PHARMACEUTICAL BENEFITS

DECEMBER 1989

AMENDMENTS OF THE SCHEDULE OF PHARMACEUTICAL BENEFITS

DECEMBER 1989 EDITION FOR APPROVED PHARMACISTS

OPERATIVE FROM 1 DECEMBER 1989

NOTE: Please retain. Amendments are non-cumulative and are issued two-monthly.

NEW ITEMS - SECTION 2

Page No.	Code	Name and Form	Max. Qty	No.of Rpts	Disp.Price Max.Qty $	Max.Pat. Payment $	Prop.Name and Mfr
		DIFLUNISAL					
24	1320L	Tablet 500mg	50	3	13.50	+11.00	Dolobid MK
		LEVODOPA with BENSERAZIDE To be prescribed on an authority prescription.					
42	2231K	Capsule 100mg-25mg (sustained release)	100	5	36.20	+11.00	Madopar HBS RO
		THEOPHYLLINE					
70	2538N	Capsule 100mg (containing sustained release pellets)	100	5	9.59	10.23	Austyn FA
	2539P	Capsule 200mg (containing sustained release pellets)	100	5	10.66	11.00	Austyn FA
	2540Q	Capsule 300mg (containing sustained release pellets)	100	5	11.74	+11.00	Austyn FA

PRICE ADJUSTMENTS OF SECTION 2 - WHITE PAGES

Page No.	Code	Name and Form	Max. Qty	No.of Rpts	Disp.Price Max.Qty $	Max.Pat. Payment $	Prop.Name and Mfr
		AMINOPHYLLINE					
7	1039Q	Tablet 100mg	100	5	6.33	6.97	Cardophyllin HA
		AZATHIOPRINE					
10	2687K	Tablet 50mg	100	2	65.37	+11.00	Imuran BW Thioprine AF
		BENZATHINE PENICILLIN					
11	1766Y	Injection 1.8g in 4mL, disposable syringe	1	..	18.75	+11.00	Bicillin L-A WY
		BENZATHINE PENICILLIN with PROCAINE PENICILLIN and BENZYLPENICILLIN POTASSIUM					
11	1767B	Injection set 450mg-300mg-187mg containing 1 vial and 2mL water for injections	1	..	11.67	+11.00	Bicillin All-Purpose WY

Price Adjustments of Section 2 - White Pages (cont.)

Page No.	Code	Name and Form	Max. Qty	No.of Rpts	Disp.Price Max.Qty $	Max.Pat. Payment $	Prop.Name and Mfr
		BENZYLPENICILLIN					
11	1774J	Injection 300mg (solvent required)	5	1	10.04	10.68	CS
	1775K	Injection 600mg (solvent required)	5	1	11.00	11.00	CS
	2647H	Injection 3g (solvent required)	10	..	*39.40	+11.00	CS
	2648J	Injection 6g (solvent required)	10	..	*88.10	+11.00	CS
		CHLORAMPHENICOL					
16	1174T	Capsule 250mg	16	..	8.05	8.69	Chloromycetin PD
	2693R	Paediatric Oral Suspension 125mg per 5mL, 100mL	≠1	..	7.90	8.54	Chloromycetin Palmitate PD
		COLISTIN					
21	2621Y	Injection 150mg (solvent required)	5	..	*124.20	+11.00	Coly-Mycin WW
		DIPHTHERIA and TETANUS VACCINE, ADSORBED					
25	1341N	Injection 0.5mL	3	..	*13.71	+11.00	CS
		DIPHTHERIA and TETANUS VACCINE, ADSORBED, DILUTED FOR ADULT USE					
25	3019X	Injection 0.5mL	3	..	*14.10	+11.00	CS
		DIPHTHERIA, TETANUS and PERTUSSIS VACCINE, ADSORBED					
25	1346W	Injection 0.5mL	3	..	*15.30	+11.00	CS,PD
		DIPHTHERIA VACCINE, ADSORBED					
25	1348Y	Injection 0.5mL	2	1	*11.66	+11.00	CS
		DOXYCYCLINE					
26	2715X	Capsule 100mg	21	..	*12.12	+11.00	Cyclidox PT
	2708M	100mg	7	1	6.84	7.48	Cyclidox PT
		ERYTHROMYCIN					
28	1404X	Capsule 250mg	25	1	8.37	9.01	Eryc FA Ilocap LY
		ERYTHROMYCIN ETHYL SUCCINATE					
28	2750R	Tablet 400mg (base)	25	1	8.37	9.01	E.E.S. 400 AB
		ERYTHROMYCIN STEARATE Oral Suspension					
29	2610J	250mg (base) per 5mL, 100mL	≠1	..	8.57	9.21	Erythrocin AB
		FOSFESTROL SODIUM					
32	1353T	Tablet 120mg	100	2	47.80	+11.00	Honvan BC
	1352E	Injection 250mg in 5mL	10	..	24.90	+11.00	Honvan BC

Price Adjustments of Section 2 - White Pages (cont.)

Page No.	Code	Name and Form	Max. Qty	No.of Rpts	Disp.Price Max.Qty $	Max.Pat. Payment $	Prop.Name and Mfr
		FRUSEMIDE					
33	2412Y	Tablet 40mg	100	1	*8.94	9.58	Uremide PT
		HEXAMINE MANDELATE					
35	1617D	Tablet 250mg	200	2	*13.18	+11.00	Mandelamine WW
	1618E	500mg	200	2	*16.20	+11.00	Mandelamine Hafgrams WW
		ISOSORBIDE DINITRATE					
41	2587E	Tablet 10mg	200	2	*10.46	11.00	Isordil AY Isotrate PD
	2588F	Sublingual Tablet 5mg	200	2	*10.20	10.84	Isordil Sublingual AY Isotrate Sublingual PD
		LIGNOCAINE HYDROCHLORIDE					
44	2875H	Injection 100mg in 5mL	≠2	..	9.20	9.84	Xylocard 100 AP
	2876J	Infusion 500mg in 5mL	5	..	9.20	9.84	Xylocard 500 AP
		MEGESTROL ACETATE					
45	2731R	Tablet 40mg	100	2	69.89	+11.00	Megostat BC
		METHACYCLINE HYDROCHLORIDE					
45	2397E	Capsule 150mg	21	1	7.98	8.62	Rondomycin WW
	2901Q	300mg	10	1	7.98	8.62	Rondomycin WW
		METRONIDAZOLE					
47	1636D	Tablet 200mg	21	1	6.30	6.94	Trichozole PT
	1642K	Suppositories 500mg, 10	≠1	..	12.80	+11.00	Flagyl MB
	1643L	1g, 10	≠1	..	17.40	+11.00	Flagyl MB
		MITOZANTRONE					
49	1929M	Injection 20mg in 10mL	1	..	269.03	+11.00	Novantrone LE
	1930N	25mg in 12.5mL	1	..	332.13	+11.00	Novantrone LE
	1931P	30mg in 15mL	1	..	397.30	+11.00	Novantrone LE
		OESTRONE Pessaries					
53	1700L	100 micrograms, 12	≠1	1	9.67	10.31	Kolpon OR
	1701M	1mg, 12	≠1	1	10.33	10.97	Kolpon OR
		OXYMETHOLONE					
54	2902R	Tablet 50mg	100	5	87.50	+11.00	Anapolon SD
	2903T	100mg	100	5	149.60	+11.00	Adroyd PD

Price Adjustments of Section 2 - White Pages (cont.)

Page No.	Code	Name and Form	Max. Qty	No.of Rpts	Disp.Price Max.Qty $	Max.Pat. Payment $	Prop.Name and Mfr
		PRAZOSIN HYDROCHLORIDE					
60	1479W	Tablet 1mg (base)	100	5	11.07	+11.00	Minipress PF
	1480X	2mg (base)	100	5	13.84	+11.00	Minipress PF
	1478T	5mg (base)	100	5	20.90	+11.00	Minipress PF
		PROCAINE PENICILLIN					
61	1793J	Injection 1g	5	..	25.00	+11.00	Cilicaine SI
	1794K	1.5g	5	..	26.04	+11.00	Cilicaine SI
		PROPRANOLOL HYDROCHLORIDE					
62	2830Y	Injection 1mg in 1mL	5	..	*10.90	11.00	Inderal IC
		PROTEIN HYDROLYSATE FORMULA					
62	2564Y	Powder 1kg	≠1	20	26.70	+11.00	Nutramigen MJ
		SALBUTAMOL SULPHATE					
64	1098T	Tablet 4mg (base)	100	5	11.00	11.00	Ventolin GL
	2000G	Inhalation Solution for use in RESPIRATOR Single dose units 2.5mg (base) in 2.5mL, 30	≠1	5	15.50	+11.00	Ventolin Nebules GL
	2001H	Single dose units 5mg (base) in 2.5mL, 30	≠1	5	16.65	+11.00	Ventolin Nebules GL
		SODIUM CROMOGLYCATE					
66	2878L	Capsule 20mg (oral inhalation)	100	5	23.92	+11.00	Intal Spincaps FC
	2872E	Oral Pressurised Inhalation, 1mg per dose (200 dose)	≠1	5	21.39	+11.00	Intal FC
		SULPHAMETHIZOLE					
67	2084Q	Tablet 500mg	40	2	8.74	9.38	Urolucosil WW
	2081M	1g	20	2	8.74	9.38	Urolucosil WW
		TERBUTALINE SULPHATE					
68	1028D	Tablet 5mg	100	5	11.00	11.00	Bricanyl AP
	1239F	Injection 100 micrograms in 1mL	5	..	7.80	8.44	Bricanyl AP
	1034K	500 micrograms in 1mL	5	..	7.92	8.56	Bricanyl AP
		TETANUS VACCINE, ADSORBED					
69	2127Y	Injection 0.5mL	3	..	*12.54	+11.00	CS
		TRIGLYCERIDES, MEDIUM CHAIN					
74	2686J	Compound Powder 450g	2	20	*25.72	+11.00	Portagen MJ
	2679B	Protein Hydrolysate Compound Powder 454g	2	20	*27.70	+11.00	Pregestimil MJ

Price Adjustments of Section 2 - White Pages (cont.)

Page No.	Code	Name and Form	Max. Qty	No.of Rpts	Disp.Price Max.Qty $	Max.Pat. Payment $	Prop.Name and Mfr
		PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY					
		BENZYLPENICILLIN					
79	3397T	Injection 300mg (solvent required)	5	..	10.04	10.68	CS
	3398W	Injection 600mg (solvent required)	5	..	11.00	11.00	CS
	3399X	Injection 3g (solvent required)	5	..	21.80	+11.00	CS
		DOXYCYCLINE					
79	3322W	Capsule 100mg	7	..	6.84	7.48	Cyclidox PT
		ERYTHROMYCIN					
80	3325B	Capsule 250mg	25	..	8.37	9.01	Eryc FA Ilocap LY
		ERYTHROMYCIN ETHYL SUCCINATE					
80	3336N	Tablet 400mg (base)	25	..	8.37	9.01	E.E.S. 400 AB
		ERYTHROMYCIN STEARATE					
80	3333K	Oral Suspension 250mg (base) per 5mL, 100mL	≠1	..	8.57	9.21	Erythrocin AB
		METRONIDAZOLE					
80	3339R	Tablet 200mg	21	..	6.30	6.94	Trichozole PT
		PROCAINE PENICILLIN					
81	3370J	Injection 1g	5	..	25.00	+11.00	Cilicaine SI
	3371K	1.5g	5	..	26.04	+11.00	Cilicaine SI

OTHER AMENDMENTS OF SECTION 2 - WHITE PAGES

Page No.	Code	Name and Form	Max. Qty	No.of Rpts	Amendment
		IMIPRAMINE HYDROCHLORIDE			
39	2420J	Tablet 10mg	50	2	5.66 6.30 Delete Imiprin PT
	2421K	25mg	50	2	Delete 6.24 6.88 Imiprin PT

Imiprin tablets 10mg and 25mg have been recalled and discontinued by the manufacturer.

PRICE ADJUSTMENTS OF SECTION 6 - STANDARD PACKS AND PRICES

Page No.	Code	Name and Form	Amended Price $
2	2647H	Benzylpenicillin 3g	5 @ 17.60 CS
	2648J	6g	1 @ 8.39 CS
3	2621Y	Colistin 150mg	1 @ 24.00 WW
3	1341N	Diphtheria and Tetanus Vaccine, Adsorbed 0.5mL	1 @ 3.17 CS
3	3019X	Diphtheria and Tetanus Vaccine, Adsorbed, Diluted for Adult Use 0.5mL	1 @ 3.30 CS
3	1346W	Diphtheria, Tetanus and Pertussis Vaccine, Adsorbed 0.5mL	1 @ 3.70 CS,PD
3	1348Y	Diphtheria Vaccine, Adsorbed 0.5mL	1 @ 3.73 CS
4	2715X	Doxycycline 100mg	7 @ 2.64 PT
4	2412Y	Frusemide 40mg	50 @ 2.37 PT
4	1617D	Hexamine Mandelate 250mg	100 @ 4.49 WW
	1618E	500mg	100 @ 6.00 WW
5	2587E	Isosorbide Dinitrate 10mg	100 @ 3.13 AY,PD
	2588F	5mg	100 @ 3.00 AY,PD
7	2830Y	Propranolol Hydrochloride 1mg in 1mL	10 @ 10.16 IC
8	2127Y	Tetanus Vaccine, Adsorbed 0.5mL	1 @ 2.78 CS
8	2686J	Triglycerides, Medium Chain 450g	1 @ 10.76 MJ
	2679B	454g	1 @ 11.75 MJ

ADVANCE NOTICES

DELETIONS - ITEMS

The items listed below will be deleted from the Schedule of Pharmaceutical Benefits from 1 April 1990.

Section 2 - Prescribing by medical practitioners

Items being discontinued by the manufacturers:

2934K Ambenonium Chloride, tablet 10mg (Mytelase)
2787Q Choline Theophyllinate, syrup 50mg per 5mL, 500mL (Choledyl)
2925Y Cytarabine, injection 40mg in 2mL (Alexan)
2926B 100mg in 5mL (Alexan)
2911F 500mg in 25mL (Alexan)
1175W Lindane, cream 10mg per g (1%), 200g (Lorexane)
1176X head lotion 2mg per mL (0.2%), 200mL (Lorexane)
1869J Phenylephrine Hydrochloride, compound suppositories, 12 (Hemorex)
1902D Pneumococcal Vaccine, Polyvalent, injection 0.5mL (17 valent) (Moniarix)
1908K Polymyxin B Sulphate with Bacitracin and Neomycin Sulphate, ear drops 10,000 units-500 units-5mg per mL, 15mL (Neotracin)

Advance Notices (cont.)

Items being deleted at the request of the manufacturer:

1676F Neostigmine Methylsulphate, injection 500 micrograms in 1mL (Prostigmin)
1677G 2.5mg in 1mL (Prostigmin)
1739M Papaveretum, injection 20mg in 1mL (Omnopon)
1741P Papaveretum with Hyoscine Hydrobromide, injection 20mg-400 micrograms in 1mL (Omnopon-Scopolamine)
1881B Phytomenadione, injection 1mg (Konakion)
1882C 10mg (Konakion)

The following item, on the recommendation of the Pharmaceutical Benefits Advisory Committee, will be deleted from the Schedule of Pharmaceutical Benefits from 1 April 1990:

1385X Ergotamine Tartrate with Caffeine, tablet 1mg-100mg (Cafergot)
(The PBAC is of the view there is a lack of data to support that this combination offers any advantage over ergotamine tartrate alone)

The following items, on the recommendation of the Pharmaceutical Benefits Advisory Committee, will be deleted from the Schedule of Pharmaceutical Benefits from 1 August 1990:

2935L Chloral Hydrate, capsule 500mg (Noctec)
2869B mixture 250mg per 5mL, 200mL (Dormel)
(Deletion recommended by the PBAC due to the drug's adverse effects such as cardiac arrhythmias and gastric irritation, its low therapeutic index and rapid development of dependence)
1684P Nicotinic Acid, tablet 25mg (Nikacid, AU)
1685Q 50mg (Nikacid, AU, RT, SI)
(The PBAC is of the view that there is a lack of evidence of the efficacy of such low doses in hyperlipidaemia)
1827E Pethidine Hydrochloride, tablet 50mg (SI)
(The PBAC has received expert advice that the use of oral pethidine hydrochloride should be discouraged and preference given to more effective analgesics)
Tetracycline Hydrochloride with Nystatin,
2151F capsule 250mg-250,000 units (Achrostatin, Mysteclin-V, Tetrex-F)
2152G 250mg-250,000 units (Achrostatin, Mysteclin-V, Tetrex-F)
(The PBAC is of the view that there is a lack of data to support the contention that this combination offers any advantage over tetracycline hydrochloride alone)

DELETIONS - BRANDS

The following brands will be deleted from the Schedule of Pharmaceutical Benefits from 1 April 1990.

Section 2 - Prescribing by medical practitioners

Brands being discontinued by the manufacturers:

1054L CS - Heparin Calcium, injection 25,000 units in 1mL
2949F Trib (Trimethoprim with Sulphamethoxazole, tablet 80mg-400mg - PT)

Prescribing by participating dental practitioners

3389J Trib (Trimethoprim with Sulphamethoxazole, tablet 80mg-400mg - PT)

REPATRIATION PHARMACEUTICAL BENEFITS SCHEME (RPBS) DISPENSING

Pharmacists are reminded of the rules in dispensing ready prepared benefits not covered by the Pharmaceutical Benefits Scheme (PBS) which are dispensed under the RPBS. These benefits include those items listed on the Repatriation Schedule of Pharmaceutical Benefits and drugs and medicines available under the "Prior Approval" Arrangements of the RPBS.

The rules state "the dispensing fee payable to pharmacists in respect of the supply by them, in accordance with this Scheme, of pharmaceutical benefits in the form of ready prepared items or of extemporaneously prepared items, shall be the fee payable to pharmacists under the PBS in respect of the supply by them of a pharmaceutical benefit of similar form".

PHARMACEUTICAL BENEFITS

Explanatory Circular regarding the December 1989 edition of the Schedule of Pharmaceutical Benefits for Approved Pharmacists.

The reprint of the Schedule will take effect on 1 December 1989 and all previous editions of the Schedule are cancelled.

The dispensed prices contained in this Schedule reflect the recent decision of the Pharmaceutical Benefits Remuneration Tribunal to restructure pharmacists' remuneration.

SUMMARY OF CHANGES

ADDITIONS

New Items

Section 1

Emergency Drug (Doctor's Bag) Supplies

Glucagon Hydrochloride, injection set containing 1mg (1 i.u.) and 1mL solvent in disposable syringe

Section 2

Mesalazine, tablet 250mg *(Mesasal)*

Ticarcillin with Clavulanic Acid, injection 3g-100mg (solvent required) *(Timentin)*

New Forms and Strengths of Items

Section 2

Cholestyramine, sachets 9.4g (equivalent to 8g cholestyramine), 50 *(Questran Lite)*

Ranitidine Hydrochloride, dispersible tablet 150mg (base) *(Zantac Dispersible)*

Preparations which may be Prescribed by Participating Dental Practitioners for Dental Treatment Only

Erythromycin, capsule 175mg *(Eryc LD)*

DELETIONS

Items

Emergency Drug (Doctor's Bag) Supplies

Lignocaine Hydrochloride, injection I.M. (pre-filled syringe) 300mg in 3mL

Section 2

Insulin Biphasic, injection (mixed porcine/bovine) 100 units per mL, 10mL *(Rapitard MC)*

Insulin Zinc Suspension (Amorphous) (Semilente), injection (porcine) 100 units per mL, 10mL *(Semilente MC)*

Vasopressin Tannate, oily injection 5 units in 1mL *(Pitressin Tannate)*

Section 4

Crystal Violet BP 1980

Testosterone BP

Forms and Strengths of Items

Choline Theophyllinate, tablet 100mg *(Choledyl)*

Ergotamine Tartrate, tablet 1mg *(Lingraine)*

Hydrocortisone, eye drops 25mg per mL (2.5%), 5mL *(Hycor)*

Insulin, Acid, injection (bovine) 300 units per mL, 5mL *(CN)*

Insulin Isophane (N.P.H.), injection (porcine) 100 units per mL, 10mL *(Insulatard Nordisk, Protaphane MC)*

Insulin Isophane (N.P.H.)—Insulin Neutral, (Mixed), injection (porcine) 100 units (50 units-50 units) per mL, 10mL *(Initard Nordisk)* and injection (porcine) 100 units (70 units-30 units) per mL, 10mL *(Actraphane MC, Mixtard Nordisk)*

Insulin Neutral, injection (porcine) 100 units per mL, 10mL *(Actrapid MC, Velosulin Nordisk)* and injections (porcine) 100 units per mL, 2mL, 5 *(Velosulin Nordisk Insuject)*

Insulin Zinc Suspension (Lente), injection (porcine) 100 units per mL, 10mL *(Monotard MC)*

Lignocaine Hydrochloride, injection I.M. 300mg in 3mL *(Xylocard 300 I.M.)*

Methotrexate, injection 50mg (solvent required) *(Ledertrexate)*

Sodium Valproate, oral liquid 200mg per 5mL, 200mL *(Epilim Liquid)* and syrup 200mg per 5mL, 200mL *(Epilim Syrup)* (300mL packs for each item became available as pharmaceutical benefits on 1 April 1989.)

Brands

Section 2

Almacarb **(Aluminium Hydroxide and Magnesium Carbonate Co-Dried Gel,** tablet 375mg)

Alusorb **(Aluminium Hydroxide,** oral suspension 321mg per 5mL, 500mL)

Alucone **(Aluminium Hydroxide with Magnesium Hydroxide,** oral suspension 200mg-200mg per 5mL, 500mL)

AU—**Colchicine,** tablet 500 micrograms

AU—**Folic Acid,** tablet 500 micrograms

Esidrex 25 **(Hydrochlorothiazide,** tablet 25mg)

Esidrex 50 **(Hydrochlorothiazide,** tablet 50mg)

Dermacort "O" **(Hydrocortisone Acetate,** topical ointment 10mg per g (1%), 30g)

Carbolith **(Lithium Carbonate,** tablet 250mg)

Methopa **(Methyldopa,** tablet 250mg)

AU, FM—**Phenobarbitone,** tablet 30mg

AU—**Pyridoxine Hydrochloride,** tablet 25mg

Cardoquin **(Quinidine Sulphate,** tablet 200mg)

Betatabs-100 **(Thiamine Hydrochloride,** tablet 100mg)

SI—**Water for Injections,** injections 2mL, 5mL and 10mL

Preparations which may be Prescribed by Participating Dental Practitioners for Dental Treatment Only

SI—**Water for Injections,** injections 2mL, 5mL and 10mL

ALTERATIONS

Section 2

Restriction Changes

Beclomethasone Dipropionate, oral pressurised inhalation, 250 micrograms per dose (200 dose) *(Becloforte)*

Cyproterone Acetate, tablet 50mg *(Androcur)*

Maximum Quantity

	From	To
Acyclovir, tablet 400mg *(Zovirax 400mg)*	70	≠1 (Pack of 70)
Medroxyprogesterone, injection 500mg in 2.5mL *(Farlutal)*	1	7
Probucol, tablet 250mg *(Lurselle)*	112	120

Number of Repeats

Section 2

Antazoline with Naphazoline, eye drops 5mg (sulphate)-250 micrograms (nitrate) per mL (0.5%-0.025%), 10mL *(Antistine-Privine)* and eye drops 5mg (phosphate)-500 micrograms (hydrochloride) per mL (0.5%-0.05%), 15mL *(Albalon-A)*	2	5
Dipivefrine Hydrochloride, eye drops 1mg per mL (0.1%), 10mL *(Propine)*	6	5
Ecothiopate Iodide, eye drops 300 micrograms per mL (0.03%), 1.5mg and 5mL solvent; 600 micrograms per mL (0.06%), 3mg and 5mL solvent; 1.25mg per mL (0.125%), 6.25mg and 5mL solvent and 2.5mg per mL (0.25%), 12.5mg and 5mL solvent *(Phospholine Iodide)*	6	5
Fluorometholone, eye drops 1mg per mL (0.1%), 5mL *(Flucon, FML Liquifilm)*	6	5
Hydrocortisone, eye drops 5mg per mL (0.5%), 10mL and 10mg per mL (1%), 10mL *(Hycor)*	2	5
Medrysone, eye drops 10mg per mL (1%), 5mL *(HMS Liquifilm)*	6	5
Naphazoline Hydrochloride, eye drops 1mg per mL (0.1%), 15mL *(Albalon Liquifilm)*	2	5
Phenylephrine Hydrochloride, eye drops 1.2mg per mL (0.12%), 15mL *(Isopto Frin)*	2	5
Prednisolone Acetate, eye drops 5mg per mL (0.5%), 5mL *(Sterofrin)*	6	2
Prednisolone Sodium Phosphate, eye and ear drops 5mg per mL (0.5%), 5mL *(Predsol)*	6	2
Timolol Maleate, eye drops 2.5mg (base) per mL (0.25%), 5mL and 5mg (base) per mL (0.5%), 5mL *(Tenopt, Timoptol)*	6	5
Zinc Sulphate with Phenylephrine Hydrochloride, eye drops 2.5mg-1.2mg per mL (0.25%-0.12%), 15mL *(Prefrin-Z, Zincfrin)*	2	5

Section 4

Eye Drops of Pilocarpine	6	5
Eye Drops, Other	6	5
Eye Lotions	1	2

Expression of Form and Strength

From	To
Acetylcysteine, solution 200mg per mL (20%), 10mL *(Mucomyst)*	**Acetylcysteine,** solution for inhalation 200mg per mL (20%), 10mL *(Mucomyst)*
Cholestyramine, sachets 9g (equivalent to 4g cholestyramine), 50 *(Questran)*	**Cholestyramine,** sachets 4.7g (equivalent to 4g cholestyramine), 50 *(Questran Lite)*

Pack Size

From	To
Ergotamine Tartrate with Caffeine, Itobarbitone and Belladonna Alkaloids, suppositories 2mg-100mg-100mg-250 micrograms, 6 *(Cafergot PB)*	**Ergotamine Tartrate with Caffeine, Itobarbitone and Belladonna Alkaloids,** suppositories 2mg-100mg-100mg-250 micrograms, 5 *(Cafergot PB)*

Manufacturers' Codes

Section 2

	From	To
Aspirin, tablet 325mg (buffered) *(Bufferin)*	*AP*	*BC*
Surgical Cement, skin bond adhesive 118mL and solvent 227mL	*DY*	*SN*

Section 3

Butyl Monoester Polymer with Isopropyl Alcohol, protective dressing aerosol 120g, solution 59mL and wipes, 50 *(Skin-Prep)*	*DY*	*SN*
Deodorant Concentrate, liquid 7.5mL *(Super Banish)* and 15mL *(Banish)*	*DY*	*SN*
Lauramine Oxide with Octoxinol, compound cleansing solution 80mg-10mg per g (8%-1%), 240mL *(Uni Wash)*	*DY*	*SN*
Paraffin, compound cream 85g *(Uni Derm)* and compound ointment 70g *(Uni Salve)*	*DY*	*SN*
Polyisobutylene, compound adhesive wafers, 5 *(Soft Guard XL Skin Barrier)*	*DY*	*SN*
Sterculia (Indian Tragacanth; Gum Karaya), powder 71g	*DY*	*SN*

NOTES

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

Cimetidine
Famotidine
Ranitidine Hydrochloride

All Previous Editions Cancelled

SCHEDULE OF

PHARMACEUTICAL BENEFITS

for

APPROVED PHARMACISTS

OPERATIVE FROM 1 DECEMBER 1989

Department of Community Services and Health
CANBERRA ACT

M. C. REED, Government Printer, Tasmania

26293(B)

CONTENTS

SECTION 1—EXPLANATORY NOTES (LEMON PAGES)

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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 after the Intravenous Infusions.

2. Ready prepared items are listed in sections 2 and 3 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 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. 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.

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

8. A proprietary name index of PBS and RPBS ready prepared items is published after the RPBS Schedule of Pharmaceutical Benefits.

9. Symbols used in the Schedule of Benefits are explained on page 2, section 2.

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 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 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 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 General Manager, Health Insurance Commission otherwise record the prescription) either on the standard prescription form supplied by the Commission or on paper as near as convenient to 18 cm × 12 cm. The standard prescription forms supplied by the Commission 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 'PBS' 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. Where—

(a) a pharmaceutical benefit is restricted to the treatment of a specified disease, condition or class of person, including colostomy and ileostomy patients or paraplegic and quadriplegic patients, the medical practitioner is required to prescribe in accordance with the applicable restrictions.

(b) a pharmaceutical benefit is subject to a restriction that it is to be prescribed on an authority prescription, the benefit must be prescribed on an authority prescription Form PB86. The medical practitioner may choose to handle the authority prescriptions as set out in paragraph 29.

Maximum Quantities and Repeats

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

23. Where the maximum quantity of an item is marked with a double dagger (‡) the maximum quantity has been determined as a single pack. In such instances, approved pharmacists are required to supply unbroken packs irrespective of the quantity prescribed. For any item where a maximum quantity greater than 1 is marked with a double dagger (‡), that maximum quantity should be supplied.

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 Health Insurance Commission 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. Where authority to prescribe restricted drugs (see paragraph 21) is specified medical practitioners may:

(a) seek the written authority of the State Manager in the normal manner;

(b) seek in urgent cases telephone approval (see paragraph 35); or

(c) in those cases where it is clear that the patient's condition meets the listed restrictions prepare an authority prescription form (Form PB86) in accordance with paragraph 21 and issue the original and duplicate to the patient for immediate dispensing. The Commission's copy must be forwarded to reach the relevant State Office within 7 days;

(d) only prescribe one item on each authority prescription form (PB86).

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 who communicated the prescription 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 authority of the State Manager is necessary for supply as a pharmaceutical benefit. In such cases, the medical practitioner who wishes to prescribe increased maximum quantities and/or a number of repeats and/or a restricted drug may obtain telephone approval from the relevant State Manager. If the application is approved the medical practitioner will be informed of the approval number which he/she will mark on the authority prescription form along with the words 'Approval granted No.....'.

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 should not have both pharmaceutical benefits items and non-pharmaceutical benefit items prescribed on the same form. In the event of this happening the non-benefit items may 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 State Manager, Health Insurance Commission 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 PBS General, PBS Concessional, PBS Pensioner, including an Entitlement Card holder, or RPBS)—by placing a cross (×) 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, together with the date on which the Repeat Authorisation was prepared.

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. In such cases the medical practitioner or participating dental practitioner who communicated the prescription must reduce the prescription in writing and forward it within 24 hours. 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 State Manager, Health Insurance Commission is necessary for supply as pharmaceutical benefits. In such cases the medical practitioner can first obtain the approval of the State Manager in the particular State, by telephone or other means. The State Manager will issue the medical practitioner with an approval authority prescription form along with the words 'Approval granted No.....'. The medical practitioner may issue an authority prescription in accordance with the procedures set out in paragraph 29 *(c)* in urgent cases.

Prescription Identifying Numbers

64. In addition to a serial number (see paragraph 128), 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. Pensioners 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. When the 'Safety Net' limit has been reached and an Entitlement Card issued, all subsequent pharmaceutical benefit 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 $12.00. For prescriptions costing more than $12.00 (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 PBS listed (including preparations which may be prescribed by participating dental practitioners for dental treatment) and satisfies the relevant restrictions (e.g. diseases or conditions) at the date of prescribing; and

(b) either

(i) the PBS dispensed price is greater than the relevant patient contribution; or

(ii) the PBS 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 PBS dispensed price plus a surcharge up to a maximum of the patient contribution. Where the above calculation indicates a price less than $5.50 the agreed price is $5.50.

72. For items with a quantity less than the PBS listed maximum quantity at date of prescribing the PBS 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 number of the item supplied, the price 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, PBS approval number, PBS code number, the price of the item 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 after the issue of an Entitlement Card. 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).

Primary responsibility for nominating the family members who are eligible 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. Items dispensed in public hospitals are not to be included.

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 Health Insurance Commission in the State capital.

(e) the code 'E' (original Entitlement Card) has been entered in the 'card code' 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 10 family members, the cardholder should submit an original application and list himself/herself plus 9 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:

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.

86. 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 Entitlement Number which appears at the top of the 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 on the Safety Net—Claim for Payment form.

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

Application for Supplementary Cards

89. 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 Health Insurance Commission in the State concerned. The original (or duplicate) Entitlement Card must be produced before a Supplementary Card can be issued.

90. 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.

91. 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.

Record of Entitlements

92. To maintain a record of Entitlement Cards issued the approved pharmacist must record the serial number of the Entitlement Card issued on the Safety Net—Claim for Payment form.
The approved person is required to record the card code for each Card issued which is:

E— original

S— supplementary—duplicate;
—child/student;
—new family member

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

Claim for Payment

93. Payment for the issue of Entitlement Cards will be made on submission of a Safety Net Claim for Payment form. It should be noted that no payment will be made for cancelled cards. The following procedure should be followed:

(a) enter the claim number and pharmacy approval number in the relevant boxes;

(b) complete the pharmacy address details;

(c) sign and date the form and mail to the Health Insurance Commission in the Reply Paid envelopes provided.

Each Safety Net Claim for Payment form must be accompanied by all Application Forms/Prescription Record Forms relating to the issue of each Entitlement Card.

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) and forwarded to the State Office of the Health Insurance Commission. A replacement card can only be issued by the Health Insurance Commission.

Death of Prescription Record Form Holder

95. 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.

Pharmacy Record of Issued Cards

96. A record must be maintained within the approved pharmacy of all cards issued. The duplicate ('bookfast') copy in the Safety Net—Claim for Payment book is provided for this purpose.

Use of Entitlement Card

97. 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.

98. 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.

99. 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 of entitlement to receive pharmaceutical benefits free of charge or at the concessional rate.

D. CHARGES TO PATIENTS

Patient Contribution and Special Patient Contribution

100. 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 $12.00 is supplied an amount of $12.00 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.

101. For those items having a dispensed price of $12.00 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.

102. Where a medical practitioner has obtained a written Authority from the State Manager, Health Insurance Commission 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.

103. 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 100. 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.

104. 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 $36 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.

105. 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 $12 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 103.

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

106. 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.

107. 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 Health Benefits Card, Dependant Treatment Entitlement Card (Lilac) or a Service Pensioner Benefits Card (Red). Entitlement Card holders will possess a valid Pharmaceutical Benefits Entitlement Card.

108. Prescriptions for holders of a valid Dependant Treatment Entitlement Card ('Lilac') or a Service Pensioner Benefits Card ('Red') issued by the Department of Veterans' Affairs, and their dependants, should be prepared on 'PBS' prescription forms and not on the 'green' prescription forms supplied under the Repatriation Pharmaceutical Benefits Scheme. It should be noted that the entitlement number on these cards contains fewer digits than those allowed for on the prescription form.

109. The numbers comprising the entitlement number 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 (see exception above) (the entitlement number does not identify the type of card or the entitlement category); and

(b) a cross (×) 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 Commission.

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 Commission 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 PBS prescription forms supplied to medical practitioners or over the 'DP No.' box on PBS 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 Commission 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 Injectible 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 178) or the claimants may elect to calculate the cost of ingredients, containers and professional fee manually (see paragraphs 172-178). These arrangements have been agreed between the Department of Community Services and Health 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 178, 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 160-171 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 Commission 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 160-171 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 PBS 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 PBS 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 188-189).

(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 the Commission, 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 1989 should bear a claimant's reference of 8906.

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 Health Insurance Commission in the State concerned.

Lodgement of Claims

144. Claims for pharmaceutical benefits may be lodged at any time during the month at the relevant office of the Health Insurance Commission. Unless other arrangements have been made with the State Manager, claims may be lodged under the following conditions:

(a) no more than one claim in any month;

(b) forwarded to the relevant office within thirty days from the end of the period in which the benefits were supplied;

(c) the period of the claim shall cover pharmaceutical benefits supplied during a period not exceeding one month.

145. 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 the preparation of tally sheets and claim forms by the approved pharmacist prior to presentation. Approved pharmacists desiring to submit such claims should contact the Pharmaceutical Branch in the relevant office for instructions regarding the preparation of such claims.

D. STATEMENT OF ACCOUNT

146. 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.

147. 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.

148. 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.

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

150. 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.

151. A fully itemised Statement of Account in respect of a claim can be obtained on application to the relevant State office.

PROVISIONS GOVERNING PAYMENTS TO APPROVED PHARMACISTS FOR NHS DISPENSING

A. READY PREPARED BENEFITS

Price where Maximum Quantity Prescribed (Ready Prepared Items)

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

153. 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 dispensing fee (i.e., only one dispensing 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 dispensing 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 158, 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 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)

154.—

(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 156), 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 dispensing 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 158;

(iii) the amount ascertained under (ii) is added to an amount equivalent to the dispensing 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 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 158.

(ii) The amount so ascertained is added to an amount equivalent to the dispensing 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

155. 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 (‡)

156. 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

157. The Wastage Factor Table shown below is used in ascertaining the price payable for quantities dispensed from the standard pack. (Refer paragraph 154 *(b)* and *(c)*.)

158. 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 sub-paragraph *(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 sub-paragraph *(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. EXTEMPORANEOUSLY PREPARED PHARMACEUTICAL BENEFITS

Prescribers' List Items

159. 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

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

161. 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 dispensing fee as shown in the price section.

Pricing of Ingredients

162. 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

163.—

(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

164. 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 165-168.

165. 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 162.

166. 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 162; and

(b) the recovery price of the quantity of the vehicle calculated in accordance with paragraph 162.

167. 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 162; and

(b) the recovery price of each ingredient of the vehicle calculated in accordance with paragraph 162.

168. 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 162; 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 162.

Containers

169. Separate container rates are payable in each State.

170. 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.

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

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

172. Where an approved pharmacist elects to price out these prescriptions written advice is required by the Commission. 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 PBS and RPBS prescriptions.

173. 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 dispensing fees. For example, an 80mL mixture would be priced at eight times the average 10mL rate for mixtures, plus container and dispensing 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 178).

174. 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.

175. By agreement with the Pharmacy Guild of Australia the average 10g/mL rate is determined as in paragraph 176.

176. 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 dispensing 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.

177.—

(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.

178. 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

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

180. 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.

181. 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. 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

182. The amounts payable by way of dispensing fee, dangerous drug fee and container charges for ready prepared preparations are set out in section 6 of the Schedule. The dispensing fee and container charges for extemporaneously prepared preparations are set out in section 4 of the Schedule.

Pricing Dates

183. 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

184. 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

185. 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.

186. 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

187. 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)

188. 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 Benefits Branch, Health Insurance Commission, PO Box 1001, Tuggeranong, ACT 2901.

189. 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

190. 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

191. 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 or the number of the edition.

Proper Stocks to be Kept

192. 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

193. 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

194. 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

195. 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.

196. Additional copies of the Schedules of Pharmaceutical Benefits may be purchased from the Pharmaceutical Branch in the relevant State Office of the Health Insurance Commission.

Supplies of Stationery

197. Prescription Record Forms, Entitlement Cards, Claim for Payment Forms, Repeat Authorisation Forms, etc., are available from the relevant State Office of the Health Insurance Commission.

Enquiries

198. Enquiries regarding pharmaceutical benefits may be made to the relevant State Office of the Health Insurance Commission.

EXAMPLES OF INFORMATION TO BE ENTERED IN THE PRESCRIPTION IDENTIFICATION STAMP

199. In all the following 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.

POISONS INFORMATION CENTRES

NEW SOUTH WALES
Royal Alexandra Hospital for Children
Pyrmont Bridge Road
Camperdown Telephone Sydney 519 0466
Country Areas (008) 251 525

VICTORIA
Royal Children's Hospital
Flemington Road
Parkville Telephone Melbourne 345 5678
Victorian Country Areas (008) 133 890

QUEENSLAND
Pharmacy Department
Royal Children's Hospital Brisbane
Herston Road
Herston Telephone Brisbane 253 8233
Queensland Country Areas (008) 177 333

SOUTH AUSTRALIA
Adelaide Children's Hospital (Incorporated)
King William Road
North Adelaide Telephone Adelaide 267 7000
Ext. 6117
Country Areas and Broken Hill (008) 182 111

WESTERN AUSTRALIA
Princess Margaret Hospital for Children
Roberts Road
Subiaco Telephone Perth 381 1177
Country Areas (008) 119 244

TASMANIA
Royal Hobart Hospital
Liverpool Street
Hobart Telephone Hobart 38 8485
Country Areas (008) 001 400

NORTHERN TERRITORY
Royal Darwin Hospital
Rocklands Drive
Darwin Telephone Darwin 27 4777

AUSTRALIAN CAPITAL TERRITORY
Royal Canberra Hospital
Canberra Telephone Canberra 43 2154

DRUG INFORMATION CENTRES

AUSTRALIAN CAPITAL TERRITORY

Drug Information Pharmacist
Royal Canberra Hospital
Acton ACT 2601
Telephone (062) 43 2113

NEW SOUTH WALES

Pharmacist
New South Wales Drug Information Centre
PO Box 750
Kogarah NSW 2217
Telephone (02) 553 2256
(02) 553 2261
(02) 553 2361

NORTHERN TERRITORY

Chief Pharmacist
Darwin Hospitals Group
PO Box 41326
Darwin NT 0801
Telephone (089) 20 8424

QUEENSLAND

Senior Pharmacist
Queensland Drug Information Centre
Royal Brisbane Hospital
E Floor, Block 7
Herston Qld 4029
Telephone (07) 253 7599
(07) 253 7098

SOUTH AUSTRALIA

Drug Information Pharmacist
Royal Adelaide Hospital
North Terrace
Adelaide SA 5000
Telephone (08) 224 5546

Drug Information Pharmacist
South Australian Drug Information Centre
Flinders Medical Centre
Bedford Park SA 5042
Telephone (08) 275 9301

Drug Information Pharmacist
Queen Elizabeth Hospital
Woodville Road
Woodville SA 5011
Telephone (08) 243 6777

TASMANIA

Staff Pharmacist
Royal Hobart Hospital
GPO Box 1061L
Hobart Tas. 7001
Telephone (002) 38 8737

VICTORIA

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

Senior Pharmacist
Drug Information Centre
Repatriation General Hospital
Heidelberg Vic. 3081
Telephone (03) 490 2881

WESTERN AUSTRALIA

Drug Information Pharmacist
Sir Charles Gairdner Hospital
Verdun Street
Nedlands WA 6009
Telephone (09) 389 2923

LIST OF CONTACT OFFICERS FOR RECALLS OF THERAPEUTIC GOODS

For details of consumer level recalls only—Telephone (008) 02 0512

These officers may be contacted—
- to obtain information about current recalls
- to report suspected problems relating to the quality, safety, or efficacy of a therapeutic good—

Commonwealth Co-ordinator

Department of Community Services and Health
(Pharmaceuticals Branch)
GPO Box 9848
Canberra ACT 2601

Mr L. R. Murray	(062) 86 0244

Australian Capital Territory

ACT Health Authority
GPO Box 825
Canberra ACT 2601

Drugs—	
Mr V. Bugler	(062) 45 4314
Therapeutic Devices—	
Mr K. Wyatt	(062) 84 2250

New South Wales

Department of Health, NSW
PO Box 380
North Ryde NSW 2113

Duty Pharmacist	(02) 887 5678

Northern Territory

Department of Health
Health House
87 Mitchell Street
Darwin NT 08790

Mr G. Fyson	(089) 80 2986
Mr J. Gorrell	(089) 20 3341

Queensland

Queensland Department of Health
GPO Box 48
Brisbane Qld 4001

Drugs—	
Mr R. Lowry	(07) 234 0960
Mr R. V. Holmes	(07) 234 0961
Therapeutic Devices—	
Mr D. F. Mines	(07) 224 5611
Mr R. Lowry	(07) 234 0960

South Australia

South Australian Health Commission
GPO Box 1313
Adelaide SA 5001

Drugs—	
Mr J. L. Davis	(08) 226 6248
Mr R. J. Grant	(08) 226 6406
Mr T. Draysey	(08) 226 6407
Therapeutic Devices—	
Mr R. Eden	(08) 226 6310
Mr M. Essex	(08) 372 1123

Tasmania

Department of Health Services
GPO Box 191B
Hobart Tas. 7001

Drugs—	
Mr J. Galloway	(002) 30 3293
Mrs M. Collins	(002) 30 6337
Therapeutic Devices—	
Mr G. C. Adams	(002) 38 8236
Mr A. L. Wilkins	(002) 38 8236

Victoria

Department of Health
(Drugs and Poisons Section)
448 St Kilda Road
Melbourne Vic 3004

Duty Pharmacist	(03) 268 7888

Western Australia

Health Department of WA
Box 8172, Sterling Street
Perth WA 6000

Mr M. H. Cousins	(09) 222 4980
Mr M. Patterson	(09) 222 4984

ADDRESSES—HEALTH INSURANCE COMMISSION

The Health Insurance Commission has responsibility for operational aspects of the Pharmaceutical Benefits Scheme. This responsibility covers the processing of pharmaceutical benefit and safety net claims and Authority applications together with the distribution of stationery used by dental and medical practitioners and pharmacists.
Distribution of the Schedule of Pharmaceutical Benefits is the responsibility of the Department of Community Services and Health.

The postal address for the Health Insurance Commission in all States/Territories is:

Health Insurance Commission
PO Box 9826
IN YOUR CAPITAL CITY

CANBERRA

Manager
Pharmaceutical Benefits Branch
Health Insurance Commission
134 Reed Street
Tuggeranong ACT 2901
General enquiries— Telephone 93 6333

NEW SOUTH WALES

Pharmaceutical Services Branch
2nd Floor
Australian Airlines Building
1 Chifley Square
Sydney NSW 2000
Enquiries— Telephone 224 0518

Sydney Processing Centre

Level 1
4-16 Yurong Street
East Sydney NSW 2000
General enquiries— Telephone 361 9311
Stationery enquiries— Telephone 361 9300

Parramatta Processing Centre

Level 2
81 George Street
Parramatta NSW 2124
General enquiries— Telephone 635 3422

Gosford Processing Centre

Level 2
107-109 Mann Street
Gosford NSW 2250
General enquiries—Telephone (043) 23 3011

VICTORIA

Pharmaceutical Branch
2nd Floor
399 Lonsdale Street
Melbourne Vic. 3000
Enquiries— Telephone 604 4000

Moonee Ponds Processing Centre

694 Mount Alexander Road
Moonee Ponds Vic. 3039
Enquiries— Telephone 370 1111

QUEENSLAND

Pharmaceutical Services Branch
232 Adelaide Street
Brisbane Qld 4000
Enquiries— Telephone 225 0122

SOUTH AUSTRALIA/ NORTHERN TERRITORY

Pharmaceutical Services Branch
Commonwealth Centre
55 Currie Street
Adelaide SA 5000
Enquiries— Telephone 237 6111
Northern Territory and outside Adelaide metropolitan area
Telephone (008) 888 333

WESTERN AUSTRALIA

Pharmaceutical Benefits Branch
2-6 St George's Terrace
Perth WA 6000
Enquiries— Telephone 323 5864

TASMANIA

Pharmaceutical Branch
Kirksway House
6 Kirksway Place
Hobart Tas. 7000
Enquiries— Telephone 20 5011

AUTHORITY PRESCRIPTION APPLICATIONS

Applications for Authority to prescribe and departmental copies of urgent authorities should be sent to your State Office using the free postal service.

FREEPOST No. 9857
Attention: Pharmaceutical Benefits Authority Section
Health Insurance Commission
GPO Box 9857
in your capital city.

Telephone—Business Hours:
NSW:
Gosford: 23 4052, 23 4053
Parramatta: 891 1222, 891 1323
Sydney: 361 9335, 361 9338
VIC: 604 4050, 604 4081, 604 4082, 604 4083
QLD: 225 3362, 225 3363
SA: 237 6021, 237 6023—toll free (008) 888 333
WA: 323 5864, 323 5851
TAS: 20 4300
ACT: 93 6333

Telephone—After hours (6 pm-8 am) and weekends:
(008) 033 200 (Australia-wide)

INDEX OF MANUFACTURERS' CODES

Code	*Manufacturer*
AB	Abbott Laboratories Pty Ltd Captain Cook Drive Kurnell NSW 2231
AC	Alberto Culver Company 14 Loyalty Road North Rocks NSW 2113
AD	Amrad Pharmaceuticals Pty Ltd 17-27 Cotham Road Kew Vic. 3101
AF	Alphapharm Pty Ltd 12 Crown Street Glebe NSW 2037
AG	Allergan Australia Pty Ltd 5 George Place Artarmon NSW 2064
AM	Ames Company, Division of Miles Laboratories Australia Pty Ltd Wellington Road Mulgrave Vic. 3170
AP	Astra Pharmaceuticals Pty Ltd 10-14 Khartoum Road North Ryde NSW 2113
AQ	Alcon Laboratories (Australia) Pty Ltd Allambie Grove Park 24 Frenchs Forest Road Frenchs Forest NSW 2086
AS	Astral Medical (Aust.) Pty Ltd 1/5 Wadhurst Drive Boronia Vic. 3155
AU	Auspharm International Limited 15th Floor 99 Mount Street North Sydney NSW 2060
AY	Ayerst Laboratories Pty Ltd Gregory Place Parramatta NSW 2150
BC	Bristol Laboratories Pty Ltd 320 Victoria Road Rydalmere NSW 2116
BE	BDF Australia Ltd 424 Lane Cove Rd North Ryde NSW 2113
BF	Barnes-Hind Pty Limited 7 Dickson Avenue Artarmon NSW 2064
BK	Becton Dickinson (USA) 100 Miller St North Sydney NSW 2060
BL	David Bull Laboratories 11-15 Lexia Place Mulgrave Vic. 3170
BN	Bayer Pharmaceutical Company 47-67 Wilson Street Botany NSW 2019
BO	Boehringer Mannheim Australia Pty Ltd 6-8 Byfield Street North Ryde NSW 2113
BR	Beecham Research Laboratories 300 Frankston Road Dandenong Vic. 3175
BS	Bowater-Scott Ltd Ailsa St Box Hill Vic 3128
BT	The Boots Company (Australia) Pty Ltd Loyalty Road North Rocks NSW 2151
BW	Wellcome Australia Limited 53 Phillips Street Cabarita NSW 2137
BX	Baxter Healthcare Pty Ltd Oakes Road Old Toongabbie NSW 2146
BY	Boehringer Ingelheim Pty Ltd 50 Broughton Road Artarmon NSW 2064
BZ	Boucher & Muir Pty Ltd 118-124 Willoughby Road Crows Nest NSW 2065
CG	Ciba-Geigy Australia Limited 140 Bungaree Road Pendle Hill NSW 2145
CL	Cilag Pty Limited Unit 3, 706 Mowbray Road West Lane Cove NSW 2066
CN	CSL-Novo Pty Limited Unit 1, 22 Loyalty Road North Rocks NSW 2151
CS	Commonwealth Serum Laboratories 45 Poplar Road Parkville Vic. 3052
DL	Dista Products (Australia) & Company Waratah Street and Wharf Road Ermington NSW 2115
DM	Dermacare Pty Ltd 1 Wirega Avenue Kingsgrove NSW 2208
EG	Eagle Pharmaceuticals Pty Ltd 26 Winchcombe Place Castle Hill NSW 2154
EO	Ego Pharmaceuticals Pty Ltd 21-31 Malcolm Road Braeside Vic 3195
FA	F. H. Faulding & Co. Ltd 62 Dew Street Thebarton SA 5031

Code	*Manufacturer*
FC	Fisons Pty Ltd 6 Chilvers Road Thornleigh NSW 2120
FE	Farmitalia Carlo Erba Australian Distributor Sigma Co. Ltd
FM	Fawns and McAllan Pty Ltd 432 Mt Dandenong Road Croydon Vic. 3136
FR	Charles E. Frosst Division of Merck Sharp & Dohme (Australia) Pty Ltd 54-68 Ferndell Street South Granville NSW 2142
GL	Glaxo 1061 Mountain Highway Boronia Vic. 3155
GP	G.P. Laboratories Wharf Road West Ryde NSW 2114
HA	Hamilton Laboratories Pty Ltd 217 Flinders Street Adelaide SA 5000
HO	Hollister Incorporated, U.S.A. Australian Distributor Abbott Laboratories Pty Ltd
HP	Hoechst Australia Ltd 606 St Kilda Road Melbourne Vic. 3000
IC	ICI Australia Operations Pty Ltd ICI House, 1 Nicholson Street Melbourne Vic. 3000
IQ	The Ioquin Company 9 Winbourne Road Brookvale NSW 2100
JC	Janssen-Cilag Pty Ltd Unit 3, 706 Mowbray Road West Lane Cove NSW 2066
JJ	Johnson & Johnson (Australia) Pty Ltd 154 Pacific Highway St Leonards NSW 2065
JP	Janssen Pharmaceutica Pty Ltd Unit 3, 706 Mowbray Road West Lane Cove NSW 2066
KC	Kimberly-Clark Australia Pty Ltd 20 Alfred South Street Milsons Pt NSW 2061
KE	Kendall Australia Pty Ltd 82 Waterloo Rd North Ryde NSW 2113
KM	Kendall McGaw Laboratories Division of Kendall Australia Pty Ltd 27 Healey Road Dandenong Vic. 3175
KN	Knoll, A. G., Germany 27-31 Doody Street Alexandria NSW 2015
KY	Key Pharmaceuticals Pty Ltd 21 Leeds Street Rhodes NSW 2138
LA	L.A. Chemicals Pty Ltd 16 Manchester Street Mile End SA 5031
LE	Lederle Laboratories Division Cyanamid Australia Pty Ltd 5 Gibbon Road Baulkham Hills NSW 2153
LH	Lipha Pharmaceuticals, London, U.K. Australian Distributor Riker Laboratories Australia Pty Ltd
LY	Eli Lilly (Aust.) and Company Wharf Road West Ryde NSW 2114
MB	May & Baker Pharmaceuticals 19-23 Paramount Road West Footscray Vic. 3012
MG	J. McGloin Pty Ltd 20 Forrester Street Kingsgrove NSW 2208
MJ	Mead Johnson 320 Victoria Road Rydalmere NSW 2116
MK	Merck Sharp & Dohme (Australia) Pty Ltd 54-68 Ferndell Street South Granville NSW 2142
ML	Merrell Dow Pharmaceuticals (Australia) Pty Ltd 37th Floor, Northpoint, 100 Miller Street North Sydney NSW 2060
NE	Norgine Pty Ltd 532 Hampton St Hampton Vic. 3188
NN	Nelson Laboratories (Sales) Pty Ltd 21-25 Derby Street Silverwater NSW 2141
NR	Nordia, Denmark Australian Distributor Ascot Pharmaceuticals Pty Ltd 33 Myrtle Street North Sydney NSW 2060

Code	*Manufacturer*
NS	Nicholas Kiwi Pty Ltd 699 Warrigal Road Chadstone Vic. 3148
NT	Nestle Australia Ltd 60 Bathurst Street Sydney NSW 2000
NW	Norwich Eaton Pharmaceuticals Pty Ltd 1408 Centre Road Clayton Vic. 3168
OB	Oral B Laboratories Pty Ltd 221 Miller St North Sydney NSW 2060
OL	Owen Laboratories 9 Winbourne Road Brookvale NSW 2100
OM	Wallace-Orapharm Pty Ltd 2 Domville Avenue Hawthorn Vic. 3122
OR	Organon (Australia) Pty Ltd 31-33 Sirius Road Lane Cove NSW 2066
PD	Parke, Davis Pty Ltd 32 Cawarra Road Caringbah NSW 2229
PF	Pfizer Pty Ltd Wharf Road West Ryde NSW 2114
PS	Pharmacia (Australia) Pty Ltd 4 Byfield Street North Ryde NSW 2113
PT	CP Protea 6 Chilvers Road Thornleigh NSW 2120
PY	Proctor & Gamble (Australia) Pty Ltd 24 Biloela St Villawood NSW 2163
QE	Queensland Ethicals 100 Antimony Street Carole Park Qld 4300
RC	Reckitts Pty Ltd 44 Wharf Road West Ryde NSW 2114
RG	Rorer Australia Pty Ltd 172-182 Princes Highway Arncliffe NSW 2205
RK	Riker Laboratories Australia Pty Ltd 9-15 Chilvers Road Thornleigh NSW 2120
RL	Roussel Pharmaceuticals Pty Ltd Gladstone Road Castle Hill NSW 2154
RO	Roche Products Pty Ltd Inman Road Dee Why NSW 2099
RS	A. H. Robins Pty Limited 102 Bonds Road Punchbowl NSW 2196
RT	Rocke, Tompsitt & Co., Ltd 10 Griffiths Street Richmond Vic. 3121
SA	Sayco Pty Ltd Unit 5 260-264 Wickham Road Moorabbin Vic. 3189
SB	Scientific Hospital Supplies (Australia) Pty Ltd 3/12 Hope Street Ermington NSW 2115
SC	Schering Pty Ltd Australian Subsidiary of Schering, A.G., Berlin 27-29 Doody Street Alexandria NSW 2015
SD	Syntex Pharmaceuticals Ltd Funds of Australia Building, 10th Floor, 275 Alfred Street North North Sydney NSW 2060
SE	Servier Laboratories (Aust.) Pty Ltd 2-8 Lynch Street Hawthorn Vic. 3122
SH	Schering-Plough Pty Ltd 11 Gibbon Road Baulkham Hills NSW 2153
SI	Sigma Co. Ltd P.O. Box 144, Clayton Vic. 3168
SJ	Sharpe Laboratories Pty Ltd 3/12 Hope Street Ermington NSW 2115
SK	Smith Kline & French Laboratories (Aust.) Ltd Warringah Road Frenchs Forest NSW 2086
SN	Smith & Nephew (Aust.) Pty Ltd Wellington Road Clayton Vic. 3168

Code	*Manufacturer*
SO	Scholl International (ANZ) Pty Ltd 255A Boundary Road Braeside Vic. 3195
SQ	E. R. Squibb & Sons Pty Ltd Princes Highway Noble Park Vic. 3174
SR	Searle Laboratories 20 Clarke Street Crows Nest NSW 2065
ST	A. E. Stansen & Co. Pty Ltd 121 Ricketts Road Notting Hill Vic. 3168
SU	Sauter Laboratories (Aust.) Pty Ltd 60 Campbell Avenue Dee Why NSW 2099
SV	Stafford-Miller Limited 5-9 Enterprise Avenue Padstow NSW 2211
SZ	Sandoz Australia Pty Ltd 54 Waterloo Road North Ryde NSW 2113
TO	R. D. Toppin & Sons Pty Ltd 9-15 Chilvers Road Thornleigh NSW 2120
UP	Upjohn Pty Ltd 55-73 Kirby Street Rydalmere NSW 2116
US	USV Pharmaceuticals A Division of Rorer Australia Pty Ltd 172-182 Princes Highway, Arncliffe NSW 2205
UW	United Works of Pharmaceutical and Dietetic Products, Hungary Australian Distributor Boucher & Muir Pty Ltd
VS	Martin & Clarke: Vitaplex Corner of Pittwater Road and Cross Street Brookvale NSW 2100
WL	Winthrop Laboratories 75-89 Atkins Road Ermington NSW 2115
WS	Wallace Pharmaceuticals Pty Ltd 2 Domville Avenue Hawthorn Vic. 3122
WW	Wm R. Warner 32 Cawarra Road Caringbah NSW 2229
WY	Wyeth Pharmaceuticals Pty Ltd Gregory Place Parramatta NSW 2150
ZY	Zyma Pharmaceuticals 140 Bungaree Road Pendle Hill NSW 2145

EMERGENCY DRUG (DOCTOR'S BAG) SUPPLIES

Code	*Name of Pharmaceutical Benefit*	*Form, Strength and Volume*	*Maximum Quantity*
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 Hydrochloride	Injection 50mg in 2mL	10
or	*or*		
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
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
1449G	Glucagon Hydrochloride	Injection set containing 1mg (1i.u.) and 1mL solvent in disposable syringe	1 set
3040B	Glucose	Injection 5g in 10mL (50%)	5
1501B	Hydrocortisone Sodium Succinate	Injection set containing equivalent of 100mg hydrocortisone and 2mL solvent	2 sets
or	*or*		
3096Y	Hydrocortisone Sodium Succinate	Injection set containing equivalent of 250mg hydrocortisone and 2mL solvent	1 set
or	*or*		
2509C	Dexamethasone	Injection 4mg in 1mL	5
2875H	Lignocaine Hydrochloride	Injection 100mg in 5mL	4
1206L	Metoclopramide Hydrochloride	Injection 10mg in 2mL	10
or	*or*		
2369Q	Prochlorperazine	Injection 12.5mg in 1mL	10
1645N	Morphine Sulphate	Injection 15mg in 1mL	5
or	*or*		
1647Q	Morphine Sulphate	Injection 30mg in 1mL	5
1753G	Naloxone Hydrochloride	Injection (pre-filled syringe) 2mg in 5mL	2
1829G	Pethidine Hydrochloride	Injection 100mg in 2mL	5
1794K	Procaine Penicillin	Injection (pre-filled syringe) 1.5g	10
or	*or*		
6561H	Benzylpenicillin	Injection 600 mg (with Water for Injections 2 ml)	10
1948M	Promethazine Hydrochloride	Injection 50mg in 2mL	10
1239F	Terbutaline Sulphate	Injection 100 micrograms in 1mL	5
or	*or*		
1034K	Terbutaline Sulphate	Injection 500 micrograms in 1mL	5
2127Y	Tetanus Vaccine, Adsorbed	Injection 0.5mL	10
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 State Manager of the Health Insurance Commission 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. For any item where a maximum quantity greater than 1 is marked with a double dagger (≠), that maximum quantity should be supplied.

