO

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer
	PILOCARPINE To be accompanied by an authority from the Director of Health.					
2777E	Eye Disc 5mg (releasing 20 micrograms per hour)	8	..	36.25	+10.00	Ocusert Pilo 20 PT
2782K	Eye Disc 11mg (releasing 40 micrograms per hour)	8	..	36.25	+10.00	Ocusert Pilo 40 PT
2778F	PILOCARPINE HYDROCHLORIDE Eye Drops 0.5%, 15mL	≠1	6	5.33	5.91	Isopto Carpine AQ Pilopt SI P.V. Carpine AG IQ
2595N	1%, 15mL	≠1	6	5.41	5.99	Isopto Carpine AQ Pilopt SI P.V. Carpine AG IQ
2596P	2%, 15mL	≠1	6	6.13	6.71	Isopto Carpine AQ Pilopt SI P.V. Carpine AG IQ
2597Q	3%, 15mL	≠1	6	7.19	7.77	Isopto Carpine AQ Pilopt SI P.V. Carpine AG IQ
2598R	4%, 15mL	≠1	6	7.69	8.27	Isopto Carpine AQ Pilopt SI P.V. Carpine AG IQ
2779G	6%, 15mL	≠1	6	8.85	9.43	Isopto Carpine AQ Pilopt SI P.V. Carpine AG
3062E	PINDOLOL Tablet 5mg	100	5	9.88 10.75	10.00 +10.00	Barbloc 5 AF Visken SZ
3065H	15mg	50	5	12.50 14.75	+10.00 +10.00	Barbloc 15 AF Visken SZ
3063F	Injection 400 micrograms in 2mL	5	..	8.89	9.47	Visken SZ
1897W	PIROXICAM Capsule 10mg	50	3	12.75	+10.00	Feldene PF
3074T	PIZOTIFEN MALATE Tablet 500 micrograms (base)	100	2	12.50	+10.00	Sandomigran SZ
1901C	PLAGUE VACCINE Injection 1,500 million organisms in 0.5mL	2	..	*12.12	+10.00	CS

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
	PNEUMOCOCCAL VACCINE, POLYVALENT To be endorsed "S.P."						
1902D	Injection 0.5mL (17 valent)	1	..	14.59	+10.00	Moniarix	SK
1903E	0.5mL (23 valent)	1	..	17.50	+10.00	Pneumovax 23	CS
	POLYESTRADIOL To be endorsed "S.P."						
2584B	Injection set containing 40mg and 2mL solvent	1	..	9.40	9.98	Estradurin	AY
	POLYGELINE See Intravenous Infusions						
1908K	POLYMYXIN B SULPHATE with BACITRACIN and NEOMYCIN Ear Drops 10,000 units-500 units- 3.5mg (base) per mL, 15mL	≠1	..	5.00	5.58	Neotracin	CL
1910M	Eye Ointment 5,000 units- 400 units-5mg per g, 4g	≠1	..	4.50	5.08	Mycitracin Neosporin	UP BW
1911N	POLYMYXIN B SULPHATE with NEOMYCIN and GRAMICIDIN Eye Drops 5,000 units-2.5mg-25 micrograms per mL, 10mL	≠1	2	4.96	5.54	Neosporin	BW
2790W	POLYMYXIN B SULPHATE with NEOMYCIN and HYDROCORTISONE Ear Drops 10,000 units-3.5mg (base)-10mg per mL, 7mL	≠1	2	4.81	5.39	Aerocortin	BW
2682E	POLYVINYL ALCOHOL Eye Drops 1.4%, 15mL	≠1	6	5.04	5.62	Liquifilm Tears	AG
2681D	3%, 15mL	≠1	6	5.63	6.21	Liquifilm Forte	AG
2675T	POLYVINYL ALCOHOL with POVIDONE Eye Drops 1.4%-0.6%, 15mL	≠1	6	5.19	5.77	Tears Plus	AG
	POTASSIUM CHLORIDE NOTE: Concomitant amiloride, triamterene or spironolactone may cause life-threatening hyperkalaemia.						
2642C	Tablet 600mg (sustained release)	100	2	5.15	5.73	K-San KSR Slow-K Span-K	PR AF CG PT
3012M	Effervescent Tablet 14mmol K ⁺ and 8mmol Cl ⁻	30	2	5.13	5.71	Chlorvescent	PT
2625E	Elixir 1.5g (20mmol K ⁺ and 20mmol Cl ⁻) per 15mL, 500mL	≠1	2	5.18	5.76	Kay Ciel	SC
2336Y	PRALIDOXIME IODIDE Injection 500mg	5	..	15.48	+10.00	AB	

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
1479W	PRAZOSIN HYDROCHLORIDE Tablet 1mg (base)	100	5	10.04	+10.00	Minipress	PF
1480X	2mg (base)	100	5	13.94	+10.00	Minipress	PF
1478T	5mg (base)	100	5	21.50	+10.00	Minipress	PF
3152X	PREDNISOLONE Tablet 1mg	100	4	4.96	5.54	Panafcortelone	PT
1917X	5mg	60	4	5.25	5.83	Adnisolone Delta-Cortef Deltasolone Panafcortelone Solone PR	NN UP US PT FM
1916W	25mg	30	4	6.19 6.20	6.77 6.78	Panafcortelone Solone	PT FM
1918Y	Eye Ointment 0.5%, 4g PREDNISOLONE ACETATE To be endorsed "S.P."	≠1	..	4.83	5.41	Delta-Cortef	UP
1919B	Injection 10mg in 1mL	5	..	*18.15	+10.00	Scherisolon	SC
2684G	PREDNISOLONE ACETATE Eye Drops 0.5%, 5mL PREDNISOLONE ACETATE with PHENYLEPHRINE To be endorsed "S.P."	≠1	6	5.36	5.94	Sterofrin	AQ
3112T	Eye Drops 1%-0.12%, 10mL PREDNISOLONE SODIUM PHOSPHATE To be endorsed "S.P."	≠1	2	8.00	8.58	Prednefrin Forte	AG
1920C	Retention Enema 20mg in 100mL	28	1	*67.30	+10.00	Predsol	GL
2554K	Suppositories equivalent to 5mg prednisolone, 10	3	1	*18.43	+10.00	Predsol	GL
1922E	PREDNISOLONE SODIUM PHOSPHATE Eye and Ear Drops 0.5%, 5mL	≠1	6	5.45	6.03	Predsol	GL
3099D	PREDNISOLONE STEAROYLGLYCOLATE Tablet 6.65mg	30	2	4.21	5.00	Sintisone	FE
1934T	PREDNISON Tablet 1mg	100	4	4.96	5.54	Panafcort	PT
1935W	5mg	60	4	5.25	5.83	Adasone Deltasone Panafcort Sone DH, PR	NN US PT FM
	(continued)						

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
1936X	PREDNISONE - cont. Tablet 25mg	30	4	6.19 6.20	6.77 6.78	Panafcort Sone	PT FM
1937Y	PRIMAQUINE Tablet 7.5mg (base)	42	..	7.50	8.08	IC	
1939C	PRIMIDONE Tablet 250mg	200	2	10.11	+10.00	Midone Mysoline	PT IC
1940D	PROBENECID Tablet 500mg	100	5	10.43 10.45	+10.00 +10.00	Procid Benemid	PT FR
	PROBUCOL To be accompanied by an authority from the Director of Health.						
1942F	Tablet 250mg	112	5	35.63	+10.00	Lurselle	ML
2653P	PROCAINAMIDE Capsule 250mg	100	2	7.84	8.42	Pronestyl	SQ
1074M	375mg	100	2	9.34	9.92	Pronestyl	SQ
1941E	Injection 100mg per mL, 10mL	2	..	*14.88	+10.00	Pronestyl	SQ
1793J	PROCAINE PENICILLIN Injection 1g	5	..	20.68	+10.00	Cilicaine	SI
1794K	1.5g	5	..	21.40	+10.00	Cilicaine	SI
2635Q	PROCARBAZINE Capsule 50mg	100	2	24.38	+10.00	Natulan	RO
	PROCHLORPERAZINE CAUTION: Prochlorperazine may be associated with parkinsonism and tardive dyskinesia.						
2893G	Tablet 5mg	25	..	*3.81 *3.84	5.00 5.00	Anti-Naus Compazine Stemetil	PT SK MB
2369Q	Injection 12.5mg in 1mL	10	..	6.48	7.06	Compazine Stemetil	SK MB
2894H	Suppositories 5mg, 5	#1	..	4.88	5.46	Stemetil	MB
2895J	25mg, 5	#1	..	5.31	5.89	Stemetil	MB
	PROCHLORPERAZINE To be accompanied by an authority from the Director of Health. CAUTION: Prochlorperazine may be associated with parkinsonism and tardive dyskinesia.						
2897L	Tablet 5mg	100	..	5.56 5.63	6.14 6.21	Anti-Naus Compazine Stemetil	PT SK MB

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
1943G	PROCYCLIDINE Tablet 5mg	100	5	7.28	7.86	Kemadrin	BW
1948M	PROMETHAZINE Injection 50mg in 2mL	10	..	*7.50	8.08	BL	
3049L	PROMETHAZINE THEOCLATE Tablet 25mg	30	1	6.06	6.64	Avomine	MB
1953T	PROPANTHELINE BROMIDE To be endorsed "S.P."	100	5	5.65	6.23	Pantheline	PT
2565B	PROPRANOLOL Tablet 10mg	100	5	4.50	5.08	Cardinol	PT
				5.86	6.44	Deralin 10	AF
				6.26	6.84	Angilol	BM
2566C	40mg	100	5	6.83	7.41	Inderal	IC
				7.79	8.37	Cardinol	PT
				9.33	9.91	Deralin 40	AF
2899N	160mg	50	5	8.50	9.08	Angilol	BM
				12.48	+10.00	Inderal	IC
2830Y	Injection 1mg. in 1mL	5	..	*9.42	10.00	Inderal	IC
1955X	PROPYLTHIOURACIL Tablet 50mg	100	4	8.13	8.71	CL	
1957B	PROTAMINE SULPHATE Injection 1%, 10mL	6	..	19.88	+10.00	BT	
3056W	PROTEIN HYDROLYSATE FORMULA without PHENYLALANINE To be endorsed "S.P."	10	5	*579.40	+10.00	Albumaid XP	SJ
3047J	PYRANTEL EMBONATE Tablet 125mg (base)	6	..	4.50	5.08	Anthel 125	AF
3048K	250mg (base)	6	..	6.25	6.83	Anthel 250	AF
2724J	PYRIDOSTIGMINE Tablet 10mg	100	2	10.50	+10.00	Mestinon	RO
1959D	60mg	100	2	27.50	+10.00	Mestinon	RO
2608G	180mg (sustained release)	100	1	63.50	+10.00	Mestinon	RO
1960E	Injection 1mg in 1mL	5	1	5.81	6.39	Mestinon	RO

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
1965K	PYRIDOXINE HYDROCHLORIDE To be endorsed "S.P." Tablet 25mg	100	..	5.24	5.82	Pydox DH, FM	PT
1961F	PYRIDOXINE HYDROCHLORIDE Injection 50mg in 1mL	5	1	5.44	6.02	FM	
1966L	PYRIMETHAMINE Tablet 25mg	50	..	6.06	6.64	Daraprim	BW
1962G	PYRIMETHAMINE with DAPSONE Tablet 12.5mg-100mg	10	..	6.25	6.83	Maloprim	BW
1958C	PYRIMETHAMINE with SULFADOXINE Tablet 25mg-500mg	12	..	9.50	10.00	Fansidar	RO
2337B	QUINETHAZONE Tablet 50mg	50	3	6.39	6.97	Aquamox	LE
2623C	QUINIDINE BISULPHATE Tablet 250mg (sustained release)	100	5	18.44	+10.00	Kinidin	AP
1971R	QUINIDINE SULPHATE Tablet 200mg	100	5	15.61 15.76	+10.00 +10.00	DH, PT Cardoquin Quinidoxin PR, QE(NQ)	NN BW
3080D	300mg (sustained release)	100	5	21.75	+10.00	Quinidex LA	RS
1972T	QUININE BISULPHATE Tablet 300mg	50	..	9.46	10.00	Bi-Chinine Quinbisul SoulBiQuin PT	DH AF SL
				9.55	10.00	Biquin Bi-Quinate Myoquin Quinbisan SI	NN US FM PR
1975Y	QUININE SULPHATE Tablet 300mg	50	..	9.46	10.00	Chinine Quinsul SoulQuin PT	DH AF SL
				9.55	10.00	Adaquin Quinate Quinoctal Quinsan SI, TO	NN US FM PR
1978D	RANITIDINE HYDROCHLORIDE To be accompanied by an authority from the Director of Health. Tablet 150mg (base)	60	..	45.63	+10.00	Zantac	GL

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
	RIFAMPICIN To be endorsed "S.P."						
1981G	Capsule 150mg	10	..	7.50	8.08	Rimycin 150	AF
1984K	300mg	10	..	11.25	+10.00	Rimycin 300	AF
	~~Rd~~ To be accompanied by an authority from the Director of Health.						
1982H	Capsule 150mg	100	..	40.00	+10.00	Rimycin 150	AF
1983J	300mg	100	..	77.50	+10.00	Rimycin 300	AF
	ROLITETRACYCLINE						
1987N	I.V. Injection set containing 275mg and 10mL solvent	5	..	*27.50	+10.00	Reverin	HP
1990R	I.M. Injection set containing 350mg and 2mL solvent	5	..	*27.50	+10.00	Reverin	HP
	SALBUTAMOL						
1098T	Tablet 4mg	100	5	7.96	8.54	Respolin Ventolin	RK GL
1103C	Syrup 2mg per 5mL, 300mL	#1	5	5.73	6.31	Respolin Ventolin	RK GL
1099W	Capsule 200 micrograms (oral inhalation)	100	5	10.38	+10.00	Ventolin Rotacaps	GL
2003K	Inhalation Solution For use in RESPIRATOR 0.5%, 30mL	#1	5	7.70	8.28	Respolin Ventolin	RK GL
3087L	Inhalation, metered aerosol spray, 100 micrograms per dose (200 dose)	#1	5	6.31	6.89	Respolin Ventolin	RK GL
	SILVER SULPHADIAZINE with CHLORHEXIDINE GLUCONATE To be endorsed "S.P."						
1996C	Cream 1%-0.2%, 50g	#1	..	7.25	7.83	Silvazine	SN
1997D	1%-0.2%, 100g	#1	..	9.00	9.58	Silvazine	SN
	~~55% 2G~~ To be accompanied by an authority from the Director of Health.						
1998E	Cream 1%-0.2%, 500g	#1	..	24.30	+10.00	Silvazine	SN
	SODIUM ACID CITRATE						
2945B	Mixture 5.5g per 20mL, 500mL	#1	4	5.38	5.96	Citralka	PD

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer
2946C	SODIUM ACID PHOSPHATE To be accompanied by an authority from the Director of Health. Compound Effervescent Tablet containing elemental phosphorus 500mg, sodium 469mg (20.4mmol), potassium 123mg (3.1mmol)	100	..	22.50	+10.00	Phosphate Sandoz SZ
2016D	SODIUM AUROTHIOMALATE Injection 10mg	5	..	*19.35	+10.00	Myocrisin MB
2017E	20mg	10	1	40.00	+10.00	Myocrisin MB
2018F	50mg	10	1	75.00	+10.00	Myocrisin MB
3015Q	SODIUM BICARBONATE Injection 8.4%, 100mL	5	..	*16.40	+10.00	AB
2023L	SODIUM CALCIUMDEETATE Tablet 500mg	100	2	20.31	+10.00	Calcium Disodium Versenate RK
2024M	SODIUM CHLORIDE Injection 0.9%, 2mL	5	1	4.24	5.00	AP,BT
2025N	0.9%, 5mL	5	1	4.45	5.03	AP,BT
2026P	0.9%, 10mL	5	1	4.79	5.37	AP,BT
	1L size-See Intravenous Infusions					
	SODIUM CHLORIDE and GLUCOSE See Intravenous Infusions					
	SODIUM CHLORIDE COMPOUND See Intravenous Infusions					
2657W	SODIUM CITRO-TARTRATE Effervescent Granules 100g	#1	4	5.24	5.82	Citravescent Sachets PT Ural Sachets AB
2878L	SODIUM CROMOGLYCATE Capsule 20mg (oral inhalation)	100	5	21.38	+10.00	Intal Spincaps FC
2872E	Inhalation, metered aerosol spray, 1mg per dose (200 dose)	#1	5	18.38	+10.00	Intal FC
	(continued)					

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
1124E	SODIUM CROMOGLYCAT - cont. To be endorsed "S.P." Nebuliser Solution 20mg per 2mL, ampoule	120	3	*46.26	+10.00	Intal	FC
1127H	~~To be accompanied by an authority from the Director of Health.~~ Eye Drops 2%, 10mL	1	..	9.70	10.00	Opticrom	FC
	SODIUM LACTATE See Intravenous Infusions						
	SODIUM LACTATE COMPOUND See Intravenous Infusions						
	SODIUM LACTATE COMPOUND and ANHYDROUS GLUCOSE See Intravenous Infusions						
1100X	SODIUM NITROPRUSSIDE I.V. Infusion 50mg	10	..	54.44	+10.00	Nipride	RO
2037F	SODIUM SALICYLATE Tablet 600mg (enteric coated)	100	2	6.06	6.64	Ensalate Rhymax	AY PR
	SODIUM VALPROATE CAUTION: There are reports of (i) fatal hepatotoxicity, particularly in children; (ii) teratogenesis (spina bifida in humans).						
2294R	Crushable Tablet 100mg	200	2	*32.50	+10.00	Epilim	RC
2289L	Tablet 200mg (enteric coated)	200	2	*47.26	+10.00	Epilim EC	RC
2290H	500mg (enteric coated)	200	2	*87.50	+10.00	Epilim EC	RC
2292P	Oral Liquid 200mg per 5mL, 200mL	3	2	*32.23	+10.00	Epilim Liquid	RC
2291N	Syrup 200mg per 5mL, 200mL	3	2	*32.23	+10.00	Epilim Syrup	RC
3090P	SPECTINOMYCIN Injection 2g with 3.2mL diluent	1	..	11.63	+10.00	Trobicin	UP
3091Q	4g with 6.5mL diluent	1	..	15.50	+10.00	Trobicin	UP
	SPIRONOLACTONE To be endorsed "S.P." CAUTION: Serum electrolytes should be checked regularly. Concomitant amilofide, triamterene or supplementary potassium may cause life-threatening hyperkalaemia.						
2339D	Tablet 25mg	100	5	8.50 11.23	9.08 +10.00	Spirotone Aldactone	PT SR

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
2045P	STAPHYLOCOCCUS TOXOID (FORMALINISED) Injection Diluted 1 in 10 for use in initial injection 5mL	1	..	9.63	10.00	CS	
2046Q	Undiluted 5mL	1	..	10.50	+10.00	CS	
1102B	STERCULIA with FRANGULA BARK To be endorsed "S.P." Granules 47.3%-8.3%, 250g	≠1	2	9.38	9.96	Granocol	SC
2050X	STILBOESTROL Tablet 500 micrograms	100	2	4.16	5.00	HA	
2051Y	1mg	100	2	4.29	5.00	HA	
2052B	5mg	100	2	4.49	5.07	HA	
2053C	10mg	100	2	5.50	6.08	HA	
3130R	STREPTOKINASE Injection 100,000 i.u. (solvent required) (codes 6789H, 6790J, 6791K, 6792L, 6793M, 6794N apply to above item with approved solvents)	2	..	*48.76	+10.00	Kabikinase	PS
2906Y	250,000 i.u. (solvent required) (codes 6795P, 6796Q, 6797R, 6798T, 6799W, 6800X apply to above item with approved solvents)	2	..	*83.98	+10.00	Kabikinase Streptase	PS HP
2962X	600,000 i.u. (solvent required) (codes 6801Y, 6802B, 6803C, 6804D, 6805E, 6806F apply to above item with approved solvents)	5	..	*416.25	+10.00	Kabikinase	PS
2907B	750,000 i.u. (solvent required) (codes 6807G, 6808H, 6809J, 6810K, 6811L, 6812M apply to above item with approved solvents)	5	..	*519.70	+10.00	Streptase	HP
2055E	SUCRALFATE Tablet 1g	120	2	29.51	+10.00	Carafate	BT
2047R	SULINDAC Tablet 100mg	50	3	7.98	8.56	Clinoril	FR
2063N	SULPHACETAMIDE SODIUM Eye Drops 10%, 15mL	≠1	2	4.94	5.52	Acetopt Bleph 10	SI AG
2064P	20%, 15mL	≠1	2	4.94	5.52	Acetopt	SI
2074E	SULPHADIMIDINE Tablet 500mg	40	2	5.00	5.58	S-Dimidine	PT

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
2077H	SULPHAFURAZOLE Tablet 500mg	40	2	5.24	5.82	Gantrisin Sulfazole	RO PT
2078J	Eye Drops 4%, 10mL	≠1	2	4.75	5.33	Gantrisin	RO
2079K	Eye Ointment 4%, 5g	≠1	..	4.50	5.08	Gantrisin	RO
2083P	SULPHAMETHIZOLE Tablet 250mg	40	2	4.83	5.41	PT	
2084Q	500mg	40	2	5.85 5.99	6.43 6.57	PT Urolucosil	WW
2081M	1g	20	2	5.84	6.42	Urolucosil	WW
2862P	Paediatric Suspension 100mg per 5mL, 100mL	≠1	1	9.25	9.83	Urolucosil	WW
2092D	SULPHAPYRIDINE Tablet 500mg	100	..	12.75	+10.00	M & B 693	MB
	SULPHASALAZINE To be endorsed "S.P."						
2093E	Tablet 500mg	200	5	28.75 *34.76	+10.00 +10.00	Sulazine Ulcol Salazopyrin	PT AF PS
2096H	500mg (enteric coated)	200	5	*38.00	+10.00	Salazopyrin-EN	PS
	SULPHINPYRAZONE To be accompanied by an authority from the Director of Health.						
2094F	Tablet 100mg	100	..	18.13	+10.00	Anturan	CG
2099L	SULTHIAME Tablet 50mg	200	2	9.53	10.00	Ospolot	BN
2100M	200mg	200	2	19.13	+10.00	Ospolot	BN
	SURGICAL CEMENT To be endorsed "S.P."						
2238T	Skin Bond Adhesive 118mL	≠1	2	9.46	10.00	DY	
2473E	Solvent 200mL	≠1	..	5.65	6.23	Zoff	SN
2467W	227mL	≠1	2	6.54	7.12	Unisolve	IY
2469Y	240mL	≠1	2	6.25	6.83	Sacsol	EG
2472D	250mL	≠1	2	6.45	7.03	Sacsol Non Flammable	EG
	TAMOXIFEN CITRATE To be endorsed "S.P."						
2109B	Tablet 10mg (base)	60	5	*49.50	+10.00	Nolvadex	IC
2110C	20mg (base)	60	5	*82.50	+10.00	Nolvadex-D	IC