A gauge sign (#) against the price of a benefit indicates that the product is not preconstituted and that a special dispensing fee of $5.40 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 $11.00. The patient payment, if applicable, will be $11.00 (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. NSW - (N); Vic. - (V); Qld - (Q); SA - (S); WA - (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 9mg per mL (0.9%)
Fifth code is for the injectible with 5mL sodium chloride injection 9mg per mL (0.9%)
Sixth code is for the injectible with 10mL sodium chloride injection 9mg per mL (0.9%)

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

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	Reimbursement Price for Max. Qty	Total Dispensed Price for Max. Qty	Maximum Patient Payment
				$	$	$	$
	BLEOMYCIN (Blenoxane BC) CAUTION: Bleomycin can cause irreversible pulmonary fibrosis.						
2315W	Injections 15 units bleomycin activity (solvent required), 10 (codes 6891Q, 6892R, 6893T, 6894W, 6895X, 6896Y apply to above item with approved solvents)	≠1	..	532.20	622.59	1154.79	+543.20
	CLOMIPHENE CITRATE (Clomid ML)						
1211R	Tablets 50mg, 5	≠2	5	25.60	*20.98	*46.58	+36.60

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	
	ACETAZOLAMIDE						
1004W	Tablet 250mg	100	3	*13.32	+11.00	Diamox	LE
2376C	Capsule 500mg (sustained release)	50	3	14.12	+11.00	Diamox	LE
1005X	Injection 500mg (solvent required) (codes 6501E, 6502F, 6503G, 6504H, 6505J, 6506K apply to above item with approved solvents)	1	..	9.87	10.51	Diamox	LE
	ACETYLCYSTEINE						
	Solution for Inhalation						
2630K	200mg per mL (20%), 10mL	5	3	27.50	+11.00	Mucomyst	AP
	ACYCLOVIR						
	To be prescribed on an authority prescription. (Initial genital herpes.)						
1003T	Tablet 200mg	50	..	*89.76	+11.00	Zovirax 200mg	BW
	To be prescribed on an authority prescription. (Recurrent genital herpes.)						
1007B	Tablets 200mg, 90	≠1	2	150.06	+11.00	Zovirax 200mg	BW
	To be prescribed on an authority prescription. (Immunocompromised patients.)						
1007B	Tablets 200mg, 90	≠1	5	150.06	+11.00	Zovirax 200mg	BW
	To be prescribed on an authority prescription.						
1101Y	Tablets 400mg, 70	≠1	..	224.96	+11.00	Zovirax 400mg	BW
	ACYCLOVIR						
1002R	Eye Ointment 30mg per g (3%), 4.5g	≠1	..	17.50	+11.00	Zovirax	BW
	ADRENALINE						
1016L	Injection 1mg in 1mL (1 in 1,000)	5	1	5.86	6.50	AP,SI	
2434D	Eye Drops 5mg per mL (0.5%), 7.5mL	≠1	5	6.78	7.42	Eppy/N	BF
3031M	5mg per mL (0.5%), 10mL	≠1	5	6.89	7.53	Epifrin	AG
1014J	10mg per mL (1%), 7.5mL	≠1	5	7.04	7.68	Eppy/N	BF
2955M	10mg per mL (1%), 10mL	≠1	5	7.41	8.05	Epifrin Glaucon	AG AQ
1015K	20mg per mL (2%), 10mL	≠1	5	9.63	10.27	Epifrin Glaucon	AG AQ

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	
	ALLOPURINOL						
2600W	Tablet 100mg	200	2	*10.32	10.96	Alloremed 100	AU
						Progout	PT
						Zyloprim	BW
2604C	300mg	60	2	*9.54	10.18	Progout	PT
						Alloremed 300	AU
						Zyloprim	BW
2601X	Capsule 100mg	200	2	*12.64	+11.00	Capurate-100	FM
2603B	300mg	60	2	*12.28	+11.00	Capurate-300	FM
	ALPRENOLOL HYDROCHLORIDE						
2991K	Tablet 100mg	100	5	10.43	11.00	Aptin	AP
	ALUMINIUM HYDROXIDE						
	Oral Suspension						
2153H	321mg per 5mL, 500mL	2	5	*9.06	9.70	Amphojel	WY
	ALUMINIUM HYDROXIDE DRIED						
1026B	Tablet 300mg	200	5	*9.06	9.70	Amphotabs	WY
	ALUMINIUM HYDROXIDE with KAOLIN						
	Oral Suspension						
2552H	137mg-1g per 5mL, 500mL	≠1	2	6.75	7.39	Kaomagma	WY
	ALUMINIUM HYDROXIDE and MAGNESIUM CARBONATE CO-DRIED GEL						
1033J	Tablet 375mg	200	5	*9.06	9.70	Simeco	WY
	ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE						
2576N	Tablet 200mg-200mg	200	5	*9.06	9.70	Gelusil	WW
						Mylanta	PD
2154J	Dispersible Tablet 230mg-230mg	200	5	*9.06	9.70	LoAsid	BW
	Oral Suspension						
2156L	215mg-80mg per 5mL, 500mL	2	5	*9.06	9.70	Simeco	WY
2157M	200mg-200mg per 5mL, 500mL	2	5	*9.06	9.70	Gelusil	WW
						Mylanta	PD
						Sodexol	SC
2155K	306mg-97.5mg per 5mL, 500mL	2	5	*9.06	9.70	Aludrox	AY
	ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE and OXETHAZAINE						
	Oral Suspension						
2158N	306mg-97.5mg-10mg per 5mL, 500mL	2	5	*9.06	9.70	Mucaine	AY

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	
	ALUMINIUM HYDROXIDE with MAGNESIUM TRISILICATE and MAGNESIUM HYDROXIDE						
1032H	Tablet 250mg-120mg-120mg	200	5	*9.06	9.70	Gastrogel	FM
	Oral Suspension						
2159P	250mg-120mg-120mg per 5mL, 500mL	2	5	*9.06	9.70	Gastrogel	FM
	AMANTADINE HYDROCHLORIDE						
3016R	Capsule 100mg	100	5	19.17	+11.00	Antadine	BT
				19.22	+11.00	Symmetrel	CG
	AMBENONIUM CHLORIDE						
2934K	Tablet 10mg	100	2	53.05	+11.00	Mytelase	WL
	AMILORIDE HYDROCHLORIDE CAUTION: Serum electrolytes should be checked regularly. Supplementary potassium may cause life-threatening hyperkalaemia.						
3109P	Tablet 5mg	100	1	*9.20	9.84	Kaluril	AF
				*9.40	10.04	Midamor	MK
	AMINACRINE HYDROCHLORIDE						
1035L	Eye Drops 3mg in 15mL	≠1	2	6.90	7.54	Aminopt	SI
	AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE						
3077Y	Powder 200g	5	5	*221.45	+11.00	Maxamaid RVHB	SB
	AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE						
3073R	Powder 200g	5	5	*226.35	+11.00	Maxamaid XP	SB
3076X	200g	5	5	*350.75	+11.00	Maxamum XP	SB
	AMINO ACID FORMULA with VITAMINS and MINERALS without VALINE, LEUCINE AND ISOLEUCINE						
3075W	Powder 200g	5	5	*542.15	+11.00	M.S.U.D. AID	SB
	AMINO ACID FORMULA without PHENYLALANINE						
3071P	Powder 250g	2	5	*199.60	+11.00	PK AID I	SB
3072Q	250g	2	5	*240.06	+11.00	PK AID II	SB
1450H	Food Supplement Powder 500g	≠1	5	169.72	+11.00	Aminogran F.S.	GL
	AMINOGLUTETHIMIDE To be prescribed on an authority prescription. NOTE: Replacement therapy with a corticosteroid is essential.						
1036M	Tablet 250mg	100	5	104.83	+11.00	Cytadren	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	
	AMINOPHYLLINE						
1039Q	Tablet 100mg	100	5	6.04	6.68	Cardophyllin	HA
1040R	Oral Liquid 105mg per 5mL, 500mL	≠1	5	7.15	7.79	Somophyllin	FC
1038P	Injection I.V. 250mg in 10mL	5	..	6.95	7.59	AP,SI	
	AMIODARONE HYDROCHLORIDE To be prescribed on an authority prescription. CAUTION: Amiodarone hydrochloride has been reported to cause frequent and potentially serious toxicity.						
2344J	Tablet 100mg	30	5	19.31	+11.00	Cordarone X 100	RC
2343H	200mg	30	5	28.76	+11.00	Cordarone X 200	RC
	AMITRIPTYLINE HYDROCHLORIDE						
2417F	Tablet 10mg	50	2	5.24	5.88	Endep 10	AF
				5.40	6.04	Amitrip	PT
				5.43	6.07	Laroxyl	RO
						Tryptanol	MK
2418G	25mg	50	2	5.71	6.35	Endep 25	AF
				5.91	6.55	Amitrip	PT
						Laroxyl	RO
						Saroten	NS
						Tryptanol	MK
2429W	50mg	50	2	6.76	7.40	Endep 50	AF
	AMMONIUM CHLORIDE						
1044Y	Tablet 500mg	100	5	9.33	9.97	FM	
	AMOXYCILLIN						
1883D	Tablet 250mg	20	1	8.03	8.67	Amoxil	BR
						Moxacin	CS
1885F	Dispersible Tablet 3g	1	..	8.08	8.72	Amoxil	BR
						Moxacin	CS
1884E	Capsule 250mg	20	1	7.11	7.75	Alphamox 250	AF
				7.31	7.95	Amoxil	BR
						Cilamox	SI
						Ibiamox	PT
						Moxacin	CS
1889K	500mg	20	1	10.12	10.76	Alphamox 500	AF
				10.32	10.96	Amoxil	BR
						Cilamox	SI
						Ibiamox	PT
						Moxacin	CS
1888J	Powder for Paediatric Oral Drops 100mg per mL, 20mL	≠1	1	#9.00	9.93	Amoxil	BR
	(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	
	AMOXYCILLIN - cont.						
	Powder for Syrup						
1886G	125mg per 5mL, 100mL	≠1	1	#8.55	9.48	Ibiamox	PT
				#8.75	9.68	Amoxil	BR
						Cilamox	SI
						Moxacin	CS
1887H	250mg per 5mL, 100mL	≠1	..	#9.80	10.73	Ibiamox	PT
				#10.00	10.93	Amoxil Forte	BR
						Cilamox	SI
						Moxacin 250	CS
1875Q	Injection 250mg with 3mL solvent	5	1	8.94	9.58	Ibiamox	PT
1876R	500mg with 3mL solvent	5	1	10.66	11.00	Ibiamox	PT
1877T	1g with 4mL solvent	5	1	15.30	+11.00	Ibiamox	PT
	AMOXYCILLIN with CLAVULANIC ACID						
1890L	Tablet 250mg-125mg	15	1	12.13	+11.00	Augmentin	BR
1891M	500mg-125mg	15	1	15.50	+11.00	Augmentin Forte	BR
	Powder for Syrup						
1892N	125mg-31.25mg per 5mL, 75mL	≠1	1	#10.41	11.00	Augmentin	BR
1893P	250mg-62.5mg per 5mL, 75mL	≠1	..	#12.50	+11.00	Augmentin Forte	BR
	AMPHOTERICIN						
2931G	Lozenge 10mg	20	1	6.20	6.84	Fungilin	SQ
1047D	Injection 50mg (solvent required) (codes 6507L, 6508M, 6509N, 6510P, 6511Q, 6512R apply to above item with approved solvents)	1	..	19.34	+11.00	Fungizone	SQ
2927C	Cream 30mg per g (3%), 15g	≠1	1	6.06	6.70	Fungilin	SQ
2929E	Ointment 30mg per g (3%), 15g	≠1	1	6.06	6.70	Fungilin	SQ
	AMPICILLIN						
1048E	Capsule 250mg	24	1	7.80	8.44	Alphacin 250	AF
						Ampicyn	PT
				7.86	8.50	Penbritin	BR
2671N	500mg	24	..	10.95	11.00	Alphacin 500	AF
						Ampicyn	PT
				11.15	+11.00	Penbritin	BR
	Powder for Syrup						
3061D	125mg per 5mL, 100mL	≠1	1	#8.41	9.34	Penbritin	BR
3123J	250mg per 5mL, 100mL	≠1	..	#9.45	10.38	Penbritin Forte	BR
2389R	Injection 250mg (solvent required) (codes 6519D, 6520E, 6521F, 6522G, 6523H, 6524J apply to above item with approved solvents)	5	1	8.07	8.71	Ampicyn	PT
				8.27	8.91	Austrapen	CS

(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	
	AMPICILLIN - cont.						
2390T	Injection 500mg (solvent required) (codes 6525K, 6526L, 6527M, 6528N, 6529P, 6530Q apply to above item with approved solvents)	5	1	9.84 10.04	10.48 10.68	Ampicyn Austrapen	PT CS
2977Q	Injection 1g (solvent required) (codes 6531R, 6532T, 6533W, 6534X, 6535Y, 6536B apply to above item with approved solvents)	5	1	13.44 13.64	+11.00 +11.00	Ampicyn Austrapen	PT CS
	AMYLOBARBITONE SODIUM						
1059R	Injection 500mg (solvent required) (codes 6543J, 6544K, 6545L, 6546M, 6547N, 6548P apply to above item with approved solvents)	2	..	*9.40	10.04	Amytal Sodium	LY
	ANTAZOLINE with NAPHAZOLINE						
1075N	Eye Drops 5mg (sulphate)-250 micrograms (nitrate) per mL (0.5%-0.025%), 10mL	≠1	5	6.23	6.87	Antistine-Privine	ZY
1077Q	Eye Drops 5mg (phosphate)-500 micrograms (hydrochloride) per mL (0.5%-0.05%), 15mL	≠1	5	6.48	7.12	Albalon-A	AG
	ANTIVENOM - RED BACK SPIDER						
1980F	Injection 500 units	2	..	*134.04	+11.00	CS	
	ASPIRIN						
1008C	Tablet 300mg	100	1	5.62	6.26	Spren	SI
1010E	300mg (dispersible)	100	1	5.68	6.32	Solprin	RC
3110Q	325mg (buffered)	100	1	6.30	6.94	Bufferin	BC
1230R	650mg (enteric coated)	100	2	8.28	8.92	Ecotrin	SK
1231T	650mg (sustained release)	100	2	8.28	8.92	S.R.A.	BT
	ATENOLOL						
1081X	Tablet 50mg	30	5	9.45 10.95	10.09 11.00	Noten Tenormin	AF IC
	ATROPINE SULPHATE						
2704H	Tablet 600 micrograms	100	2	7.52	8.16	FM	
1089H	Injection 600 micrograms in 1mL	5	1	5.56	6.20	AP,BT	
1091K	1.2mg in 1mL	5	1	5.57 5.58	6.21 6.22	BT AP	
1092L	Eye Drops 5mg per mL (0.5%), 15mL	≠1	2	6.80	7.44	Atropt	SI
1093M	10mg per mL (1%), 15mL	≠1	2	6.80	7.44	Atropt	SI
1094N	Eye Ointment 10mg per g (1%), 4g	≠1	..	7.96	8.60	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	
	AURANOFIN						
	CAUTION: Regular blood and urine checks are essential.						
1095P	Tablet 3mg	60	5	42.92	+11.00	Ridaura	SK
	AUROTHIOGLUCOSE						
2021J	Injection 50mg per mL, 10mL	1	..	70.92	+11.00	Gold-50	SH
	AZATHIOPRINE						
2687K	Tablet 50mg	100	2	62.45	+11.00	Imuran Thioprine	BW AF
	BACLOFEN						
2729P	Tablet 10mg	100	5	26.87	+11.00	Lioresal 10	CG
2730Q	25mg	100	5	51.11	+11.00	Lioresal 25	CG
	BECLOMETHASONE DIPROPIONATE						
1649T	Capsule 100 micrograms (oral inhalation)	100	5	14.59	+11.00	Becotide Rotacaps	GL
1650W	Oral Pressurised Inhalation, 50 micrograms per dose (200 dose)	≠1	5	10.09	10.73	Aldecin Becotide	SH GL
1651X	Oral Pressurised Inhalation, 100 micrograms per dose (200 dose)	≠1	5	15.97	+11.00	Becotide 100	GL
	CAUTION: Higher doses of inhaled beclomethasone may suppress the hypothalamic-pituitary-adrenal axis.						
1652Y	Oral Pressurised Inhalation, 250 micrograms per dose (200 dose)	≠1	5	28.95	+11.00	Becloforte	GL
	BELLADONNA ALKALOIDS Hyoscyamine Hydrobromide, Atropine Sulphate and Hyoscine Hydrobromide						
2705J	Tablet 101.1 micrograms-14.8 micrograms-10.7 micrograms	100	2	5.73	6.37	Atrobel	FM
2706K	Tablet 151.6 micrograms-22.2 micrograms-16.0 micrograms	100	2	5.81	6.45	Atrobel FORTE	FM
	Hyoscyamine Sulphate, Atropine Sulphate and Hyoscine Hydrobromide						
2916L	Tablet 103.7 micrograms-19.4 micrograms-6.5 micrograms	100	2	5.78	6.42	Donnatab	RS
	BENDROFLUAZIDE						
1105E	Tablet 2.5mg	100	1	*7.20	7.84	Aprinox-M	BT
1106F	5mg	100	1	*7.42	8.06	Aprinox	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	
	BENZATHINE PENICILLIN						
1766Y	Injection 1.8g in 4mL, disposable syringe	1	..	17.45	+11.00	Bicillin L-A	WY
	BENZATHINE PENICILLIN with PROCAINE PENICILLIN and BENZYLPENICILLIN POTASSIUM						
1767B	Injection set 450mg-300mg-187mg containing 1 vial and 2mL water for injections	1	..	11.29	+11.00	Bicillin All-Purpose	WY
	BENZHEXOL HYDROCHLORIDE						
1109J	Tablet 2mg	200	2	*8.06 8.26	8.70 8.90	Anti-Spas Artane	PT LE
1110K	5mg	200	1	*9.78 9.98	10.42 10.62	Anti-Spas Artane	PT LE
	BENZTROPINE MESYLATE						
2362H	Tablet 2mg	60	2	*7.01	7.65	Cogentin	MK
3038X	Injection 2mg in 2mL	5	..	12.23	+11.00	Cogentin	MK
	BENZYL BENZOATE						
1114P	Application 50g in 200mL (25%)	≠1	2	6.21	6.85	Benzemul	MG
	BENZYLPENICILLIN						
1774J	Injection 300mg (solvent required) (codes 6555B, 6556C, 6557D, 6558E, 6559F, 6560G apply to above item with approved solvents)	5	1	9.80	10.44	CS	
1775K	Injection 600mg (solvent required) (codes 6561H, 6562J, 6563K, 6564L, 6565M, 6566N apply to above item with approved solvents)	5	1	10.70	11.00	CS	
2647H	Injection 3g (solvent required) (codes 6567P, 6568Q, 6569R, 6570T, 6571W, 6572X apply to above item with approved solvents)	10	..	*38.00	+11.00	CS	
2648J	Injection 6g (solvent required) (codes 6573Y, 6574B, 6575C, 6576D, 6577E, 6578F apply to above item with approved solvents)	10	..	*84.90	+11.00	CS	
	BETAMETHASONE						
1117T	Tablet 500 micrograms	30	4	6.40	7.04	Celestone	SH
	BETAMETHASONE ACETATE with BETAMETHASONE SODIUM PHOSPHATE						
2694T	Injection 3mg-3.9mg (equivalent to 5.7mg betamethasone) in 1mL	5	..	16.30	+11.00	Celestone Chronodose	SH

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	
	BETAMETHASONE DIPROPIONATE						
1115Q	Cream 500 micrograms per g (0.05%), 15g	≠1	1	5.46	6.10	Diprosone	SH
1119X	Ointment 500 micrograms per g (0.05%), 15g	≠1	1	5.46	6.10	Diprosone	SH
1118W	Scalp Lotion 500 micrograms per mL (0.05%), 30mL	≠1	..	8.60	9.24	Diprosone	SH
	BETAMETHASONE VALERATE						
	Cream						
2812B	200 micrograms per g (0.02%), 100g	2	..	*8.28	8.92	Betnovate 1/5 Celestone-M	GL SH
2813C	500 micrograms per g (0.05%), 15g	≠1	1	5.46	6.10	Betnovate 1/2 Celestone-V Half Strength	GL SH
	Ointment						
2820K	200 micrograms per g (0.02%), 100g	2	..	*8.28	8.92	Celestone-M	SH
2815E	500 micrograms per g (0.05%), 15g	≠1	1	5.46	6.10	Betnovate 1/2 Celestone-V Half Strength	GL SH
2814D	Gel 500 micrograms per g (0.05%), 15g	≠1	1	5.46	6.10	Betnovate 1/2	GL
	BETHANECHOL CHLORIDE						
1062X	Tablet 10mg	100	2	9.52 *9.54	10.16 10.18	Uro-Carb Urecholine	HA MK
1071J	Injection 5mg in 1mL	2	..	*11.42	+11.00	Urecholine	MK
	BIPERIDEN HYDROCHLORIDE						
2544X	Tablet 2mg	200	2	*13.08	+11.00	Akineton	KN
	BISACODYL						
1259G	Tablet 5mg	200	1	*10.34	10.98	Bisalax	PT
1260H	Suppositories 10mg, 10	≠1	..	7.70	8.34	Durolax	BY
	Enema - See Paraplegic and Quadriplegic - Section 3						
	BISMUTH SUBCITRATE CAUTION: Long term bismuth therapy is potentially toxic.						
2203Y	Tablet 107.7mg (Bi)	112	2	22.20	+11.00	De-Nol	PD
	BLEOMYCIN See Special Pharmaceutical Benefits						
	BROMOCRIPTINE MESYLATE						
1444B	Tablet 2.5mg	30	..	17.97	+11.00	Parlodel	SZ

(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	
	BROMOCRIPTINE MESYLATE - cont. To be prescribed on an authority prescription.						
1443Y	Tablet 2.5mg	60	5	30.40	+11.00	Parlodel	SZ
1446D	Capsule 5mg	60	5	58.41	+11.00	Parlodel	SZ
1445C	10mg	100	5	200.75	+11.00	Parlodel	SZ
	BUMETANIDE						
1130L	Tablet 1mg	100	1	*9.58	10.22	Burinex	AP
	BUSULPHAN						
1128J	Tablet 2mg	100	..	29.10	+11.00	Myleran	BW
	CALCITONIN To be prescribed on an authority prescription.						
	Injection (porcine)						
2994N	160 i.u. with 2mL gelatin solvent	20	5	*333.58	+11.00	Calcitare	RG
	Injection (salmon)						
2995P	50 i.u. in 1mL ampoule	30	5	*128.34	+11.00	Miacalcic	SZ
2996Q	80 i.u. in 0.8mL ampoule	15	5	*94.47	+11.00	Miacalcic	SZ
2997R	100 i.u. in 1mL ampoule	15	5	*111.60	+11.00	Calsynar Miacalcic	RG SZ
2998T	400 i.u. in 2mL vial	4	5	*101.40	+11.00	Calsynar	RG
	Injection (synthetic human)						
2999W	0.5mg with 1mL solvent	15	5	*174.90	+11.00	Cibacalcin	CG
	CALCITRIOL To be prescribed on an authority prescription.						
2502Q	Capsule 0.25 micrograms	100	5	45.70	+11.00	Rocaltrol	RO
	CALCIUM						
3116B	Tablet (chewable) 500mg (as carbonate)	120	1	*11.46	+11.00	Cal-Sup	RK
3117C	Tablet 600mg (as carbonate)	120	1	*11.66	+11.00	Caltrate	LE
3122H	Compound Effervescent Tablet equivalent to 1g (25mmol) Ca^{2+} NOTE: Each 'Sandocal 1000' tablet also contains 18mmol Na^{+}.	60	1	*13.72	+11.00	Sandocal 1000	SZ
	CALCIUM FOLINATE						
2308L	Tablet equivalent to 15mg folinic acid	10	..	93.11	+11.00	Leucovorin	LE
2309M	Injection equivalent to 3mg folinic acid in 1mL	5	..	14.82	+11.00	BL	
	CALCIUM GLUCONATE						
1146H	Injection 1g in 10mL (10%)	5	1	10.81	11.00	Calcium-Sandoz	SZ

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	CAPTOPRIL To be prescribed on an authority prescription.						
1147J	Tablet 12.5mg	90	5	27.34	+11.00	Capoten	SQ
1148K	25mg	90	5	38.01	+11.00	Capoten	SQ
1149L	50mg	90	5	70.41	+11.00	Capoten	SQ
	CARBACHOL						
2535K	Eye Drops 15mg per mL (1.5%), 15mL	≠1	5	7.81	8.45	AQ	
2536L	30mg per mL (3%), 15mL	≠1	5	7.81	8.45	AQ	
	CARBAMAZEPINE						
2422L	Tablet 100mg	200	2	16.06	+11.00	Tegretol 100	CG
2419H	200mg	200	2	26.60 26.80	+11.00 +11.00	Teril Tegretol 200	AF CG
2427R	Oral Suspension 100mg per 5mL, 300mL	≠1	5	17.75	+11.00	Tegretol	CG
	CARBIMAZOLE						
1153Q	Tablet 5mg	200	2	*10.00	10.64	Neo-Mercazole	NS
	CARBOPLATIN To be prescribed on an authority prescription.						
1160C	Solution for I.V. Injection 50mg in 5mL	2	..	*101.90	+11.00	Paraplatin BL	BC
1161D	150mg in 15mL	6	..	*707.64	+11.00	Paraplatin BL	BC
1162E	450mg in 45mL	2	..	*512.24	+11.00	Paraplatin BL	BC
	CEFACLOR						
2460L	Powder for Oral Suspension 125mg per 5mL, 100mL	≠1	1	#10.13	11.00	Ceclor	LY
	CEFOTAXIME To be prescribed on an authority prescription.						
1085D	Injection 1g (solvent required) (codes 6591X, 6592Y, 6593B, 6594C, 6595D, 6596E apply to above item with approved solvents)	5	..	*55.50	+11.00	Claforan	RL
1086E	Injection 2g (solvent required) (codes 6597F, 6598G, 6599H, 6600J, 6601K, 6602L apply to above item with approved solvents)	5	..	*101.90	+11.00	Claforan	RL

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	
	CEFTRIAXONE To be prescribed on an authority prescription.						
1783W	Injection 500mg (solvent required) (codes 6861D, 6862E, 6863F, 6864G, 6865H, 6866J apply to above item with approved solvents)	2	..	*35.00	+11.00	Rocephin	RO
1784X	Injection 1g (solvent required) (codes 6867K, 6868L, 6869M, 6870N, 6871P, 6872Q apply to above item with approved solvents)	2	..	*59.76	+11.00	Rocephin	RO
1785Y	Injection 2g (solvent required) (codes 6873R, 6874T, 6875W, 6876X, 6877Y, 6878B apply to above item with approved solvents)	2	..	*109.14	+11.00	Rocephin	RO
1782T	Injection 250mg (solvent required) (codes 6855T, 6856W, 6857X, 6858Y, 6859B, 6860C apply to above item with approved solvents)	1	..	15.09	+11.00	Rocephin	RO
	CEPHALEXIN						
3058Y	Capsule 250mg	20	1	7.65 7.85	8.29 8.49	Ibilex 250 Ceporex Keflex	AF GL LY
3119E	500mg	20	1	10.40 10.60	11.00 11.00	Ibilex 500 Ceporex Keflex	AF GL LY
	Granules for Syrup						
3094W	125mg per 5mL, 100mL	≠1	1	#9.65 #9.85	10.58 10.78	Ibilex 125 Ceporex Keflex	AF GL LY
3095X	250mg per 5mL, 100mL	≠1	..	#11.65 #11.85	+11.00 +11.00	Ibilex 250 Ceporex Keflex	AF GL LY
	CEPHALOTHIN						
2964B	Injection 1g (solvent required) (codes 6609W, 6610X, 6611Y, 6612B, 6613C, 6614D apply to above item with approved solvents)	5	..	*19.90	+11.00	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	..	10.34	10.98	Keflin Neutral	LY
1136T	Injection 4g (solvent required) (codes 6621L, 6622M, 6623N, 6624P, 6625Q, 6626R apply to above item with approved solvents)	1	..	16.01	+11.00	Keflin Neutral	LY

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	CEPHAZOLIN To be prescribed on an authority prescription.						
1256D	Injection 500mg (solvent required) (codes 6627T, 6628W, 6629X, 6630Y, 6631B, 6632C apply to above item with approved solvents)	5	..	*20.00 20.00	+11.00 +11.00	Kefzol Cefamezin	LY SI
1257E	Injection 1g (solvent required) (codes 6633D, 6634E, 6635F, 6636G, 6637H, 6638J apply to above item with approved solvents)	5	..	*34.20 34.20	+11.00 +11.00	Kefzol Cefamezin	LY SI
	CHLORAL HYDRATE						
2935L	Capsule 500mg	25	..	5.57	6.21	Noctec	SQ
2869B	Mixture 250mg per 5mL, 200mL	≠1	..	5.80	6.44	Dormel	AU
	CHLORAMBUCIL						
1163F	Tablet 2mg	100	2	*61.76	+11.00	Leukeran	BW
1164G	5mg	100	2	*73.72	+11.00	Leukeran	BW
	CHLORAMPHENICOL CAUTION: Chloramphenicol may cause aplastic anaemia.						
1174T	Capsule 250mg	16	..	7.86	8.50	Chloromycetin	PD
2693R	Paediatric Oral Suspension 125mg per 5mL, 100mL	≠1	..	7.72	8.36	Chloromycetin Palmitate	PD
1167K	Injection 1g (solvent required) (codes 6651C, 6652D, 6653E, 6654F, 6655G, 6656H apply to above item with approved solvents)	3	..	*40.20	+11.00	Chloromycetin Succinate	PD
	CHLORAMPHENICOL CAUTION: Topical chloramphenicol may cause aplastic anaemia.						
1172Q	Ear Drops (aqueous) 5mg per mL (0.5%), 5mL	≠1	2	6.41	7.05	Chloromycetin	PD
2360F	Eye Drops 5mg per mL (0.5%), 10mL	≠1	2	6.00	6.64	Chloromycetin Chloroptic Chlorsig	PD AG SI
1171P	Eye Ointment 10mg per g (1%), 4g	≠1	..	5.96	6.60	Chloromycetin Chlorsig	PD 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	
	CHLORAMPHENICOL with POLYMYXIN B SULPHATE CAUTION: Topical chloramphenicol may cause aplastic anaemia.						
	Eye Drops						
1181E	5mg (0.5%)-5,000 units per mL, 10mL	≠1	2	6.03	6.67	Chloromyxin	PD
	Eye Ointment						
1177Y	10mg (1%)-5,000 units per g, 4g	≠1	..	6.08	6.72	Chloromyxin	PD
	CHLORHEXIDINE GLUCONATE						
1066D	Solution 50mg per mL (5%), 200mL	≠1	1	7.87	8.51	Hibitane Concentrate	IC
	CHLORMETHIAZOLE To be prescribed on an authority prescription.						
1410F	Capsule 192mg	50	..	11.74	+11.00	Hemineurin	AP
	CHLORMETHIAZOLE EDISYLATE						
1409E	I.V. Infusion 8mg per mL (0.8%), 500mL	1	..	18.37	+11.00	Hemineurin	AP
	CHLOROQUINE						
1184H	Tablet equivalent to 150mg (approx.) chloroquine base	100	..	7.98	8.62	Chlorquin Nivaquine	PT MB
	CHLOROTHIAZIDE						
1187L	Tablet 500mg	100	1	*9.86	10.50	Azide Chlotride	FM FR
	CHLORPROMAZINE HYDROCHLORIDE						
1196Y	Tablet 10mg	100	1	6.13	6.77	Largactil	MB
1197B	25mg	100	1	7.37 7.47	8.01 8.11	Protran Largactil	PT MB
1198C	50mg	100	1	8.08 8.18	8.72 8.82	Protran Largactil	PT MB
1199D	100mg	100	1	11.67 11.87	+11.00 +11.00	Protran Largactil	PT MB
1201F	Mixture 25mg per 5mL, 100mL	≠1	4	6.35	6.99	Largactil	MB
1195X	Injection 50mg in 2mL	10	..	8.99	9.63	Largactil	MB
1200E	Suppositories 100mg, 5	≠1	2	7.85	8.49	Largactil	MB
	CHLORPROPAMIDE						
1202G	Tablet 250mg	100	5	10.90	11.00	Diabinese	PF
	CHLORTHALIDONE						
1585K	Tablet 25mg	100	1	*9.86	10.50	Hygroton	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	
	CHOLESTYRAMINE To be prescribed on an authority prescription.						
2967E	Sachets 4.7g (equivalent to 4g cholestyramine), 50	2	5	*48.20	+11.00	Questran Lite	AP
2978R	Sachets 9.4g (equivalent to 8g cholestyramine), 50	≠1	5	45.59	+11.00	Questran Lite	AP
	CHOLINE THEOPHYLLINATE						
2789T	Tablet 200mg	100	5	6.94	7.58	Brondecon-PD Choledyl	PD WW
2786P	Elixir 50mg per 5mL, 500mL	≠1	5	7.04	7.68	Brondecon Elixir-PD	PD
2787Q	Syrup 50mg per 5mL, 500mL	≠1	5	7.04	7.68	Choledyl	WW
	CIMETIDINE To be prescribed on an authority prescription. (Proven duodenal, gastric ulcer.)						
1157X	Tablet 200mg	120	2	36.79	+11.00	Duractin Tagamet	CS SK
1158Y	400mg	60	2	36.79	+11.00	Duractin Tagamet	CS SK
1159B	800mg	30	1	36.79	+11.00	Duractin Tagamet	CS SK
	To be prescribed on an authority prescription. (Proven severe ulcerating oesophagitis.)						
1157X	Tablet 200mg	120	2	36.79	+11.00	Duractin Tagamet	CS SK
1158Y	400mg	60	2	36.79	+11.00	Duractin Tagamet	CS SK
	To be prescribed on an authority prescription. (Scleroderma oesophagus.) NOTE: A maximum of two repeats will be authorised under the 'urgent supply' mechanisms.						
1157X	Tablet 200mg	120	5	36.79	+11.00	Duractin Tagamet	CS SK
1158Y	400mg	60	5	36.79	+11.00	Duractin Tagamet	CS SK

(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	
	CIMETIDINE - cont. To be prescribed on an authority prescription. (Zollinger-Ellison syndrome.) NOTE: A maximum of two repeats will be authorised under the 'urgent supply' mechanisms.						
1157X	Tablet 200mg	240	5	*69.38	+11.00	Duractin Tagamet	CS SK
1158Y	400mg	120	5	*69.38	+11.00	Duractin Tagamet	CS SK
1159B	800mg	60	5	*69.38	+11.00	Duractin Tagamet	CS SK
	CIPROFLOXACIN To be prescribed on an authority prescription.						
1208N	Tablet 250mg	14	..	33.20	+11.00	Ciproxin 250	BN
1209P	500mg	14	..	61.10	+11.00	Ciproxin 500	BN
1210Q	750mg	14	..	89.03	+11.00	Ciproxin 750	BN
	CISPLATIN To be prescribed on an authority prescription.						
2578Q	I.V. Injection 10mg in 10mL	1	..	15.20	+11.00	BL	
2579R	50mg in 50mL	1	..	37.20	+11.00	BL	
2580T	100mg in 100mL	1	..	65.23	+11.00	BL	
2581W	Powder for I.V. Injection 10mg	1	..	15.20	+11.00	Platamine	FE
2582X	50mg	1	..	37.20	+11.00	Platamine	FE
	CLINDAMYCIN						
3137D	Capsule 75mg	25	..	9.40	10.04	Dalacin C	UP
3138E	150mg	25	..	12.04	+11.00	Dalacin C	UP
3139F	Granules for Syrup 75mg per 5mL, 100mL	≠1	..	#13.28	+11.00	Dalacin C	UP
	CLIOQUINOL						
3030L	Cream 10mg per g (1%), 30g	≠1	..	6.14	6.78	Vioform	SI
	CLOFIBRATE To be prescribed on an authority prescription.						
2892F	Capsule 500mg	100	5	12.90 12.95	+11.00 +11.00	Arterioflexin Atromid-S	PT IC
	CLOMIPHENE CITRATE See Special Pharmaceutical Benefits						

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	
	CLOMIPRAMINE HYDROCHLORIDE						
1561E	Tablet 25mg	50	1	12.44	+11.00	Anafranil	CG
	CLONAZEPAM						
1805B	Tablet 500 micrograms	200	2	14.55	+11.00	Rivotril	RO
1806C	2mg	200	2	22.23	+11.00	Rivotril	RO
1808E	Paediatric Oral Drops 2.5mg in 1mL, 10mL	2	..	*9.56	10.20	Rivotril	RO
1807D	Injection 1mg in 2mL (set containing solution 1mg in 1mL and 1mL diluent)	5	..	8.39	9.03	Rivotril	RO
	CLONIDINE						
3145M	Tablet 100 micrograms	100	5	15.32	+11.00	Catapres 100	BY
3141H	150 micrograms	100	5	19.55	+11.00	Catapres	BY
	CLOPAMIDE						
2392X	Tablet 5mg	100	1	*9.86	10.50	Brinaldix	SZ
	CLOTRIMAZOLE						
1017M	Cream 10mg per g (1%), 20g	≠1	1	6.77 6.78	7.41 7.42	Lotremin Canesten	SH BN
1027C	Lotion 10mg per mL (1%), 20mL	≠1	1	6.78	7.42	Canesten Lotremin	BN SH
1018N	Pessaries 100mg, 6	≠1	..	7.34	7.98	Canesten Gyne-Lotremin	BN SH
1020Q	Pessary 500mg	1	..	7.34	7.98	Canesten 1	BN
1019P	Vaginal Cream 50mg per 5g (1%), 35g	≠1	..	7.31	7.95	Canesten Gyne-Lotremin	BN SH
1006Y	100mg per 5g (2%), 20g	≠1	..	7.31	7.95	Canesten 3	BN
	CLOXACILLIN						
2300C	Capsule 250mg	24	..	11.20	+11.00	Alclox 250	AF
1120Y	500mg	24	..	18.20	+11.00	Alclox 500	AF
2299B	Injection 250mg (solvent required) (codes 6663Q, 6664R, 6665T, 6666W, 6667X, 6668Y apply to above item with approved solvents)	5	..	10.78	11.00	Austrastaph	CS
2301D	Injection 500mg (solvent required) (codes 6669B, 6670C, 6671D, 6672E, 6673F, 6674G apply to above item with approved solvents)	5	..	15.18	+11.00	Austrastaph Orbenin	CS BR
1420R	Injection 1g (solvent required) (codes 6675H, 6676J, 6677K, 6678L, 6679M, 6680N apply to above item with approved solvents)	5	..	21.42	+11.00	Austrastaph Orbenin	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	
	CODEINE PHOSPHATE						
1214X	Tablet 30mg	20	..	8.06	8.70	Codate AU,FA,FM	US
	CODEINE PHOSPHATE with ASPIRIN						
1222H	Tablet 30mg-325mg	20	..	6.07	6.71	Codral Forte	BW
	CODEINE PHOSPHATE with PARACETAMOL						
1215Y	Tablet 30mg-500mg	20	..	6.07	6.71	Panadeine Forte	WL
	COLCHICINE						
1227N	Tablet 500 micrograms	100	2	6.57	7.21	Colgout RT	PT
	COLESTIPOL HYDROCHLORIDE To be prescribed on an authority prescription.						
1224K	Sachets 5g, 120	≠1	5	56.96	+11.00	Colestid	UP
	COLISTIN						
2621Y	Injection 150mg (solvent required) (codes 6681P, 6682Q, 6683R, 6684T, 6685W, 6686X apply to above item with approved solvents)	5	..	*118.40	+11.00	Coly-Mycin	WW
	COLISTIN with NEOMYCIN						
2756C	Ear Drops 3mg-3.3mg per mL, 10mL	≠1	2	6.96	7.60	Coly-Mycin	WW
	COPPER SULPHATE						
1228P	Diagnostic Compound Tablets, 36	2	3	*11.80	+11.00	Clinitest	AM
	CORTISONE ACETATE						
1246N	Tablet 5mg	50	4	6.06	6.70	Cortate	PT
1247P	25mg	60	4	9.11	9.75	Cortate	PT
	CYCLOPENTHIAZIDE						
1264M	Tablet 500 micrograms	100	1	*10.06	10.70	Navidrex	CG
	CYCLOPHOSPHAMIDE						
1266P	Tablet 50mg	50	2	19.76	+11.00	Cycloblastin	FE
1265N	Injection 100mg (solvent required) (codes 6687Y, 6688B, 6689C, 6690D, 6691E, 6692F apply to above item with approved solvents)	6	..	32.74	+11.00	Cycloblastin	FE
2381H	Injection 200mg (solvent required) (codes 6693G, 6694H, 6695J, 6696K, 6697L, 6698M apply to above item with approved solvents)	6	..	34.66	+11.00	Cycloblastin	FE
1079T	Injection 500mg (solvent required) (codes 6699N, 6700P, 6701Q, 6702R, 6703T, 6704W apply to above item with approved solvents)	2	..	*19.78	+11.00	Cycloblastin	FE

(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	
	CYCLOPHOSPHAMIDE - cont.						
1080W	Injection 1g (solvent required) (codes 6705X, 6706Y, 6707B, 6708C, 6709D, 6710E apply to above item with approved solvents)	1	..	17.81	+11.00	Cycloblastin	FE
	CYPROHEPTADINE HYDROCHLORIDE						
1798P	Tablet 4mg	100	2	*8.44	9.08	Periactin	FR
	CYPROTERONE ACETATE To be prescribed on an authority prescription. (Precocious puberty, androgenisation in non-pregnant women.) CAUTION: This drug should not be used during pregnancy as it may result in feminisation of the male foetus.						
1269T	Tablet 50mg	20	5	50.75	+11.00	Androcur	SC
	To be prescribed on an authority prescription. (Prostatic carcinoma, reduction of drive in sexual deviations in males.)						
1270W	Tablet 50mg	50	5	102.48	+11.00	Androcur	SC
	CYTARABINE						
2925Y	Injection 40mg in 2mL	10	1	*33.96	+11.00	Alexan	BT
2926B	100mg in 5mL	10	1	68.88	+11.00	Alexan	BT
2910E	Injection set containing 100mg and 5mL solvent	10	1	*68.90	+11.00	Cytosar-U BL	UP
2911F	Injection 500mg in 25mL	2	1	*68.88	+11.00	Alexan	BT
2904W	Injection set containing 500mg and 10mL solvent	2	1	*68.88	+11.00	BL	
	DANAZOL To be prescribed on an authority prescription. CAUTION: Pregnancy must be excluded prior to administration of this drug.						
1285P	Capsule 100mg	100	5	81.79	+11.00	Danocrine	WL
1287R	200mg	100	5	114.37	+11.00	Danocrine	WL
	DANTROLENE SODIUM						
1779P	Capsule 25mg	100	2	20.40	+11.00	Dantrium	NW
1780Q	50mg	100	2	32.00	+11.00	Dantrium	NW

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	DEBRISOQUINE						
2740F	Tablet 10mg	100	5	11.36	+11.00	Declinax	RO
2741G	20mg	100	5	14.58	+11.00	Declinax	RO
	DEMECLOCYCLINE HYDROCHLORIDE						
2854F	Capsule 150mg	100	3	28.40	+11.00	Ledermycin	LE
	DESIPRAMINE HYDROCHLORIDE						
2972K	Tablet 25mg	50	2	7.00	7.64	Pertofran	CG
	DESMOPRESSIN						
	Intranasal Solution						
2129C	100 micrograms per mL, 2.5mL	5	2	*99.50	+11.00	Minirin	FC
	DEXAMETHASONE						
2508B	Injection 120mg in 5mL	1	..	28.40	+11.00	Decadron Shock Pak	MK
	DEXAMETHASONE						
1292B	Tablet 500 micrograms	30	4	5.96	6.60	Dexmethsone	PT
						Oradexon	OR
2507Y	4mg	30	4	9.37	10.01	Dexmethsone	PT
1288T	Eye Drops 1mg per mL (0.1%), 5mL	≠1	2	6.43	7.07	Maxidex	AQ
2509C	Injection 4mg in 1mL	5	..	12.23	+11.00	Decadron	MK
1290X	5mg in 1mL	5	..	13.35	+11.00	Oradexon	OR
1291Y	8mg in 2mL	5	..	15.34	+11.00	Decadron	MK
	DEXAMETHASONE with FRAMYCETIN SULPHATE and GRAMICIDIN						
	Ear Drops						
2781J	500 micrograms-5mg-50 micrograms per mL, 8mL	≠1	2	5.94	6.58	Sofradex	RL
	Ear Ointment						
2759F	500 micrograms-5mg-50 micrograms per g, 5g	≠1	2	5.74	6.38	Sofradex	RL
	DEXAMPHETAMINE SULPHATE To be prescribed on an authority prescription.						
1165H	Tablet 5mg	100	5	10.10	10.74	SI	
	DEXTRAN 40 See Intravenous Infusions						
	DEXTRAN 70 See Intravenous Infusions						
	DIAZEPAM						
3161J	Tablet 2mg	50	..	5.52	6.16	Antenex 2	AF
						Pro-Pam	PT
				5.72	6.36	Ducene	SU
						Valium	RO

(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	
	DIAZEPAM - cont.						
3162K	Tablet 5mg	50	..	5.71	6.35	Antenex 5	AF
						Pro-Pam	PT
				5.91	6.55	Ducene	SU
						Valium	RO
2559Q	Paediatric Syrup 2mg per 5mL, 100mL	≠1	..	8.36	9.00	Valium	RO
2558P	Injection 10mg in 2mL	5	..	5.97	6.61	BL	
				6.17	6.81	Valium	RO
	DIAZOXIDE						
3068L	Injection 300mg in 20mL	1	..	15.00	+11.00	BL	
				15.11	+11.00	Hyperstat I.V.	SH
	DICHLORPHENAMIDE						
1303N	Tablet 50mg	50	6	11.76	+11.00	Daranide	SI
	DICLOFENAC SODIUM						
1299J	Tablet 25mg (enteric coated)	50	3	8.84	9.48	Voltaren 25	CG
1300K	50mg (enteric coated)	50	3	9.97	10.61	Voltaren 50	CG
	DIENOESTROL						
1310Y	Cream 500 micrograms per 5g (0.01%), 85g	≠1	1	6.70	7.34	JC	
	DIFENOXIN HYDROCHLORIDE with ATROPINE SULPHATE						
2506X	Tablet 500 micrograms-25 micrograms	20	..	5.71	6.35	Lyspafen	PT
	DIFLUNISAL						
1319K	Tablet 250mg	50	3	8.99	9.63	Dolobid	MK
	DIGOXIN						
2605D	Tablet 62.5 micrograms	200	1	*7.62	8.26	Lanoxin-PG	BW
1322N	250 micrograms	100	1	*6.92	7.56	Lanoxin	BW
	Oral Solution for children						
3164M	50 micrograms per mL, 100mL	≠1	3	8.73	9.37	Lanoxin	BW
1321M	Injection 500 micrograms in 2mL	5	1	9.40	10.04	Lanoxin	BW
	DIHYDROERGOTAMINE MESYLATE						
1323P	Injection 1mg in 1mL	5	..	8.21	8.85	Dihydergot	SZ
	DIHYDROTACHYSTEROL To be prescribed on an authority prescription.						
1483C	Capsule 125 micrograms	100	5	39.55	+11.00	A.T.10	WL
	DILOXANIDE FUROATE						
1333E	Tablet 500mg	30	..	12.30	+11.00	Furamide	BT

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	DILTIAZEM HYDROCHLORIDE To be prescribed on an authority prescription. CAUTION: The myocardial depressant effects of this drug and of beta-blocking drugs are additive.						
1335G	Tablet 60mg	100	5	32.20	+11.00	Cardizem	IC
	DIMERCAPROL						
1334F	Injection 100mg in 2mL	12	..	50.91	+11.00	B.A.L.	BT
	DIPHENOXYLATE HYDROCHLORIDE with ATROPINE SULPHATE						
2501P	Tablet 2.5mg-25 micrograms	20	..	5.71	6.35	Lomotil	SR
	DIPHTHERIA ANTITOXIN						
1344R	Injection 10,000 units	2	1	*62.34	+11.00	CS	
	DIPHTHERIA and TETANUS VACCINE, ADSORBED For immunisation of children up to the age of eight years.						
1341N	Injection 0.5mL	3	..	*12.96	+11.00	CS	
	DIPHTHERIA and TETANUS VACCINE, ADSORBED, DILUTED FOR ADULT USE For immunisation of adults and children over the age of eight years.						
3019X	Injection 0.5mL	3	..	*13.35	+11.00	CS	
	DIPHTHERIA, TETANUS and PERTUSSIS VACCINE, ADSORBED						
1346W	Injection 0.5mL	3	..	*14.10	+11.00	CS,PD	
	DIPHTHERIA VACCINE, ADSORBED For immunisation of children up to the age of eight years.						
1348Y	Injection 0.5mL	2	1	*11.40	+11.00	CS	
	DIPHTHERIA VACCINE, ADSORBED, DILUTED FOR ADULT USE For immunisation of adults and children over the age of eight years.						
3020Y	Injection 0.5mL	2	..	*10.88	11.00	CS	
	DIPIVEFRINE HYDROCHLORIDE						
1351D	Eye Drops 1mg per mL (0.1%), 10mL	≠1	5	10.29	10.93	Propine	AG
	DISODIUM ETIDRONATE To be prescribed on an authority prescription.						
2920Q	Tablet 200mg	60	5	79.88	+11.00	Didronel	NW

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	DISOPYRAMIDE						
2923W	Capsule 100mg	100	5	16.20	+11.00	Norpace	SR
						Rythmodan	RL
2924X	150mg	100	5	21.00	+11.00	Norpace	SR
						Rythmodan	RL
	DOCUSATE SODIUM with BISACODYL						
1125F	Suppositories 100mg-10mg, 5	2	..	*7.68	8.32	Coloxyl	FM
	DOMPERIDONE						
1347X	Tablet 10mg	25	..	6.42	7.06	Motilium	JC
	DOTHIEPIN HYDROCHLORIDE						
1357K	Capsule 25mg	50	2	6.66	7.30	Prothiaden	BT
1358L	Tablet 75mg	30	2	6.94	7.58	Prothiaden	BT
	DOXEPIN HYDROCHLORIDE						
1012G	Tablet 50mg (base)	50	2	6.94	7.58	Deptran 50	AF
1011F	Capsule 10mg (base)	50	2	5.67	6.31	Deptran 10	AF
						Sinequan	PF
1013H	25mg (base)	50	2	5.71	6.35	Deptran 25	AF
						Sinequan	PF
	DOXORUBICIN HYDROCHLORIDE Powder for I.V. Injection or Intravesical Administration						
1338K	10mg	4	..	*187.36	+11.00	Adriamycin	FE
1337J	20mg	4	..	*357.68	+11.00	Adriamycin	FE
1339L	50mg	3	..	*659.97	+11.00	Adriamycin	FE
	DOXYCYCLINE						
2711Q	Tablet 50mg	25	5	8.20	8.84	Doxylin 50	AF
				8.40	9.04	Vibra-Tabs	PF
2714W	100mg	21	..	*11.55	+11.00	Doxylin 100	AF
				*12.12	+11.00	Vibramycin	PF
2707L	Capsule 50mg	25	5	8.98	9.62	Doryx	FA
2715X	100mg	21	..	*11.82	+11.00	Cyclidox	PT
				12.12	+11.00	Doryx	FA
	DOXYCYCLINE						
2709N	Tablet 100mg	7	1	6.65	7.29	Doxylin 100	AF
				6.84	7.48	Vibramycin	PF
2708M	Capsule 100mg	7	1	6.74	7.38	Cyclidox	PT
				6.84	7.48	Doryx	FA
	DYDROGESTERONE To be prescribed on an authority prescription.						
1350C	Tablet 10mg	50	5	26.70	+11.00	Duphaston	JC

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	ECONAZOLE NITRATE						
1364T	Cream 10mg per g (1%), 20g	≠1	1	6.78	7.42	Ecostatin Pevaryl	SQ SK
1365W	Lotion 10mg per mL (1%), 20mL	≠1	1	6.78	7.42	Ecostatin Pevaryl	SQ SK
1366X	Pessaries 150mg, 3	≠1	..	7.34	7.98	Ecostatin Pevaryl	SQ SK
	Vaginal Cream						
1367Y	75mg per 5g (1.5%), 35g	≠1	..	7.31	7.95	Ecostatin	SQ
	ECOTHIOPATE IODIDE						
	Eye Drops						
1359M	300 micrograms per mL (0.03%), 1.5mg and 5mL solvent	≠1	5	#13.65	+11.00	Phospholine Iodide	AY
2405N	600 micrograms per mL (0.06%), 3mg and 5mL solvent	≠1	5	#13.65	+11.00	Phospholine Iodide	AY
1360N	1.25mg per mL (0.125%), 6.25mg and 5mL solvent	≠1	5	#13.65	+11.00	Phospholine Iodide	AY
1361P	2.5mg per mL (0.25%), 12.5mg and 5mL solvent	≠1	5	#15.43	+11.00	Phospholine Iodide	AY
	ELECTROLYTE REPLACEMENT (ORAL)						
	Powder for Solution						
2992L	Sachets 40g, 6	≠1	..	7.55	8.19	Repalyte	AU
	ELECTROLYTE REPLACEMENT SOLUTION See Intravenous Infusions						
	ENALAPRIL MALEATE To be prescribed on an authority prescription.						
1370D	Tablet 5mg	30	5	21.48	+11.00	Amprace 5 Renitec M	AD MK
1368B	10mg	30	5	29.43	+11.00	Amprace 10 Renitec	AD MK
1369C	20mg	30	5	40.10	+11.00	Amprace 20 Renitec 20	AD MK
	EPIRUBICIN HYDROCHLORIDE To be prescribed on an authority prescription.						
1372F	Powder for I.V. Injection 10mg	1	..	52.64	+11.00	Pharmorubicin	FE
1373G	20mg	1	..	97.66	+11.00	Pharmorubicin	FE
1374H	50mg	1	..	235.41	+11.00	Pharmorubicin	FE

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	ERGOCALCIFEROL						
2498L	Tablet 250 micrograms	100	5	8.90	9.54	Ostelin	BT
	ERGOMETRINE MALEATE						
1380P	Tablet 200 micrograms	24	..	6.96	7.60	Ergotrate	LY
1378M	Injection 250 micrograms in 1mL	5	..	6.65	7.29	BL	
	ERGOTAMINE TARTRATE						
1383T	Capsule 1mg	50	2	8.29	8.93	Ergodryl Mono	PD
	ERGOTAMINE TARTRATE with CAFFEINE						
1385X	Tablet 1mg-100mg	50	2	8.29	8.93	Cafergot	SZ
	ERGOTAMINE TARTRATE with CAFFEINE, ITOBARBITONE and BELLADONNA ALKALOIDS Suppositories						
1386Y	2mg-100mg-100mg-250 micrograms, 5	≠1	2	6.87	7.51	Cafergot PB	SZ
	ERYTHROMYCIN						
1399P	Tablet 250mg	25	1	7.16	7.80	EMU-V AB	UP
1402T	Capsule 125mg	25	1	6.94	7.58	Eryc	FA
1400Q	175mg	25	1	7.16	7.80	Eryc LD	FA
1404X	250mg	25	1	7.44	8.08	Eryc Ilocap	FA LY
	ERYTHROMYCIN ESTOLATE Paediatric Oral Drops						
2499M	100mg (base) per mL, 10mL	≠1	1	6.89	7.53	Ilosone	LY
	Paediatric Oral Suspension						
2423M	125mg (base) per 5mL, 100mL	≠1	1	6.89	7.53	Ilosone	LY
	ERYTHROMYCIN ETHYL SUCCINATE						
2749Q	Tablet 200mg (base)	25	1	6.94	7.58	E.E.S. Dulcet	AB
2750R	400mg (base)	25	1	7.44	8.08	E.E.S. 400	AB
2424N	Granules for Paediatric Oral Suspension 200mg (base) per 5mL, 100mL	≠1	1	#8.95	9.88	E.E.S. 200	AB
1395K	Injection I.M. 100mg (base) in 2mL	5	..	9.96	10.60	Erythrocin	AB
	ERYTHROMYCIN LACTOBIONATE						
1398N	Infusion I.V. 300mg (base)	5	..	*21.40	+11.00	Erythrocin	AB
1397M	1g (base)	1	..	13.49	+11.00	Erythrocin	AB
	ERYTHROMYCIN STEARATE						
1401R	Tablet 250mg (base)	25	1	7.16	7.80	Erythrocin	AB
1403W	Capsule 250mg (base)	25	1	7.16	7.80	Erythrocin	AB

(continued)

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	ERYTHROMYCIN STEARATE - cont.						
	Paediatric Oral Suspension						
2425P	125mg (base) per 5mL, 100mL	≠1	1	6.89	7.53	Erythrocin	AB
	Oral Suspension						
2610J	250mg (base) per 5mL, 100mL	≠1	..	8.31	8.95	Erythrocin	AB
	ETHACRYNIC ACID						
2511E	Tablet 50mg	50	3	10.72	11.00	Edecril	MK
	ETHINYLOESTRADIOL						
1405Y	Tablet 10 micrograms	200	1	*7.46	8.10	Estigyn	GL
1406B	20 micrograms	200	1	*7.72	8.36	Estigyn	GL
1407C	50 micrograms	200	1	*8.86	9.50	Estigyn	GL
	ETHOSUXIMIDE						
1413J	Capsule 250mg	200	2	22.40	+11.00	Zarontin	PD
	Paediatric Syrup						
1414K	250mg per 5mL, 250mL	≠1	4	12.90	+11.00	Zarontin	PD
	ETHYNODIOL DIACETATE with ETHINYLOESTRADIOL						
	Tablet						
3166P	500 micrograms-50 micrograms, 21	4	2	*11.32	+11.00	Ovulen 0.5/50	SR
3167Q	1mg-50 micrograms, 21	4	2	*11.32	+11.00	Ovulen 1/50	SR
2447T	Pack containing 21 tablets 500 micrograms-50 micrograms and 7 inert tablets	4	2	*11.32	+11.00	Ovulen 0.5/50-28	SR
3168R	Pack containing 21 tablets 1mg-50 micrograms and 7 inert tablets	4	2	*11.32	+11.00	Ovulen 1/50-28	SR
	ETRETINATE To be prescribed on an authority prescription. CAUTION: This drug is a potent teratogen - pregnancy should be avoided for at least two years after cessation of therapy.						
1421T	Capsule 10mg	100	5	126.27	+11.00	Tigason	RO
1422W	25mg	100	5	257.13	+11.00	Tigason	RO
	FAMOTIDINE To be prescribed on an authority prescription. (Proven duodenal, gastric ulcer.)						
2487X	Tablet 20mg	60	2	38.40	+11.00	Amfamox 20 Pepcidine M	AD MK
2488Y	40mg	30	1	38.40	+11.00	Amfamox 40 Pepcidine	AD MK

(continued)

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	FAMOTIDINE - cont. To be prescribed on an authority prescription. (Zollinger-Ellison syndrome.) NOTE: A maximum of two repeats will be authorised under the 'urgent supply' mechanisms.						
2487X	Tablet 20mg	120	5	*72.60	+11.00	Amfamox 20 Pepcidine M	AD MK
2488Y	40mg	60	5	*72.60	+11.00	Amfamox 40 Pepcidine	AD MK
	FELODIPINE						
2364K	Tablet 5mg	60	5	25.61	+11.00	Agon Plendil	HP AP
	FENOTEROL HYDROBROMIDE						
1312C	Inhalation Solution for use in RESPIRATOR or NEBULISER 1mg per mL (0.1%), 20mL	≠1	5	7.88	8.52	Berotec	BY
1313D	Oral Pressurised Inhalation, 200 micrograms per dose (300 dose)	≠1	5	8.63	9.27	Berotec	BY
	FERROUS AMINOACETOSULPHATE						
2465R	Paediatric Syrup 100mL	≠1	4	5.67	6.31	Plesmet	NN
	FERROUS GLUCONATE						
2726L	Paediatric Elixir 300mg per 5mL (6%), 100mL	≠1	4	5.67	6.31	Fergon	WL
	FERROUS SULPHATE DRIED						
1150M	Tablet 320mg (delayed release)	30	2	5.67	6.31	Slow-Fe	CG
2689M	350mg (sustained release)	30	2	5.66 5.67	6.30 6.31	Feritard Ferro-Gradumets	PT AB
3100E	Capsule 320mg (delayed release)	30	2	5.67	6.31	Fespan	SK
	FERROUS SULPHATE DRIED with FOLIC ACID						
3150T	Tablet 270mg-300 micrograms (delayed release)	30	2	5.66	6.30	Feritard Folic	PT
3160H	270mg-300 micrograms (sustained release)	30	2	5.71	6.35	F.G.F.	AB
3149R	Capsule 270mg-300 micrograms (delayed release)	30	2	5.71	6.35	Fefol	SK
	FLECAINIDE ACETATE To be prescribed on an authority prescription.						
1090J	Tablet 100mg	60	5	35.90	+11.00	Tambocor	RK

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	FLUCLOROLONE ACETONIDE						
1363R	Cream 250 micrograms per g (0.025%), 15g	≠1	1	5.46	6.10	Topilar	SD
	FLUCLOXACILLIN						
1526H	Capsule 250mg	24	..	11.20	+11.00	Staphylex 250	AF
				11.40	+11.00	Flopen	CS
						Floxapen	BR
						Flucil 250	PT
1527J	500mg	24	..	18.20	+11.00	Staphylex 500	AF
				18.40	+11.00	Flopen	CS
						Floxapen	BR
						Flucil 500	PT
	Powder for Syrup						
1528K	125mg per 5mL, 100mL	≠1	..	#11.01	+11.00	Flopen	CS
						Floxapen	BR
1529L	250mg per 5mL, 100mL	≠1	..	#14.44	+11.00	Flopen	CS
						Floxapen	BR
1523E	Injection 250mg (solvent required) (codes 6717M, 6718N, 6719P, 6720Q, 6721R, 6722T apply to above item with approved solvents)	5	..	10.78	11.00	Flopen	CS
1524F	Injection 500mg (solvent required) (codes 6723W, 6724X, 6725Y, 6726B, 6727C, 6728D apply to above item with approved solvents)	5	..	15.18	+11.00	Flopen	CS
						Floxapen	BR
1525G	Injection 1g (solvent required) (codes 6729E, 6730F, 6731G, 6732H, 6733J, 6734K apply to above item with approved solvents)	5	..	21.42	+11.00	Flopen	CS
						Floxapen	BR
	FLUCYTOSINE						
1073L	Tablet 500mg	100	..	137.65	+11.00	Ancotil	RO
	FLUDROCORTISONE ACETATE						
1433K	Tablet 100 micrograms	200	1	*11.60	+11.00	Florinef	SQ
	FLUMETHASONE PIVALATE with CLIOQUINOL Ear Drops						
2823N	200 micrograms-10mg per mL (0.02%-1%), 7.5mL	≠1	..	5.94	6.58	Locacorten Vioform	CG
	FLUOCORTOLONE ESTERS						
1305Q	Cream 2mg per g (0.2%), 15g	≠1	1	5.46	6.10	Ultralan-D	SC
1306R	Ointment 2mg per g (0.2%), 15g	≠1	1	5.46	6.10	Ultralan-D	SC
1307T	Ointment (anhydrous) 2mg per g (0.2%), 15g	≠1	1	5.46	6.10	Ultralan-D Fatty	SC

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	FLUOROMETHOLONE						
1204J	Eye Drops 1mg per mL (0.1%), 5mL	≠1	5	6.84	7.48	Flucon	AQ
						FML Liquifilm	AG
	FLUOROMETHOLONE ACETATE						
1438Q	Eye Drops 1mg per mL (0.1%), 5mL	≠1	2	6.84	7.48	Flarex	AQ
	FLUOROURACIL						
2521Q	Injection 250mg in 10mL	20	..	*58.88	+11.00	BL,RO	
2528C	500mg in 10mL	10	..	*52.48	+11.00	BL	
				*58.88	+11.00	Fluroblastin	FE
	FLUOXYMESTERONE To be prescribed on an authority prescription.						
1435M	Tablet 5mg	100	3	18.52	+11.00	Halotestin	UP
	FLUPHENAZINE DECANOATE						
1046C	Injection 12.5mg in 0.5mL	5	..	14.94	+11.00	Modecate	SQ
3098C	25mg in 1mL	5	..	22.14	+11.00	Modecate	SQ
1001Q	50mg in 2mL	5	..	32.27	+11.00	Modecate	SQ
	FLUPHENAZINE HYDROCHLORIDE						
2659Y	Tablet 1mg	100	1	7.28	7.92	Anatensol	SQ
2660B	2.5mg	100	1	8.59	9.23	Anatensol	SQ
2661C	5mg	100	1	10.68	11.00	Anatensol	SQ
	FOLIC ACID						
2958Q	Tablet 500 micrograms	200	..	*6.74	7.38	PT	
				*6.76	7.40	SI	
1437P	5mg	200	1	*6.96	7.60	AU	
				*7.00	7.64	Folasic	NN
						Folicid PT,RT,SI	US
1436N	Injection 15mg in 1mL	10	..	*13.76	+11.00	AB	
	FOSFESTROL SODIUM						
1353F	Tablet 120mg	100	2	41.08	+11.00	Honvan	BC
1352E	Injection 250mg in 5mL	10	..	23.15	+11.00	Honvan	BC
	FRAMYCETIN SULPHATE						
1439R	Eye Ointment 5mg per g (0.5%), 5g	≠1	..	5.88	6.52	Soframycin	RL
1440T	Eye and Ear Drops 5mg per mL (0.5%), 8mL	≠1	2	6.00	6.64	Soframycin	RL
	FRUSEMIDE						
2415D	Tablet 500mg	50	3	19.11	+11.00	Urex-Forte	FM

(continued)

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	FRUSEMIDE - cont.						
2414C	Tablet 20mg	100	1	*8.44	9.08	Lasix-M	HP
						Urex-M	FM
2412Y	40mg	100	1	*8.50	9.14	Uremide	PT
				*8.94	9.58	Lasix	HP
				8.94	9.58	Urex	FM
2411X	Oral Solution 10mg per mL, 30mL	≠1	3	10.12	10.76	Lasix	HP
2413B	Injection 20mg in 2mL	5	..	6.70	7.34	Lasix	HP
						AF	
	FUSIDIC ACID To be prescribed on an authority prescription.						
2312Q	Tablet (sodium salt) 250mg (enteric coated)	36	..	62.48	+11.00	Fucidin	SK
2311P	Oral Suspension 50mg per mL, 90mL	≠1	..	46.49	+11.00	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	*98.76	+11.00	CS	
	GENTAMICIN SULPHATE Eye Drops						
1441W	3mg (base) per mL (0.3%), 5mL	≠1	2	8.04	8.68	Genoptic	AG
	GENTAMICIN SULPHATE						
1068F	Injection 40mg (base) in 1mL	5	..	14.64	+11.00	Garamycin	SH
						BL	
1168L	60mg (base) in 1.5mL	5	..	17.14	+11.00	Garamycin	SH
						BL	
2824P	80mg (base) in 2mL	5	..	8.92	9.56	Cidomycin	RL
				9.18	9.82	Garamycin	SH
						BL	
	GLIBENCLAMIDE						
2939Q	Tablet 5mg	100	5	10.20	10.84	Daonil	HP
						Euglucon	SK
						Glimel	AF
	GLICLAZIDE						
2449X	Tablet 80mg	100	5	14.21	+11.00	Diamicron	SE
	GLIPIZIDE						
2440K	Tablet 5mg	100	5	14.21	+11.00	Minidiab	FE

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	GLUCAGON HYDROCHLORIDE						
1447E	Injection 1 i.u. with diluent	1	1	11.61	+11.00	LY	
1449G	Injection set containing 1mg (1 i.u.) and 1mL solvent in disposable syringe	1	1	14.87	+11.00	Glucagon Novo	CN
	GLUCOSE						
3040B	Injection 5g in 10mL (50%)	5	..	7.98	8.62	AP	
	Injections 500mL and 1L - See Intravenous Infusions						
	GLUCOSE INDICATOR - BLOOD						
2912G	Reagent Strips, 50	2	5	*33.50	+11.00	Ames-BG	AM
						BM-Test-BG	BO
2914J	Reagent Strips, 50	2	5	*34.20	+11.00	Hypoguard GA	AS
				*40.64	+11.00	BM-Test-Glycemie 20-800	BO
						Glucostix	AM
	GLUCOSE INDICATOR - URINE						
1448F	Test Dispenser 4m	≠1	2	9.66	10.30	Tes-Tape	LY
2352T	Reagent Strips, 100	≠1	2	9.10	9.74	Clinistix	AM
3104J	Reagent Strips, 100	≠1	2	9.66	10.30	Diastix	AM
	GLUCOSE and KETONE INDICATOR - URINE						
3107M	Reagent Strips, 100	≠1	2	11.40	+11.00	Keto-Diastix	AM
	GLYCERYL TRINITRATE						
1459T	Tablets 600 micrograms, 100	≠1	5	5.70	6.34	Anginine Stabilised	BW
	Ointment						
1452K	15mg (approx.) per 2.5cm (2%), 60g	≠1	5	11.64	+11.00	Nitro-Bid	FC
1513P	Transdermal Disc releasing approximately 5mg per 24 hours	30	2	20.83	+11.00	Nitradisc	SR
1514Q	Transdermal Disc releasing approximately 10mg per 24 hours	30	2	27.53	+11.00	Nitradisc	SR
1515R	Transdermal Pad releasing approximately 5mg per 24 hours	30	2	20.83	+11.00	Transiderm-Nitro 25	CG
1516T	Transdermal Pad releasing approximately 10mg per 24 hours	30	2	27.53	+11.00	Transiderm-Nitro 50	CG
	GOSERELIN To be prescribed on an authority prescription.						
1454M	Subcutaneous Implant 3.6mg	1	5	366.27	+11.00	Zoladex Depot	IC

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	GRISEOFULVIN						
1460W	Tablet 125mg	100	2	11.34	+11.00	Fulcin 125 Grisovin	IC GL
2983B	330mg	28	2	11.46	+11.00	Griseostatin	SH
2982Y	500mg	28	2	11.46	+11.00	Fulcin 500 Grisovin 500	IC GL
	HALOPERIDOL						
2767P	Tablet 1.5mg	100	1	7.14	7.78	Serenace	SR
2770T	5mg	50	1	7.90	8.54	Serenace	SR
2762J	Oral Liquid 2mg per mL, 15mL	≠1	2	7.03	7.67	Serenace	SR
2763K	2mg per mL, 100mL	≠1	1	12.39	+11.00	Serenace	SR
2768Q	Injection 5mg in 1mL	10	..	11.65	+11.00	Serenace	SR
	HEPARIN CALCIUM						
1234Y	Injection 5,000 units in 0.2mL	5	5	9.88	10.52	Calcihep Calciparine Caprin	FC BL CS
1235B	5,000 units in 0.5mL	5	5	9.88	10.52	Caprin	CS
1053K	12,500 units in 0.5mL	2	5	*9.40 9.40	10.04 10.04	CS Calciparine	BL
1054L	25,000 units in 1mL	2	5	*10.94 10.94	11.00 11.00	CS Calciparine	BL
	HEPARIN SODIUM						
1466E	Injection 5,000 units in 0.2mL	5	5	8.80	9.44	BL,CS,FC	
1467F	5,000 units in 1mL	5	5	8.80 8.84	9.44 9.48	FC BL,CS	
1469H	20,000 units in 20mL	12	5	38.11	+11.00	BL	
1468G	25,000 units in 5mL	2	5	*10.94	11.00	CS,FC	
1076P	35,000 units in 35mL	12	5	*81.72	+11.00	CS,FC	
	HEXAMINE HIPPURATE						
3124K	Tablet 1g	100	5	15.00	+11.00	Hiprex	RK
	HEXAMINE MANDELATE						
1617D	Tablet 250mg	200	2	*12.74	+11.00	Mandelamine	WW
1618E	500mg	200	2	*15.60	+11.00	Mandelamine Hafgrams	WW
2690N	1g	100	5	13.93	+11.00	Mandelamine	WW
	HOMATROPINE HYDROBROMIDE						
2541R	Eye Drops 20mg per mL (2%), 15mL	≠1	2	7.21	7.85	AG,AQ	
2542T	50mg per mL (5%), 15mL	≠1	2	7.91	8.55	AG,AQ	

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	HUMAN CHORIONIC GONADOTROPHIN To be prescribed on an authority prescription.						
1579D	Injection Set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1mL	1	5	20.14	+11.00	Pregnyl Profasi 500	OR CS
1580E	containing 3 ampoules powder for injection 1,000 units and 3 ampoules solvent 1mL	1	5	25.75	+11.00	Profasi 1000	CS
1581F	containing 3 ampoules powder for injection 1,500 units and 3 ampoules solvent 1mL	1	5	27.75	+11.00	Pregnyl	OR
1582G	containing 3 ampoules powder for injection 2,000 units and 3 ampoules solvent 1mL	1	5	29.75	+11.00	Profasi 2000	CS
1477R	containing one ampoule powder for injection 5,000 units and one ampoule solvent 1mL	1	5	16.20	+11.00	Profasi 5000	CS
	HUMAN MENOPAUSAL GONADOTROPHIN To be prescribed on an authority prescription.						
1599E	Injection set containing 10 ampoules powder for injection providing 75 units follicle stimulating hormone and 75 units luteinizing hormone and 10 ampoules solvent 1mL	1	5	201.64	+11.00	Humegon Pergonal	OR CS
	HYDRALAZINE HYDROCHLORIDE						
1640H	Tablet 25mg	200	2	*9.52	10.16	Alphapress 25 Supres 25	AF PT
1639G	50mg	200	2	*11.94	+11.00	Alphapress 50 Supres 50	AF PT
	HYDROCHLOROTHIAZIDE						
1484D	Tablet 25mg	100	1	*8.18	8.82	Dichlotride	MK
1485E	50mg	100	1	*10.06	10.70	Dichlotride	MK
	HYDROCHLOROTHIAZIDE with AMILORIDE HYDROCHLORIDE CAUTION: Serum electrolytes should be checked regularly. Supplementary potassium may cause life-threatening hyperkalaemia.						
1486F	Tablet 50mg-5mg	100	1	*11.68	+11.00	Amizide Moduretic	PT MK

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	HYDROCHLOROTHIAZIDE with TRIAMTERENE CAUTION: Serum electrolytes should be checked regularly. Supplementary potassium may cause life-threatening hyperkalaemia.						
1280J	Tablet 25mg-50mg	100	1	*12.34	+11.00	Dyazide	SK
	HYDROCORTISONE						
1499X	Tablet 4mg	50	4	6.06	6.70	Hysone	PT
1500Y	20mg	60	4	9.11	9.75	Hysone	PT
1489J	Eye Drops 5mg per mL (0.5%), 10mL	≠1	5	7.50	8.14	Hycor	SI
1492M	10mg per mL (1%), 10mL	≠1	5	7.60	8.24	Hycor	SI
1494P	25mg per mL (2.5%), 10mL	≠1	2	8.50	9.14	Hycor	SI
1495Q	Cream 10mg per g (1%), 50g	≠1	1	6.31	6.95	Egocort	EO
	HYDROCORTISONE ACETATE						
1498W	Injection 25mg in 1mL	5	..	13.56	+11.00	Hysone-A	PT
1502C	Rectal Foam 125mg per applicator (10%), Aerosol 25g	2	3	*28.68	+11.00	Colifoam	SV
	HYDROCORTISONE ACETATE						
1496R	Eye Ointment 5mg per g (0.5%), 4g	≠1	..	6.11	6.75	Cortef	UP
1497T	5mg per g (0.5%), 5g	≠1	..	6.59	7.23	Hycor	SI
2441L	10mg per g (1%), 5g	≠1	..	7.00	7.64	Hycor	SI
2887Y	Cream 10mg per g (1%), 30g	≠1	1	5.87	6.51	Adacor Cortef Dermacort Hydrosone Sigmacort Squibb-HC	NN UP PD US SI SQ
2881P	10mg per g (1%), 50g	≠1	1	6.31	6.95	Adacor Cortef Dermacort Sigmacort Squibb-HC	NN UP PD SI SQ
2888B	Topical Ointment 10mg per g (1%), 30g	≠1	1	5.87	6.51	Adacor Cortef Sigmacort Squibb-HC	NN UP SI SQ
2882Q	10mg per g (1%), 50g	≠1	1	6.31	6.95	Adacor Cortef Dermacort "0" Sigmacort Squibb-HC	NN UP PD SI SQ

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	HYDROCORTISONE ACETATE with NEOMYCIN SULPHATE						
	Ear Drops						
2794C	15mg-5mg per mL (1.5%-0.5%), 5mL	≠1	..	5.94	6.58	Neo-Cortef	UP
	Ear Ointment						
2795D	15mg-5mg per g (1.5%-0.5%), 4g	≠1	2	5.74	6.38	Neo-Cortef	UP
	HYDROCORTISONE SODIUM SUCCINATE						
	Injection Set						
1510L	containing equivalent of 100mg hydrocortisone and 2mL solvent	6	..	*18.00	+11.00	Nordicort	NR
				*18.18	+11.00	Solu-Cortef	UP
1511M	containing equivalent of 250mg hydrocortisone and 2mL solvent	6	..	*34.62	+11.00	Solu-Cortef	UP
3097B	containing equivalent of 500mg hydrocortisone and 4mL solvent	2	..	*23.40	+11.00	Solu-Cortef	UP
	HYDROCORTISONE SODIUM SUCCINATE						
	Injection Set						
1501B	containing equivalent of 100mg hydrocortisone and 2mL solvent	2	..	*8.80	9.44	Nordicort	NR
				*8.86	9.50	Solu-Cortef	UP
3096Y	containing equivalent of 250mg hydrocortisone and 2mL solvent	1	..	9.27	9.91	Solu-Cortef	UP
	HYDROXOCOBALAMIN						
1508J	Injection 1mg in 1mL	3	..	8.92	9.56	Neo-Cytamen	GL
	HYDROXYCHLOROQUINE SULPHATE						
1512N	Tablet 200mg	100	1	18.40	+11.00	Plaquenil	WL
	HYDROXYUREA						
3093T	Capsule 500mg	100	..	56.96	+11.00	Hydrea	SQ
	HYPROMELLOSE						
2956N	Eye Drops 5mg per mL (0.5%), 15mL	≠1	5	6.42	7.06	Isopto Tears	AQ
						Lacril	AG
						Methopt	SI
2952J	10mg per mL (1%), 15mL	≠1	5	7.25	7.89	Methopt Forte	SI
	HYPROMELLOSE with DEXTRAN						
	Eye Drops						
1509K	3mg-1mg per mL (0.3%-0.1%), 15mL	≠1	5	7.30	7.94	Tears Naturale	AQ
	IBUPROFEN						
3198H	Tablet 200mg	50	3	6.24	6.88	Rafen 200	AF
				6.30	6.94	Brufen	BT
						Inflam	PT
3190X	400mg	50	3	7.72	8.36	Brufen	BT
						Inflam	PT

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	IDOXURIDINE						
2442M	Eye Drops 1mg per mL (0.1%), 15mL	≠1	2	8.20	8.84	Herplex	AG
						Stoxil	SK
2569F	Eye Ointment 5mg per g (0.5%), 5g	≠1	..	9.76	10.40	Stoxil	SK
	Topical Ointment						
2567D	5mg per g (0.5%), 5g	≠1	..	5.67	6.31	Stoxil	SK
	IMIPRAMINE HYDROCHLORIDE						
2420J	Tablet 10mg	50	2	5.66	6.30	Imiprin	PT
						Tofranil 10	CG
2421K	25mg	50	2	6.24	6.88	Imiprin	PT
				6.28	6.92	Melipramine	UW(N)
						Tofranil 25	CG
2719D	Injection I.M. 25mg in 2mL	10	..	12.93	+11.00	Tofranil	CG
	INDAPAMIDE						
2436F	Tablet 2.5mg	60	1	*13.64	+11.00	Natrilix	SE
	INDOMETHACIN						
2454E	Capsule 25mg	50	3	6.61	7.25	Arthrexin	AF
				6.81	7.45	Indocid	MK
						Rheumacin	PT
2757D	Suppository 100mg	40	3	*15.98	+11.00	Indocid	MK
	INFLUENZA VACCINE						
2852D	Injection (trivalent) 0.5mL	1	..	12.40	+11.00	Vaxigrip	MB
				12.90	+11.00	Fluvax	CS
	INSECT ALLERGEN EXTRACT - HONEY BEE VENOM						
2886X	Injection set containing 550 micrograms	1	..	65.75	+11.00	Albay Bee Venom	BN
	INSECT ALLERGEN EXTRACT - PAPER WASP VENOM NOTE: Paper wasp venom is not European wasp venom.						
2918N	Injection set containing 550 micrograms	1	..	79.43	+11.00	Albay Wasp Venom	BN
	INSULIN, ACID						
	Injection (bovine)						
1710B	100 units per mL, 10mL	5	2	*89.15	+11.00	Insulin 2	CN

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	INSULIN ISOPHANE (N.P.H.)						
	Injection (bovine)						
1711C	100 units per mL, 10mL	5	2	*89.15	+11.00	Hypurin Isophane	FC
						Isotard MC	CN
	Injection (human)						
1533Q	100 units per mL, 10mL	5	2	*95.75	+11.00	Humulin NPH	LY
						Insulatard Human	BW
						Protaphane HM	CN
	Injections (human)						
1534R	100 units per mL, 1.5mL, 5	7	2	*105.21	+11.00	Protaphane HM Penfill	CN
1535T	100 units per mL, 2.5mL, 5	4	2	*100.40	+11.00	Insulatard Human Nordisk 2.5mL Insuject-X	BW
	INSULIN ISOPHANE (N.P.H.) - INSULIN NEUTRAL, (MIXED)						
	Injection (human)						
1425B	100 units (50 units-50 units) per mL, 10mL	5	2	*95.75	+11.00	Initard Human	BW
1426C	100 units (70 units-30 units) per mL, 10mL	5	2	*95.75	+11.00	Actraphane HM	CN
						Mixtard Human	BW
	Injections (human)						
1429F	100 units (70 units-30 units) per mL, 1.5mL, 5	7	2	*105.21	+11.00	Actraphane HM Penfill	CN
1430G	100 units (70 units-30 units) per mL, 2.5mL, 5	4	2	*100.40	+11.00	Mixtard Human Nordisk 2.5mL Insuject-X	BW
	INSULIN NEUTRAL						
	Injection (bovine)						
1713E	100 units per mL, 10mL	5	2	*89.15	+11.00	Hypurin Neutral	FC
	Injection (human)						
1531N	100 units per mL, 10mL	5	2	*95.75	+11.00	Actrapid HM	CN
						Humulin R	LY
						Velosulin Human	BW
	Injections (human)						
1532P	100 units per mL, 1.5mL, 5	7	2	*105.21	+11.00	Actrapid HM Penfill	CN
1537X	100 units per mL, 2.5mL, 5	4	2	*100.40	+11.00	Velosulin Human Nordisk 2.5mL Insuject (white)	BW
	INSULIN PROTAMINE ZINC						
	Injection (bovine)						
1715G	100 units per mL, 10mL	5	2	*89.15	+11.00	Protamine Zinc Insulin MC	CN

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	INSULIN ZINC SUSPENSION (Lente) Injection (bovine)						
1716H	100 units per mL, 10mL	5	2	*89.15	+11.00	Lente MC	CN
	Injection (human)						
1718K	100 units per mL, 10mL	5	2	*95.75	+11.00	Humulin L Monotard HM	LY CN
	INSULIN ZINC SUSPENSION (CRYSTALLINE) (Ultralente) Injection (bovine)						
1721N	100 units per mL, 10mL	5	2	*89.15	+11.00	Ultralente MC	CN
	Injection (human)						
1722P	100 units per mL, 10mL	5	2	*95.75	+11.00	Humulin UL Ultratard HM	LY CN
	IPRATROPIUM BROMIDE						
1540C	Oral Pressurised Inhalation, 20 micrograms per dose (200 dose)	≠1	5	13.18	+11.00	Atrovent	BY
1541D	Nebuliser Solution 250 micrograms per mL (0.025%), 20mL	2	2	*13.48	+11.00	Atrovent	BY
	IRON DEXTRAN						
1298H	Injection 2mL	5	..	9.50	10.14	Imferon	FC
	IRON POLYMALTOSE COMPLEX						
2764L	Tablet 40mg (iron)	100	2	5.67	6.31	Ferrum H	SI
2593L	Injection 100mg (iron) in 2mL	5	..	9.50	10.14	Ferrum H	SI
	ISOCONAZOLE NITRATE						
1550N	Cream 10mg per g (1%), 20g	≠1	1	6.78	7.42	Travogen	SC
1551P	Pessaries 300mg, 2	≠1	..	7.34	7.98	Gyno-Travogen	SC
	ISONIAZID						
1554T	Tablet 100mg	100	2	6.32	6.96	FM	
	ISOSORBIDE DINITRATE						
2587E	Tablet 10mg	200	2	*9.88	10.52	Isordil Isotrate	AY PD
2588F	Sublingual Tablet 5mg	200	2	*9.60	10.24	Isordil Sublingual Isotrate Sublingual	AY PD
	ISOTRETINOIN To be prescribed on an authority prescription. CAUTION: This drug causes birth defects. Isotretinoin has been reported to cause other frequent and potentially serious toxicity.						
2591J	Capsule 10mg	60	3	84.37	+11.00	Roaccutane	RO
2592K	20mg	60	3	159.37	+11.00	Roaccutane	RO

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	KAOLIN with PECTIN						
	Oral Suspension						
2988G	5.91g-132mg per 30mL, 375mL	≠1	2	6.19	6.83	Kaopectate	UP
	KETOCONAZOLE						
	To be prescribed on an authority prescription.						
	CAUTION: Hepatotoxicity has been reported with ketoconazole.						
1572R	Tablet 200mg	30	5	24.20	+11.00	Nizoral	JC
	KETOPROFEN						
1586L	Capsule 50mg	50	3	8.92	9.56	Orudis	MB
1587M	100mg	50	3	11.94	+11.00	Orudis	MB
1589P	100mg (sustained release)	50	3	12.80	+11.00	Orudis SR	MB
	Capsules						
1590Q	200mg (sustained release), 28	≠1	3	13.83	+11.00	Orudis SR 200	MB
1588N	Suppository 100mg	40	3	*19.32	+11.00	Orudis	MB
	LABETALOL HYDROCHLORIDE						
1566K	Tablet 100mg	100	5	12.56	+11.00	Presolol 100 Trandate	AF GL
1567L	200mg	100	5	18.74	+11.00	Presolol 200 Trandate	AF GL
	LACTULOSE						
	To be prescribed on an authority prescription.						
3064G	Mixture 3.34g per 5mL, 500mL	≠1	5	14.93	+11.00	Duphalac	JC
	LEUPRORELIN ACETATE						
	To be prescribed on an authority prescription.						
1568M	Injection 5mg per mL, 2.8mL	2	2	*307.08	+11.00	Lucrin	AB
	LEVODOPA						
3143K	Tablet 100mg	50	5	10.90	11.00	Larodopa	RO
3144L	250mg	100	5	16.96	+11.00	Larodopa	RO
3014P	500mg	250	5	67.90	+11.00	Larodopa	RO
	LEVODOPA with BENSERAZIDE						
2228G	Tablet 200mg-50mg	100	5	37.29	+11.00	Madopar	RO
2227F	Capsule 50mg-12.5mg	100	5	17.23	+11.00	Madopar Q	RO
2225D	100mg-25mg	100	5	28.40	+11.00	Madopar-M	RO
2226E	200mg-50mg	100	5	37.29	+11.00	Madopar	RO

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	LEVODOPA with CARBIDOPA						
1244L	Tablet 100mg-10mg	100	5	20.17	+11.00	Sinemet M	MK
1242J	100mg-25mg	100	5	28.40	+11.00	Sinemet 100/25	MK
1245M	250mg-25mg	100	5	37.29	+11.00	Sinemet	MK
	LEVONORGESTREL						
2913H	Tablet 30 micrograms, 28	4	2	*11.32	+11.00	Microlut 28	SC
						Microval 28	WY
	LEVONORGESTREL with ETHINYLOESTRADIOL Tablet						
1455N	125 micrograms-50 micrograms, 21	4	2	*11.32	+11.00	Microgynon 50	SC
1393H	150 micrograms-30 micrograms, 21	4	2	*11.32	+11.00	Microgynon 30	SC
						Nordette 21	WY
3186Q	250 micrograms-50 micrograms, 21	4	2	*11.32	+11.00	Nordiol 21	WY
1456P	Pack containing 21 tablets 125 micrograms-50 micrograms and 7 inert tablets	4	2	*11.32	+11.00	Microgynon 50 ED	SC
						Nordette 50	WY
1394J	Pack containing 21 tablets 150 micrograms-30 micrograms and 7 inert tablets	4	2	*11.32	+11.00	Microgynon 30 ED	SC
						Nordette 28	WY
3188T	Pack containing 21 tablets 250 micrograms-50 micrograms and 7 inert tablets	4	2	*11.32	+11.00	Nordiol 28	WY
1457Q	Pack containing 11 tablets 50 micrograms-50 micrograms and 10 tablets 125 micrograms-50 micrograms	4	2	*11.32	+11.00	Biphasil 21	WY
1458R	Pack containing 11 tablets 50 micrograms-50 micrograms, 10 tablets 125 micrograms-50 micrograms and 7 inert tablets	4	2	*11.32	+11.00	Biphasil 28	WY
						Sequilar ED	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	*11.32	+11.00	Triphasil	WY
						Triquilar	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	*11.32	+11.00	Triphasil 28	WY
						Triquilar ED	SC

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	LIGNOCAINE HYDROCHLORIDE						
2875H	Injection 100mg in 5mL	≠2	..	8.27	8.91	Xylocard 100	AP
2876J	Infusion 500mg in 5mL	5	..	8.27	8.91	Xylocard 500	AP
	LINCOMYCIN						
3084H	Injection 300mg in 1mL	5	..	13.64	+11.00	Lincocin SS Paediatric	UP
2530E	600mg in 2mL	5	..	13.64	+11.00	Lincocin	UP
	LINDANE						
1175W	Cream 10mg per g (1%), 200g	≠1	2	7.60	8.24	Lorexane	IC
	Head Lotion						
1176X	2mg per mL (0.2%), 200mL	≠1	..	6.80	7.44	Lorexane	IC
	Lotion Concentrate						
1178B	10mg per mL (1%), 200mL	≠1	..	7.60	8.24	Lorexane Concentrate	IC
	LIOTHYRONINE						
2318B	Tablet 20 micrograms	100	2	8.70	9.34	Tertroxin	GL
	LITHIUM CARBONATE						
3059B	Tablet 250mg	200	2	*8.96	9.60	Lithicarb	PT
3060C	400mg (sustained release)	200	1	*13.84	+11.00	Priadel	PT
	LOPERAMIDE HYDROCHLORIDE						
1571Q	Capsule 2mg	12	..	5.71	6.35	Imodium	JC
	LYPRESSIN To be prescribed on an authority prescription.						
2401J	Nasal Spray 50 units per mL, 5mL	10	2	*123.60	+11.00	Vasopressin	SZ
	MEDROXYPROGESTERONE						
2321E	Tablet 10mg	30	5	12.41	+11.00	Provera	UP
	MEDROXYPROGESTERONE						
2722G	Tablet 10mg	100	2	26.20	+11.00	Provera	UP
2725K	100mg	100	2	72.59	+11.00	Farlutal Provera	FE UP
2316X	200mg	60	2	82.36	+11.00	Farlutal Provera	FE UP
2727M	250mg	60	2	101.90	+11.00	Provera	UP
2728N	500mg	60	5	*199.60	+11.00	Farlutal Provera	FE UP
	Oral Suspension						
2317Y	100mg per mL, 100mL	≠1	2	72.59	+11.00	Provera	UP
2319C	Injection 50mg in 1mL	1	..	7.31	7.95	Depo-Provera	UP

(continued)

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	MEDROXYPROGESTERONE - cont.						
3118D	Injection 150mg in 1mL	1	..	11.08	+11.00	Depo-Provera	UP
2322F	500mg in 2.5mL	7	..	*268.24	+11.00	Farlutal	FE
	MEDRYSONE						
3197G	Eye Drops 10mg per mL (1%), 5mL	≠1	5	6.84	7.48	HMS Liquifilm	AG
	MEFENAMIC ACID						
1824B	Capsule 250mg	50	2	6.84	7.48	Mefic	AF
				7.04	7.68	Ponstan	PD
	MEFRUSIDE						
1823Y	Tablet 25mg	100	1	*9.86	10.50	Baycaron	BN
	MEGESTROL ACETATE						
2731R	Tablet 40mg	100	2	63.37	+11.00	Megostat	BC
	MELPHALAN						
2547C	Tablet 2mg	100	..	*79.32	+11.00	Alkeran	BW
2548D	5mg	100	..	*127.92	+11.00	Alkeran	BW
	MERCAPTOPURINE						
1598D	Tablet 50mg	100	2	*87.04	+11.00	Purinethol	BW
	MESALAZINE To be prescribed on an authority prescription.						
1611T	Tablet 250mg	100	5	50.75	+11.00	Mesasal	SK
	METFORMIN HYDROCHLORIDE						
2430X	Tablet 500mg	100	5	11.80	+11.00	Diabex	FC
						Diaformin	AF
						Glucophage	LH
	METHACYCLINE HYDROCHLORIDE						
2397E	Capsule 150mg	21	1	7.80	8.44	Rondomycin	WW
2901Q	300mg	10	1	7.80	8.44	Rondomycin	WW
	METHADONE HYDROCHLORIDE CAUTION: The risk of drug dependence is high.						
1608P	Tablet 5mg	20	..	8.57	9.21	Physeptone	BW
1609Q	10mg	20	..	8.89	9.53	Physeptone	BW
1606M	Injection 10mg in 1mL	5	..	11.12	+11.00	Physeptone	BW
	METHDILAZINE HYDROCHLORIDE						
1612W	Tablet 4mg	100	2	*8.44	9.08	Dilosyn	GL
1613X	8mg	100	2	*9.82	10.46	Dilosyn	GL
	METHENOLONE ACETATE To be prescribed on an authority prescription.						
1620G	Tablet 5mg	100	3	*17.80	+11.00	Primobolan	SC

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	METHOTREXATE						
1622J	Tablet 2.5mg	100	2	20.20	+11.00	BL	
				20.22	+11.00	Ledertrexate	LE
						Methoblastin	FE
1623K	10mg	50	2	*42.78	+11.00	BL	
				*43.08	+11.00	Methoblastin	FE
2396D	Injection 5mg in 2mL	5	..	*42.10	+11.00	Ledertrexate	LE
				42.12	+11.00	Methoblastin	FE
2395C	Injection 50mg in 2mL	5	..	48.32	+11.00	BL	
				48.34	+11.00	Methoblastin	FE
				*48.35	+11.00	Ledertrexate	LE
	METHSUXIMIDE To be prescribed on an authority prescription.						
2398F	Capsule 300mg	200	2	46.60	+11.00	Celontin	PD
	METHYCLOTHIAZIDE						
1624L	Tablet 2.5mg	100	1	*8.14	8.78	Enduron-M	AB
1625M	5mg	100	1	*8.62	9.26	Enduron	AB
	METHYLDOPA						
3194D	Tablet 125mg	100	5	8.43	9.07	Aldomet-M	MK
1629R	250mg	100	5	10.62	11.00	Hydopa	AF
				11.00	11.00	Aldomet	MK
	METHYLPHENOBARBITONE						
1634B	Tablet 60mg	200	2	8.70	9.34	Prominal	WL
1635C	200mg	200	2	17.40	+11.00	Prominal	WL
	METHYLPREDNISOLONE ACETATE						
1928L	Injection 40mg in 1mL	5	..	17.20	+11.00	Depo-Medrol	UP
	METHYLPREDNISOLONE SODIUM SUCCINATE						
2981X	Injection equivalent to 40mg methylprednisolone in 1mL	5	..	20.52	+11.00	Solu-Medrol	UP
	METHYL SALICYLATE						
1641J	Liniment APF, 100mL	≠1	1	5.51	6.15	Linsal	SI
						TO	
				5.53	6.17	MG	
				5.54	6.18	Emsalin	AU
				5.56	6.20	NN,QE(NQ)	
	METHYLTESTOSTERONE						
3151W	Tablet 5mg	100	2	6.76	7.40	Testomet	PT
2112E	25mg	100	2	9.31	9.95	Testomet	PT
2113F	50mg	100	2	12.36	+11.00	Testomet	PT
	METHYSERGIDE						
2826R	Tablet 1mg	100	2	24.70	+11.00	Deseril	SZ

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	METOCLOPRAMIDE HYDROCHLORIDE						
1207M	Tablet 10mg	25	..	5.71	6.35	Pramin	AF
				5.86	6.50	Metamide	PT
				5.91	6.55	Maxolon	BR
1205K	Syrup 5mg per 5mL, 100mL	≠1	..	6.07	6.71	Maxolon	BR
1206L	Injection 10mg in 2mL	10	..	7.70	8.34	Maxolon	BR
	METOLAZONE						
1203H	Tablet 2.5mg	100	1	8.34	8.98	Diulo	SR
	METOPROLOL TARTRATE						
1324Q	Tablet 50mg	100	5	11.74	+11.00	Betaloc	AP
						Lopresor 50	CG
1325R	100mg	60	5	13.25	+11.00	Betaloc	AP
						Lopresor 100	CG
	METRONIDAZOLE						
1638F	Intravenous Infusion 500mg in 100mL	1	..	9.20	9.84	BL	
				9.40	10.04	Flagyl	MB
1621H	Tablet 400mg	21	1	8.65	9.29	Metrogyl 400	AF
				8.70	9.34	Flagyl	MB
	METRONIDAZOLE						
1636D	Tablet 200mg	21	1	6.10	6.74	Metrogyl 200	AF
						Trichozole	PT
				6.30	6.94	Flagyl	MB
						Metrozine	SR
1631W	250mg	21	1	6.57	7.21	Protostat	JC
1626N	400mg	5	1	6.00	6.64	Metrogyl 400	AF
				6.20	6.84	Flagyl Statpack	MB
1632X	500mg	4	1	6.23	6.87	Protostat	JC
1642K	Suppositories 500mg, 10	≠1	..	11.56	+11.00	Flagyl	MB
1643L	1g, 10	≠1	..	14.70	+11.00	Flagyl	MB
	METRONIDAZOLE BENZOATE						
1630T	Oral Suspension 320mg per 5mL (equivalent to 200mg metronidazole in 5mL), 100mL	≠1	..	9.58	10.22	Flagyl S	MB
	MEXILETINE HYDROCHLORIDE						
1682M	Capsule 50mg	100	5	15.60	+11.00	Mexitil	BY
1683N	200mg	100	5	29.70	+11.00	Mexitil	BY

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	MIANSERIN HYDROCHLORIDE To be prescribed on an authority prescription. CAUTION: Neutropenia and agranulocytosis continue to be reported with this drug.						
1627P	Tablet 10mg	50	5	11.94	+11.00	Tolvon	OR
1628Q	20mg	50	5	18.56	+11.00	Tolvon	OR
	MICONAZOLE						
1274C	Oral Gel 20mg per mL (2%), 20g	≠1	1	6.78	7.42	Daktarin	JC
1286Q	Tincture 20mg per mL (2%), 20mL	≠1	1	6.78	7.42	Daktarin	JC
	MICONAZOLE NITRATE						
1276E	Cream 20mg per g (2%), 20g	≠1	1	6.78	7.42	Daktarin Monistat Derm	JP CL
1282L	Lotion 20mg per mL (2%), 20g	≠1	1	6.78	7.42	Daktarin	JC
1277F	Pessaries 100mg, 7	≠1	..	7.34	7.98	Gyno-Daktarin 7 Monistat 7	JP CL
1275D	200mg, 3	≠1	..	7.34	7.98	Monistat 3	JC
1273B	Vaginal Cream 100mg per 5g (2%), 40g	≠1	..	7.31	7.95	Gyno-Daktarin 7 Monistat 7	JP CL
	MILK POWDER - LACTOSE MODIFIED To be prescribed on an authority prescription.						
1284N	Lactose-Predigested Powder 500g	2	20	*16.00	+11.00	Digestelact	SJ
1283M	MILK POWDER - LOW LACTOSE FORMULA Lactose-Predigested Powder Infant Formula 500g	2	..	*16.00	+11.00	De-Lact Infant	SJ
	MILK POWDER - SYNTHETIC To be prescribed on an authority prescription.						
3092R	Low Calcium Compound Powder 450g	2	20	*24.70	+11.00	Locasol New Formula	KY
1451J	MINERAL MIXTURE (For use with Amino Acid Formula without Phenylalanine) Powder 250g	≠1	5	36.70	+11.00	Aminogran M.M.	GL
	MINOCYCLINE						
3037W	Capsule 100mg	11	..	8.41	9.05	Minomycin	LE
	MINOXIDIL To be prescribed on an authority prescription.						
2313R	Tablet 10mg	100	5	40.90	+11.00	Loniten	UP
2314T	25mg	100	5	92.13	+11.00	Loniten	UP

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	MISOPROSTOL To be prescribed on an authority prescription. CAUTION: Misoprostol is a prostaglandin analogue. It should not be used in pregnant women.						
1648R	Tablet 200 micrograms	120	1	41.80	+11.00	Cytotec	SR
	MITHRAMYCIN						
1924G	Injection 2.5mg (solvent required) (codes 6753K, 6754L, 6755M, 6756N, 6757P, 6758Q apply to above item with approved solvents)	5	..	*137.60	+11.00	Mithracin	PF
	MITOZANTRONE						
1929M	Injection 20mg in 10mL	1	..	255.58	+11.00	Novantrone	LE
1930N	25mg in 12.5mL	1	..	318.68	+11.00	Novantrone	LE
1931P	30mg in 15mL	1	..	379.72	+11.00	Novantrone	LE
	MORPHINE SULPHATE CAUTION: The risk of drug dependence is high.						
1646P	Tablet 30mg	20	..	9.22	9.86	Anamorph	FM
	MORPHINE SULPHATE CAUTION: The risk of drug dependence is high.						
1644M	Injection 10mg in 1mL	5	..	8.15	8.79	AP,BL,SI	
1645N	15mg in 1mL	5	..	8.25	8.89	AP,BL,SI	
1647Q	30mg in 1mL	5	..	8.56	9.20	BL	
	MUSTINE HYDROCHLORIDE						
1668T	Injection 10mg (solvent required) (codes 6759R, 6760T, 6761W, 6762X, 6763Y, 6764B apply to above item with approved solvents)	4	..	*36.60	+11.00	BT	
	NALIDIXIC ACID						
2451B	Tablet 500mg	56	2	18.20	+11.00	Negram	WL
	NALOXONE HYDROCHLORIDE						
1670X	Injection 40 micrograms in 2mL	5	..	26.87	+11.00	Narcan Neonatal	BT
1751E	400 micrograms in 1mL	1	..	11.04	+11.00	Naloxone Min-I-Jet	CS
1752F	800 micrograms in 2mL	1	..	13.18	+11.00	Naloxone Min-I-Jet	CS
1753G	2mg in 5mL	1	..	20.97	+11.00	Naloxone Min-I-Jet	CS

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	NANDROLONE DECANOATE To be prescribed on an authority prescription.						
1671Y	Injection 50mg in 1mL, disposable syringe	1	3	13.64	+11.00	Deca-Durabolin	OR
	NANDROLONE PHENYLPROPIONATE To be prescribed on an authority prescription.						
1672B	Injection 25mg in 1mL	3	3	13.64	+11.00	Durabolin	OR
	NAPHAZOLINE HYDROCHLORIDE						
1317H	Eye Drops 1mg per mL (0.1%), 15mL	≠1	5	6.54	7.18	Albalon Liquifilm	AG
	NAPROXEN						
1674D	Tablet 250mg	50	3	8.70 9.20	9.34 9.84	Naxen Naprosyn	AF SD
1659H	500mg	50	3	12.70	+11.00	Naprosyn	SD
	Oral Suspension						
1658G	125mg per 5mL, 500mL	≠1	3	16.37	+11.00	Naprosyn	SD
1662L	Suppository 500mg	40	3	*17.74	+11.00	Naprosyn	SD
	NEOMYCIN SULPHATE						
2325J	Tablet 500mg	25	1	10.91	11.00	Neosulf	PT
	NEOMYCIN SULPHATE						
1673C	Eye Drops 5mg per mL (0.5%), 10mL	≠1	2	6.00	6.64	Neopt	SI
	NEOMYCIN UNDECENOATE with BACITRACIN ZINC Ear Ointment						
2296W	12mg (3.5mg base)-400 units per g, 10g	≠1	..	5.81	6.45	Nemdyn	HA
	NEOSTIGMINE BROMIDE						
1675E	Tablet 15mg	200	1	*12.92	+11.00	Prostigmin	RO
	NEOSTIGMINE METHYLSULPHATE						
1676F	Injection 500 micrograms in 1mL	5	3	7.03	7.67	Prostigmin	RO
1677G	2.5mg in 1mL	5	3	7.40	8.04	Prostigmin	RO
	NICLOSAMIDE						
1680K	Tablet 500mg	4	..	6.52	7.16	Yomesan	BN
	NICLOSAMIDE						
1681L	Tablet 500mg	16	..	*13.48	+11.00	Yomesan	BN
	NICOTINIC ACID						
1684P	Tablet 25mg	100	2	5.49	6.13	Nikacid AU	US
1685Q	50mg	100	2	5.56	6.20	Nikacid AU,RT,SI	US

(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	
	NICOTINIC ACID - cont.						
1686R	Tablet 100mg	100	2	5.66	6.30	Nikacid AU	US
1687T	250mg	200	5	*10.44	11.00	AU	
	NIFEDIPINE CAUTION: Nifedipine tablets and nifedipine capsules have different absorption profiles and these formulations should be interchanged with caution.						
1695F	Tablet 20mg	60	5	24.00	+11.00	Adalat 20	BN
1678H	Capsule 5mg	100	5	16.20	+11.00	Adalat 5	BN
1688W	10mg	100	5	20.70	+11.00	Adalat	BN
	NITRAZEPAM To be prescribed on an authority prescription.						
2732T	Tablet 5mg	50	5	*6.26 *6.66	6.90 7.30	Alodorm Mogadon	AF RO
	NITRAZEPAM						
2723H	Tablet 5mg	25	..	5.23 5.43	5.87 6.07	Alodorm Mogadon	AF RO
	NITROFURANTOIN CAUTION: Nitrofurantoin may cause peripheral neuritis and severe pulmonary reactions.						
1689X	Tablet 50mg	25	1	7.07	7.71	Furadantin	NW
1690Y	100mg	25	1	8.57	9.21	Furadantin	NW
1692C	Capsule 50mg	30	1	7.98	8.62	Macrodantin	NW
1693D	100mg	30	1	9.80	10.44	Macrodantin	NW
1691B	Paediatric Oral Suspension 25mg per 5mL, 200mL	≠1	..	11.00	11.00	Furadantin	NW
	NORETHISTERONE						
1967M	Tablet 350 micrograms, 28	4	2	*11.32	+11.00	Micronor Noriday 28 Day	JC SD
2993M	5mg	30	5	10.81	11.00	Primolut N	SC
	NORETHISTERONE with ETHINYLOESTRADIOL Tablet						
2772X	500 micrograms-35 micrograms, 21	4	2	*11.32	+11.00	Brevinor	SD
2773Y	1mg-35 micrograms, 21	4	2	*11.32	+11.00	Brevinor-1	SD

(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	
	NORETHISTERONE with ETHINYLOESTRADIOL - cont.						
2774B	Pack containing 21 tablets 500 micrograms-35 micrograms and 7 inert tablets	4	2	*11.32	+11.00	Brevinor	SD
2775C	Pack containing 21 tablets 1mg-35 micrograms and 7 inert tablets	4	2	*11.32	+11.00	Brevinor-1	SD
2771W	Pack containing 12 tablets 500 micrograms-35 micrograms and 9 tablets 1mg-35 micrograms	4	2	*11.32	+11.00	Synphasic 21 day	SD
2776D	Pack containing 12 tablets 500 micrograms-35 micrograms, 9 tablets 1mg-35 micrograms and 7 inert tablets	4	2	*11.32	+11.00	Synphasic	SD
	NORETHISTERONE with MESTRANOL						
3176E	Tablet 1mg-50 micrograms, 21	4	2	*11.32	+11.00	Norinyl-1 Ortho-Novum 1/50	SD JC
3179H	Pack containing 21 tablets 1mg-50 micrograms and 7 inert tablets	4	2	*11.32	+11.00	Norinyl-1/28	SD
	NORETHISTERONE ACETATE						
2865T	Tablet 10mg	100	2	56.61	+11.00	SH420	SC
	NORFLOXACIN						
3010K	Tablet 400mg	14	1	19.31	+11.00	Noroxin	MK
	NORTRIPTYLINE HYDROCHLORIDE						
2522R	Tablet 10mg (base)	50	2	5.66	6.30	Allegron Nortab	DL SQ
2523T	25mg (base)	50	2	6.28	6.92	Allegron Nortab	DL SQ
2524W	Paediatric Elixir 10mg (base) per 5mL, 100mL	≠1	4	7.32	7.96	Allegron	DL
	NYSTATIN						
1696G	Tablet 500,000 units	50	..	10.06	10.70	Mycostatin Nilstat	SQ LE
1699K	Capsule 500,000 units	50	..	10.06	10.70	Mycostatin Nilstat	SQ LE
3032N	Lozenge 100,000 units	20	1	6.20	6.84	Nilstat	LE
3033P	Oral Suspension 100,000 units per mL, 24mL	≠1	1	6.48	7.12	Mycostatin Nilstat	SQ LE
1698J	Cream 100,000 units per g, 15g	≠1	1	5.96	6.60	Mycostatin Nilstat	SQ LE
1318J	Gel 100,000 units per g, 15g	≠1	1	5.96	6.60	Mycostatin	SQ
1179C	Ointment 100,000 units per g, 15g	≠1	1	5.96	6.60	Mycostatin Nilstat	SQ LE
1697H	Pessaries 100,000 units, 15	≠1	1	6.98	7.62	Mycostatin Nilstat	SQ LE

(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	
	NYSTATIN - cont.						
1660J	Cream Pessaries 100,000 units, 15	≠1	1	6.98	7.62	Nilstat	LE
3102G	Vaginal Cream 100,000 units per dose, 15 doses, 75g	≠1	1	6.70	7.34	Mycostatin Nilstat	SQ LE
	OESTRADIOL VALERATE						
1663M	Tablets 1mg, 28	2	2	*8.72	9.36	Progynova	SC
1664N	2mg, 28	2	2	*10.34	10.98	Progynova	SC
1061W	Injection 10mg in 1mL	3	..	16.01	+11.00	Primogyn Depot	SC
	OESTRIOL						
1781R	Vaginal Cream 1mg per g (0.1%), 15g	≠1	1	8.48	9.12	Ovestin	OR
	OESTROGENS - CONJUGATED						
1733F	Tablets 300 micrograms, 28	2	2	*8.72	9.36	Premarin	AY
1734G	625 micrograms, 28	2	2	*10.34	10.98	Premarin	AY
	OESTRONE						
1700L	Pessaries 100 micrograms, 12	≠1	1	8.00	8.64	Kolpon	OR
1701M	1mg, 12	≠1	1	8.46	9.10	Kolpon	OR
	OLSALAZINE SODIUM To be prescribed on an authority prescription.						
1728Y	Capsule 250mg	100	5	57.64	+11.00	Dipentum	PS
	ORPHENADRINE HYDROCHLORIDE						
2627G	Tablet 50mg	200	2	*12.14	+11.00	Disipal	RK
	OXAZEPAM To be prescribed on an authority prescription.						
3134Y	Tablet 15mg	50	5	*6.40 *6.52	7.04 7.16	Alepam 15 Murelax Serepax	AF AY WY
3135B	30mg	50	5	*6.80 *6.92	7.44 7.56	Alepam 30 Murelax Serepax	AF AY WY
	OXAZEPAM						
3132W	Tablet 15mg	25	..	5.30 5.36	5.94 6.00	Alepam 15 Murelax Serepax	AF AY WY
3133X	30mg	25	..	5.50 5.56	6.14 6.20	Alepam 30 Murelax Serepax	AF AY WY

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	
	OXPRENOLOL HYDROCHLORIDE						
2942W	Tablet 20mg	100	5	7.51	8.15	Corbeton 20	AF
2961W	40mg	100	5	9.16	9.80	Corbeton 40	AF
2941T	Injection 2mg (solvent required) (codes 6771J, 6772K, 6773L, 6774M, 6775N, 6776P apply to above item with approved solvents)	5	..	9.02	9.66	Trasicor	CG
	OXYCODONE CAUTION: The risk of drug dependence is high.						
2481N	Suppositories 30mg, 12	≠1	..	14.84	+11.00	Proladone	BT
	OXYCODONE HYDROCHLORIDE CAUTION: The risk of drug dependence is high.						
2622B	Tablet 5mg	20	..	8.12	8.76	Endone	BT
	OXYMETHOLONE To be prescribed on an authority prescription.						
2902R	Tablet 50mg	100	5	82.43	+11.00	Anapolon	SD
2903T	100mg	100	5	140.75	+11.00	Adroyd	PD
	OXYTOCIN						
1727X	Injection 2 units in 2mL	5	..	8.31	8.95	Syntocinon	SZ
1729B	5 units in 1mL	5	..	7.73	8.37	Syntocinon	SZ
1730C	10 units in 1mL	5	..	8.53	9.17	Syntocinon	SZ
	OXYTOCIN with ERGOMETRINE MALEATE						
2400H	Injection 5 units and 500 micrograms in 1mL	5	..	8.40	9.04	Syntometrine	SZ
	PANCREATIN ENZYME						
1735H	Tablet providing not less than 6,500 BP units of lipase activity	500	10	31.50	+11.00	Viokase	RS
1737K	Capsule providing not less than 6,500 BP units of lipase activity	500	10	32.53	+11.00	Viokase	RS
	PANCRELIPASE						
2496J	Capsule providing not less than 5,000 BP units of lipase activity	500	10	*86.84	+11.00	Pancrease	JC
2495H	Capsule providing not less than 10,000 BP units of lipase activity	500	10	*132.48	+11.00	Cotazym S Forte	OR
	PAPAVERETUM CAUTION: The risk of drug dependence is high.						
1739M	Injection 20mg in 1mL	5	..	8.30	8.94	Omnopon	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	
	PAPAVERETUM with HYOSCINE HYDROBROMIDE CAUTION: The risk of drug dependence is high.						
1741P	Injection 20mg-400 micrograms in 1mL	5	..	8.61	9.25	Omnopon-Scopolamine	RO
	PARACETAMOL						
1746X	Tablet 500mg	100	1	6.19	6.83	Dymadon Panamax Paralgin PCL	BW WL FM AU
1747Y	Mixture 120mg per 5mL, 100mL	≠1	2	6.56	7.20	Dymadon Panamax	BW WL
	PARAFFIN						
1754H	Compound Eye Ointment 3.5g	≠1	5	6.33	6.97	Duratears	AQ
1750D	7g	≠1	5	7.44	8.08	Lacri-Lube S.O.P.	AG
	Cream and Ointment - Colostomy and Ileostomy - See Section 3						
	PENICILLAMINE						
2721F	Tablet 125mg	100	1	24.50	+11.00	D-Penamine	DL
2838J	250mg	100	1	38.20	+11.00	D-Penamine	DL
	PERHEXILINE MALEATE To be prescribed on an authority prescription.						
1822X	Tablet 100mg	100	5	26.90	+11.00	Pexid	ML
	PERICYAZINE						
3052P	Tablet 2.5mg	100	1	7.60	8.24	Neulactil	MB
3053Q	10mg	100	1	11.42	+11.00	Neulactil	MB
	PETHIDINE HYDROCHLORIDE To be prescribed on an authority prescription. CAUTION: The risk of drug dependence is high.						
1827E	Tablet 50mg	20	..	8.83	9.47	SI	
	PETHIDINE HYDROCHLORIDE CAUTION: The risk of drug dependence is high.						
1828F	Injection 50mg in 1mL	5	..	8.17	8.81	AP,BL,SI	
1829G	100mg in 2mL	5	..	8.31	8.95	AP,BL,SI	

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	PHENELZINE SULPHATE CAUTION: This drug is a monoamine oxidase inhibitor.						
2856H	Tablet 15mg (base)	50	2	8.50	9.14	Nardil	WW
	PHENETHICILLIN						
1840W	Tablet 250mg	25	1	7.32	7.96	Pensig	SI
1838R	Capsule 250mg	25	1	7.32	7.96	Pensig	SI
3088M	500mg	25	1	8.00	8.64	Pensig	SI
	Powder for Syrup						
3120F	125mg per 5mL, 100mL	≠1	1	#7.99	8.92	Pensig 125	SI
3121G	250mg per 5mL, 100mL	≠1	..	#8.60	9.53	Pensig 250	SI
	PHENETHICILLIN						
1707W	Tablet 250mg	50	5	*10.44	11.00	Pensig	SI
1709Y	Capsule 250mg	50	5	*10.44	11.00	Pensig	SI
	PHENINDIONE						
1843B	Tablet 10mg	100	2	8.04	8.68	Dindevan	GL
1844C	50mg	100	2	12.31	+11.00	Dindevan	GL
	PHENOBARBITONE						
1850J	Tablet 30mg	200	4	5.96	6.60	SI	
	PHENOBARBITONE SODIUM						
1853M	Injection 200mg in 1mL	5	..	7.51	8.15	FM	
	PHENOXYBENZAMINE HYDROCHLORIDE To be prescribed on an authority prescription.						
1862B	Capsule 10mg	100	5	14.12	+11.00	Dibenyline	SK
	PHENOXYMETHYLPENICILLIN						
1786B	Tablet 125mg	25	1	6.76	7.40	Abbocillin-V	AB
1787C	250mg	25	1	6.89	7.53	Abbocillin-VK Cilicaine VK LPV PVK	AB SI CS LY
3028J	500mg	25	1	7.73	8.37	Abbocillin-VK PVK	AB LY
1789E	Capsule 250mg	25	1	6.89	7.53	Abbocillin-VK Cilicaine VK LPV PVK	AB SI CS LY
2965C	500mg	25	1	7.73	8.37	Cilicaine VK LPV	SI CS

(continued)

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	PHENOXYMETHYLPENICILLIN - cont.						
	Paediatric Oral Suspension						
2356B	125mg per 5mL, 100mL	≠1	1	6.19	6.83	Abbocillin-V	AB
						Cilicaine V	SI
						LPV 125	CS
	Oral Suspension						
2354X	250mg per 5mL, 100mL	≠1	1	7.26	7.90	Abbocillin-V	AB
						Cilicaine V	SI
						LPV 250	CS
	PHENOXYMETHYLPENICILLIN						
1702N	Tablet 125mg	50	5	*9.32	9.96	Abbocillin-V	AB
1703P	250mg	50	5	*9.58	10.22	Abbocillin-VK	AB
						Cilicaine VK	SI
						LPV	CS
						PVK	LY
1705R	Capsule 250mg	50	5	*9.58	10.22	Abbocillin-VK	AB
						Cilicaine VK	SI
						LPV	CS
						PVK	LY
	PHENSUXIMIDE						
	To be prescribed on an authority prescription.						
1863C	Capsule 500mg	200	2	53.34	+11.00	Milontin	PD
	PHENYLALANINE LOW CONTENT FORMULA						
1865E	Powder 1 lb	5	5	*133.50	+11.00	Lofenalac	MJ
	PHENYLEPHRINE HYDROCHLORIDE						
	Eye Drops						
2829X	1.2mg per mL (0.12%), 15mL	≠1	5	6.54	7.18	Isopto Frin	AQ
2455F	Compound Ointment 60g	≠1	1	6.28	6.92	Hemorex	RL
1869J	Compound Suppositories, 12	≠1	1	6.52	7.16	Hemorex	RL
	PHENYTOIN						
1249R	Tablet 50mg	200	2	11.55	+11.00	Dilantin Infatabs	PD
	Paediatric Oral Suspension						
2692Q	30mg per 5mL, 500mL	≠1	3	9.30	9.94	Dilantin	PD
	PHENYTOIN SODIUM						
1873N	Capsule 30mg	200	2	11.37	+11.00	Dilantin Sodium	PD
1874P	100mg	200	2	11.58	+11.00	Dilantin Sodium	PD
	PHYTOMENADIONE						
1881B	Injection 1mg	5	..	7.43	8.07	Konakion	RO
1882C	10mg	5	..	10.06	10.70	Konakion	RO

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	PILOCARPINE To be prescribed on an authority prescription.						
2777E	Eye Disc 5mg (releasing 20 micrograms per hour)	8	5	41.01	+11.00	Ocusert Pilo 20	AG
2782K	Eye Disc 11mg (releasing 40 micrograms per hour)	8	5	43.08	+11.00	Ocusert Pilo 40	AG
	PILOCARPINE HYDROCHLORIDE						
2778F	Eye Drops 5mg per mL (0.5%), 15mL	≠1	5	7.16	7.80	Isopto Carpine Pilopt P.V. Carpine IQ	AQ SI AG
2595N	10mg per mL (1%), 15mL	≠1	5	7.37	8.01	Isopto Carpine Pilopt P.V. Carpine IQ	AQ SI AG
2596P	20mg per mL (2%), 15mL	≠1	5	8.25	8.89	Isopto Carpine Pilopt P.V. Carpine IQ	AQ SI AG
2597Q	30mg per mL (3%), 15mL	≠1	5	9.35	9.99	Isopto Carpine Pilopt P.V. Carpine IQ	AQ SI AG
2598R	40mg per mL (4%), 15mL	≠1	5	10.14	10.78	Isopto Carpine Pilopt P.V. Carpine IQ	AQ SI AG
2779G	60mg per mL (6%), 15mL	≠1	5	12.69	+11.00	Isopto Carpine Pilopt P.V. Carpine	AQ SI AG
	PINDOLOL						
3062E	Tablet 5mg	100	5	10.45 10.65	11.00 11.00	Barbloc 5 Visken	AF SZ
3065H	15mg	50	5	13.20 13.40	+11.00 +11.00	Barbloc 15 Visken	AF SZ
	PIPERAZINE OESTRONE SULPHATE Tablets						
1777M	730 micrograms (equivalent to 625 micrograms sodium oestrone sulphate), 28	2	2	*8.72	9.36	Ogen .625	AB
1778N	1.46mg (equivalent to 1.25mg sodium oestrone sulphate), 28	2	2	*10.34	10.98	Ogen 1.25	AB
	PIROXICAM						
1897W	Capsule 10mg	50	3	12.31	+11.00	Feldene	PF
1898X	20mg	25	3	11.94	+11.00	Feldene	PF
	PIZOTIFEN MALATE						
3074T	Tablet 500 micrograms (base)	100	2	14.30	+11.00	Sandomigran	SZ

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	PNEUMOCOCCAL VACCINE, POLYVALENT						
1902D	Injection 0.5mL (17 valent)	1	..	15.70	+11.00	Moniarix	SK
1903E	0.5mL (23 valent)	1	..	20.55	+11.00	Pneumovax 23	CS
	POLYGELINE						
	See Intravenous Infusions						
	POLYMYXIN B SULPHATE with BACITRACIN and NEOMYCIN SULPHATE						
	Ear Drops						
1908K	10,000 units-500 units-5mg per mL, 15mL	≠1	..	6.96	7.60	Neotracin	JC
	Eye Ointment						
1910M	5,000 units-400 units-5mg per g, 4g	≠1	..	5.71 5.99	6.35 6.63	Mycitracin Neosporin	UP BW
	POLYMYXIN B SULPHATE with NEOMYCIN SULPHATE and GRAMICIDIN						
	Eye Drops						
1911N	5,000 units-2.5mg-25 micrograms per mL, 10mL	≠1	2	6.06	6.70	Neosporin	BW
	POLYMYXIN B SULPHATE with NEOMYCIN SULPHATE and HYDROCORTISONE						
	Ear Drops						
2790W	10,000 units-5mg-10mg per mL, 7mL	≠1	2	5.94	6.58	Aerocortin	BW
	POLYVINYL ALCOHOL						
2682E	Eye Drops 14mg per mL (1.4%), 15mL	≠1	5	7.25	7.89	Liquifilm Tears	AG
2681D	30mg per mL (3%), 15mL	≠1	5	7.76	8.40	Liquifilm Forte	AG
	POLYVINYL ALCOHOL with POVIDONE						
	Eye Drops						
2675T	14mg-6mg per mL (1.4%-0.6%), 15mL	≠1	5	7.30	7.94	Tears Plus	AG
	POTASSIUM CHLORIDE						
	NOTE: Concomitant amiloride, triamterene or spironolactone may cause life-threatening hyperkalaemia.						
2642C	Tablet 600mg (sustained release)	200	1	*8.56	9.20	KSR Slow-K Span-K	AF CG PT
	Effervescent Tablet						
3012M	14mmol K^+ and 8mmol Cl^-	60	1	*8.56	9.20	Chlorvescent	PT
2625E	Elixir 1.5g (20mmol K^+ and 20mmol Cl^-) per 15mL, 500mL	2	1	*8.56	9.20	Kay Ciel	SC
	PRALIDOXIME IODIDE						
2336Y	Injection 500mg	5	..	14.00	+11.00	AB	

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	PRAZOSIN HYDROCHLORIDE						
1479W	Tablet 1mg (base)	100	5	10.91	11.00	Minipress	PF
1480X	2mg (base)	100	5	13.33	+11.00	Minipress	PF
1478T	5mg (base)	100	5	20.26	+11.00	Minipress	PF
	PREDNISOLONE						
3152X	Tablet 1mg	100	4	6.06	6.70	Panafcortelone	PT
1917X	5mg	60	4	6.28	6.92	Adnisolone	NN
						Delta-Cortef	UP
						Deltasolone	US
						Panafcortelone	PT
						Solone	FM
1916W	25mg	30	4	6.99	7.63	Panafcortelone	PT
				7.00	7.64	Solone	FM
	PREDNISOLONE ACETATE						
2684G	Eye Drops 5mg per mL (0.5%), 5mL	≠1	2	6.43	7.07	Sterofrin	AQ
	PREDNISOLONE ACETATE with PHENYLEPHRINE HYDROCHLORIDE Eye Drops						
3112T	10mg-1.2mg per mL (1%-0.12%), 10mL	≠1	2	8.78	9.42	Prednefrin Forte	AG
	PREDNISOLONE SODIUM PHOSPHATE To be prescribed on an authority prescription.						
1920C	Retention Enema equivalent to 20mg prednisolone in 100mL	28	3	*65.16	+11.00	Predsol	GL
2554K	Suppositories equivalent to 5mg prednisolone, 10	3	3	*17.94	+11.00	Predsol	GL
	PREDNISOLONE SODIUM PHOSPHATE Eye and Ear Drops						
1922E	5mg per mL (0.5%), 5mL	≠1	2	6.43	7.07	Predsol	GL
	PREDNISOLONE STEAROYLGLYCOLATE						
3099D	Tablet 6.65mg	60	1	*8.42	9.06	Sintisone	FE
	PREDNISONE						
1934T	Tablet 1mg	100	4	6.06	6.70	Panafcort	PT
1935W	5mg	60	4	6.28	6.92	Adasone	NN
						Deltasone	US
						Panafcort	PT
						Sone	FM
						AU	
1936X	25mg	30	4	6.99	7.63	Panafcort	PT
				7.00	7.64	Sone	FM
	PRIMAQUINE PHOSPHATE						
1937Y	Tablet 7.5mg (base)	42	..	7.98	8.62	IC	
	PRIMIDONE						
1939C	Tablet 250mg	200	2	14.00	+11.00	Mysoline	IC

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	PROBENECID						
1940D	Tablet 500mg	100	5	12.54	+11.00	Benemid	FR
	PROBUCOL To be prescribed on an authority prescription.						
1942F	Tablet 250mg	120	5	29.23	+11.00	Lurselle	ML
	PROCAINAMIDE HYDROCHLORIDE						
2653P	Capsule 250mg	200	1	*14.20	+11.00	Pronestyl	SQ
1074M	375mg	100	2	11.40	+11.00	Pronestyl	SQ
1941E	Injection 100mg per mL, 10mL	2	..	*15.14	+11.00	Pronestyl	SQ
	PROCAINE PENICILLIN						
1793J	Injection 1g	5	..	24.20	+11.00	Cilicaine	SI
1794K	1.5g	5	..	25.20	+11.00	Cilicaine	SI
	PROCARBAZINE HYDROCHLORIDE						
2635Q	Capsule 50mg	100	2	30.55	+11.00	Natulan	RO
	PROCHLORPERAZINE CAUTION: Prochlorperazine may be associated with parkinsonism and tardive dyskinesia.						
2893G	Tablet 5mg	25	..	*5.45	6.09	Compazine Stemetil	SK MB
2369Q	Injection 12.5mg in 1mL	10	..	8.05	8.69	Compazine Stemetil	SK MB
2894H	Suppositories 5mg, 5	≠1	2	7.23	7.87	Stemetil	MB
2895J	25mg, 5	≠1	2	7.49	8.13	Stemetil	MB
	PROCHLORPERAZINE To be prescribed on an authority prescription. CAUTION: Prochlorperazine may be associated with parkinsonism and tardive dyskinesia.						
2897L	Tablet 5mg	100	5	7.12	7.76	Compazine Stemetil	SK MB
	PROCYCLIDINE HYDROCHLORIDE						
1943G	Tablet 5mg	200	2	*11.42	+11.00	Kemadrin	BW
	PROMETHAZINE HYDROCHLORIDE						
1948M	Injection 50mg in 2mL	10	..	*9.40	10.04	BL	
	PROMETHAZINE THEOCLATE						
3049L	Tablet 25mg	30	1	7.23	7.87	Avomine	MB
	PROPANTHELINE BROMIDE						
1953T	Tablet 15mg	200	2	*10.08	10.72	Pro-Banthine	SR

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	PROPRANOLOL HYDROCHLORIDE						
2565B	Tablet 10mg	100	5	5.48	6.12	Cardinol	PT
						Deralin 10	AF
						Inderal	IC
2566C	40mg	100	5	6.98	7.62	Cardinol	PT
						Deralin 40	AF
						Inderal	IC
2899N	160mg	50	5	8.05	8.69	Cardinol	PT
						Deralin 160	AF
						Inderal	IC
2830Y	Injection 1mg in 1mL	5	..	*9.55	10.19	Inderal	IC
	PROPYLTHIOURACIL						
1955X	Tablet 50mg	200	2	*15.80	+11.00	JC	
	PROTAMINE SULPHATE						
1957B	Injection 10mg per mL (1%), 10mL	6	..	24.89	+11.00	BT	
	PROTEIN HYDROLYSATE FORMULA To be prescribed on an authority prescription.						
2564Y	Powder 1kg	≠1	20	24.24	+11.00	Nutramigen	MJ
	PROTEIN HYDROLYSATE FORMULA without PHENYLALANINE						
3056W	Powder 200g	10	5	*555.60	+11.00	Albumaid XP	SB
	PROTEIN HYDROLYSATE FORMULA without PHENYLALANINE and TYROSINE						
3057X	Powder 200g	10	5	*541.60	+11.00	Albumaid XPXT	SB
	PYRANTEL EMBONATE						
3047J	Tablet 125mg (base)	6	..	5.71	6.35	Anthel 125	AF
3048K	250mg (base)	6	..	7.03	7.67	Anthel 250	AF
	PYRIDOSTIGMINE BROMIDE						
2724J	Tablet 10mg	100	2	11.55	+11.00	Mestinon	RO
1959D	60mg	100	2	24.70	+11.00	Mestinon	RO
2608G	180mg (sustained release)	100	1	66.27	+11.00	Mestinon	RO
	PYRIDOXINE HYDROCHLORIDE						
1965K	Tablet 25mg	100	..	6.27	6.91	Pydox	PT
						FM	
	PYRIDOXINE HYDROCHLORIDE						
1961F	Injection 50mg in 1mL	5	1	7.04	7.68	FM	
	PYRIMETHAMINE						
1966L	Tablet 25mg	50	..	8.02	8.66	Daraprim	BW
	QUINETHAZONE						
2337B	Tablet 50mg	100	1	*10.06	10.70	Aquamox	LE

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	QUINIDINE BISULPHATE						
2623C	Tablet 250mg (sustained release)	100	5	17.20	+11.00	Kinidin	AP
	QUINIDINE SULPHATE						
1971R	Tablet 200mg	100	5	14.11	+11.00	AU	
				14.22	+11.00	Quinidoxin	BW
						QE(NQ)	
3080D	300mg (sustained release)	100	5	20.70	+11.00	Quinidex LA	RS
	QUININE BISULPHATE						
1972T	Tablet 300mg	50	2	9.46	10.10	Bi-Chinine	AU
						Quinbisul	AF
						PT	
				9.52	10.16	Biquin	NN
						Bi-Quinate	US
						Myoquin	FM
						SI	
	QUININE SULPHATE						
1975Y	Tablet 300mg	50	2	9.46	10.10	Chinine	AU
						Quinsul	AF
						PT	
				9.52	10.16	Adaquin	NN
						Quinate	US
						Quinoctal	FM
						SI	
	RANITIDINE HYDROCHLORIDE To be prescribed on an authority prescription. (Proven duodenal, gastric ulcer.)						
1978D	Tablet 150mg (base)	60	2	38.40	+11.00	Zantac	GL
1979E	Dispersible Tablet 150mg (base)	60	2	38.40	+11.00	Zantac Dispersible	GL
1977C	Tablet 300mg (base)	30	1	38.40	+11.00	Zantac	GL
	To be prescribed on an authority prescription. (Proven severe ulcerating oesophagitis.)						
1978D	Tablet 150mg (base)	60	2	38.40	+11.00	Zantac	GL
1979E	Dispersible Tablet 150mg (base)	60	2	38.40	+11.00	Zantac Dispersible	GL
	To be prescribed on an authority prescription. (Scleroderma oesophagus.) NOTE: A maximum of two repeats will be authorised under the 'urgent supply' mechanisms.						
1978D	Tablet 150mg (base)	60	5	38.40	+11.00	Zantac	GL
1979E	Dispersible Tablet 150mg (base)	60	5	38.40	+11.00	Zantac Dispersible	GL
	(continued)						

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	RANITIDINE HYDROCHLORIDE - cont. To be prescribed on an authority prescription. (Zollinger-Ellison syndrome.) NOTE: A maximum of two repeats will be authorised under the 'urgent supply' mechanisms.						
1978D	Tablet 150mg (base)	120	5	*72.60	+11.00	Zantac	GL
1979E	Dispersible Tablet 150mg (base)	120	5	*72.60	+11.00	Zantac Dispersible	GL
1977C	Tablet 300mg (base)	60	5	*72.60	+11.00	Zantac	GL
	RIFAMPICIN						
1981G	Capsule 150mg	10	..	7.98	8.62	Rimycin 150	AF
1984K	300mg	10	..	10.81	11.00	Rimycin 300	AF
	RIFAMPICIN To be prescribed on an authority prescription.						
1982H	Capsule 150mg	100	..	32.53	+11.00	Rimycin 150	AF
1983J	300mg	100	..	62.82	+11.00	Rimycin 300	AF
	ROLITETRACYCLINE						
1987N	I.V. Injection set containing 275mg and 10mL solvent	5	..	*25.50	+11.00	Reverin	HP
1990R	I.M. Injection set containing 350mg and 2mL solvent	5	..	*25.50	+11.00	Reverin	HP
	SALBUTAMOL						
3087L	Oral Pressurised Inhalation, 100 micrograms per dose (200 dose)	2	5	*10.20	10.84	Ventolin	GL
	SALBUTAMOL SULPHATE						
1098T	Tablet 4mg (base)	100	5	10.56	11.00	Ventolin	GL
1103C	Syrup 2mg (base) per 5mL, 300mL	≠1	5	7.83	8.47	Ventolin	GL
1099W	Capsule 200 micrograms (base) (oral inhalation)	100	5	10.87	11.00	Ventolin Rotacaps	GL
	Inhalation Solution for use in RESPIRATOR						
2000G	Single dose units 2.5mg (base) in 2.5mL, 30	≠1	5	15.05	+11.00	Ventolin Nebules	GL
2001H	Single dose units 5mg (base) in 2.5mL, 30	≠1	5	16.20	+11.00	Ventolin Nebules	GL
2003K	5mg (base) per mL (0.5%), 30mL	2	2	*12.06	+11.00	Respolin Ventolin	RK GL
1096Q	Oral Pressurised Inhalation, 100 micrograms (base) per dose (200 dose)	2	5	*10.20	10.84	Respolin	RK

(continued)