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer
2108Y	TEMAZEPAM Capsule 10mg	25	..	4.15 4.29	5.00 5.00	Temaze 10 Euhypnos Normison AF SI WY
1028D	TERBUTALINE SULPHATE Tablet 5mg	100	5	7.96	8.54	Bricanyl AP
1030F	Elixir 300 micrograms per mL, 300mL	≠1	5	5.79	6.37	Bricanyl AP
1239F	Injection 100 micrograms in 1mL	5	..	6.20	6.78	Bricanyl AP
1034K	500 micrograms in 1mL	5	..	6.33	6.91	Bricanyl AP
1240G	Inhalation, metered aerosol spray, 250 micrograms per dose (400 dose)	≠1	5	8.75	9.33	Bricanyl AP
1243K	Nebuliser Solution 1%, 50mL	≠1	5	10.98	+10.00	Bricanyl AP
2114G	TESTOSTERONE ENANTHATE To be endorsed "S.P." Injection 250mg in 1mL	3	1	27.43	+10.00	Primoteston Depot SC
2670M	TESTOSTERONE ESTERS To be endorsed "S.P." Injection 100mg	3	1	13.95	+10.00	Sustanon "100" OR
2101N	250mg	3	1	26.93	+10.00	Sustanon "250" OR
2116J	TESTOSTERONE PROPIONATE To be endorsed "S.P." Injection 50mg in 1mL	9	..	*22.00	+10.00	Testoviron SC
2127Y	TETANUS VACCINE, ADSORBED Injection 0.5mL	3	..	*7.90	8.48	CS
1330B	TETRABENAZINE To be endorsed "S.P." Tablet 25mg	100	2	18.75	+10.00	Nitoman RO
3083G	TETRACOSACTRIN To be accompanied by an authority from the Director of Health. Injection 500 micrograms in 1mL	5	..	*22.75	+10.00	Synacthen Depot CG
2832C	1mg in 1mL	5	..	*33.40	+10.00	Synacthen Depot CG
2134H	TETRACYCLINE Capsule 250mg	25	1	5.30	5.88	Achromycin Panmycin P Tetramykoin LE UP BZ(N)
	(continued)					

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer
→	TETRACYCLINE - cont. To be endorsed "S.P."					
2135J	Capsule 250mg	50	5	*8.10	8.68	Achromycin LE Panmycin P UP Tetramykoin BZ(N)
2151F	TETRACYCLINE with NYSTATIN Capsule 250mg-250,000 units	25	1	5.30	5.88	Achrostatin LE Comycin UP Mysteclin-V SQ Tetrex-F AP
	TETRACYCLINE with NYSTATIN To be endorsed "G.P."					
2152G	Capsule 250mg-250,000 units	50	5	*8.10	8.68	Achrostatin LE Comycin UP Mysteclin-V SQ Tetrex-F AP
2145X	TETRACYCLINE (BUFFERED) Capsule 250mg	25	1	5.30	5.88	Achromycin V LE Australmycin-V CS Hostacycline P HP Hydracycline FM Steclicin-V SQ Tetrex AP
	TETRACYCLINE (BUFFERED) To be endorsed "S.P."					
2146Y	Capsule 250mg	50	5	*8.10	8.68	Achromycin V LE Australmycin-V CS Hostacycline P HP Hydracycline FM Steclicin-V SQ Tetrex AP
	THEOPHYLLINE CAUTION: Because of variable effects of food on absorption of sustained release theophylline preparations, patients stabilised on one brand should not be changed to another without appropriate monitoring.					
2611K	Tablet 50mg	100	5	4.83	5.41	Nuelin Paediatric RK
1143E	125mg	100	5	5.65	6.23	Nuelin RK
2615P	200mg	100	5	6.26	6.84	Nuelin RK
2632M	200mg (sustained release)	100	5	8.75	9.33	Theo-Dur AP
2634P	250mg (sustained release)	100	5	9.39	9.97	Nuelin-S.R. 250 RK
2633N	300mg (sustained release)	100	5	10.63	+10.00	Theo-Dur AP
	(continued)					

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
2612L	THEOPHYLLINE - cont. Capsule 200mg	100	5	6.26	6.84	Elixophyllin	SC
2616Q	250mg (controlled release)	100	5	10.31	+10.00	Somophyllin CRT	FC
2613M	Elixir 80mg per 15mL, 500mL	#1	5	4.96	5.54	Elixophyllin	SC
2614N	Syrup 80mg per 15mL, 500mL	#1	5	4.96	5.54	Nuelin	RK
2947D	THIABENDAZOLE Tablet 500mg	16	..	9.13	9.71	Mintezol	MK
1070H	THIAMINE HYDROCHLORIDE Tablet 100mg	100	2	5.16 5.18	5.74 5.76	PT Betamin Betatabs-100 Invite-B Thiminone PR, QE(NQ)	US FM NN EG
1065C	Injection 100mg in 1mL	5	1	5.04	5.62	Beta-Sol	FM
2572J	THIETHYLPERAZINE Tablet 6.5mg (base)	50	..	4.93	5.51	Torecan	SZ
2368P	Injection 6.5mg (base) in 1mL	10	..	*11.50	+10.00	Torecan	SZ
2573K	Suppositories 6.5mg (base), 6	#1	..	5.19	5.77	Torecan	SZ
1233X	THIOGUANINE Tablet 40mg	25	1	61.70	+10.00	Lanvis	BW
3159G	THIOPROPAZATE To be endorsed "S.P."	100	1	8.19	8.77	Dartalan	SR
2163W	THIORIDAZINE To be endorsed "S.P."	100	1	4.50 4.63	5.08 5.21	Aldazine 10 Melleril	AF SZ
2359E	25mg	100	1	6.06 6.31	6.64 6.89	Aldazine 25 Melleril	AF SZ
2164X	50mg	100	1	8.38 8.89	8.96 9.47	Aldazine 50 Melleril	AF SZ
2165Y	100mg	100	1	12.50 13.00	+10.00 +10.00	Aldazine 100 Melleril	AF SZ
2402K	Oral Solution 30mg per mL, 30mL	#1	4	6.20	6.78	Melleril	SZ
2847W	Injection 25mg per mL, 2mL	10	..	7.69	8.27	Melleril	SZ

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
2345K	THIOTEPA Injection 15mg (solvent required) (codes 6825F, 6826G, 6827H, 6828J, 6829K, 6830L apply to above item with approved solvents)	2	1	*27.50	+10.00	LE	
2858K	Eye Drops set containing 15mg vial, 2 x 10mL ampoules sterile water, syringe with needle and 15mL dropper bottle	#1	5	#22.18	+10.00	LE	
2174K	THYROXINE SODIUM (BP 1980) Tablet 50 micrograms	100	2	4.21	5.00	Oroxine	BW
2175L	100 micrograms	100	2	4.35	5.00	Oroxine	BW
2173J	200 micrograms	100	2	4.99	5.57	Oroxine	BW
	TICARCILLIN To be endorsed "S.P."						
2177N	Injection 1g (solvent required) (codes 6849L, 6850M, 6851N, 6852P, 6853Q, 6854R apply to above item with approved solvents)	10	..	*64.30	+10.00	Tarcil Ticillin	BR CS
2176M	Injection 3g (solvent required) (codes 6831M, 6832N, 6833P, 6834Q, 6835R, 6836T apply to above item with approved solvents)	10	..	*139.76	+10.00	Tarcil Ticillin	BR CS
	TIMOLOL CAUTION: Timolol eye drops may precipitate bronchospasm in susceptible patients.						
1281K	Tablet 5mg	100	5	10.75	+10.00	Blocadren	FR
1278G	Eye Drops 0.25%, 5mL	#1	6	10.00	10.00	Tenopt Timoptol	SI FR
1279H	0.5%, 5mL	#1	6	10.94	+10.00	Tenopt Timoptol	SI FR
1465D	TINIDAZOLE Tablet 500mg	4	..	5.88	6.46	Fasigyn	PF
	TOBRAMYCIN To be endorsed "S.P."						
2328M	Eye Drops 0.3%, 5mL	#1	2	7.00	7.58	Tobrex	AQ
2329W	Eye Ointment 0.3%, 3.5g	#1	..	6.44	7.02	Tobrex	AQ
	TOBRAMYCIN SULPHATE To be endorsed "S.P."						
1355H	Injection 40mg	5	..	*27.50	+10.00	Nebcin	LY
1356J	80mg	5	..	*40.00	+10.00	Nebcin	LY

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
2720E	TOLAZAMIDE Tablet 250mg	100	5	12.88	+10.00	Tolinase	UP
2178P	TOLBUTAMIDE Tablet 500mg	100	5	6.34 6.83	6.92 7.41	Diatol Rastinon	PT HP
2607F	1g	100	5	11.25	+10.00	Rastinon	HP
	TRANEXAMIC ACID To be endorsed "S.P."						
2180R	Tablet 500mg	100	2	48.25	+10.00	Cyklokapron	PS
	TRANLYCYPROMINE To be endorsed "S.P." CAUTION: This drug is a monoamine oxidase inhibitor.						
2444P	Tablet 10mg	50	2	7.25	7.83	Parnate	SK
	TRIAMCINOLONE ACETONIDE To be endorsed "S.P."						
2990J	Injection 10mg in 1mL	5	..	18.75	+10.00	Kenacort-A10	SQ
2119M	TRIAMCINOLONE ACETONIDE Cream 0.02%, 45g	≠1	..	4.54	5.12	Kenalone 0.02%	SQ
2117K	0.02%, 100g	≠1	..	5.21	5.79	Aristocort 0.02% Kenalone 0.02%	LE SQ
2125W	0.05%, 15g	≠1	1	4.16	5.00	Aristocort 0.05% Kenalone	LE SQ
2120N	Ointment 0.02%, 45g	≠1	..	4.54	5.12	Kenalone 0.02%	SQ
2118L	0.02%, 100g	≠1	..	5.21	5.79	Aristocort 0.02% Kenalone 0.02%	LE SQ
2126X	0.05%, 15g	≠1	1	4.16	5.00	Aristocort 0.05% Kenalone	LE SQ
	TRIAMCINOLONE ACETONIDE with NEOMYCIN SULPHATE, GRAMICIDIN and NYSTATIN						
2971J	Ear Drops 0.1%-0.25% (base)-0.025%- 100,000 units per g, 7.5mL	≠1	2	4.81	5.39	Kenacomb Otic	SQ
2973L	Ear Cream 0.1%-0.25% (base)-0.025%- 500,000 units in 5g	≠1	2	4.55	5.13	Kenacomb Otic	SQ
2974M	Ear Ointment 0.1%-0.25% (base)- 0.025%-500,000 units in 5g	≠1	2	4.55	5.13	Kenacomb Otic	SQ
	TRIAMTERENE CAUTION: Serum electrolytes should be checked regularly. Supplementary potassium may cause life-threatening hyperkalaemia.						
2342G	Tablet 100mg	50	3	7.00	7.58	Dytac	SK

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
	TRIFLUOPERAZINE To be endorsed "S.P."						
2185B	Tablet 1mg	100	1	4.50 6.00	5.08 6.58	Calmazine Stelazine	PT SK
2386N	2mg	100	1	5.36 7.36	5.94 7.94	Calmazine Stelazine	PT SK
2186C	5mg	100	1	5.88 7.88	6.46 8.46	Calmazine Stelazine	PT SK
2835F	Injection 1mg in 1mL	10	..	6.86	7.44	Stelazine	SK
	TRIGLYCERIDES, MEDIUM CHAIN To be accompanied by an authority from the Director of Health.						
2686J	Compound Powder 450g	2	20	*28.12	+10.00	Portagen	MJ
2676W	Lactalbumin Demineralised Powder 400g	2	20	*31.06	+10.00	Alfaré	NT
2679B	Protein Hydrolysate Compound Powder 454g	2	20	*31.06	+10.00	Pregestimil	MJ
3129Q	Oil 1L	≠1	5	27.50	+10.00	Cow & Gate MCT Oil	KY
	TRIMETAPHAN						
2189F	Injection set containing 250mg and 5mL water for injections	3	..	30.00	+10.00	Arfonad	RO
	TRIMETHOPRIM						
2922T	Tablet 300mg	7	1	5.46 5.99	6.04 6.57	Alprim Methoprim Triprim	AF PT BW
	TRIMETHOPRIM with SULPHAMETHOXAZOLE						
2949F	Tablet 80mg-400mg	10	..	5.18	5.76	Bactrim Resprim Septrin Trib	RO AF BW PT
2951H	160mg-800mg	10	..	6.41	6.99	Bactrim DS Resprim Forte Septrin Forte Trib DS	RO AF BW PT
3103H	Suspension 40mg-200mg per 5mL, 100mL	≠1	1	6.04	6.62	Bactrim Resprim Septrin Trib	RO AF BW PT
	TRIMIPRAMINE						
2970H	Tablet 25mg	50	2	5.25	5.83	Surmontil	MB
2969G	Capsule 50mg	50	2	5.88	6.46	Surmontil	MB

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
1570P	TRIOXYSALEN To be endorsed "S.P." Tablet 5mg	100	2	23.68	+10.00	Trisoralen	PT
2203Y	TRIPLE ANTIGEN See Diphtheria, Tetanus and Pertussis Vaccine, Adsorbed TRI-POTASSIUM DI-CITRATO BISMUTHATE COMPLEX CAUTION: Long term bismuth therapy is potentially toxic. Tablet 107.7mg (Bi)	112	2	19.96	+10.00	De-Nol	PD
2800J	TYPHOID VACCINE Injection 0.5mL	2	..	*6.10	6.68	CS	
2195M	TYPHUS VACCINE Injection 1mL	2	..	*55.00	+10.00	CS	
1293C	UREA Cream 10%, 100g	1	2	6.75 6.96	7.33 7.54	Urederm Aquacare H.P. Aquadrone Calmurid Nutraplus	HA AG NW PS OL
3131T	VANCOMYCIN To be endorsed "S.P." Injection 500mg (solvent required) (codes 6837W, 6838X, 6839Y, 6840B, 6841C, 6842D apply to above item with approved solvents)	5	..	*171.65	+10.00	Vancocin	LY
2197P	VASOPRESSIN TANNATE Oily Injection 5 units in 1mL VERAPAMIL HYDROCHLORIDE CAUTION: The myocardial depressant effects of this drug and of beta-blocking drugs are additive.	10	1	*50.00	+10.00	Pitressin Tannate	PD
1248Q	Tablet 40mg	100	5	11.50 12.50	+10.00 +10.00	Anpec 40 Verpamil Cordilox Isoptin	AF PT SC KN
1250T	80mg	100	5	17.81 18.75	+10.00 +10.00	Anpec 80 Verpamil Cordilox Isoptin	AF PT SC KN
1253Y	160mg	60	5	20.94	+10.00	Cordilox Isoptin	SC KN
1060T	Injection 5mg in 2mL	5	..	7.25	7.83	Cordilox Isoptin	SC KN

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
	VIDARABINE To be endorsed "S.P."						
2570G	Eye Ointment 3%, 3.5g	≠1	..	12.00	+10.00	Vira A	PD
2198Q	VINBLASTINE Injection 10mg (solvent required) (codes 6843E, 6844F, 6845G, 6846H, 6847J, 6848K apply to above item with approved solvents)	2	..	*47.88	+10.00	Velbe	LY
2199R	Injection set containing 10mg and 10mL solvent	2	..	*47.20	+10.00	BL	
2371T	VINCRISTINE Injection set containing 1mg and 10mL solvent	5	..	*101.25 *102.20	+10.00 +10.00	BL Oncovin	LY
2372W	5mg and 10mL solvent	1	..	86.13	+10.00	BL	
	VITAMIN SUPPLEMENT To be accompanied by an authority from the Director of Health.						
3156D	Tablet	100	..	18.75	+10.00	Ketovite	ST
3157E	Liquid 100mL	≠1	..	9.43	10.00	Ketovite	ST
2843P	WARFARIN Tablet 1mg	50	2	5.91	6.49	Coumadin Marevan	BT GL
2209G	2mg	50	2	6.13	6.71	Coumadin	BT
2210H	2.5mg	50	2	6.26	6.84	Coumadin	BT
2844Q	3mg	50	2	6.06	6.64	Marevan	GL
2211J	5mg	50	2	6.33	6.91	Coumadin Marevan	BT GL
2212K	7.5mg	50	2	7.13	7.71	Coumadin	BT
2213L	10mg	50	2	8.31	8.89	Coumadin	BT
2216P	WATER FOR INJECTIONS Injection 2mL	5	3	4.16	5.00	AP,BT,BZ,SI	
2217Q	5mL	5	3	4.31	5.00	AP,BT,BZ,SI	
2218R	10mL	5	3	4.55	5.13	AP,BT,BZ,SI	
2219T	WOOL ALCOHOLS Ointment 100g	≠1	1	4.29	5.00	Eucerin	SN

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
3154B	ZINC with PHENYLEPHRINE Eye Drops 0.25%-0.12%, 15mL	≠1	2	4.94	5.52	Prefrin-Z Zincfrin	AG AQ
2984C	ZINC OXIDE Compound Ointment 50g	≠1	1	4.94	5.52	Anusol	WW
1122C	Compound Suppositories, 12	≠1	1	4.94	5.52	Anusol	WW

INTRA VENOUS INFUSIONS

79

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
2304G	DEXTRAN 40 10% with 5% glucose, 500mL	3	..	46.58	+10.00	Rheomacrodex	PS
2306J	10% with 0.9% sodium chloride, 500mL	3	..	46.58	+10.00	Rheomacrodex	PS
3081E	DEXTRAN 70 6% with 5% glucose, 500mL	3	..	32.81	+10.00	Macrodex	PS
3011L	6% with 0.9% sodium chloride, 500mL	3	..	32.81	+10.00	Macrodex	PS
3199J	ELECTROLYTE REPLACEMENT SOLUTION 1L	2	1	*9.96	10.00	Normosol R Plasma-Lyte 148	AB TV
2245E	GLUCOSE 5%, 1L	5	1	*13.75	+10.00	AB,GF,TV	
2247G	10%, 1L	5	1	*20.25	+10.00	AB,TV	
2249J	20%, 1L	2	1	*9.96	10.00	AB,TV	
2251L	25%, 1L	2	1	*9.96	10.00	AB,TV	
2252M	50%, 500mL	2	1	*8.68	9.26	AB	
2334W	POLYGELINE 3.5% with electrolytes, 500mL	3	..	*52.18	+10.00	Haemaccel	HP
2264E	SODIUM CHLORIDE 0.9%, 1L	5	1	*13.75	+10.00	AB,GF,TV	
2260Y	3%, 1L	2	1	*9.96	10.00	AB,TV	
2262C	5%, 1L	2	1	*9.96	10.00	TV	
2266G	SODIUM CHLORIDE COMPOUND BPC 1959 1L	4	1	*16.82	+10.00	AB,TV	
2271M	SODIUM CHLORIDE and GLUCOSE 0.9%-5%, 1L	2	1	*9.96	10.00	AB,TV	
2278X	0.45%-2.5%, 500mL	5	1	*17.90	+10.00	AB,TV	
2279Y	0.225%-3.75%, 500mL	5	1	*17.90	+10.00	AB,TV	
2281C	0.18%-4%, 1L	5	1	*13.75	+10.00	AB,GF,TV	
2282D	0.18%-4.3%, 1L	5	1	*18.25	+10.00	AB	
2284F	SODIUM LACTATE (Solution 1/6 Molar) 1L	5	1	*20.80	+10.00	VF	
2286H	SODIUM LACTATE COMPOUND 1L	5	1	*13.75	+10.00	AB,GF,TV	
2288K	SODIUM LACTATE COMPOUND and ANHYDROUS GLUCOSE 5%, 1L	2	1	*9.96	10.00	AB,TV	

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

80

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer
3303W	AMOXYCILLIN Tablet 250mg	20	..	7.05	7.63	Amoxil Moxacin BR CS
3304X	Dispersible Tablet 3g	1	..	7.01	7.59	Amoxil Moxacin BR CS
3301R	Capsule 250mg	20	..	6.29	6.87	Alphamox 250 Ibiamox Amoxil Cilamox Moxacin AF PT BR SI CS
3302T	Powder for Syrup 125mg per 5mL, 100mL	≠1	..	#7.38 #7.89	8.22 8.73	Ibiamox Amoxil Cilamox Moxacin PT BR SI CS
3393N	250mg per 5mL, 100mL	≠1	..	#8.96 #9.31	9.80 10.00	Ibiamox Amoxil Forte Cilamox Moxacin 250 PT BR SI CS
3305Y	AMPHOTERICIN Tablet 100mg	50	..	10.63	+10.00	Fungilin SQ
3306B	Lozenge 10mg	20	..	4.70	5.28	Fungilin SQ
3307C	Suspension 100mg per mL, 24mL	≠1	..	5.51	6.09	Fungilin SQ
3308D	Ointment 3%, 15g	≠1	..	4.96	5.54	Fungilin SQ
3312H	AMPICILLIN Injection 250mg (solvent required) (codes 6903H, 6904J, 6905K apply to above item with approved solvents)	5	..	7.61 7.69	8.19 8.27	Ampicyn Austrapen Penbritin PT CS BR
3313J	Injection 500mg (solvent required) (codes 6906L, 6907M, 6908N apply to above item with approved solvents)	5	..	9.98 10.04	10.00 +10.00	Ampicyn Austrapen Penbritin PT CS BR
3314K	Injection 1g (solvent required) (codes 6909P, 6910Q, 6911R apply to item with approved solvents)	5	..	14.74 14.81	+10.00 +10.00	Ampicyn Austrapen Penbritin PT CS BR
7001L	ASPIRIN Mixture, APF - See Section 4, Standard Formulae Preparations					
7003N	Mixture for Children, APF - See Section 4, Standard Formulae Preparations					
7002M	ASPIRIN with CODEINE Aspirin Mixture, APF with Codeine Phosphate 30mg per 10mL - See Section 4, Standard Formulae Preparations					

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

81

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
3397T	BENZYL PENICILLIN Injection 300mg (solvent required) (codes 6912T, 6913W, 6914X apply to above item with approved solvents)	5	..	6.86	7.44	CS	
3398W	Injection 600mg (solvent required) (codes 6915Y, 6916B, 6917C apply to above item with approved solvents)	5	..	7.08	7.66	Crystapen CS	GL
3399X	Injection 3g (solvent required) (codes 6918D, 6919E, 6920F apply to above item with approved solvents)	5	..	17.04	+10.00	CS	
3321T	DOXYCYCLINE Tablet 100mg	7	..	5.21 5.65	5.79 6.23	Doxylin 100 Vibramycin	AF PF
3322W	Capsule 100mg	7	..	4.50 5.65	5.08 6.23	Cyclidox Doryx	PT FA
3324Y	ERYTHROMYCIN Tablet 250mg	25	..	6.41	6.99	EMU-V	UP
3329F	Capsule 125mg	25	..	5.75	6.33	Eryc	FA
3325B	250mg	25	..	6.63	7.21	Eryc Ilocap	FA LY
3331H	ERYTHROMYCIN ESTOLATE Paediatric Drops 100mg (base) per mL, 10mL	#1	..	5.69	6.27	Ilosone	LY
3335M	Paediatric Suspension 125mg (base) per 5mL, 100mL	#1	..	5.69	6.27	Ilosone	LY
3327D	ERYTHROMYCIN ETHYL SUCCINATE Tablet 200mg (base)	25	..	6.13	6.71	EES Dulcet	AB
3334L	Granules for Paediatric Suspension 200mg (base) per 5mL, 100mL	#1	..	#7.69	8.53	EES 200	AB
3328E	ERYTHROMYCIN STEARATE Tablet 250mg (base)	25	..	6.41	6.99	Erythrocin	AB
3330G	Capsule 250mg (base)	25	..	6.36 6.41	6.94 6.99	E-Mycin Erythrocin	PT AB
3332J	Paediatric Suspension 125mg (base) per 5mL, 100mL	#1	..	5.69	6.27	Erythrocin	AE
3333K	Suspension 250mg (base) per 5mL, 100mL	#1	..	7.66	8.24	Erythrocin	AE
3339R	METRONIDAZOLE Tablet 200mg	21	..	5.60 5.63	6.18 6.21	Trichozole Flagyl Metrozine	PT ME SR
3340T	250mg	21	..	5.63	6.21	Protostat	CL

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

82

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer
3342X	NYSTATIN Tablet 500,000 units	25	..	*7.46	8.04	Diastatin GP Mycostatin SQ Nilstat LE
3344B	Lozenge 100,000 units	20	..	4.70	5.28	Nilstat LE
3343Y	Mixture 100,000 units per mL, 24mL	#1	..	5.51	6.09	Mycostatin SQ Nilstat LE
3348F	PARACETAMOL Mixture 120mg per 5mL, 100mL	#1	..	4.21	5.00	Dymadon BW Panamax WL Parmol US
3351J	PHENETHICILLIN Tablet 250mg	25	..	6.20	6.78	Pensig SI
3353L	Capsule 250mg	25	..	6.20	6.78	Pensig SI
3354M	500mg	25	..	7.01	7.59	Pensig SI
3355N	Powder for Syrup 125mg per 5mL, 100mL	#1	..	#6.69	7.53	Pensig 125 SI
3356P	250mg per 5mL, 100mL	#1	..	#7.42	8.26	Pensig 250 SI
3359T	PHENOXYMETHYLPENICILLIN Tablet 125mg	25	..	5.26	5.84	Abbocillin-V AB
3360W	250mg	25	..	5.40	5.98	Abbocillin-VK AB Cilicaine VK SI LPV CS PVK LY P.V.O. FM
3361X	500mg	25	..	6.40	6.98	Abbocillin-VK AB LPV CS PVK LY P.V.O. FM
3363B	Capsule 250mg	25	..	5.40	5.98	Abbocillin-VK AB Cilicaine VK SI LPV CS PVK LY P.V.O. FM
3364C	500mg	25	..	6.40	6.98	Cilicaine VK SI LPV CS P.V.O. FM
3365D	Paediatric Suspension 125mg per 5mL, 100mL	#1	..	5.14	5.72	Abbocillin-V AB Cilicaine V SI LPV 125 CS
3366E	Suspension 250mg per 5mL, 100mL	#1	..	5.80	6.38	Abbocillin-V AB Cilicaine V SI LPV 250 CS

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

83

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer
3370J	PROCAINE PENICILLIN Injection 1g	5	..	20.68	+10.00	Cilicaine SI
3371K	1.5g	5	..	21.40	+10.00	Cilicaine SI
3379W	SULPHADIMIDINE Tablet 500mg	40	..	5.00	5.58	S-Dimidine PT
3383C	TETRACYCLINE Capsule 250mg	25	..	5.30	5.88	Achromycin LE Panmycin P UP Tetramykoin BZ(N)
3386F	TETRACYCLINE (BUFFERED) Capsule 250mg	25	..	5.30	5.88	Achromycin V LE Australmycin-V CS Hostacycline P HP Hydracycline FM Stecilin-V SQ Tetrex AP
3389J	TRIMETHOPRIM with SULPHAMETHOXAZOLE Tablet 80mg-400mg	10	..	5.18	5.76	Bactrim RO Resprim AF Septrin BW Trib PT
3390K	Tablet 160mg-800mg	10	..	6.41	6.99	Bactrim DS RO Resprim Forte AF Septrin Forte BW Trib DS PT
3391L	Suspension 40mg-200mg per 5mL, 100mL	41	..	6.04	6.62	Bactrim RO Resprim AF Septrin BW Trib PT
	WATER FOR INJECTIONS (For use only with an injectible benefit which requires a solvent)					
3394P	Injection 2mL	5	..	4.16	5.00	AP,BT,BZ,SI
3395Q	5mL	5	..	4.31	5.00	AP,BT,BZ,SI
3396R	10mL	5	..	4.55	5.13	AP,BT,BZ,SI

SECTION 3

**PREPARATIONS AVAILABLE FOR COLOSTOMY
AND ILEOSTOMY USE**

**PREPARATIONS AVAILABLE FOR USE BY PARAPLEGIC
AND QUADRIPLLEGIC PATIENTS**

PREPARATIONS AVAILABLE FOR COLOSTOMY AND ILEOSTOMY USE
(Prescriptions must be endorsed "S.P.")

2

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
2223B	ACRYLIC RESIN Solution 125g Aerosol Spray	#1	..	13.63	+10.00	Nobecutane	AP
2683F	BENZOIN Compound Tincture 35%, 167mL Aerosol Spray	#1	..	6.68	7.26	EG	
2680C	BUTYL MONOESTER POLYMER with ETHANOL Paste 60g	#1	..	11.16	+10.00	Stomahesive	SQ
2503R	BUTYL MONOESTER POLYMER with ISOPROPYL ALCOHOL Protective Dressing Aerosol 120g	#1	..	16.31	+10.00	Skin-Prep	DY
2504T	Solution 59mL	#1	..	12.80	+10.00	Skin-Prep	DY
2510D	Wipes, 50	#1	..	16.00	+10.00	Skin-Prep	DY
2331Q	CARMELLOSE SODIUM Compound Adhesive Rings 10mm to 50mm, 30	#1	..	25.00	+10.00	Comfeel	ST
2330P	Compound Adhesive Strip Pack	#1	..	37.19	+10.00	Comfeel	ST
2324H	Compound Adhesive Wafers, 5	#1	5	12.40	+10.00	Comfeel Protective Sheets	ST
2326K	CARMELLOSE SODIUM with PECTIN and GELATIN Paste 16.7%-16.7%-16.7%, 15g	#1	..	5.25	5.83	Orabase	SQ
2327L	Powder 33.3%-33.3%-33.3%, 15g	#1	..	5.04	5.62	Orahesive	SQ
2718C	CHARCOAL, ACTIVATED Tablet 300mg	500	1	26.00	+10.00	Karbons QE(NQ),TO	EG
2229H	CHLORAMINE Deodorant Tablet 120mg	500	..	6.96	7.54	Klortee	PT
3125L	DEODORANT CONCENTRATE Liquid 15mL	#1	..	5.05 5.06	5.63 5.64	Zerodor Banish Odortrol	ZR DY LA
2879M	DEODORANT DETERGENT SOLUTION Solution, lauryldimethylbeazyl ammonium chloride 12.5g, "TERIC" N8, 125g in 500mL	#1	..	6.13	6.71	TAGG	EG
2617R	DIMETHICONE Solution 10%, 180mL Aerosol Spray	#1	..	6.94	7.52	Silicon Skin Spray	EG
2233M	Cream 10%, 50g						
2618T	10%, 75g						
	See Section 2						

PREPARATIONS AVAILABLE FOR COLOSTOMY AND ILEOSTOMY USE
(Prescriptions must be endorsed "S.P.")

3

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
2505W	ISOPROPYL MONOESTER POLYMER with ISOPROPYL ALCOHOL Adhesive Protective Gel 28.35g	#1	..	6.75	7.33	Skin Gel	HO
1569N	LAURAMINE OXIDE with OCTOXINOL Compound Cleansing Solution 8%-1%, 240mL	#1	..	10.59	+10.00	Uni Wash	DY
1748B	PARAFFIN Compound Cream, 85g	#1	..	9.75	10.00	Uni Derm	DY
1749C	Compound Ointment, 70g	#1	..	10.75	+10.00	Uni Salve	DY
3146N	POLYISOBUTYLENE Compound Adhesive Wafers, 5	#1	5	15.60	+10.00	Hollihesive Skin Barrier	HO
3148Q	Compound Adhesive Wafers with Adhesive Discs, 5	#1	5	17.53	+10.00	Stomahesive Set BH	SQ
2950G	POLYVINYLPIRROLIDONE and VINYL ACETATE COPOLYMER Aerosol Spray 6%, 121mL	#1	..	7.20	7.78	Spray-On Bande	EG
2258W	STERCULIA (Indian Tragacanth; Gum Karaya) Paste 127.6g	#1	..	10.33	+10.00	Karaya Paste	HO
2259X	Powder 71g	#1	..	9.50	10.00	DY	
3147P	Discs, 12	#1	5	11.85	+10.00	BH,DY	
2256R	Discs, Compound, 10	#1	5	14.75	+10.00	Colly-seels	DY
3158F	Squares, 6	#1	5	28.25	+10.00	BH	
2238T	SURGICAL CEMENT Skin Bond Adhesive 118mL						
2473E	Solvent 200mL						
2467W	227mL						
2469Y	240mL						
2472D	250mL						
	See Section 2						

PREPARATIONS AVAILABLE FOR USE BY PARAPLEGIC AND QUADRIPLEGIC PATIENTS
(Prescriptions must be endorsed "S.P.")

4

Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
1263L	BISACODYL Enema 10mg in 5mL, 25	#1	2	18.75	+10.00	Bisalax	PT
1267Q	Enema (aqueous base) 10mg in 5mL, 25	#1	2	18.75	+10.00	Durolax Micro-Enema	BY
1259G	Tablet 5mg						
1260H	Suppositories 10mg, 10						
	See Section 2						
2879M	DEODORANT DETERGENT SOLUTION Solution, lauryldimethylbenzyl ammonium chloride 12.5g, "TERIC" N8, 125g in 500mL	#1	..	6.13	6.71	TAGG	EG
2233M	DIMETHICONE Cream 10%, 50g						
2618T	10%, 75g						
	See Section 2						
1125F	DOCUSATE SODIUM (DIOCTYL SODIUM SULPHOSUCCINATE) with BISACODYL Suppositories 100mg-10mg, 5						
	See Section 2						
1102B	STERCULIA with FRANGULA BARK Granules 47.3%-8.3%, 250g						
	See Section 2						
2238T	SURGICAL CEMENT Skin Bond Adhesive 118mL						
2473E	Solvent 200mL						
2467W	227mL						
2469Y	240mL						
2472D	250mL						
	See Section 2						

SECTION 4

DRUG TARIFF

CONTAINER PRICES FOR EXTEMPORANEOUSLY PREPARED BENEFITS

STANDARD FORMULAE PREPARATIONS

TABLE OF CODES, MAXIMUM QUANTITIES AND NUMBER OF REPEATS FOR EXTEMPORANEOUSLY PREPARED BENEFITS

DRUG TARIFF

Where liquids are purchased by weight, the recovery price includes the 'Specific Gravity Factor'.

Drugs marked (a) and (b)—

(a) Where the quantity dispensed is greater than the quantity shown against items marked thus, the recovery price is:

$$\frac{\text{Quantity dispensed}}{\text{Quantity listed}} \times \text{price shown};$$

(b) Items marked thus are packed sterile or are unstable. The recovery price is:

$$\left\{ \frac{\text{Quantity dispensed}}{\text{Quantity listed}} \right\} \begin{array}{l} \text{taken to next} \\ \text{whole number} \end{array} \times \text{price shown}.$$

Special Note:

Purified Water BP is the minimum requirement for water in all NHS extemporaneous preparations.

Drug	Standard	Recovery Price		
		1g/mL	10g/mL	Special
Acetone (use as additive only)	BP	\$ 0.02	\$ 0.17	\$ 1.55:100 mL
ACIDS				
Acetic (6 per cent)	BP	0.01	0.04	0.34:100 mL
Acetic (33 per cent)	BP	0.02	0.12	1.07:100 mL
Ascorbic (use as ingredient of Mixtures of Ferrous Sulphate APF and PL)	BP	0.23	1.85	0.03:100 mg
Benzoic	BP	0.13	1.03	0.02:100 mg
Boric (use as additive only)	BP	0.03	0.23	2.07:100 g
Citric Monohydrate	BP	0.07	0.59	5.22:100 g
Hydrochloric	BP	0.04	0.31	2.79:100 mL
Hydrochloric Dilute	BP	0.03	0.26	2.31:100 mL
Lactic	BP	0.20	1.58	
Oleic	BP	0.08	0.61	5.38:100 mL
Salicylic	BP	0.08	0.66	5.85:100 g
Trichloroacetic	BP	0.71	5.65	
Acriflavine	BPC 63	1.66	..	0.21:100 mg
Adrenaline (b) (may only be prescribed in eye drops)	BP	22.49	..	
Alum	BP	0.02	0.12	1.11:100 g
Aminophylline	BP	0.41	3.27	
Ammoniated Mercury	BP 73	0.85	6.81	
Aspirin	BP	0.04	0.35	3.09:100 g
Atropine Sulphate	BP	3.98	..	0.50:100 mg
Beeswax White	BP	0.09	0.68	6.08:100 g
Bentonite	BP	0.05	0.40	3.55:100 g
Benzocaine	BP	0.42	3.34	
Borax (use as additive only)	BP	0.02	0.16	1.43:100 g
Calamine	BP	0.04	0.30	2.67:100 g
Calcium Hydroxide	BP	0.08	0.62	5.52:100 g
Cetomacrogol Emulsifying Wax	BP	0.14	1.10	9.75:100 g
Cetostearyl Alcohol	BP	0.09	0.75	6.62:100 g
Cetrimide	BP	0.21	1.68	14.96:100 g
Chlorbutol	BP	0.29	2.31	
Chlorhexidine Acetate (use as additive only)	BP	1.55	12.42	0.19:100 mg
Chlorinated Lime	BP	0.03	0.21	1.90:100 g
Chlorocresol	BP	0.48	3.81	0.06:100 mg
Chloroform (use as additive only)	BP	0.02	0.18	1.57:100 mL
Clioquinol (a)	BP	..	..	7.53:3.5 g
Cocaine Hydrochloride	BP	26.12	..	3.27:100 mg
Codeine Phosphate	BP	2.96	..	0.37:100 mg
Collodion Flexible	BP	0.08	0.64	5.68:100 mL
CREAMS				
Aqueous	APF	0.03	0.27	2.36:100 g
Aqueous	BP	0.03	0.27	2.36:100 g
Calamine Oily	APF	0.04	0.35	3.09:100 g
Cetomacrogol Aqueous	APF	0.03	0.21	1.88:100 g
Cetrimide	BP	0.04	0.33	2.96:100 g
Cetrimide Aqueous	APF	0.04	0.33	2.96:100 g
Oily	APF	0.03	0.27	2.40:100 g
Zinc	BP	0.04	0.28	2.52:100 g
Zinc Oily	APF	0.04	0.28	2.52:100 g
Crystal Violet	BP	1.40	11.17	
Dithranol	BP	3.96	31.68	0.50:100 mg

Drug	Standard	Recovery Price		
		1g/mL	10g/mL	Special
Emulsifying Wax	BP	\$ 0.09	\$ 0.72	\$ 6.41:100 g
Ephedrine Hydrochloride (may only be prescribed in nasal instillations)	BP	0.48	3.81	0.06:100 mg
Ethanol (90 per cent) (use as additive only)	BP	0.01	0.05	0.46:100 mL
Ethanol (96 per cent) (use as additive only)	BP	0.02	0.18	1.64:100 mL
Ether Solvent (use as additive only)	BP	0.03	0.27	2.44:100 mL
EXTRACTS				
Hyoscyamus Liquid	BPC 73	0.13	1.05	9.37:100 mL
Liquorice Liquid	BP	0.05	0.40	3.53:100 mL
Ferrous Sulphate	BP	0.07	0.54	4.79:100 g
Ferrous Sulphate Dried	BP	0.06	0.50	4.48:100 g
Glucose for Oral Use (use as additive only)	BP	0.03	0.26	2.34:100 g
GLYCERIN				
Ichthammol	BPC 73	0.09	0.70	6.23:100 mL
Glycerol	BP	0.03	0.21	1.87:100 mL
GUMS				
Acacia	BP	0.10	0.82	7.32:100 g
Tragacanth	BP	0.61	4.88	43.40:100 g
Ichthammol	BP	0.22	1.75	15.53:100 g
INFUSION				
Gentian Compound Concentrated 1 in 10	BP	0.06	0.48	4.23:100 mL
Iodine	BP	0.60	4.76	
Kaolin, Light or Kaolin, Light (Natural)	BP	0.02	0.16	1.44:100 g
Lactose	BP	0.01	0.10	0.85:100 g
Lignocaine Hydrochloride	BP	1.43	..	0.18:100 mg
LINIMENTS				
Methyl Salicylate	BP	0.03	0.21	1.85:100 mL
Methyl Salicylate Compound	APF	0.04	0.28	2.52:100 mL
Turpentine	BP	0.04	0.28	2.48:100 mL
LOTION				
Calamine	BP	0.02	0.12	1.07:100 mL
Magenta	BPC 73	1.12	8.97	0.14:100 mg
MAGNESIUM				
Carbonate Light	BP	0.04	0.30	2.65:100 g
Sulphate (may only be prescribed for other than oral use)	BP	0.01	0.05	0.40:100 g
Trisilicate	BP	0.03	0.26	2.35:100 g
Menthol	BP	0.38	3.01	
Methyl Salicylate	BP	0.03	0.22	1.96:100 mL
Morphine Hydrochloride	BP	4.68	..	0.59:100 mg
MUCILAGES				
Acacia (by weight)	APF	0.04	0.35	3.08:100 g
Tragacanth	APF	0.01	0.11	0.99:100 mL
Tragacanth	BPC 73	0.01	0.11	0.98:100 mL
OILS				
Arachis (use as additive only)	BP	0.02	0.14	1.24:100 mL
Cade	BPC 73	0.42	3.34	

Drug	Standard	Recovery Price		
		1g/mL	10g/mL	Special
		\$	\$	\$
OILS - cont.				
Castor (use as additive only)	BP	0.03	0.22	1.98:100 mL
Coconut	BP	0.05	0.36	3.19:100 g
Eucalyptus (use as additive only)	BP	0.04	0.34	3.06:100 mL
Lavender Spike	BPC 68	0.24	1.92	
Olive (use as additive only)	BP 73	0.02	0.18	1.58:100 mL
Peppermint (use as additive only)	BP	0.24	1.91	
Pumilio Pine	BP	0.28	2.22	
Siberian Fir	BPC 49	0.24	1.89	
Turpentine (use as additive only)	BP	0.04	0.28	2.51:100 mL
OINTMENTS				
Ammoniated Mercury	BP 73	0.08	0.60	5.37:100 g
Benzoic Acid Compound	APF	0.04	0.32	2.82:100 g
Emulsifying	BP	0.05	0.41	3.60:100 g
Hydrous (white)	BP	0.03	0.24	2.10:100 g
Hydrous (yellow)	BP	0.03	0.24	2.10:100 g
Methyl Salicylate	BP	0.06	0.51	4.57:100 g
Methyl Salicylate Compound	APF 34	0.03	0.27	2.43:100 g
Paraffin (white)	BP	0.03	0.21	1.84:100 g
Paraffin (yellow)	BP 68	0.03	0.21	1.84:100 g
Salicylic Acid	APF	0.03	0.22	1.97:100 g
Salicylic Acid	BP	0.07	0.54	4.78:100 g
Simple (white)	BP	0.04	0.32	2.83:100 g
Simple (yellow)	BP	0.04	0.32	2.83:100 g
Sulphur	BP	0.04	0.31	2.76:100 g
Wool Alcohols (white)	BP	0.03	0.26	2.33:100 g
Wool Alcohols (yellow)	BP	0.03	0.26	2.33:100 g
Zinc	BP	0.05	0.43	3.81:100 g
Zinc and Castor Oil	BP	0.04	0.28	2.53:100 g
PAINT				
Magenta	APF	0.08	0.64	5.71:100 mL
Paraffin Hard	BP	0.01	0.10	0.90:100 g
Paraffin Liquid (may only be prescribed for other than oral use)	BP	0.02	0.12	1.06:100 mL
Paraffin Light Liquid	BP	0.01	0.09	0.76:100 mL
Paraffin Soft White	BP	0.02	0.16	1.44:100 g
Paraffin Soft Yellow	BP	0.02	0.17	1.52:100 g
PASTES				
Zinc Compound	BP	0.04	0.34	3.05:100 g
Zinc and Salicylic Acid	BP	0.05	0.39	3.44:100 g
Phenobarbitone	BP	0.34	2.72	0.04:100 mg
Phenobarbitone Sodium	BP	0.49	3.94	0.06:100 mg
Phenol (not available for ear drops)	BP	0.32	2.53	22.49:100 g
Phenol Liquefied (not available for ear drops)	BP	0.12	0.98	8.70:100 mL
Phenoxyethanol	BP	0.13	1.04	
Pilocarpine Hydrochloride (a)	BP	13.53	..	
Pilocarpine Nitrate	BP	12.62	..	1.58:100 mg
Podophyllum Resin	BP	1.03	8.27	
POTASSIUM				
Citrate	BP	0.03	0.24	2.17:100 g
Iodide	BP	0.15	1.22	10.87:100 g
Permanganate	BP	0.05	0.38	3.41:100 g