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	SALBUTAMOL SULPHATE - cont.						
1097R	Oral Pressurised Inhalation, 100 micrograms (base) per dose (400 dose)	≠1	5	9.12	9.76	Respolin	RK
	SEMISODIUM VALPROATE						
	CAUTION: There are reports of (i) fatal hepatotoxicity, particularly in children; (ii) teratogenesis (spina bifida in humans).						
2031X	Tablet 135mg (enteric coated)	200	2	27.53	+11.00	Valcote	AB
2032Y	269mg (enteric coated)	200	2	40.87	+11.00	Valcote	AB
2033B	538mg (enteric coated)	200	2	68.22	+11.00	Valcote	AB
	SILVER SULPHADIAZINE with CHLORHEXIDINE GLUCONATE						
	Cream						
1996C	10mg-2mg per g (1%-0.2%), 50g	≠1	..	8.98	9.62	Silvazine	SN
1997D	10mg-2mg per g (1%-0.2%), 100g	≠1	..	10.42	11.00	Silvazine	SN
	SILVER SULPHADIAZINE with CHLORHEXIDINE GLUCONATE						
	To be prescribed on an authority prescription.						
	Cream						
1998E	10mg-2mg per g (1%-0.2%), 500g	≠1	..	23.58	+11.00	Silvazine	SN
	SODIUM ACID CITRATE						
2945B	Mixture 5.5g per 20mL, 500mL	≠1	4	7.10	7.74	Citralka	PD
	SODIUM ACID PHOSPHATE						
	To be prescribed on an authority prescription.						
2946C	Compound Effervescent Tablet containing elemental phosphorus 500mg, sodium 469mg (20.4mmol), potassium 123mg (3.1mmol)	100	5	19.31	+11.00	Phosphate Sandoz	SZ
	SODIUM AUROTHIOMALATE						
2016D	Injection 10mg	5	..	*19.25	+11.00	Myocrisin	MB
2017E	20mg	10	1	37.60	+11.00	Myocrisin	MB
2018F	50mg	10	1	70.92	+11.00	Myocrisin	MB
	SODIUM BICARBONATE						
3015Q	Injection 100mmol (8.4g) in 100mL	5	..	*24.70	+11.00	AB	
	SODIUM CELLULOSE PHOSPHATE						
	To be prescribed on an authority prescription.						
2948E	Oral Powder, sachet 5g	100	5	97.30	+11.00	Calcisorb	RK

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	SODIUM CHLORIDE						
2024M	Injection 9mg per mL (0.9%), 2mL	5	1	5.51	6.15	AP,BT	
2025N	9mg per mL (0.9%), 5mL	5	1	5.68	6.32	AP,BT	
2026P	9mg per mL (0.9%), 10mL	5	1	5.93	6.57	AP,BT	
	1L size - See Intravenous Infusions						
	SODIUM CHLORIDE and GLUCOSE See Intravenous Infusions						
	SODIUM CHLORIDE COMPOUND See Intravenous Infusions						
	SODIUM CITRO-TARTRATE						
2657W	Effervescent Granules 100g	≠1	4	6.27	6.91	Citravescent Sachets Ural Sachets	PT AB
	SODIUM CROMOGLYCATE						
2878L	Capsule 20mg (oral inhalation)	100	5	22.98	+11.00	Intal Spincaps	FC
2872E	Oral Pressurised Inhalation, 1mg per dose (200 dose)	≠1	5	20.57	+11.00	Intal	FC
	SODIUM CROMOGLYCATE Nebuliser Solution						
1124E	20mg per 2mL, ampoule	120	3	*48.02	+11.00	Intal	FC
	To be prescribed on an authority prescription.						
1127H	Eye Drops 20mg per mL (2%), 10mL	≠1	5	11.70	+11.00	Opticrom	FC
	SODIUM LACTATE COMPOUND See Intravenous Infusions						
	SODIUM LACTATE COMPOUND and ANHYDROUS GLUCOSE See Intravenous Infusions						
	SODIUM NITROPRUSSIDE						
1100X	I.V. Infusion 50mg	10	..	44.67	+11.00	Nipride BL	RO
	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	*26.86	+11.00	Epilim	RC
2289L	Tablet 200mg (enteric coated)	200	2	*38.02	+11.00	Epilim EC	RC
2290M	500mg (enteric coated)	200	2	*70.64	+11.00	Epilim EC	RC

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	SODIUM VALPROATE - cont.						
2293Q	Oral Liquid 200mg per 5mL, 300mL	2	2	*29.80	+11.00	Epilim Liquid	RC
2295T	Syrup 200mg per 5mL, 300mL	2	2	*29.80	+11.00	Epilim Syrup	RC
	SOTALOL HYDROCHLORIDE To be prescribed on an authority prescription.						
2043M	Tablet 160mg	60	5	30.15	+11.00	Sotacor	AP
	SPECTINOMYCIN						
3090P	Injection 2g with 3.2mL diluent	1	..	12.76	+11.00	Trobicin	UP
3091Q	4g with 6.5mL diluent	1	..	17.77	+11.00	Trobicin	UP
	SPIRONOLACTONE CAUTION: Serum electrolytes should be checked regularly. Concomitant amiloride, triamterene or supplementary potassium may cause life-threatening hyperkalaemia.						
2339D	Tablet 25mg	100	5	10.79	11.00	Aldactone	SR
	STERCULIA with FRANGULA BARK						
1102B	Granules 473mg-83mg per g (47.3%-8.3%), 250g	2	1	*15.54	+11.00	Granocol	SC
	STREPTOKINASE To be prescribed on an authority prescription.						
2907B	Injection 750,000 i.u. (solvent required) (codes 6807G, 6808H, 6809J, 6810K, 6811L, 6812M apply to above item with approved solvents)	2	..	*182.14	+11.00	Kabikinase Streptase	PS HP
2905X	1,500,000 i.u. (solvent required) (codes 6819X, 6820Y, 6821B, 6822C, 6823D, 6824E apply to above item with approved solvents)	1	..	159.37	+11.00	Kabikinase	PS
	SUCRALFATE						
2055E	Tablet 1g	120	2	26.20	+11.00	Carafate	BT
	SULINDAC						
2047R	Tablet 100mg	50	3	9.20	9.84	Clinoril	FR
	SULPHACETAMIDE SODIUM						
2063N	Eye Drops 100mg per mL (10%), 15mL	≠1	2	6.75	7.39	Acetopt Bleph 10	SI AG
2064P	200mg per mL (20%), 15mL	≠1	2	7.10	7.74	Acetopt	SI
	SULPHAFURAZOLE						
2078J	Eye Drops 40mg per mL (4%), 10mL	≠1	2	6.00	6.64	Gantrisin	RO
	SULPHAMETHIZOLE						
2084Q	Tablet 500mg	40	2	8.50	9.14	Urolucosil	WW
2081M	1g	20	2	8.50	9.14	Urolucosil	WW

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	SULPHASALAZINE						
2093E	Tablet 500mg	200	5	30.20 *30.40	+11.00 +11.00	Ulcol Salazopyrin	AF PS
2096H	500mg (enteric coated)	200	5	*35.04	+11.00	Salazopyrin-EN	PS
	SULPHINPYRAZONE						
2094F	Tablet 100mg	100	5	19.00	+11.00	Anturan	CG
	SULTHIAME						
2099L	Tablet 50mg	200	2	9.74	10.38	Ospolot	BN
2100M	200mg	200	2	16.77	+11.00	Ospolot	BN
	SURGICAL CEMENT						
2238T	Skin Bond Adhesive 118mL	≠1	2	10.20	10.84	SN	
2467W	Solvent 227mL	≠1	2	7.54	8.18	Unisolve	SN
2469Y	240mL	≠1	2	7.60	8.24	Sacsol	EG
2472D	250mL	≠1	2	7.85	8.49	Sacsol Non Flammable	EG
	TAMOXIFEN CITRATE						
2109B	Tablet 10mg (base)	60	5	*51.40	+11.00	Nolvadex	IC
2110C	20mg (base)	60	5	*84.22	+11.00	Nolvadex-D	IC
	TEMAZEPAM To be prescribed on an authority prescription.						
2105T	Capsule 10mg	50	5	*6.84 *6.92	7.48 7.56	Temaze 10 Euhypnos Normison	AF SI WY
	TEMAZEPAM						
2108Y	Capsule 10mg	25	..	5.52 5.56	6.16 6.20	Temaze 10 Euhypnos Normison	AF SI WY
	TERBUTALINE SULPHATE						
1028D	Tablet 5mg	100	5	10.56	11.00	Bricanyl	AP
1030F	Elixir 300 micrograms per mL, 300mL	≠1	5	6.69	7.33	Bricanyl	AP
1239F	Injection 100 micrograms in 1mL	5	..	7.00	7.64	Bricanyl	AP
1034K	500 micrograms in 1mL	5	..	7.09	7.73	Bricanyl	AP
1240G	Oral Pressurised Inhalation, 250 micrograms per dose (400 dose)	≠1	5	9.12	9.76	Bricanyl	AP
1243K	Nebuliser Solution 10mg per mL (1%), 50mL	≠1	5	11.25	+11.00	Bricanyl	AP
	TESTOSTERONE ENANTHATE						
2114G	Injection 250mg in 1mL	3	3	23.03	+11.00	Primoteston Depot	SC

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	TESTOSTERONE ESTERS						
2670M	Injection 100mg	3	3	12.86	+11.00	Sustanon "100"	OR
2101N	250mg	3	3	22.66	+11.00	Sustanon "250"	OR
	TESTOSTERONE PROPIONATE						
2116J	Injection 50mg in 1mL	9	..	*21.30	+11.00	Testoviron	SC
	TETANUS VACCINE, ADSORBED						
2127Y	Injection 0.5mL	3	..	*11.79	+11.00	CS	
	TETRABENAZINE						
1330B	Tablet 25mg	100	2	16.90	+11.00	Nitoman	RO
	TETRACOSACTRIN To be prescribed on an authority prescription.						
3083G	Injection 500 micrograms in 1mL	5	5	*31.00	+11.00	Synacthen Depot 0.5	CG
2832C	1mg in 1mL	5	5	*41.75	+11.00	Synacthen Depot 1	CG
	TETRACYCLINE HYDROCHLORIDE						
2134H	Capsule 250mg	25	1	6.31	6.95	Achromycin	LE
						Panmycin P	UP
						Tetramykoin	BZ(N)
2143T	Eye Ointment 10mg per g (1%), 5g	≠1	..	6.08	6.72	Latycin	BZ
	TETRACYCLINE HYDROCHLORIDE						
2135J	Capsule 250mg	50	5	*8.42	9.06	Panmycin P	UP
						Tetramykoin	BZ(N)
				8.42	9.06	Achromycin	LE
	TETRACYCLINE HYDROCHLORIDE with NYSTATIN						
2151F	Capsule 250mg-250,000 units	25	1	6.31	6.95	Achrostatin	LE
						Mysteclin-V	SQ
						Tetrex-F	AP
	TETRACYCLINE HYDROCHLORIDE with NYSTATIN						
2152G	Capsule 250mg-250,000 units	50	5	*8.42	9.06	Mysteclin-V	SQ
						Tetrex-F	AP
				8.42	9.06	Achrostatin	LE
	TETRACYCLINE HYDROCHLORIDE (BUFFERED)						
2145X	Capsule 250mg	25	1	6.31	6.95	Achromycin V	LE
						Austramycin-V	CS
						Hostacycline P	HP
						Hydracycline	FM
						Mysteclin-250	SQ
						Tetrex	AP

(continued)

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	TETRACYCLINE HYDROCHLORIDE (BUFFERED) - cont.						
2146Y	Capsule 250mg	50	5	*8.42	9.06	Austramycin-V	CS
						Hostacycline P	HP
						Hydracycline	FM
						Mysteclin-250	SQ
						Tetrex	AP
				8.42	9.06	Achromycin V	LE
	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	5.96	6.60	Nuelin Paediatric	RK
1143E	125mg	100	5	6.58	7.22	Nuelin	RK
2615P	200mg	100	5	7.04	7.68	Nuelin	RK
2632M	200mg (sustained release)	100	5	8.92	9.56	Theo-Dur	AP
2634P	250mg (sustained release)	100	5	9.87	10.51	Nuelin-S.R. 250	RK
2633N	300mg (sustained release)	100	5	11.20	+11.00	Theo-Dur	AP
2619W	Capsule 50mg (containing sustained release beads)	100	5	8.47	9.11	Nuelin-Sprinkle	RK
						Slo-bid	RG
2620X	Capsule 100mg (containing sustained release beads)	100	5	9.59	10.23	Nuelin-Sprinkle	RK
						Slo-bid	RG
2631L	Capsule 100mg (controlled release)	100	5	9.59	10.23	Somophyllin CRT	FC
2616Q	250mg (controlled release)	100	5	11.20	+11.00	Somophyllin CRT	FC
2613M	Elixir 80mg per 15mL, 500mL	≠1	5	6.47	7.11	Elixophyllin	SC
2614N	Syrup 80mg per 15mL, 500mL	≠1	5	6.47	7.11	Nuelin	RK
	THIABENDAZOLE						
2947D	Tablet 500mg	16	..	9.21	9.85	Mintezol	MK
	THIAMINE HYDROCHLORIDE						
1070H	Tablet 100mg	100	2	6.22	6.86	Betamin	US
						Invite-B	NN
1065C	Injection 100mg in 1mL	5	1	6.72	7.36	Beta-Sol	FM
	THIETHYLPERAZINE						
2572J	Tablet 6.5mg (base)	50	..	7.04	7.68	Torecan	SZ
2368P	Injection 6.5mg (base) in 1mL	10	..	*11.00	11.00	Torecan	SZ
2573K	Suppositories 6.5mg (base), 6	≠1	2	6.23	6.87	Torecan	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	
	THIOGUANINE						
1233X	Tablet 40mg	25	1	60.17	+11.00	Lanvis	BW
	THIOPROPAZATE HYDROCHLORIDE						
3159G	Tablet 5mg	100	1	8.50	9.14	Dartalan	SR
	THIORIDAZINE HYDROCHLORIDE						
2163W	Tablet 10mg	100	1	6.04	6.68	Aldazine 10	AF
				6.13	6.77	Melleril	SZ
2359E	25mg	100	1	7.51	8.15	Aldazine 25	AF
				7.61	8.25	Melleril	SZ
2164X	50mg	100	1	8.64	9.28	Aldazine 50	AF
				8.74	9.38	Melleril	SZ
2165Y	100mg	100	1	11.76	+11.00	Aldazine 100	AF
				11.96	+11.00	Melleril	SZ
	Oral Solution						
2402K	30mg (base) per mL, 30mL	≠1	4	7.42	8.06	Melleril	SZ
	THIOTEPA						
2345K	Injection 15mg (solvent required) (codes 6825F, 6826G, 6827H, 6828J, 6829K, 6830L apply to above item with approved solvents)	2	1	*23.08	+11.00	LE	
2858K	Eye Drops set containing 15mg vial, 2 x 10mL ampoules sterile water, syringe with needle and 15mL dropper bottle	≠1	5	#19.42	+11.00	LE	
	THYROXINE SODIUM						
	Tablet						
2174K	equivalent to 50 micrograms anhydrous thyroxine sodium	200	1	*6.78	7.42	Oroxine	BW
2175L	equivalent to 100 micrograms anhydrous thyroxine sodium	200	1	*7.00	7.64	Oroxine	BW
2173J	equivalent to 200 micrograms anhydrous thyroxine sodium	200	1	*9.00	9.64	Oroxine	BW
	TICARCILLIN To be prescribed on an authority prescription.						
2177N	Injection 1g (solvent required) (codes 6849L, 6850M, 6851N, 6852P, 6853Q, 6854R apply to above item with approved solvents)	10	..	*54.64	+11.00	Tarcil	BR
						Ticillin	CS
2176M	Injection 3g (solvent required) (codes 6831M, 6832N, 6833P, 6834Q, 6835R, 6836T apply to above item with approved solvents)	10	..	*116.18	+11.00	Tarcil	BR
						Ticillin	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	
	TICARCILLIN with CLAVULANIC ACID To be prescribed on an authority prescription.						
2179Q	Injection 3g-100mg (solvent required) (codes 6879C, 6880D, 6881E, 6882F, 6883G, 6884H apply to above item with approved solvents)	10	..	138.17	+11.00	Timentin	BR
	TIMOLOL MALEATE CAUTION: Timolol eye drops may precipitate bronchospasm in susceptible patients.						
1281K	Tablet 5mg	100	5	10.43	11.00	Blocadren	FR
	Eye Drops						
1278G	2.5mg (base) per mL (0.25%), 5mL	≠1	5	9.87	10.51	Tenopt Timoptol	SI FR
1279H	5mg (base) per mL (0.5%), 5mL	≠1	5	10.58	11.00	Tenopt Timoptol	SI FR
	TINIDAZOLE						
1465D	Tablet 500mg	4	..	6.76	7.40	Fasigyn	PF
	TOBRAMYCIN						
2328M	Eye Drops 3mg per mL (0.3%), 5mL	≠1	2	8.04	8.68	Tobrex	AQ
2329N	Eye Ointment 3mg per g (0.3%), 3.5g	≠1	..	8.04	8.68	Tobrex	AQ
	TOBRAMYCIN SULPHATE To be prescribed on an authority prescription.						
1355H	Injection 40mg (base)	5	..	*23.10	+11.00	Nebcin	LY
1356J	80mg (base)	5	..	*32.55	+11.00	Nebcin	LY
	TOLAZAMIDE						
2720E	Tablet 250mg	100	5	12.04	+11.00	Tolinase	UP
	TOLBUTAMIDE						
2178P	Tablet 500mg	200	2	*11.40	+11.00	Rastinon	HP
2607F	1g	100	5	11.60	+11.00	Rastinon	HP
	TRANEXAMIC ACID						
2180R	Tablet 500mg	100	2	38.77	+11.00	Cyklokapron	PS
	TRANYLCYPROMINE SULPHATE CAUTION: This drug is a monoamine oxidase inhibitor.						
2444P	Tablet 10mg (base)	50	2	8.50	9.14	Parnate	SK
	TRIAMCINOLONE ACETONIDE						
2990J	Injection 10mg in 1mL	5	..	18.09	+11.00	Kenacort-A10	SQ

(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	
	TRIAMCINOLONE ACETONIDE - cont.						
	Cream						
2119M	200 micrograms per g (0.02%), 45g	≠1	..	5.74	6.38	Kenalone 0.02%	SQ
2117K	200 micrograms per g (0.02%), 100g	2	..	*8.28	8.92	Aristocort 0.02% Kenalone 0.02%	LE SQ
2125W	500 micrograms per g (0.05%), 15g	≠1	1	5.46	6.10	Aristocort 0.05% Kenalone	LE SQ
	Ointment						
2120N	200 micrograms per g (0.02%), 45g	≠1	..	5.74	6.38	Kenalone 0.02%	SQ
2118L	200 micrograms per g (0.02%), 100g	2	..	*8.28	8.92	Aristocort 0.02% Kenalone 0.02%	LE SQ
2126X	500 micrograms per g (0.05%), 15g	≠1	1	5.46	6.10	Aristocort 0.05% Kenalone	LE SQ
	TRIAMCINOLONE ACETONIDE with NEOMYCIN SULPHATE, GRAMICIDIN and NYSTATIN						
2971J	Ear Drops 1mg-2.5mg (base)-250 micrograms-100,000 units per g (0.1%-0.25%-0.025%-100,000 units per g), 7.5mL	≠1	2	5.94	6.58	Kenacomb Otic	SQ
2973L	Ear Cream 1mg-2.5mg (base)-250 micrograms-100,000 units per g (0.1%-0.25%-0.025%-100,000 units per g), 5g	≠1	2	5.74	6.38	Kenacomb Otic	SQ
2974M	Ear Ointment 1mg-2.5mg (base)-250 micrograms-100,000 units per g (0.1%-0.25%-0.025%-100,000 units per g), 5g	≠1	2	5.74	6.38	Kenacomb Otic	SQ
	TRIAMTERENE CAUTION: Serum electrolytes should be checked regularly. Supplementary potassium may cause life-threatening hyperkalaemia.						
2342G	Tablet 100mg	100	1	*11.00	11.00	Dytac	SK
	TRIFLUOPERAZINE HYDROCHLORIDE						
2185B	Tablet 1mg (base)	100	1	6.35	6.99	Calmazine Stelazine	PT SK
2386N	2mg (base)	100	1	7.14 7.34	7.78 7.98	Calmazine Stelazine	PT SK
2186C	5mg (base)	100	1	7.01	7.65	Calmazine Stelazine	PT SK
2835F	Injection 1mg (base) in 1mL	10	..	8.99	9.63	Stelazine	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	
	TRIGLYCERIDES, MEDIUM CHAIN To be prescribed on an authority prescription.						
2686J	Compound Powder 450g	2	20	*23.56	+11.00	Portagen	MJ
2676W	Lactalbumin Demineralised Powder 400g	2	20	*25.78	+11.00	Alfare	NT
2679B	Protein Hydrolysate Compound Powder 454g	2	20	*25.78	+11.00	Pregestimil	MJ
3129Q	Oil 1L	≠1	5	27.58	+11.00	Cow & Gate MCT Oil	KY
	TRIMETHOPRIM						
2922T	Tablet 300mg	7	1	6.10	6.74	Alprim	AF
						Triprim	BW
	TRIMETHOPRIM with SULPHAMETHOXAZOLE						
2949F	Tablet 80mg-400mg	10	..	6.40	7.04	Bactrim	RO
						Resprim	AF
						Septrin	BW
						Trib	PT
2951H	160mg-800mg	10	..	7.90	8.54	Bactrim DS	RO
						Resprim Forte	AF
						Septrin Forte	BW
						Trib DS	PT
	Oral Suspension						
3103H	40mg-200mg per 5mL, 100mL	≠1	1	7.45	8.09	Bactrim	RO
						Resprim	AF
						Septrin	BW
						Trib	PT
	TRIMIPRAMINE MALEATE						
2970H	Tablet 25mg (base)	50	2	6.28	6.92	Surmontil	MB
2969G	Capsule 50mg (base)	50	2	6.76	7.40	Surmontil	MB
	TRIOXYSALEN						
1570P	Tablet 5mg	100	2	23.60	+11.00	Trisoralen	PT
	TRIPLE ANTIGEN See Diphtheria, Tetanus and Pertussis Vaccine, Adsorbed						
	UREA						
1293C	Cream 100mg per g (10%), 100g	≠1	2	7.41	8.05	Urederm	HA
				7.57	8.21	Aquacare H.P.	AG
						Aquadrate	NW
						Calmurid	PS
						Nutraplus	OL
	VANCOMYCIN To be prescribed on an authority prescription.						
3113W	Capsule 125mg (125,000 i.u.) vancomycin activity	40	..	*245.58	+11.00	Vancocin	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	
	VANCOMYCIN - cont.						
3114X	Capsule 250mg (250,000 i.u.) vancomycin activity	40	..	*486.96	+11.00	Vancocin	LY
3131T	Injection 500mg (500,000 i.u.) vancomycin activity (solvent required) (codes 6837W, 6838X, 6839Y, 6840B, 6841C, 6842D apply to above item with approved solvents)	5	..	*124.90	+11.00	Vancocin	LY
	VERAPAMIL HYDROCHLORIDE CAUTION: The myocardial depressant effects of this drug and of beta-blocking drugs are additive.						
1248Q	Tablet 40mg	100	5	11.00	11.00	Anpec 40	AF
				11.20	+11.00	Cordilox	SC
						Isoptin	KN
						Veradil	US
						Verpamil	PT
1250T	80mg	100	5	15.77	+11.00	Anpec 80	AF
						Verpamil	PT
				15.97	+11.00	Cordilox	SC
						Isoptin	KN
						Veradil	US
1254B	120mg	100	5	21.14	+11.00	Veradil	US
						Verpamil 120	PT
				21.34	+11.00	Cordilox	SC
						Isoptin	KN
1253Y	160mg	60	5	18.75	+11.00	Cordilox	SC
						Isoptin	KN
1060T	Injection 5mg in 2mL	5	..	7.95	8.59	Cordilox	SC
						Isoptin	KN
	VIDARABINE						
2570G	Eye Ointment 30mg per g (3%), 3.5g	≠1	..	14.35	+11.00	Vira A	PD
	VINBLASTINE SULPHATE						
2198Q	Injection 10mg (solvent required) (codes 6843E, 6844F, 6845G, 6846H, 6847J, 6848K apply to above item with approved solvents)	2	..	*38.48	+11.00	Velbe	LY
2199R	Injection set containing 10mg and 10mL solvent	2	..	*41.56	+11.00	BL	
	VINCRISTINE SULPHATE						
	Injection set						
2371T	containing 1mg and 10mL solvent	10	..	*158.60	+11.00	BL	
				*158.90	+11.00	Oncovin	LY
2372W	5mg and 10mL solvent	1	..	69.57	+11.00	BL	

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	WARFARIN						
2843P	Tablet 1mg	50	2	6.78	7.42	Coumadin Marevan	BT GL
2209G	2mg	50	2	6.94	7.58	Coumadin	BT
2210H	2.5mg	50	2	7.04	7.68	Coumadin	BT
2844Q	3mg	50	2	6.89	7.53	Marevan	GL
2211J	5mg	50	2	7.09	7.73	Coumadin Marevan	BT GL
2212K	7.5mg	50	2	7.70	8.34	Coumadin	BT
2213L	10mg	50	2	8.59	9.23	Coumadin	BT
	WATER FOR INJECTIONS						
2216P	Injection 2mL	5	3	5.46	6.10	AP,BT,BZ	
2217Q	5mL	5	3	5.57	6.21	AP,BT,BZ	
2218R	10mL	5	3	5.74	6.38	AP,BT,BZ	
	WOOL ALCOHOLS						
2219T	Ointment 100g	≠1	1	5.91	6.55	Eucerin	SN
	ZINC OXIDE						
2984C	Compound Ointment 50g	≠1	1	6.28	6.92	Anusol	WW
1122C	Compound Suppositories, 12	≠1	1	6.52	7.16	Anusol	WW
	ZINC SULPHATE with PHENYLEPHRINE HYDROCHLORIDE Eye Drops						
3154B	2.5mg-1.2mg per mL (0.25%-0.12%), 15mL	≠1	5	6.48	7.12	Prefrin-Z Zincfrin	AG AQ

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	
	DEXTRAN 40						
2304G	100mg per mL with 139mmol per 500mL glucose (10%-5%), 500mL	3	..	43.71	+11.00	Rheomacrodex	PS
2306J	100mg per mL with 77mmol per 500mL sodium chloride (10%-0.9%), 500mL	3	..	43.71	+11.00	Rheomacrodex	PS
	DEXTRAN 70						
3081E	60mg per mL with 139mmol per 500mL glucose (6%-5%), 500mL	3	..	29.85	+11.00	Macrodex	PS
3011L	60mg per mL with 77mmol per 500mL sodium chloride (6%-0.9%), 500mL	3	..	29.85	+11.00	Macrodex	PS
	ELECTROLYTE REPLACEMENT SOLUTION						
3199J	1L	2	1	*9.82	10.46	Normosol R Plasma-Lyte 148	AB BX
	GLUCOSE						
2245E	278mmol per L (5%), 1L	5	1	*12.70	+11.00	AB,BX,KM	
2247G	555mmol per L (10%), 1L	5	1	*17.60	+11.00	AB,BX	
2249J	1110mmol per L (20%), 1L	2	1	*9.82	10.46	AB	
2251L	1387mmol per L (25%), 1L	2	1	*9.82	10.46	AB,BX	
2252M	1387mmol per 500mL (50%), 500mL	2	1	*8.86	9.50	AB	
	POLYGELINE						
2334W	17.5g per 500mL (3.5%) with electrolytes, 500mL	3	..	*41.73	+11.00	Haemaccel	HP
	SODIUM CHLORIDE						
2264E	154mmol per L (0.9%), 1L	5	1	*12.70	+11.00	AB,BX,KM	
2260Y	513mmol per L (3%), 1L	2	1	*9.82	10.46	BX	
	SODIUM CHLORIDE COMPOUND						
2266G	1L	4	1	*15.00	+11.00	AB,BX	
	SODIUM CHLORIDE and GLUCOSE						
2271M	154mmol-278mmol per L (0.9%-5%), 1L	2	1	*9.82	10.46	AB,BX	
2278X	39mmol-69mmol per 500mL (0.45%-2.5%), 500mL	5	1	*15.80	+11.00	AB,BX	
2279Y	19mmol-104mmol per 500mL (0.225%-3.75%), 500mL	5	1	*15.80	+11.00	AB,BX	
2281C	31mmol-222mmol per L (0.18%-4%), 1L	5	1	*12.70	+11.00	AB,BX,KM	
	SODIUM LACTATE COMPOUND						
2286H	1L	5	1	*12.70	+11.00	AB,BX,KM	
	SODIUM LACTATE COMPOUND and ANHYDROUS GLUCOSE						
2288K	278mmol per L (5%), 1L	2	1	*9.82	10.46	AB,BX	

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

Code	Name, Restriction, Manner of Administration and Form	Max. Qty.	No. of Rpts	Dispensed Price for Max. Qty. $	Maximum Patient Payment $	Proprietary Name and Manufacturer	
	AMOXYCILLIN						
3303W	Tablet 250mg	20	..	8.03	8.67	Amoxil	BR
						Moxacin	CS
3304X	Dispersible Tablet 3g	1	..	8.08	8.72	Amoxil	BR
						Moxacin	CS
3301R	Capsule 250mg	20	..	7.11	7.75	Alphamox 250	AF
				7.31	7.95	Amoxil	BR
						Cilamox	SI
						Ibiamox	PT
						Moxacin	CS
3300Q	500mg	20	..	10.12	10.76	Alphamox 500	AF
				10.32	10.96	Amoxil	BR
						Cilamox	SI
						Ibiamox	PT
						Moxacin	CS
	Powder for Syrup						
3302T	125mg per 5mL, 100mL	≠1	..	#8.55	9.48	Ibiamox	PT
				#8.75	9.68	Amoxil	BR
						Cilamox	SI
						Moxacin	CS
3393N	250mg per 5mL, 100mL	≠1	..	#9.80	10.73	Ibiamox	PT
				#10.00	10.93	Amoxil Forte	BR
						Cilamox	SI
						Moxacin 250	CS
	AMPHOTERICIN						
3306B	Lozenge 10mg	20	..	6.20	6.84	Fungilin	SQ
3308D	Ointment 30mg per g (3%), 15g	≠1	..	6.06	6.70	Fungilin	SQ
	AMPICILLIN						
3312H	Injection 250mg (solvent required) (codes 6903H, 6904J, 6905K apply to above item with approved solvents)	5	..	8.07	8.71	Ampicyn	PT
				8.27	8.91	Austrapen	CS
3313J	Injection 500mg (solvent required) (codes 6906L, 6907M, 6908N apply to above item with approved solvents)	5	..	9.84	10.48	Ampicyn	PT
				10.04	10.68	Austrapen	CS
3314K	Injection 1g (solvent required) (codes 6909P, 6910Q, 6911R apply to above item with approved solvents)	5	..	13.44	+11.00	Ampicyn	PT
				13.64	+11.00	Austrapen	CS
	ASPIRIN with CODEINE						
7002M	Mixture - See Section 4, Standard Formulae Preparations						

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	BENZYLPENICILLIN						
3397T	Injection 300mg (solvent required) (codes 6912T, 6913W, 6914X apply to above item with approved solvents)	5	..	9.80	10.44	CS	
3398W	Injection 600mg (solvent required) (codes 6915Y, 6916B, 6917C apply to above item with approved solvents)	5	..	10.70	11.00	CS	
3399X	Injection 3g (solvent required) (codes 6918D, 6919E, 6920F apply to above item with approved solvents)	5	..	21.10	+11.00	CS	
	CEPHALEXIN						
3317N	Capsule 250mg	20	..	7.65 7.85	8.29 8.49	Ibilex 250 Ceporex Keflex	AF GL LY
3318P	500mg	20	..	10.40 10.60	11.00 11.00	Ibilex 500 Ceporex Keflex	AF GL LY
	Granules for Syrup						
3319Q	125mg per 5mL, 100mL	≠1	..	#9.65 #9.85	10.58 10.78	Ibilex 125 Ceporex Keflex	AF GL LY
3320R	250mg per 5mL, 100mL	≠1	..	#11.65 #11.85	+11.00 +11.00	Ibilex 250 Ceporex Keflex	AF GL LY
	CEPHALOTHIN						
3376Q	Injection 1g (solvent required) (codes 6951G, 6952H, 6953J apply to above item with approved solvents)	5	..	*19.90	+11.00	Ceporacin Keflin Neutral	GL LY
3377R	Injection 2g (solvent required) (codes 6954K, 6955L, 6956M apply to above item with approved solvents)	1	..	10.34	10.98	Keflin Neutral	LY
3378T	Injection 4g (solvent required) (codes 6957N, 6958P, 6959Q apply to above item with approved solvents)	1	..	16.01	+11.00	Keflin Neutral	LY
	CODEINE PHOSPHATE with ASPIRIN						
3315L	Tablet 30mg-325mg	20	..	6.07	6.71	Codral Forte	BW
	CODEINE PHOSPHATE with PARACETAMOL						
3316M	Tablet 30mg-500mg	20	..	6.07	6.71	Panadeine Forte	WL
	DOXYCYCLINE						
3321T	Tablet 100mg	7	..	6.65 6.84	7.29 7.48	Doxylin 100 Vibramycin	AF PF
3322W	Capsule 100mg	7	..	6.74 6.84	7.38 7.48	Cyclidox Doryx	PT FA

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	
	ERYTHROMYCIN						
3324Y	Tablet 250mg	25	..	7.16	7.80	EMU-V	UP
						AB	
3329F	Capsule 125mg	25	..	6.94	7.58	Eryc	FA
3326C	175mg	25	..	7.16	7.80	Eryc LD	FA
3325B	250mg	25	..	7.44	8.08	Eryc	FA
						Ilocap	LY
	ERYTHROMYCIN ESTOLATE						
	Paediatric Oral Drops						
3331H	100mg (base) per mL, 10mL	≠1	..	6.89	7.53	Ilosone	LY
	Paediatric Oral Suspension						
3335M	125mg (base) per 5mL, 100mL	≠1	..	6.89	7.53	Ilosone	LY
	ERYTHROMYCIN ETHYL SUCCINATE						
3327D	Tablet 200mg (base)	25	..	6.94	7.58	E.E.S. Dulcet	AB
3336N	400mg (base)	25	..	7.44	8.08	E.E.S. 400	AB
3334L	Granules for Paediatric Oral Suspension 200mg (base) per 5mL, 100mL	≠1	..	#8.95	9.88	E.E.S. 200	AB
	ERYTHROMYCIN STEARATE						
3328E	Tablet 250mg (base)	25	..	7.16	7.80	Erythrocin	AB
3330G	Capsule 250mg (base)	25	..	7.16	7.80	Erythrocin	AB
	Paediatric Oral Suspension						
3332J	125mg (base) per 5mL, 100mL	≠1	..	6.89	7.53	Erythrocin	AB
	Oral Suspension						
3333K	250mg (base) per 5mL, 100mL	≠1	..	8.31	8.95	Erythrocin	AB
	METRONIDAZOLE						
3339R	Tablet 200mg	21	..	6.10	6.74	Metrogyl 200	AF
						Trichozole	PT
				6.30	6.94	Flagyl	MB
						Metrozine	SR
3340T	250mg	21	..	6.57	7.21	Protostat	JC
	NYSTATIN						
3342X	Tablet 500,000 units	25	..	*7.97	8.61	Mycostatin	SQ
						Nilstat	LE
3344B	Lozenge 100,000 units	20	..	6.20	6.84	Nilstat	LE
	Oral Suspension						
3343Y	100,000 units per mL, 24mL	≠1	..	6.48	7.12	Mycostatin	SQ
						Nilstat	LE
	PARACETAMOL						
3348F	Mixture 120mg per 5mL, 100mL	≠1	..	6.56	7.20	Dymadon	BW
						Panamax	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	
	PHENETHICILLIN						
3351J	Tablet 250mg	25	..	7.32	7.96	Pensig	SI
3353L	Capsule 250mg	25	..	7.32	7.96	Pensig	SI
3354M	500mg	25	..	8.00	8.64	Pensig	SI
	Powder for Syrup						
3355N	125mg per 5mL, 100mL	≠1	..	#7.99	8.92	Pensig 125	SI
3356P	250mg per 5mL, 100mL	≠1	..	#8.60	9.53	Pensig 250	SI
	PHENOXYMETHYLPENICILLIN						
3359T	Tablet 125mg	25	..	6.76	7.40	Abbocillin-V	AB
3360W	250mg	25	..	6.89	7.53	Abbocillin-VK	AB
						Cilicaine VK	SI
						LPV	CS
						PVK	LY
3361X	500mg	25	..	7.73	8.37	Abbocillin-VK	AB
						PVK	LY
3363B	Capsule 250mg	25	..	6.89	7.53	Abbocillin-VK	AB
						Cilicaine VK	SI
						LPV	CS
						PVK	LY
3364C	500mg	25	..	7.73	8.37	Cilicaine VK	SI
						LPV	CS
	Paediatric Oral Suspension						
3365D	125mg per 5mL, 100mL	≠1	..	6.19	6.83	Abbocillin-V	AB
						Cilicaine V	SI
						LPV 125	CS
	Oral Suspension						
3366E	250mg per 5mL, 100mL	≠1	..	7.26	7.90	Abbocillin-V	AB
						Cilicaine V	SI
						LPV 250	CS
	PROCAINE PENICILLIN						
3370J	Injection 1g	5	..	24.20	+11.00	Cilicaine	SI
3371K	1.5g	5	..	25.20	+11.00	Cilicaine	SI
	TETRACYCLINE HYDROCHLORIDE						
3383C	Capsule 250mg	25	..	6.31	6.95	Achromycin	LE
						Panmycin P	UP
						Tetramykoin	BZ(N)
	TETRACYCLINE HYDROCHLORIDE (BUFFERED)						
3386F	Capsule 250mg	25	..	6.31	6.95	Achromycin V	LE
						Austramycin-V	CS
						Hostacycline P	HP
						Hydracycline	FM
						Mysteclin-250	SQ
						Tetrex	AP

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

Code	Name, Restriction, Manner of Administration and Form	Max. Qty.	No. of Rpts	Dispensed Price for Max. Qty. $	Maximum Patient Payment $	Proprietary Name and Manufacturer	
	TRIMETHOPRIM with SULPHAMETHOXAZOLE						
3389J	Tablet 80mg-400mg	10	..	6.40	7.04	Bactrim	RO
						Resprim	AF
						Septrin	BW
						Trib	PT
3390K	160mg-800mg	10	..	7.90	8.54	Bactrim DS	RO
						Resprim Forte	AF
						Septrin Forte	BW
						Trib DS	PT
3391L	Oral Suspension 40mg-200mg per 5mL, 100mL	≠1	..	7.45	8.09	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	..	5.46	6.10	AP,BT,BZ	
3395Q	5mL	5	..	5.57	6.21	AP,BT,BZ	
3396R	10mL	5	..	5.74	6.38	AP,BT,BZ	

SECTION 3

PREPARATIONS AVAILABLE FOR COLOSTOMY AND ILEOSTOMY USE

PREPARATIONS AVAILABLE FOR USE BY PARAPLEGIC AND QUADRIPLEGIC PATIENTS

PREPARATIONS AVAILABLE FOR COLOSTOMY AND ILEOSTOMY USE

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	
	ACRYLIC RESIN						
2223B	Solution 125g Aerosol Spray	≠1	..	13.73	+11.00	Nobecutane	AP
	BENZOIN						
2683F	Compound Tincture 3.5mL per 10mL (35%), 167mL Aerosol Spray	≠1	..	9.09	9.73	EG	
	BUTYL MONOESTER POLYMER with ETHANOL						
2680C	Paste 60g	≠1	..	11.55	+11.00	Stomahesive	SQ
	BUTYL MONOESTER POLYMER with ISOPROPYL ALCOHOL						
2503R	Protective Dressing Aerosol 120g	≠1	..	15.25	+11.00	Skin-Prep	SN
2504T	Solution 59mL	≠1	..	12.44	+11.00	Skin-Prep	SN
2510D	Wipes, 50	≠1	..	14.84 15.00	+11.00 +11.00	Uro-Prep Skin-Prep	SA SN
	CARMELLOSE SODIUM with PECTIN and GELATIN						
2326K	Paste 167mg-167mg-167mg per g (16.7%-16.7%-16.7%), 15g	≠1	..	6.40	7.04	Orabase	SQ
2327L	Powder 333mg-333mg-333mg per g (33.3%-33.3%-33.3%), 15g	≠1	..	7.55	8.19	Orahesive	SQ
	CHARCOAL, ACTIVATED						
2718C	Tablet 300mg	500	1	22.70	+11.00	Karbons QE(NQ),TO	EG
	DEODORANT CONCENTRATE						
3115Y	Liquid 7.5mL	≠1	..	6.86	7.50	Super Banish	SN
3125L	15mL	≠1	..	6.25	6.89	Banish Odorgon	SN LA
	DIMETHICONE						
2617R	Solution 100mg per mL (10%), 180mL Aerosol Spray	≠1	..	8.60	9.24	Silicon Skin Spray	EG
	ISOPROPYL MONOESTER POLYMER with ISOPROPYL ALCOHOL						
2505W	Adhesive Protective Gel 28.35g	≠1	..	8.20	8.84	Skin Gel	HO
	LAURAMINE OXIDE with OCTOXINOL						
1569N	Compound Cleansing Solution 80mg-10mg per g (8%-1%), 240mL	≠1	..	10.66	11.00	Uni Wash	SN
	PARAFFIN						
1748B	Compound Cream 85g	≠1	..	9.98	10.62	Uni Derm	SN
1749C	Compound Ointment 70g	≠1	..	10.76	11.00	Uni Salve	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	
	POLYISOBUTYLENE						
3146N	Compound Adhesive Wafers, 5	≠1	5	14.68	+11.00	Hollihesive Skin Barrier	HO
				14.88	+11.00	Soft Guard XL Skin Barrier	SN
3148Q	Compound Adhesive Wafers with Adhesive Discs, 5	≠1	5	14.39	+11.00	Stomahesive Set	SQ
	POLYVINYLPYRROLIDONE and VINYL ACETATE COPOLYMER						
2950G	Aerosol Spray 60mg per mL (6%), 121mL	≠1	..	7.96	8.60	Spray-On Bande	EG
	STERCULIA (Indian Tragacanth; Gum Karaya)						
2258W	Paste 127.6g	≠1	..	11.50	+11.00	Karaya Paste	HO
2259X	Powder 71g	≠1	..	10.32	10.96	SN	
	SURGICAL CEMENT						
2238T	Skin Bond Adhesive 118mL						
2467W	Solvent 227mL						
2469Y	240mL						
2472D	250mL						
	See Section 2						

PREPARATIONS AVAILABLE FOR USE BY PARAPLEGIC AND QUADRIPLEGIC PATIENTS

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	
	ACRYLIC RESIN						
2223B	Solution 125g Aerosol Spray	≠1	..	13.73	+11.00	Nobecutane	AP
	BISACODYL						
1263L	Enema 10mg in 5mL, 25	≠1	2	24.20	+11.00	Bisalax	PT
1259G	Tablet 5mg						
1260H	Suppositories 10mg, 10						
	See Section 2						
	DOCUSATE SODIUM with BISACODYL						
1125F	Suppositories 100mg-10mg, 5						
	See Section 2						
	STERCULIA with FRANGULA BARK						
1102B	Granules 473mg-83mg per g (47.3%-8.3%), 250g						
	See Section 2						
	SURGICAL CEMENT						
2238T	Skin Bond Adhesive 118mL						
2467W	Solvent 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:

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

Special Note:

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

Drug	Standard	Recovery Price		
		1g/mL	10g/mL	Special
		$	$	$
Acacia Powdered	BP	0.07	0.57	5.03:100 g
Acetone	BP	0.02	0.15	1.32:100 mL
(use as additive only)				
ACIDS				
Acetic (6 per cent)	BP	0.01	0.04	0.34:100 mL
Acetic (33 per cent)	BP	0.02	0.13	1.16:100 mL
Ascorbic	BP	0.08	0.67	0.01:100 mg
(use as ingredient of Mixtures of Ferrous Sulphate APF and PL)				
Benzoic	BP	0.12	0.94	0.02:100 mg
Boric	BP	0.03	0.23	2.05:100 g
(use as additive only)				
Citric Monohydrate	BP	0.08	0.62	5.50:100 g
Hydrochloric	BP	0.03	0.25	2.22:100 mL
Hydrochloric Dilute	BP	0.02	0.18	1.62:100 mL
Lactic	BP	0.20	1.61	
Oleic	BP	0.07	0.59	5.23:100 mL
Salicylic	BP	0.05	0.43	3.81:100 g
Trichloroacetic	BP 80	0.46	3.70	
Acriflavine	BPC 63	1.87	..	0.23:100 mg
Adrenaline (b)	BP	18.20	..	
(may only be prescribed in eye drops)				
Alum	BP	0.01	0.11	0.94:100 g
Aminophylline	BP	0.26	2.06	
Ammoniated Mercury	BP 73	0.72	5.76	
Aspirin	BP	0.04	0.28	2.48:100 g
Atropine Sulphate	BP	3.60	..	0.45:100 mg
Beeswax White	BP	0.07	0.52	4.61:100 g
Bentonite	BP	0.05	0.39	3.44:100 g
Benzocaine	BP	0.38	3.01	
Borax	BP	0.02	0.15	1.30:100 g
(use as additive only)				
Calamine	BP	0.05	0.38	3.36:100 g
Calcium Hydroxide	BP	0.07	0.58	5.15:100 g
Cetomacrogol Emulsifying Wax	BP	0.08	0.61	5.39:100 g
Cetostearyl Alcohol	BP	0.06	0.49	4.35:100 g
Cetrimide	BP	0.19	1.48	13.14:100 g
Chlorbutol	BP	0.24	1.90	
Chlorhexidine Acetate	BP	1.39	11.13	0.17:100 mg
(use as additive only)				
Chlorinated Lime	BP	0.02	0.18	1.63:100 g
Chlorocresol	BP	0.44	3.53	0.06:100 mg
Chloroform	BP	0.02	0.15	1.32:100 mL
(use as additive only)				
Clioquinol (a)	BP	..	..	10.14:3.5 g
Cocaine Hydrochloride	BP	23.46	..	2.93:100 mg
Codeine Phosphate	BP	2.22	..	0.28:100 mg
Collodion Flexible	BP	0.07	0.54	4.77:100 mL
CREAMS				
Aqueous	APF	0.02	0.17	1.50:100 g
Aqueous	BP	0.02	0.17	1.50:100 g
Calamine Oily	APF	0.04	0.29	2.58:100 g
Cetomacrogol Aqueous	APF	0.02	0.16	1.38:100 g
Cetrimide 0.5%	BP	0.03	0.23	2.08:100 g
Cetrimide Aqueous	APF	0.03	0.23	2.08:100 g
Oily	APF	0.07	0.52	4.63:100 g
Zinc	BP	0.04	0.28	2.48:100 g
Zinc Oily	APF	0.03	0.21	1.89:100 g

Drug	Standard	Recovery Price		
		1g/mL	10g/mL	Special
		$	$	$
Dithranol	BP	2.81	22.47	0.35:100 mg
Emulsifying Wax	BP	0.05	0.42	3.70:100 g
Ephedrine Hydrochloride (may only be prescribed in nasal instillations)	BP	0.39	3.12	0.05:100 mg
Ethanol (90 per cent) (use as additive only)	BP	0.01	0.06	0.54:100 mL
Ethanol (96 per cent) (use as additive only)	BP	0.01	0.08	0.70:100 mL
Ether Solvent (use as additive only)	BP	0.03	0.24	2.12:100 mL
EXTRACTS				
Hyoscyamus Liquid	BPC 73	0.14	1.10	9.75:100 mL
Liquorice Liquid	BP	0.04	0.34	3.02:100 mL
Ferrous Sulphate	BP	0.04	0.34	3.05:100 g
Ferrous Sulphate Dried	BP	0.06	0.49	4.37:100 g
Glucose (use as additive only)	BP	0.02	0.16	1.46:100 g
GLYCERIN				
Ichthammol	APF	0.09	0.68	6.01:100 mL
Glycerol	BP	0.01	0.11	0.94:100 mL
Honey Purified (use as additive only)	BP	0.01	0.04	0.33:100 g
Ichthammol	BP	0.16	1.30	11.56:100 g
INFUSION				
Gentian Compound Concentrated 1 in 10	BP	0.05	0.38	3.41:100 mL
Iodine	BP	0.42	3.37	
Kaolin, Light or Kaolin, Light (Natural)	BP	0.02	0.16	1.40:100 g
Lactose	BP	0.01	0.09	0.80:100 g
Lignocaine Hydrochloride	BP	1.34	..	0.17:100 mg
LINIMENTS				
Methyl Salicylate	APF	0.02	0.15	1.31:100 mL
Methyl Salicylate Compound	APF	0.04	0.35	3.15:100 mL
Turpentine	BP	0.02	0.18	1.58:100 mL
LOTION				
Calamine	BP	0.02	0.12	1.05:100 mL
MAGNESIUM				
Carbonate Light	BP	0.03	0.21	1.88:100 g
Sulphate (may only be prescribed for other than oral use)	BP	0.01	0.04	0.37:100 g
Trisilicate	BP	0.02	0.19	1.72:100 g
Menthol	BP	0.28	2.25	
Methyl Salicylate	BP	0.03	0.21	1.83:100 mL
Morphine Hydrochloride	BP	4.32	..	0.54:100 mg
MUCILAGES				
Acacia (by weight)	APF 13	0.03	0.24	2.15:100 g
Tragacanth	APF 13	0.01	0.10	0.90:100 mL
Tragacanth	BPC 73	0.01	0.10	0.89:100 mL

Drug	Standard	Recovery Price		
		1g/mL	10g/mL	Special
		$	$	$
OILS				
Arachis (use as additive only)	BP	0.02	0.12	1.04:100 mL
Cade	BPC 73	0.25	1.97	
Castor (use as additive only)	BP	0.03	0.21	1.83:100 mL
Coconut	BP	0.03	0.26	2.28:100 g
Eucalyptus (use as additive only)	BP	0.03	0.26	2.27:100 mL
Lavender Spike	BPC 68	0.19	1.50	
Olive (use as additive only)	BP	0.02	0.16	1.43:100 mL
Peppermint (use as additive only)	BP	0.21	1.65	
Pumilio Pine	BP 80	0.26	2.08	
Siberian Fir	BPC 49	0.22	1.73	
Turpentine (use as additive only)	BP	0.03	0.26	2.30:100 mL
OINTMENTS				
Ammoniated Mercury	BP 73	0.04	0.30	2.62:100 g
Benzoic Acid Compound	APF	0.04	0.30	2.68:100 g
Emulsifying	BP	0.03	0.21	1.83:100 g
Hydrous (white)	BP	0.06	0.44	3.92:100 g
Hydrous (yellow)	BP	0.06	0.44	3.92:100 g
Methyl Salicylate	BP	0.05	0.39	3.45:100 g
Methyl Salicylate Compound	APF 34	0.03	0.24	2.11:100 g
Paraffin (white)	BP	0.02	0.15	1.32:100 g
Paraffin (yellow)	BP 68	0.02	0.15	1.32:100 g
Salicylic Acid	APF	0.02	0.16	1.46:100 g
Salicylic Acid	BP	0.06	0.48	4.29:100 g
Simple (white)	BP	0.03	0.25	2.22:100 g
Simple (yellow)	BP	0.03	0.25	2.22:100 g
Sulphur	BP 80	0.03	0.24	2.17:100 g
Wool Alcohols (white)	BP	0.03	0.25	2.22:100 g
Wool Alcohols (yellow)	BP	0.03	0.25	2.22:100 g
Zinc	BP	0.03	0.22	1.99:100 g
Zinc and Castor Oil	BP	0.03	0.26	2.28:100 g
Oxymel	APF 13	0.01	0.06	0.54:100 mL
Paraffin Hard	BP	0.01	0.09	0.83:100 g
Paraffin Liquid (may only be prescribed for other than oral use)	BP	0.01	0.11	0.94:100 mL
Paraffin Light Liquid	BP	0.01	0.10	0.89:100 mL
Paraffin Soft White	BP	0.02	0.12	1.05:100 g
Paraffin Soft Yellow	BP	0.02	0.12	1.06:100 g
PASTES				
Zinc Compound	BP	0.03	0.26	2.35:100 g
Zinc and Salicylic Acid	BP	0.04	0.28	2.46:100 g
Phenobarbitone	BP	0.29	2.32	0.04:100 mg
Phenobarbitone Sodium	BP	0.55	4.39	0.07:100 mg
Phenol (not available for ear drops)	BP	0.24	1.92	17.07:100 g
Phenol Liquefied (not available for ear drops)	BP	0.11	0.88	7.78:100 mL
Phenoxyethanol	BP	0.12	0.97	
Pilocarpine Hydrochloride (a)	BP	67.86	..	
Pilocarpine Nitrate	BP	25.92	..	3.24:100 mg
Podophyllum Resin	BP	0.93	7.40	

Drug	Standard	Recovery Price		
		1g/mL	10g/mL	Special
		$	$	$
POTASSIUM				
Citrate	BP	0.02	0.19	1.72:100 g
Iodide	BP	0.11	0.90	8.03:100 g
Permanganate	BP	0.07	0.58	5.12:100 g
POWDER				
Tragacanth Compound	BP 80	0.09	0.70	6.21:100 g
Propylene Glycol	BP	0.06	0.49	4.35:100 mL
Resorcinol	BP	0.26	2.09	
Silver Nitrate	BP	2.78	22.22	
SOAPS				
Ethereal	APF 55	0.04	0.30	2.70:100 mL
Soft	BP	0.02	0.16	1.46:100 g
SODIUM				
Acid Phosphate	BP	0.09	0.75	6.65:100 g
Bicarbonate	BP	0.01	0.06	0.54:100 g
Chloride	BP	0.02	0.14	1.22:100 g
Citrate	BP	0.03	0.21	1.86:100 g
Phosphate	BP	0.06	0.51	4.56:100 g
Thiosulphate (use as additive only)	BP	0.03	0.21	1.82:100 g
SOLUTIONS				
Aluminium Acetate	BP	0.03	0.24	2.13:100 mL
Benzoic Acid	BP	0.05	0.42	
Calcium Hydroxide	BP	0.01	0.02	0.21:100 mL
Chlorhexidine Gluconate (use as additive only)	BP	0.09	0.69	6.13:100 mL
Coal Tar	BP	0.06	0.50	4.44:100 mL
Formaldehyde	BP	0.02	0.12	1.07:100 mL
Iodine Aqueous Oral	BP	0.07	0.55	4.87:100 mL
Iodine Weak	BP	0.03	0.27	2.37:100 mL
Morphine Hydrochloride	BPC 73	0.12	0.95	8.42:100 mL
Sodium Chloride	BP	0.01	0.02	0.16:100 mL
SPIRITS				
Ammonia Aromatic	BP	0.04	0.31	2.78:100 mL
Camphor Compound	APF	0.05	0.38	3.33:100 mL
Chloroform	BP	0.01	0.07	0.59:100 mL
Lemon	BP	0.06	0.48	4.30:100 mL
Methylated Industrial (use as additive only)	BP	0.01	0.07	0.58:100 mL
Starch	BP	0.02	0.13	1.16:100 g
Sulphur Precipitated	BP 80	0.02	0.17	1.54:100 g
Sulphurated Potash	BPC 73	0.13	1.05	9.34:100 g
SYRUPS				
Lemon	APF	0.01	0.08	0.75:100 mL
Orange	BP	0.03	0.26	2.30:100 mL
Pholcodine Citrate (use as additive only)	BPC 59	0.03	0.25	2.20:100 mL
Raspberry	BP	0.03	0.24	2.13:100 mL
Red	APF	0.03	0.22	1.98:100 mL
Syrup	BP	0.01	0.06	0.54:100 mL
Tolu	BP	0.03	0.26	2.34:100 mL

Drug	Standard	Recovery Price		
		1g/mL	10g/mL	Special
		$	$	$
Talc Purified BP, sterilised		0.05	0.39	3.51:100 g
Tar Coal	BP	0.07	0.55	4.88:100 g
Tar Coal Prepared	BP 73	0.11	0.86	7.64:100 g
Theophylline	BP	0.32	2.53	
Thymol	BP	0.29	2.34	
Thymol Mouth Wash Compound	APF	0.02	0.16	1.40:100 mL
TINCTURES				
Belladonna	BP	0.05	0.36	3.20:100 mL
Benzoin Compound	BP	0.05	0.39	3.43:100 mL
Ipecacuanha	BP	0.09	0.74	6.60:100 mL
Lobelia Ethereal	BPC 73	0.18	1.46	12.97:100 mL
Opium	BP	0.21	1.71	15.17:100 mL
Orange	BP	0.04	0.29	2.56:100 mL
Stramonium	BP 80	0.04	0.32	2.86:100 mL
Titanium Dioxide	BP	0.09	0.75	6.64:100 g
Tragacanth Powdered	BP	0.56	4.47	39.74:100 g
Triethanolamine	BP	0.08	0.60	5.30:100 mL
WATERS				
Anise Concentrated 1 in 40 (use as additive only)	BP	0.05	0.41	3.66:100 mL
Chloroform Concentrated 1 in 40	APF	0.02	0.18	1.64:100 mL
For Injections (b) (extemporaneously prepared eye drops and eye lotions)	BP	..	..	2.66:100 mL
Peppermint Concentrated 1 in 40 (use as additive only)	APF	0.05	0.40	3.59:100 mL
Purified	BP	0.01	0.02	0.14:100 mL
Wool Alcohols	BP	0.09	0.70	
Wool Fat	BP	0.04	0.33	2.91:100 g
Wool Fat Hydrous	BP	0.03	0.26	2.31:100 g
ZINC				
Oxide	BP	0.02	0.17	1.51:100 g
Sulphate	BP	0.17	1.36	12.07:100 g

CONTAINER PRICES

Container Sizes	Prices					
	N.S.W.	Victoria	Queensland	South Aust.	Western Aust.	Tasmania
Dispensing Bottles—	$	$	$	$	$	$
25mL	0.24	0.29	0.26	0.38	0.30	0.26
50mL	0.25	0.31	0.29	0.35	0.41	0.26
100mL	0.31	0.48	0.40	0.50	0.38	0.47
200mL	0.42	0.56	0.56	0.59	0.53	0.65
500mL	1.35	1.07	1.86	1.35	1.14	1.31
Poison Bottles—						
25mL	0.31	0.37	0.39	0.45	0.30	0.39
50mL	0.30	0.39	0.36	0.47	0.36	0.39
100mL	0.31	0.45	0.39	0.54	0.36	0.44
200mL	0.45	0.59	0.60	0.72	0.55	0.64
500mL	0.63	0.71	0.71	0.77	0.63	0.81
Screw Cap Jars—						
25g	0.45	0.36	0.48	0.43	0.43	0.49
50g	0.45	0.43	0.51	0.52	0.58	0.46
100g	0.35	0.52	0.59	0.63	0.70	0.54
200g	0.43	0.56	0.55	0.56	0.69	0.56
500g	1.08	1.08	1.08	1.08	1.08	1.08
Dropper Containers—						
15mL polythene	0.31	0.30	0.43	0.32	0.26	0.36
15mL glass	0.44	0.64	0.81	0.79	0.79	0.79

Dispensing Fee for Extemporaneously Prepared Benefits $5.40

Additional Fee for Agreed Price Extemporaneously Prepared Benefits $0.93

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

APF	Australian Pharmaceutical Formulary
BP	British Pharmacopoeia
BPC	British Pharmaceutical Codex
PL	Prescribers' List
QHF	Queensland Hospital Formulary

Code	Item	Reference	Dispensed Price for Max. Qty $	Maximum Patient Payment $
	CREAMS MAXIMUM QUANTITY 100g, 1 Repeat			
7655X	Aluminium Acetate Oily	PL & APF	7.07	8.00
7912K	Aqueous	PL & APF	6.90	7.83
7913L	Aqueous	BP	6.90	7.83
7503X	Buffered	BP	6.42	7.35
7503X	Buffered Aqueous	PL & APF	6.42	7.35
7383N	Calamine Aqueous	PL & APF	6.65	7.58
7659D	Calamine Oily	PL & APF	7.98	8.91
7497N	Cetomacrogol Aqueous	PL & APF	6.78	7.71
7498P	Cetomacrogol (Formula A)	BP	6.46	7.39
7660E	Cetrimide 0.5% (extemporaneous formula)	BP	7.48	8.41
7661F	Cetrimide Aqueous	PL & APF	7.48	8.41
7490F	Chlorhexidine 1% (extemporaneous formula)	BP	7.63	8.56
7490F	Chlorhexidine Aqueous	PL & APF	7.63	8.56
7500R	Clioquinol (extemporaneous formula)	BP	15.12	+11.00
7504Y	Clioquinol Aqueous	APF	9.66	10.59
7318E	Coal Tar and Zinc Oily	PL & APF	7.35	8.28
7499Q	Cold	PL & APF	6.93	7.86
7664J	Glycerol Oily	PL & APF	6.79	7.72
7666L	Ichthammol and Zinc Oily	PL & APF	8.38	9.31
7668N	Methyl Salicylate Compound	APF	8.60	9.53
9555X	Oily	APF	10.03	10.96
7669P	Propylene Glycol	APF	7.44	8.37
7892J	Salicylic Acid and Resorcinol Aqueous	PL & APF	7.46	8.39
7502W	Salicylic Acid and Sulphur Aqueous	PL & APF	6.98	7.91
7897P	Zinc (extemporaneous formula)	BP	7.88	8.81
7376F	Zinc and Ichthammol (extemporaneous formula)	BP	8.95	9.88
7667M	Zinc Oily	PL & APF	7.29	8.22
7654W	Zinc Weak	PL	6.91	7.84
	DUSTING POWDERS MAXIMUM QUANTITY 100g, 1 Repeat			
7474J	Kaolin Compound	APF	8.18	9.11
7473H	Talc	APF & BP	8.65	9.58
9868J	Zinc and Salicylic Acid	BPC 1968	6.97	7.90
7458M	Zinc, Starch and Talc	PL, APF & BPC 1973	8.11	9.04
	EAR DROPS MAXIMUM QUANTITY 15mL, 2 Repeats			
7544C	Acetic Acid	APF	5.45	6.38
7642F	Aluminium Acetate	PL & APF	5.66	6.59
8116E	Aluminium Acetate	BP	5.76	6.69
7487C	Chlorhexidine	PL & APF	5.52	6.45
7645J	Ichthammol	PL & APF	6.42	7.35
7315B	Salicylic Acid	PL & APF	5.51	6.44
7314Y	Sodium Bicarbonate	PL, APF & BP	5.48	6.41
7313X	Spirit	PL & APF	5.48	6.41
8204T	Spirit	BPC 1973	5.50	6.43
	ELIXIR MAXIMUM QUANTITY 100mL, 4 Repeats			
7949J	Rubrum	APF	7.38	8.31
	- CONTAINER RATES TO BE ADDED -			

Code	Item	Reference	Dispensed Price for Max. Qty $	Maximum Patient Payment $
	EYE DROPS OF COCAINE MAXIMUM QUANTITY 15mL, No Repeats			
7589K	Cocaine Strong	APF	31.61	+11.00
	EYE DROPS OF PILOCARPINE MAXIMUM QUANTITY 15mL, 5 Repeats			
8263X	Pilocarpine	APF 1955	12.97	+11.00
	EYE DROPS, OTHER MAXIMUM QUANTITY 15mL, 5 Repeats			
7416H	Zinc Sulphate	APF	8.14	9.07
	EYE LOTIONS MAXIMUM QUANTITY 200mL, 2 Repeats			
7363M	Sodium Bicarbonate	APF	10.78	11.00
8418C	Sodium Chloride	BP	10.76	11.00
	GARGLE MAXIMUM QUANTITY 200mL, 4 Repeats			
7453G	Thymol Compound	APF	8.20	9.13
	GLYCERIN MAXIMUM QUANTITY 100mL, 1 Repeat			
8070R	Ichthammol	APF	11.41	+11.00
	INHALATIONS MAXIMUM QUANTITY 50mL, 1 Repeat			
7485Y	Benzoin	PL	7.35	8.28
8577K	Benzoin Compound	PL	8.08	9.01
7484X	Benzoin and Menthol	PL & APF	7.63	8.56
8579M	Menthol	APF	5.98	6.91
7310R	Menthol and Eucalyptus	PL & BP 1980	6.03	6.96
7309Q	Menthol and Pine	PL & APF	6.62	7.55
	INHALATION, SOLID MAXIMUM QUANTITY 4g, 1 Repeat			
8072W	Menthol Crystals	BP	6.52	7.45
	LINCTUSES MAXIMUM QUANTITY 100mL, 2 Repeats			
7529G	Camphor Compound	APF	7.80	8.73
7530H	Codeine	APF	7.51	8.44
7536P	Menthol	APF 1964	6.33	7.26
	LINIMENTS MAXIMUM QUANTITY 100mL, 1 Repeat			
7480Q	Methyl Salicylate Compound	PL & APF	8.55	9.48
7419L	Turpentine	BP	6.98	7.91
	- CONTAINER RATES TO BE ADDED -			