Drug	Standard	Recovery Price		
		1g/mL	10g/mL	Special
POWDER		\$	\$	\$
Tragacanth Compound	BP	0.10	0.83	7.42:100 g
Propylene Glycol	BP	0.07	0.54	4.83:100 mL
Resorcinol	BP	0.45	3.56	
Silver Nitrate	BP	2.96	23.70	
SOAPS				
Ethereal	APF 55	0.04	0.34	3.06:100 mL
Soft	BP	0.03	0.21	1.85:100 g
SODIUM				
Acid Phosphate	BP	0.12	0.96	8.56:100 g
Bicarbonate	BP	0.01	0.07	0.65:100 g
Chloride	BP	0.02	0.17	1.54:100 g
Citrate	BP	0.04	0.31	2.71:100 g
Phosphate	BP	0.07	0.57	5.05:100 g
Thiosulphate	BP	0.03	0.27	2.39:100 g
(use as additive only)				
SOLUTIONS				
Aluminium Acetate	BP	0.03	0.25	2.18:100 mL
Benzoic Acid	BP	0.06	0.47	
Calcium Hydroxide	BP	0.01	0.03	0.24:100 mL
Chlorhexidine Gluconate	BP	0.11	0.85	7.57:100 mL
(use as additive only)				
Coal Tar	BP	0.06	0.51	4.51:100 mL
Formaldehyde	BP	0.02	0.12	1.09:100 mL
Iodine Aqueous	BP	0.10	0.79	7.03:100 mL
Iodine Weak	BP	0.05	0.41	3.60:100 mL
Morphine Hydrochloride	BPC 73	0.15	1.21	10.79:100 mL
Sodium Chloride	BP	0.01	0.02	0.18:100 mL
SPIRITS				
Ammonia Aromatic	BP	0.05	0.38	3.35:100 mL
Camphor Compound	APF	0.05	0.36	3.20:100 mL
Chloroform	BP	0.01	0.06	0.53:100 mL
Lemon	BP	0.08	0.64	5.65:100 mL
Methylated Industrial	BP	0.01	0.07	0.66:100 mL
(use as additive only)				
Squill Oxymel	BP	0.03	0.24	2.13:100 mL
Starch	BP	0.02	0.16	1.44:100 g
Sulphur Precipitated	BP	0.03	0.21	1.89:100 g
Sulphurated Potash	BPC 73	0.18	1.43	12.71:100 g
SYRUPS				
Lemon	APF	0.01	0.10	0.86:100 mL
Orange	APF	0.03	0.21	1.88:100 mL
Orange	BP	0.03	0.21	1.88:100 mL
Pholcodine Citrate	BPC 59	0.04	0.31	2.74:100 mL
(use as additive only)				
Raspberry	BP	0.04	0.28	2.47:100 mL
Red	APF	0.03	0.27	2.37:100 mL
Syrup	BP	0.01	0.07	0.64:100 mL
Tolu	BP	0.04	0.28	2.52:100 mL
Talc Purified BP, sterilised		0.06	0.45	3.99:100 g
Tar Coal	BP	0.05	0.40	3.59:100 g
Tar Coal Prepared	BP 73	0.12	0.92	8.22:100 g
Testosterone	BP	4.22	33.74	0.53:100 mg
(may only be prescribed as an ingredient of creams)				
Theophylline	BP	0.39	3.13	
Thymol	BP	0.32	2.58	
Thymol Mouth Wash Compound	APF	0.02	0.19	1.70:100 mL

Drug	Standard	Recovery Price		
		1g/mL	10g/mL	Special
		\$	\$	\$
TINCTURES				
Belladonna	BP	0.06	0.47	4.14:100 mL
Benzoin Compound	BP	0.05	0.41	3.61:100 mL
Ipecacuanha	BP	0.10	0.82	7.32:100 mL
Lobelia Ethereal	BPC 73	0.18	1.47	13.02:100 mL
Opium	BP	0.25	1.98	17.59:100 mL
Orange	BP	0.05	0.40	3.58:100 mL
Stramonium	BP	0.06	0.50	4.47:100 mL
Titanium Dioxide	BP	0.10	0.76	6.75:100 g
Triethanolamine	BP	0.08	0.64	5.71:100 mL
WATERS				
Anise Concentrated 1 in 40 (use as additive only)	BP	0.06	0.49	4.32:100 mL
Chloroform Concentrated 1 in 40	APF	0.03	0.21	1.89:100 mL
For Injections (b) (extemporaneously prepared eye drops and eye lotions)	BP	..	..	2.87:100 mL
Peppermint Concentrated 1 in 40 (use as additive only)	APF	0.07	0.56	5.00:100 mL
Purified	BP	0.01	0.02	0.16:100 mL
Wool Alcohols	BP	0.15	1.22	
Wool Fat	BP	0.03	0.25	2.22:100 g
Wool Fat Hydrous	BP	0.05	0.36	3.24:100 g
ZINC				
Oxide	BP	0.02	0.19	1.68:100 g
Sulphate	BP	0.19	1.55	13.80:100 g

CONTAINER PRICES

Container Sizes	Prices					
	N.S.W.	Victoria	Queensland	South Aust.	Western Aust.	Tasmania
Dispensing Bottles—	\$	\$	\$	\$	\$	\$
25mL.....	0.27	0.33	0.29	0.43	0.42	0.33
50mL.....	0.30	0.32	0.32	0.72	0.52	0.39
100mL.....	0.39	0.56	0.45	0.71	0.59	0.51
200mL.....	0.54	0.66	0.64	0.84	0.75	0.70
500mL.....	0.80	1.12	2.00	1.21	1.01	1.11
Poison Bottles—						
25mL.....	0.40	0.44	0.43	0.56	0.62	0.43
50mL.....	0.40	0.46	0.39	0.58	0.69	0.44
100mL.....	0.42	0.53	0.43	0.66	0.79	0.48
200mL.....	0.58	0.70	0.69	0.87	0.97	0.69
500mL.....	0.81	0.93	0.80	1.00	0.83	0.87
Screw Cap Jars—						
25g.....	0.36	0.47	0.59	0.50	0.58	0.41
50g.....	0.49	0.54	0.68	0.59	0.75	0.47
100g.....	0.43	0.64	0.64	0.71	0.91	0.57
200g.....	0.57	0.62	0.62	0.62	0.67	0.62
500g.....	0.56	0.56	0.56	0.56	0.56	0.56
Dropper Containers—						
15mL polythene.....	0.36	0.29	0.48	0.34	0.37	0.41
15mL glass	0.46	0.48	0.71	0.66	0.56	0.49

Professional Fee for Extemporaneously Prepared Benefits \$3.62

Additional Fee for Agreed Price Extemporaneously Prepared Benefits \$0.84

STANDARD FORMULAE PREPARATIONS

The following list is not intended to indicate in any way which particular formula an approved pharmacist should use in filling a prescription.

The prices shown in the column 'Dispensed Price for Max. Qty' are for the ingredients and professional fee only. The prices shown in the column 'Maximum Patient Payment' are for the ingredients, the professional fee and, where applicable, the additional fee for agreed price benefits. In both cases the appropriate container prices as shown on page 8 (section 4) are to be added.

KEY TO REFERENCES

ACH	Adelaide Children's Hospital
APF	Australian Pharmaceutical Formulary
BP	British Pharmacopoeia
BPC	British Pharmaceutical Codex
PL	Prescribers' List
QHF	Queensland Hospital Formulary
RMH	Royal Melbourne Hospital

Code	Item	Reference	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$
	CREAMS MAXIMUM QUANTITY 100g, 1 Repeat			
7655X	Aluminium Acetate Oily	PL & APF	5.18	6.02
7913L	Aqueous	PL, APF & BP	5.98	6.82
7495L	Buffered	BP	5.27	6.11
7503X	Buffered Aqueous	PL & APF	5.41	6.25
7377G	Calamine Aqueous	PL, APF & BP	4.95	5.79
7659D	Calamine Oily	PL & APF	6.71	7.55
7497N	Cetomacrogol Aqueous	PL & APF	5.50	6.34
7498P	Cetomacrogol (Formula A)	BP	5.28	6.12
7660E	Cetrimide	BP	6.58	7.42
7661F	Cetrimide Aqueous	PL & APF	6.58	7.42
7490F	Chlorhexidine 1%	BP	7.18	8.02
7490F	Chlorhexidine Aqueous	PL & APF	7.18	8.02
7500R	Clioquinol	BP	11.72	+10.00
7504Y	Clioquinol Aqueous	APF	11.89	+10.00
7318E	Coal Tar and Zinc Oily	PL & APF	6.17	7.01
7499Q	Cold	PL & APF	5.48	6.32
7664J	Glycerol Oily	PL & APF	5.05	5.89
7666L	Ichthammol and Zinc Oily	PL & APF	7.34	8.18
9555X	Oily	APF	6.02	6.86
7892J	Salicylic Acid and Resorcinol Aqueous	PL & APF	6.95	7.79
7501T	Salicylic Acid and Sulphur	BP	6.11	6.95
7501T	Salicylic Acid and Sulphur Aqueous	PL & APF	6.11	6.95
7897P	Zinc	BP	6.14	6.98
7376F	Zinc and Ichthammol	BP	7.48	8.32
7667M	Zinc Oily	PL & APF	6.14	6.98
7654W	Zinc Weak	PL	5.04	5.88
	DUSTING POWDERS MAXIMUM QUANTITY 100g, 1 Repeat			
7474J	Kaolin Compound	APF	6.75	7.59
7473H	Talc	APF & BP	7.38	8.22
9868J	Zinc and Salicylic Acid	BPC 68	5.60	6.44
7458M	Zinc, Starch and Talc	PL, APF & BPC 73	6.75	7.59
	EAR DROPS MAXIMUM QUANTITY 15mL, 2 Repeats			
7544C	Acetic Acid	APF	3.67	4.51
7642F	Aluminium Acetate	PL & APF	3.89	4.73
8116E	Aluminium Acetate	BP	4.00	4.84
7487C	Chlorhexidine	PL & APF	3.75	4.59
7645J	Ichthammol	PL & APF	4.67	5.51
7315B	Salicylic Acid	PL & APF	3.72	4.56
7314Y	Sodium Bicarbonate	PL, APF & BP	3.79	4.63
7313X	Spirit	PL & APF	3.69	4.53
8204T	Spirit	BPC 73	3.82	4.66
	ELIXIR MAXIMUM QUANTITY 100mL, 4 Repeats			
7949J	Rubrum	APF	5.99	6.83

- CONTAINER RATES TO BE ADDED -

Code	Item	Reference	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$
	<u>EYE DROPS OF COCAINE</u> MAXIMUM QUANTITY 15mL, No Repeats			
7589K	Cocaine Strong	APF	32.71	+10.00
	<u>EYE DROPS OF PILOCARPINE</u> MAXIMUM QUANTITY 15mL, 6 Repeats			
8263X	Pilocarpine	APF 55	8.93	9.77
	<u>EYE DROPS, OTHER</u> MAXIMUM QUANTITY 15mL, 6 Repeats			
7416H	Zinc Sulphate	APF	6.59	7.43
	<u>EYE LOTIONS</u> MAXIMUM QUANTITY 200mL, 1 Repeat			
8416Y	Boric Acid	ACH	9.56	10.00
7363M	Sodium Bicarbonate	APF	9.43	10.00
8418C	Sodium Chloride	BP	9.40	10.00
	<u>GARGLE</u> MAXIMUM QUANTITY 200mL, 4 Repeats			
7453G	Thymol Compound	APF	7.02	7.86
	<u>GLYCERIN</u> MAXIMUM QUANTITY 100mL, 1 Repeat			
8070R	Ichthammol	BPC 73	9.85	10.00
	<u>INHALATIONS</u> MAXIMUM QUANTITY 50mL, 1 Repeat			
7485Y	Benzoin	PL	5.67	6.51
8577K	Benzoin Compound	PL	6.55	7.39
7484X	Benzoin and Menthol	PL & APF	6.05	6.89
8579M	Menthol	APF	4.25	5.09
7310R	Menthol and Eucalyptus	PL & BP	4.43	5.27
7309Q	Menthol and Pine	PL & APF	4.94	5.78
	<u>INHALATION, SOLID</u> MAXIMUM QUANTITY 4g, 1 Repeat			
8072W	Menthol Crystals	BP	5.14	5.98
	<u>LINCTUS</u> MAXIMUM QUANTITY 100mL, 2 Repeats			
7536P	Menthol	APF 64	4.69	5.53
	<u>LINIMENTS</u> MAXIMUM QUANTITY 100mL, 1 Repeat			
7480Q	Methyl Salicylate Compound	PL & APF	6.14	6.98
7419L	Turpentine	BP	6.10	6.94
- CONTAINER RATES TO BE ADDED -				

Code	Item	Reference	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$
	<u>LOTIONS</u> MAXIMUM QUANTITY 200mL, 2 Repeats			
7709R	Aluminium Acetate Aqueous	APF	4.17	5.01
7629M	Calamine	PL, APF & BP	5.76	6.60
7630N	Calamine Oily	PL, APF & BP	5.54	6.38
7710T	Formaldehyde	APF	4.05	4.89
8793T	Resorcinol Compound	PL & APF	7.10	7.94
7706N	Salicylic Acid	APF & BP	7.25	8.09
7712X	Salicylic Acid and Coal Tar	APF	5.43	6.27
7632Q	Sodium Thiosulphate	APF	5.02	5.86
7633R	Sulphurated	PL & APF	7.39	8.23
	<u>MIXTURES</u> MAXIMUM QUANTITY 200 mL, 4 Repeats			
7905C	Aspirin	APF	5.32	6.16
7908F	Ferrous Sulphate	PL & APF	4.76	5.60
7604F	Gentian Alkaline	PL, APF & BP	5.08	5.92
7605G	Hydrochloric Acid	APF 69	7.96	8.80
7492H	Ipecacuanha and Squill	PL & APF	6.36	7.20
7348R	Kaolin	BPC 68	5.32	6.16
7301G	Kaolin and Opium	PL & APF	6.87	7.71
7347Q	Lobelia and Stramonium Compound	BPC 68	7.25	8.09
7346P	Magnesium Carbonate	BPC 68	4.60	5.44
7342K	Magnesium Trisilicate	BPC 68	4.91	5.75
7343L	Magnesium Trisilicate and Belladonna	BPC 68	5.35	6.19
7911J	Potassium Citrate	PL & APF	5.77	6.61
7932L	Potassium Citrate and Sodium Bicarbonate	PL & APF	5.03	5.87
7618Y	Potassium Iodide and Stramonium Compound	PL & APF	7.52	8.36
7933M	Sodium Citrate	PL & APF	6.05	6.89
7333Y	Stramonium and Potassium Iodide	BPC 75	5.89	6.73
	<u>MIXTURES FOR CHILDREN</u> MAXIMUM QUANTITY 100mL, 4 Repeats			
7783P	Aspirin	APF	4.72	5.56
7441P	Asthma	ACH	5.49	6.33
7785R	Belladonna	PL & APF	4.81	5.65
7789Y	Ferrous Sulphate	PL & APF	4.43	5.27
7330T	Ipecacuanha	BPC 73	4.63	5.47
7493J	Ipecacuanha and Squill	PL & APF	4.70	5.54
7437K	Phenobarbitone	ACH	4.04	4.88
7791C	Potassium Citrate	PL & APF	4.80	5.64
7586G	Potassium Iodide	PL & APF	4.48	5.32
7792D	Sodium Citrate	PL & APF	4.94	5.78
	<u>MOUTH WASH</u> MAXIMUM QUANTITY 200mL, 1 Repeat			
7457L	Thymol Compound	APF	7.02	7.86
	<u>NASAL INSTILLATIONS</u> MAXIMUM QUANTITY 15mL, 2 Repeats			
7574P	Ephedrine	PL & APF	3.86	4.70
7576R	Glucose and Glycerol	PL & APF	4.03	4.87
- CONTAINER RATES TO BE ADDED -				

Code	Item	Reference	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$
OINTMENTS				
MAXIMUM QUANTITY 100g, 1 Repeat				
9497W	Benzoic Acid Compound	PL, APF & BP	6.44	7.28
9519B	B.O.Z.	QHF	6.87	7.71
7915N	Calamine	BP	5.35	6.19
7916P	Cetomacrogol Emulsifying	BP	8.00	8.84
7917Q	Cetrimide Emulsifying	BP	7.36	8.20
7452F	Dithranol	APF	5.64	6.48
7452F	Dithranol 0.1%	BP	5.64	6.48
7451E	Dithranol 1%	BP	9.08	9.92
7451E	Dithranol Strong	APF 64	9.08	9.92
7918R	Emulsifying	PL, APF & BP	7.22	8.06
7938T	Hydrous (white)	BP	5.72	6.56
7939W	Hydrous (yellow)	BP	5.72	6.56
9557B	Hydrous Wool Fat	BPC 73	6.27	7.11
9559D	Ichthammol	BP	7.27	8.11
9576B	Methyl Salicylate	BP	8.19	9.03
9577C	Methyl Salicylate Compound	APF 34	6.05	6.89
7924C	Paraffin (white)	BP	5.46	6.30
7925D	Paraffin (yellow)	BP 68	5.46	6.30
9592W	Resorcinol and Sulphur Compound	PL & APF	7.35	8.19
7926E	Salicylic Acid	PL & APF	5.59	6.43
8022F	Salicylic Acid	BP	8.40	9.24
7327P	Salicylic Acid and Sulphur	BPC 73	5.92	6.76
7927F	Simple (white)	PL, APF & BP	6.45	7.29
7930J	Simple (yellow)	BP	6.45	7.29
8060F	Sulphur	BP	6.38	7.22
7450D	Wool Alcohols	APF	5.78	6.62
7936Q	Wool Alcohols (white)	BP	5.95	6.79
7937R	Wool Alcohols (yellow)	BP	5.95	6.79
7896N	Zinc	PL, APF & BP	7.43	8.27
7899R	Zinc and Castor Oil	PL, APF & BP	6.15	6.99
7573N	Zinc and Coal Tar	APF	5.57	6.41
PAINTS				
MAXIMUM QUANTITY 25mL, 1 Repeat				
7780L	Cetrimide and Chlorhexidine	APF	3.85	4.69
7324L	Crystal Violet	BP	3.94	4.78
7842R	Formaldehyde and Salicylic Acid	APF	4.10	4.94
7562B	Ichthammol	PL & APF	5.37	6.21
7563C	Iodine	APF 64	4.69	5.53
7326N	Iodine Compound	BPC 68	4.57	5.41
7569J	Lactic and Salicylic Acid	APF	6.30	7.14
9770F	Magenta	PL & APF	5.22	6.06
7325M	Magenta	BPC 73	5.08	5.92
7566F	Podophyllin	PL	5.94	6.78
7567G	Podophyllin Compound	PL, APF & BP	8.51	9.35
7568H	Salicylic Acid	PL & APF	5.42	6.26
PASTES				
MAXIMUM QUANTITY 100g, 1 Repeat				
7555P	Coal Tar and Zinc	PL & APF	6.69	7.53
9740P	Dithranol	PL & APF	7.56	8.40
9738M	Dithranol 0.1%	BP	7.56	8.40
9739N	Dithranol 1%	BP	10.99	+10.00
7557R	Dithranol and Zinc Strong	APF 64	10.60	+10.00
7323K	Resorcinol and Sulphur	BP	8.83	9.67
- CONTAINER RATES TO BE ADDED -				