Code	Item	Reference	Dispensed Price for Max. Qty $	Maximum Patient Payment $
	LOTIONS MAXIMUM QUANTITY 200mL, 2 Repeats			
7709R	Aluminium Acetate Aqueous	APF	5.91	6.84
7629M	Calamine	PL & APF	7.50	8.43
7630N	Calamine Oily	PL, APF & BP 1980	7.18	8.11
7631P	Cetomacrogol	APF	6.32	7.25
7710T	Formaldehyde	APF	5.79	6.72
8793T	Resorcinol Compound	APF 13	8.06	8.99
7706N	Salicylic Acid	APF & BP	7.05	7.98
7712X	Salicylic Acid and Coal Tar	APF	7.21	8.14
7632Q	Sodium Thiosulphate	APF	6.52	7.45
7633R	Sulphurated	PL & APF	8.40	9.33
	MIXTURES MAXIMUM QUANTITY 200 mL, 4 Repeats			
7905C	Aspirin	APF 13	7.00	7.93
7908F	Ferrous Sulphate	PL & APF	6.39	7.32
7604F	Gentian Alkaline	PL & APF	6.57	7.50
7599Y	Gentian Alkaline	BP	6.49	7.42
7605G	Hydrochloric Acid	APF 69	9.60	10.53
7491G	Ipecacuanha and Tolu	PL & APF	7.55	8.48
7348R	Kaolin	BPC 1968	6.88	7.81
7301G	Kaolin and Opium	PL & APF	8.28	9.21
7347Q	Lobelia and Stramonium Compound	BPC 1968	8.42	9.35
7346P	Magnesium Carbonate	BPC 1968	6.16	7.09
7342K	Magnesium Trisilicate	BPC 1968	6.38	7.31
7343L	Magnesium Trisilicate and Belladonna	BPC 1968	6.72	7.65
7909G	Morphine (1mg/mL)	APF	7.05	7.98
7910H	Morphine Forte (5mg/mL)	APF	10.29	11.00
7911J	Potassium Citrate	PL & APF	7.27	8.20
7932L	Potassium Citrate and Sodium Bicarbonate	PL & APF	6.72	7.65
7618Y	Potassium Iodide and Stramonium Compound	PL & APF	8.70	9.63
7933M	Sodium Citrate	PL & APF	7.35	8.28
7333Y	Stramonium and Potassium Iodide	BPC 1973	6.98	7.91
	MIXTURES FOR CHILDREN MAXIMUM QUANTITY 100mL, 4 Repeats			
7783P	Aspirin	APF 13	6.36	7.29
7785R	Belladonna	APF 13	6.45	7.38
7789Y	Ferrous Sulphate	APF 13	6.19	7.12
7330T	Ipecacuanha	BPC 1973	6.31	7.24
7494K	Ipecacuanha and Camphor	PL & APF	6.19	7.12
7791C	Potassium Citrate	PL & APF	6.44	7.37
7792D	Sodium Citrate	PL & APF	6.48	7.41
	MOUTH WASH MAXIMUM QUANTITY 200mL, 1 Repeat			
7457L	Thymol Compound	APF	8.20	9.13
	NASAL INSTILLATIONS MAXIMUM QUANTITY 15mL, 2 Repeats			
7574P	Ephedrine	PL & APF	5.61	6.54
7576R	Glucose and Glycerol	PL & APF	5.63	6.56
	- 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	8.08	9.01
9497W	Benzoic Acid Compound (extemporaneous formula)	BP	8.08	9.01
9519B	B.O.Z.	QHF	7.35	8.28
7915N	Calamine (extemporaneous formula)	BP	6.93	7.86
7916P	Cetomacrogol Emulsifying	BP	8.09	9.02
7917Q	Cetrimide Emulsifying	BP	8.15	9.08
7452F	Dithranol 0.1%	APF	6.81	7.74
7451E	Dithranol 1%	APF	9.26	10.19
7918R	Emulsifying	PL, APF & BP	7.23	8.16
7938T	Hydrous (white)	BP	9.32	10.25
7939W	Hydrous (yellow)	BP	9.32	10.25
9557B	Hydrous Wool Fat	BPC 1973	7.30	8.23
9559D	Ichthammol	BP 1980	8.73	9.66
9576B	Methyl Salicylate (extemporaneous formula)	BP	8.85	9.78
9577C	Methyl Salicylate Compound	APF 1934	7.51	8.44
7924C	Paraffin (white)	BP	6.72	7.65
7925D	Paraffin (yellow)	BP 1968	6.72	7.65
9592W	Resorcinol and Sulphur Compound	PL & APF	8.12	9.05
7926E	Salicylic Acid	PL & APF	6.86	7.79
8022F	Salicylic Acid (extemporaneous formula)	BP	9.69	10.62
7327P	Salicylic Acid and Sulphur	BPC 1973	9.29	10.22
7927F	Simple White	PL & APF	7.62	8.55
7927F	Simple (white)	BP	7.62	8.55
7930J	Simple (yellow)	BP	7.62	8.55
8060F	Sulphur	BP 1980	7.57	8.50
7450D	Wool Alcohols	APF	7.04	7.97
7936Q	Wool Alcohols (white)	BP	7.62	8.55
7937R	Wool Alcohols (yellow)	BP	7.62	8.55
7896N	Zinc (extemporaneous formula)	BP	7.39	8.32
7899R	Zinc and Castor Oil	PL, APF & BP	7.68	8.61
7573N	Zinc and Coal Tar	APF	7.05	7.98
7896N	Zinc Oxide	PL & APF	7.39	8.32
	PAINTS MAXIMUM QUANTITY 25mL, 1 Repeat			
7780L	Cetrimide and Chlorhexidine	APF	5.63	6.56
7781M	Coal Tar	APF & BP 1980	5.96	6.89
7842R	Formaldehyde and Salicylic Acid	APF	5.81	6.74
7562B	Ichthammol	PL & APF	7.10	8.03
7563C	Iodine	APF 1964	6.22	7.15
7326N	Iodine Compound	APF	5.96	6.89
7569J	Lactic and Salicylic Acid	APF	7.73	8.66
7566F	Podophyllin	PL	7.54	8.47
7567G	Podophyllin Compound	PL, APF & BP	9.87	10.80
7568H	Salicylic Acid	PL & APF	6.88	7.81
	PASTES MAXIMUM QUANTITY 100g, 1 Repeat			
7555P	Coal Tar and Zinc	PL & APF	7.80	8.73
9740P	Dithranol 0.1%	PL & APF	8.21	9.14
9738M	Dithranol 0.1% (extemporaneous formula)	BP	8.21	9.14
9737L	Dithranol 1%	APF	10.65	11.00
9739N	Dithranol 1% (extemporaneous formula)	BP	10.65	11.00
7323K	Resorcinol and Sulphur	BP 1980	8.53	9.46
	- CONTAINER RATES TO BE ADDED -			

Code	Item	Reference	Dispensed Price for Max. Qty $	Maximum Patient Payment $
	PASTES - cont.			
9742R	Titanium Dioxide	PL & APF	8.31	9.24
9741Q	Zinc and Coal Tar (extemporaneous formula)	BP	7.22	8.15
7558T	Zinc Compound	PL & APF	7.75	8.68
7558T	Zinc Compound (extemporaneous formula)	BP	7.75	8.68
7559W	Zinc and Salicylic Acid	PL & APF	7.78	8.71
9773J	Zinc and Salicylic Acid	BP	7.86	8.79
	POWDER FOR INTERNAL USE MAXIMUM QUANTITY 100g, 2 Repeats			
9825D	Magnesium Trisilicate	BP	7.12	8.05
	POWDER, IRRIGATION MAXIMUM QUANTITY 100g, 1 Repeat			
7546E	Alkaline Nasal Douche	APF	6.57	7.50
	SOAPS MAXIMUM QUANTITY 200mL, 1 Repeat			
9896W	Spirit	BP	8.38	9.31
9897X	Spirit (Industrial Methylated)	BP	8.46	9.39
	SOLUTIONS MAXIMUM QUANTITY 200mL, 2 Repeats			
7539T	Calcium Hypochlorite (Eusol)	APF	5.80	6.73
7922Y	Iodine Aqueous Oral (Lugol's)	BP	15.14	+11.00
7923B	Iodine Weak	BP	10.14	11.00
7540W	Soap Alcoholic	APF	7.94	8.87
	SYRUP MAXIMUM QUANTITY 100mL, 4 Repeats			
7375E	Codeine	APF	7.36	8.29
	TINCTURES MAXIMUM QUANTITY 25mL, 1 Repeat			
8073X	Belladonna	BP	6.30	7.23
8075B	Stramonium	BP 1980	6.20	7.13
	PREPARATION WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY			
	MIXTURE MAXIMUM QUANTITY 200mL, No Repeats			
7002M	Aspirin APF 13 with Codeine Phosphate BP 30mg per 10mL		8.68	9.61
	- 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	5
22E	Other Eye Drops	15mL	5
23F	Eye Lotions	200mL	2
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

CREAMS

(Maximum Quantity 100g and 1 Repeat)

7655X ALUMINIUM ACETATE, OILY (APF)

Aluminium Acetate Solution	5	mL
Zinc Oxide	20	g
Wool Fat	25	g
Arachis Oil	25	mL
Purified Water, freshly boiled and cooled	27	mL

7912K AQUEOUS (APF)

Emulsifying Ointment	30	g
Glycerol	5	mL
Phenoxyethanol	1	g
Purified Water, freshly boiled and cooled to	100	g

7503X BUFFERED, AQUEOUS (APF) (Buffered BP)

Sodium Phosphate	2.5	g
Citric Acid Monohydrate	500	mg
Chlorocresol	100	mg
Emulsifying Ointment	30	g
Purified Water, freshly boiled and cooled to	100	g

7383N CALAMINE, AQUEOUS (APF)

Calamine	4	g
Zinc Oxide	3	g
Cetomacrogol Emulsifying Wax	6	g
Arachis Oil	30	g
Purified Water, freshly boiled and cooled to	100	g

7659D CALAMINE, OILY (APF)

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

7497N CETOMACROGOL, AQUEOUS (APF)

Cetomacrogol Emulsifying Wax	15	g
Liquid Paraffin	10	g
White Soft Paraffin	10	g
Chlorocresol	100	mg
Propylene Glycol	5	mL
Purified Water, freshly boiled and cooled to	100	g

PRESCRIPTION

7661F CETRIMIDE, AQUEOUS (APF)

Cetrimide	500	mg
Chlorocresol	100	mg
Cetostearyl Alcohol	5	g
Liquid Paraffin	50	g
Purified Water, freshly boiled and cooled to	100	g

7490F CHLORHEXIDINE, AQUEOUS (APF) (Chlorhexidine 1% BP—extemporaneous formula)

Chlorhexidine Gluconate Solution	5	mL
Cetomacrogol Emulsifying Wax	25	g
Liquid Paraffin	10	g
Purified Water, freshly boiled and cooled to	100	g

7318E COAL TAR and ZINC, OILY (APF)

Coal Tar	1	g
Castor Oil	1	g
Zinc Cream Oily, APF	98	g

7499Q COLD (APF)

White Beeswax	17	g
Liquid Paraffin	45	g
Borax	1	g
Purified Water, freshly boiled and cooled	37	mL

7664J GLYCEROL, OILY (APF)

Glycerol	20	g
Calcium Hydroxide Solution	32	mL
Arachis Oil	22	g
Wool Fat	26	g

7666L ICHTHAMMOL and ZINC, OILY (APF)

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*

7502W SALICYLIC ACID and SULPHUR, AQUEOUS (APF)

Salicylic Acid	2	g
Precipitated Sulphur	2	g
Aqueous Cream, APF 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 (PL)

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)

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)

Calamine	10	g
Wool Fat	2	g
Arachis Oil	100	mL
Oleic Acid	1	mL
Calcium Hydroxide Solution 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	0.5	mL
Benzoic Acid Solution	0.2	mL
Purified Water to	10	mL

7604F GENTIAN, ALKALINE (APF)

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

PRESCRIPTION

7491G IPECACUANHA and TOLU (APF)
Synonym: Cough Mixture

Ipecacuanha Tincture	0.25	mL
Compound Camphor Spirit	1	mL
Tolu Syrup	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	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—extemporaneous formula)

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, WHITE (APF) (Simple BP—white)

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—extemporaneous formula)

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

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

9740P DITHRANOL 0.1% (APF)

Dithranol	100	mg
Zinc and Salicylic Acid Paste, APF	99.9	g

PRESCRIPTION

PASTES—*continued*

9742R TITANIUM DIOXIDE (APF)

Titanium Dioxide	20	g
Calamine	25	g
Light Kaolin or Light Kaolin (Natural), sterilised	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—extemporaneous formula)

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

MIXTURES

(Maximum Quantity 100mL and 4 Repeats)

7494K IPECACUANHA and CAMPHOR (APF)
Synonym: Expectorant Mixture for Children

Ipecacuanha Tincture	0.1	mL
Compound Camphor Spirit	0.25	mL
Glycerol	1	mL
Purified Water to	5	mL

7791C POTASSIUM CITRATE (APF)

Potassium Citrate	1	g
Citric Acid Monohydrate	200	mg
Lemon Syrup, APF	1	mL
Concentrated Chloroform Water	0.1	mL
Purified Water to	5	mL

PRESCRIPTION

7792D SODIUM CITRATE (APF)

Sodium Citrate	1	g
Citric Acid Monohydrate	200	mg
Lemon Syrup, APF	1	mL
Concentrated Chloroform Water	0.1	mL
Purified Water to	5	mL

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, 40c**
Other items	**25mL vial, 14c**

(The 25mL is the most commonly used size)

Fees—

Ready Prepared Dispensing Fee $4.20

Dangerous Drug Fee $2.00

Additional Fee for Agreed Price Ready Prepared Benefits $0.64

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)

Code	Approved Name	Form/Strength	Pack and Price $	Manufacturer
	GENERAL PHARMACEUTICAL BENEFITS			
1004W	Acetazolamide	250mg	50 @ 4.56	LE
1003T	Acyclovir	200mg	25 @ 42.78	BW
2600W	Allopurinol	100mg	100 @ 3.06	AU,BW,PT
2604C		300mg	30 @ 2.67	AU,BW,PT
2601X		100mg	100 @ 4.22	FM
2603B		300mg	30 @ 4.04	FM
2153H	Aluminium Hydroxide	321mg per 5mL, 500mL	1 @ 2.43	WY
1026B	Aluminium Hydroxide Dried	300mg	100 @ 2.43	WY
1033J	Aluminium Hydroxide and Magnesium Carbonate Co-Dried Gel	375mg	100 @ 2.43	WY
2576N	Aluminium Hydroxide with Magnesium Hydroxide	200mg-200mg	100 @ 2.43	PD,WW
2154J		230mg-230mg	100 @ 2.43	BW
2155K		306mg-97.5mg per 5mL, 500mL	1 @ 2.43	AY
2156L		215mg-80mg per 5mL, 500mL	1 @ 2.43	WY
2157M		200mg-200mg per 5mL, 500mL	1 @ 2.43	PD,SC,WW
2158N	Aluminium Hydroxide with Magnesium Hydroxide and Oxethazaine	306mg-97.5mg-10mg per 5mL, 500mL	1 @ 2.43	AY
1032H	Aluminium Hydroxide with Magnesium Trisilicate and Magnesium Hydroxide	250mg-120mg-120mg	100 @ 2.43	FM
2159P		250mg-120mg-120mg per 5mL, 500mL	1 @ 2.43	FM
3109P	Amiloride Hydrochloride	5mg	50 @ 2.50	AF
			50 @ 2.60	MK
3077Y	Amino Acid Formula with Vitamins and Minerals without Methionine	200g	1 @ 43.45	SB
3073R	Amino Acid Formula with Vitamins and Minerals without Phenylalanine	200g	1 @ 44.43	SB
3076X		200g	1 @ 69.31	SB
3075W	Amino Acid Formula with Vitamins and Minerals without Valine, Leucine and Isoleucine	200g	1 @107.59	SB
3071P	Amino Acid Formula without Phenylalanine	250g	1 @ 97.70	SB
3072Q		250g	1 @117.93	SB
1059R	Amylobarbitone Sodium	500mg	1 @ 2.60	LY
1980F	Antivenom - Red Back Spider	500 units	1 @ 64.92	CS
1105E	Bendrofluazide	2.5mg	50 @ 1.50	BT
1106F		5mg	50 @ 1.61	BT
1109J	Benzhexol Hydrochloride	2mg	100 @ 1.93	PT
1110K		5mg	100 @ 2.79	PT
2362H	Benztropine Mesylate	2mg	100 @ 3.82	MK
2647H	Benzylpenicillin	3g	5 @ 16.90	CS
2648J		6g	1 @ 8.07	CS
2812B	Betamethasone Valerate	200mcg per g, 100g	1 @ 2.04	GL,SH
2820K		200mcg per g, 100g	1 @ 2.04	SH
1062X	Bethanechol Chloride	10mg	50 @ 2.67	MK
1071J		5mg in 1mL	1 @ 3.61	MK
2544X	Biperiden Hydrochloride	2mg	100 @ 4.44	KN
1259G	Bisacodyl	5mg	100 @ 3.07	PT

Code	Approved Name	Form/Strength	Pack and Price $	Manufacturer
1130L	Bumetanide	1mg	50 @ 2.69	AP
2994N	Calcitonin (porcine)	160 i.u.	10 @164.69	RG
2995P	(salmon)	50 i.u. in 1mL	5 @ 20.69	SZ
2996Q		80 i.u. in 0.8mL	5 @ 30.09	SZ
2997R		100 i.u. in 1mL	5 @ 35.80	RG,SZ
2998T		400 i.u. in 2mL	1 @ 24.30	RG
2999W	(synthetic human)	0.5mg	5 @ 56.90	CG
3116B	Calcium	500mg	60 @ 3.63	RK
3117C		600mg	60 @ 3.73	LE
3122H		equiv. to 1g ($25mmol$ Ca^{2+})	30 @ 4.76	SZ
1153Q	Carbimazole	5mg	100 @ 2.90	NS
1160C	Carboplatin	50mg in 5mL	1 @ 48.85	BC,BL
1161D		150mg in 15mL	1 @117.24	BC,BL
1162E		450mg in 45mL	1 @254.02	BC,BL
1085D	Cefotaxime	1g	1 @ 10.26	RL
1086E		2g	1 @ 19.54	RL
1783W	Ceftriaxone	500mg	1 @ 15.40	RO
1784X		1g	1 @ 27.78	RO
1785Y		2g	1 @ 52.47	RO
2964B	Cephalothin	1g	1 @ 3.14	GL,LY
1256D	Cephazolin	500mg	1 @ 3.16	LY
1257E		1g	1 @ 6.00	LY
1163F	Chlorambucil	2mg	25 @ 14.39	BW
1164G		5mg	25 @ 17.38	BW
1167K	Chloramphenicol	1g	1 @ 12.00	PD
1187L	Chlorothiazide	500mg	50 @ 2.83	FM,FR
1585K	Chlorthalidone	25mg	50 @ 2.83	CG
2967E	Cholestyramine	4.7g (equiv. to 4g cholestyramine)	1 @ 22.00	AP
2978R		9.4g (equiv. to 8g cholestyramine)	1 @ 22.00	AP
1157X	Cimetidine	200mg	120 @ 32.59	CS,SK
1158Y		400mg	60 @ 32.59	CS,SK
1159B		800mg	30 @ 32.59	CS,SK
1808E	Clonazepam	2.5mg in 1mL, 10mL	1 @ 2.68	RO
2392X	Clopamide	5mg	50 @ 2.83	SZ
2621Y	Colistin	150mg	1 @ 22.84	WW
1228P	Copper Sulphate	Tablets, 36	1 @ 3.80	AM
1264M	Cyclopenthiazide	500mcg	50 @ 2.93	CG
1079T	Cyclophosphamide	500mg	1 @ 7.79	FE
1798P	Cyproheptadine Hydrochloride	4mg	50 @ 2.12	FR
2925Y	Cytarabine	40mg in 2mL	5 @ 14.88	BT
2910E		100mg set	1 @ 6.47	BL,UP
2911F		500mg in 25mL	1 @ 32.34	BT
2904W		500mg set	1 @ 32.34	BL
2129C	Desmopressin	100mcg per mL, 2.5mL	1 @ 19.06	FC
2605D	Digoxin	62.5mcg	100 @ 1.71	BW
1322N		250mcg	50 @ 1.36	BW
1344R	Diphtheria Antitoxin	10,000 units	1 @ 29.07	CS
1341N	Diphtheria and Tetanus Vaccine, Adsorbed	0.5mL	1 @ 2.92	CS
3019X	Diphtheria and Tetanus Vaccine, Adsorbed, Diluted for Adult Use	0.5mL	1 @ 3.05	CS
1346W	Diphtheria, Tetanus and Pertussis Vaccine, Adsorbed	0.5mL	1 @ 3.30	CS,PD
1348Y	Diphtheria Vaccine, Adsorbed	0.5mL	1 @ 3.60	CS
3020Y	Diphtheria Vaccine, Adsorbed, Diluted for Adult Use	0.5mL	1 @ 3.34	CS
1125F	Docusate Sodium with Bisacodyl	100mg-10mg, 5	1 @ 1.74	FM
1338K	Doxorubicin Hydrochloride	10mg	1 @ 45.79	FE

(Apply wastage factor in calculating broken quantity prices)

Code	Approved Name	Form/Strength	Pack and Price $	Manufacturer
1337J	Doxorubicin Hydrochloride	20mg	1 @ 88.37	FE
1339L		50mg	1 @218.59	FE
2714W	Doxycycline	100mg	7 @ 2.45	AF
			7 @ 2.64	PF
2715X		100mg	7 @ 2.54	PT
1398N	Erythromycin Lactobionate	300mg	1 @ 3.44	AB
1405Y	Ethinyloestradiol	10mcg	100 @ 1.63	GL
1406B		20mcg	100 @ 1.76	GL
1407C		50mcg	100 @ 2.33	GL
3166P	Ethynodiol Diacetate with Ethinyloestradiol	500mcg-50mcg	1 @ 1.78	SR
3167Q		1mg-50mcg	1 @ 1.78	SR
2447T		Tablet-Pack	1 @ 1.78	SR
3168R		Tablet-Pack	1 @ 1.78	SR
2487X	Famotidine	20mg	60 @ 34.20	AD,MK
2488Y		40mg	30 @ 34.20	AD,MK
1433K	Fludrocortisone Acetate	100mcg	100 @ 3.70	SQ
2521Q	Fluorouracil	250mg in 10mL	5 @ 13.67	BL
			10 @ 27.34	RO
2528C		500mg in 10mL	5 @ 24.14	BL
			5 @ 27.34	FE
2958Q	Folic Acid	500mcg	100 @ 1.27	PT
			100 @ 1.28	SI
1437P		5mg	100 @ 1.38	AU
			100 @ 1.40	FM,NN,PT,RT, SI,US
1436N		15mg in 1mL	5 @ 4.78	AB
2414C	Frusemide	20mg	50 @ 2.12	FM,HP
2412Y		40mg	50 @ 2.15	PT
			50 @ 2.37	HP
2699C	Gas Gangrene Antitoxin - Mixed (Polyvalent)	25,000 units	1 @ 47.28	CS
2912G	Glucose Indicator - Blood	Reagent Strips, 50	1 @ 14.65	AM,BO
2914J		Reagent Strips, 50	1 @ 15.00	AS
			1 @ 18.22	AM,BO
1053K	Heparin Calcium	12,500 units in 0.5mL	1 @ 2.60	CS
1054L		25,000 units in 1mL	1 @ 3.37	CS
1468G	Heparin Sodium	25,000 units in 5mL	1 @ 3.37	CS,FC
1076P		35,000 units in 35mL	1 @ 6.46	CS,FC
1617D	Hexamine Mandelate	250mg	100 @ 4.27	WW
1618E		500mg	100 @ 5.70	WW
1640H	Hydralazine Hydrochloride	25mg	100 @ 2.66	AF,PT
1639G		50mg	100 @ 3.87	AF,PT
1484D	Hydrochlorothiazide	25mg	50 @ 1.99	MK
1485E		50mg	50 @ 2.93	MK
1486F	Hydrochlorothiazide with Amiloride Hydrochloride	50mg-5mg	50 @ 3.74	MK,PT
1280J	Hydrochlorothiazide with Triamterene	25mg-50mg	50 @ 4.07	SK
1502C	Hydrocortisone Acetate	25g	1 @ 12.24	SV
1510L	Hydrocortisone Sodium Succinate	100mg set	1 @ 2.30	NR
			1 @ 2.33	UP
1511M		250mg set	1 @ 5.07	UP
3097B		500mg set	1 @ 9.60	UP
1501B		100mg set	1 @ 2.30	NR
			1 @ 2.33	UP
2436F	Indapamide	25mg	30 @ 4.72	SE
2757D	Indomethacin	100mg	20 @ 5.89	MK

Code	Approved Name	Form/Strength	Pack and Price $	Manufacturer
1710B	Insulin, Acid (bovine)	100 units per mL, 10mL	1 @ 16.99	CN
	Insulin Isophane (N.P.H.)			
1711C	(bovine)	100 units per mL, 10mL	1 @ 16.99	CN,FC
1533Q	(human)	100 units per mL, 10mL	1 @ 18.31	BW,CN,LY
1534R	(human)	100 units per mL, 1.5mL, 5	1 @ 14.43	CN
1535T	(human)	100 units per mL, 2.5mL, 5	1 @ 24.05	BW
	Insulin Isophane (N.P.H.) - Insulin Neutral, (Mixed)			
1425B	(human)	100 units (50 units-50 units) per mL, 10mL	1 @ 18.31	BW
1426C	(human)	100 units (70 units-30 units) per mL, 10mL	1 @ 18.31	BW,CN
1429F	(human)	100 units (70 units-30 units) per mL, 1.5mL, 5	1 @ 14.43	CN
1430G	(human)	100 units (70 units-30 units) per mL, 2.5mL, 5	1 @ 24.05	BW
	Insulin Neutral			
1713E	(bovine)	100 units per mL, 10mL	1 @ 16.99	FC
1531N	(human)	100 units per mL, 10mL	1 @ 18.31	BW,CN,LY
1532P	(human)	100 units per mL, 1.5mL, 5	1 @ 14.43	CN
1537X	(human)	100 units per mL, 2.5mL, 5	1 @ 24.05	BW
1715G	Insulin Protamine Zinc (bovine)	100 units per mL, 10mL	1 @ 16.99	CN
	Insulin Zinc Suspension			
1716H	(bovine)	100 units per mL, 10mL	1 @ 16.99	CN
1718K	(human)	100 units per mL, 10mL	1 @ 18.31	CN,LY
	Insulin Zinc Suspension (Crystalline)			
1721N	(bovine)	100 units per mL, 10mL	1 @ 16.99	CN
1722P	(human)	100 units per mL, 10mL	1 @ 18.31	CN,LY
1541D	Ipratropium Bromide	250mcg per mL, 20mL	1 @ 4.64	BY
2587E	Isosorbide Dinitrate	10mg	100 @ 2.84	AY,PD
2588F		5mg	100 @ 2.70	AY,PD
1588N	Ketoprofen	100mg	20 @ 7.56	MB
1568M	Leuprorelin Acetate	5mg	1 @151.44	AB
2913H	Levonorgestrel	30mcg	1 @ 1.78	SC,WY
1455N	Levonorgestrel with Ethinyloestradiol	125mcg-50mcg	1 @ 1.78	SC
1393H		150mcg-30mcg	1 @ 1.78	SC,WY
3186Q		250mcg-50mcg	1 @ 1.78	WY
1456P		Tablet-Pack	1 @ 1.78	SC,WY
1394J		Tablet-Pack	1 @ 1.78	SC,WY
3188T		Tablet-Pack	1 @ 1.78	WY
1457Q		Tablet-Pack	1 @ 1.78	WY

(Apply wastage factor in calculating broken quantity prices)

Code	Approved Name	Form/Strength	Pack and Price $	Manufacturer
1458R	Levonorgestrel with Ethinyloestradiol	Tablet-Pack	1 @ 1.78	SC,WY
1391F		Tablet-Pack	1 @ 1.78	SC,WY
1392G		Tablet-Pack	1 @ 1.78	SC,WY
3059B	Lithium Carbonate	250mg	100 @ 2.38	PT
3060C		400mg	100 @ 4.82	PT
2401J	Lypressin	50 units per mL, 5mL	1 @ 11.94	SZ
2728N	Medroxyprogesterone	500mg	30 @ 97.70	FE,UP
2322F		500mg in 2.5mL	1 @ 37.72	FE
1823Y	Mefruside	25mg	50 @ 2.83	BN
2547C	Melphalan	2mg	25 @ 18.78	BW
2548D		5mg	25 @ 30.93	BW
1598D	Mercaptopurine	50mg	25 @ 20.71	BW
1612W	Methdilazine Hydrochloride	4mg	50 @ 2.12	GL
1613X		8mg	50 @ 2.81	GL
1620G	Methenolone Acetate	5mg	50 @ 6.80	SC
1623K	Methotrexate	10mg	100 @ 62.00	BL
			100 @ 62.49	FE
2396D		5mg in 2mL	1 @ 7.58	LE
2395C		50mg in 2mL	1 @ 8.83	LE
1624L	Methyclothiazide	2.5mg	50 @ 1.97	AB
1625M		5mg	50 @ 2.21	AB
1284N	Milk Powder - Lactose Modified	500g	1 @ 5.90	SJ
1283M	Milk Powder - Low Lactose Formula	500g	1 @ 5.90	SJ
3092R	Milk Powder - Synthetic	450g	1 @ 10.25	KY
1924G	Mithramycin	2.5mg	1 @ 26.68	PF
1668T	Mustine Hydrochloride	10mg	1 @ 8.10	BT
1662L	Naproxen	500mg	20 @ 6.77	SD
1675E	Neostigmine Bromide	15mg	100 @ 4.36	RO
1681L	Niclosamide	500mg	4 @ 2.32	BN
1687T	Nicotinic Acid	250mg	100 @ 3.12	AU
2732T	Nitrazepam	5mg	25 @ 1.03	AF
			25 @ 1.23	RO
1967M	Norethisterone	350mcg	1 @ 1.78	JC,SD
2772X	Norethisterone with Ethinyloestradiol	500mcg-35mcg	1 @ 1.78	SD
2773Y		1mg-35mcg	1 @ 1.78	SD
2774B		Tablet-Pack	1 @ 1.78	SD
2775C		Tablet-Pack	1 @ 1.78	SD
2771W		Tablet-Pack	1 @ 1.78	SD
2776D		Tablet-Pack	1 @ 1.78	SD
3176E	Norethisterone with Mestranol	1mg-50mcg	1 @ 1.78	JC,SD
3179H		Tablet-Pack	1 @ 1.78	SD
1663M	Oestradiol Valerate	1mg	1 @ 2.26	SC
1664N		2mg	1 @ 3.07	SC
1733F	Oestrogens - Conjugated	300mcg	1 @ 2.26	AY
1734G		625mcg	1 @ 3.07	AY
2627G	Orphenadrine Hydrochloride	50mg	100 @ 3.97	RK
3134Y	Oxazepam	15mg	25 @ 1.10	AF
			25 @ 1.16	AY,WY
3135B		30mg	25 @ 1.30	AF
			25 @ 1.36	AY,WY
2496J	Pancrelipase	not less than 5,000 BP units lipase activity	250 @ 41.32	JC
2495H		not less than 10,000 BP units lipase activity	250 @ 64.14	OR
1707W	Phenethicillin	250mg	25 @ 3.12	SI
1709Y		250mg	25 @ 3.12	SI

Code	Approved Name	Form/Strength	Pack and Price $	Manufacturer
1702N	Phenoxymethylpenicillin	125mg	25 @ 2.56	AB
1703P		250mg	25 @ 2.69	AB,CS,LY,SI
1705R		250mg	25 @ 2.69	AB,CS,LY,SI
1865E	Phenylalanine Low Content Formula	1 lb	1 @ 25.86	MJ
1777M	Piperazine Oestrone Sulphate	730mcg (equiv. to 625mcg sodium oestrone sulphate)	1 @ 2.26	AB
1778N		1.46mg (equiv. to 1.25mg sodium oestrone sulphate)	1 @ 3.07	AB
2642C	Potassium Chloride	600mg	100 @ 2.18	AF,CG,PT
3012M		14mmol K^+ and 8mmol Cl^-	30 @ 2.18	PT
2625E		1.5g (20mmol K^+ and 20mmol Cl^-) per 15mL, 500mL	1 @ 2.18	SC
1920C	Prednisolone Sodium Phosphate	equiv. to 20mg prednisolone in 100mL	7 @ 15.24	GL
2554K		5mg, 10	1 @ 4.58	GL
3099D	Prednisolone Stearoylglycolate	6.65mg	30 @ 2.11	FE
2653P	Procainamide Hydrochloride	250mg	100 @ 5.00	SQ
1941E		100mg per mL, 10mL	1 @ 5.47	SQ
2893G	Prochlorperazine	5mg	100 @ 2.92	MB,SK
1943G	Procyclidine Hydrochloride	5mg	100 @ 3.61	BW
1948M	Promethazine Hydrochloride	50mg in 2mL	5 @ 2.60	BL
1953T	Propantheline Bromide	15mg	100 @ 2.94	SR
2830Y	Propranolol Hydrochloride	1mg in 1mL	10 @ 7.98	IC
1955X	Propylthiouracil	50mg	100 @ 5.80	JC
3056W	Protein Hydrolysate Formula without Phenylalanine	200g	1 @ 55.14	SB
3057X	Protein Hydrolysate Formula without Phenylalanine and Tyrosine	200g	1 @ 53.74	SB
2337B	Quinethazone	50mg	50 @ 2.93	LE
1978D	Ranitidine Hydrochloride	150mg (base)	60 @ 34.20	GL
1979E		150mg (base)	60 @ 34.20	GL
1977C		300mg (base)	30 @ 34.20	GL
1987N	Rolitetracycline	I.V. 275mg	1 @ 4.26	HP
1990R		I.M. 350mg	1 @ 4.26	HP
3087L	Salbutamol	100mcg per dose (200 dose)	1 @ 3.00	GL
2003K	Salbutamol Sulphate	5mg (base) per mL, 30mL	1 @ 3.93	GL,RK
1096Q		100mcg (base) per dose (200 dose)	1 @ 3.00	RK
2016D	Sodium Aurothiomalate	10mg	10 @ 23.63	MB
3015Q	Sodium Bicarbonate	100mmol in 100mL	1 @ 4.10	AB
1124E	Sodium Cromoglycate	20mg per 2mL	60 @ 21.91	FC
2294R	Sodium Valproate	100mg	100 @ 11.33	RC
2289L		200mg (e.c.)	100 @ 16.91	RC
2290M		500mg (e.c.)	100 @ 33.22	RC
2293Q		200mg per 5mL, 300mL	1 @ 12.80	RC
2295T		200mg per 5mL, 300mL	1 @ 12.80	RC
1102B	Sterculia with Frangula Bark	473mg-83mg per g, 250g	1 @ 5.67	SC
2907B	Streptokinase	750,000 i.u.	1 @ 88.97	HP,PS
2093E	Sulphasalazine	500mg	100 @ 13.10	PS
2096H		500mg (e.c.)	100 @ 15.42	PS

(Apply wastage factor in calculating broken quantity prices)

Code	Approved Name	Form/Strength	Pack and Price $	Manufacturer
2109B	Tamoxifen Citrate	10mg (base)	30 @ 23.60	IC
2110C		20mg (base)	30 @ 40.01	IC
2105T	Temazepam	10mg	25 @ 1.32	AF
			25 @ 1.36	SI,WY
2116J	Testosterone Propionate	50mg in 1mL	3 @ 5.70	SC
2127Y	Tetanus Vaccine, Adsorbed	0.5mL	1 @ 2.53	CS
3083G	Tetracosactrin	500mcg in 1mL	1 @ 5.36	CG
2832C		1mg in 1mL	1 @ 7.51	CG
2135J	Tetracycline Hydrochloride	250mg	25 @ 2.11	BZ(N),UP
2152G	Tetracycline Hydrochloride with Nystatin	250mg-250,000 units	25 @ 2.11	AP,SQ
2146Y	Tetracycline Hydrochloride (Buffered)	250mg	25 @ 2.11	AP,CS,FM,HP, SQ
2368P	Thiethylperazine	6.5mg (base) in 1mL	5 @ 3.40	SZ
2345K	Thiotepa	15mg	1 @ 9.44	LE
2174K	Thyroxine Sodium	50mcg	100 @ 1.29	BW
2175L		100mcg	100 @ 1.40	BW
2173J		200mcg	100 @ 2.40	BW
2177N	Ticarcillin	1g	5 @ 25.22	BR,CS
2176M		3g	5 @ 55.99	BR,CS
1355H	Tobramycin Sulphate	40mg (base)	1 @ 3.78	LY
1356J		80mg (base)	1 @ 5.67	LY
2178P	Tolbutamide	500mg	100 @ 3.60	HP
2117K	Triamcinolone Acetonide	200mcg per g, 100g	1 @ 2.04	LE,SQ
2118L		200mcg per g, 100g	1 @ 2.04	LE,SQ
2342G	Triamterene	100mg	50 @ 3.40	SK
2686J	Triglycerides, Medium Chain	450g	1 @ 9.68	MJ
2676W		400g	1 @ 10.79	NT
2679B		454g	1 @ 10.79	MJ
3113W	Vancomycin	125mg	20 @120.69	LY
3114X		250mg	20 @241.38	LY
3131T		500mg	1 @ 24.14	LY
2198Q	Vinblastine Sulphate	10mg	1 @ 17.14	LY
2199R		10mg set	1 @ 18.68	BL
2371T	Vincristine Sulphate	1mg	1 @ 15.44	BL
			1 @ 15.47	LY
		INTRAVENOUS INFUSIONS		
3199J	Electrolyte Replacement Solution	1L	1 @ 2.81	AB,BX
2245E	Glucose	278mmol per L, 1L	1 @ 1.70	AB,BX,KM
2247G		555mmol per L, 1L	1 @ 2.68	AB,BX
2249J		1110mmol per L, 1L	1 @ 2.81	AB
2251L		1387mmol per L, 1L	1 @ 2.81	AB,BX
2252M		1387mmol per 500mL, 500mL	1 @ 2.33	AB
2334W	Polygeline	17.5g per 500mL, 500mL	1 @ 12.51	HP
2264E	Sodium Chloride	154mmol per L, 1L	1 @ 1.70	AB,BX,KM
2260Y		513mmol per L, 1L	1 @ 2.81	BX
2266G	Sodium Chloride Compound	1L	1 @ 2.70	AB,BX
2271M	Sodium Chloride and Glucose	154mmol-278mmol per L, 1L	1 @ 2.81	AB,BX
2278X		39mmol-69mmol per 500mL, 500mL	1 @ 2.32	AB,BX
2279Y		19mmol-104mmol per 500mL, 500mL	1 @ 2.32	AB,BX
2281C		31mmol-222mmol per L, 1L	1 @ 1.70	AB,BX,KM

(Apply wastage factor in calculating broken quantity prices)

Code	Approved Name	Form/Strength	Pack and Price $	Manufacturer
2286H	Sodium Lactate Compound	1L	1 @ 1.70	AB,BX,KM
2288K	Sodium Lactate Compound and Anhydrous Glucose	278mmol per L, 1L	1 @ 2.81	AB,BX
	PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY			
3376Q	Cephalothin	1g	1 @ 3.14	GL,LY
3342X	Nystatin	500,000 units	50 @ 5.86	LE,SQ
	SPECIAL PHARMACEUTICAL BENEFITS			
1211R	Clomiphene Citrate (ML) 50mg, 5			

The pricing pack (i.e. 5 tablets) price which the Commonwealth is prepared to pay is $8.39.

The price sought by the manufacturer for this pricing pack is $21.19.

Commonwealth Department of
Veterans' Affairs

REPATRIATION SCHEDULE OF PHARMACEUTICAL BENEFITS

DECEMBER 1989

The benefits listed in this Schedule may only be prescribed to Department of Veterans' Affairs beneficiaries holding a:

- Personal Treatment Entitlement Card (yellow); or
- Specific Treatment Entitlement Card (white)

26293(F)

BENEFICIARIES ENTITLEMENT CARDS AND ELIGIBILITY

The diagram below outlines the drug eligibility of the Department of Veterans'

REPATRIATION PHARMACEUTICAL BENEFITS

Personal Treatment Entitlement Card X 123456 1 JOHN M. SMITH	Patients issued with YELLOW cards may receive Pharmaceutical Treatment at the expense of the Department of Veterans' Affairs	WITH
Specific Treatment Entitlement Card X 123456 1 JOHN M. SMITH	Patients issued with WHITE cards may receive Pharmaceutical Treatment at the expense of the Department of Veterans' Affairs	WITH

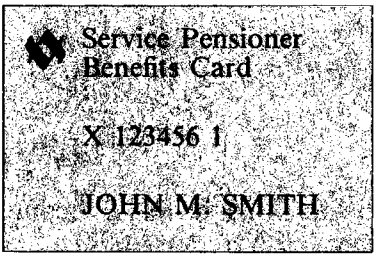
PBS PHARMACEUTICAL BENEFITS

(Patients ineligible to receive Repatriation Pharmaceuticals)

Dependant Treatment Entitlement Card

X 123456 1

MARY M. SMITH



FOR REPATRIATION PHARMACEUTICAL BENEFITS

Affairs beneficiaries in accordance with their treatment entitlement.

PBS Schedule listings written on prescription form D1002 (Restrictions apply)	+	Repatriation Schedule Listings written on prescription form D1002	+	Items for which prescribing approval has been authorised on a D1190 prescription form for: (i) PBS Schedule 'Authority required' items; (ii) greater quantities/repeats of drugs listed in PBS and Repatriation Schedules; or (iii) items not listed in PBS or Repatriation Schedules.

Only for disabilities that have been accepted for treatment by the Department of Veterans' Affairs.

PBS Schedule listings written on prescription form D1002 (Restrictions apply)	+	Repatriation Schedule Listings written on prescription form D1002	+	Items for which prescribing approval has been authorised on a D1190 prescription form for: (i) PBS Schedule 'Authority required' items; (ii) greater quantities/repeats of drugs listed in PBS and Repatriation Schedules; or (iii) items not listed in PBS or Repatriation Schedules.

NOTE:

LILAC DTEC card holders and RED SPBC card holders are not eligible to receive pharmaceutical benefits under the RPBS.

Both groups of card holders shall be prescribed medicines on PBS stationery in accordance with the provisions governing the prescribing of PBS pharmaceutical benefits for community pensioners. These benefits shall be supplied free of charge.

The Veterans' Affairs file number on the DTEC card or the SPBC card should be endorsed on the PBS prescription form and the 'P' box crossed to certify the patient's entitlement to receive PBS items at no charge.

DEPARTMENT OF VETERANS' AFFAIRS

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Perth WA 6000

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TASMANIA

Department of Veterans' Affairs
Kirksway House
2 Kirksway Place
Hobart Tas. 7000

Telephone (002) 20 5401

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Department of Veterans' Affairs
Pharmaceutical Services Section
MLC Tower
Keltie Street
Woden Town Centre ACT 2606

Telephone (062) 89 6084

REPATRIATION PHARMACEUTICAL BENEFITS

Explanatory Circular regarding the December 1989 edition of the Repatriation Schedule of Pharmaceutical Benefits.

This reprint of the Schedule will take effect on 1 December 1989 and all previous editions of the Schedule are cancelled.

The British Pharmacopoeia 1988 became effective in Australia on 1 August 1989. The opportunity has been taken to make some relevant changes to nomenclature used in the description of drug names. Some titles now include the relevant salt as part of the drug name while 'oral inhalation, metered aerosol spray' is now referred to as 'oral pressurised inhalation'.

SUMMARY OF CHANGES

ADDITIONS

Forms, Brands, Strengths or Pack Sizes of Existing Items

Pine Tar and Triethanolamine Lauryl Sulphate, solution 23mg-60mg per mL (2.3%-6%), 500mL *(Dermatar)*

DELETIONS

Forms, Brands, Strengths or Pack Sizes of Existing Items

Chlorpheniramine, tablet 4mg *(Piriton)*

Pholcodine, linctus 1mg per mL (0.1%), 100mL *(Pholcolin White)*

ALTERATIONS

Code Number

From	*To*	*Name, Manner of Administration and Form*
		Dimethicone and Glycerol
4556W	*4556T*	Cream 150mg-20mg per g (15%-2%), 75g
		Econazole Nitrate
4555T	*4555R*	Cream 10mg per g (1%), 25g
		Oxytetracycline Hydrochloride
4554R	*4554Q*	Ointment 30mg per g (3%), 15g
		Sterculia with Frangula Bark
4557X	*4557W*	Granules 473mg-83mg per g (47.3%-8.3%), 250g

Proprietary Name	*From*	*To*
Section 1		
Beclomethasone Dipropionate, aqueous suspension in metered dose atomising pump, 50 micrograms per dose (200 dose)	*Aldecin*	*Aldecin AQ*
Section 3		
Bandage Cotton Crepe Heavy		
5cm × 2.3m	*Elastocrepe 3205A*	*Elastocrepe 300501*
7.5cm × 2.3m	*Elastocrepe 3275A*	*Elastocrepe 307501*
10cm × 2.3m	*Elastocrepe 3210A*	*Elastocrepe 301001*
15cm × 2.3m	*Elastocrepe 3215A*	*Elastocrepe 301501*

ADVANCE NOTICE

The brands listed below will be delisted from the Repatriation Schedule of Pharmaceutical Benefits as from 1 April 1990:

- discontinued by the manufacturer—

Betamethasone Valerate, cream and ointment 1mg per g (0.1%), 15g *(Celestone-V)*
Senega and Ammonia, mixture 200mL *(RT)*

- discontinued supply to full line wholesalers by the manufacturer—

Self Adhesive Plaster Hypoallergenic, 7.5cm × 9.1m roll *(Tenderskin 3394.1)*

The items listed below will be delisted from the Repatriation Schedule of Pharmaceutical Benefits as from 1 April 1990:

- Item to be delisted on the recommendation of the Repatriation Pharmaceutical Reference Committee—

Bromhexine Hydrochloride, tablet 8mg *(Bisolvon)*

- Items discontinued by the manufacturer—

Normethadone Hydrochloride and Hydroxyephedrine, tablet 7.5mg-10mg and drops 10mg-20mg per mL, 10mL *(Ticarda)*

SECTION 1

DRUGS, MEDICINES AND DIAGNOSTIC REAGENTS

Code	Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
	ALGINIC ACID COMPOUND				
4108F	Granules 4g sachets (pack of 24)	5	5	Gavigrans	RC
	ALLANTOIN and COAL TAR EXTRACT				
4111J	Lotion 20mg-50mg per mL (2%-5%), 250mL	≠1	2	Alphosyl	SV
4112K	Cream 17mg-50mg per g (1.7%-5%), 50g	≠1	2	Alphosyl	SV
	ALLANTOIN, GLYCEROL and ICHTHAMMOL				
4281H	Cream 5mg-10mg-10mg per g (0.5%-1%-1%), 50g	≠1	2	Egoderm	EO
	ALLANTOIN, SULPHUR, PHENOL, COAL TAR SOLUTION AND MENTHOL				
4506E	Gel 25mg-5mg-5mg-0.05mL-7.5mg per g (2.5%-0.5%-0.5%-5%-0.75%), 75g	≠1	2	Egopsoryl-TA	EO
	ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE and SIMETHICONE				
4117Q	Tablet 400mg-400mg-30mg	200	5	Mylanta II	PD
4118R	Suspension 400mg-400mg-30mg per 5mL, 375mL	2	5	Mylanta II	PD
	ASTEMIZOLE				
4561C	Tablet 10mg	30	..	Hismanal	JC
	BATH EMOLLIENT				
4122Y	Bath Oil, 500mL	≠1	2	Hamilton Bath Oil	HA
				QV Bath Oil	EO
				Rikoderm	RK
	BECLOMETHASONE DIPROPIONATE				
4127F	Aqueous suspension in metered dose atomising pump, 50 micrograms per dose (200 dose)	≠1	2	Aldecin AQ	SH
				Beconase AQ	GL
4126E	Nasal Pressurised Inhalation, 50 micrograms per dose (200 dose)	≠1	2	Aldecin	SH
				Beconase	GL
	BENZALKONIUM CHLORIDE, CETRIMIDE and LANOLIN				
4128G	Cream 100 micrograms-1.8mg-18mg per g (0.01%-0.18%-1.8%), 50g	≠1	2	Drapolex	BW
	BENZTROPINE MESYLATE				
4129H	Tablet 0.5mg	100	2	Cogentin	MK
	BENZYDAMINE HYDROCHLORIDE				
4130J	Solution 1.5mg per mL (0.15%), 200mL	≠1	..	Difflam	RK
	BETAMETHASONE DIPROPIONATE				
4507F	Cream 500 micrograms per g (0.05%), 50g	≠1	2	Diprosone	SH
4508G	Ointment 500 micrograms per g (0.05%), 50g	≠1	2	Diprosone	SH
	BETAMETHASONE VALERATE				
4511K	Cream 500 micrograms per g (0.05%), 30g	≠1	2	Betnovate 1/2	GL
				Celestone-V Half Strength	SH
4515P	1mg per g (0.1%), 15g	≠1	2	Celestone-V	SH

(continued)

Code	Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
	BETAMETHASONE VALERATE - cont.				
4131K	Cream 1mg per g (0.1%), 30g	≠1	2	Betnovate Celestone-V	GL SH
4517R	Gel 500 micrograms per g (0.05%), 30g	≠1	2	Betnovate 1/2	GL
4513M	Ointment 500 micrograms per g (0.05%), 30g	≠1	2	Betnovate 1/2 Celestone-V Half Strength	GL SH
4516Q	1mg per g (0.1%), 15g	≠1	2	Celestone-V	SH
4132L	1mg per g (0.1%), 30g	≠1	2	Betnovate Celestone-V	GL SH
4133M	Scalp Application 1mg per g (0.1%), 30g	≠1	2	Betnovate	GL
	BETAMETHASONE VALERATE and GENTAMICIN SULPHATE CAUTION: For the short term treatment of localised infective eczema only.				
4139W	Cream 1mg-1mg per g (0.1%-0.1%), 15g	≠1	..	Celestone-VG	SH
4140X	Ointment 1mg-1mg per g (0.1%-0.1%), 15g	≠1	..	Celestone-VG	SH
	BISMUTH FORMIC IODIDE				
4143C	Powder 10g	≠1	..	B.F.I.	MK
	BROMAZEPAM CAUTION: Continuous long term use may lead to dependency.				
4150K	Tablet 3mg	50	..	Lexotan	RO
4151L	6mg	50	..	Lexotan	RO
4152M	12mg	50	..	Lexotan	RO
	BROMHEXINE HYDROCHLORIDE NOTE: For use of patients established on this therapy prior to 1 March 1983.				
4148H	Tablet 8mg	100	2	Bisolvon	BY
	BROMPHENIRAMINE MALEATE				
4054J	Tablet 4mg	50	2	Dimetane	RS
	CALCIUM CARBONATE				
4550L	Effervescent Powder 300g	≠1	2	Effercal-600	HA
	CALCIUM CARBONATE with GLYCINE				
4055K	Tablet 420mg-180mg	200	5	Titralac	RK
	CALCIUM GLUCONATE				
4154P	Tablet 600mg	100	2	SI	

Code	Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
	CARBENOXOLONE SODIUM				
4156R	Gel 20mg per g (2%), 5g	≠1	1	Bioral	SN
	CARMELLOSE SODIUM with PECTIN and GELATIN				
	Paste				
4518T	167mg-167mg-167mg per g (16.7%-16.7%-16.7%), 5g	≠1	..	Orabase	SQ
4520X	167mg-167mg-167mg per g (16.7%-16.7%-16.7%), 80g	≠1	2	Orabase	SQ
	CHLORDIAZEPOXIDE				
	CAUTION: Continuous long term use may lead to dependency.				
4157T	Tablet 5mg	50	..	Librium	RO
4158W	Capsule 10mg	50	..	Librium	RO
	CHLORHEXIDINE GLUCONATE				
4160Y	Mouth Wash 2mg per mL (0.2%), 200mL	≠1	..	Chlorohex	OM
4161B	2mg per mL (0.2%), 250mL	≠1	..	Plaqacide	OB
				Savacol Mouth and Throat Rinse	IC
	CHLORPHENIRAMINE MALEATE				
4058N	Tablet 4mg	50	2	Allergex	PT
	CHLORTETRACYCLINE HYDROCHLORIDE				
4552N	Cream 30mg per g (3%), 15g	≠1	..	Aureomycin	LE
4553P	Ointment 30mg per g (3%), 15g	≠1	..	Aureomycin	LE
	CHOLINE SALICYLATE, CETALKONIUM CHLORIDE, MENTHOL, GLYCEROL and ETHANOL				
4162C	Jelly 87mg-100 micrograms-570 micrograms-46mg-386mg per g (8.7%-0.01%-0.057%-4.6%-38.6%), 15g	≠1	..	Seda-Gel	NN
	CLORAZEPATE DIPOTASSIUM				
	CAUTION: Continuous long term use may lead to dependency.				
4166G	Capsule 5mg	50	..	Tranxene	GL
4167H	15mg	30	..	Tranxene	GL
	COAL TAR EXTRACT				
4113L	Shampoo 50mg per g (5%), 50g	≠1	2	Alphosyl	SV
	CODEINE PHOSPHATE with ASPIRIN				
4061R	Tablet Soluble 8mg-300mg	50	2	Aspalgin	FM
4062T	8mg-500mg	50	2	Solcode	RC

Code	Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
	CODEINE PHOSPHATE with PARACETAMOL				
4171M	Tablet 8mg-500mg	50	1	Codalgin Dymadon Co.	FM BW
	DEXTROPROPOXYPHENE NAPSYLATE CAUTION: Chronic use of this preparation is likely to cause drug dependence.				
4081T	Capsule 100mg	50	..	Doloxene	LY
	DICHLOROBENZENE, CHLORBUTOL and TURPENTINE OIL				
4180B	Ear Drops 20mg-50mg-0.1mL per mL (2%-5%-10%), 11mL	≠1	..	Cerumol	AC
	DICYCLOMINE HYDROCHLORIDE				
4185G	Tablet 10mg	100	..	Merbentyl	ML
	DIMETHICONE and GLYCEROL				
4556T	Cream 150mg-20mg per g (15%-2%), 75g	≠1	..	Silic 15	EO
4551M	150mg-20mg per g (15%-2%), 600g	≠1	..	Silic 15	EO
	DIPHEMANIL METHYLSULPHATE				
4191N	Dusting Powder 20mg per g (2%), 50g	≠1	1	Prantal	SH
	DIPHENHYDRAMINE HYDROCHLORIDE				
4195T	Capsule 50mg	50	2	Benadryl	PD
	DIPHENYLPYRALINE HYDROCHLORIDE				
4065Y	Tablet 2.5mg	50	2	Histalert	RK
	DISULFIRAM CAUTION: Only for use in the treatment of chronic alcoholism. Associated ingestion of alcohol may be life-threatening.				
4197X	Tablet 250mg	30	1	Antabuse	JC
	DOCUSATE SODIUM				
4200C	Tablet 50mg	100	2	Coloxyl 50	FM
4201D	120mg	100	2	Coloxyl 120	FM
4199B	Ear Drops 50mg per mL (5%), 10mL	≠1	..	Waxsol	NE
	DOCUSATE SODIUM with SENNA				
4198Y	Tablet 50mg-8mg	90	2	Coloxyl with Senna	FM
	ECONAZOLE NITRATE				
4555R	Cream 10mg per g (1%), 25g	≠1	1	Dermazole	EO
	ETHAMBUTOL HYDROCHLORIDE				
4205H	Tablet 100mg	100	2	Myambutol	LE
4206J	400mg	100	2	Myambutol	LE
	FLUCLOROLONE ACETONIDE				
4523C	Cream 250 micrograms per g (0.025%), 30g	≠1	2	Topilar	SD

Code	Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
	FLUNISOLIDE				
4212Q	Nasal Spray 250 micrograms per mL (0.025%), 20mL	≠1	2	Rhinalar Nasal Mist	SD
	FLUNITRAZEPAM CAUTION: Continuous long term use may lead to dependency.				
4213R	Tablet 2mg	25	..	Hypnodorm Rohypnol	AF RO
	FLUOCINOLONE ACETONIDE				
4292X	Cream 250 micrograms per g (0.025%), 30g	≠1	2	Synalar	IC
4296D	Ointment 250 micrograms per g (0.025%), 30g	≠1	2	Synalar	IC
	FLUOCORTOLONE PIVALATE and FLUOCORTOLONE HEXANOATE				
4215W	Cream 2.5mg-2.5mg per g (0.25%-0.25%), 30g	≠1	2	Ultralan	SC
	FLUOCORTOLONE PIVALATE, FLUOCORTOLONE HEXANOATE, CLEMIZOLE UNDECYLENATE and CINCHOCAINE HYDROCHLORIDE CAUTION: Prolonged and excessive use of topical corticosteroid preparations may lead to skin atrophy. This preparation is intended for short term palliative use only.				
	Ointment				
4217Y	920 micrograms-950 micrograms-10mg-5mg per g (0.092%-0.095%-1%-0.5%), 10g	≠1	2	Ultraproct	SC
4218B	920 micrograms-950 micrograms-10mg-5mg per g (0.092%-0.095%-1%-0.5%), 30g	≠1	2	Ultraproct	SC
4219C	Suppositories - each contains 610 micrograms-630 micrograms-5mg-1mg, 12	≠1	2	Ultraproct	SC
	FLUOROURACIL				
4222F	Cream 50mg per g (5%), 20g	≠1	..	Efudix	RO
4223G	Solution 10mg per mL (1%), 30mL	≠1	..	Fluoroplex	AG
	FLURAZEPAM DIHYDROCHLORIDE CAUTION: Continuous long term use may lead to dependency.				
4226K	Capsule 15mg	30	..	Dalmane	RO
4227L	30mg	30	..	Dalmane	RO
	GLUCOSE INDICATOR - BLOOD				
4248N	Reagent Strips, 50	2	5	Dextrostix	AM
	GLYCEROL				
4249P	Suppositories adult size 2.7g, 12	≠1	1	PD	

Code	Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
	HALOPERIDOL				
4251R	Tablet 500 micrograms	100	1	Serenace	SR
	HYDROCORTISONE, CINCHOCAINE HYDROCHLORIDE and AESCULIN CAUTION: Prolonged and excessive use of topical corticosteroid preparations may lead to skin atrophy. This preparation is intended for short term palliative use only.				
	Ointment				
4260F	5mg-5mg-10mg per g (0.5%-0.5%-1%), 15g	≠1	2	Proctosedyl	RL
	Ointment				
4261G	5mg-5mg-10mg per g (0.5%-0.5%-1%), 30g	≠1	2	Proctosedyl	RL
4262H	Suppositories - each contains 5mg-5mg-10mg, 12	≠1	2	Proctosedyl	RL
	HYDROCORTISONE and CLIOQUINOL CAUTION: For the short term treatment of localised infective eczema only.				
4264K	Cream 10mg-10mg per g (1%-1%), 30g	≠1	..	Hydroform	DM
	HYDROCORTISONE, LIGNOCAINE BASE, ALUMINIUM SUBACETATE and ZINC OXIDE CAUTION: Prolonged and excessive use of topical corticosteroid preparations may lead to skin atrophy. This preparation is intended for short term palliative use only.				
	Ointment				
4267N	2.5mg-50mg-35mg-180mg per g (0.25%-5%-3.5%-18%), 15g	≠1	2	Xyloproct	AP
4268P	2.5mg-50mg-35mg-180mg per g (0.25%-5%-3.5%-18%), 35g	≠1	2	Xyloproct	AP
4269Q	Suppositories - each contains 5mg-60mg-50mg-400mg, 10	≠1	2	Xyloproct	AP
	HYDROLYZED COLLAGEN PROTEINS NOTE: To be used in conjunction with the two scalp cleansers: Salicylic acid, benzalkonium chloride, alcohol and polyoxyethylene ethers (Code 4445Y) and Salicylic acid, benzalkonium chloride, alcohol, coal tar and polyoxyethylene ethers (Code 4446B).				
4271T	Hair Conditioner 250mL	≠1	2	Ionil Rinse	AQ
	HYDROXYETHYLRUTOSIDES				
4272W	Capsule 250mg	100	1	Paroven	ZY
	HYDROXYZINE PAMOATE				
4273X	Capsule 25mg	50	2	Atarax	PF
4274Y	50mg	50	2	Atarax	PF
	HYOSCINE BUTYLBROMIDE				
4279F	Injection 20mg in 1mL	5	..	Buscopan	BY

Code	Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
	ISPAGHULA HUSK				
4285M	Sachets 3.5g, 30	≠1	1	Fybogel	RC
	LIGNOCAINE HYDROCHLORIDE and CARBOXYMETHYLCELLULOSE				
4308R	Mucilage 20mg-25mg per mL (2%-2.5%), 200mL	≠1	..	Xylocaine Viscous	AP
	LORAZEPAM CAUTION: Continuous long term use may lead to dependency.				
4314C	Tablet 1mg	50	..	Ativan	AY
4315D	2.5mg	50	..	Ativan	AY
	LUBRICATING AGENT				
4318G	Jelly 60g	≠1	..	Lubafax	BW
	MAGNESIUM ASPARTATE				
4321K	Tablet 500mg	50	..	Magmin	VS
	MEBENDAZOLE				
4325P	Tablet 100mg	6	..	Vermox	JC
	MEBEVERINE HYDROCHLORIDE				
4328T	Tablet 135mg	90	..	Colofac	JC
	MECLOZINE HYDROCHLORIDE				
4066B	Tablet 25mg	50	2	Ancolan	GL
	NORMETHADONE HYDROCHLORIDE and HYDROXYEPHEDRINE				
4362N	Tablet 7.5mg-10mg	20	..	Ticarda	HP
4363P	Drops 10mg-20mg per mL, 10mL	≠1	..	Ticarda	HP
	OXYMETAZOLINE HYDROCHLORIDE				
4377J	Nasal Drops 500 micrograms per mL (0.05%), 15mL	≠1	..	Drixine	SH
4378K	Nasal Spray 500 micrograms per mL (0.05%), 15mL	≠1	..	Drixine	SH
	OXYTETRACYCLINE HYDROCHLORIDE				
4554Q	Ointment 30mg per g (3%), 15g	≠1	..	Terramycin	PF
	PHENAZOPYRIDINE HYDROCHLORIDE				
4401P	Tablet 100mg	50	1	Pyridium	WW
	PHENIRAMINE AMINOSALICYLATE				
4068D	Tablet 10mg	50	2	Fenamine-M	FM
4069E	50mg	50	2	Avil	HP
				Fenamine	FM
	PHOLCODINE				
4071G	Linctus 1mg per mL (0.1%), 100mL	≠1	2	Actuss	SI
				Duro-Tuss	RK
				Pholcolin Red	AU
				Pholtrate	MG

Code	Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
4406X	PINE TAR, COAL TAR SOLUTION, JUNIPER TAR and PHENOL Solution 20mg-5mg-1mg-5mg per mL (2%-0.5%-0.1%-0.5%), 500mL	≠1	2	Pixol	WS
4408B	PINE TAR and TRIETHANOLAMINE LAURYL SULPHATE Solution 23mg-60mg per mL (2.3%-6%), 500mL	≠1	2	Dermatar Pinetarsol	HA EO
4410D	POLYMYXIN B SULPHATE, ZINC BACITRACIN and NEOMYCIN SULPHATE NOTE: For use with indwelling catheters. Irrigant consisting of a dry powder vial containing 75,000 units-1,000 units-20,000 units and one 10mL ampoule of normal saline	5	..	Polybactrin Soluble G.U.	BW
4411E	POVIDONE-IODINE Solution 100mg per mL (10%), 100mL	≠1	..	Betadine Antiseptic Liquid	FA
4530K	Powder 145mg per g (14.5%), 10g	≠1	..	E.D.P.	BT
	PREDNISOLONE HEXANOATE, CINCHOCAINE HYDROCHLORIDE and CLEMIZOLE UNDECYLENATE CAUTION: Prolonged and excessive use of topical corticosteroid preparations may lead to skin atrophy. This preparation is intended for short term palliative use only.				
4412F	Ointment 1.9mg-5mg-10mg per g (0.19%-0.5%-1%), 10g	≠1	2	Scheriproct	SC
4413G	1.9mg-5mg-10mg per g (0.19%-0.5%-1%), 30g	≠1	2	Scheriproct	SC
4414H	Suppositories - each contains 1.3mg-1mg-5mg, 12	≠1	2	Scheriproct	SC
4417L	PROCAINAMIDE HYDROCHLORIDE Tablet 500mg (controlled release)	100	2	Procainamide Durules	AP
4072H	PROMETHAZINE HYDROCHLORIDE Tablet 10mg	50	2	Phenergan	MB
4073J	25mg	50	2	Phenergan	MB
4420P	PSEUDOEPHEDRINE HYDROCHLORIDE Tablet 60mg	30	..	Sudafed	BW
4418M	PSEUDOEPHEDRINE SULPHATE Tablet 60mg	30	..	Drixora	SH
4422R	PSYLLIUM HYDROPHILIC MUCILLOID Powder (non-flavoured), 375g	≠1	1	Metamucil	SR
4434J	RICINOLEIC ACID, ACETIC ACID and HYDROXYQUINOLINE SULPHATE Vaginal Jelly 7mg-9.4mg-250 micrograms per g (0.7%-0.94%-0.025%), 100g	≠1	..	Aci-Jel	JC

Code	Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
	SALICYLIC ACID, BENZALKONIUM CHLORIDE, ALCOHOL and POLYOXYETHYLENE ETHERS				
4445Y	Scalp Cleanser 250mL	≠1	2	Ionil	AQ
	SALICYLIC ACID, BENZALKONIUM CHLORIDE, ALCOHOL, COAL TAR and POLYOXYETHYLENE ETHERS				
4446B	Scalp Cleanser 125mL	≠1	2	Ionil-T	AQ
	SALICYLIC ACID, COAL TAR SOLUTION, PINE TAR and UNDECYLENAMIDE				
4447C	Scalp Cleanser 20mg-10mg-10mg-10mg per mL (2%-1%-1%-1%), 250mL	≠1	2	Sebitar	EO
	SALICYLIC ACID and PODOPHYLLIN RESIN				
4449E	Ointment 200mg-100mg per g (20%-10%), 10g	≠1	..	Salicylin-P	KY
4450F	Paint 100mg-200mg per mL (10%-20%), 6mL	≠1	1	Posalfilin	NE
	SELENIUM SULPHIDE				
4452H	Shampoo 25mg per mL (2.5%), 125mL	≠1	1	Selsun	AB
	SENEGA and AMMONIA				
4074K	Mixture 200mL	≠1	4	Senagar Senamon	SI AU
				MG,RT	
	SENNA STANDARDISED				
4455L	Tablet 7.5mg	100	1	Senokot	RC
	SKIN CLEANSER				
4549K	Lotion 500mL	≠1	2	Hamilton Bodywash Sopol	 HA WS
	SODIUM BICARBONATE CAUTION: For use in the treatment of renal disease.				
4458P	Capsule 840mg	100	2	Sodibic	PT
	SODIUM CHLORIDE Irrigation Solution				
4460R	9mg per mL (0.9%), 500mL	≠1	2	BX	
4461T	9mg per mL (0.9%), 1L	≠1	2	BX	
	SODIUM CITRATE and SODIUM LAURYL SULPHOACETATE				
4462W	Enema 90mg-9mg in 5mL, 4	≠1	1	Microlax	PS
	SODIUM CROMOGLYCATE				
4465B	Capsule 10mg (nasal insufflation)	100	5	Rynacrom	FC
4468E	Nasal spray metered dose pump 20mg per mL (2%), 26mL	≠1	5	Rynacrom	FC
	SODIUM FLUORIDE				
4469F	Tablet 20mg	100	1	Hifluor	PT