Code	Item	Reference	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$
	<u>PASTES</u> - cont.			
9742R	Titanium Dioxide	PL & APF	6.47	7.31
9741Q	Zinc and Coal Tar	BP	5.87	6.71
7558T	Zinc Compound	PL, APF & BP	6.67	7.51
9767C	Zinc Oxide	RMH	5.85	6.69
7559W	Zinc and Salicylic Acid	PL & APF	6.76	7.60
9773J	Zinc and Salicylic Acid	BP	7.06	7.90
	<u>POWDER FOR INTERNAL USE</u>			
	<u>MAXIMUM QUANTITY 100g, 2 Repeats</u>			
9825D	Magnesium Trisilicate	BP	5.97	6.81
	<u>POWDER, IRRIGATION</u>			
	<u>MAXIMUM QUANTITY 100g, 1 Repeat</u>			
7546E	Alkaline Nasal Douche	APF	4.95	5.79
	<u>SOAPS</u>			
	<u>MAXIMUM QUANTITY 200mL, 1 Repeat</u>			
9896W	Spirit	BP	6.95	7.79
9897X	Spirit (Industrial Methylated)	BP	7.35	8.19
	<u>SOLUTIONS</u>			
	<u>MAXIMUM QUANTITY 200mL, 2 Repeats</u>			
7539T	Calcium Hypochlorite (Eusol)	APF	4.10	4.94
7922Y	Iodine Aqueous (Lugol's)	BP	17.68	+10.00
7923B	Iodine Weak	BP	10.82	+10.00
7540W	Soap Alcoholic	APF	6.39	7.23
	<u>SYRUP</u>			
	<u>MAXIMUM QUANTITY 100mL, 4 Repeats</u>			
7375E	Codeine	APF	6.16	7.00
	<u>TINCTURES</u>			
	<u>MAXIMUM QUANTITY 25mL, 1 Repeat</u>			
8073X	Belladonna	BP	4.80	5.64
8075B	Stramonium	BP	4.87	5.71
	<u>PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY</u>			
	<u>MIXTURES</u>			
	<u>MAXIMUM QUANTITY 200mL, No Repeats</u>			
7001L	Aspirin	APF	5.32	6.16
7002M	Aspirin APF with Codeine Phosphate 30mg per 10mL		7.54	8.38
	<u>MIXTURE FOR CHILDREN</u>			
	<u>MAXIMUM QUANTITY 100mL, No Repeats</u>			
7003N	Aspirin	APF	4.72	5.56
	- CONTAINER RATES TO BE ADDED -			

**TABLE OF CODES, MAXIMUM QUANTITIES AND NUMBER OF
REPEATS FOR EXTEMPORANEOUSLY PREPARED BENEFITS**

Code	Preparation	Maximum Quantity	No. of Repeats
13Q	Creams	100g	1
48M	Dusting Powders	100g	1
15T	Ear Drops	15mL	2
16W	Elixirs	100mL	4
19B	Eye Drops of Cocaine	15mL	..
21D	Eye Drops of Pilocarpine	15mL	6
22E	Other Eye Drops	15mL	6
23F	Eye Lotions	200mL	1
25H	Gargles	200mL	4
28L	Glycerins	100mL	1
29M	Inhalations	50mL	1
37Y	Inhalations, Solid	4g	1
34T	Linctuses	100mL	2
38B	Liniments	100mL	1
39C	Lotions	200mL	2
40D	Mixtures	200mL	4
41E	Mixtures for Children	100mL	4
30N	Mouth Washes	200mL	1
42F	Nasal Instillations	15mL	2
43G	Ointments, Waxes	100g	1
44H	Paints	25mL	1
63H	Pastes of Cocaine	25g	..
45J	Other Pastes	100g	1
49N	Powders for Internal Use	100g	2
61F	Powders, Irrigation	100g	1
51Q	Soaps	200mL	1
52R	Solutions	200mL	2
55X	Syrups	100mL	4
56Y	Tinctures	25mL	1

SECTION 5—PRESCRIBERS' LIST

PRESCRIPTION			PRESCRIPTION		
CREAMS			7661F CETRIMIDE, AQUEOUS (APF)		
(Maximum Quantity 100g and 1 Repeat)			Cetrimide	500	mg
7655X ALUMINIUM ACETATE, OILY (APF)			Chlorocresol.....	100	mg
Aluminium Acetate Solution .	5	mL	Cetostearyl Alcohol	5	g
Zinc Oxide	20	g	Liquid Paraffin	50	g
Wool Fat	25	g	Purified Water, freshly boiled		
Arachis Oil.....	25	mL	and cooled to.....	100	g
Purified Water, freshly boiled					
and cooled	27	mL			
7913L AQUEOUS (APF, BP)			7490F CHLORHEXIDINE, AQUEOUS (APF)		
Emulsifying Ointment	30	g	(Chlorhexidine 1% BP)		
Phenoxyethanol.....	1	g	Chlorhexidine Gluconate		
Purified Water, freshly boiled			Solution	5	mL
and cooled to.....	100	g	Cetomacrogol Emulsifying		
7503X BUFFERED, AQUEOUS (APF)			Wax.....	25	g
Sodium Phosphate	2.5	g	Liquid Paraffin	10	g
Citric Acid Monohydrate	500	mg	Purified Water, freshly boiled		
Chlorocresol.....	100	mg	and cooled to.....	100	g
Glycerol	5	mL			
Emulsifying Ointment	30	g			
Purified Water, freshly boiled					
and cooled to.....	100	g			
7377G CALAMINE, AQUEOUS (APF, BP)			7318E COAL TAR and ZINC, OILY (APF)		
Calamine	4	g	Coal Tar	1	g
Zinc Oxide	3	g	Castor Oil	1	g
Emulsifying Wax	6	g	Zinc Cream Oily, APF	98	g
Arachis Oil.....	30	g			
Purified Water, freshly boiled					
and cooled to.....	100	g			
7659D CALAMINE, OILY (APF)			7499Q COLD (APF)		
Calamine	32	g	White Beeswax	17	g
Oleic Acid	0.5	mL	Liquid Paraffin	45	g
Arachis Oil.....	21.5	mL	Borax	1	g
Wool Fat	17.5	g	Purified Water, freshly boiled		
Calcium Hydroxide Solution .	30.5	mL	and cooled	37	mL
7497N CETOMACROGOL, AQUEOUS (APF)			7664J GLYCEROL, OILY (APF)		
Cetomacrogol Emulsifying			Glycerol	20	g
Wax.....	15	g	Calcium Hydroxide Solution .	32	mL
Liquid Paraffin	10	g	Arachis Oil.....	22	g
White Soft Paraffin	10	g	Wool Fat	26	g
Chlorocresol.....	100	mg			
Propylene Glycol	5	mL	7666L ICHTHAMMOL and ZINC, OILY		
Purified Water, freshly boiled			(APF)		
and cooled to.....	100	g	Ichthammol	5	g
			Wool Fat	15	g
			Zinc Cream Oily, APF	80	g
			7892J SALICYLIC ACID and		
			RESORCINOL, AQUEOUS (APF)		
			Salicylic Acid.....	2	g
			Resorcinol	2	g
			Aqueous Cream, APF to	100	g

PRESCRIPTION

CREAMS—continued**7501T SALICYLIC ACID and SULPHUR, AQUEOUS (APF)**

(Salicylic Acid and Sulphur BP)

Salicylic Acid	2	g
Precipitated Sulphur	2	g
Aqueous Cream, to	100	g

7667M ZINC, OILY (APF)

Zinc Oxide	32	g
Oleic Acid	0.5	mL
Arachis Oil	21.5	mL
Wool Fat	17.5	g
Calcium Hydroxide Solution .	30.5	mL

7654W ZINC, WEAK (PL)

Zinc Oxide	5	g
Oleic Acid	0.5	mL
Arachis Oil	38.5	mL
Wool Fat	25	g
Calcium Hydroxide Solution .	34.5	mL

DUSTING POWDER

(Maximum Quantity 100g and 1 Repeat)

7458M ZINC, STARCH and TALC (APF)

Zinc Oxide	25	g
Starch	25	g
Purified Talc, sterilised	50	g

EAR DROPS

(Maximum Quantity 15mL and 2 Repeats)

7642F ALUMINIUM ACETATE (APF)

Aluminium Acetate Solution .	9	mL
Purified Water, freshly boiled and cooled to	15	mL

7487C CHLORHEXIDINE (APF)

Chlorhexidine Acetate	7.5	mg
Purified Water, freshly boiled and cooled to	15	mL

7645J ICHTHAMMOL (APF)

Ichthammol	10	g
Glycerol	90	g

7315B SALICYLIC ACID (APF)

Salicylic Acid	300	mg
Ethanol (90 per cent)	7.5	mL
Purified Water, freshly boiled and cooled to	15	mL

PRESCRIPTION

7314Y SODIUM BICARBONATE (APF, BP)

Sodium Bicarbonate	750	mg
Glycerol	4.5	mL
Purified Water, freshly boiled and cooled to	15	mL

7313X SPIRIT (APF)

Ethanol (90 per cent)	7.5	mL
Purified Water, freshly boiled and cooled to	15	mL

INHALATIONS

(Maximum Quantity 50mL and 1 Repeat)

7485Y BENZOIN (PL)

Benzoin Tincture, Compound	50	mL
----------------------------	----	----

8577K BENZOIN, COMPOUND (PL)

Menthol	1	g
Siberian Fir Oil	2.5	mL
Benzoin Tincture, Compound to	50	mL

7484X BENZOIN and MENTHOL (APF)

Menthol	1	g
Benzoin Tincture, Compound to	50	mL

7310R MENTHOL and EUCALYPTUS (BP)

Menthol	1	g
Eucalyptus Oil	5	mL
Light Magnesium Carbonate .	3.5	g
Purified Water to	50	mL

7309Q MENTHOL and PINE (APF)

Menthol	1	g
Pumilio Pine Oil	2.5	mL
Ethanol (90 per cent) to	50	mL

LINIMENT

(Maximum Quantity 100mL and 1 Repeat)

7480Q METHYL SALICYLATE, COMPOUND (APF)

Menthol	4	g
Eucalyptus Oil	10	mL
Methyl Salicylate	25	mL
Arachis Oil to	100	mL

PRESCRIPTION

LOTIONS

(Maximum Quantity 200mL and 2 Repeats)

7629M CALAMINE (APF, BP)

Calamine	30	g
Zinc Oxide	10	g
Bentonite, sterilised	6	g
Sodium Citrate	1	g
Liquefied Phenol	1	mL
Glycerol	10	mL
Purified Water, freshly boiled and cooled to	200	mL

7630N CALAMINE, OILY (APF, BP)

Calamine	10	g
Wool Fat	2	g
Arachis Oil	100	mL
Oleic Acid	1	mL
Calcium Hydroxide Solution to	200	mL

8793T RESORCINOL, COMPOUND (APF)

Resorcinol	5	g
Solvent Ether	5	mL
Castor Oil	5	mL
Spike Lavender Oil	0.2	mL
Ethanol (90 per cent) to	200	mL

7633R SULPHURATED (APF)

Zinc Sulphate	10	g
Sulphurated Potash	10	g
Acetone	10	mL
Glycerol	10	mL
Spike Lavender Oil	0.4	mL
Purified Water, freshly boiled and cooled to	200	mL

MIXTURES

(Maximum Quantity 200mL and 4 Repeats)

7908F FERROUS SULPHATE (APF)

Ferrous Sulphate	300	mg
Ascorbic Acid	10	mg
Orange Syrup, APF	0.5	mL
Concentrated Chloroform Water	0.25	mL
Purified Water to	10	mL

PRESCRIPTION

7604F GENTIAN, ALKALINE (APF, BP)

Concentrated Compound Gentian Infusion	1	mL
Sodium Bicarbonate	500	mg
Concentrated Chloroform Water	0.25	mL
Purified Water to	10	mL

7492H IPECACUANHA and SQUILL (APF)

Synonym: Cough Mixture

Ipecacuanha Tincture	0.25	mL
Compound Camphor Spirit ..	1	mL
Tolu Syrup	1	mL
Squill Oxymel	1	mL
Concentrated Chloroform Water	0.15	mL
Concentrated Anise Water ...	0.15	mL
Purified Water to	10	mL

7301G KAOLIN and OPIUM (APF)

Light Kaolin or Light Kaolin (Natural)	2.5	g
Alum	10	mg
Opium Tincture	0.5	mL
Concentrated Chloroform Water	0.25	mL
Purified Water to	10	mL

7911J POTASSIUM CITRATE (APF)

Potassium Citrate	2	g
Citric Acid Monohydrate	400	mg
Lemon Syrup, APF	1	mL
Concentrated Chloroform Water	0.2	mL
Purified Water to	10	mL

7932L POTASSIUM CITRATE and SODIUM BICARBONATE (APF)

Potassium Citrate	1	g
Sodium Bicarbonate	750	mg
Orange Syrup, APF	1	mL
Concentrated Chloroform Water	0.2	mL
Purified Water to	10	mL

7618Y POTASSIUM IODIDE and STRAMONIUM, COMPOUND (APF)

Synonym: Lobelia and Stramonium Mixture

Potassium Iodide	250	mg
Stramonium Tincture	0.5	mL
Lobelia Tincture, Ethereal ...	0.5	mL
Aromatic Ammonia Spirit	0.5	mL
Liquorice Liquid Extract	0.5	mL
Concentrated Chloroform Water	0.25	mL
Purified Water to	10	mL

PRESCRIPTION

MIXTURES—continued**7933M SODIUM CITRATE (APF)**

Sodium Citrate	2	g
Citric Acid Monohydrate	400	mg
Lemon Syrup, APF	1	mL
Concentrated Chloroform		
Water	0.2	mL
Purified Water to	10	mL

NASAL INSTILLATIONS

(Maximum Quantity 15mL and 2 Repeats)

7574P EPHEDRINE (APF)

Ephedrine Hydrochloride	150	mg
Chlorbutol	75	mg
Sodium Chloride	75	mg
Propylene Glycol	0.75	mL
Purified Water, freshly boiled and cooled to	15	mL

7576R GLUCOSE and GLYCEROL (APF)

Glucose	3	g
Glycerol to	15	mL

OINTMENTS

(Maximum Quantity 100g and 1 Repeat)

9497W BENZOIC ACID, COMPOUND (APF, BP)

Benzoic Acid, in fine powder .	6	g
Salicylic Acid, in fine powder .	3	g
Emulsifying Ointment	91	g

7918R EMULSIFYING (APF, BP)

Emulsifying Wax	30	g
White Soft Paraffin	50	g
Liquid Paraffin	20	g

9592W RESORCINOL and SULPHUR, COMPOUND (APF)

Resorcinol	2	g
Precipitated Sulphur	3	g
Salicylic Acid	1	g
White Simple Ointment	94	g

7926E SALICYLIC ACID (APF)

Salicylic Acid	2	g
Wool Alcohols Ointment, APF	98	g

7927F SIMPLE (APF, BP)

(White Simple Ointment)

Wool Fat	5	g
Hard Paraffin	5	g
Cetostearyl Alcohol	5	g
White Soft Paraffin	85	g

PRESCRIPTION

7899R ZINC and CASTOR OIL (APF, BP)

Zinc Oxide	7.5	g
Castor Oil	50	g
Cetostearyl Alcohol	2	g
White Beeswax	10	g
Arachis Oil	30.5	g

**7896N ZINC OXIDE (APF)
(Zinc BP)**

Zinc Oxide	15	g
White Simple Ointment	85	g

PAINTS

(Maximum Quantity 25mL and 1 Repeat)

7562B ICHTHAMMOL (APF)

Ichthammol	10	g
Glycerol	90	g

9770F MAGENTA (APF)

Magenta	100	mg
Resorcinol	2	g
Phenol	1	g
Boric Acid	200	mg
Ethanol (90 per cent)	2.125	mL
Acetone	1	mL
Purified Water to	25	mL

7566F PODOPHYLLIN (PL)

Podophyllum Resin	1.25	g
Benzoin Tincture, Compound to	25	mL

7567G PODOPHYLLIN, COMPOUND (APF, BP)

Podophyllum Resin	3.75	g
Benzoin Tincture, Compound to	25	mL

7568H SALICYLIC ACID (APF)

Salicylic Acid	2.5	g
Flexible Collodion to	25	mL

PASTES

(Maximum Quantity 100g and 1 Repeat)

7555P COAL TAR and ZINC (APF)

Coal Tar	1	g
Castor Oil	1	g
Compound Zinc Paste	98	g

 PRESCRIPTION

PASTES—continued
9740P DITHRANOL (APF)

Dithranol	100	mg
Zinc and Salicylic Acid Paste.	99.9	g

9742R TITANIUM DIOXIDE (APF)

Titanium Dioxide	20	g
Calamine	25	g
Light Kaolin or Light Kaolin (Natural)	10	g
Bentonite, sterilised	1	g
Chlorocresol	100	mg
Glycerol	15	g
Purified Water, freshly boiled and cooled to	100	g

 PRESCRIPTION

7558T ZINC, COMPOUND (APF, BP)

Zinc Oxide	25	g
Starch	25	g
White Soft Paraffin	50	g

7559W ZINC and SALICYLIC ACID (APF)

Salicylic Acid	2	g
Liquid Paraffin	2	g
Compound Zinc Paste	96	g

SECTION 5—PRESCRIBERS' LIST—CHILDREN'S SECTION

PRESCRIPTION			PRESCRIPTION		
MIXTURES					
(Maximum Quantity 100mL and 4 Repeats)					
7785R	BELLADONNA (APF)		7791C	POTASSIUM CITRATE (APF)	
	Belladonna Tincture	0.1 mL		Potassium Citrate	1 g
	Orange Syrup, APF	1 mL		Citric Acid Monohydrate	200 mg
	Glycerol	1 mL		Lemon Syrup, APF	1 mL
	Benzoic Acid Solution	0.1 mL		Concentrated Chloroform	
	Purified Water to	5 mL		Water	0.1 mL
7789Y	FERROUS SULPHATE (APF)			Purified Water to	5 mL
	Ferrous Sulphate	100 mg	7586G	POTASSIUM IODIDE (APF)	
	Ascorbic Acid	5 mg		Potassium Iodide	100 mg
	Orange Syrup, APF	1 mL		Liquorice Liquid Extract	0.25 mL
	Concentrated Chloroform			Aromatic Ammonia Spirit	0.1 mL
	Water	0.1 mL		Concentrated Chloroform	
	Purified Water to	5 mL		Water	0.1 mL
7493J	IPECACUANHA and SQUILL (APF)			Purified Water to	5 mL
	Ipecacuanha Tincture	0.1 mL	7792D	SODIUM CITRATE (APF)	
	Compound Camphor Spirit ..	0.25 mL		Sodium Citrate	1 g
	Squill Oxymel	1 mL		Citric Acid Monohydrate	200 mg
	Purified Water to	5 mL		Lemon Syrup, APF	1 mL
				Concentrated Chloroform	
				Water	0.1 mL
				Purified Water to	5 mL

CHILDREN'S SECTION

SECTION 6

CONTAINER PRICES, FEES, STANDARD PACKS AND PRICES, FOR READY PREPARED PREPARATIONS

CONTAINER PRICES FOR QUANTITIES OF READY PREPARED PREPARATIONS LESS THAN MAXIMUM

Injectibles	150mL vial, 37c
Other items	25mL vial, 15c
(The 25mL is the most commonly used size)	

Fees—

Ready Prepared Professional Fee \$2.50

Dangerous Drug Fee \$1.35

Additional Fee for Agreed Price Ready Prepared Benefits \$0.58 9

NOTE:—Standard packs and prices (including mark up, but without professional fee and dangerous drug fee) are for items against the price of which an asterisk (*) is shown in the Schedule.

(Apply wastage factor in calculating broken quantity prices)

2

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
SPECIAL PHARMACEUTICAL BENEFITS				
1211R	Clomiphene Citrate	50mg	5 @ 8.56 (Reimbursement Price)	ML
			5 @ 23.19 (Total Dispensed Price)	ML
GENERAL PHARMACEUTICAL BENEFITS				
3073R	Amino Acid Formula with Vitamins and Minerals without Phenylalanine	200g	1 @ 46.75	SJ
3075W	Amino Acid Formula with Vitamins and Minerals without Valine, Leucine and Isoleucine	200g	1 @ 112.50	SJ
3071P	Amino Acid Formula without Phenylalanine	250g	1 @ 125.00	SJ
3072Q		250g	1 @ 125.00	SJ
2671N	Ampicillin	500mg	12 @ 3.84	PT
1059R	Amylobarbitone Sodium	500mg	1 @ 3.13	LY
1980F	Antivenom - Red Back Spider	500 units	1 @ 59.38	CS
2362H	Benztropine	2mg	100 @ 5.06	MK
2647H	Benzylpenicillin	3g	5 @ 14.54	CS
2648J		6g	1 @ 5.81	CS
1062X	Bethanechol	10mg	50 @ 3.53	MK
1071J		5mg in 1mL	1 @ 4.78	MK
2994N	Calcitonin (porcine)	160 i.u., 10	1 @ 186.50	RG
2995P	(salmon)	50 i.u. in 1mL, 5	1 @ 26.48	SZ
2996Q		80 i.u. in 0.8mL, 5	1 @ 38.50	SZ
2997R		100 i.u. in 1mL, 5	1 @ 45.81	RG, SZ
2998T		400 i.u. in 2mL	1 @ 31.09	RG
2999W	(synthetic human)	0.5mg, 5	1 @ 47.80	CG
1085D	Cefotaxime	1g	1 @ 13.13	RL
1086E		2g	1 @ 25.00	RL
1782T	Ceftriaxone	250mg	1 @ 10.48	RO
1783W		500mg	1 @ 19.35	RO
1784X		1g	1 @ 35.54	RO
1785Y		2g	1 @ 67.13	RO
2964B	Cephalothin Sodium	1g	1 @ 4.16	GL, LY
1256D	Cephazolin Sodium	500mg	1 @ 4.18	LY
1257E		1g	1 @ 7.94	LY
1163F	Chlorambucil	2mg	25 @ 11.81	BW
1164G		5mg	25 @ 15.50	BW
1167K	Chloramphenicol	1g	1 @ 7.56	PD
1185J	Chloroquine	5mL	10 @ 13.28	MB
3021B	Cholera Vaccine	1mL	1 @ 2.10	CS
2967E	Cholestyramine	9g (equiv. to 4g cholestyramine)	1 @ 27.50	AP
2621Y	Colistin	150mg	1 @ 23.34	WW
1228P	Copper Sulphate	Tablets	1 @ 3.00	AM
1079T	Cyclophosphamide	500mg	1 @ 5.23	FE
1798P	Cyproheptadine	4mg	50 @ 2.81	FR
2925Y	Cytarabine	40mg in 2mL	5 @ 19.69	BT
2910E		100mg set	1 @ 8.28	UP
2911F		500mg in 25mL	1 @ 38.75	BT