Code	Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
	SODIUM POLYSTYRENE SULPHONATE CAUTION: For use in the treatment of renal disease.				
4470G	Powder 454g	≠1	2	Resonium-A	WL
	SPIRONOLACTONE				
4471H	Tablet 100mg	100	..	Aldactone	SR
	STERCULIA with FRANGULA BARK				
4557W	Granules 473mg-83mg per g (47.3%-8.3%), 250g	≠1	1	Granocol	SC
	SUNSCREENS				
4544E	Cream 100g	≠1	..	Aquasun Blockout Cream 15+	PY
				Hamilton Sunscreen Broad Spectrum Cream 15+	HA
				SunSense Cream 15+	EO
4368X	Lotion (Alcoholic) 125ml	≠1	..	SunSense Lotion 15+	EO
4546G	Lotion (Non-Alcoholic) 125mL	≠1	..	Aquasun Blockout Lotion 15+	PY
				Hamilton Broad Spectrum Milky Lotion 15+	HA
				SunSense Milk 15+	EO
4209M	Solid Stick 5g	≠1	..	Hamilton Broad Spectrum Solastick 15+	HA
	TETRA-BROMO-ORTHOCRESOL, UNDECENOIC ACID, ZINC UNDECENOATE and ZINC OXIDE				
4477P	Powder 10mg-10mg-50mg-50mg per g (1%-1%-5%-5%), 50g	≠1	..	Pedoz	HA
	TOLNAFTATE				
4537T	Cream 10mg per g (1%), 30g	≠1	..	Pedi-Derm	NN
4479R	Powder 10mg per g (1%), 20g	≠1	..	Pedi-Derm	NN
4538W	Solution 10mg per mL (1%), 15mL	≠1	..	Pedi-Derm	NN
4481W	Spray Aerosol 10mg per g (1%), 150g	≠1	..	Tinaderm	SH
	TRIAMCINOLONE ACETONIDE				
4532M	Cream 500 micrograms per g (0.05%), 30g	≠1	2	Kenalone	SQ
4533N	Ointment 500 micrograms per g (0.05%), 30g	≠1	2	Kenalone	SQ

Code	Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
	TRIAMCINOLONE ACETONIDE with NEOMYCIN SULPHATE, GRAMICIDIN and NYSTATIN				
	CAUTION: For the short term treatment of localised infective eczema only.				
4483Y	Cream 1mg-2.5mg (base)-250 micrograms-100,000 units per g (0.1%-0.25% (base)-0.025%-100,000 units in 1g), 15g	≠1	..	Aristocomb Kenacomb	LE SQ
4482X	Ointment 1mg-2.5mg (base)-250 micrograms-100,000 units per g (0.1%-0.25% (base)-0.025%-100,000 units in 1g), 15g	≠1	..	Aristocomb Kenacomb	LE SQ
	VITAMIN A				
4488F	Ointment 540 micrograms per g, 50g	≠1	1	Ungvita	NS
	VITAMIN A, CALAMINE and SILICONE OIL				
4490H	Cream 150 micrograms-100mg-10mg per g (500 units per g-10%-1%), 50g	≠1	1	Ungvita Cream	NS
	VITAMIN B GROUP COMPLEX				
4493L	Liquid 200mL	≠1	2	Accomin Adult Tonic	LE
	VITAMIN B GROUP COMPLEX STRONG with ASCORBIC ACID				
4495N	Tablet	90	2	Multi-B Forte	GP
4491J	Tablet with Calcium Pantothenate	100	2	FM	
	ZINC OXIDE, STARCH and CHLORPHENESIN				
4497Q	Dusting Powder, 100g	≠1	1	Z.S.C.	SI
	ZINC PYRITHIONE				
4499T	Cream 5mg per g (0.5%), 75g	≠1	1	Dan Gard Hold & Care	FA
4498R	Shampoo 10mg per mL (1%), 200mL	≠1	1	Dan Gard	FA

SECTION 2

AIDS TO TREATMENT

Note: A number following the proprietary name denotes manufacturer's code

Code	Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
	ABSORBENT NAPKINS PANTS NOTE: May not be prescribed for patients in nursing homes. The approved patient fee includes a component for the supply of incontinence aids by the nursing home.				
4603G	Pack of 2, small size	3	..	Softeze Stretch Pants 082-8101	BS
4604H	Pack of 2, medium size	3	..	Softeze Stretch Pants 082-8201	BS
4602F	Pack of 2, large size	3	..	Softeze Stretch Pants 082-8301	BS
4634X	INHALATION DEVICE	≠1	..	Bricanyl Nebuhaler 2022 Volumatic 10359	AP GL
4633W	INHALATION LEVER DEVICE FOR METERED AEROSOL	≠1	..	Haleraid	GL
	INJECTION SITE PREPARATION SWAB				
4616Y	Isopropyl Alcohol 0.7mL per mL (70%), pack of 100	≠1	1	Medi Swab 1000H	SN
4631R	MOUTH PIECE FOR METERED AEROSOLS	≠1	..	Mouthpiece	BY
4635Y	NASAL INSUFFLATOR	≠1	..	Rynacrom	FC
	ROTAHALERS				
4638D	Rotahaler	≠1	..	Becotide	GL
4637C	Rotahaler	≠1	..	Ventolin	GL
4636B	SPINHALER	≠1	..	Intal	FC

SECTION 3

DRESSINGS

Note: A number following the proprietary name denotes manufacturer's code

Code	Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
	ABSORBENT COTTON GAUZE				
4704N	90cm x 1m, pack	≠1	..	Handy 4021	BE
4705P	11cm x 373cm, roll	≠1	..	Kerlix 6715	KE
	ABSORBENT COTTON WOOL				
4701K	100g Roll	≠1	2	JJ 02013	JJ
4702L	375g Roll	≠1	2	JJ 02011	JJ
	ABSORBENT GAUZE PAD				
4707R	5cm x 5cm, 100	≠1	..	Handy 5672	BE
4807B	Sterile single pack, 5cm x 5cm, 100	≠1	..	Curity 3381	KE
4710X	7.5cm x 7.5cm, 100	≠1	..	Handy 5673	BE
4709W	Sterile single pack, 7.5cm x 7.5cm, 100	≠1	..	Curity 6132	KE
4708T	10cm x 10cm, 100	≠1	..	Handy 5674	BE
4808C	Sterile single pack, 10cm x 10cm, 100	≠1	..	Curity 6309	KE
	ABSORBENT LINT				
4711Y	50g, pack	≠1	..	Handy 4032	BE
	ABSORBENT NAPKINS NOTE: May not be prescribed for patients in nursing homes. The approved patient fee includes a component for the supply of incontinence aids by the nursing home.				
4714D	Pack of 20	≠1	10	Softeze Absorbent Pad Mini 640-0412	BS
4715E	Pack of 20	≠1	10	Softeze Absorbent Pad Regular 640-0312	BS
4716F	Pack of 8	≠1	10	Depend Undergarments 1650	KC
	BANDAGE CALICO TRIANGULAR				
4717G	Large size	≠1	..	Handy 5608	BE
	BANDAGE COTTON CONFORMING				
4720K	2.5cm x 1.5m	5	..	Handy-Band 9483	BE
4721L	5cm x 1.5m	5	..	Handy-Band 9485	BE
4722M	7.5cm x 1.5m	5	..	Handy-Band 9488	BE
4723N	10cm x 1.5m	5	..	Handy-Band 9490	BE
4724P	15cm x 1.5m	5	..	Handy-Band 9495	BE

Code	Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
	BANDAGE COTTON CREPE HEAVY				
4727T	5cm x 2.3m	2	..	Curaband 8252F	KE
				Elastocrepe 300501	SN
4728W	7.5cm x 2.3m	2	..	Curaband 8253F	KE
				Elastocrepe 307501	SN
4729X	10cm x 2.3m	2	..	Curaband 8254F	KE
				Elastocrepe 301001	SN
4730Y	15cm x 2.3m	2	..	Curaband 8256F	KE
				Elastocrepe 301501	SN
	BANDAGE ELASTIC ADHESIVE				
4733D	5cm x 2.5m	≠1	..	Elastoplast 1002	SN
4734E	7.5cm x 2.5m	≠1	..	Elastoplast 1003	SN
4735F	10cm x 2.5m	≠1	..	Elastoplast 1004	SN
	BANDAGE ELASTIC CONFORMING				
4801Q	2.5cm x 1.8m	5	..	Curaband 8181	KE
4802R	5cm x 1.8m	5	..	Curaband 8182	KE
4803T	7.5cm x 1.8m	5	..	Curaband 8183	KE
4804W	10cm x 1.8m	5	..	Curaband 8184	KE
4805X	15cm x 1.8m	5	..	Curaband 8186	KE
	BANDAGE OPEN-WOVE				
4738J	2.5cm	5	..	Handy 5551	BE
4739K	5cm	5	..	Handy 5552	BE
4740L	7.5cm	5	..	Handy 5553	BE
4741M	10cm	5	..	Handy 5554	BE
	BANDAGE PLASTER OF PARIS				
4744Q	5cm x 2.75m	5	..	Gypsona S5002	SN
4745R	7.5cm x 2.75m	5	..	Gypsona S5003	SN
4746T	10cm x 2.75m	5	..	Gypsona S5004	SN
4747W	15cm x 2.75m	5	..	Gypsona S5006	SN
	BANDAGE SELF-ADHESIVE ELASTIC				
4811F	5cm x 1.3m	2	..	Peg 7420	BK
4812G	7.5cm x 1.3m	2	..	Peg 7422	BK
4813H	10cm x 1.3m	2	..	Peg 7423	BK
4814J	15cm x 1.3m	2	..	Peg 7425	BK

Code	Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
	BANDAGE STRETCH				
4820Q	2.5cm	5	..	Conform 2230	KE
4821R	5cm	5	..	Conform 2231	KE
4822T	7.5cm	5	..	Conform 2232	KE
4823W	10cm	5	..	Conform 2236	KE
4824X	15cm	5	..	Conform 2238	KE
	BANDAGE WRINKLED COTTON CREPE				
4833J	5cm x 1.5m (hospital quality)	2	..	Curaband 8232	KE
4881X	5cm x 1.6m (medium)	2	..	Handycrepe 8235	BE
4834K	7.5cm x 1.5m (hospital quality)	2	..	Curaband 8233	KE
4882Y	7.5cm x 1.6m (medium)	2	..	Handycrepe 8238	BE
4835L	10cm x 1.5m (hospital quality)	2	..	Curaband 8234	KE
4883B	10cm x 1.6m (medium)	2	..	Handycrepe 8240	BE
4836M	15cm x 1.5m (hospital quality)	2	..	Curaband 8236	KE
4884C	15cm x 1.6m (medium)	2	..	Handycrepe 8245	BE
	BANDAGE ZINC PASTE				
4751C	6.5cm x 80cm (tubular)	2	..	Acoband	AU
4750B	7.5cm x 6m	2	..	Viscopaste 4948A	SN
	BANDAGE ZINC PASTE and ICHTHAMMOL				
4752D	7.5cm x 6m	2	..	Ichthopaste 4959	SN
	DRESSING ADHESIVE MEMBRANE				
4839Q	Sterile single sachet, 14cm x 10cm	10	1	Op-Site 4963	SN
4841T	25cm x 10cm	20	..	Bioclusive Transparent Dressing 12477	JJ
	DRESSING ELASTIC ADHESIVE				
4754F	6cm x 1m, pack	≠1	..	Elastoplast 4025	SN
	DRESSING NON-ADHERENT DRY ABSORBENT				
4860T	Sterile single sachet, 5cm x 5cm, pack of 5	≠1	..	Melolin 100020	SN
4755G	Sterile single pack, 5cm x 7.5cm	10	..	Telfa 1961C	KE
4758K	Sterile single pack, 7.5cm x 10cm	10	..	Telfa 2132C	KE
4861W	Sterile single sachet,10cm x 10cm, pack of 10	≠1	..	Melolin 4933	SN
	DRESSING PARAFFIN GAUZE				
4759L	Sterile sachets, 10cm x 10cm, pack of 10	≠1	..	Jelonet 7404	SN

Code	Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
	DRESSING PARAFFIN GAUZE with CHLORHEXIDINE ACETATE				
4845B	Sterile sachets, 10cm x 10cm, pack of 10	≠1	2	Bactigras 7457 Clorhexitulle	SN RL
4846C	10cm x 40cm, pack of 10	≠1	2	Bactigras 00616	SN
4847D	15cm x 20cm, pack of 10	≠1	2	Bactigras 7461	SN
	DRESSING SELF ADHESIVE NON-ADHERENT DRY ABSORBENT				
4843X	Sterile sachets, 5cm x 7.5cm, pack of 10	≠1	2	Curity-Telfa 6020C	KE
4844Y	7.5cm x 10cm, pack of 6	≠1	2	Curity-Telfa 7650C	KE
	FELT PAD BUNION				
4762P	Pack of 4	≠1	..	Scholl	SO
	FELT PAD CALLOUS				
4763Q	Pack of 4	≠1	..	Scholl	SO
	FELT PAD CORN				
4764R	Pack of 9	≠1	..	Scholl	SO
	GAUZE and COTTON TISSUE (COMBINE ROLL)				
4767X	9cm x 10m wrapped pack	≠1	..	JJ 12031 SN 121054A	JJ SN
	GAUZE and COTTON TISSUE (COMBINE ROLL) PIECES				
4765T	Sterile single sachet, 10cm x 10cm	5	1	Curity Combine Dressing Pad 2472C	KE
4766W	10cm x 20cm	5	1	Curity Combine Dressing Pad 2482C	KE
	GAUZE EYE PADS				
4768Y	Pack of 12	≠1	..	Curity 4112	KE
	GAUZE STERILE STRIP				
4850G	1.25cm x 1m	≠1	2	Nufold 10330	JJ
4851H	2.5cm x 1m	≠1	2	Nufold 10331	JJ
4852J	2.5cm x 2.5m	≠1	2	Nufold 10332	JJ
	GLOVES PLASTIC (DISPOSABLE) NOTE: For occlusive dressing use only.				
4772E	Small, Pack of 100	≠1	..	Handy 4207	BE
4773F	Medium, Pack of 100	≠1	..	Handy 4208	BE
4774G	Large, Pack of 100	≠1	..	Handy 4209	BE
	LAMBS WOOL				
4777K	Original Pack	≠1	..	Scholl	SO

Code	Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
	POVIDONE-IODINE GAUZE PAD				
4779M	Sterile sachets, 22.5cm x 7.5cm, pack of 12	≠1	2	Betadine	FA
	SELF ADHESIVE PLASTER ELASTIC				
4780N	2.5cm x 2.5m roll	≠1	..	Leukoplast 1071	BE
4781P	5cm x 2.5m roll	≠1	..	Leukoplast 1072	BE
4782Q	7.5cm x 2.5m roll	≠1	..	Leukoplast 1073	BE
	SELF ADHESIVE PLASTER HYPOALLERGENIC				
4784T	1.25cm x 5m roll	≠1	..	Leukoflex 1121	BE
4783R	1.25cm x 5m roll	≠1	..	Leukopor 2471	BE
4785W	1.25cm x 5m roll	≠1	..	Leukosilk 1021	BE
4870H	1.25cm x 4.5m roll (dispenser)	≠1	..	Micropore Cloth First Aid Tape 2610	RK
4868F	1.25cm x 4.5m roll (dispenser)	≠1	..	Micropore Paper First Aid Tape R3	RK
4869G	1.25cm x 4.5m roll (dispenser)	≠1	..	Micropore Plastic First Aid Tape TR1	RK
4872K	1.25cm x 4.5m roll (dispenser)	≠1	..	Micropore Skintone Paper First Aid Tape RF7	RK
4871J	1.25cm x 4.5m roll (dispenser)	≠1	..	Micropore Waterproof First Aid Tape BR1	RK
4864B	1.25cm x 9.1m roll	≠1	..	Tenderskin 1596C	KE
4786X	2.5cm x 5m roll	≠1	..	Leukoflex 1122	BE
4794H	2.5cm x 5m roll	≠1	..	Leukopor 2472	BE
4787Y	2.5cm x 5m roll	≠1	..	Leukosilk 1022	BE
4875N	2.5cm x 4.5m roll (dispenser)	≠1	..	Micropore Cloth First Aid Tape 2611	RK
4873L	2.5cm x 4.5m roll (dispenser)	≠1	..	Micropore Paper First Aid Tape R4	RK
4874M	2.5cm x 4.5m roll (dispenser)	≠1	..	Micropore Plastic First Aid Tape TR2	RK

(continued)

Code	Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
	SELF ADHESIVE PLASTER HYPOALLERGENIC - cont.				
4877Q	2.5cm x 4.5m roll (dispenser)	≠1	..	Micropore Skintone Paper First Aid Tape RF8	RK
4876P	2.5cm x 4.5m roll (dispenser)	≠1	..	Micropore Waterproof First Aid Tape BR2	RK
4865C	2.5cm x 9.1m roll	≠1	..	Tenderskin 1914C	KE
4788B	5cm x 5m roll	≠1	..	Leukoflex 1124	BE
4790D	5cm x 5m roll	≠1	..	Leukopor 2474	BE
4789C	5cm x 5m roll	≠1	..	Leukosilk 1024	BE
4866D	5cm x 9.1m roll	≠1	..	Tenderskin 2419C	KE
4867E	7.5cm x 9.1m roll	≠1	..	Tenderskin 3394.1	KE
	SELF ADHESIVE PLASTER WATERPROOF				
4791E	2.5cm x 5m roll	≠1	..	Leukoplast 2322	BE
4792F	5cm x 5m roll	≠1	..	Leukoplast 2324	BE
4793G	7.5cm x 5m roll	≠1	..	Leukoplast 2325	BE
	TUBULAR DRESSING				
4855M	6.25cm x 1m	≠1	..	Tubigrip B	BT
4856N	6.75cm x 1m	≠1	..	Tubigrip C	BT
4857P	7.5cm x 1m	≠1	..	Tubigrip D	BT
4858Q	8.75cm x 1m	≠1	..	Tubigrip E	BT
4859R	10cm x 1m	≠1	..	Tubigrip F	BT
	TUBULAR FINGER DRESSING				
4798M	Complete pack, including applicator	≠1	..	Scholl Tubegauz	SO

PROPRIETARY INDEX

FOR

PBS AND REPATRIATION SCHEDULES

ABBREVIATIONS

(C & I)	Preparations available for colostomy and ileostomy use
(P & Q)	Preparations available for use by paraplegic and quadriplegic patients
(RPBS)	Repatriation Schedule of Pharmaceutical Benefits

22788(F)

Proprietary Name	Manufacturer	Name
Abbocillin-V	AB	Phenoxymethylpenicillin
Abbocillin-VK	AB	Phenoxymethylpenicillin
Accomin Adult Tonic	LE	Vitamin B Group Complex (RPBS)
Acetopt	SI	Sulphacetamide Sodium
Achromycin	LE	Tetracycline Hydrochloride
Achromycin V	LE	Tetracycline Hydrochloride (Buffered)
Achrostatin	LE	Tetracycline Hydrochloride with Nystatin
Aci-Jel	JC	Ricinoleic Acid, Acetic Acid and Hydroxyquinoline Sulphate (RPBS)
Acoband	AU	Bandage Zinc Paste (RPBS)
Actraphane HM	CN	Insulin Isophane (N.P.H.) - Insulin Neutral, (Mixed)
Actraphane HM Penfill	CN	Insulin Isophane (N.P.H.) - Insulin Neutral, (Mixed)
Actrapid HM	CN	Insulin Neutral
Actrapid HM Penfill	CN	Insulin Neutral
Actuss	SI	Pholcodine (RPBS)
Adacor	NN	Hydrocortisone Acetate
Adalat	BN	Nifedipine
Adalat 5	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 Sulphate and Hydrocortisone
Agon	HP	Felodipine
Akineton	KN	Biperiden Hydrochloride
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	SB	Protein Hydrolysate Formula without Phenylalanine
Albumaid XPXT	SB	Protein Hydrolysate Formula without Phenylalanine and Tyrosine
Alclox 250	AF	Cloxacillin
Alclox 500	AF	Cloxacillin
Aldactone	SR	Spironolactone (PBS & RPBS)
Aldazine 10	AF	Thioridazine Hydrochloride
Aldazine 25	AF	Thioridazine Hydrochloride
Aldazine 50	AF	Thioridazine Hydrochloride
Aldazine 100	AF	Thioridazine Hydrochloride
Aldecin	SH	Beclomethasone Dipropionate (PBS & RPBS)
Aldecin AQ	SH	Beclomethasone Dipropionate (RPBS)
Aldomet	MK	Methyldopa
Aldomet-M	MK	Methyldopa
Alepam 15	AF	Oxazepam
Alepam 30	AF	Oxazepam
Alexan	BT	Cytarabine
Alfaré	NT	Triglycerides, Medium Chain
Alkeran	BW	Melphalan
Allegron	DL	Nortriptyline Hydrochloride
Allergex	PT	Chlorpheniramine Maleate (RPBS)

Proprietary Name	Manufacturer	Name
Alloremed 100	AU	Allopurinol
Alloremed 300	AU	Allopurinol
Alodorm	AF	Nitrazepam
Alphacin 250	AF	Ampicillin
Alphacin 500	AF	Ampicillin
Alphamox 250	AF	Amoxycillin
Alphamox 500	AF	Amoxycillin
Alphapress 25	AF	Hydralazine Hydrochloride
Alphapress 50	AF	Hydralazine Hydrochloride
Alphosyl	SV	Allantoin and Coal Tar Extract (RPBS)
Alphosyl Shampoo	SV	Coal Tar Extract (RPBS)
Alprim	AF	Trimethoprim
Aludrox	AY	Aluminium Hydroxide with Magnesium Hydroxide
Ames-BG	AM	Glucose Indicator - Blood
Amfamox 20	AD	Famotidine
Amfamox 40	AD	Famotidine
Aminogran F.S.	GL	Amino Acid Formula without Phenylalanine
Aminogran M.M.	GL	Mineral Mixture
Aminopt	SI	Aminacrine Hydrochloride
Amitrip	PT	Amitriptyline Hydrochloride
Amizide	PT	Hydrochlorothiazide with Amiloride Hydrochloride
Amoxil	BR	Amoxycillin
Amoxil Forte	BR	Amoxycillin
Amphojel	WY	Aluminium Hydroxide
Amphotabs	WY	Aluminium Hydroxide Dried
Ampicyn	PT	Ampicillin
Amprace 5	AD	Enalapril Maleate
Amprace 10	AD	Enalapril Maleate
Amprace 20	AD	Enalapril Maleate
Amytal Sodium	LY	Amylobarbitone Sodium
Anafranil	CG	Clomipramine Hydrochloride
Anamorph	FM	Morphine Sulphate
Anapolon	SD	Oxymetholone
Anatensol	SQ	Fluphenazine Hydrochloride
Ancolan	GL	Meclozine Hydrochloride (RPBS)
Ancotil	RO	Flucytosine
Androcur	SC	Cyproterone Acetate
Anginine Stabilised	BW	Glyceryl Trinitrate
Anpec 40	AF	Verapamil Hydrochloride
Anpec 80	AF	Verapamil Hydrochloride
Antabuse	JC	Disulfiram (RPBS)
Antadine	BT	Amantadine Hydrochloride
Antenex 2	AF	Diazepam
Antenex 5	AF	Diazepam
Anthel 125	AF	Pyrantel Embonate
Anthel 250	AF	Pyrantel Embonate
Anti-Spas	PT	Benzhexol Hydrochloride
Antistine Privine	ZY	Antazoline with Naphazoline
Anturan	CG	Sulphinpyrazone
Anusol	WW	Zinc Oxide
Aprinox	BT	Bendrofluazide
Aprinox-M	BT	Bendrofluazide
Aptin	AP	Alprenolol Hydrochloride
Aquacare H.P.	AG	Urea
Aquadrate	NW	Urea

Proprietary Name	Manu-fac-turer	Name
Aquamox	LE	Quinethazone
Aquasun Blockout Cream 15+	PY	Sunscreens (RPBS)
Aquasun Blockout Lotion 15+	PY	Sunscreens (RPBS)
Aristocomb	LE	Triamcinolone Acetonide with Neomycin Sulphate, Gramicidin and Nystatin (RPBS)
Aristocort 0.02%	LE	Triamcinolone Acetonide
Aristocort 0.05%	LE	Triamcinolone Acetonide
Artane	LE	Benzhexol Hydrochloride
Arterioflexin	PT	Clofibrate
Arthrexin	AF	Indomethacin
Aspalgin	FM	Codeine Phosphate with Aspirin (RPBS)
A.T.10	WL	Dihydrotachysterol
Atarax	PF	Hydroxyzine Pamoate (RPBS)
Ativan	AY	Lorazepam (RPBS)
Atrobel	FM	Belladonna Alkaloids
Atrobel FORTE	FM	Belladonna Alkaloids
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 Hydrochloride (RPBS)
Austramycin-V	CS	Tetracycline Hydrochloride (Buffered)
Austrapen	CS	Ampicillin
Austrastaph	CS	Cloxacillin
Avil	HP	Pheniramine Aminosalicylate (RPBS)
Avomine	MB	Promethazine Theoclate
Azide	FM	Chlorothiazide
Bactigras 7457/00616/7461	SN	Dressing Paraffin Gauze with Chlorhexidine Acetate (RPBS)
Bactrim	RO	Trimethoprim with Sulphamethoxazole
Bactrim DS	RO	Trimethoprim with Sulphamethoxazole
B.A.L.	BT	Dimercaprol
Banish	SN	Deodorant Concentrate (C & I)
Barbloc 5	AF	Pindolol
Barbloc 15	AF	Pindolol
Baycaron	BN	Mefruside
Becloforte	GL	Beclomethasone Dipropionate
Beconase	GL	Beclomethasone Dipropionate (RPBS)
Beconase AQ	GL	Beclomethasone Dipropionate (RPBS)
Becotide	GL	Beclomethasone Dipropionate
Becotide 100	GL	Beclomethasone Dipropionate
Becotide Rotacaps	GL	Beclomethasone Dipropionate
Becotide Rotahaler	GL	Rotahalers (RPBS)
Benadryl	PD	Diphenhydramine Hydrochloride (RPBS)
Benemid	FR	Probenecid
Benzemul	MG	Benzyl Benzoate
Berotec	BY	Fenoterol Hydrobromide
Betadine	FA	Povidone-Iodine Gauze Pad (RPBS)
Betadine Antiseptic Liquid	FA	Povidone-Iodine (RPBS)
Betaloc	AP	Metoprolol Tartrate
Betamin	US	Thiamine Hydrochloride

Proprietary Name	Manufacturer	Name
Beta-Sol	FM	Thiamine Hydrochloride
Betnovate	GL	Betamethasone Valerate (RPBS)
Betnovate 1/5	GL	Betamethasone Valerate
Betnovate 1/2	GL	Betamethasone Valerate (PBS & RPBS)
B.F.I.	MK	Bismuth Formic Iodide (RPBS)
Bi-Chinine	AU	Quinine Bisulphate
Bicillin All-Purpose	WY	Benzathine Penicillin with Procaine Penicillin and Benzylpenicillin Potassium
Bicillin L-A	WY	Benzathine Penicillin
Bioclusive Transparent Dressing 12477	JJ	Dressing Adhesive Membrane (RPBS)
Bioral	SN	Carbenoxolone Sodium (RPBS)
Biphasil 21	WY	Levonorgestrel with Ethinyloestradiol
Biphasil 28	WY	Levonorgestrel with Ethinyloestradiol
Biquin	NN	Quinine Bisulphate
Bi-Quinate	US	Quinine Bisulphate
Bisalax	PT	Bisacodyl
Bisolvon	BY	Bromhexine Hydrochloride (RPBS)
Blenoxane	BC	Bleomycin
Bleph 10	AG	Sulphacetamide Sodium
Blocadren	FR	Timolol Maleate
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
Bricanyl Nebuhaler 2022	AP	Inhalation Device (RPBS)
Brinaldix	SZ	Clopamide
Brondecon-PD	PD	Choline Theophyllinate
Brondecon Elixir-PD	PD	Choline Theophyllinate
Brufen	BT	Ibuprofen
Bufferin	BC	Aspirin
Burinex	AP	Bumetanide
Buscopan	BY	Hyoscine Butylbromide (RPBS)
Cafergot	SZ	Ergotamine Tartrate with Caffeine
Cafergot PB	SZ	Ergotamine Tartrate with Caffeine, Itobarbitone and Belladonna Alkaloids
Calcihep	FC	Heparin Calcium
Calciparine	BL	Heparin Calcium
Calcisorb	RK	Sodium Cellulose Phosphate
Calcitare	RG	Calcitonin
Calcium Sandoz	SZ	Calcium Gluconate
Calmazine	PT	Trifluoperazine Hydrochloride
Calmurid	PS	Urea
Cal-Sup	RK	Calcium
Calsynar	RG	Calcitonin
Caltrate	LE	Calcium
Canesten	BN	Clotrimazole
Canesten 1	BN	Clotrimazole
Canesten 3	BN	Clotrimazole
Capoten	SQ	Captopril
Caprin	CS	Heparin Calcium

Proprietary Name	Manufacturer	Name
Capurate-100	FM	Allopurinol
Capurate-300	FM	Allopurinol
Carafate	BT	Sucralfate
Cardinol	PT	Propranolol Hydrochloride
Cardizem	IC	Diltiazem Hydrochloride
Cardophyllin	HA	Aminophylline
Catapres	BY	Clonidine
Catapres 100	BY	Clonidine
Ceclor	LY	Cefaclor
Cefamezin	SI	Cephazolin
Celestone	SH	Betamethasone
Celestone Chronodose	SH	Betamethasone Acetate with Betamethasone Sodium Phosphate
Celestone-M	SH	Betamethasone Valerate
Celestone-V Half Strength	SH	Betamethasone Valerate (PBS & RPBS)
Celestone-V	SH	Betamethasone Valerate (RPBS)
Celestone-VG	SH	Betamethasone Valerate and Gentamicin Sulphate (RPBS)
Celontin	PD	Methsuximide
Ceporacin	GL	Cephalothin
Ceporex	GL	Cephalexin
Cerumol	AC	Dichlorobenzene, Chlorbutol and Turpentine Oil (RPBS)
Chinine	AU	Quinine Sulphate
Chlorohex	OM	Chlorhexidine Gluconate (RPBS)
Chloromycetin	PD	Chloramphenicol
Chloromycetin Palmitate	PD	Chloramphenicol
Chloromycetin Succinate	PD	Chloramphenicol
Chloromyxin	PD	Chloramphenicol with Polymyxin B Sulphate
Chloroptic	AG	Chloramphenicol
Chlorquin	PT	Chloroquine
Chlorsig	SI	Chloramphenicol
Chlorvescent	PT	Potassium Chloride
Chlotride	FR	Chlorothiazide
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
Ciproxin 250	BN	Ciprofloxacin
Ciproxin 500	BN	Ciprofloxacin
Ciproxin 750	BN	Ciprofloxacin
Citralka	PD	Sodium Acid Citrate
Citravescent Sachets	PT	Sodium Citro-Tartrate
Claforan	RL	Cefotaxime
Clinistix	AM	Glucose Indicator - Urine
Clinitest	AM	Copper Sulphate
Clinoril	FR	Sulindac
Clomid	ML	Clomiphene Citrate

Proprietary Name	Manufacturer	Name
Clorhexitulle	RL	Dressing Paraffin Gauze with Chlorhexidine Acetate (RPBS)
Codalgin	FM	Codeine Phosphate with Paracetamol (RPBS)
Codate	US	Codeine Phosphate
Codral Forte	BW	Codeine Phosphate with Aspirin
Cogentin	MK	Benztropine Mesylate (PBS & RPBS)
Colestid	UP	Colestipol Hydrochloride
Colgout	PT	Colchicine
Colifoam	SV	Hydrocortisone Acetate
Colofac	JC	Mebeverine Hydrochloride (RPBS)
Coloxyl	FM	Docusate Sodium with Bisacodyl
Coloxyl 50	FM	Docusate Sodium (RPBS)
Coloxyl 120	FM	Docusate Sodium (RPBS)
Coloxyl with Senna	FM	Docusate Sodium with Senna (RPBS)
Coly-Mycin Ear Drops	WW	Colistin with Neomycin
Coly-Mycin Injection	WW	Colistin
Compazine	SK	Prochlorperazine
Conform 2230/2231/ 2232/2236/2238	KE	Bandage Stretch (RPBS)
Corbeton 20	AF	Oxprenolol Hydrochloride
Corbeton 40	AF	Oxprenolol Hydrochloride
Cordarone X 100	RC	Amiodarone Hydrochloride
Cordarone X 200	RC	Amiodarone Hydrochloride
Cordilox	SC	Verapamil Hydrochloride
Cortate	PT	Cortisone Acetate
Cortef	UP	Hydrocortisone Acetate
Cotazym S Forte	OR	Pancrelipase
Coumadin	BT	Warfarin
Cow & Gate MCT Oil	KY	Triglycerides, Medium Chain
Curaband 8252F/ 8253F/8254F/8256F	KE	Bandage Cotton Crepe Heavy (RPBS)
Curaband 8181/8182/ 8183/8184/8186	KE	Bandage Elastic Conforming (RPBS)
Curaband 8232/8233/ 8234/8236	KE	Bandage Wrinkled Cotton Crepe (RPBS)
Curity 3381/6132/ 6309	KE	Absorbent Gauze Pad (RPBS)
Curity 4112	KE	Gauze Eye Pads (RPBS)
Curity Combine Dressing Pad 2472C/2482C	KE	Gauze and Cotton Tissue (Combine Roll) Pieces (RPBS)
Curity-Telfa 6020C/ 7650C	KE	Dressing Self Adhesive Non-Adherent Dry Absorbent (RPBS)
Cyclidox	PT	Doxycycline
Cycloblastin	FE	Cyclophosphamide
Cyklokapron	PS	Tranexamic Acid
Cytadren	CG	Aminoglutethimide
Cytosar-U	UP	Cytarabine
Cytotec	SR	Misoprostol
Daktarin	JC	Miconazole
Daktarin	JC	Miconazole Nitrate
Dalacin C	UP	Clindamycin
Dalmane	RO	Flurazepam Dihydrochloride (RPBS)

Proprietary Name	Manufacturer	Name
Dan Gard	FA	Zinc Pyrithione (RPBS)
Dan Gard Hold & Care	FA	Zinc Pyrithione (RPBS)
Danocrine	WL	Danazol
Dantrium	NW	Dantrolene Sodium
Daonil	HP	Glibenclamide
Daranide	SI	Dichlorphenamide
Daraprim	BW	Pyrimethamine
Dartalan	SR	Thiopropazate Hydrochloride
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	Bismuth Subcitrate (Tri-potassium Di-citrato Bismuthate Complex)
Depend Undergarments 1650	KC	Absorbent Napkins (RPBS)
Depo-Medrol	UP	Methylprednisolone Acetate
Depo-Provera	UP	Medroxyprogesterone
Deptran 10	AF	Doxepin Hydrochloride
Deptran 25	AF	Doxepin Hydrochloride
Deptran 50	AF	Doxepin Hydrochloride
Deralin 10	AF	Propranolol Hydrochloride
Deralin 40	AF	Propranolol Hydrochloride
Deralin 160	AF	Propranolol Hydrochloride
Dermacort	PD	Hydrocortisone Acetate
Dermacort "O"	PD	Hydrocortisone Acetate
Dermatar	HA	Pine Tar and Triethanolamine Lauryl Sulphate (RPBS)
Dermazole	EO	Econazole Nitrate (RPBS)
Deseril	SZ	Methysergide
Dexmethsone	PT	Dexamethasone
Dextrostix	AM	Glucose Indicator - Blood (RPBS)
Diabex	FC	Metformin Hydrochloride
Diabinese	PF	Chlorpropamide
Diaformin	AF	Metformin Hydrochloride
Diamicron	SE	Gliclazide
Diamox	LE	Acetazolamide
Diastix	AM	Glucose Indicator - Urine
Dibenyline	SK	Phenoxybenzamine Hydrochloride
Dichlotride	MK	Hydrochlorothiazide
Didronel	NW	Disodium Etidronate
Difflam	RK	Benzydamine Hydrochloride (RPBS)
Digestelact	SJ	Milk Powder - Lactose Modified
Dihydergot	SZ	Dihydroergotamine Mesylate
Dilantin	PD	Phenytoin
Dilantin Infatabs	PD	Phenytoin
Dilantin Sodium	PD	Phenytoin Sodium
Dilosyn	GL	Methdilazine Hydrochloride
Dimetane	RS	Brompheniramine Maleate (RPBS)
Dindevan	GL	Phenindione
Dipentum	PS	Olsalazine Sodium

Proprietary Name	Manufacturer	Name
Diprosone	SH	Betamethasone Dipropionate (PBS & RPBS)
Disipal	RK	Orphenadrine Hydrochloride
Diulo	SR	Metolazone
Dolobid	MK	Diflunisal
Doloxene	LY	Dextropropoxyphene Napsylate (RPBS)
Donnatab	RS	Belladonna Alkaloids
Dormel	AU	Chloral Hydrate
Doryx	FA	Doxycycline
Doxylin 50	AF	Doxycycline
Doxylin 100	AF	Doxycycline
D-Penamine	DL	Penicillamine
Drapolex	BW	Benzalkonium Chloride, Cetrimide and Lanolin (RPBS)
Drixine	SH	Oxymetazoline Hydrochloride (RPBS)
Drixora	SH	Pseudoephedrine Sulphate (RPBS)
Ducene	SU	Diazepam
Duphalac	JC	Lactulose
Duphaston	JC	Dydrogesterone
Durabolin	OR	Nandrolone Phenylpropionate
Duractin	CS	Cimetidine
Duratears	AQ	Paraffin
Durolax	BY	Bisacodyl
Duro-Tuss	RK	Pholcodine (RPBS)
Dyazide	SK	Hydrochlorothiazide with Triamterene
Dymadon	BW	Paracetamol
Dymadon Co.	BW	Codeine Phosphate with Paracetamol (RPBS)
Dytac	SK	Triamterene
Ecostatin	SQ	Econazole Nitrate
Ecotrin	SK	Aspirin
Edecril	MK	Ethacrynic Acid
E.D.P.	BT	Povidone-Iodine (RPBS)
E.E.S. 200	AB	Erythromycin Ethyl Succinate
E.E.S. 400	AB	Erythromycin Ethyl Succinate
E.E.S. Dulcet	AB	Erythromycin Ethyl Succinate
Effercal-600	HA	Calcium Carbonate (RPBS)
Efudix	RO	Fluorouracil (RPBS)
Egocort	EO	Hydrocortisone
Egoderm Cream	EO	Allantoin, Glycerol and Ichthammol (RPBS)
Egopsoryl-TA	EO	Allantoin, Sulphur, Phenol, Coal Tar Solution and Menthol (RPBS)
Elastocrepe 300501/ 307501/301001/ 301501	SN	Bandage Cotton Crepe Heavy (RPBS)
Elastoplast 1002/ 1003/1004	SN	Bandage Elastic Adhesive (RPBS)
Elastoplast 4025	SN	Dressing Elastic Adhesive (RPBS)
Elixophyllin	SC	Theophylline
Emsalin	AU	Methyl Salicylate
EMU-V	UP	Erythromycin
Endep 10	AF	Amitriptyline Hydrochloride
Endep 25	AF	Amitriptyline Hydrochloride
Endep 50	AF	Amitriptyline Hydrochloride
Endone	BT	Oxycodone Hydrochloride
Enduron	AB	Methyclothiazide
Enduron M	AB	Methyclothiazide

Proprietary Name	Manu-facturer	Name
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 Mono	PD	Ergotamine Tartrate
Ergotrate	LY	Ergometrine Maleate
Eryc	FA	Erythromycin
Eryc LD	FA	Erythromycin
Erythrocin	AB	Erythromycin Ethyl Succinate
Erythrocin	AB	Erythromycin Lactobionate
Erythrocin	AB	Erythromycin Stearate
Estigyn	GL	Ethinyloestradiol
Eucerin	SN	Wool Alcohols
Euglucon	SK	Glibenclamide
Euhypnos	SI	Temazepam
Farlutal	FE	Medroxyprogesterone
Fasigyn	PF	Tinidazole
Fefol	SK	Ferrous Sulphate Dried with Folic Acid
Feldene	PF	Piroxicam
Fenamine	FM	Pheniramine Aminosalicylate (RPBS)
Fenamine-M	FM	Pheniramine Aminosalicylate (RPBS)
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
Flagyl Statpak	MB	Metronidazole
Flarex	AQ	Fluorometholone Acetate
Flopen	CS	Flucloxacillin
Florinef	SQ	Fludrocortisone Acetate
Floxapen	BR	Flucloxacillin
Flucil 250	PT	Flucloxacillin
Flucil 500	PT	Flucloxacillin
Flucon	AQ	Fluorometholone
Fluoroplex	AG	Fluorouracil (RPBS)
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
Fybogel	RC	Ispaghula Husk (RPBS)

Proprietary Name	Manufacturer	Name
Gantrisin	RO	Sulphafurazole
Garamycin	SH	Gentamicin Sulphate
Gastrogel	FM	Aluminium Hydroxide with Magnesium Trisilicate and Magnesium Hydroxide
Gavigrans	RC	Alginic Acid Compound (RPBS)
Gelusil	WW	Aluminium Hydroxide with Magnesium Hydroxide
Genoptic	AG	Gentamicin Sulphate
Glaucon	AQ	Adrenaline
Glimel	AF	Glibenclamide
Glucagon Novo	CN	Glucagon Hydrochloride
Glucophage	LH	Metformin Hydrochloride
Glucostix	AM	Glucose Indicator - Blood
Gold-50	SH	Aurothioglucose
Granocol	SC	Sterculia with Frangula Bark (PBS & RPBS)
Griseostatin	SH	Griseofulvin
Grisovin	GL	Griseofulvin
Grisovin 500	GL	Griseofulvin
Gyne-Lotremin	SH	Clotrimazole
Gyno-Daktarin 7	JP	Miconazole Nitrate
Gyno-Travogen	SC	Isoconazole Nitrate
Gypsona S5002/ S5003/S5004/S5006	SN	Bandage Plaster of Paris (RPBS)
Haemaccel	HP	Polygeline
Haleraid	GL	Inhalation Lever Device For Metered Aerosol (RPBS)
Halotestin	UP	Fluoxymesterone
Hamilton Bath Oil	HA	Bath Emollient (RPBS)
Hamilton Body Wash	HA	Skin Cleanser (RPBS)
Hamilton Broad Spectrum Milky Lotion 15+	HA	Sunscreens (RPBS)
Hamilton Broad Spectrum Solastick 15+	HA	Sunscreens (RPBS)
Hamilton Sunscreen Broad Spectrum Cream 15+	HA	Sunscreens (RPBS)
Handy 4021	BE	Absorbent Cotton Wool Gauze (RPBS)
Handy 5672/5673/ 5674	BE	Absorbent Gauze Pad (RPBS)
Handy 4032	BE	Absorbent Lint (RPBS)
Handy 5608	BE	Bandage Calico Triangular (RPBS)
Handy 5551/5552/ 5553/5554	BE	Bandage Open-Wove (RPBS)
Handy 4207/4208/ 4209	BE	Gloves Plastic (Disposable) (RPBS)
Handy-Band 9483/ 9485/9488/9490/ 9495	BE	Bandage Cotton Conforming (RPBS)
Handycrepe 8235/ 8238/8240/8245	BE	Bandage Wrinkled Cotton Crepe (RPBS)
Hemineurin Capsule	AP	Chlormethiazole
Hemineurin I.V. Infusion	AP	Chlormethiazole Edisylate
Hemorex	RL	Phenylephrine Hydrochloride

Proprietary Name	Manu-facturer	Name
Herplex	AG	Idoxuridine
Hibitane Concentrate	IC	Chlorhexidine Gluconate
Hifluor	PT	Sodium Fluoride (RPBS)
Hiprex	RK	Hexamine Hippurate
Hismanal	JC	Astemizole (RPBS)
Histalert	RK	Diphenylpyraline Hydrochloride (RPBS)
HMS Liquifilm	AG	Medrysone
Hollihesive Skin Barrier	HO	Polyisobutylene (C & I)
Honvan	BC	Fosfestrol Sodium
Hostacycline P	HP	Tetracycline Hydrochloride (Buffered)
Humegon	OR	Human Menopausal Gonadotrophin
Humulin L	LY	Insulin Zinc Suspension (Lente)
Humulin NPH	LY	Insulin Isophane (N.P.H.)
Humulin R	LY	Insulin Neutral
Humulin UL	LY	Insulin Zinc Suspension (Crystalline) (Ultralente)
Hycor Eye Drops	SI	Hydrocortisone
Hycor Eye Ointment	SI	Hydrocortisone Acetate
Hydopa	AF	Methyldopa
Hydracycline	FM	Tetracycline Hydrochloride (Buffered)
Hydrea	SQ	Hydroxyurea
Hydroform	DM	Hydrocortisone and Clioquinol (RPBS)
Hydrosone	US	Hydrocortisone Acetate
Hygroton	CG	Chlorthalidone
Hyperstat I.V.	SH	Diazoxide
Hypnodorm	AF	Flunitrazepam (RPBS)
Hypoguard GA	AS	Glucose Indicator - Blood
Hypurin Isophane	FC	Insulin Isophane (N.P.H.)
Hypurin Neutral	FC	Insulin Neutral
Hysone	PT	Hydrocortisone
Hysone-A	PT	Hydrocortisone Acetate
Ibiamox	PT	Amoxycillin
Ibilex 125	AF	Cephalexin
Ibilex 250	AF	Cephalexin
Ibilex 500	AF	Cephalexin
Ichthopaste 4959	SN	Bandage Zinc Paste and Ichthammol (RPBS)
Ilocap	LY	Erythromycin
Ilosone	LY	Erythromycin Estolate
Imferon	FC	Iron Dextran
Imiprin	PT	Imipramine Hydrochloride
Imodium	JC	Loperamide Hydrochloride
Imuran	BW	Azathioprine
Inderal	IC	Propranolol Hydrochloride
Indocid	MK	Indomethacin
Inflam	PT	Ibuprofen
Initard Human	BW	Insulin Isophane (N.P.H.) - Insulin Neutral, (Mixed)
Insulatard Human	BW	Insulin Isophane (N.P.H.)
Insulatard Human Nordisk 2.5mL Insuject-X	BW	Insulin Isophane (N.P.H.)
Insulin 2	CN	Insulin, Acid
Intal	FC	Sodium Cromoglycate

Proprietary Name	Manufacturer	Name
Intal Spincaps	FC	Sodium Cromoglycate
Intal Spinhaler	FC	Spinhaler (RPBS)
Invite-B	NN	Thiamine Hydrochloride
Ionil	AQ	Salicylic Acid, Benzalkonium Chloride, Alcohol and Polyoxyethylene Ethers (RPBS)
Ionil Rinse	AQ	Hydrolyzed Collagen Proteins (RPBS)
Ionil-T	AQ	Salicylic Acid, Benzalkonium Chloride, Alcohol, Coal Tar and Polyoxyethylene Ethers (RPBS)
Isoptin	KN	Verapamil Hydrochloride
Isopto Carpine	AQ	Pilocarpine Hydrochloride
Isopto Frin	AQ	Phenylephrine Hydrochloride
Isopto Tears	AQ	Hypromellose
Isordil	AY	Isosorbide Dinitrate
Isordil Sublingual	AY	Isosorbide Dinitrate
Isotard MC	CN	Insulin Isophane (N.P.H.)
Isotrate	PD	Isosorbide Dinitrate
Isotrate Sublingual	PD	Isosorbide Dinitrate
Jelonet 7404	SN	Dressing Paraffin Gauze (RPBS)
JJ 02011/02013	JJ	Absorbent Cotton Wool (RPBS)
JJ 12031	JJ	Gauze and Cotton Tissue (Combine Roll) (RPBS)
Kabikinase	PS	Streptokinase
Kaluril	AF	Amiloride Hydrochloride
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
Kefzol	LY	Cephazolin
Kemadrin	BW	Procyclidine Hydrochloride
Kenacomb	SQ	Triamcinolone Acetonide with Neomycin Sulphate, Gramicidin and Nystatin (RPBS)
Kenacomb Otic	SQ	Triamcinolone Acetonide with Neomycin Sulphate, Gramicidin and Nystatin
Kenacort-A10	SQ	Triamcinolone Acetonide
Kenalone	SQ	Triamcinolone Acetonide (PBS & RPBS)
Kenalone 0.02%	SQ	Triamcinolone Acetonide
Kerlix 6715	KE	Absorbent Cotton Gauze (RPBS)
Keto-Diastix	AM	Glucose and Ketone Indicator - Urine
Kinidin	AP	Quinidine Bisulphate
Kolpon	OR	Oestrone
Konakion	RO	Phytomenadione
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 Hydrochloride
Larodopa	RO	Levodopa
Laroxyl	RO	Amitriptyline Hydrochloride
Lasix	HP	Frusemide

Proprietary Name	Manu-facturer	Name
Lasix-M	HP	Frusemide
Latycin	BZ	Tetracycline Hydrochloride
Ledermycin	LE	Demeclocycline Hydrochloride
Ledertrexate	LE	Methotrexate
Lente MC	CN	Insulin Zinc Suspension
Leucovorin	LE	Calcium Folinate
Leukeran	BW	Chlorambucil
Leukoflex 1121/ 1122/1124	BE	Self Adhesive Plaster Hypoallergenic (RPBS)
Leukoplast 1071/ 1072/1073	BE	Self Adhesive Plaster Elastic (RPBS)
Leukoplast 2322/ 2324/2325	BE	Self Adhesive Plaster Waterproof (RPBS)
Leukopor 2471/2472/ 2474	BE	Self Adhesive Plaster Hypoallergenic (RPBS)
Leukosilk 1021/ 1022/1024	BE	Self Adhesive Plaster Hypoallergenic (RPBS)
Lexotan	RO	Bromazepam (RPBS)
Librium	RO	Chlordiazepoxide (RPBS)
Lincocin	UP	Lincomycin
Lincocin SS Paediatric	UP	Lincomycin
Linsal	SI	Methyl Salicylate
Lioresal 10	CG	Baclofen
Lioresal 25	CG	Baclofen
Liquifilm Forte	AG	Polyvinyl Alcohol
Liquifilm Tears	AG	Polyvinyl Alcohol
Lithicarb	PT	Lithium Carbonate
LoAsid	BW	Aluminium Hydroxide with Magnesium Hydroxide
Locacorten Vioform	CG	Flumethasone Pivalate with Clioquinol
Locasol New Formula	KY	Milk Powder - Synthetic
Lofenalac	MJ	Phenylalanine Low Content Formula
Lomotil	SR	Diphenoxylate Hydrochloride with Atropine Sulphate
Loniten	UP	Minoxidil
Lopresor 50	CG	Metoprolol Tartrate
Lopresor 100	CG	Metoprolol Tartrate
Lorexane	IC	Lindane
Lorexane Concentrate	IC	Lindane
Lotremin	SH	Clotrimazole
LPV	CS	Phenoxymethylpenicillin
LPV 125	CS	Phenoxymethylpenicillin
LPV 250	CS	Phenoxymethylpenicillin
Lubafax	BW	Lubricating Agent (RPBS)
Lucrin	AB	Leuprorelin Acetate
Lurselle	ML	Probucol
Lyspafen	PT	Difenoxin Hydrochloride with Atropine Sulphate
Macrodantin	NW	Nitrofurantoin
Macrodex	PS	Dextran 70
Madopar	RO	Levodopa with Benserazide
Madopar-M	RO	Levodopa with Benserazide

Proprietary Name	Manufacturer	Name
Madopar Q	RO	Levodopa with Benserazide
Magmin	VS	Magnesium Aspartate (RPBS)
Mandelamine	WW	Hexamine Mandelate
Mandelamine Hafgrams	WW	Hexamine Mandelate
Marevan	GL	Warfarin
Maxamaid RVHB	SB	Amino Acid Formula with Vitamins and Minerals without Methionine
Maxamaid XP	SB	Amino Acid Formula with Vitamins and Minerals without Phenylalanine
Maxamum XP	SB	Amino Acid Formula with Vitamins and Minerals without Phenylalanine
Maxidex	AQ	Dexamethasone
Maxolon	BR	Metoclopramide Hydrochloride
Medi Swab 1000H	SN	Injection Site Preparation Swab (RPBS)
Mefic	AF	Mefenamic Acid
Megostat	BC	Megestrol Acetate
Melipramine	UW	Imipramine Hydrochloride
Melleril	SZ	Thioridazine Hydrochloride
Melolin 100020/4933	SN	Dressing Non-Adherent Dry Absorbent (RPBS)
Merbentyl	ML	Dicyclomine Hydrochloride (RPBS)
Mesasal	SK	Mesalazine
Mestinon	RO	Pyridostigmine Bromide
Metamide	PT	Metoclopramide Hydrochloride
Metamucil	SR	Psyllium Hydrophilic Mucilloid (RPBS)
Methoblastin	FE	Methotrexate
Methopt	SI	Hypromellose
Methopt Forte	SI	Hypromellose
Metrogyl 200	AF	Metronidazole
Metrogyl 400	AF	Metronidazole
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
Microlax	PS	Sodium Citrate and Sodium Lauryl Sulphoacetate (RPBS)
Microlut 28	SC	Levonorgestrel
Micronor	JC	Norethisterone
Micropore Cloth First Aid Tape 2610/2611	RK	Self Adhesive Plaster Hypoallergenic (RPBS)
Micropore Paper First Aid Tape R3/R4	RK	Self Adhesive Plaster Hypoallergenic (RPBS)
Micropore Plastic First Aid Tape TR1/TR2	RK	Self Adhesive Plaster Hypoallergenic (RPBS)
Micropore Skintone Paper First Aid Tape RF7/RF8	RK	Self Adhesive Plaster Hypoallergenic (RPBS)
Micropore Waterproof First Aid Tape BR1/BR2	RK	Self Adhesive Plaster Hypoallergenic (RPBS)

Proprietary Name	Manufacturer	Name
Microval 28	WY	Levonorgestrel
Midamor	MK	Amiloride Hydrochloride
Milontin	PD	Phensuximide
Minidiab	FE	Glipizide
Minipress	PF	Prazosin Hydrochloride
Minirin	FC	Desmopressin
Minomycin	LE	Minocycline
Mintezol	MK	Thiabendazole
Mithracin	PF	Mithramycin
Mixtard Human	BW	Insulin Isophane (N.P.H.) - Insulin Neutral, (Mixed)
Mixtard Human Nordisk 2.5mL Insuject-X	BW	Insulin Isophane (N.P.H.) - Insulin Neutral, (Mixed)
Modecate	SQ	Fluphenazine Decanoate
Moduretic	MK	Hydrochlorothiazide with Amiloride Hydrochloride
Mogadon	RO	Nitrazepam
Moniarix	SK	Pneumococcal Vaccine, Polyvalent
Monistat 3	JC	Miconazole Nitrate
Monistat 7	CL	Miconazole Nitrate
Monistat Derm	CL	Miconazole Nitrate
Monotard HM	CN	Insulin Zinc Suspension
Motilium	JC	Domperidone
Mouthpiece	BY	Mouth Piece for Metered Aerosols (RPBS)
Moxacin	CS	Amoxycillin
Moxacin 250	CS	Amoxycillin
M.S.U.D. AID	SB	Amino Acid Formula with Vitamins and Minerals without Valine, Leucine and Isoleucine
Mucaine	AY	Aluminium Hydroxide with Magnesium Hydroxide and Oxethazaine
Mucomyst	AP	Acetylcysteine
Multi-B Forte	GP	Vitamin B Group Complex Strong with Ascorbic Acid (RPBS)
Murelax	AY	Oxazepam
Myambutol	LE	Ethambutol Hydrochloride (RPBS)
Mycitracin	UP	Polymyxin B Sulphate with Bacitracin and Neomycin Sulphate
Mycostatin	SQ	Nystatin
Mylanta	PD	Aluminium Hydroxide with Magnesium Hydroxide
Mylanta II	PD	Aluminium Hydroxide with Magnesium Hydroxide and Simethicone (RPBS)
Myleran	BW	Busulphan
Myocrisin	MB	Sodium Aurothiomalate
Myoquin	FM	Quinine Bisulphate
Mysoline	IC	Primidone
Mysteclin 250	SQ	Tetracycline Hydrochloride (Buffered)
Mysteclin-V	SQ	Tetracycline Hydrochloride with Nystatin
Mytelase	WL	Ambenonium Chloride
Naloxone Min-I-Jet	CS	Naloxone Hydrochloride
Naprosyn	SD	Naproxen
Narcan Neonatal	BT	Naloxone Hydrochloride
Nardil	WW	Phenelzine Sulphate
Natrilix	SE	Indapamide
Natulan	RO	Procarbazine Hydrochloride

Proprietary Name	Manufacturer	Name
Navidrex	CG	Cyclopenthiazide
Naxen	AF	Naproxen
Nebcin	LY	Tobramycin Sulphate
Negram	WL	Nalidixic Acid
Nemdyn	HA	Neomycin Undecenoate with Bacitracin Zinc
Neo-Cortef	UP	Hydrocortisone Acetate with Neomycin Sulphate
Neo-Cytamen	GL	Hydroxocobalamin
Neo-Mercazole	NS	Carbimazole
Neopt	SI	Neomycin Sulphate
Neosporin Eye Drops	BW	Polymyxin B Sulphate with Neomycin Sulphate and Gramicidin
Neosporin Eye Ointment	BW	Polymyxin B Sulphate with Bacitracin and Neomycin Sulphate
Neosulf	PT	Neomycin Sulphate
Neotracin	JC	Polymyxin B Sulphate with Bacitracin and Neomycin Sulphate
Neulactil	MB	Pericyazine
Nikacid	US	Nicotinic Acid
Nilstat	LE	Nystatin
Nipride	RO	Sodium Nitroprusside
Nitoman	RO	Tetrabenazine
Nitradisc	SR	Glyceryl Trinitrate
Nitro-Bid	FC	Glyceryl Trinitrate
Nivaquine	MB	Chloroquine
Nizoral	JC	Ketoconazole
Nobecutane	AP	Acrylic Resin (C & I) (P & Q)
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
Nordiol 21	WY	Levonorgestrel with Ethinyloestradiol
Nordiol 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
Norpace	SR	Disopyramide
Nortab	SQ	Nortriptyline Hydrochloride
Noten	AF	Atenolol
Novantrone	LE	Mitozantrone
Nuelin	RK	Theophylline
Nuelin Paediatric	RK	Theophylline
Neulin-Sprinkle	RK	Theophylline
Nuelin-S.R. 250	RK	Theophylline
Nufold 10330/ 10331/10332	JJ	Gauze Sterile Strip (RPBS)
Nutramigen	MJ	Protein Hydrolysate Formula
Nutraplus	OL	Urea
Ocusert Pilo 20	AG	Pilocarpine
Ocusert Pilo 40	AG	Pilocarpine

Proprietary Name	Manufacturer	Name
Odorgon	LA	Deodorant Concentrate (C & I)
Ogen .625	AB	Piperazine Oestrone Sulphate
Ogen 1.25	AB	Piperazine Oestrone Sulphate
Omnopon	RO	Papaveretum
Omnopon Scopolamine	RO	Papaveretum with Hyoscine Hydrobromide
Oncovin	LY	Vincristine Sulphate
Op-Site 4963	SN	Dressing Adhesive Membrane (RPBS)
Opticrom	FC	Sodium Cromoglycate
Orabase	SQ	Carmellose Sodium with Pectin and Gelatin (C & I and RPBS)
Oradexon	OR	Dexamethasone
Orahesive	SQ	Carmellose Sodium with Pectin and Gelatin (C & I)
Orbenin	BR	Cloxacillin
Oroxine	BW	Thyroxine Sodium
Ortho-Novum 1/50	JC	Norethisterone with Mestranol
Orudis	MB	Ketoprofen
Orudis SR	MB	Ketoprofen
Orudis SR 200	MB	Ketoprofen
Ospolot	BN	Sulthiame
Ostelin	BT	Ergocalciferol
Ovestin	OR	Oestriol
Ovulen 0.5/50	SR	Ethynodiol Diacetate with Ethinyloestradiol
Ovulen 0.5/50-28	SR	Ethynodiol Diacetate with Ethinyloestradiol
Ovulen 1/50	SR	Ethynodiol Diacetate with Ethinyloestradiol
Ovulen 1/50-28	SR	Ethynodiol Diacetate with Ethinyloestradiol
Panadeine Forte	WL	Codeine Phosphate with Paracetamol
Panafcort	PT	Prednisone
Panafcortelone	PT	Prednisolone
Panamax	WL	Paracetamol
Pancrease	JC	Pancrelipase
Panmycin P	UP	Tetracycline Hydrochloride
Paralgin	FM	Paracetamol
Paraplatin	BC	Carboplatin
Parlodel	SZ	Bromocriptine Mesylate
Parnate	SK	Tranylcypromine Sulphate
Paroven	ZY	Hydroxyethylrutosides (RPBS)
PCL	AU	Paracetamol
Pedi-Derm	NN	Tolnaftate (RPBS)
Pedoz	HA	Tetra-bromo-orthocresol, Undecenoic Acid, Zinc Undecenoate and Zinc Oxide (RPBS)
Peg 7420/7422/7423/7425	BK	Bandage Self Adhesive Elastic (RPBS)
Penbritin	BR	Ampicillin
Penbritin Forte	BR	Ampicillin
Pensig	SI	Phenethicillin
Pensig 125	SI	Phenethicillin
Pensig 250	SI	Phenethicillin
Pepcidine	MK	Famotidine
Pepcidine M	MK	Famotidine
Pergonal	CS	Human Menopausal Gonadotrophin
Periactin	FR	Cyproheptadine Hydrochloride
Pertofran	CG	Desipramine Hydrochloride
Pevaryl	SK	Econazole Nitrate
Pexid	ML	Perhexiline Maleate

Proprietary Name	Manufacturer	Name
Pharmorubicin	FE	Epirubicin Hydrochloride
Phenergan	MB	Promethazine Hydrochloride (RPBS)
Pholcolin Red	AU	Pholcodine (RPBS)
Pholtrate	MG	Pholcodine (RPBS)
Phosphate Sandoz	SZ	Sodium Acid Phosphate
Phospholine Iodide	AY	Ecothiopate Iodide
Physeptone	BW	Methadone Hydrochloride
Pilopt	SI	Pilocarpine Hydrochloride
Pinetarsol	EO	Pine Tar and Triethanolamine Lauryl Sulphate (RPBS)
Pixol	WS	Pine Tar, Coal Tar Solution, Juniper Tar and Phenol (RPBS)
PK AID I	SB	Amino Acid Formula without Phenylalanine
PK AID II	SB	Amino Acid Formula without Phenylalanine
Plaqacide	OB	Chlorhexidine Gluconate (RPBS)
Plaquenil	WL	Hydroxychloroquine Sulphate
Plasma-Lyte 148	BX	Electrolyte Replacement Solution
Platamine	FE	Cisplatin
Plendil	AP	Felodipine
Plesmet	NN	Ferrous Aminoacetosulphate
Pneumovax 23	CS	Pneumococcal Vaccine, Polyvalent
Polybactrin Soluble G.U.	BW	Polymyxin B Sulphate, Zinc Bacitracin and Neomycin Sulphate (RPBS)
Ponstan	PD	Mefenamic Acid
Portagen	MJ	Triglycerides, Medium Chain
Posalfilin	NE	Salicylic Acid and Podophyllin Resin (RPBS)
Pramin	AF	Metoclopramide Hydrochloride
Prantal	SH	Diphemanil Methylsulphate (RPBS)
Prednefrin Forte	AG	Prednisolone Acetate with Phenylephrine Hydrochloride
Predsol	GL	Prednisolone Sodium Phosphate
Prefrin-Z	AG	Zinc Sulphate with Phenylephrine Hydrochloride
Pregestimil	MJ	Triglycerides, Medium Chain
Pregnyl	OR	Human Chorionic Gonadotrophin
Premarin	AY	Oestrogens - Conjugated
Presolol 100	AF	Labetalol Hydrochloride
Presolol 200	AF	Labetalol Hydrochloride
Priadel	PT	Lithium Carbonate
Primobolan	SC	Methenolone Acetate
Primogyn Depot	SC	Oestradiol Valerate
Primolut N	SC	Norethisterone
Primoteston Depot	SC	Testosterone Enanthate
Pro-Banthine	SR	Propantheline Bromide
Procainamide Durules	AP	Procainamide Hydrochloride (RPBS)
Proctosedyl	RL	Hydrocortisone, Cinchocaine Hydrochloride and Aesculin (RPBS)
Profasi 500	CS	Human Chorionic Gonadotrophin
Profasi 1000	CS	Human Chorionic Gonadotrophin
Profasi 2000	CS	Human Chorionic Gonadotrophin
Profasi 5000	CS	Human Chorionic Gonadotrophin
Progout	PT	Allopurinol
Progynova	SC	Oestradiol Valerate
Proladone	BT	Oxycodone
Prominal	WL	Methylphenobarbitone
Pronestyl	SQ	Procainamide Hydrochloride

Proprietary Name	Manufacturer	Name
Pro-Pam	PT	Diazepam
Propine	AG	Dipivefrine Hydrochloride
Prostigmin Injection	RO	Neostigmine Methylsulphate
Prostigmin Tablet	RO	Neostigmine Bromide
Protamine Zinc Insulin MC	CN	Insulin Protamine Zinc
Protaphane HM	CN	Insulin Isophane (N.P.H.)
Protaphane HM Penfill	CN	Insulin Isophane (N.P.H.)
Prothiaden	BT	Dothiepin Hydrochloride
Protostat	JC	Metronidazole
Protran	PT	Chlorpromazine Hydrochloride
Provera	UP	Medroxyprogesterone
Purinethol	BW	Mercaptopurine
P.V. Carpine	AG	Pilocarpine Hydrochloride
PVK	LY	Phenoxymethylpenicillin
Pydox	PT	Pyridoxine Hydrochloride
Pyridium	WW	Phenazopyridine Hydrochloride (RPBS)
Questran Lite	AP	Cholestyramine
Quinate	US	Quinine Sulphate
Quinbisul	AF	Quinine Bisulphate
Quinidex LA	RS	Quinidine Sulphate
Quinidoxin	BW	Quinidine Sulphate
Quinoctal	FM	Quinine Sulphate
Quinsul	AF	Quinine Sulphate
QV Bath Oil	EO	Bath Emollient (RPBS)
Rafen 200	AF	Ibuprofen
Rastinon	HP	Tolbutamide
Renitec	MK	Enalapril Maleate
Renitec 20	MK	Enalapril Maleate
Renitec M	MK	Enalapril Maleate
Repalyte	AU	Electrolyte Replacement (Oral)
Resonium-A	WL	Sodium Polystyrene Sulphonate (RPBS)
Respolin	RK	Salbutamol Sulphate
Resprim	AF	Trimethoprim with Sulphamethoxazole
Resprim Forte	AF	Trimethoprim with Sulphamethoxazole
Reverin	HP	Rolitetracycline
Rheomacrodex	PS	Dextran 40
Rheumacin	PT	Indomethacin
Rhinalar Nasal Mist	SD	Flunisolide (RPBS)
Ridaura	SK	Auranofin
Rikoderm	RK	Bath Emollient (RPBS)
Rimycin 150	AF	Rifampicin
Rimycin 300	AF	Rifampicin
Rivotril	RO	Clonazepam
Roaccutane	RO	Isotretinoin
Rocaltrol	RO	Calcitriol
Rocephin	RO	Ceftriaxone
Rohypnol	RO	Flunitrazepam (RPBS)
Rondomycin	WW	Methacycline Hydrochloride
Rynacrom	FC	Sodium Cromoglycate (RPBS)
Rynacrom	FC	Nasal Insufflator (RPBS)
Rythmodan	RL	Disopyramide

Proprietary Name	Manufacturer	Name
Sacsol	EG	Surgical Cement
Sacsol Non Flammable	EG	Surgical Cement
Salazopyrin	PS	Sulphasalazine
Salazopyrin-EN	PS	Sulphasalazine
Salicylin-P	KY	Salicylic Acid and Podophyllin Resin (RPBS)
Sandocal 1000	SZ	Calcium
Sandomigran	SZ	Pizotifen Malate
Saroten	NS	Amitriptyline Hydrochloride
Savacol Mouth & Throat Rinse	IC	Chlorhexidine Gluconate (RPBS)
Scheriproct	SC	Prednisolone Hexanoate, Cinchocaine Hydrochloride and Clemizole Undecylenate (RPBS)
Scholl	SO	Felt Pad Bunion (RPBS)
Scholl	SO	Felt Pad Callous (RPBS)
Scholl	SO	Felt Pad Corn (RPBS)
Scholl	SO	Lambs Wool (RPBS)
Scholl Tubegauz	SO	Tubular Finger Dressing with Applicator (RPBS)
Sebitar	EO	Salicylic Acid, Coal Tar Solution, Pine Tar and Undecylenamide (RPBS)
Seda-Gel	NN	Choline Salicylate, Cetalkonium Chloride, Menthol, Glycerol and Ethanol (RPBS)
Selsun	AB	Selenium Sulphide (RPBS)
Senagar	SI	Senega and Ammonia (RPBS)
Senamon	AU	Senega and Ammonia (RPBS)
Senokot	RC	Senna Standardised (RPBS)
Septrin	BW	Trimethoprim with Sulphamethoxazole
Septrin Forte	BW	Trimethoprim with Sulphamethoxazole
Sequilar ED	SC	Levonorgestrel with Ethinyloestradiol
Serenace	SR	Haloperidol (PBS & RPBS)
Serepax	WY	Oxazepam
SH420	SC	Norethisterone Acetate
Sigmacort	SI	Hydrocortisone Acetate
Silic 15	EO	Dimethicone and Glycerol (RPBS)
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
Sinemet	MK	Levodopa with Carbidopa
Sinemet 100/25	MK	Levodopa with Carbidopa
Sinemet M	MK	Levodopa with Carbidopa
Sinequan	PF	Doxepin Hydrochloride
Sintisone	FE	Prednisolone Stearoylglycolate
Skin Gel	HO	Isopropyl Monoester Polymer with Isopropyl Alcohol (C & I)
Skin-Prep	SN	Butyl Monoester Polymer with Isopropyl Alcohol (C & I)
Slo-bid	RG	Theophylline
Slow-Fe	CG	Ferrous Sulphate Dried
Slow-K	CG	Potassium Chloride
SN 121054A	SN	Gauze and Cotton Tissue (Combine Roll) (RPBS)

Proprietary Name	Manu-facturer	Name
Sodexol	SC	Aluminium Hydroxide with Magnesium Hydroxide
Sodibic	PT	Sodium Bicarbonate (RPBS)
Sofradex	RL	Dexamethasone with Framycetin Sulphate and Gramicidin
Soframycin	RL	Framycetin Sulphate
Softeze Absorbent Pad Mini 640-0412	BS	Absorbent Napkins (RPBS)
Softeze Absorbent Pad Regular 640-0312	BS	Absorbent Napkins (RPBS)
Softeze Stretch Pants 082-8101/ 082-8201/082-8301	BS	Absorbent Napkins Pants (RPBS)
Soft Guard XL Skin Barrier	SN	Polyisobutylene (C & I)
Solcode	RC	Codeine Phosphate with Aspirin (RPBS)
Solone	FM	Prednisolone
Solprin	RC	Aspirin
Solu-Cortef	UP	Hydrocortisone Sodium Succinate
Solu-Medrol	UP	Methylprednisolone Sodium Succinate
Somophyllin	FC	Aminophylline
Somophyllin CRT	FC	Theophylline
Sone	FM	Prednisone
Sopol	WS	Skin Cleanser (RPBS)
Sotacor	AP	Sotalol Hydrochloride
Span-K	PT	Potassium Chloride
Spray-On Bande	EG	Polyvinylpyrrolidone and Vinyl Acetate Copolymer (C & I)
Spren	SI	Aspirin
Squibb-HC	SQ	Hydrocortisone Acetate
S.R.A.	BT	Aspirin
Staphylex 250	AF	Flucloxacillin
Staphylex 500	AF	Flucloxacillin
Stelazine	SK	Trifluoperazine Hydrochloride
Stemetil	MB	Prochlorperazine
Sterofrin	AQ	Prednisolone Acetate
Stomahesive	SQ	Butyl Monoester Polymer with Ethanol (C & I)
Stomahesive Set	SQ	Polyisobutylene (C & I)
Stoxil	SK	Idoxuridine
Streptase	HP	Streptokinase
Sudafed	BW	Pseudoephedrine Hydrochloride (RPBS)
SunSense Cream 15+	EO	Sunscreens (RPBS)
SunSense Lotion 15+	EO	Sunscreens (RPBS)
SunSense Milk 15+	EO	Sunscreens (RPBS)
Super Banish	SN	Deodorant Concentrate (C & I)
Supres 25	PT	Hydralazine Hydrochloride
Supres 50	PT	Hydralazine Hydrochloride
Surmontil	MB	Trimipramine Maleate
Sustanon "100"	OR	Testosterone Esters
Sustanon "250"	OR	Testosterone Esters
Symmetrel	CG	Amantadine Hydrochloride
Synacthen Depot 0.5	CG	Tetracosactrin
Synacthen Depot 1	CG	Tetracosactrin
Synalar	IC	Fluocinolone Acetonide (RPBS)
Synphasic	SD	Norethisterone with Ethinyloestradiol

Proprietary Name	Manufacturer	Name
Synphasic 21 day	SD	Norethisterone with Ethinyloestradiol
Syntocinon	SZ	Oxytocin
Syntometrine	SZ	Oxytocin with Ergometrine Maleate
Tagamet	SK	Cimetidine
Tambocor	RK	Flecainide Acetate
Tarcil	BR	Ticarcillin
Tears Naturale	AQ	Hypromellose with Dextran
Tears Plus	AG	Polyvinyl Alcohol with Povidone
Tegretol	CG	Carbamazepine
Tegretol 100	CG	Carbamazepine
Tegretol 200	CG	Carbamazepine
Telfa 1961C/2132C	KE	Dressing Non-Adherent Dry Absorbent (RPBS)
Temaze 10	AF	Temazepam
Tenderskin 1596C/ 1914C/2419C/3394.1	KE	Self Adhesive Plaster Hypoallergenic (RPBS)
Tenopt	SI	Timolol Maleate
Tenormin	IC	Atenolol
Teril	AF	Carbamazepine
Terramycin	PF	Oxytetracycline Hydrochloride (RPBS)
Tertroxin	GL	Liothyronine
Tes-Tape	LY	Glucose Indicator - Urine
Testomet	PT	Methyltestosterone
Testoviron	SC	Testosterone Propionate
Tetramykoin	BZ	Tetracycline Hydrochloride
Tetrex	AP	Tetracycline Hydrochloride (Buffered)
Tetrex-F	AP	Tetracycline Hydrochloride with Nystatin
Theo-Dur	AP	Theophylline
Thioprine	AF	Azathioprine
Thiotepa	LE	Thiotepa
Ticarda	HP	Normethadone Hydrochloride and Hydroxyephedrine (RPBS)
Ticillin	CS	Ticarcillin
Tigason	RO	Etretinate
Timentin	BR	Ticarcillin with Clavulanic Acid
Timoptol	FR	Timolol Maleate
Tinaderm	SH	Tolnaftate (RPBS)
Titralac	RK	Calcium Carbonate with Glycine (RPBS)
Tobrex	AQ	Tobramycin
Tofranil	CG	Imipramine Hydrochloride
Tofranil 10	CG	Imipramine Hydrochloride
Tofranil 25	CG	Imipramine Hydrochloride
Tolinase	UP	Tolazamide
Tolvon	OR	Mianserin Hydrochloride
Topilar	SD	Fluclorolone Acetonide (PBS & RPBS)
Torecan	SZ	Thiethylperazine
Trandate	GL	Labetalol Hydrochloride
Transiderm-Nitro 25	CG	Glyceryl Trinitrate
Transiderm-Nitro 50	CG	Glyceryl Trinitrate
Tranxene	GL	Clorazepate Dipotassium (RPBS)
Trasicor	CG	Oxprenolol Hydrochloride
Travogen	SC	Isoconazole Nitrate
Trib	PT	Trimethoprim with Sulphamethoxazole
Trib DS	PT	Trimethoprim with Sulphamethoxazole
Trichozole	PT	Metronidazole
Triphasil	WY	Levonorgestrel with Ethinyloestradiol

Proprietary Name	Manufacturer	Name
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 Hydrochloride
Tubigrip B	BT	Tubular Dressing (RPBS)
Tubigrip C	BT	Tubular Dressing (RPBS)
Tubigrip D	BT	Tubular Dressing (RPBS)
Tubigrip E	BT	Tubular Dressing (RPBS)
Tubigrip F	BT	Tubular Dressing (RPBS)
Ulcol	AF	Sulphasalazine
Ultralan	SC	Fluocortolone Pivalate and Fluocortolone Hexanoate (RPBS)
Ultralan-D	SC	Fluocortolone Esters
Ultralan-D Fatty	SC	Fluocortolone Esters
Ultralente MC	CN	Insulin Zinc Suspension (Crystalline)
Ultraproct	SC	Fluocortolone Pivalate, Fluocortolone Hexanoate, Clemizole Undecylenate and Cinchocaine Hydrochloride (RPBS)
Ultratard HM	CN	Insulin Zinc Suspension (Crystalline)
Ungvita	NS	Vitamin A (RPBS)
Ungvita Cream	NS	Vitamin A, Calamine and Silicone Oil (RPBS)
Uni Derm	SN	Paraffin (C & I)
Uni Salve	SN	Paraffin (C & I)
Unisolve	SN	Surgical Cement
Uni Wash	SN	Lauramine Oxide with Octoxinol (C & I)
Ural Sachets	AB	Sodium Citro-Tartrate
Urecholine	MK	Bethanechol Chloride
Urederm	HA	Urea
Uremide	PT	Frusemide
Urex	FM	Frusemide
Urex-Forte	FM	Frusemide
Urex-M	FM	Frusemide
Uro-Carb	HA	Bethanechol Chloride
Uro-Prep	SA	Butyl Monoester Polymer with Isopropyl Alcohol (C & I)
Urolucosil	WW	Sulphamethizole
Valcote	AB	Semisodium Valproate
Valium	RO	Diazepam
Vancocin	LY	Vancomycin
Vasopressin	SZ	Lypressin
Vaxigrip	MB	Influenza Vaccine
Velbe	LY	Vinblastine Sulphate
Velosulin Human	BW	Insulin Neutral
Velosulin Human Nordisk 2.5mL Insuject (white)	BW	Insulin Neutral
Ventolin	GL	Salbutamol
Ventolin	GL	Salbutamol Sulphate
Ventolin Nebules	GL	Salbutamol Sulphate
Ventolin Rotacaps	GL	Salbutamol Sulphate
Ventolin Rotahaler	GL	Rotahalers (RPBS)

Proprietary Name	Manu-facturer	Name
Veradil	US	Verapamil Hydrochloride
Vermox	JC	Mebendazole (RPBS)
Verpamil	PT	Verapamil Hydrochloride
Verpamil 120	PT	Verapamil Hydrochloride
Vibramycin	PF	Doxycycline
Vibra-Tabs	PF	Doxycycline
Vioform	SI	Clioquinol
Viokase	RS	Pancreatin Enzyme
Vira A	PD	Vidarabine
Viscopaste 4948A	SN	Bandage Zinc Paste (RPBS)
Visken	SZ	Pindolol
Voltaren 25	CG	Diclofenac Sodium
Voltaren 50	CG	Diclofenac Sodium
Volumatic 10359	GL	Inhalation Device (RPBS)
Waxsol	NE	Docusate Sodium (RPBS)
Xylocaine Viscous	AP	Lignocaine Hydrochloride and Carboxymethylcellulose (RPBS)
Xylocard 100	AP	Lignocaine Hydrochloride
Xylocard 500	AP	Lignocaine Hydrochloride
Xyloproct	AP	Hydrocortisone, Lignocaine Hydrochloride, Aluminium Subacetate and Zinc Oxide (RPBS)
Yomesan	BN	Niclosamide
Zantac	GL	Ranitidine Hydrochloride
Zantac Dispersible	GL	Ranitidine Hydrochloride
Zarontin	PD	Ethosuximide
Zincfrin	AQ	Zinc Sulphate with Phenylephrine Hydrochloride
Zoladex Depot	IC	Goserelin
Zovirax	BW	Acyclovir
Zovirax 200mg	BW	Acyclovir
Zovirax 400mg	BW	Acyclovir
Z.S.C.	SI	Zinc Oxide, Starch and Chlorphenesin (RPBS)
Zyloprim	BW	Allopurinol

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
Nebules	Glaxo - Inhalation solutions
Novo	Novo Laboratories - Preparations
Pulvules	Lilly - Capsules
Rox	Rocke Tompsitt - 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	Baxter Healthcare Pty Ltd - Intravenous infusions
Wellcome	Wellcome Australia Limited - Preparations

Pharmaceutical Benefits

DECEMBER 1989 EDITION

PHARMACEUTICAL BENEFITS

Explanatory Circular regarding the December 1989 edition of the Schedule of Pharmaceutical Benefits for Participating Dental Practitioners.

The reprint of the Schedule will take effect 1 December 1989 and all previous editions of the Schedule are cancelled.

The dispensed prices contained in this Schedule reflect the recent decisions of the Pharmaceutical Benefits Remuneration Tribunal to restructure pharmacists' remuneration.

Addition of Form and Strength of Item

Erythromycin, capsule 175mg (Eryc LD)

ALL PREVIOUS EDITIONS CANCELLED

SCHEDULE OF PHARMACEUTICAL BENEFITS

for

DENTAL PRACTITIONERS

OPERATIVE FROM 1 DECEMBER 1989

Department of Community Services and Health
CANBERRA, ACT

M. C. REED, Government Printer, Tasmania

26732

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SECTION 1—EXPLANATORY NOTES

PRESCRIBING OF BENEFITS—PROCEDURE BY DENTISTS

1. Pharmaceutical benefits which may be prescribed by participating dental practitioners are listed in this book.

References in these notes to a dentist or dental practitioner relate to 'participating dental practitioner'.

2. The Schedule of Benefits 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 benefit. In such cases, any listed brand of solvent may be ordered with the item. For clarity, such benefits should be written as one prescription, e.g. 'Ampicillin, Injection 1g with 2mL water for injections'.

3. The Schedule also shows the maximum quantity allowable for each item.

4. A list of extemporaneous formulae appears in Section 3—Prescribers' List.

5. A proprietary name index of ready prepared items is included after Section 3.

6. Symbols used in the Schedule of Benefits are explained on page 1, Section 2.

7. Admixtures of items in this Schedule may not be prescribed as pharmaceutical benefits.

Prescriptions

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

9. Care should be taken to comply with the provisions of State law, in regard to the prescribing of drugs listed as specified or restricted under State legislation.

10. Dentists 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 either on the standard prescription form supplied by the Health Insurance Commission or on paper as near as convenient to 18 cm × 12 cm. The name and address of the dentist plus the DP number (the dental practitioner's number as notified by the Commission) must be shown. 'PBS' is to be endorsed at the top if a standard prescription form is not being used.

(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 address of the patient. Dentists are reminded that full details of the patient's address are required on each prescription.

(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 benefit.

(e) Each prescription must be written legibly.

(f) Date and sign the prescription.

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

12. A prescription is not a valid pharmaceutical benefit prescription if the dentist 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 dentist.

13. Dentists must not write prescriptions for pharmaceutical benefits and non-pharmaceutical benefits on the one form.

Manner of Administration

14. Where a particular manner of administration is indicated in the Schedule, the item may not be prescribed as a pharmaceutical benefit for administration in any other way.

Outline of the Safety Net Scheme

15. Pensioners receive items on the Pharmaceutical Benefits Schedule free.

16. 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. When the 'Safety Net' limit has been reached and an Entitlement Card issued, all subsequent pharmaceutical benefits items will be free for both general and concessional users.

17. Under these arrangements general users will pay up to a maximum agreed price for pharmaceutical benefit prescription drugs costing up to and including $12.00. For prescriptions costing more than $12.00 (or $2.50 in the case of concessional beneficiary prescriptions) the government will continue to pay the balance to the approved pharmacist.

18. 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).

19. An item qualifies for inclusion on the PRF if:—

(a) the item is PBS listed at date of prescribing; and

(b) either

(i) the PBS dispensed price is greater than the relevant patient contribution; or

(ii) the PBS 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 PBS dispensed price plus a surcharge up to a maximum of the patient contribution. Where the above calculation indicates a price less than $5.50 the agreed price is $5.50.

20. Items which may be recorded on the Prescription Record Form must be pharmaceutical benefit items and must be for the maximum quantity at date of prescription. This restriction in relation to quantity does not apply to Schedule 8 drugs, nor where the pharmaceutical benefits price for a lesser quantity equals or exceeds $12.00.

21. An individual or family may keep and use one or more Prescription Record Forms, e.g. family members may all use the same form or use separate forms. There is no requirement for families which do not anticipate reaching the threshold of 25 prescriptions to maintain a Prescription Record Form.

22. Application forms for Pharmaceutical Benefits Entitlement Cards will also be available from approved pharmacies. When the total number of entries on an individual's or family's Prescription Record Form(s) reaches the threshold of 25, the form(s) with the necessary signed declaration, together with a completed application form must be presented to an approved pharmacist who will issue an Entitlement Card.

23. The Pharmaceutical Benefits Entitlement Number which appears on the Entitlement Card must be entered on the pharmaceutical benefits prescription form and a 'cross' entered in the pensioner box on the form. This will permit the persons named on the Entitlement Card to obtain pharmaceutical benefits prescription items free of charge.

24. A Concessional Beneficiary 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.

Maximum Quantities

25. For ready prepared preparations, the allowable maximum quantity is shown in the second column of Section 2. For extemporaneously prepared preparations, the maximum quantity is shown in Section 3—Prescribers' List. DENTISTS MAY NOT PRESCRIBE REPEATS ON A PHARMACEUTICAL BENEFIT PRESCRIPTION.

26. Some prescriptions for pharmaceutical benefits do not completely identify the pharmaceutical benefit, in that the quantity is not clearly stated. For example, 'Max. Qty' is used instead of the actual number (of tablets, capsules, etc.). Dentists are required to completely identify the quantity being prescribed in each case.

27. Where the maximum quantity of an item is marked with a double dagger (‡), the maximum quantity has been determined as a single pack. In such instances, approved pharmacists are required to supply unbroken packs (see page 1, Section 2). These items should be prescribed in the standard pack sizes.

28. For other items it is not necessary to prescribe the maximum quantity if the dentist considers a lesser quantity is sufficient for the patient's needs.

29. The relevant maximum quantity is not to be exceeded.

30. A pharmaceutical benefit may not be supplied to the same person more than once on any one day.

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

31. Under the Pharmaceutical Benefits Scheme, persons holding a valid Pensioner Health Benefits Card or a valid Health Benefits Card, an Entitlement Card or a valid Dependant Treatment Entitlement Card ('Lilac') or a Service Pensioner Benefits Card ('Red') issued by the Department of Veterans' Affairs and their dependants are entitled to receive pharmaceutical benefits free of charge, for other than items for which a special patient contribution is payable. Persons holding a valid Health Care Card or a valid Pharmaceutical Benefits Concession Card and their dependants are entitled to receive pharmaceutical benefits at the concessional patient contribution rate.

32. Prescriptions for holders of a valid Dependant Treatment Entitlement Card ('Lilac') or a Service Pensioner Benefits Card ('Red') issued by the Department of Veterans' Affairs, and their dependants, should be prepared on 'PBS' prescription forms and not on the 'Green' prescription forms supplied under the Repatriation Pharmaceutical Benefits Scheme. It should be noted that the entitlement number on these cards contains fewer digits than those allowed for on the prescription form. The numbers should be entered consecutively from the left.

33. Any person (including a dentist) may enter the relevant information to establish the patient as an eligible pensioner (includes an Entitlement Card holder) or concessional beneficiary in the spaces provided on prescription forms (front or back) supplied by the Commission.

34. The person entering the entitlement information must complete all the relevant details applicable to the patient's entitlement on the prescription. The information to be provided in the appropriate space is:—

(i) the entitlement number appearing on the card, i.e., a ten-character alpha-numeric number (see paragraph 32) (the entitlement number does not identify the type of card or the entitlement category);

(ii) a cross (×) in the appropriate box indicating the type of entitlement card held by the patient. The type of card 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 benefit on an original prescription form, the patient or agent also accepts responsibility for the validity of the entitlement information shown on the prescription.

35. Where prescriptions are written on forms which do not provide space (front or back) for the entry of entitlement information, the dentist should not enter the patient's entitlement information on the prescription form. In these instances 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 (see paragraph 34) to be entered.

Urgent Cases

36. In urgent cases, an approved pharmacist may supply a pharmaceutical benefit before the prescription is surrendered to him, if the dentist communicates the prescription to the approved pharmacist by telephone or other means. *In such cases the dentist must write out the prescription and forward it to the approved pharmacist who made the supply within 24 hours of such communication.* This provision does not apply to prescriptions for supply by an approved pharmacist where the law of the State in which the approved pharmacist's premises are situated requires the prescription to be in writing.

Enquiries

37. Any enquiries regarding the Pharmaceutical Benefits Scheme or requests for publications or stationery should be made to the State Manager, Health Insurance Commission in the capital city of your State.

ADDRESSES—HEALTH INSURANCE COMMISSION

The Health Insurance Commission has responsibility for operational aspects of the Pharmaceutical Benefits Scheme. This responsibility covers the processing of pharmaceutical benefit and safety net claims and Authority applications together with the distribution of stationery used by dental and medical practitioners and pharmacists.

Distribution of the Schedule of Pharmaceutical Benefits is the responsibility of the Department of Community Services and Health.

The postal address for the Health Insurance Commission in all States/Territories is:

Health Insurance Commission
PO Box 9826
IN YOUR CAPITAL CITY

CANBERRA

Manager
Pharmaceutical Benefits Branch
Health Insurance Commission
134 Reed Street
Tuggeranong ACT 2901
General enquiries— **Telephone 93 6333**

NEW SOUTH WALES

Pharmaceutical Services Branch
2nd Floor
Australian Airlines Building
1 Chifley Square
Sydney NSW 2000
Enquiries— **Telephone 224 0518**

Sydney Processing Centre

Level 1
4-16 Yurong Street
East Sydney NSW 2000
General enquiries— **Telephone 361 9311**

Parramatta Processing Centre

Level 2
81 George Street
Parramatta NSW 2124
General enquiries— **Telephone 635 3422**

Gosford Processing Centre

Level 2
107-109 Mann Street
Gosford NSW 2250
General enquiries— **Telephone (043) 23 3011**

VICTORIA

Pharmaceutical Branch
2nd Floor
399 Lonsdale Street
Melbourne Vic. 3000
GPO Box 9848 Melbourne Vic. 3001
Enquiries— **Telephone 604 4000**

Moonee Ponds Processing Centre

694 Mount Alexander Road
Moonee Ponds Vic. 3039
Enquiries— **Telephone 370 1111**

QUEENSLAND

Pharmaceutical Services Branch
232 Adelaide Street
Brisbane Qld 4000
GPO Box 9848 Brisbane Qld 4001
Enquiries— **Telephone 225 0122**

SOUTH AUSTRALIA/NORTHERN TERRITORY

Pharmaceutical Services Branch
Commonwealth Centre
55 Currie Street
Adelaide SA 5000
Enquiries— **Telephone 237 6111**
Northern Territory and outside
Adelaide metropolitan area **Telephone (008) 888 333**

WESTERN AUSTRALIA

Pharmaceutical Benefits Branch
2-6 St George's Terrace
Perth WA 6000
GPO Box M970 Perth WA 6001
Enquiries— **Telephone 323 5864**

TASMANIA

Pharmaceutical Benefits Branch
Kirksway House
6 Kirksway Place
Hobart Tas. 7000
GPO Box 9848 Hobart Tas. 7001
Enquiries— **Telephone 20 5011**

INDEX OF MANUFACTURERS' CODES

Code	*Manufacturer*
AB	Abbott Laboratories Pty Ltd
AF	Alphapharm Pty Ltd
AP	Astra Pharmaceuticals Pty Ltd
BR	Beecham Research Laboratories
BT	The Boots Company (Australia) Pty Ltd
BW	Wellcome Australia Limited
BZ	Boucher & Muir Pty Ltd
CS	Commonwealth Serum Laboratories
FA	F. H. Faulding & Co. Ltd
GL	Glaxo
HP	Hoechst Australia Ltd
JC	Janssen-Cilag Pty Ltd
LE	Lederle Laboratories Division
LY	Eli Lilly (Australia) and Company
MB	May & Baker Pharmaceuticals
PF	Pfizer Pty Ltd
PT	CP Protea
RO	Roche Products Pty Ltd
SI	Sigma Co. Ltd
SQ	E. R. Squibb & Sons Pty Ltd
SR	Searle Laboratories
UP	Upjohn Pty Ltd
WL	Winthrop Laboratories

SECTION 2 - SCHEDULE OF BENEFITS

SYMBOLS USED IN THE SCHEDULE

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

(b) A gauge sign (#) against the price of an item indicates that the product is not preconstituted.

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

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
AMOXYCILLIN					
Tablet 250mg	20	..	8.03	Amoxil	BR
				Moxacin	CS
Dispersible Tablet 3g	1	..	8.08	Amoxil	BR
				Moxacin	CS
Capsule 250mg	20	..	7.11	Alphamox 250	AF
			7.31	Amoxil	BR
				Cilamox	SI
				Ibiamox	PT
				Moxacin	CS
500mg	20	..	10.12	Alphamox 500	AF
			10.32	Amoxil	BR
				Cilamox	SI
				Ibiamox	PT
				Moxacin	CS
Powder for Syrup					
125mg per 5mL, 100mL	≠1	..	#8.55	Ibiamox	PT
			#8.75	Amoxil	BR
				Cilamox	SI
				Moxacin	CS
250mg per 5mL, 100mL	≠1	..	#9.80	Ibiamox	PT
			#10.00	Amoxil Forte	BR
				Cilamox	SI
				Moxacin 250	CS
AMPHOTERICIN					
Lozenge 10mg	20	..	6.20	Fungilin	SQ
Ointment 30mg per g (3%), 15g	≠1	..	6.06	Fungilin	SQ
AMPICILLIN					
Injection 250mg (solvent required)	5	..	8.07	Ampicyn	PT
			8.27	Austrapen	CS
500mg (solvent required)	5	..	9.84	Ampicyn	PT
			10.04	Austrapen	CS
1g (solvent required)	5	..	13.44	Ampicyn	PT
			13.64	Austrapen	CS
ASPIRIN with CODEINE					
Mixture - See Section 3, Prescribers' List					

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
BENZYLPENICILLIN					
Injection 300mg (solvent required)	5	..	9.80	CS	
600mg (solvent required)	5	..	10.70	CS	
3g (solvent required)	5	..	21.10	CS	
CEPHALEXIN					
Capsule 250mg	20	..	7.65	Ibilex 250	AF
			7.85	Ceporex	GL
				Keflex	LY
500mg	20	..	10.40	Ibilex 500	AF
			10.60	Ceporex	GL
				Keflex	LY
Granules for Syrup					
125mg per 5mL, 100mL	≠1	..	#9.65	Ibilex 125	AF
			#9.85	Ceporex	GL
				Keflex	LY
250mg per 5mL, 100mL	≠1	..	#11.65	Ibilex 250	AF
			#11.85	Ceporex	GL
				Keflex	LY
CEPHALOTHIN					
Injection 1g (solvent required)	5	..	19.90	Ceporacin	GL
				Keflin Neutral	LY
2g (solvent required)	1	..	10.34	Keflin Neutral	LY
4g (solvent required)	1	..	16.01	Keflin Neutral	LY
CODEINE PHOSPHATE with ASPIRIN					
Tablet 30mg-325mg	20	..	6.07	Codral Forte	BW
CODEINE PHOSPHATE with PARACETAMOL					
Tablet 30mg-500mg	20	..	6.07	Panadeine Forte	WL
DOXYCYCLINE					
Tablet 100mg	7	..	6.65	Doxylin 100	AF
			6.84	Vibramycin	PF
Capsule 100mg	7	..	6.74	Cyclidox	PT
			6.84	Doryx	FA

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
ERYTHROMYCIN					
Tablet 250mg	25	..	7.16	EMU-V	UP
Capsule 125mg	25	..	6.94	Eryc	FA
175mg	25	..	7.16	Eryc LD	FA
250mg	25	..	7.44	Eryc	FA
				Ilocap	LY
ERYTHROMYCIN ESTOLATE					
Paediatric Oral Drops 100mg (base) per mL, 10mL	≠1	..	6.89	Ilosone	LY
Paediatric Oral Suspension 125mg (base) per 5mL, 100mL	≠1	..	6.89	Ilosone	LY
ERYTHROMYCIN ETHYL SUCCINATE					
Tablet 200mg (base)	25	..	6.94	E.E.S. Dulcet	AB
400mg (base)	25	..	7.44	E.E.S. 400	AB
Granules for Paediatric Oral Suspension 200mg (base) per 5mL, 100mL	≠1	..	#8.95	E.E.S. 200	AB
ERYTHROMYCIN STEARATE					
Tablet 250mg (base)	25	..	7.16	Erythrocin	AB
Capsule 250mg (base)	25	..	7.16	Erythrocin	AB
Paediatric Oral Suspension 125mg (base) per 5mL, 100mL	≠1	..	6.89	Erythrocin	AB
Oral Suspension 250mg (base) per 5mL, 100mL	≠1	..	8.31	Erythrocin	AB
METRONIDAZOLE					
Tablet 200mg	21	..	6.10	Metrogyl 200	AF
				Trichozole	PT
			6.30	Flagyl	MB
				Metrozine	SR
250mg	21	..	6.57	Protostat	JC
NYSTATIN					
Tablet 500,000 units	25	..	7.97	Mycostatin	SQ
				Nilstat	LE
Lozenge 100,000 units	20	..	6.20	Nilstat	LE

(continued)

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
NYSTATIN - cont.					
Oral Suspension					
100,000 units per mL, 24mL	≠1	..	6.48	Mycostatin	SQ
				Nilstat	LE
PARACETAMOL					
Mixture 120mg per 5mL, 100mL	≠1	..	6.56	Dymadon	BW
				Panamax	WL
PHENETHICILLIN					
Tablet 250mg	25	..	7.32	Pensig	SI
Capsule 250mg	25	..	7.32	Pensig	SI
500mg	25	..	8.00	Pensig	SI
Powder for Syrup					
125mg per 5mL, 100mL	≠1	..	#7.99	Pensig 125	SI
250mg per 5mL, 100mL	≠1	..	#8.60	Pensig 250	SI
PHENOXYMETHYLPENICILLIN					
Tablet 125mg	25	..	6.76	Abbocillin-V	AB
250mg	25	..	6.89	Abbocillin-VK	AB
				Cilicaine VK	SI
				LPV	CS
				PVK	LY
500mg	25	..	7.73	Abbocillin-VK	AB
				PVK	LY
Capsule 250mg	25	..	6.89	Abbocillin-VK	AB
				Cilicaine VK	SI
				LPV	CS
				PVK	LY
500mg	25	..	7.73	Cilicaine VK	SI
				LPV	CS
Paediatric Oral Suspension					
125mg per 5mL, 100mL	≠1	..	6.19	Abbocillin-V	AB
				Cilicaine V	SI
				LPV 125	CS
Oral Suspension					
250mg per 5mL, 100mL	≠1	..	7.26	Abbocillin-V	AB
				Cilicaine V	SI
				LPV 250	CS

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer
PROCAINE PENICILLIN				
Injection 1g	5	..	24.20	Cilicaine SI
1.5g	5	..	25.20	Cilicaine SI
TETRACYCLINE HYDROCHLORIDE				
Capsule 250mg	25	..	6.31	Achromycin LE Panmycin P UP Tetramykoin BZ(N)
TETRACYCLINE HYDROCHLORIDE (BUFFERED)				
Capsule 250mg	25	..	6.31	Achromycin V LE Austramycin-V CS Hostacycline P HP Hydracycline FM Mysteclin-250 SQ Tetrex AP
TRIMETHOPRIM with SULPHAMETHOXAZOLE				
Tablet 80mg-400mg	10	..	6.40	Bactrim RO Resprim AF Septrin BW Trib PT
160mg-800mg	10	..	7.90	Bactrim DS RO Resprim Forte AF Septrin Forte BW Trib DS PT
Oral Suspension				
40mg-200mg per 5mL, 100mL	≠1	..	7.45	Bactrim RO Resprim AF Septrin BW Trib PT
WATER FOR INJECTIONS (For use only with an injectible benefit which requires a solvent)				
Injection 2mL	5	..	5.46	AP,BT,BZ
5mL	5	..	5.57	AP,BT,BZ
10mL	5	..	5.74	AP,BT,BZ

SECTION 3—PRESCRIBERS' LIST

PRESCRIPTION

MIXTURE

(Maximum Quantity 200mL, No Repeats)

ASPIRIN with CODEINE

Codeine Phosphate	30	mg
Aspirin	500	mg
Compound Tragacanth Powder	250	mg
Orange Syrup	1	mL
Concentrated Chloroform Water	0.25	mL
Purified Water to	10	mL

Proprietary Name	Manufacturer	Name
Abbocillin-V	AB	Phenoxymethylpenicillin
Abbocillin-VK	AB	Phenoxymethylpenicillin
Achromycin	LE	Tetracycline Hydrochloride
Achromycin V	LE	Tetracycline Hydrochloride (Buffered)
Alphamox 250	AF	Amoxycillin
Alphamox 500	AF	Amoxycillin
Amoxil	BR	Amoxycillin
Amoxil Forte	BR	Amoxycillin
Ampicyn	PT	Ampicillin
Austramycin-V	CS	Tetracycline Hydrochloride (Buffered)
Austrapen	CS	Ampicillin
Bactrim	RO	Trimethoprim with Sulphamethoxazole
Bactrim DS	RO	Trimethoprim with Sulphamethoxazole
Ceporacin	GL	Cephalothin
Ceporex	GL	Cephalexin
Cilamox	SI	Amoxycillin
Cilicaine	SI	Procaine Penicillin
Cilicaine V	SI	Phenoxymethylpenicillin
Cilicaine VK	SI	Phenoxymethylpenicillin
Codral Forte	BW	Codeine Phosphate with Aspirin
Cyclidox	PT	Doxycycline
Doryx	FA	Doxycycline
Doxylin 100	AF	Doxycycline
Dymadon	BW	Paracetamol
E.E.S. 200	AB	Erythromycin Ethyl Succinate
E.E.S. 400	AB	Erythromycin Ethyl Succinate
E.E.S. Dulcet	AB	Erythromycin Ethyl Succinate
EMU-V	UP	Erythromycin
Eryc	FA	Erythromycin
Eryc LD	FA	Erythromycin
Erythrocin	AB	Erythromycin Stearate
Flagyl	MB	Metronidazole
Fungilin	SQ	Amphotericin
Hostacycline P	HP	Tetracycline Hydrochloride (Buffered)
Hydracycline	FM	Tetracycline Hydrochloride (Buffered)
Ibiamox	PT	Amoxycillin
Ibilex 125	AF	Cephalexin
Ibilex 250	AF	Cephalexin
Ibilex 500	AF	Cephalexin
Ilocap	LY	Erythromycin
Ilosone	LY	Erythromycin Estolate
Keflex	LY	Cephalexin
Keflin Neutral	LY	Cephalothin
LPV	CS	Phenoxymethylpenicillin
LPV 125	CS	Phenoxymethylpenicillin
LPV 250	CS	Phenoxymethylpenicillin

Proprietary Name	Manufacturer	Name
Metrogyl 200	AF	Metronidazole
Metrozine	SR	Metronidazole
Moxacin	CS	Amoxycillin
Moxacin 250	CS	Amoxycillin
Mycostatin	SQ	Nystatin
Mysteclin-250	SQ	Tetracycline Hydrochloride (Buffered)
Nilstat	LE	Nystatin
Panadeine Forte	WL	Codeine Phosphate with Paracetamol
Panamax	WL	Paracetamol
Panmycin P	UP	Tetracycline
Penbritin	BR	Ampicillin
Pensig	SI	Phenethicillin
Pensig 125	SI	Phenethicillin
Pensig 250	SI	Phenethicillin
Protostat	JC	Metronidazole
PVK	LY	Phenoxymethylpenicillin
Resprim	AF	Trimethoprim with Sulphamethoxazole
Resprim Forte	AF	Trimethoprim with Sulphamethoxazole
Septrin	BW	Trimethoprim with Sulphamethoxazole
Septrin Forte	BW	Trimethoprim with Sulphamethoxazole
Tetramykoin	BZ	Tetracycline Hydrochloride
Tetrex	AP	Tetracycline Hydrochloride (Buffered)
Trib	PT	Trimethoprim with Sulphamethoxazole
Trib DS	PT	Trimethoprim with Sulphamethoxazole
Trichozole	PT	Metronidazole
Vibramycin	PF	Doxycycline

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.

Dulcets	Abbott A'asia - Chewable tablets
Filmtabs	Abbott A'asia - Coated tablets
Pulvules	Lilly - Capsules

Pharmaceutical Benefits

DECEMBER 1989

LATE AMENDMENT

NEW ITEMS

The following items will be available as pharmaceutical benefits as from 1 December 1989.

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
LEVODOPA with BENSERAZIDE					
Authority required. Parkinson's disease where fluctuations in motor function are not adequately controlled by frequent dosing with conventional formulations of levodopa with decarboxylase inhibitor.					
Capsule 100mg-25mg (sustained release)	100	5	36.20	Madopar HBS	RO
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.					
Capsule 100mg (containing sustained release pellets)	100	5	9.59	Austyn	FA
Capsule 200mg (containing sustained release pellets)	100	5	10.66	Austyn	FA
Capsule 300mg (containing sustained release pellets)	100	5	11.74	Austyn	FA

PHARMACEUTICAL BENEFITS

Explanatory Circular regarding the December 1989 edition of the Schedule of Pharmaceutical Benefits for Medical Practitioners.

The reprint of the Schedule will take effect on 1 December 1989 and all previous editions of the Schedule are cancelled.

The dispensed prices contained in this Schedule reflect the recent decision of the Pharmaceutical Benefits Remuneration Tribunal to restructure pharmacists' remuneration.

SUMMARY OF CHANGES

ADDITIONS

New Items

Section 1

Emergency Drug (Doctor's Bag) Supplies

Glucagon Hydrochloride, injection set containing 1mg (1 i.u.) and 1mL solvent in disposable syringe

Section 2

Mesalazine, tablet 250mg *(Mesasal)*

Ticarcillin with Clavulanic Acid, injection 3g-100mg (solvent required) *(Timentin)*

New Forms and Strengths of Items

Section 2

Cholestyramine, sachets 9.4g (equivalent to 8g cholestyramine), 50 *(Questran Lite)*

Ranitidine Hydrochloride, dispersible tablet 150mg (base) *(Zantac Dispersible)*

DELETIONS

Items

Emergency Drug (Doctor's Bag) Supplies

Lignocaine Hydrochloride, injection I.M. (pre-filled syringe) 300mg in 3mL

Section 2

Insulin Biphasic, injection (mixed porcine/bovine) 100 units per mL, 10mL *(Rapitard MC)*

Insulin Zinc Suspension (Amorphous) (Semilente), injection (porcine) 100 units per mL, 10mL *(Semilente MC)*

Vasopressin Tannate, oily injection 5 units in 1mL *(Pitressin Tannate)*

Section 4

Crystal Violet BP 1980
Testosterone BP

Forms and Strengths of Items

Choline Theophyllinate, tablet 100mg *(Choledyl)*
Ergotamine Tartrate, tablet 1mg *(Lingraine)*
Hydrocortisone, eye drops 25mg per mL (2.5%), 5mL *(Hycor)*
Insulin, Acid, injection (bovine) 300 units per mL, 5mL *(CN)*
Insulin Isophane (N.P.H.), injection (porcine) 100 units per mL, 10mL *(Insulatard Nordisk, Protaphane MC)*
Insulin Isophane (N.P.H.)—Insulin Neutral, (Mixed), injection (porcine) 100 units (50 units-50 units) per mL, 10mL *(Initard Nordisk)* and injection (porcine) 100 units (70 units-30 units) per mL, 10mL *(Actraphane MC, Mixtard Nordisk)*
Insulin Neutral, injection (porcine) 100 units per mL, 10mL *(Actrapid MC, Velosulin Nordisk)* and injections (porcine) 100 units per mL, 2mL, 5 *(Velosulin Nordisk Insuject)*
Insulin Zinc Suspension (Lente), injection (porcine) 100 units per mL, 10mL *(Monotard MC)*
Lignocaine Hydrochloride, injection I.M. 300mg in 3mL *(Xylocard 300 I.M.)*
Methotrexate, injection 50mg (solvent required) *(Ledertrexate)*
Sodium Valproate, oral liquid 200mg per 5mL, 200mL *(Epilim Liquid)* and syrup 200mg per 5mL, 200mL *(Epilim Syrup)* (300mL packs for each item became available as pharmaceutical benefits on 1 April 1989.)

Brands

Section 2

Almacarb (**Aluminium Hydroxide and Magnesium Carbonate Co-Dried Gel,** tablet 375mg)
Alusorb (**Aluminium Hydroxide,** oral suspension 321mg per 5mL, 500mL)
Alucone (**Aluminium Hydroxide with Magnesium Hydroxide,** oral suspension 200mg-200mg per 5mL, 500mL)
AU—**Colchicine,** tablet 500 micrograms
AU—**Folic Acid,** tablet 500 micrograms
Esidrex 25 (**Hydrochlorothiazide,** tablet 25mg)
Esidrex 50 (**Hydrochlorothiazide,** tablet 50mg)
Dermacort "O" (**Hydrocortisone Acetate,** topical ointment 10mg per g (1%), 30g)
Carbolith (**Lithium Carbonate,** tablet 250mg)
Methopa (**Methyldopa,** tablet 250mg)
AU, FM—**Phenobarbitone,** tablet 30mg
AU—**Pyridoxine Hydrochloride,** tablet 25mg
Cardoquin (**Quinidine Sulphate,** tablet 200mg)
Betatabs-100 (**Thiamine Hydrochloride,** tablet 100mg)
SI—**Water for Injections,** injections 2mL, 5mL and 10mL

ALTERATIONS

Section 2

Restriction Changes

Beclomethasone Dipropionate, oral pressurised inhalation, 250 micrograms per dose (200 dose) *(Becloforte)*

Bisacodyl, tablet 5mg *(Bisalax)* and suppositories 10mg, 10 *(Durolax)*

Cyproterone Acetate, tablet 50mg *(Androcur)*

Dexamphetamine Sulphate, tablet 5mg *(SI)*

Docusate Sodium with Bisacodyl, suppositories 100mg-10mg, 5 *(Coloxyl)*

Misoprostol, tablet 200 micrograms *(Cytotec)*

Sterculia with Frangula Bark, granules 473mg-83mg per g (47.3%-8.3%), 250g *(Granocol)*

Maximum Quantity

	From	*To*
Acyclovir, tablet 400mg *(Zovirax 400mg)*	70	≠1 (Pack of 70)
Medroxyprogesterone, injection 500mg in 2.5mL *(Farlutal)*	1	7
Probucol, tablet 250mg *(Lurselle)*	112	120

Number of Repeats

Section 2	*From*	*To*
Antazoline with Naphazoline, eye drops 5mg (sulphate)-250 micrograms (nitrate) per mL (0.5%-0.025%), 10mL *(Antistine-Privine)* and eye drops 5mg (phosphate)-500 micrograms (hydrochloride) per mL (0.5%-0.05%), 15mL *(Albalon-A)*	2	5
Dipivefrine Hydrochloride, eye drops 1mg per mL (0.1%), 10mL *(Propine)*	6	5
Ecothiopate Iodide, eye drops 300 micrograms per mL (0.03%), 1.5mg and 5mL solvent; 600 micrograms per mL (0.06%), 3mg and 5mL solvent; 1.25mg per mL (0.125%), 6.25mg and 5mL solvent and 2.5mg per mL (0.25%), 12.5mg and 5mL solvent *(Phospholine Iodide)*	6	5
Fluorometholone, eye drops 1mg per mL (0.1%), 5mL *(Flucon, FML Liquifilm)*	6	5
Hydrocortisone, eye drops 5mg per mL (0.5%), 10mL and 10mg per mL (1%), 10mL *(Hycor)*	2	5
Medrysone, eye drops 10mg per mL (1%), 5mL *(HMS Liquifilm)*	6	5

Number of Repeats (cont.)

	From	*To*
Naphazoline Hydrochloride, eye drops 1mg per mL (0.1%), 15mL *(Albalon Liquifilm)*	2	5
Phenylephrine Hydrochloride, eye drops 1.2mg per mL (0.12%), 15mL *(Isopto Frin)*	2	5
Prednisolone Acetate, eye drops 5mg per mL (0.5%), 5mL *(Sterofrin)*	6	2
Prednisolone Sodium Phosphate, eye and ear drops 5mg per mL (0.5%), 5mL *(Predsol)*	6	2
Timolol Maleate, eye drops 2.5mg (base) per mL (0.25%), 5mL and 5mg (base) per mL (0.5%), 5mL *(Tenopt, Timoptol)*	6	5
Zinc Sulphate with Phenylephrine Hydrochloride, eye drops 2.5mg-1.2mg per mL (0.25%-0.12%), 15mL *(Prefrin-Z, Zincfrin)*	2	5
Section 4		
Eye Drops of Pilocarpine	6	5
Eye Drops, Other	6	5
Eye Lotions	1	2

Expression of Form and Strength

From	*To*
Acetylcysteine, solution 200mg per mL (20%), 10mL *(Mucomyst)*	**Acetylcysteine,** solution for inhalation 200mg per mL (20%), 10mL *(Mucomyst)*
Cholestyramine, sachets 9g (equivalent to 4g cholestyramine), 50 *(Questran)*	**Cholestyramine,** sachets 4.7g (equivalent to 4g cholestyramine), 50 *(Questran Lite)*

Pack Size

From	*To*
Ergotamine Tartrate with Caffeine, Itobarbitone and Belladonna Alkaloids, suppositories 2mg-100mg-100mg-250 micrograms, 6 *(Cafergot PB)*	**Ergotamine Tartrate with Caffeine, Itobarbitone and Belladonna Alkaloids,** suppositories 2mg-100mg-100mg-250 micrograms, 5 *(Cafergot PB)*

Manufacturers' Codes
Section 2

	From	*To*
Aspirin, tablet 325mg (buffered) *(Bufferin)*	*AP*	*BC*
Surgical Cement, skin bond adhesive 118mL and solvent 227mL	*DY*	*SN*
Section 3		
Butyl Monoester Polymer with Isopropyl Alcohol, protective dressing aerosol 120g, solution 59mL and wipes, 50 *(Skin-Prep)*	*DY*	*SN*
Deodorant Concentrate, liquid 7.5mL *(Super Banish)* and 15mL *(Banish)*	*DY*	*SN*
Lauramine Oxide with Octoxinol, compound cleansing solution 80mg-10mg per g (8%-1%), 240mL *(Uni Wash)*	*DY*	*SN*
Paraffin, compound cream 85g *(Uni Derm)* and compound ointment 70g *(Uni Salve)*	*DY*	*SN*
Polyisobutylene, compound adhesive wafers, 5 *(Soft Guard XL Skin Barrier)*	*DY*	*SN*
Sterculia (Indian Tragacanth; Gum Karaya), powder 71g	*DY*	*SN*

NOTES

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

Cimetidine
Famotidine
Misoprostol
Ranitidine Hydrochloride

ADVANCE NOTICES

DELETIONS

Items

The items listed below will be deleted from the Schedule of Pharmaceutical Benefits from **1 April 1990.**

Items being discontinued by the manufacturers:

Ambenonium Chloride, tablet 10mg *(Mytelase)*
Choline Theophyllinate, syrup 50mg per 5mL, 500mL *(Choledyl)*
Lindane, cream 10mg per g (1%), 200g and head lotion 2mg per mL (0.2%), 200mL *(Lorexane)*
Phenylephrine Hydrochloride, compound suppositories, 12 *(Hemorex)*
Pneumococcal Vaccine, Polyvalent, injection 0.5mL (17 valent) *(Moniarix)*
Polymyxin B Sulphate with Bacitracin and Neomycin Sulphate, ear drops 10,000 units-500 units-5mg per mL, 15mL *(Neotracin)*

Items being deleted at the request of the manufacturer:

Neostigmine Methylsulphate, injections 500 micrograms in 1mL and 2.5mg in 1mL *(Prostigmin)*
Papaveretum, injection 20mg in 1mL *(Omnopon)*
Papaveretum with Hyoscine Hydrobromide, injection 20mg-400 micrograms in 1mL *(Omnopon-Scopolamine)*
Phytomenadione, injections 1mg and 10mg *(Konakion)*

The following item, on the recommendation of the Pharmaceutical Benefits Advisory Committee, will be deleted from the Schedule of Pharmaceutical Benefits from **1 April 1990:**

Ergotamine Tartrate with Caffeine, tablet 1mg-100mg *(Cafergot)* (The PBAC is of the view there is a lack of data to support that this combination offers any advantage over ergotamine tartrate alone)

The following items, on the recommendation of the Pharmaceutical Benefits Advisory Committee, will be deleted from the Schedule of Pharmaceutical Benefits from **1 August 1990:**

Chloral Hydrate, capsule 500mg *(Noctec)* and mixture 250mg per 5mL, 200mL *(Dormel)* (Deletion recommended by the PBAC due to the drug's adverse effects such as cardiac arrhythmias and gastric irritation, its low therapeutic index and rapid development of dependence)
Nicotinic Acid, tablets 25mg *(Nikacid, AU)* and 50mg *(Nikacid, AU, RT, SI)* (The PBAC is of the view that there is a lack of evidence of the efficacy of such low doses in hyperlipidaemia)
Pethidine Hydrochloride, tablet 50mg *(SI)* (The PBAC has received expert advice that the use of oral pethidine hydrochloride should be discouraged and preference given to more effective analgesics)
Tetracycline Hydrochloride with Nystatin, capsule 250mg-250,000 units *(Achrostatin, Mysteclin-V, Tetrex-F)* (The PBAC is of the view that there is a lack of data to support the contention that this combination offers any advantage over tetracycline hydrochloride alone)

DELETIONS

Brands

The following brands will be deleted from the Schedule of Pharmaceutical Benefits from **1 April 1990.**

Brands being discontinued by the manufacturers:

CS—**Heparin Calcium,** injection 25,000 units in 1mL
Imiprin **(Imipramine Hydrochloride,** tablet 10mg)
Trib **(Trimethoprim with Sulphamethoxazole,** tablet 80mg-400mg)

NOTE

The following pharmaceutical benefits which were not included in the August 1989 reprint of the Schedule were listed on the dates shown:

1 August 1989
Ammonium Chloride, tablet 500mg *(FM)*

1 October 1989
Hydrocortisone, cream 10mg per g (1%), 50g *(Egocort)*

All Previous Editions Cancelled

SCHEDULE OF PHARMACEUTICAL BENEFITS

for

MEDICAL PRACTITIONERS

OPERATIVE FROM 1 DECEMBER 1989

Department of Community Services and Health
CANBERRA ACT

M. C. REED, Government Printer, Tasmania

26292(B)

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SECTION 1—EXPLANATORY NOTES

PRESCRIBING OF PHARMACEUTICAL BENEFITS PROCEDURE FOR MEDICAL PRACTITIONERS

1. Pharmaceutical benefits which may be prescribed by medical practitioners are listed in this book.

2. Ready prepared items are listed in Sections 2 and 3 of the Schedule of Benefits. Restrictions apply to the prescribing of some items in Section 2 and all the items in Section 3. Further details may be found in these notes—paragraphs 33-34.

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 listed brand of solvent may be ordered with the item. For clarity, such benefits should be written as one prescription, e.g. 'Ampicillin, Injection 1g with 2mL water for injections'.

4. The Schedule also shows the maximum quantity and the number of repeats allowable for each item. Further details may be found in these notes—paragraphs 35-46.

5. The drugs which may be used in extemporaneous preparations are listed in Section 4. Where a restriction applies to the use of a drug listed in this Section it is indicated against the item.

6. Formulae in common use are listed in Section 5—Prescribers' List.

7. A proprietary name index of PBS and RPBS ready prepared items is included after the RPBS Schedule of Pharmaceutical Benefits.

8. Symbols used in the Schedule are explained on page 2, Section 2.

9. 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 of the Schedule.

Explanatory and Warning Statements

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

11. The use of 'Caution' in Section 2 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.

Prescriptions

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

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

14. With regard to DRUGS OF ADDICTION, notification or approval of the appropriate State Health Authority or officer is required in all States for therapeutic use for a period exceeding two months (four weeks in Victoria, 30 days in Western Australia). Prior approval of the appropriate State Health Authority or officer is required in all States for the treatment of DRUG DEPENDENT PERSONS with ANY DRUG OF ADDICTION.

15. Medical 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 General Manager, Health Insurance Commission otherwise record the prescription) either on the standard prescription form supplied by the Commission or on paper as near as convenient to 18 cm × 12 cm. The name and address of the medical practitioner must be shown and 'PBS' endorsed on the form;

(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 address of the patient. Medical practitioners are reminded that full details of the patient's address are required on each PBS prescription;

(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) in the case of pharmaceutical benefits which are restricted in use, the prescription must be prescribed in accordance with the restrictions;

(f) if the benefit is a single drug, the manner of administration must be indicated;

(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 own handwriting with the words 'Regulation 24'. Further details are available in paragraphs 45-46;

(h) where the words 'solvent required' are included after the form of a benefit, the medical practitioner must specify the volume and number of ampoules of solvent to be supplied;

(i) date and sign the prescription.

16. A medical practitioner may write up to three pharmaceutical benefit prescriptions on a single prescription form. Each prescription must be written legibly.

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

18. A prescription is not a valid pharmaceutical benefit prescription if the medical practitioner:—

(a) prescribes on the one form a benefit that is a drug of addiction and another benefit and directs that the supply of either benefit is to be repeated. If no repeats of either item are ordered, the prescription may be accepted; or

(b) prescribes a narcotic drug for the medical practitioner writing the prescription.

19. Where a medical practitioner writes a prescription for a pharmaceutical benefit, a formulation of which is available as a ready prepared pharmaceutical benefit and does not specify a brand, payment to the approved pharmacist 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 pharmaceutical benefits (i.e. listed in Section 4).

20. Where, in a prescription for a pharmaceutical benefit which is not listed as a ready prepared pharmaceutical benefit, a medical practitioner states a monograph title of a formulation but does not specify a formulary, payment to the approved pharmacist is made on the basis of the formula, if any, specified in the Prescribers' List (Section 5). Should there be no formula specified in the Prescribers' List, payment to the approved pharmacist is made on the basis of the precedence of formularies accorded by State legislation.

21. Medical practitioners must not write prescriptions for pharmaceutical benefits and non-pharmaceutical benefits on the one form. Where the prescription is for a restricted benefit and the patient is not suffering from one of the allowable conditions the medical practitioner should write the prescription on a private prescription form, or if he does use a PBS standard prescription form, delete PBS from the top of the form.

Manner of Administration

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

Outline of the Safety Net Scheme

23. Pensioners receive items on the Pharmaceutical Benefits Schedule free (except for very few items where a special patient contribution applies).

24. 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. When the 'Safety Net' limit has been reached and an Entitlement Card issued, 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).

25. Under these arrangements general users will pay up to a maximum agreed price for pharmaceutical benefit prescription drugs costing up to and including $12.00. For prescriptions costing more than $12.00 (or $2.50 in the case of concessional beneficiary prescriptions) the government will continue to pay the balance to the approved pharmacist.

26. 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).

27. An item qualifies for inclusion on the PRF if:—

(a) the item is PBS listed and satisfies the relevant restrictions (e.g. diseases or conditions) at date of prescribing; and

(b) either

(i) the PBS dispensed price is greater than the relevant patient contribution; or

(ii) the PBS 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 PBS dispensed price plus a surcharge up to a maximum of the patient contribution. Where the above calculation indicates a price less than $5.50 the agreed price is $5.50.

28. Items which may be recorded on the Prescription Record Form must be pharmaceutical benefit items, and must be for pharmaceutical benefit maximum quantity at date of prescription. This restriction in relation to quantity does not apply to Schedule 8 drugs, nor where the pharmaceutical benefits price for a lesser quantity exceeds $12.00.

29. An individual or family may keep and use one or more Prescription Record Forms, e.g. family members may all use the same form or use separate forms. There is no requirement for families which do not anticipate reaching the threshold of 25 prescriptions to maintain a Prescription Record Form.

30. Application forms for Pharmaceutical Benefits Entitlement Cards will also be available from approved pharmacies. When the total number of entries on an individual's or family's Prescription Record Form(s) reaches the threshold of 25, the form(s) with the necessary signed declaration, together with a completed application form must be presented to an approved pharmacist who will issue an Entitlement Card.

31. The Pharmaceutical Benefits Entitlement Number which appears on the Entitlement Card must be entered on the pharmaceutical benefits prescription form and a 'cross' entered in the pensioner box on the form. This will permit the persons named on the Entitlement Card to obtain pharmaceutical benefits prescription items free of charge, except when a special patient contribution applies.

32. A Concessional Beneficiary 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.

Restrictions

33. Certain pharmaceutical benefits may only be prescribed for a particular class of person, for a specified purpose, disease or condition, and, where specified with the written authority of the State Manager, Health Insurance Commission in the State concerned. Full particulars of these items and their restrictions are printed in red in Sections 2 and 3 of the Schedule. It is not necessary for the patient's condition to be identified on the prescription.

34. Pharmaceutical benefits which are available for use for colostomy and ileostomy conditions as well as pharmaceutical benefits which are available for use by paraplegic and quadriplegic patients are listed in Section 3 of the Schedule.

Maximum Quantities and Repeats

35. For ready prepared preparations, the allowable maximum quantity and number of repeats are shown in the second and third columns of Sections 2 and 3. For extemporaneously prepared preparations, details are set out in the Table of Maximum Quantities and Repeats.

36. 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 write 'Max. Qty' or 'M.Q.' instead of the actual number (of tablets, capsules, etc.); or write 'M.R.' or the like instead of stating the number of repeats required. Medical practitioners are required to completely identify the quantity being prescribed and the number of repeats by specifying the actual number in each case.

37. Where the maximum quantity of an item is marked with a double dagger (‡), the maximum quantity has been determined as a single pack. In such instances, approved pharmacists are required to supply unbroken packs (see page 2, Section 2). These items should be prescribed in the standard pack sizes. For any item where a maximum quantity greater than 1 is marked with a double dagger (‡), that maximum quantity should be prescribed.

38. For other items it is not necessary to prescribe the maximum quantity either for the original or for a repeat supply, if the medical practitioner considers a lesser quantity is sufficient for the patient's needs.

39. If a medical practitioner requires a prescription to be repeated, the quantity to be supplied and the number of repeats must be shown. It is not necessary for the maximum quantity to be ordered before the supply can be repeated. Repeats may be for any quantity up to the maximum, irrespective of whether the original supply is for an equal, greater or lesser quantity.

40. The relevant maximum quantity and number of repeats are not to be exceeded, unless the prescription has the written authority from the State Manager, Health Insurance Commission (see paragraphs 42-44).

41. Normally the maximum quantity and number of repeats for pharmaceutical benefit items are those recommended by the Pharmaceutical Benefits Advisory Committee (PBAC). For the treatment of an acute condition the PBAC recommends a maximum quantity which will provide sufficient medication for the treatment of the condition. For the treatment of chronic conditions the PBAC recommends a quantity made up of the original prescription and repeats, at normal dosage levels for up to six months' treatment.

42. Special provisions also exist to assist chronically ill patients who require large 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 State Manager, Health Insurance Commission in the relevant State for authority to prescribe a quantity in excess of the listed maximum quantity and/or number of repeats.

43. Under these provisions (except where otherwise stated in Section 2) a quantity made up of the original prescription and repeats, sufficient for approximately six months' treatment at the higher dosage levels may be authorised.

44. For drugs which require the written authority of the State Manager, the provisions of paragraphs 41-43 apply.

Regulation 24

45. 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 the repeat supplies of a benefit ordered in a prescription be supplied at the one time, provided the medical practitioner is satisfied that all of the following circumstances apply—

(a) the maximum quantity specified for the benefit is insufficient for the medical treatment of the person for whom it is prescribed;

(b) that person is suffering from a chronic illness or is resident in a place remote from the nearest approved pharmacist; and

(c) that person, without great hardship, could not obtain the pharmaceutical benefit on separate occasions.

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

46. Where a prescription is endorsed 'Regulation 24' the dispensing approved pharmacist should charge the applicable patient contribution 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 orders two repeats, three applicable patient contributions, plus three special patient contributions if applicable, would be charged to a patient other than a person issued with a valid Pensioner Health Benefits Card, a valid Health Benefits Card, an Entitlement Card or a 'Lilac' Entitlement Card issued by the Department of Veterans' Affairs or their dependants (see paragraph 47).

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

47. Under the Pharmaceutical Benefits Scheme, persons holding a valid Pensioner Health Benefits Card or a valid Health Benefits Card, an Entitlement Card or a valid Dependant Treatment Entitlement Card ('Lilac') or a Service Pensioner Benefits Card ('Red') issued by the Department of Veterans Affairs' and their dependants are entitled to receive pharmaceutical benefits free of charge, for other than items for which a special patient contribution is payable. Persons holding a valid Health Care Card or a valid Pharmaceutical Benefits Concession Card and their dependants are entitled to receive pharmaceutical benefits at the concessional patient contribution rate, plus the special patient contribution if applicable.

48. Prescriptions for holders of a valid Dependant Treatment Entitlement Card ('Lilac') or a Service Pensioner Benefits Card ('Red') issued by the Department of Veterans' Affairs, and their dependants, should be prepared on 'PBS' prescription forms and not on the 'green' prescription forms supplied under the Repatriation Pharmaceutical Benefits Scheme. It should be noted that the entitlement number on these cards contains fewer digits than those allowed for on the prescription form. The numbers should be entered consecutively from the left.

49. Any person (including a medical practitioner) may enter the relevant information to establish the patient as an eligible pensioner (includes an Entitlement Card holder) or concessional beneficiary in the spaces provided on prescription forms (front or back) supplied by the Department.

50. The person entering the entitlement information must complete all the relevant details applicable to the patient's entitlement on the prescription. The information to be provided in the appropriate space is:—

(a) the entitlement number appearing on the card, i.e., a ten-character alpha-numeric number (see also paragraph 48) (the entitlement number does not identify the type of card or the entitlement category);

(b) a cross (×) in the appropriate box indicating the type of entitlement card held by the patient. The type of card 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 benefit on an original prescription form, the patient or agent also accepts responsibility for the validity of the entitlement information shown on the prescription.

51. Where prescriptions are written on forms which do not provide space (front or back) for the entry of entitlement information, the medical practitioner should not enter the patient's entitlement information on the prescription form. In these instances the approved pharmacist, on request, shall place the declaration stamp imprint on the back of the original prescription form to enable the patient entitlement information (see paragraph 50) to be entered.

Authority Prescriptions

52. Where the written authority of the State Manager, Health Insurance Commission is required to prescribe:—

(a) restricted drugs (paragraphs 33, 34); or
(b) increased maximum quantities (paragraphs 42-44); and/or
(c) increased number of repeats (paragraphs 42-44)

application must be made on the combined application/authority prescription form (Form PB86). The Commission's copy together with the completed original and duplicate of the authority prescription are to be forwarded to the State Manager. The medical practitioner should retain the quadruplicate. Where authority to prescribe restricted drugs (see paragraphs 33 and 34) is specified, medical practitioners may:

(a) seek the written authority of the State Manager in the normal manner;
(b) seek in urgent cases telephone approval (see paragraph 55); or
(c) in those cases where it is clear that the patient's condition meets the listed restrictions, and in a matter of urgency, prepare an authority prescription form (Form PB86) in accordance with paragraph 33 and issue the original and duplicate to the patient for immediate dispensing. The Commission's copy must be forwarded to reach the relevant State Manager within 7 days.

53. The original and duplicate authority prescription, when authorised, can be returned to the medical practitioner or sent direct to the patient. Also see urgent arrangements for restricted drugs at paragraph 52. If the application can be approved after some amendment, an Authority to Prescribe (Form PB15) will be forwarded to the medical practitioner, specifying what has been approved. A new prescription should then be written on the form PB15, the original and duplicate sent to the patient, and the triplicate (green copy) retained by the medical practitioner.

Urgent Cases

54. In urgent cases, an approved pharmacist may supply a pharmaceutical benefit before the prescription is surrendered to him, if the medical practitioner communicates the prescription to the approved pharmacist by telephone or other means. *In such cases the medical practitioner must personally write the prescription and forward it to the approved pharmacist who made the supply within 24 hours of such communication.* This provision does not apply to prescriptions for supply by an approved pharmacist where the law of the State in which the approved pharmacist's premises are situated requires the prescription to be in writing.