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
2129C	Desmopressin	100mcg per mL, 2.5mL	1 @ 24.38	PT
1333E	Diloxanide Furoate	500mg	15 @ 4.28	BT
1344R	Diphtheria Antitoxin	10,000 units	1 @ 27.50	CS
1341N	Diphtheria and Tetanus Vaccine Adsorbed	0.5mL	1 @ 2.00	CS
3019X	Diphtheria and Tetanus Vaccine Adsorbed, Diluted for Adult Use	0.5mL	1 @ 2.00	CS
1346W	Diphtheria, Tetanus and Pertussis Vaccine, Adsorbed	0.5mL	1 @ 2.19	CS, PD
1348Y	Diphtheria Vaccine, Adsorbed	0.5mL	1 @ 2.35	CS
3020Y	Diphtheria Vaccine, Adsorbed, Diluted for Adult Use	0.5mL	1 @ 2.20	CS
1125F	Docusate Sodium (Dioctyl Sodium Sulphosuccinate) with Bisacodyl	100mg-10mg, 5	1 @ 1.75	FM
1338K	Doxorubicin Hydrochloride	10mg	1 @ 45.74	FE
1339L		50mg	1 @ 218.26	FE
2714W	Doxycycline	100mg	7 @ 2.71	AF
			7 @ 3.15	PF
2715X		100mg	7 @ 2.00	PT
			7 @ 3.15	FA
1398N	Erythromycin Lactobionate	300mg	1 @ 4.25	AB
3166P	Ethinodiol Diacetate with Ethinylloestradiol	500mcg-50mcg	1 @ 2.09	SR
3167Q		1mg-50mcg	1 @ 2.09	SR
2447T		Tablet-Pack	1 @ 2.09	SR
3168R		Tablet-Pack	1 @ 2.09	SR
1436N	Folic Acid	15mg in 1mL	5 @ 2.81	AB
2699C	Gas Gangrene Antitoxin - Mixed (Polyvalent)	25,000 units	1 @ 45.00	CS
1053K	Heparin Calcium	12,500 units in 0.5mL	1 @ 3.44	CS
1054L		25,000 units in 1mL	1 @ 4.46	CS
1468G	Heparin Sodium	25,000 units in 5mL	1 @ 4.46	CP, CS
1076P		35,000 units in 35mL	1 @ 8.26	CP, CS
1477R	Human Chorionic Gonadotrophin	5,000 units set	1 @ 14.70	CS
1502C	Hydrocortisone Acetate	25g	1 @ 16.20	SV
1510L	Hydrocortisone Sodium Succinate	100mg set	1 @ 3.05	NR
			1 @ 3.09	UP
1511M		250mg set	1 @ 6.70	UP
3097B		500mg set	1 @ 12.71	UP
1501B		100mg set	1 @ 3.05	NR
			1 @ 3.09	UP
1710B	Insulin (bovine)	100 units per mL, 10mL	1 @ 15.63	CN
1530M		300 units per mL, 5mL	1 @ 15.63	CN
1723Q	Insulin Biphasic (mixed porcine/bovine)	100 units per mL, 10mL	1 @ 16.25	CN

(Apply wastage factor in calculating broken quantity prices)

4

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
1533Q	Insulin Isophane (N.P.H.) (synthetic human)	100 units per mL, 10mL	1 @ 20.00	BW,CN,LY
1711C	(bovine)	100 units per mL, 10mL	1 @ 15.63	CN,CP
1712D	(porcine)	100 units per mL, 10mL	1 @ 16.25	BW,CN
1425B	Insulin Isophane (N.P.H.) - Insulin Neutral, (Mixed) (synthetic human)	100 units (50 units-50 units) per mL, 10mL	1 @ 20.00	BW
1426C	(synthetic human)	100 units (70 units-30 units) per mL, 10mL	1 @ 20.00	BW,CN
1428E	(porcine)	100 units (50 units-50 units) per mL, 10mL	1 @ 16.25	BW
1427D	(porcine)	100 units (70 units-30 units) per mL, 10mL	1 @ 16.25	BW,CN
1531N	Insulin Neutral (synthetic human)	100 units per mL, 10mL	1 @ 20.00	BW,CN,LY
1532P	(synthetic human)	100 units per mL, 1.5mL, 5	1 @ 15.00	CN
1713E	Insulin Neutral (bovine)	100 units per mL, 10mL	1 @ 15.63	CP
1714F	(porcine)	100 units per mL, 10mL	1 @ 16.25	BW,CN
1538Y	(porcine)	100 units per mL, 1.5mL, 5	1 @ 12.19	CN
1715G	Insulin Protamine Zinc (bovine)	100 units per mL, 10mL	1 @ 15.63	CN
1718K	Insulin Zinc Suspension (synthetic human)	100 units per mL, 10mL	1 @ 20.00	CN
1716H	(bovine)	100 units per mL, 10mL	1 @ 15.63	CN
1717J	(porcine)	100 units per mL, 10mL	1 @ 16.25	CN
1720M	Insulin Zinc Suspension (Amorphous) (porcine)	100 units per mL, 10mL	1 @ 16.25	CN
1722P	Insulin Zinc Suspension (Crystalline) (synthetic human)	100 units per mL, 10mL	1 @ 20.00	CN
1721N	(bovine)	100 units per mL, 10mL	1 @ 15.63	CN
2591J	Isotretinoin	10mg	30 @ 48.75	RO
2592K		20mg	30 @ 91.25	RO
1568M	Leuprorelin Acetate	5mg	1 @ 193.75	AB
2913H	Levonorgestrel	30mcg	1 @ 2.09	SC,WY

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
1455N	Levonorgestrel with Ethinyloestradiol	125mcg-50mcg	1 @ 2.09	SC
1393H		150mcg-30mcg	1 @ 2.09	SC,WY
3186Q		250mcg-50mcg	1 @ 2.09	SC,WY
1456P		Tablet-Pack	1 @ 2.09	SC,WY
1394J		Tablet-Pack	1 @ 2.09	SC,WY
3188T		Tablet-Pack	1 @ 2.09	SC,WY
1457Q		Tablet-Pack	1 @ 2.09	WY
1458R		Tablet-Pack	1 @ 2.09	SC,WY
1391F		Tablet-Pack	1 @ 2.09	SC,WY
1392G		Tablet-Pack	1 @ 2.09	SC,WY
2401J	Lypressin	50 units per mL, 5mL	1 @ 6.45	SZ
2547C	Melphalan	2mg	25 @ 15.69	BW
2548D		5mg	25 @ 27.19	BW
1598D	Mercaptopurine	50mg	25 @ 21.66	BW
1612W	Methdilazine	4mg	50 @ 1.93	GL
1613X		8mg	50 @ 2.06	GL
1620G	Methenolone Acetate	5mg	50 @ 9.00	SC
2393Y	Methotrexate	5mg	1 @ 4.25	LE
2396D		5mg in 2mL	1 @ 10.03	LE
2394B		50mg	1 @ 13.89	LE
2395C		50mg in 2mL	1 @ 11.69	LE
1284N	Milk Powder - Lactose Modified	500g	1 @ 6.31	SJ
1283M	Milk Powder - Low Lactose Formula	500g	1 @ 6.31	SJ
3092R	Milk Powder - Synthetic	397g	1 @ 10.83	KY
1637E		454g	1 @ 11.51	KY
1924G	Mithramycin	2.5mg	1 @ 21.88	PF
1667R	Morphine with Tactrine	30mg-15mg	50 @ 10.93	WH
1668T	Mustine	10mg	1 @ 6.16	BT
1681L	Niclosamide	500mg	4 @ 2.54	BN
1967M	Norethisterone	350mcg	1 @ 2.09	CL,SD
2772X	Norethisterone with Ethinyloestradiol	500mcg-35mcg	1 @ 2.09	CL,SD
2773Y		1mg-35mcg	1 @ 2.09	SD
2774B		Tablet-Pack	1 @ 2.09	CL,SD
2775C		Tablet-Pack	1 @ 2.09	SD
2776D		Tablet-Pack	1 @ 2.09	SD
3176E	Norethisterone with Mestranol	1mg-50mcg	1 @ 2.09	CL,SD
3179H		Tablet-Pack	1 @ 2.09	SD
3180J	Norethisterone Acetate with Ethinyloestradiol	1mg-50mcg	1 @ 2.09	SC
3183M		Tablet-Pack	1 @ 2.09	SC
1442X	Norgestrel with Ethinyloestradiol	500mcg-50mcg	1 @ 2.09	SC
2407Q	Peritoneal Dialysis Solution	1.5% glucose, 1L, 12	1 @ 51.00	TV
2408R		4.25% glucose, 1L, 10	1 @ 42.50	TV
1707W	Phenethicillin	250mg	25 @ 3.70	SI
1709Y		250mg	25 @ 3.70	SI
1702N	Phenoxymethylpenicillin	125mg	25 @ 2.76	AB
1703P		250mg	25 @ 2.90	AB,CS,FM, LY,SI
1705R		250mg	25 @ 2.90	AB,CS,FM, LY,SI
1865E	Phenylalanine Low Content Formula	1 lb	1 @ 27.36	MJ
1901C	Plague Vaccine	0.5mL	1 @ 4.81	CS
1919B	Prednisolone Acetate	10mg in 1mL	1 @ 3.13	SC

(Apply wastage factor in calculating broken quantity prices)

6

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
1920C	Prednisolone Sodium Phosphate	20mg in 100mL	7 @ 16.20	GL
2554K		5mg, 10	1 @ 5.31	GL
1941E	Procainamide	100mg per mL, 10mL	1 @ 6.19	SQ
2893G	Prochlorperazine	5mg	100 @ 3.06	PT
			100 @ 3.13	MB,SK
1948M	Promethazine	50mg in 2mL	5 @ 2.50	BL
2830Y	Propranolol	1mg in 1mL	10 @ 10.56	IC
3056W	Protein Hydrolysate Formula without Phenylalanine	200g	1 @ 57.69	SJ
1987N	Rolitetraacycline	I.V. 275mg	1 @ 5.00	HP
1990R		I.M. 350mg	1 @ 5.00	HP
2016D	Sodium Aurothiomalate	10mg	10 @ 26.58	MB
3015Q	Sodium Bicarbonate	8.4%, 100mL	1 @ 2.78	AB
1124E	Sodium Cromoglycate	20mg per 2mL	60 @ 21.88	FC
2294R	Sodium Valproate	100mg	100 @ 15.00	RC
2289L		200mg (e.c.)	100 @ 22.38	RC
2290M		500mg (e.c.)	100 @ 42.50	RC
2292P		200mg per 5mL, 200mL	1 @ 9.91	RC
2291N		200mg per 5mL, 200mL	1 @ 9.91	RC
3130R	Streptokinase	100,000 i.u.	1 @ 23.13	PS
2906Y		250,000 i.u.	1 @ 40.74	HP,PS
2962X		600,000 i.u.	1 @ 82.75	PS
2907B		750,000 i.u.	1 @ 103.44	HP
2093E	Sulphasalazine	500mg	100 @ 16.13	PS
2096H		500mg (e.c.)	100 @ 17.75	PS
2109B	Tamoxifen Citrate	10mg (base)	30 @ 23.50	IC
2110C		20mg (base)	30 @ 40.00	IC
2116J	Testosterone Propionate	50mg in 1mL	3 @ 6.50	SC
2127Y	Tetanus Vaccine, Adsorbed	0.5mL	1 @ 1.80	CS
3083G	Tetracosactrin	500mcg in 1mL	1 @ 4.05	CG
2832C		1mg in 1mL	1 @ 6.18	CG
2135J	Tetracycline	250mg	25 @ 2.80	BZ(N),LE,UP
2152G	Tetracycline with Nystatin	250mg-250,000 units	25 @ 2.80	AP,LE,SQ,UP
2146Y	Tetracycline (Buffered)	250mg	25 @ 2.80	AP,CS,FM,HP, LE,SQ
2368P	Thiethylperazine	6.5mg (base) in 1mL	5 @ 4.50	SZ
2345K	Thiotepa	15mg	1 @ 12.50	LE
2177N	Ticarcillin	1g	5 @ 30.90	BR,CS
2176M		3g	5 @ 68.63	BR,CS
1355H	Tobramycin Sulphate	40mg	1 @ 5.00	LY
1356J		80mg	1 @ 7.50	LY
2676W	Triglycerides, Medium Chain	400g	1 @ 14.28	NT
2686J		450g	1 @ 12.81	MJ
2679B		454g	1 @ 14.28	MJ
2800J	Typhoid Vaccine	0.5mL	1 @ 1.80	CS
2195M	Typhus Vaccine	1mL	1 @ 26.25	CS
3131T	Vancomycin	500mg	1 @ 33.83	LY
2197P	Vasopressin Tannate	5 units in 1mL	5 @ 23.75	PD
2198Q	Vinblastine	10mg	1 @ 22.69	LY
2199R		10mg set	1 @ 22.35	BL
2371T	Vincristine	1mg	1 @ 19.75	BL
			1 @ 19.94	LY

(Apply wastage factor in calculating broken quantity prices)

7

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
INTRAVENOUS INFUSIONS				
3199J	Electrolyte Replacement Solution	1L	1 @ 3.73	AB,TV
2245E	Glucose	5%, 1L	1 @ 2.25	AB,GF,TV
2247G		10%, 1L	1 @ 3.55	AB,TV
2249J		20%, 1L	1 @ 3.73	AB,TV
2251L		25%, 1L	1 @ 3.73	AB,TV
2252M		50%, 500mL	1 @ 3.09	AB
2334W	Polygeline	3.5%, 500mL	1 @ 16.56	HP
2264E	Sodium Chloride	0.9%, 1L	1 @ 2.25	AB,GF,TV,VF(N)
2260Y		3%, 1L	1 @ 3.73	AB,TV
2262C		5%, 1L	1 @ 3.73	TV
2266G	Sodium Chloride Compound BPC 1959	1L	1 @ 3.58	AB,TV
2271M	Sodium Chloride and Glucose	0.9%-5%, 1L	1 @ 3.73	AB,TV
2278X		0.45%-2.5%, 500mL	1 @ 3.08	AB,TV
2279Y		0.225%-3.75%, 500mL	1 @ 3.08	AB,TV
2281C		0.18%-4%, 1L	1 @ 2.25	AB,GF,TV
2282D		0.18%-4.3%, 1L	1 @ 3.15	AB
2284F	Sodium Lactate	1L	1 @ 3.66	VF
2286H	Sodium Lactate Compound	1L	1 @ 2.25	AB,GF,TV
2288K	Sodium Lactate Compound and Anhydrous Glucose	5%, 1L	1 @ 3.73	AB,TV

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

3342X	Nystatin	500,000 units	50 @ 7.75	GP,LE,SQ
-------	----------	---------------	-----------	----------

PROPRIETARY INDEX

PART 1 PROPRIETARY NAMES INDEX

PART 2 TRADE NAMES INDEX

ABBREVIATIONS

(C & I) Preparations available for colostomy and
ileostomy use

(P & Q) Preparations available for use by
paraplegic and quadriplegic patients

Proprietary Name	Manu- fac- turer	Name
Abbocillin-V	AB	Phenoxymethylpenicillin
Abbocillin-VK	AB	Phenoxymethylpenicillin
Acetopt	SI	Sulphacetamide Sodium
Achromycin	LE	Tetracycline
Achromycin V	LE	Tetracycline (Buffered)
Achrostatin	LE	Tetracycline with Nystatin
Actal	WL	Aluminium Hydroxide Dried
Actraphane HM	CN	Insulin Isophane (N.P.H.) - Insulin Neutral, (Mixed)
Actraphane MC	CN	Insulin Isophane (N.P.H.) - Insulin Neutral, (Mixed)
Actrapid HM	CN	Insulin Neutral
Actrapid HM Penfill	CN	Insulin Neutral
Actrapid MC	CN	Insulin Neutral
Actrapid MC Penfill	CN	Insulin Neutral
Adacor	NN	Hydrocortisone
Adalat	BN	Nifedipine
Adalat 20	BN	Nifedipine
Adaquin	NN	Quinine Sulphate
Adasone	NN	Prednisone
Adnisolone	NN	Prednisolone
Adriamycin	FE	Doxorubicin Hydrochloride
Adroyd	PD	Oxymetholone
Aerocortin	BW	Polymyxin B Sulphate with Neomycin and Hydrocortisone
Akineton	KN	Biperiden
Albalon-A	AG	Antazoline with Naphazoline
Albalon Liquifilm	AG	Naphazoline Hydrochloride
Albay Bee Venom	BN	Insect Allergen Extract - Honey Bee Venom
Albay Wasp Venom	BN	Insect Allergen Extract - Paper Wasp Venom
Albumaid XP	SJ	Protein Hydrolysate Formula without Phenylalanine
Alclox 250	AF	Cloxacillin
Alclox 500	AF	Cloxacillin
Aldactone	SR	Spirocholactone
Aldazine 10	AF	Thioridazine
Aldazine 25	AF	Thioridazine
Aldazine 50	AF	Thioridazine
Aldazine 100	AF	Thioridazine
Aldecin	SH	Beclomethasone Dipropionate
Aldomet	MK	Methyldopa
Aldomet-M	MK	Methyldopa
Alepam 15	AF	Oxazepam
Alepam 30	AF	Oxazepam
Alexan	BT	Cytarabine
Alfaré	NT	Triglycerides, Medium Chain
Alinol	US	Allopurinol
Alkeran	BW	Melphalan
Allegron	DL	Nortriptyline
Alloremed 100	DH	Allopurinol
Alloremed 300	DH	Allopurinol
Almacarb	GL	Aluminium Hydroxide and Magnesium Carbonate Co-Dried Gel
Alodorm	AF	Nitrazepam
Alphamox 250	AF	Amoxycillin
Alphapress 25	AF	Hydralazine Hydrochloride

Proprietary Name	Manu- fac- turer	Name
Alphapress 50	AF	Hydralazine Hydrochloride
Alprim	AF	Trimethoprim
Alucone	DH	Aluminium Hydroxide with Magnesium Hydroxide
Aludrox	WY	Aluminium Hydroxide with Magnesium Hydroxide
Alusorb	DH	Aluminium Hydroxide
Ames-BG	AM	Glucose Indicator - Blood
Aminogran F.S.	GL	Amino Acid Formula without Phenylalanine
Aminogran M.M.	GL	Mineral Mixture
Aminopt	SI	Aminacrine Hydrochloride
Amitrip	PT	Amitriptyline
Amizide	PT	Hydrochlorothiazide with Amiloride
Amoxil	BR	Amoxycillin
Amoxil Forte	BR	Amoxycillin
Amphojel	WY	Aluminium Hydroxide
Amphotabs	WY	Aluminium Hydroxide Dried
Ampicyn	PT	Ampicillin
Amytal Sodium	LY	Amylobarbitone Sodium
Anafranil	CG	Clomipramine Hydrochloride
Anapolon	SD	Oxymetholone
Anatensol	SQ	Fluphenazine
Ancotil	RO	Flucytosine
Angilol	BM	Propranolol
Anginine Stabilised	BW	Glyceryl Trinitrate
Anpec 40	AF	Verapamil Hydrochloride
Anpec 80	AF	Verapamil Hydrochloride
Anpine	AF	Nifedipine
Antadine	BT	Amantadine Hydrochloride
Antenex 2	AF	Diazepam
Antenex 5	AF	Diazepam
Anthel 125	AF	Pyrantel Embonate
Anthel 250	AF	Pyrantel Embonate
Anti-Naus	PT	Prochlorperazine
Anti-Spas	PT	Benzhexol
Antistine Privine	ZY	Antazoline with Naphazoline
Anturan	CG	Sulphinpyrazone
Anusol	WW	Zinc Oxide
Apresoline	CG	Hydralazine Hydrochloride
Aprinox	BT	Bendrofluazide
Aprinox-M	BT	Bendrofluazide
Aptin	AP	Alprenolol
Aquacare H.P.	AG	Urea
Aquadrate	NW	Urea
Aquamox	LE	Quinethazone
Arfonad	RO	Trimetaphan
Aristocort 0.02%	LE	Triamcinolone Acetonide
Aristocort 0.05%	LE	Triamcinolone Acetonide
Artane	LE	Benzhexol
Arterioflexin	PT	Clofibrate
Arthrexin	AF	Indomethacin
Ascabiol	MB	Benzyl Benzoate
A.T.10	WL	Dihydrotachysterol
Atrobel	FM	Belladonna Alkaloids
Atrobel FORTE	FM	Belladonna Alkaloids

Proprietary Name	Manu- fac- turer	Name
Atromid-S	IC	Clofibrate
Atropt	SI	Atropine Sulphate
Atrovent	BY	Ipratropium Bromide
Augmentin	BR	Amoxycillin with Clavulanic Acid
Augmentin Forte	BR	Amoxycillin with Clavulanic Acid
Aureomycin	LE	Chlortetracycline
Austramycin-V	CS	Tetracycline (Buffered)
Austrapen	CS	Ampicillin
Austrapen Forte	CS	Ampicillin
Austrastaph	CS	Cloxacillin
Avlosulfon	IC	Dapsone
Avomine	MB	Promethazine Theoclate
Azide	FM	Chlorothiazide
Bactrim	RO	Trimethoprim with Sulphamethoxazole
Bactrim DS	RO	Trimethoprim with Sulphamethoxazole
B.A.L.	BT	Dimercaprol
Banish	DY	Deodorant Concentrate (C & I)
Barbloc 5	AF	Pindolol
Barbloc 15	AF	Pindolol
Baycaron	BN	Mefruside
Becotide	GL	Beclomethasone Dipropionate
Becotide Rotacaps	GL	Beclomethasone Dipropionate
Benemid	FR	Probenecid
Benzemul	MG	Benzyl Benzoate
Benzide	PT	Bendrofluazide
Benzide M	PT	Bendrofluazide
Benzotran	PT	Oxazepam
Berotec	BY	Fenoterol Hydrobromide
Betacard	BR	Alprenolol
Betaloc	AP	Metoprolol
Betamin	US	Thiamine Hydrochloride
Beta-Sol	FM	Thiamine Hydrochloride
Betatabs-100	FM	Thiamine Hydrochloride
Betnovate 1/5	GL	Betamethasone Valerate
Betnovate 1/2	GL	Betamethasone Valerate
Bi-Chinine	DH	Quinine Bisulphate
Bicillin All-Purpose	WY	Benzathine Penicillin with Procaine Penicillin and Benzylpenicillin Potassium
Bicillin L-A	WY	Benzathine Penicillin
Biphasil 21	WY	Levonorgestrel with Ethinyloestradiol
Biphasil 28	WY	Levonorgestrel with Ethinyloestradiol
Biquin	NN	Quinine Bisulphate
Bi-Quinate	US	Quinine Bisulphate
Bisalax	PT	Bisacodyl
Blenoxane	BC	Bleomycin
Bleph 10	AG	Sulphacetamide Sodium
Blocadren	FR	Timolol
BM-Test-BG	BO	Glucose Indicator - Blood
BM-Test-Glycemie 20-800	BO	Glucose Indicator - Blood
Brevinor	SD	Norethisterone with Ethinyloestradiol
Brevinor-1	SD	Norethisterone with Ethinyloestradiol
Bricanyl	AP	Terbutaline Sulphate
Brinaldix	SZ	Clopamide
Brondecon-PD	PD	Choline Theophyllinate

Proprietary Name	Manu- fac- turer	Name
Brondecon Elixir-PD	PD	Choline Theophyllinate
Brufen	BT	Ibuprofen
Burinex	AP	Bumetanide
Buscopan	BY	Hyoscine Butylbromide
Cafergot	SZ	Ergotamine Tartrate with Caffeine
Cafergot PB	SZ	Ergotamine Tartrate with Caffeine, Ito-barbitone and Belladonna Alkaloids
Calcihep	CP	Heparin Calcium
Calciparine	BL	Heparin Calcium
Calcitare	RG	Calcitonin
Calcium Disodium Versenate	RK	Sodium Calciumedetate
Calcium Sandoz	SZ	Calcium Gluconate
Calmazine	PT	Trifluoperazine
Calmurid	PS	Urea
Calsynar	RG	Calcitonin
Caltrate	LE	Calcium
Canesten	BN	Clotrimazole
Canesten 1	BN	Clotrimazole
Canesten 3	BN	Clotrimazole
Capoten	SQ	Captopril
Caprin	CS	Heparin Calcium
Captol	PT	Oxprenolol
Capurate-100	FM	Allopurinol
Capurate-300	FM	Allopurinol
Carafate	BT	Sucralfate
Carbolith	DH	Lithium Carbonate
Cardinol	PT	Propranolol
Cardizem	IC	Diltiazem Hydrochloride
Cardophyllin	HA	Aminophylline
Cardoquin	NN	Quinidine Sulphate
Catapres	BY	Clonidine
Catapres 100	BY	Clonidine
Celestone	SH	Betamethasone
Celestone	SH	Betamethasone Acetate with Betamethasone Sodium Phosphate
Chronodose		
Celestone-M	SH	Betamethasone Valerate
Celestone-V	SH	Betamethasone Valerate
Half Strength		
Celontin	PD	Methsuximide
Ceporacin	GL	Cephalothin Sodium
Ceporex	GL	Cephalexin
Chinine	DH	Quinine Sulphate
Chlomin	US	Chloramphenicol
Chloromycetin	PD	Chloramphenicol
Chloromycetin	PD	Chloramphenicol
Palmitate		
Chloromycetin	PD	Chloramphenicol
Succinate		
Chloromyxin	PD	Chloramphenicol with Polymyxin B
Chloroptic	AG	Chloramphenicol
Chlorquin	PT	Chloroquine
Chlorsig	SI	Chloramphenicol
Chlorvescent	PT	Potassium Chloride
Chlotride	FR	Chlorothiazide

Proprietary Name	Manu- fac- turer	Name
Choledyl	WW	Choline Theophyllinate
Cibacalcin	CG	Calcitonin
Cidomycin	RL	Gentamicin Sulphate
Cilamox	SI	Amoxycillin
Cilicaine	SI	Procaine Penicillin
Cilicaine V	SI	Phenoxymethylpenicillin
Cilicaine VK	SI	Phenoxymethylpenicillin
Citralka	PD	Sodium Acid Citrate
Citravescent Sachets	PT	Sodium Citro-Tartrate
Claforan	RL	Cefotaxime
Cleensheen	FL	Maldison
Clinistix	AM	Glucose Indicator - Urine
Clinitest	AM	Copper Sulphate
Clinoril	FR	Sulindac
Clomid	ML	Clomiphene Citrate
Codate	US	Codeine Phosphate
Codral Forte	BW	Codeine Phosphate with Aspirin
Cogentin	MK	Benztropine
Colestid	UP	Colestipol Hydrochloride
Colgout	PT	Colchicine
Colifoam	SV	Hydrocortisone Acetate
Colly-seels	DY	Sterculia (C & I)
Coloxyl	FM	Docusate Sodium (Diocetyl Sodium Sulphosuccinate) with Bisacodyl
Coly-Mycin Ear Drops	WW	Colistin with Neomycin
Coly-Mycin Injection	WW	Colistin
Comfeel	ST	Carmellose Sodium (C & I)
Comfeel Protective Sheets	ST	Carmellose Sodium (C & I)
Compazine	SK	Prochlorperazine
Comycin	UP	Tetracycline with Nystatin
Convuline	PT	Carbamazepine
Corbeton 20	AF	Oxprenolol
Corbeton 40	AF	Oxprenolol
Cordarone X 100	RC	Amiodarone Hydrochloride
Cordarone X 200	RC	Amiodarone Hydrochloride
Cordilox	SC	Verapamil Hydrochloride
Cortate	PT	Cortisone Acetate
Cortef	UP	Hydrocortisone
Cotazym S Forte	OR	Pancrelipase
Coumadin	BT	Warfarin
Cow & Gate MCT Oil	KY	Triglycerides, Medium Chain
Crystapen	GL	Benzylpenicillin
Cyclidox	PT	Doxycycline
Cycloblastin	FE	Cyclophosphamide
Cyklokapron	PS	Tranexamic Acid
Cytadren	CG	Aminoglutethimide
Cytamen 100	GL	Cyanocobalamin
Cytamen 1000	GL	Cyanocobalamin
Cytosar-U	UP	Cytarabine
Cytotec	SR	Misoprostol
Daktarin	JP	Miconazole
Daktarin	JP	Miconazole Nitrate

Proprietary Name	Manu- fac- turer	Name
Dalacin C	UP	Clindamycin
Danocrine	WL	Danazol
Dantrium	NW	Dantrolene Sodium
Daonil	HP	Glibenclamide
Daranide	MK	Dichlorphenamide
Daraprim	BW	Pyrimethamine
Dartalan	SR	Thiopropazate
Decadron	MK	Dexamethasone
Decadron Shock Pak	MK	Dexamethasone
Deca-Durabolin	OR	Nandrolone Decanoate
Declinax	RO	Debrisoquine
De-Lact Infant	SJ	Milk Powder - Low Lactose Formula
Delta-Cortef	UP	Prednisolone
Deltasolone	US	Prednisolone
Deltasone	US	Prednisone
De-Nol	PD	Tri-potassium Di-citrato Bismuthate Complex
Depo-Medrol	UP	Methylprednisolone Acetate
Depo-Provera	UP	Medroxyprogesterone
Deptran 10	AF	Doxepin
Deptran 25	AF	Doxepin
Deptran 50	AF	Doxepin
Deralin 10	AF	Propranolol
Deralin 40	AF	Propranolol
Deralin 160	AF	Propranolol
Dermabase S	HA	Dimethicone
Dermacort	PD	Hydrocortisone
Dermacort "0"	PD	Hydrocortisone
Deseril	SZ	Methysergide
Dexacillin	SQ	Epicillin
Dexmethsone	PT	Dexamethasone
Diabex	DF	Metformin
Diabinese	PF	Chlorpropamide
Diaformin	AF	Metformin
Diamicron	SE	Gliclazide
Diamox	LE	Acetazolamide
Dianeal	TV	Peritoneal Dialysis Solution
Diastatin	GP	Nystatin
Diastix	AM	Glucose Indicator - Urine
Diatol	PT	Tolbutamide
Dibenyline	SK	Phenoxybenzamine
Dichlotride	MK	Hydrochlorothiazide
Didronel	NW	Disodium Etidronate
Digestelact	SJ	Milk Powder - Lactose Modified
Dihydergot	SZ	Dihydroergotamine
Dilantin	PD	Phenytoin
Dilantin Infatabs	PD	Phenytoin
Dilantin Sodium	PD	Phenytoin Sodium
Dilosyn	GL	Methdilazine
Dimal	PT	Methyldopa
Dindevan	GL	Phenindione
Dipramol	PT	Dipyridamole
Diprosone	SH	Betamethasone Dipropionate
Disipal	RK	Orphenadrine Hydrochloride
Diulo	SR	Metolazone
Diuret	PT	Chlorothiazide
Dolobid	MK	Diflunisal

Proprietary Name	Manu- fac- turer	Name
Donnatab	RS	Belladonna Alkaloids
Dormel	DH	Chloral Hydrate
Dormicum	PT	Nitrazepam
Doryx	FA	Doxycycline
Doxylin 50	AF	Doxycycline
Doxylin 100	AF	Doxycycline
D-Penamaine	DL	Penicillamine
Ducene	SU	Diazepam
Duoluton	SC	Norgestrel with Ethinyloestradiol
Duphalac	CL	Lactulose
Duphaston	CL	Dydrogesterone
Durabolin	OR	Nandrolone Phenylpropionate
Duractin	CS	Cimetidine
Durolax	BY	Bisacodyl
Durolax Micro-Enema	BY	Bisacodyl (P & Q)
Dyazide	SK	Hydrochlorothiazide with Triamterene
Dymadon	BW	Paracetamol
Dytac	SK	Triamterene
Ecostatin	SQ	Econazole Nitrate
Ecotrin	SK	Aspirin
Edecril	MK	Ethacrynic Acid
EES 200	AB	Erythromycin Ethyl Succinate
EES Dulcet	AB	Erythromycin Ethyl Succinate
Ekaprol	DF	Aminocaproic Acid
Elixophyllin	SC	Theophylline
Emsalin	DH	Methyl Salicylate
EMU-V	UP	Erythromycin
E-Mycin	PT	Erythromycin Stearate
Endep 10	AF	Amitriptyline
Endep 25	AF	Amitriptyline
Endep 50	AF	Amitriptyline
Endone	BT	Oxycodone Hydrochloride
Enduron	AB	Methyclothiazide
Enduron M	AB	Methyclothiazide
Ensalate	AY	Sodium Salicylate
Epifrin	AG	Adrenaline
Epilim	RC	Sodium Valproate
Epilim EC	RC	Sodium Valproate
Epilim Liquid	RC	Sodium Valproate
Epilim Syrup	RC	Sodium Valproate
Eppy/N	BF	Adrenaline
Ergodryl	PD	Ergotamine Tartrate with Caffeine Citrate and Diphenhydramine Hydrochloride
Ergotrate	LY	Ergometrine Maleate
Eryc	FA	Erythromycin
Erythrocin	AB	Erythromycin Ethyl Succinate
Erythrocin	AB	Erythromycin Lactobionate
Erythrocin	AB	Erythromycin Stearate
Esidrex	CG	Hydrochlorothiazide
Estigyn	GL	Ethinyloestradiol
Estradurin	AY	Polyestradiol
Ethamolin	GL	Ethanolamine Oleate
Eucerin	SN	Wool Alcohols
Euglucon	RC	Glibenclamide
Euhypnos	SI	Temazepam

Proprietary Name	Manu- fac- turer	Name
Eumydrin	WL	Atropine Methonitrate
Fansidar	RO	Pyrimethamine with Sulfadoxine
Farlutal	FE	Medroxyprogesterone
Fasigyn	PF	Tinidazole
Fefol	SK	Ferrous Sulphate Dried with Folic Acid
Feldene	PF	Piroxicam
Fergon	WL	Ferrous Gluconate
Feritard	PT	Ferrous Sulphate Dried
Feritard Folic	PT	Ferrous Sulphate Dried with Folic Acid
Ferro-Gradumets	AB	Ferrous Sulphate Dried
Ferrum H	SI	Iron Polymaltose Complex
Fespan	SK	Ferrous Sulphate Dried
F.G.F.	AB	Ferrous Sulphate Dried with Folic Acid
Flagyl	MB	Metronidazole
Flagyl S	MB	Metronidazole Benzoate
Flopen	CS	Flucloxacillin
Florinef	SQ	Fludrocortisone Acetate
Floxapen	BR	Flucloxacillin
Flucon	AQ	Fluorometholone
Fluroblastin	FE	Fluorouracil
Fluvax	CS	Influenza Vaccine
FML Liquifilm	AG	Fluorometholone
Folasic	NN	Folic Acid
Folicid	US	Folic Acid
Fucidin	SK	Fusidic Acid
Fulcin 125	IC	Griseofulvin
Fulcin 500	IC	Griseofulvin
Fungilin	SQ	Amphotericin
Fungizone	SQ	Amphotericin
Furadantin	NW	Nitrofurantoin
Furamide	BT	Diloxanide Furoate
Galactomin Formula 17	KY	Milk Powder - Synthetic
Gantrisin	RO	Sulphafurazole
Garamycin	SH	Gentamicin Sulphate
Gastrogel	FM	Aluminium Hydroxide with Magnesium Trisilicate and Magnesium Hydroxide
Gelox	PR	Aluminium Hydroxide
Gelusil	WW	Aluminium Hydroxide with Magnesium Hydroxide
Genoptic	AG	Gentamicin Sulphate
Geopen Oral	PF	Carindacillin
Glaucan	AQ	Adrenaline
Glucophage	LH	Metformin
Glucose Nutramigen	MJ	Nutramigen
Glucostix	AM	Glucose Indicator - Blood
Gold-50	SH	Aurothioglucose
Granocol	SC	Sterculia with Frangula Bark
Griseostatin	SH	Griseofulvin
Grisfulvin 330	PT	Griseofulvin
Grisovin	GL	Griseofulvin
Grisovin 500	GL	Griseofulvin
Gyne-Lotremin	SH	Clotrimazole
Gyno-Daktarin 7	JP	Miconazole Nitrate
Gyno-Travogen	SC	Isoconazole Nitrate

Proprietary Name	Manu- fac- turer	Name
Haemaccel	HP	Polygeline
Halotestin	UP	Fluoxymesterone
Hemineurin	AP	Chlormethiazole
Hemorex	WL	Phenylephrine
Herplex	AG	Idoxuridine
Hibitane Concentrate	IC	Chlorhexidine
Hiprex	RK	Hexamine Hippurate
HMS Liquifilm	AG	Medrysone
Hollihesive Skin Barrier	HO	Polyisobutylene (C & I)
Honvan	BC	Fosfestrol Sodium
Hostacycline P	HP	Tetracycline (Buffered)
Humulin N	LY	Insulin Isophane (N.P.H.)
Humulin R	LY	Insulin Neutral
Hycor	SI	Hydrocortisone
Hydopa	AF	Methyldopa
Hydracycline	FM	Tetracycline (Buffered)
Hydrea	SQ	Hydroxyurea
Hydrosone	US	Hydrocortisone
Hygroton	CG	Chlorthalidone
Hyperstat I.V.	SH	Diazoxide
Hypurin Isophane	CP	Insulin Isophane (N.P.H.)
Hypurin Neutral	CP	Insulin Neutral
Hysone	PT	Hydrocortisone
Hysone-A	PT	Hydrocortisone Acetate
Ibiamox	PT	Amoxycillin
Ilocap	LY	Erythromycin
Ilosone	LY	Erythromycin Estolate
Ilotycin	LY	Erythromycin Gluceptate
Imferon	FC	Iron Dextran
Imiprin	PT	Imipramine
Imodium	JP	Loperamide Hydrochloride
Imuran	BW	Azathioprine
Inderal	IC	Propranolol
Indocid	MK	Indomethacin
Inflam	PT	Ibuprofen
Initard Human	BW	Insulin Isophane (N.P.H.) - Insulin Neutral, (Mixed)
Initard Nordisk	BW	Insulin Isophane (N.P.H.) - Insulin Neutral, (Mixed)
Insulatard Human	BW	Insulin Isophane (N.P.H.)
Insulatard Nordisk	BW	Insulin Isophane (N.P.H.)
Insulin 2	CN	Insulin
Intal	FC	Sodium Cromoglycate
Intal Spincaps	FC	Sodium Cromoglycate
Invite-B	NN	Thiamine Hydrochloride
Isoptin	KN	Verapamil Hydrochloride
Isopto Carpine	AQ	Pilocarpine Hydrochloride
Isopto Frin	AQ	Phenylephrine
Isopto Tears	AQ	Hypromellose
Isordil	AY	Isosorbide Dinitrate
Isordil Sublingual	AY	Isosorbide Dinitrate
Isotard MC	CN	Insulin Isophane (N.P.H.)

Proprietary Name	Manu- fac- turer	Name
Isotrate	PD	Isosorbide Dinitrate
Isotrate Sublingual	PD	Isosorbide Dinitrate
Jectofer	AP	Iron Sorbitol
Kabikinase	PS	Streptokinase
Kaluril	AF	Amiloride
Kaomagma	WY	Aluminium Hydroxide with Kaolin
Kaopectate	UP	Kaolin with Pectin
Karaya Paste	HO	Sterculia (C & I)
Karbons	EG	Charcoal, Activated (C & I)
Kay Ciel	SC	Potassium Chloride
Keflex	LY	Cephalexin
Keflin Neutral	LY	Cephalothin Sodium
Kefzol	LY	Cephazolin Sodium
Kemadrin	BW	Procyclidine
Kenacomb Otic	SQ	Triamcinolone Acetonide with Neomycin Sulphate, Gramicidin and Nystatin
Kenacort-A10	SQ	Triamcinolone Acetonide
Kenalone	SQ	Triamcinolone Acetonide
Kenalone 0.02%	SQ	Triamcinolone Acetonide
Keto-Diastix	AM	Glucose and Ketone Indicator - Urine
Ketovite	ST	Vitamin Supplement
Kinidin	AP	Quinidine Bisulphate
Klortee	PT	Chloramine (C & I)
Kolpon	OR	Oestrone
Konakion	RO	Phytomenadione
K-San	PR	Potassium Chloride
KSR	AF	Potassium Chloride
Lacril	AG	Hypromellose
Lacri-Lube S.O.P.	AG	Paraffin
Lanoxin	BW	Digoxin
Lanoxin-PG	BW	Digoxin
Lanvis	BW	Thioguanine
Largactil	MB	Chlorpromazine
Larodopa	RO	Levodopa
Laroxyl	RO	Amitriptyline
Lasix	HP	Frusemide
Lasix-M	HP	Frusemide
Ledermycin	LE	Demeclocycline Hydrochloride
Lente MC	CN	Insulin Zinc Suspension
Leucovorin	LE	Calcium Folate
Leukeran	BW	Chlorambucil
Lincocin	UP	Lincomycin
Lincocin SS	UP	Lincomycin
Paediatric		
Lingraine	WL	Ergotamine Tartrate
Linsal	SI	Methyl Salicylate
Lioresal	CG	Baclofen
Liquifilm Forte	AG	Polyvinyl Alcohol
Liquifilm Tears	AG	Polyvinyl Alcohol
Lithicarb	PT	Lithium Carbonate
LoAsid	BW	Aluminium Hydroxide with Magnesium Hydroxide

Proprietary Name	Manu- fac- turer	Name
Locacorten	CG	Flumethasone with Clioquinol
Vioform		
Locasol	KY	Milk Powder - Synthetic
Lofenalac	MJ	Phenylalanine Low Content Formula
Lomotil	SR	Diphenoxylate Hydrochloride with Atropine Sulphate
Loniten	UP	Minoxidil
Lopresor	CG	Metoprolol
Loxexane	IC	Lindane
Loxexane Concentrate	IC	Lindane
Lorizide 50/5	AF	Hydrochlorothiazide with Amiloride
Lotremin	SH	Clotrimazole
LPV	CS	Phenoxymethylpenicillin
LPV 125	CS	Phenoxymethylpenicillin
LPV 250	CS	Phenoxymethylpenicillin
Lucrin	AB	Leuporelin Acetate
Lurselle	ML	Probuco
Lyspafen	PT	Difenoxin Hydrochloride with Atropine Sulphate
M & B 693	MB	Sulphapyridine
Macrochantin	NW	Nitrofurantoin
Macrodex	PS	Dextran 70
Madopar	RO	Levodopa with Benserazide
Madopar-M	RO	Levodopa with Benserazide
Madopar Q	RO	Levodopa with Benserazide
Maloprim	BW	Pyrimethamine with Dapsone
Mandelamine	WW	Hexamine Mandelate
Mandelamine Hafgrams	WW	Hexamine Mandelate
Marevan	GL	Warfarin
Maxamaid XP	SJ	Amino Acid Formula with Vitamins and Minerals without Phenylalanine
Maxidex	AQ	Dexamethasone
Maxolon	BR	Metoclopramide Hydrochloride
Mefic	AF	Mefenamic Acid
Melipramine	UW	Imipramine
Melleril	SZ	Thioridazine
Mestinon	RO	Pyridostigmine
Metamide	PT	Metoclopramide Hydrochloride
Methoblastin	FE	Methotrexate
Methopa	US	Methyldopa
Methoprim	PT	Trimethoprim
Methopt	SI	Hypromellose
Methopt Forte	SI	Hypromellose
Metrozine	SR	Metronidazole
Mexitil	BY	Mexiletine Hydrochloride
Miacalcic	SZ	Calcitonin
Microgynon 30	SC	Levonorgestrel with Ethinyloestradiol
Microgynon 30 ED	SC	Levonorgestrel with Ethinyloestradiol
Microgynon 50	SC	Levonorgestrel with Ethinyloestradiol
Microgynon 50 ED	SC	Levonorgestrel with Ethinyloestradiol
Microlut 28	SC	Levonorgestrel
Micronor	CL	Norethisterone
Microval 28	WY	Levonorgestrel

Proprietary Name	Manu- fac- turer	Name
Midamor	MK	Amiloride
Midone	PT	Primidone
Migral	BW	Ergotamine Tartrate with Caffeine and Cyclizine Hydrochloride
Milontin	PD	Phensuximide
Minipress	PF	Prazosin Hydrochloride
Minirin	PT	Desmopressin
Minomycin	LE	Minocycline
Minovlar	SC	Norethisterone Acetate with Ethinyloestradiol
Minovlar ED	SC	Norethisterone Acetate with Ethinyloestradiol
Mintezol	MK	Thiabendazole
Mithracin	PF	Mithramycin
Mixtard Human	BW	Insulin Isophane (N.P.H.) - Insulin Neutral, (Mixed)
Mixtard Nordisk	BW	Insulin Isophane (N.P.H.) - Insulin Neutral, (Mixed)
Modecate	SQ	Fluphenazine Decanoate
Modicon	CL	Norethisterone with Ethinyloestradiol
Moduretic	MK	Hydrochlorothiazide with Amiloride
Mogadon	RO	Nitrazepam
Moniarix	SK	Pneumococcal Vaccine, Polyvalent
Monistat 3	CL	Miconazole Nitrate
Monistat 7	CL	Miconazole Nitrate
Monistat Derm	CL	Miconazole Nitrate
Monotard HM	CN	Insulin Zinc Suspension
Monotard MC	CN	Insulin Zinc Suspension
Mortha	WH	Morphine with Tacrine
Motilium	JP	Domperidone
Moxacin	CS	Amoxycillin
Moxacin 250	CS	Amoxycillin
M.S.U.D. AID	SJ	Amino Acid Formula with Vitamins and Minerals without Valine, Leucine and Isoleucine
Mucaine	WY	Aluminium Hydroxide with Magnesium Hydroxide and Oxethazaine
Mucomyst	AP	Acetylcysteine
Murelax	AY	Oxazepam
Mycitracin	UP	Polymyxin B Sulphate with Bacitracin and Neomycin
Mycostatin	SQ	Nystatin
Mylanta	PD	Aluminium Hydroxide with Magnesium Hydroxide
Myleran	BW	Busulphan
Myocrisin	MB	Sodium Aurothiomalate
Myoquin	FM	Quinine Bisulphate
Mysoline	IC	Primidone
Mysteclin-V	SQ	Tetracycline with Nystatin
Mytelase	WL	Ambenonium Chloride
Naloxone Min-I-Jet	CS	Naloxone Hydrochloride
Naprosyn	SD	Naproxen
Narcan Neonatal	BT	Naloxone Hydrochloride
Nardil	WW	Phenelzine
Natrilix	SE	Indapamide
Natulan	RO	Procarbazine
Navidrex	CG	Cyclopenthiazide
Naxen	AF	Naproxen

Proprietary Name	Manu- fac- turer	Name
Nebcin	LY	Tobramycin Sulphate
Nefrolan	MB	Clorexolone
Negram	WL	Nalidixic Acid
Nemdyn	HA	Neomycin Undecenoate with Bacitracin Zinc
Neo-Cortef	UP	Hydrocortisone with Neomycin Sulphate
Neo-Cytamen	GL	Hydroxocobalamin
Neogynon	SC	Levonorgestrel with Ethinyloestradiol
Neogynon ED	SC	Levonorgestrel with Ethinyloestradiol
Neo-Mercazole	NS	Carbimazole
Neopt	SI	Neomycin
Neosporin	BW	Polymyxin B Sulphate with Bacitracin and Neomycin
Eye Ointment		
Neosporin	BW	Polymyxin B Sulphate with Neomycin and Gramicidin
Eye Drops		
Neosulf	PT	Neomycin
Neo-Synephrine	WL	Phenylephrine
Neotracin	CL	Polymyxin B Sulphate with Bacitracin and Neomycin
Neulactil	MB	Pericyazine
Neutralon	SC	Aluminium Sodium Silicate
Nikacid	US	Nicotinic Acid
Nilstat	LE	Nystatin
Nipride	RO	Sodium Nitroprusside
Nitoman	RO	Tetrabenazine
Nitradisc	SR	Glyceryl Trinitrate
Nitro-Bid	PT	Glyceryl Trinitrate
Nivaquine	MB	Chloroquine
Nobecutane	AP	Acrylic Resin (C & I)
Noctec	SQ	Chloral Hydrate
Nolvadex	IC	Tamoxifen Citrate
Nolvadex-D	IC	Tamoxifen Citrate
Nordette 21	WY	Levonorgestrel with Ethinyloestradiol
Nordette 28	WY	Levonorgestrel with Ethinyloestradiol
Nordette 50	WY	Levonorgestrel with Ethinyloestradiol
Nordicort	NR	Hydrocortisone Sodium Succinate
Nordioli 21	WY	Levonorgestrel with Ethinyloestradiol
Nordioli 28	WY	Levonorgestrel with Ethinyloestradiol
Noriday 28 Day	SD	Norethisterone
Norinyl-1	SD	Norethisterone with Mestranol
Norinyl-1/28	SD	Norethisterone with Mestranol
Normison	WY	Temazepam
Normosol R	AB	Electrolyte Replacement Solution
Noroxin	MK	Norfloxacin
Norpac	SR	Disopyramide
Nortab	SQ	Nortriptyline
Novantrone	LE	Mitozantrone
Nuelin	RK	Theophylline
Nuelin Paediatric	RK	Theophylline
Nuelin-S.R. 250	RK	Theophylline
Nutraplus	OL	Urea
Ocusert Pilo 20	PT	Pilocarpine
Ocusert Pilo 40	PT	Pilocarpine
Odortrol	LA	Deodorant Concentrate (C & I)

Proprietary Name	Manu- fac- turer	Name
Omnopon	RO	Papaveretum
Omnopon Scopolamine	RO	Papaveretum with Hyoscine Hydrobromide
Oncovin	LY	Vincristine
Opticrom	FC	Sodium Cromoglycate
Orabase	SQ	Carmellose Sodium with Pectin and Gelatin (C & I)
Orabolin	OR	Ethylloestrenol
Oradexon	OR	Dexamethasone
Orahesive	SQ	Carmellose Sodium with Pectin and Gelatin (C & I)
Orbenin	BR	Cloxacillin
Oroxine	BW	Thyroxine Sodium (BP 1980)
Orpadrex	PT	Orphenadrine Hydrochloride
Ortho-Novum 1/50	CL	Norethisterone with Mestranol
Orudis	MB	Ketoprofen
Ospolot	BN	Sulthiame
Ostelin	GL	Ergocalciferol
Ovulen 0.5/50	SR	Ethinodiol Diacetate with Ethinyloestradiol
Ovulen 0.5/50-28	SR	Ethinodiol Diacetate with Ethinyloestradiol
Ovulen 1/50	SR	Ethinodiol Diacetate with Ethinyloestradiol
Ovulen 1/50-28	SR	Ethinodiol Diacetate with Ethinyloestradiol
Pacedol	PT	Haloperidol
Panafcort	PT	Prednisone
Panafcortelone	PT	Prednisolone
Panamax	WL	Paracetamol
Pancrease	CL	Pancrelipase
Panmycin P	UP	Tetracycline
Pantheline	PT	Propantheline Bromide
Parlodel	SZ	Bromocriptine Mesylate
Parmol	US	Paracetamol
Parnate	SK	Tranylcypromine
Penbritin	BR	Ampicillin
Penbritin Forte	BR	Ampicillin
Pensig	SI	Phenethicillin
Pensig 125	SI	Phenethicillin
Pensig 250	SI	Phenethicillin
Perdolat	KN	Penicillamine
Periactin	FR	Cyproheptadine
Persantin 100	BY	Dipyridamole
Pertofran	CG	Desipramine
Pevaryl	SK	Econazole Nitrate
Pexid	ML	Perhexiline Maleate
Phosphate Sandoz	SZ	Sodium Acid Phosphate
Phospholine Iodide	AY	Ecothiopate Iodide
Physeptone	BW	Methadone
Pilopt	SI	Pilocarpine Hydrochloride
Pimafucin	GB	Natamycin
Pitressin Tannate	PD	Vasopressin Tannate
PK AID I	SJ	Amino Acid Formula without Phenylalanine
PK AID II	SJ	Amino Acid Formula without Phenylalanine
Plaquenil	WL	Hydroxychloroquine
Plasma-Lyte 148	TV	Electrolyte Replacement Solution
Plesmet	NN	Ferrous Aminoacetosulphate
Pneumovax 23	CS	Pneumoccal Vaccine, Polyvalent
Ponstan	PD	Mefenamic Acid

Proprietary Name	Manu- fac- turer	Name
Portagen	MJ	Triglycerides, Medium Chain
Pramin	AF	Metoclopramide Hydrochloride
Prednefrin Forte	AG	Prednisolone Acetate with Phenylephrine
Predsol	GL	Prednisolone Sodium Phosphate
Prefrin	AG	Phenylephrine
Prefrin-Z	AG	Zinc with Phenylephrine
Pregestimil	MJ	Triglycerides, Medium Chain
Premarin	AY	Oestrogens - Conjugated
Presolol 100	AF	Labetalol
Presolol 200	AF	Labetalol
Priadel	PT	Lithium Carbonate
Primobolan	SC	Methenolone Acetate
Primogyn C	SC	Ethinylloestradiol
Primogyn Depot	SC	Oestradiol Valerate
Primolut N	SC	Norethisterone
Primoteston Depot	SC	Testosterone Enanthate
Primperan	US	Metoclopramide Hydrochloride
Procid	PT	Probenecid
Procort	PR	Hydrocortisone
Profasi 5000	CS	Human Chorionic Gonadotrophin
Progout	PT	Allopurinol
Prodynova	SC	Oestradiol Valerate
Proladone	BT	Oxycodone
Promacid	US	Chlorpromazine
Promide	PT	Chlorpropamide
Prominal	WL	Methylphenobarbitone
Pronestyl	SQ	Procainamide
Pro-Pam	PT	Diazepam
Propine	AG	Dipivefrine Hydrochloride
Prostigmin	RO	Neostigmine
Protamine Zinc Insulin MC	CN	Insulin Protamine Zinc
Protaphane HM	CN	Insulin Isophane (N.P.H.)
Protaphane MC	CN	Insulin Isophane (N.P.H.)
Prothiaden	BT	Dothiepin Hydrochloride
Protostat	CL	Metronidazole
Protran	PT	Chlorpromazine
Provera	UP	Medroxyprogesterone
Purinethol	BW	Mercaptopurine
P.V. Carpine	AG	Pilocarpine Hydrochloride
PVK	LY	Phenoxyethylpenicillin
P.V.O.	FM	Phenoxyethylpenicillin
Pydox	PT	Pyridoxine Hydrochloride
Questran	AP	Cholestyramine
Quinate	US	Quinine Sulphate
Quinbisan	PR	Quinine Bisulphate
Quinbisul	AF	Quinine Bisulphate
Quinidex LA	RS	Quinidine Sulphate
Quinidoxin	BW	Quinidine Sulphate
Quinocet	FM	Quinine Sulphate
Quinsan	PR	Quinine Sulphate
Quinsul	AF	Quinine Sulphate
Quitaxon	RC	Doxepin

Proprietary Name	Manu- fac- turer	Name
Rafen 200	AF	Ibuprofen
Rapitard MC	CN	Insulin Biphasic
Rastinon	HP	Tolbutamide
Rectinol	GP	Benzocaine with Adrenaline
Redu-Press	PT	Debrisoquine
Redu-Press M	PT	Debrisoquine
Renitec	MK	Enalapril Maleate
Renitec 20	MK	Enalapril Maleate
Renitec M	MK	Enalapril Maleate
Repalyte	DH	Electrolyte Replacement (Oral)
Respolin	RK	Salbutamol
Resprim	AF	Trimethoprim with Sulphamethoxazole
Resprim Forte	AF	Trimethoprim with Sulphamethoxazole
Reverin	HP	Rolitetraacycline
Rheomacrodex	PS	Dextran 40
Rheumacin	PT	Indomethacin
Rhumax	PR	Sodium Salicylate
Rhusal	GP	Aspirin
Ridaura	SK	Auranofin
Rimycin 150	AF	Rifampicin
Rimycin 300	AF	Rifampicin
Rivotril	RO	Clonazepam
Roaccutane	RO	Isotretinoin
Rocaltrol	RO	Calcitriol
Rocephin	RO	Ceftriaxone
Randomycin	WW	Methacycline
Rythmodan	RL	Disopyramide
Sacsol	EG	Surgical Cement
Sacsol Non Flammable	EG	Surgical Cement
Salazopyrin	PS	Sulphasalazine
Salazopyrin-EN	PS	Sulphasalazine
Sandocal 1000	SZ	Calcium
Sandomigran	SZ	Pizotifen Malate
Saroten	NS	Amitriptyline
Scherisolon	SC	Prednisolone Acetate
S-Dimidine	PT	Sulphadimidine
Semilente MC	CN	Insulin Zinc Suspension (Amorphous)
Septrin	BW	Trimethoprim with Sulphamethoxazole
Septrin Forte	BW	Trimethoprim with Sulphamethoxazole
Sequilar ED	SC	Levonorgestrel with Ethinyloestradiol
Serenace	SR	Haloperidol
Serepax	WY	Oxazepam
SH420	SC	Norethisterone Acetate
Sigmacort	SI	Hydrocortisone
Silcon	FA	Dimethicone
Silicon Skin Spray	EG	Dimethicone (C & I)
Silvazine	SN	Silver Sulphadiazine with Chlorhexidine Gluconate
Simeco Suspension	WY	Aluminium Hydroxide with Magnesium Hydroxide
Simeco Tablet	WY	Aluminium Hydroxide and Magnesium Carbonate Co-Dried Gel

Proprietary Name	Manu- fac- turer	Name
Sinemet	MK	Levodopa with Carbidopa
Sinemet 100/25	MK	Levodopa with Carbidopa
Sinemet M	MK	Levodopa with Carbidopa
Sinequan	PF	Doxepin
Sintisone	FE	Prednisolone Stearoylglycolate
Skin Gel	HO	Isopropyl Monoester Polymer with Isopropyl Alcohol (C & I)
Skin-Prep	DY	Butyl Monoester Polymer with Isopropyl Alcohol (C & I)
Slow-Fe	CG	Ferrous Sulphate Dried
Slow-K	CG	Potassium Chloride
Sodexol	SC	Aluminium Hydroxide with Magnesium Hydroxide
Sofradex	RL	Dexamethasone with Framycetin and Gramicidin
Soframycin	RL	Framycetin
Solone	FM	Prednisolone
Solu-Cortef	UP	Hydrocortisone Sodium Succinate
Solu-Medrol	UP	Methylprednisolone Sodium Succinate
Somophyllin	FC	Aminophylline
Somophyllin CRT	FC	Theophylline
Sone	FM	Prednisone
SoulBiQuin	SL	Quinine Bisulphate
SoulQuin	SL	Quinine Sulphate
Span-K	PT	Potassium Chloride
Spirotone	PT	Spironolactone
Spray-On Bande	EG	Polyvinylpyrrolidone and Vinyl Acetate Copolymer (C & I)
Squibb-HC	SQ	Hydrocortisone
S.R.A.	BT	Aspirin
Staphylex 250	AF	Flucloxacillin
Staphylex 500	AF	Flucloxacillin
Steclin-V	SQ	Tetracycline (Buffered)
Stelazine	SK	Trifluoperazine
Stemetil	MB	Prochlorperazine
Sterofrin	AQ	Prednisolone Acetate
Sterogyl-15	RL	Ergocalciferol
Stomahesive	SQ	Butyl Monoester Polymer with Ethanol (C & I)
Stomahesive Set	SQ	Polyisobutylene (C & I)
Stoxil	SK	Idoxuridine
Streptase	HP	Streptokinase
Sulazine	PT	Sulphasalazine
Sulfazole	PT	Sulphafurazole
Supres 25	PT	Hydralazine Hydrochloride
Supres 50	PT	Hydralazine Hydrochloride
Surmontil	MB	Trimipramine
Sustanon "100"	OR	Testosterone Esters
Sustanon "250"	OR	Testosterone Esters
Symmetrel	CG	Amantadine Hydrochloride
Synacthen Depot	CG	Tetracosactrin
Synphasic	SD	Norethisterone with Ethinyloestradiol
Syntocinon	SZ	Oxytocin
Syntometrine	SZ	Oxytocin with Ergometrine
Tagamet	SK	Cimetidine
TAGG	EG	Deodorant Detergent Solution (C & I) (P & Q)

Proprietary Name	Manufacturer	Name
Tambocor	RK	Flecainide Acetate
Tarcil	BR	Ticarcillin
Tears Naturale	AQ	Hypromellose with Dextran
Tears Plus	AG	Polyvinyl Alcohol with Povidone
Tegretol	CG	Carbamazepine
Temaze 10	AF	Temazepam
Tenopt	SI	Timolol
Tenormin	IC	Atenolol
Teril	AF	Carbamazepine
Terramycin	PF	Oxytetracycline
Tertrixin	GL	Liothyronine
Tes-Tape	LY	Glucose Indicator - Urine
Testomet	PT	Methyltestosterone
Testoviron	SC	Testosterone Propionate
Tetramykoin	BZ	Tetracycline
Tetrex	AP	Tetracycline (Buffered)
Tetrex-F	AP	Tetracycline with Nystatin
Theo-Dur	AP	Theophylline
Thiminone	EG	Thiamine Hydrochloride
Thioprine	AF	Azathioprine
Thiotepa	LE	Thiotepa
Tiberal	RO	Ornidazole
Ticillin	CS	Ticarcillin
Tigason	RO	Etretinate
Timoptol	FR	Timolol
Tobrex	AQ	Tobramycin
Tofranil	CG	Imipramine
Tolinase	UP	Tolazamide
Tolvon	OR	Mianserin Hydrochloride
Topilar	SD	Flucilorolone Acetonide
Topodil	SC	Fluocortolone Esters
Torecan	SZ	Thiethylperazine
Trandate	GL	Labetalol
Transiderm-Nitro 25	CG	Glyceryl Trinitrate
Transiderm-Nitro 50	CG	Glyceryl Trinitrate
Trasicor	CG	Oxprenolol
Travogen	SC	Isoconazole Nitrate
Trib	PT	Trimethoprim with Sulphamethoxazole
Trib DS	PT	Trimethoprim with Sulphamethoxazole
Trichozole	PT	Metronidazole
Triphasil	WY	Levonorgestrel with Ethinyloestradiol
Triphasil 28	WY	Levonorgestrel with Ethinyloestradiol
Triprim	BW	Trimethoprim
Triquilar	SC	Levonorgestrel with Ethinyloestradiol
Triquilar ED	SC	Levonorgestrel with Ethinyloestradiol
Trisoralen	PT	Trioxysalen
Trobicin	UP	Spectinomycin
Tryptanol	MK	Amitriptyline
Ulcol	AF	Sulphasalazine
Ultralan-D	SC	Fluocortolone Esters
Ultralan-D Fatty	SC	Fluocortolone Esters
Ultralente MC	CN	Insulin Zinc Suspension (Crystalline)
Ultratard HM	CN	Insulin Zinc Suspension (Crystalline)

Proprietary Name	Manu- fac- turer	Name
Uni Derm	DY	Paraffin (C & I)
Uni Salve	DY	Paraffin (C & I)
Unisolve	DY	Surgical Cement
Uni Wash	DY	Lauramine Oxide with Octoxinol (C & I)
Ural Sachets	AB	Sodium Citro-Tartrate
Urecholine	MK	Bethanechol
Urederm	HA	Urea
Uremide	PT	Frusemide
Urex	FM	Frusemide
Urex-Forte	FM	Frusemide
Urex-M	FM	Frusemide
Urid	PT	Chlorthalidone
Uro-Carb	HA	Bethanechol
Urolucosil	WW	Sulphamethizole
Valium	RO	Diazepam
Vancocin	LY	Vancomycin
Vasopressin	SZ	Lypressin
Vaxigrip	MB	Influenza Vaccine
Velbe	LY	Vinblastine
Velosulin Human	BW	Insulin Neutral
Velosulin Nordisk	BW	Insulin Neutral
Ventolin	GL	Salbutamol
Ventolin Rotacaps	GL	Salbutamol
Verpamil	PT	Verapamil Hydrochloride
Vibramycin	PF	Doxycycline
Vibra-Tabs	PF	Doxycycline
Vioform	CG	Clioquinol
Viokase	RS	Pancreatin Enzyme
Vira A	PD	Vidarabine
Visken	SZ	Pindolol
Voltaren 50	CG	Diclofenac Sodium
Xylocard 100	AP	Lignocaine
Xylocard 300 I.M.	AP	Lignocaine
Xylocard 500	AP	Lignocaine
Yomesan	BN	Niclosamide
Zantac	GL	Ranitidine Hydrochloride
Zarontin	PD	Ethosuximide
Zephiran Concentrated	WL	Benzalkonium Chloride
Zerodor	ZR	Deodorant Concentrate (C & I)
Zincfrin	AQ	Zinc Sulphate with Phenylephrine
Zoff	SN	Surgical Cement
Zovirax	BW	Acyclovir
Zyloprim	BW	Allopurinol

PART 2 - TRADE NAMES INDEX

The following words, in association with a chemical name or generic name or approved name indicate the product of the manufacturer shown:

Albay	Bayer Pharmaceutical Company - Allergen extracts
Dulcets	Abbott A'asia - Chewable tablets
Durules	Astra Chemicals - Sustained release tablets
Ensa	Reckitts - Tablet preparations
Filmtabs	Abbott A'asia - Coated tablets
Gradumets	Abbott A'asia - Sustained release tablets
Isopto	Alcon Laboratories - Eye drops
Novo	Novo Laboratories - Preparations
Pulvules	Lilly - Capsules
Rox	Rocke Tomsitt - Preparations
Siguent	Sigma - Ointment preparations
Spansules	Smith, Kline & French - Delayed release capsules
Sustets	Lederle - Sustained release capsules
Tabloid	Wellcome Australia Limited - Tablet preparations
Tri-Test	Drug Houses of Australia Pty Ltd - Preparations
Venosol	Abbott A'asia - Intravenous infusions
Viaflex	Travenol Laboratories - Intravenous infusions
Wellcome	Wellcome Australia Limited - Preparations