55. The provision for communication of prescriptions in urgent cases applies also to those drugs for which the authority of the General Manager is necessary for supply as a pharmaceutical benefit (see paragraph 33). In such cases the medical practitioner who wishes to prescribe increased maximum quantities and/or number of repeats and/or a restricted drug may obtain telephone approval from the relevant State Manager. If the application is approved the medical practitioner will be informed of the approval number which he/she will mark on the authority prescription form along with the words 'Approval granted No. ....'. *The medical practitioner must subsequently submit the completed Form PB86 within 24 hours to the approved pharmacist who supplied the pharmaceutical benefit.*

Emergency Drug (Doctor's Bag) Supplies

56. Certain pharmaceutical benefits are provided free to medical practitioners for emergency use. These emergency supplies are not available to ships' doctors. The patient is not required to make any payment when pharmaceutical benefits are made available from these supplies.

57. Supplies of these drugs may be obtained from an approved pharmacist upon the production of an official Emergency Drug (Doctor's Bag) Order Form (Form PB7) in duplicate, signed by the medical practitioner personally. 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. (Medical practitioners approved to supply pharmaceutical benefits under section 92 of the National Health Act are to use Form PB7A which must not be presented to an approved pharmacist for supplies. Special instructions are issued to these medical practitioners.)

58. The maximum quantity listed against the Emergency Drug items permitted to be obtained at the one time may be ordered provided the quantity of the item that the medical practitioner has on hand is less than the maximum quantity.

59. A medical practitioner may also specify on the order form any listed brand of a pharmaceutical benefit. If this brand is not available, the medical practitioner will be requested by the approved pharmacist to specify in the order another listed brand which is available, and to initial the alteration. The medical practitioner issuing the order form must sign and date the form. A receipt for the pharmaceutical benefits supplied on this order form must be signed by either the medical practitioner personally or by a person authorised by the medical practitioner.

POISONS INFORMATION CENTRES

NEW SOUTH WALES

Royal Alexandra Hospital for Children
Pyrmont Bridge Road
Camperdown

Telephone Sydney 519 0466
Country Areas (008) 251 525

VICTORIA

Royal Children's Hospital
Flemington Road
Parkville

Telephone Melbourne 345 5678
Victorian Country Areas (008) 133 890

QUEENSLAND

Pharmacy Department
Royal Children's Hospital Brisbane
Herston Road
Herston

Telephone Brisbane 253 8233
Queensland Country Areas (008) 177 333

SOUTH AUSTRALIA

Adelaide Children's Hospital (Incorporated)
King William Road
North Adelaide.

Telephone Adelaide 267 7000
Ext. 6117
Country Areas and Broken Hill (008) 182 111

WESTERN AUSTRALIA

Princess Margaret Hospital for Children
Roberts Road
Subiaco

Telephone Perth 381 1177
Country Areas (008) 119 244

TASMANIA

Royal Hobart Hospital
Liverpool Street
Hobart

Telephone Hobart 38 8485
Country Areas (008) 001 400

NORTHERN TERRITORY

Royal Darwin Hospital
Rocklands Drive
Darwin

Telephone Darwin 27 4777

AUSTRALIAN CAPITAL TERRITORY

Royal Canberra Hospital
Canberra

Telephone Canberra 43 2154

DRUG INFORMATION CENTRES

AUSTRALIAN CAPITAL TERRITORY

Drug Information Pharmacist
Royal Canberra Hospital
Acton ACT 2601
Telephone: (062) 43 2113

NEW SOUTH WALES

Pharmacist
New South Wales Drug Information Centre
PO Box 750
Kogarah NSW 2217
Telephone: (02) 553 2256
(02) 553 2261
(02) 553 2361

NORTHERN TERRITORY

Chief Pharmacist
Darwin Hospitals Group
PO Box 41326
Darwin NT 0801
Telephone: (089) 20 8424

QUEENSLAND

Senior Pharmacist
Queensland Drug Information Centre
Royal Brisbane Hospital
E Floor, Block 7
Herston Qld 4029
Telephone: (07) 253 7599
(07) 253 7098

SOUTH AUSTRALIA

Drug Information Pharmacist
Royal Adelaide Hospital
North Terrace
Adelaide SA 5000
Telephone: (08) 224 5546

Drug Information Pharmacist
South Australian Drug Information Centre
Flinders Medical Centre
Bedford Park SA 5042
Telephone: (08) 275 9301

Drug Information Pharmacist
Queen Elizabeth Hospital
Woodville Road
Woodville SA 5011
Telephone: (08) 243 6777

TASMANIA

Staff Pharmacist
Royal Hobart Hospital
GPO Box 1061L
Hobart Tas. 7001
Telephone: (002) 38 8737

VICTORIA

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

Senior Pharmacist
Drug Information Centre
Repatriation General Hospital
Heidelberg Victoria 3081
Telephone: (03) 490 2881

WESTERN AUSTRALIA

Drug Information Pharmacist
Sir Charles Gairdner Hospital
Verdun Street
Nedlands, WA 6009
Telephone: (09) 389 2923

LIST OF CONTACT OFFICERS FOR RECALLS OF THERAPEUTIC GOODS

For details of consumer level recalls only—Telephone (008) 02 0512

These officers may be contacted—

- to obtain information about current recalls
- to report suspected problems relating to the quality, safety, or efficacy of a therapeutic good—

Commonwealth Co-ordinator

Department of Community Services and Health
(Pharmaceuticals Branch)
GPO Box 9848
Canberra ACT 2601

Mr L. R. Murray	(062) 86 0244

Australian Capital Territory

ACT Health Authority
GPO Box 825
Canberra ACT 2601

Drugs—

Mr V. Bugler	(062) 45 4314

Therapeutic Devices—

Mr K. Wyatt	(062) 84 2250

New South Wales

Department of Health, NSW
PO Box 380
North Ryde NSW 2113

Duty Pharmacist	(02) 887 5678

Northern Territory

Department of Health
Health House
87 Mitchell Street
Darwin NT 08790

Mr G. Fyson	(089) 80 2986
Mr J. Gorrell	(089) 20 3341

Queensland

Queensland Department of Health
GPO Box 48
Brisbane Qld 4001

Drugs—

Mr R. Lowry	(07) 234 0960
Mr R. V. Holmes	(07) 234 0961

Therapeutic Devices—

Mr D. F. Mines	(07) 224 5611
Mr R. Lowry	(07) 234 0960

South Australia

South Australian Health Commission
GPO Box 1313
Adelaide SA 5001

Drugs—

Mr J. L. Davis	(08) 226 6248
Mr R. J. Grant	(08) 226 6406
Mr T. Draysey	(08) 226 6407

Therapeutic Devices—

Mr R. Eden	(08) 226 6310
Mr M. Essex	(08) 372 1123

Tasmania

Department of Health Services
GPO Box 191B
Hobart Tas. 7001

Drugs—

Mr J. Galloway	(002) 30 3293
Mrs M. Collins	(002) 30 6337

Therapeutic Devices—

Mr G. C. Adams	(002) 38 8236
Mr A. L. Wilkins	(002) 38 8236

Victoria

Department of Health
(Drugs and Poisons Section)
448 St Kilda Road
Melbourne Vic. 3004

Duty Pharmacist	(03) 268 7888

Western Australia

Health Department of WA
Box 8172, Sterling Street
Perth WA 6000

Mr M. H. Cousins	(09) 222 4980
Mr M. Patterson	(09) 222 4984

ADDRESSES—HEALTH INSURANCE COMMISSION

The Health Insurance Commission has responsibility for operational aspects of the Pharmaceutical Benefits Scheme. This responsibility covers the processing of pharmaceutical benefit and safety net claims and Authority applications together with the distribution of stationery used by dental and medical practitioners and pharmacists.
Disribution of the Schedule of Pharmaceutical Benefits is the responsibility of the Department of Community Services and Health.

The postal address for the Health Insurance Commission in all States/Territories is:

Health Insurance Commission
PO Box 9826
IN YOU CAPITAL CITY

CANBERRA

Manager
Pharmaceutical Benefits Branch
Health Insurance Commission
134 Reed Street
Tuggeranong ACT 2901
General enquiries 93 6333

NEW SOUTH WALES

Pharmaceutical Services Branch
2nd Floor
Australian Airlines Building
No. 1 Chifley Square
Sydney NSW 2000
Enquiries 224 0518

Sydney Processing Centre
Level 1
4-16 Yurong Street
East Sydney NSW 2000
General enquiries 361 9311
Stationery enquiries 361 9300

Parramatta Processing Centre
Level 2
81 George Street
Parramatta NSW 2124
General enquiries 635 3422

Gosford Processing Centre

Level 2
107-109 Mann Street
Gosford NSW 2250

General enquiries (043) 23 3011

VICTORIA

Pharmaceutical Branch
2nd Floor
399 Lonsdale Street
Melbourne Vic. 3000

Enquiries 604 4000

Moonee Ponds Processing Centre

694 Mount Alexander Road
Moonee Ponds VIC 3039

Enquiries 370 1111

QUEENSLAND

Pharmaceutical Services Branch
232 Adelaide Street
Brisbane Qld 4000

Enquiries 225 0122

SOUTH AUSTRALIA/NORTHERN TERRITORY

Pharmaceutical Services Branch
Commonwealth Centre
55 Currie Street
Adelaide SA 5000

Enquiries 237 6111
Northern Territory and outside Adelaide Metropolitan Area (008) 888 333

WESTERN AUSTRALIA

Pharmaceutical Benefits Branch
2-6 St George's Terrace
Perth WA 6000

Enquiries 323 5864

TASMANIA

Pharmaceutical Branch
Kirksway House
6 Kirksway Place
Hobart Tas. 7000

Enquiries 20 5011

AUTHORITY PRESCRIPTION APPLICATIONS

All Applications for Authority to prescribe and departmental copies of urgent authorities should be sent to your State Office using the free postal service

FREEPOST No. 9857

Attention: Pharmaceutical Benefits Authority Section
Health Insurance Commission
GPO Box 9857 in your capital city.

Telephone—Business hours:

NSW:
Gosford: 23 4052, 23 4053
Parramatta: 891 1222, 891 1323
Sydney: 361 9335, 361 9338
Vic: 604 4050, 604 4081, 604 4082, 604 4083
Qld: 225 3362, 225 3363
SA: 237 6021, 237 6023; toll free (008) 888 333
WA: 323 5864, 323 5851
Tas: 20 4300
ACT: 93 6333

Telephone—After hours (6 p.m.—8 a.m.) and weekends:
(008) 033 200 (Australia-wide)

INDEX OF MANUFACTURERS' CODES

Code	*Manufacturer*
AB	Abbott Laboratories Pty Ltd
AC	Alberto Culver Company
AD	Amrad Pharmaceuticals Pty Ltd
AF	Alphapharm Pty Ltd
AG	Allergan Australia Pty Ltd
AM	Ames Company, Division of Miles Laboratories Australia Pty Ltd
AP	Astra Pharmaceuticals Pty Ltd
AQ	Alcon Laboratories (Australia) Pty Ltd
AS	Astral Medical (Aust.) Pty Ltd
AU	Auspharm International Limited
AY	Ayerst Laboratories Pty Ltd
BC	Bristol Laboratories Pty Ltd
BE	BDF Australia Ltd
BF	Barnes-Hind Pty Limited
BK	Becton Dickinson (USA)
BL	David Bull Laboratories
BN	Bayer Pharmaceutical Company
BO	Boehringer Mannheim, Australia Pty Ltd
BR	Beecham Research Laboratories
BS	Bowater-Scott Ltd
BT	The Boots Company (Australia) Pty Ltd
BW	Wellcome Australia Limited
BX	Baxter Healthcare Pty Ltd
BY	Boehringer Ingelheim Pty Ltd
BZ	Boucher & Muir Pty Ltd
CG	Ciba-Geigy Australia Limited
CL	Cilag Pty Limited
CN	CSL-Novo Pty Limited
CS	Commonwealth Serum Laboratories
DL	Dista Products (Australia) & Company
DM	Dermacare Pty Ltd
EG	Eagle Pharmaceuticals Pty Ltd
EO	Ego Pharmaceuticals Pty Ltd

Code	*Manufacturer*
FA	F. H. Faulding & Co. Ltd
FC	Fisons Pty Ltd
FE	Farmitalia Carlo Erba, Australian Distributor, Sigma Pharmaceuticals Pty Ltd
FM	Fawns and McAllan Pty Ltd
FR	Charles E. Frosst Division of Merck Sharp & Dohme (Australia) Pty Ltd
GL	Glaxo
GP	G.P. Laboratories
HA	Hamilton Laboratories Pty Ltd
HO	Hollister Incorporated, Australian Distributor, Abbott Laboratories Pty Ltd
HP	Hoechst Australia Ltd
IC	ICI Australia Operations Pty Ltd
IQ	The Ioquin Company
JC	Janssen-Cilag Pty Ltd
JJ	Johnson & Johnson (Australia) Pty Ltd
JP	Janssen Pharmaceutica Pty Ltd
KC	Kimberly-Clark Australia Pty Ltd
KE	Kendall Australia Pty Ltd
KM	Kendall McGaw Laboratories
KN	Knoll, A. G.
KY	Key Pharmaceuticals Pty Ltd
LA	L.A. Chemicals Pty Ltd
LE	Lederle Laboratories Division, Cyanamid Australia Pty Ltd
LH	Lipha Pharmaceuticals, London, U.K. Australian Distributor, Riker Laboratories Australia Pty Ltd
LY	Eli Lilly (Australia) and Company
MB	May & Baker Pharmaceuticals
MG	J. McGloin Pty Ltd
MJ	Mead Johnson

Code	*Manufacturer*
MK	Merck Sharp & Dohme (Australia) Pty Ltd
ML	Merrell Dow Pharmaceuticals Australia Pty Ltd
NE	Norgine Pty Ltd
NN	Nelson Laboratories (Sales) Pty Ltd
NR	Nordia, Denmark Australian Distributor, Ascot Pharmaceuticals Pty Ltd
NS	Nicholas Kiwi Pty Ltd
NT	Nestle Australia Ltd
NW	Norwich Eaton Pharmaceuticals Pty Ltd
OB	Oral B Laboratories Pty Ltd
OL	Owen Laboratories
OM	Wallace-Orapharm Pty Ltd
OR	Organon (Australia) Pty Ltd
PD	Parke, Davis Pty Ltd
PF	Pfizer Pty Ltd
PS	Pharmacia (Australia) Pty Ltd
PT	CP Protea
PY	Proctor & Gamble (Australia) Pty Ltd
QE	Queensland Ethicals
RC	Reckitts Pty Ltd
RG	Rorer Australia Pty Ltd
RK	Riker Laboratories Australia Pty Ltd
RL	Roussel Pharmaceuticals Pty Ltd
RO	Roche Products Pty Ltd
RS	A. H. Robins Pty Limited
RT	Rocke, Tompsitt & Co., Ltd

Code	*Manufacturer*
SA	Sayco Pty Ltd
SB	Scientific Hospital Supplies (Australia) Pty Ltd
SC	Schering Pty Ltd
SD	Syntex Pharmaceuticals Ltd
SE	Servier Laboratories (Aust.) Pty Ltd
SH	Schering-Plough Pty Ltd
SJ	Sharpe Laboratories Pty Ltd
SK	Smith Kline & French Laboratories (Aust.) Ltd
SN	Smith & Nephew (Aust.) Pty Ltd
SO	Scholl International (ANZ) Pty Ltd
SQ	E. R. Squibb & Sons Pty Ltd
SR	Searle Laboratories
ST	A. E. Stansen & Co. Pty Ltd
SU	Sauter Laboratories (Aust.) Pty Ltd
SV	Stafford-Miller Limited
SZ	Sandoz Australia Pty Ltd
TO	R. D. Toppin & Sons Pty Ltd
UP	Upjohn Pty Ltd
US	USV Pharmaceuticals A Division of Rorer Australia Pty Ltd
UW	United Works of Pharmaceutical and Dietetic Products, Australian Distributor, Boucher & Muir Pty Ltd
VS	Martin & Clarke: Vitaplex
WL	Winthrop Laboratories
WS	Wallace Pharmaceuticals Pty Ltd
WW	Wm R. Warner
WY	Wyeth Pharmaceuticals Pty Ltd
ZY	Zyma Pharmaceuticals

EMERGENCY DRUG (DOCTOR'S BAG) SUPPLIES

Name of Pharmaceutical Benefit	*Form, Strength and Volume*	*Maximum Quantity*
Adrenaline	Injection 1mg in 1mL (1 in 1 000)	5
Aminophylline	Injection I.V. 250mg in 10mL	5
Atropine Sulphate	Injection 600 micrograms in 1mL	5
Chlorpromazine Hydrochloride	Injection 50mg in 2mL	10
or		
Haloperidol	Injection 5mg in 1mL	10
Diazepam	Injection 10mg in 2mL	5
Digoxin	Injection 500 micrograms in 2mL	5
Diphtheria and Tetanus Vaccine, Adsorbed	Injection 0.5mL	10
Diphtheria and Tetanus Vaccine, Adsorbed, Diluted for Adult Use	Injection 0.5mL	10
Ergometrine Maleate	Injection 250 micrograms in 1mL	5
Erythromycin Ethyl Succinate	Injection I.M. 100mg (base) in 2mL	5
Frusemide	Injection 20mg in 2mL	5
Glucagon Hydrochloride	Injection set containing 1mg (1 i.u.) and 1mL solvent in disposable syringe	1 set
Glucose	Injection 5g in 10mL (50%)	5
Hydrocortisone Sodium Succinate	Injection set containing equivalent of 100mg hydrocortisone and 2mL solvent	2 sets
or		
Hydrocortisone Sodium Succinate	Injection set containing equivalent of 250mg hydrocortisone and 2mL solvent	1 set
or		
Dexamethasone	Injection 4mg in 1mL	5

Name of Pharmaceutical Benefit	*Form, Strength and Volume*	*Maximum Quantity*
Lignocaine Hydrochloride	Injection 100mg in 5mL	4
Metoclopramide Hydrochloride.....	Injection 10mg in 2mL	10
or		
Prochlorperazine	Injection 12.5mg in 1mL	10
Morphine Sulphate	Injection 15mg in 1mL	5
or		
Morphine Sulphate	Injection 30mg in 1mL	5
Naloxone Hydrochloride..	Injection (pre-filled syringe) 2mg in 5mL	2
Pethidine Hydrochloride..	Injection 100mg in 2mL	5
Procaine Penicillin.....	Injection (pre-filled syringe) 1.5g	10
or		
Benzylpenicillin.....	Injection 600mg (with Water for Injections 2mL)	10
Promethazine Hydrochloride	Injection 50mg in 2mL	10
Terbutaline Sulphate.....	Injection 100 micrograms in 1mL	5
or		
Terbutaline Sulphate.....	Injection 500 micrograms in 1mL	5
Tetanus Vaccine, Adsorbed.....	Injection 0.5mL	10
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

SYMBOLS IN THE SCHEDULE

(a) An asterisk (*) in front of a restriction indicates an additional or amended purpose in this issue.

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

(c) A gauge sign (#) against the price of an item indicates that the product is not preconstituted.

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

RESTRICTED BENEFITS

All restricted items 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.

Except where otherwise indicated, the maximum quantity and/or number of repeats in respect of an item shown in the Schedule may be varied by the State Manager of the Health Insurance Commission 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 paragraphs 42 and 43 of Section 1 - Explanatory Notes (Lemon Pages).)

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.

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Special Patient Contribution	Commonwealth Dispensed Price for Max. Qty	Total Dispensed Price for Max. Qty
			$	$	$
BLEOMYCIN (Blenoxane BC) Germ cell neoplasms; Lymphoma; Squamous cell carcinoma. CAUTION: Bleomycin can cause irreversible pulmonary fibrosis.					
Injections 15 units bleomycin activity (solvent required), 10	≠1	..	532.20	622.59	1154.79
CLOMIPHENE CITRATE (Clomid ML) Anovulatory infertility; Patients undergoing in-vitro fertilisation. NOTE: Care must be taken to comply with the provisions of State law when prescribing clomiphene citrate.					
Tablets 50mg, 5	≠2	5	25.60	20.98	46.58

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
ACETAZOLAMIDE					
Tablet 250mg	100	3	13.32	Diamox	LE
Capsule 500mg (sustained release)	50	3	14.12	Diamox	LE
Injection 500mg (solvent required)	1	..	9.87	Diamox	LE
ACETYLCYSTEINE					
Bronchiectasis; Cystic fibrosis (mucoviscidosis).					
Solution for Inhalation 200mg per mL (20%), 10mL	5	3	27.50	Mucomyst	AP
ACYCLOVIR					
Eye infections caused by herpes simplex virus.					
Eye Ointment 30mg per g (3%), 4.5g	≠1	..	17.50	Zovirax	BW
Authority required. Moderate to severe initial genital herpes complicated by severe pain, systemic symptoms or urinary retention. Micro-biological confirmation of diagnosis is desirable but need not delay treatment.					
Tablet 200mg	50	..	89.76	Zovirax 200mg	BW
Authority required. Moderate to severe recurrent genital herpes (more than ten attacks per year). Micro-biological confirmation of diagnosis is required prior to issue of authority.					
Tablets 200mg, 90	≠1	2	150.06	Zovirax 200mg	BW

(continued)

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer
ACYCLOVIR - cont.				
Authority required. Suppression of genital herpes in severely immunocompromised patients.				
Tablets 200mg, 90	≠1	5	150.06	Zovirax 200mg BW
Authority required. Treatment of patients with non-ophthalmic herpes zoster with severe pain who are over 60 years of age and in whom the duration of rash is less than 72 hours. NOTE: No repeats will be issued.				
Tablets 400mg, 70	≠1	..	224.96	Zovirax 400mg BW
ADRENALINE				
Injection 1mg in 1mL (1 in 1,000)	5	1	5.86	AP,SI
Eye Drops 5mg per mL (0.5%), 7.5mL	≠1	5	6.78	Eppy/N BF
5mg per mL (0.5%), 10mL	≠1	5	6.89	Epifrin AG
10mg per mL (1%), 7.5mL	≠1	5	7.04	Eppy/N BF
10mg per mL (1%), 10mL	≠1	5	7.41	Epifrin AG Glaucon AQ
20mg per mL (2%), 10mL	≠1	5	9.63	Epifrin AG Glaucon AQ
ALLOPURINOL				
Tablet 100mg	200	2	10.32	Alloremed 100 AU Progout PT Zyloprim BW
300mg	60	2	9.54	Alloremed 300 AU Progout PT Zyloprim BW
Capsule 100mg	200	2	12.64	Capurate-100 FM
300mg	60	2	12.28	Capurate-300 FM
ALPRENOLOL HYDROCHLORIDE				
Tablet 100mg	100	5	10.43	Aptin AP

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
ALUMINIUM HYDROXIDE					
Oral Suspension					
321mg per 5mL, 500mL	2	5	9.06	Amphojel	WY
ALUMINIUM HYDROXIDE DRIED					
Tablet 300mg	200	5	9.06	Amphotabs	WY
ALUMINIUM HYDROXIDE with KAOLIN					
Oral Suspension					
137mg-1g per 5mL, 500mL	≠1	2	6.75	Kaomagma	WY
ALUMINIUM HYDROXIDE and MAGNESIUM CARBONATE CO-DRIED GEL					
Tablet 375mg	200	5	9.06	Simeco	WY
ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE					
Tablet 200mg-200mg	200	5	9.06	Gelusil	WW
				Mylanta	PD
Dispersible Tablet 230mg-230mg	200	5	9.06	LoAsid	BW
Oral Suspension					
215mg-80mg per 5mL, 500mL	2	5	9.06	Simeco	WY
200mg-200mg per 5mL, 500mL	2	5	9.06	Gelusil	WW
				Mylanta	PD
				Sodexol	SC
306mg-97.5mg per 5mL, 500mL	2	5	9.06	Aludrox	AY
ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE and OXETHAZAINE					
Oral Suspension					
306mg-97.5mg-10mg per 5mL, 500mL	2	5	9.06	Mucaine	AY
ALUMINIUM HYDROXIDE with MAGNESIUM TRISILICATE and MAGNESIUM HYDROXIDE					
Tablet 250mg-120mg-120mg	200	5	9.06	Gastrogel	FM
Oral Suspension					
250mg-120mg-120mg per 5mL, 500mL	2	5	9.06	Gastrogel	FM

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
AMANTADINE HYDROCHLORIDE Parkinson's disease which is not drug induced.					
Capsule 100mg	100	5	19.17 19.22	Antadine Symmetrel	BT CG
AMBENONIUM CHLORIDE Tablet 10mg	100	2	53.05	Mytelase	WL
AMILORIDE HYDROCHLORIDE CAUTION: Serum electrolytes should be checked regularly. Supplementary potassium may cause life-threatening hyperkalaemia.					
Tablet 5mg	100	1	9.20 9.40	Kaluril Midamor	AF MK
AMINACRINE HYDROCHLORIDE Eye Drops 3mg in 15mL	≠1	2	6.90	Aminopt	SI
AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE Pyridoxine non-responsive homocystinuria.					
Powder 200g	5	5	221.45	Maxamaid RVHB	SB
AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE Phenylketonuria.					
Powder 200g	5	5	226.35	Maxamaid XP	SB
200g	5	5	350.75	Maxamum XP	SB
AMINO ACID FORMULA with VITAMINS and MINERALS without VALINE, LEUCINE and ISOLEUCINE Maple syrup urine disease.					
Powder 200g	5	5	542.15	M.S.U.D. AID	SB

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
AMINO ACID FORMULA without PHENYLALANINE Phenylketonuria.					
Powder 250g	2	5	199.60	PK AID I	SB
250g	2	5	240.06	PK AID II	SB
Food Supplement Powder 500g	≠1	5	169.72	Aminogran F.S.	GL
AMINOGLUTETHIMIDE Authority required. Post-menopausal metastatic breast cancer in patients who have failed to respond adequately to endocrine manipulation; Cushing's syndrome. NOTE: Replacement therapy with a corticosteroid is essential.					
Tablet 250mg	100	5	104.83	Cytadren	CG
AMINOPHYLLINE Tablet 100mg	100	5	6.04	Cardophyllin	HA
Oral Liquid 105mg per 5mL, 500mL	≠1	5	7.15	Somophyllin	FC
Injection I.V. 250mg in 10mL	5	..	6.95	AP,SI	
AMIODARONE HYDROCHLORIDE Authority required. For the continuing treatment of severe refractory cardiac arrhythmias where treatment with amiodarone hydrochloride was initiated in a hospital (in-patient or out-patient). CAUTION: Amiodarone hydrochloride has been reported to cause frequent and potentially serious toxicity.					
Tablet 100mg	30	5	19.31	Cordarone X 100	RC
200mg	30	5	28.76	Cordarone X 200	RC

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
AMITRIPTYLINE HYDROCHLORIDE					
Tablet 10mg	50	2	5.24	Endep 10	AF
			5.40	Amitrip	PT
			5.43	Laroxyl	RO
				Tryptanol	MK
25mg	50	2	5.71	Endep 25	AF
			5.91	Amitrip	PT
				Laroxyl	RO
				Saroten	NS
				Tryptanol	MK
50mg	50	2	6.76	Endep 50	AF
AMMONIUM CHLORIDE					
Tablet 500mg	100	5	9.33	FM	
AMOXYCILLIN					
Tablet 250mg	20	1	8.03	Amoxil	BR
				Moxacin	CS
Dispersible Tablet 3g	1	..	8.08	Amoxil	BR
				Moxacin	CS
Capsule 250mg	20	1	7.11	Alphamox 250	AF
			7.31	Amoxil	BR
				Cilamox	SI
				Ibiamox	PT
				Moxacin	CS
500mg	20	1	10.12	Alphamox 500	AF
			10.32	Amoxil	BR
				Cilamox	SI
				Ibiamox	PT
				Moxacin	CS
Powder for Paediatric Oral Drops 100mg per mL, 20mL	≠1	1	#9.00	Amoxil	BR
Powder for Syrup 125mg per 5mL, 100mL	≠1	1	#8.55	Ibiamox	PT
			#8.75	Amoxil	BR
				Cilamox	SI
				Moxacin	CS
250mg per 5mL, 100mL	≠1	..	#9.80	Ibiamox	PT
			#10.00	Amoxil Forte	BR
				Cilamox	SI
				Moxacin 250	CS

(continued)

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
AMOXYCILLIN - cont.					
Injection 250mg with 3mL solvent	5	1	8.94	Ibiamox	PT
500mg with 3mL solvent	5	1	10.66	Ibiamox	PT
1g with 4mL solvent	5	1	15.30	Ibiamox	PT
AMOXYCILLIN with CLAVULANIC ACID NOTE: This combination should not be used in preference to amoxycillin unless resistance to amoxycillin is suspected or proven.					
Tablet 250mg-125mg	15	1	12.13	Augmentin	BR
500mg-125mg	15	1	15.50	Augmentin Forte	BR
Powder for Syrup 125mg-31.25mg per 5mL, 75mL	≠1	1	#10.41	Augmentin	BR
250mg-62.5mg per 5mL, 75mL	≠1	..	#12.50	Augmentin Forte	BR
AMPHOTERICIN Lozenge 10mg	20	1	6.20	Fungilin	SQ
Injection 50mg (solvent required)	1	..	19.34	Fungizone	SQ
Cream 30mg per g (3%), 15g	≠1	1	6.06	Fungilin	SQ
Ointment 30mg per g (3%), 15g	≠1	1	6.06	Fungilin	SQ
AMPICILLIN Capsule 250mg	24	1	7.80 7.86	Alphacin 250 Ampicyn Penbritin	AF PT BR
500mg	24	..	10.95 11.15	Alphacin 500 Ampicyn Penbritin	AF PT BR
Powder for Syrup 125mg per 5mL, 100mL	≠1	1	#8.41	Penbritin	BR
250mg per 5mL, 100mL	≠1	..	#9.45	Penbritin Forte	BR

(continued)

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
AMPICILLIN - cont.					
Injection 250mg (solvent required)	5	1	8.07	Ampicyn	PT
			8.27	Austrapen	CS
500mg (solvent required)	5	1	9.84	Ampicyn	PT
			10.04	Austrapen	CS
1g (solvent required)	5	1	13.44	Ampicyn	PT
			13.64	Austrapen	CS
AMYLOBARBITONE SODIUM					
Epilepsy.					
Injection 500mg (solvent required)	2	..	9.40	Amytal Sodium	LY
ANTAZOLINE with NAPHAZOLINE					
Eye Drops 5mg (sulphate)-250 micrograms (nitrate) per mL (0.5%-0.025%), 10mL	≠1	5	6.23	Antistine-Privine	ZY
Eye Drops 5mg (phosphate)-500 micrograms (hydrochloride) per mL (0.5%-0.05%), 15mL	≠1	5	6.48	Albalon-A	AG
ANTIVENOM - RED BACK SPIDER					
Injection 500 units	2	..	134.04	CS	
ASPIRIN					
Tablet 300mg	100	1	5.62	Spren	SI
300mg (dispersible)	100	1	5.68	Solprin	RC
325mg (buffered)	100	1	6.30	Bufferin	BC
650mg (enteric coated)	100	2	8.28	Ecotrin	SK
650mg (sustained release)	100	2	8.28	S.R.A.	BT
ATENOLOL					
Tablet 50mg	30	5	9.45	Noten	AF
			10.95	Tenormin	IC
ATROPINE SULPHATE					
Tablet 600 micrograms	100	2	7.52	FM	
Injection 600 micrograms in 1mL	5	1	5.56	AP,BT	
1.2mg in 1mL	5	1	5.57	BT	
			5.58	AP	

(continued)

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
ATROPINE SULPHATE - cont.					
Eye Drops 5mg per mL (0.5%), 15mL	≠1	2	6.80	Atropt	SI
10mg per mL (1%), 15mL	≠1	2	6.80	Atropt	SI
Eye Ointment 10mg per g (1%), 4g	≠1	..	7.96	PD	
AURANOFIN					
CAUTION: Regular blood and urine checks are essential.					
Tablet 3mg	60	5	42.92	Ridaura	SK
AUROTHIOGLUCOSE					
Injection 50mg per mL, 10mL	1	..	70.92	Gold-50	SH
AZATHIOPRINE					
Tablet 50mg	100	2	62.45	Imuran Thioprine	BW AF
BACLOFEN					
Tablet 10mg	100	5	26.87	Lioresal 10	CG
25mg	100	5	51.11	Lioresal 25	CG
BECLOMETHASONE DIPROPIONATE					
Asthma.					
Capsule 100 micrograms (oral inhalation)	100	5	14.59	Becotide Rotacaps	GL
Oral Pressurised Inhalation, 50 micrograms per dose (200 dose)	≠1	5	10.09	Aldecin Becotide	SH GL
Oral Pressurised Inhalation, 100 micrograms per dose (200 dose)	≠1	5	15.97	Becotide 100	GL
Severe chronic asthma not responding to lower doses of beclomethasone oral pressurised inhalation.					
CAUTION: Higher doses of inhaled beclomethasone may suppress the hypothalamic-pituitary-adrenal axis.					
Oral Pressurised Inhalation, 250 micrograms per dose (200 dose)	≠1	5	28.95	Becloforte	GL

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
BELLADONNA ALKALOIDS					
Hyoscyamine Hydrobromide, Atropine Sulphate and Hyoscine Hydrobromide.					
Tablet 101.1 micrograms-14.8 micrograms-10.7 micrograms	100	2	5.73	Atrobel	FM
Tablet 151.6 micrograms-22.2 micrograms-16.0 micrograms	100	2	5.81	Atrobel FORTE	FM
Hyoscyamine Sulphate, Atropine Sulphate and Hyoscine Hydrobromide.					
Tablet 103.7 micrograms-19.4 micrograms-6.5 micrograms	100	2	5.78	Donnatab	RS
BENDROFLUAZIDE					
Tablet 2.5mg	100	1	7.20	Aprinox-M	BT
5mg	100	1	7.42	Aprinox	BT
BENZATHINE PENICILLIN					
Injection 1.8g in 4mL, disposable syringe	1	..	17.45	Bicillin L-A	WY
BENZATHINE PENICILLIN with PROCAINE PENICILLIN and BENZYLPENICILLIN POTASSIUM					
Injection set 450mg-300mg-187mg containing 1 vial and 2mL water for injections	1	..	11.29	Bicillin All-Purpose	WY
BENZHEXOL HYDROCHLORIDE					
Tablet 2mg	200	2	8.06 8.26	Anti-Spas Artane	PT LE
5mg	200	1	9.78 9.98	Anti-Spas Artane	PT LE
BENZTROPINE MESYLATE					
Tablet 2mg	60	2	7.01	Cogentin	MK
Injection 2mg in 2mL	5	..	12.23	Cogentin	MK

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
BENZYL BENZOATE					
Application 50g in 200mL (25%)	≠1	2	6.21	Benzemul	MG
BENZYLPENICILLIN					
Injection 300mg (solvent required)	5	1	9.80	CS	
600mg (solvent required)	5	1	10.70	CS	
3g (solvent required)	10	..	38.00	CS	
6g (solvent required)	10	..	84.90	CS	
BETAMETHASONE					
Tablet 500 micrograms	30	4	6.40	Celestone	SH
BETAMETHASONE ACETATE with BETAMETHASONE SODIUM PHOSPHATE Alopecia areata; For local intra-articular or peri-articular infiltration; Granulomata dermal; Keloid; Lichen planus hypertrophic; Lichen simplex chronicus; Lupus erythematosus, chronic discoid; Necrobiosis lipoidica; Uveitis.					
Injection 3mg-3.9mg (equivalent to 5.7mg betamethasone) in 1mL	5	..	16.30	Celestone Chronodose	SH
BETAMETHASONE DIPROPIONATE					
Cream 500 micrograms per g (0.05%), 15g	≠1	1	5.46	Diprosone	SH
Ointment 500 micrograms per g (0.05%), 15g	≠1	1	5.46	Diprosone	SH
Scalp Lotion 500 micrograms per mL (0.05%), 30mL	≠1	..	8.60	Diprosone	SH
BETAMETHASONE VALERATE					
Cream 200 micrograms per g (0.02%), 100g	2	..	8.28	Betnovate 1/5 Celestone-M	GL SH

(continued)

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer
BETAMETHASONE VALERATE - cont.				
Cream 500 micrograms per g (0.05%), 15g	≠1	1	5.46	Betnovate 1/2 GL Celestone-V Half Strength SH
Ointment 200 micrograms per g (0.02%), 100g	2	..	8.28	Celestone-M SH
500 micrograms per g (0.05%), 15g	≠1	1	5.46	Betnovate 1/2 GL Celestone-V Half Strength SH
Gel 500 micrograms per g (0.05%), 15g	≠1	1	5.46	Betnovate 1/2 GL
BETHANECHOL CHLORIDE				
Tablet 10mg	100	2	9.52 9.54	Uro-Carb HA Urecholine MK
Injection 5mg in 1mL	2	..	11.42	Urecholine MK
BIPERIDEN HYDROCHLORIDE				
Tablet 2mg	200	2	13.08	Akineton KN
BISACODYL				
For use by paraplegic and quadriplegic patients;				
*For use by patients who are receiving long-term nursing care in hospitals and nursing homes;				
For use by patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved.				
Tablet 5mg	200	1	10.34	Bisalax PT
Suppositories 10mg, 10	≠1	..	7.70	Durolax BY
Enema - See Paraplegic and Quadriplegic - Section 3				
BISMUTH SUBCITRATE				
CAUTION: Long term bismuth therapy is potentially toxic.				
Tablet 107.7mg (Bi)	112	2	22.20	De-Nol PD

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
BLEOMYCIN See Special Pharmaceutical Benefits					
BROMOCRIPTINE MESYLATE Urgent suppression of physiological lactation.					
Tablet 2.5mg	30	..	17.97	Parlodel	SZ
Authority required. Acromegaly, prior to surgery or radiotherapy or where surgery or radiotherapy is inappropriate; Parkinson's disease; Pathological hyperprolactinaemia where appropriate surgery or radiotherapy is not indicated or has already been used with incomplete resolution.					
Tablet 2.5mg	60	5	30.40	Parlodel	SZ
Capsule 5mg	60	5	58.41	Parlodel	SZ
10mg	100	5	200.75	Parlodel	SZ
BUMETANIDE Tablet 1mg	100	1	9.58	Burinex	AP
BUSULPHAN Tablet 2mg	100	..	29.10	Myleran	BW
CALCITONIN Authority required. Proven active Paget's disease of bone causing pain or disability; Treatment initiated in a hospital (in-patient or out-patient) of hypercalcaemia; For the continuation of treatment of patients already established on calcitonin under section 100 arrangements.					

(continued)

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
CALCITONIN - cont.					
NOTE: Application for initial authority for use in Paget's disease in patients not already established on calcitonin under section 100 arrangements must state the date and details of radiological and biochemical tests confirming the presence of this disease.					
NOTE: The maximum quantities for calcitonin shown represent the number of individual ampoules/ vials and NOT multiples of the manufacturers' packs.					
Injection (porcine)					
160 i.u. with 2mL gelatin solvent (Manufacturer's pack is 10 vials plus 10 vials solvent)	20	5	333.58	Calcitare	RG
Injection (salmon)					
50 i.u. in 1mL ampoule (Manufacturer's pack is 5 ampoules)	30	5	128.34	Miacalcic	SZ
80 i.u. in 0.8mL ampoule (Manufacturer's pack is 5 ampoules)	15	5	94.47	Miacalcic	SZ
100 i.u. in 1mL ampoule (Manufacturer's pack is 5 ampoules)	15	5	111.60	Calsynar Miacalcic	RG SZ
400 i.u. in 2mL vial (Manufacturer's pack is a single vial)	4	5	101.40	Calsynar	RG
Authority required.					
Proven active Paget's disease of bone, or hypercalcaemia, in patients unable to tolerate both pork and salmon calcitonin or who are resistant to treatment with either pork or salmon calcitonin.					
Injection (synthetic human)					
0.5mg with 1mL solvent (Manufacturer's pack is 5 ampoules plus 5 ampoules solvent)	15	5	174.90	Cibacalcin	CG

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
CALCITRIOL					
Authority required.					
Hypocalcaemia due to renal disease; Hypoparathyroidism; Hypophosphataemic rickets; Vitamin D-resistant rickets.					
Capsule 0.25 micrograms	100	5	45.70	Rocaltrol	RO
CALCIUM					
Hypocalcaemia; Osteoporosis; Proven malabsorption.					
Tablet (chewable) 500mg (as carbonate)	120	1	11.46	Cal-Sup	RK
Tablet 600mg (as carbonate)	120	1	11.66	Caltrate	LE
Compound Effervescent Tablet equivalent to 1g (25mmol) Ca^{2+}	60	1	13.72	Sandocal 1000	SZ
NOTE: Each 'Sandocal 1000' tablet also contains 18mmol Na^{+}.					
CALCIUM FOLINATE					
Antidote to folic acid antagonists.					
Tablet equivalent to 15mg folinic acid	10	..	93.11	Leucovorin	LE
NOTE: Increased quantities may be authorised up to a maximum of 20 tablets. Repeats will not be authorised.					
Injection equivalent to 3mg folinic acid in 1mL	5	..	14.82	BL	
CALCIUM GLUCONATE					
Injection 1g in 10mL (10%)	5	1	10.81	Calcium-Sandoz	SZ

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
CAPTOPRIL					
Authority required.					
Treatment where less costly alternative therapy is inappropriate for: Hypertension; Cardiac failure where treatment was initiated in a hospital (in-patient or out-patient).					
Tablet 12.5mg	90	5	27.34	Capoten	SQ
25mg	90	5	38.01	Capoten	SQ
50mg	90	5	70.41	Capoten	SQ
CARBACHOL					
Eye Drops 15mg per mL (1.5%), 15mL	≠1	5	7.81	AQ	
30mg per mL (3%), 15mL	≠1	5	7.81	AQ	
CARBAMAZEPINE					
Tablet 100mg	200	2	16.06	Tegretol 100	CG
200mg	200	2	26.60 26.80	Teril Tegretol 200	AF CG
Oral Suspension					
100mg per 5mL, 300mL	≠1	5	17.75	Tegretol	CG
CARBIMAZOLE					
Tablet 5mg	200	2	10.00	Neo-Mercazole	NS
CARBOPLATIN					
Authority required.					
Advanced stage ovarian carcinoma. NOTE: No authorities will be issued for repeats.					
Solution for I.V. Injection					
50mg in 5mL	2	..	101.90	Paraplatin BL	BC
150mg in 15mL	6	..	707.64	Paraplatin BL	BC
450mg in 45mL	2	..	512.24	Paraplatin BL	BC
CEFACLOR					
Powder for Oral Suspension					
125mg per 5mL, 100mL	≠1	1	#10.13	Ceclor	LY

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
CEFOTAXIME					
Authority required.					
Treatment where less costly alternative therapy is inappropriate for:					
Infections where positive bacteriological evidence confirms that cefotaxime is an appropriate therapeutic agent;					
Septicaemia, suspected or proven.					
Injection 1g (solvent required)	5	..	55.50	Claforan	RL
2g (solvent required)	5	..	101.90	Claforan	RL
CEFTRIAXONE					
Authority required.					
Treatment where less costly alternative therapy is inappropriate for:					
Infections where positive bacteriological evidence confirms that ceftriaxone is an appropriate therapeutic agent;					
Septicaemia, suspected or proven.					
Injection 500mg (solvent required)	2	..	35.00	Rocephin	RO
1g (solvent required)	2	..	59.76	Rocephin	RO
2g (solvent required)	2	..	109.14	Rocephin	RO
Gonorrhoea.					
Injection 250mg (solvent required)	1	..	15.09	Rocephin	RO
CEPHALEXIN					
Capsule 250mg	20	1	7.65	Ibilex 250	AF
			7.85	Ceporex	GL
				Keflex	LY
500mg	20	1	10.40	Ibilex 500	AF
			10.60	Ceporex	GL
				Keflex	LY

(continued)

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
CEPHALEXIN - cont.					
Granules for Syrup					
125mg per 5mL, 100mL	≠1	1	#9.65	Ibilex 125	AF
			#9.85	Ceporex	GL
				Keflex	LY
250mg per 5mL, 100mL	≠1	..	#11.65	Ibilex 250	AF
			#11.85	Ceporex	GL
				Keflex	LY
CEPHALOTHIN					
Injection 1g (solvent required)	5	..	19.90	Ceporacin	GL
				Keflin	
				Neutral	LY
2g (solvent required)	1	..	10.34	Keflin	
				Neutral	LY
4g (solvent required)	1	..	16.01	Keflin	
				Neutral	LY
CEPHAZOLIN					
Authority required.					
Treatment where less costly alternative therapy is inappropriate for: Infections where positive bacteriological evidence confirms that cephazolin is an appropriate therapeutic agent; Septicaemia, suspected or proven.					
Injection 500mg (solvent required)	5	..	20.00	Cefamezin	SI
				Kefzol	LY
1g (solvent required)	5	..	34.20	Cefamezin	SI
				Kefzol	LY
CHLORAL HYDRATE					
Capsule 500mg	25	..	5.57	Noctec	SQ
Mixture 250mg per 5mL, 200mL	≠1	..	5.80	Dormel	AU
CHLORAMBUCIL					
Tablet 2mg	100	2	61.76	Leukeran	BW
5mg	100	2	73.72	Leukeran	BW

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer
CHLORAMPHENICOL Bacterial meningitis; Intracranial bacterial infections; Intraocular infections; Rickettsioses; Typhoid; Other serious infections where positive bacteriological evidence confirms that chloramphenicol is the ONLY appropriate antibiotic. CAUTION: Chloramphenicol may cause aplastic anaemia.				
Capsule 250mg	16	..	7.86	Chloromycetin PD
Paediatric Oral Suspension 125mg per 5mL, 100mL	≠1	..	7.72	Chloromycetin Palmitate PD
Injection 1g (solvent required)	3	..	40.20	Chloromycetin Succinate PD
CHLORAMPHENICOL CAUTION: Topical chloramphenicol may cause aplastic anaemia.				
Ear Drops (aqueous) 5mg per mL (0.5%), 5mL	≠1	2	6.41	Chloromycetin PD
Eye Drops 5mg per mL (0.5%), 10mL	≠1	2	6.00	Chloromycetin PD Chloroptic AG Chlorsig SI
Eye Ointment 10mg per g (1%), 4g	≠1	..	5.96	Chloromycetin PD Chlorsig SI
CHLORAMPHENICOL with POLYMYXIN B SULPHATE CAUTION: Topical chloramphenicol may cause aplastic anaemia.				
Eye Drops 5mg (0.5%)-5,000 units per mL, 10mL	≠1	2	6.03	Chloromyxin PD
Eye Ointment 10mg (1%)-5,000 units per g, 4g	≠1	..	6.08	Chloromyxin PD
CHLORHEXIDINE GLUCONATE Solution 50mg per mL (5%), 200mL	≠1	1	7.87	Hibitane Concentrate IC

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
CHLORMETHIAZOLE					
Authority required.					
Short-term alcohol or drug withdrawal therapy in a hospital or approved centre;					
Status epilepticus.					
NOTE: No authorities will be granted for increased maximum quantities and/or repeats of chlormethiazole capsules.					
Capsule 192mg	50	..	11.74	Hemineurin	AP
CHLORMETHIAZOLE EDISYLATE					
Short-term alcohol or drug withdrawal therapy in a hospital or approved centre;					
Status epilepticus.					
I.V. Infusion 8mg per mL (0.8%), 500mL	1	..	18.37	Hemineurin	AP
CHLOROQUINE					
Tablet equivalent to 150mg (approx.) chloroquine base	100	..	7.98	Chlorquin	PT
				Nivaquine	MB
CHLOROTHIAZIDE					
Tablet 500mg	100	1	9.86	Azide	FM
				Chlotride	FR
CHLORPROMAZINE HYDROCHLORIDE					
Chorea;					
Hyperactive states of organic or toxic delirium;					
Malignant neoplasia (late stage);					
Radiation sickness;					
Severe conduct disorders of children;					
Major psychoses including:-					
Major organic psychoses including arteriopathic dementia;					
Manic-depressive disorder - manic phase;					
Paranoid states;					
Schizophrenia;					
Senile dementia.					
(continued)					

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
CHLORPROMAZINE HYDROCHLORIDE - cont.					
Tablet 10mg	100	1	6.13	Largactil	MB
25mg	100	1	7.37	Protran	PT
			7.47	Largactil	MB
50mg	100	1	8.08	Protran	PT
			8.18	Largactil	MB
100mg	100	1	11.67	Protran	PT
			11.87	Largactil	MB
Mixture 25mg per 5mL, 100mL	≠1	4	6.35	Largactil	MB
Injection 50mg in 2mL	10	..	8.99	Largactil	MB
Suppositories 100mg, 5	≠1	2	7.85	Largactil	MB
CHLORPROPAMIDE					
Tablet 250mg	100	5	10.90	Diabinese	PF
CHLORTHALIDONE					
Tablet 25mg	100	1	9.86	Hygroton	CG
CHOLESTYRAMINE					
Authority required.					
Treatment where less costly alternative therapy is inappropriate for:					
Bile salt malabsorption;					
Pruritus associated with partial biliary obstruction not responding to other therapy;					
Severe diarrhoea associated with pelvic irradiation;					
Hypercholesterolaemia.					
NOTE: Hypercholesterolaemia means an initial fasting serum cholesterol level of at least 6.5mmol per L (5.5mmol per L in persons under the age of 16 years) following dietary therapy for three months. A second or subsequent course of treatment for hypercholesterolaemia should be considered only where there is a fall in serum cholesterol since commencement of cholestyramine therapy.					
(continued)					

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
CHOLESTYRAMINE - cont.					
NOTE - cont.					
Cholestyramine is preferred to clofibrate if fasting serum triglyceride is less than 3mmol per L.					
Sachets 4.7g (equivalent to 4g cholestyramine), 50	2	5	48.20	Questran Lite	AP
Sachets 9.4g (equivalent to 8g cholestyramine), 50	≠1	5	45.59	Questran Lite	AP
CHOLINE THEOPHYLLINATE					
Tablet 200mg	100	5	6.94	Brondecon-PD	PD
				Choledyl	WW
Elixir 50mg per 5mL, 500mL	≠1	5	7.04	Brondecon Elixir-PD	PD
Syrup 50mg per 5mL, 500mL	≠1	5	7.04	Choledyl	WW
CIMETIDINE					
Authority required.					
Duodenal ulcer (including pyloric and stomal ulcers), proven by current or prior x-ray, endoscopy or surgery; Gastric ulcer, proven by x-ray, endoscopy or surgery within the previous two years.					
Tablet 200mg	120	2	36.79	Duractin	CS
				Tagamet	SK
400mg	60	2	36.79	Duractin	CS
				Tagamet	SK
800mg	30	1	36.79	Duractin	CS
				Tagamet	SK

(continued)

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
CIMETIDINE - cont.					
Authority required. Severe ulcerating (erosive) oesophagitis, proven by endoscopy and unresponsive to other measures.					
Tablet 200mg	120	2	36.79	Duractin Tagamet	CS SK
400mg	60	2	36.79	Duractin Tagamet	CS SK
Authority required. Scleroderma oesophagus. NOTE: A maximum of two repeats will be authorised under the 'urgent supply' mechanisms.					
Tablet 200mg	120	5	36.79	Duractin Tagamet	CS SK
400mg	60	5	36.79	Duractin Tagamet	CS SK
Authority required. Zollinger-Ellison syndrome. NOTE: A maximum of two repeats will be authorised under the 'urgent supply' mechanisms.					
Tablet 200mg	240	5	69.38	Duractin Tagamet	CS SK
400mg	120	5	69.38	Duractin Tagamet	CS SK
800mg	60	5	69.38	Duractin Tagamet	CS SK
CIPROFLOXACIN					
Authority required. Serious infections for which no other oral antimicrobial agent is appropriate.					
Tablet 250mg	14	..	33.20	Ciproxin 250	BN
500mg	14	..	61.10	Ciproxin 500	BN
750mg	14	..	89.03	Ciproxin 750	BN

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
CISPLATIN					
Authority required.					
Treatment in a hospital of bladder carcinoma, germ cell carcinoma, ovarian carcinoma, carcinoma of the head and neck.					
I.V. Injection 10mg in 10mL	1	..	15.20	BL	
50mg in 50mL	1	..	37.20	BL	
100mg in 100mL	1	..	65.23	BL	
Powder for I.V. Injection 10mg	1	..	15.20	Platamine	FE
50mg	1	..	37.20	Platamine	FE
CLINDAMYCIN					
Gram-positive coccal infections where these cannot be safely and effectively treated with a penicillin.					
Capsule 75mg	25	..	9.40	Dalacin C	UP
150mg	25	..	12.04	Dalacin C	UP
Granules for Syrup 75mg per 5mL, 100mL	≠1	..	#13.28	Dalacin C	UP
CLIOQUINOL					
Cream 10mg per g (1%), 30g	≠1	..	6.14	Vioform	SI
CLOFIBRATE					
Authority required.					
Hypertriglyceridaemia.					
NOTE: Hypertriglyceridaemia means an initial fasting serum triglyceride level of at least 4mmol per L following dietary therapy for three months. A second or subsequent course of treatment for hypertrigiyceridaemia is indicated only where there is a fall of at least 1mmol per L in serum triglyceride since commencement of clofibrate therapy.					

(continued)

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
CLOFIBRATE - cont.					
Authority required.					
Hypercholesterolaemia.					
NOTE: Hypercholesterolaemia means an initial fasting serum cholesterol level of at least 6.5mmol per L following dietary therapy for three months. A second course of treatment for hypercholesterolaemia is indicated where there is a fall in serum cholesterol since commencement of clofibrate therapy.					
A second course of clofibrate may also be indicated where there is an inadequate response to clofibrate and the prescriber wishes to institute combined therapy. Subsequent courses of clofibrate alone or in combination are indicated provided there is a fall in serum cholesterol since commencement of therapy.					
Clofibrate is preferred initially to cholestyramine and colestipol if fasting serum triglyceride is greater than 3mmol per L.					
Capsule 500mg	100	5	12.90	Arterioflexin	PT
			12.95	Atromid-S	IC
CLOMIPHENE CITRATE					
See Special Pharmaceutical Benefits					
CLOMIPRAMINE HYDROCHLORIDE					
Cataplexy associated with narcolepsy;					
Obsessive compulsive disorders and phobic disorders in adults.					
Tablet 25mg	50	1	12.44	Anafranil	CG
CLONAZEPAM					
Tablet 500 micrograms	200	2	14.55	Rivotril	RO
2mg	200	2	22.23	Rivotril	RO
Paediatric Oral Drops 2.5mg in 1mL, 10mL	2	..	9.56	Rivotril	RO

(continued)

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
CLONAZEPAM - cont.					
Injection 1mg in 2mL (set containing solution 1mg in 1mL and 1mL diluent)	5	..	8.39	Rivotril	RO
CLONIDINE					
Tablet 100 micrograms	100	5	15.32	Catapres 100	BY
150 micrograms	100	5	19.55	Catapres	BY
CLOPAMIDE					
Tablet 5mg	100	1	9.86	Brinaldix	SZ
CLOTRIMAZOLE					
Cream 10mg per g (1%), 20g	≠1	1	6.77	Lotremin	SH
			6.78	Canesten	BN
Lotion 10mg per mL (1%), 20mL	≠1	1	6.78	Canesten	BN
				Lotremin	SH
Pessaries 100mg, 6	≠1	..	7.34	Canesten	BN
				Gyne-Lotremin	SH
Pessary 500mg	1	..	7.34	Canesten 1	BN
Vaginal Cream					
50mg per 5g (1%), 35g	≠1	..	7.31	Canesten	BN
				Gyne-Lotremin	SH
100mg per 5g (2%), 20g	≠1	..	7.31	Canesten 3	BN
CLOXACILLIN					
Capsule 250mg	24	..	11.20	Alclox 250	AF
500mg	24	..	18.20	Alclox 500	AF
Injection 250mg (solvent required)	5	..	10.78	Austrastaph	CS
500mg (solvent required)	5	..	15.18	Austrastaph	CS
				Orbenin	BR
1g (solvent required)	5	..	21.42	Austrastaph	CS
				Orbenin	BR
CODEINE PHOSPHATE					
Tablet 30mg	20	..	8.06	Codate	US
				AU,FA,FM	

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
CODEINE PHOSPHATE with ASPIRIN NOTE: Authorities for increased maximum quantities and/or repeats will be granted only for severe disabling pain not responding to non-narcotic analgesics.					
Tablet 30mg-325mg	20	..	6.07	Codral Forte	BW
CODEINE PHOSPHATE with PARACETAMOL NOTE: Authorities for increased maximum quantities and/or repeats will be granted only for severe disabling pain not responding to non-narcotic analgesics.					
Tablet 30mg-500mg	20	..	6.07	Panadeine Forte	WL
COLCHICINE Tablet 500 micrograms	100	2	6.57	Colgout RT	PT
COLESTIPOL HYDROCHLORIDE Authority required. Treatment where less costly alternative therapy is inappropriate for hypercholesterolaemia. NOTE: Hypercholesterolaemia means an initial fasting serum cholesterol level of at least 6.5mmol per L (5.5mmol per L in persons under the age of 16 years) following dietary therapy for three months. A second or subsequent course of treatment for hypercholesterolaemia should be considered only where there is a fall in serum cholesterol since commencement of colestipol therapy. Colestipol is preferred to clofibrate if fasting serum triglyceride is less than 3mmol per L.					
Sachets 5g, 120	≠1	5	56.96	Colestid	UP
COLISTIN Injection 150mg (solvent required)	5	..	118.40	Coly-Mycin	WW

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
COLISTIN with NEOMYCIN					
Ear Drops 3mg-3.3mg per mL, 10mL	≠1	2	6.96	Coly-Mycin	WW
COPPER SULPHATE					
Diagnostic Compound Tablets, 36	2	3	11.80	Clinitest	AM
CORTISONE ACETATE					
Tablet 5mg	50	4	6.06	Cortate	PT
25mg	60	4	9.11	Cortate	PT
CYCLOPENTHIAZIDE					
Tablet 500 micrograms	100	1	10.06	Navidrex	CG
CYCLOPHOSPHAMIDE					
Tablet 50mg	50	2	19.76	Cycloblastin	FE
Injection 100mg (solvent required)	6	..	32.74	Cycloblastin	FE
200mg (solvent required)	6	..	34.66	Cycloblastin	FE
500mg (solvent required)	2	..	19.78	Cycloblastin	FE
1g (solvent required)	1	..	17.81	Cycloblastin	FE
CYPROHEPTADINE HYDROCHLORIDE					
Prevention of migraine.					
Tablet 4mg	100	2	8.44	Periactin	FR
CYPROTERONE ACETATE					
Authority required.					
Idiopathic precocious puberty; Moderate to severe androgenisation in non-pregnant women.					
CAUTION: This drug should not be used during pregnancy as it may result in feminisation of the male foetus.					
Tablet 50mg	20	5	50.75	Androcur	SC
Authority required.					
Inoperable carcinoma of the prostate;					
*Reduction of drive in sexual deviations in males.					
Tablet 50mg	50	5	102.48	Androcur	SC

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
CYTARABINE					
Injection 40mg in 2mL	10	1	33.96	Alexan	BT
100mg in 5mL	10	1	68.88	Alexan	BT
Injection set containing 100mg and 5mL solvent	10	1	68.90	Cytosar-U BL	UP
Injection 500mg in 25mL	2	1	68.88	Alexan	BT
Injection set containing 500mg and 10mL solvent	2	1	68.88	BL	
DANAZOL					
Authority required.					
Endometriosis, visually proven; Hereditary angio-oedema; Menorrhagia, intractable primary.					
CAUTION: Pregnancy must be excluded prior to administration of this drug.					
NOTE: Not more than six months' therapy will be authorised for use in intractable primary menorrhagia.					
Capsule 100mg	100	5	81.79	Danocrine	WL
200mg	100	5	114.37	Danocrine	WL
DANTROLENE SODIUM					
Treatment of chronic spasticity.					
Capsule 25mg	100	2	20.40	Dantrium	NW
50mg	100	2	32.00	Dantrium	NW
DEBRISOQUINE					
Tablet 10mg	100	5	11.36	Declinax	RO
20mg	100	5	14.58	Declinax	RO
DEMECLOCYCLINE HYDROCHLORIDE					
Syndrome of inappropriate antidiuretic hormone secretion, which is not drug induced.					
Capsule 150mg	100	3	28.40	Ledermycin	LE

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
DESIPRAMINE HYDROCHLORIDE					
Tablet 25mg	50	2	7.00	Pertofran	CG
DESMOPRESSIN					
Intranasal Solution					
100 micrograms per mL, 2.5mL	5	2	99.50	Minirin	FC
DEXAMETHASONE					
For use in a hospital.					
Injection 120mg in 5mL	1	..	28.40	Decadron Shock Pak	MK
DEXAMETHASONE					
Tablet 500 micrograms	30	4	5.96	Dexmethsone	PT
				Oradexon	OR
4mg	30	4	9.37	Dexmethsone	PT
Eye Drops 1mg per mL (0.1%), 5mL	≠1	2	6.43	Maxidex	AQ
Injection 4mg in 1mL	5	..	12.23	Decadron	MK
5mg in 1mL	5	..	13.35	Oradexon	OR
8mg in 2mL	5	..	15.34	Decadron	MK
DEXAMETHASONE with FRAMYCETIN SULPHATE and GRAMICIDIN					
Ear Drops 500 micrograms-5mg-50 micrograms per mL, 8mL	≠1	2	5.94	Sofradex	RL
Ear Ointment 500 micrograms-5mg-50 micrograms per g, 5g	≠1	2	5.74	Sofradex	RL
DEXAMPHETAMINE SULPHATE					
Authority required.					
*Attention deficit and hyperactivity disorder in children; Narcolepsy.					
NOTE: Care must be taken to comply with the provisions of State law when prescribing dexamphetamine.					
Tablet 5mg	100	5	10.10	SI	
DEXTRAN 40					
See Intravenous Infusions					
DEXTRAN 70					
See Intravenous Infusions					

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
DIAZEPAM					
NOTE: Authorities for increased maximum quantities and/or repeats for this item will be granted only for the treatment of disabling spasticity, malignant neoplasia (late stage) or for use by patients receiving long-term nursing care in hospitals and nursing homes who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal. Up to six months' treatment (i.e. one month's treatment with five repeats) may be requested.					
Tablet 2mg	50	..	5.52	Antenex 2	AF
				Pro-Pam	PT
			5.72	Ducene	SU
				Valium	RO
5mg	50	..	5.71	Antenex 5	AF
				Pro-Pam	PT
			5.91	Ducene	SU
				Valium	RO
Paediatric Syrup 2mg per 5mL, 100mL	≠1	..	8.36	Valium	RO
Injection 10mg in 2mL	5	..	5.97	BL	
			6.17	Valium	RO
DIAZOXIDE					
Injection 300mg in 20mL	1	..	15.00	BL	
			15.11	Hyperstat I.V.	SH
DICHLORPHENAMIDE					
Tablet 50mg	50	6	11.76	Daranide	SI
DICLOFENAC SODIUM					
Tablet 25mg (enteric coated)	50	3	8.84	Voltaren 25	CG
50mg (enteric coated)	50	3	9.97	Voltaren 50	CG
DIENOESTROL					
Cream 500 micrograms per 5g (0.01%), 85g	≠1	1	6.70	JC	

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
DIFENOXIN HYDROCHLORIDE with ATROPINE SULPHATE					
Tablet					
500 micrograms-25 micrograms	20	..	5.71	Lyspafen	PT
DIFLUNISAL					
Tablet 250mg	50	3	8.99	Dolobid	MK
DIGOXIN					
Tablet 62.5 micrograms	200	1	7.62	Lanoxin-PG	BW
250 micrograms	100	1	6.92	Lanoxin	BW
Oral Solution for children					
50 micrograms per mL, 100mL	≠1	3	8.73	Lanoxin	BW
Injection 500 micrograms in 2mL	5	1	9.40	Lanoxin	BW
DIHYDROERGOTAMINE MESYLATE					
Injection 1mg in 1mL	5	..	8.21	Dihydergot	SZ
DIHYDROTACHYSTEROL					
Authority required.					
Hypoparathyroidism;					
Osteomalacia following gastrectomy, severe steatorrhoea or renal failure;					
Vitamin D-resistant rickets.					
Capsule 125 micrograms	100	5	39.55	A.T.10	WL
DILOXANIDE FUROATE					
Tablet 500mg	30	..	12.30	Furamide	BT
DILTIAZEM HYDROCHLORIDE					
Authority required.					
Treatment of angina where less costly alternative therapy is inappropriate.					
CAUTION: The myocardial depressant effects of this drug and of beta-blocking drugs are additive.					
Tablet 60mg	100	5	32.20	Cardizem	IC
DIMERCAPROL					
Injection 100mg in 2mL	12	..	50.91	B.A.L.	BT
DIPHENOXYLATE HYDROCHLORIDE with ATROPINE SULPHATE					
Tablet 2.5mg-25 micrograms	20	..	5.71	Lomotil	SR

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
DIPHTHERIA ANTITOXIN Injection 10,000 units	2	1	62.34	CS	
DIPHTHERIA and TETANUS VACCINE, ADSORBED For immunisation of children up to the age of eight years.					
Injection 0.5mL	3	..	12.96	CS	
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	..	13.35	CS	
DIPHTHERIA, TETANUS and PERTUSSIS VACCINE, ADSORBED Injection 0.5mL	3	..	14.10	CS,PD	
DIPHTHERIA VACCINE, ADSORBED For immunisation of children up to the age of eight years.					
Injection 0.5mL	2	1	11.40	CS	
DIPHTHERIA VACCINE, ADSORBED, DILUTED FOR ADULT USE For immunisation of adults and children over the age of eight years.					
Injection 0.5mL	2	..	10.88	CS	
DIPIVEFRINE HYDROCHLORIDE Eye Drops 1mg per mL (0.1%), 10mL	≠1	5	10.29	Propine	AG
DISODIUM ETIDRONATE Authority required. Active Paget's disease of bone when calcitonin has been found to be unsatisfactory due to lack of efficacy or unacceptable side effects.					
Tablet 200mg	60	5	79.88	Didronel	NW

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
DISOPYRAMIDE					
Capsule 100mg	100	5	16.20	Norpace	SR
				Rythmodan	RL
150mg	100	5	21.00	Norpace	SR
				Rythmodan	RL
DOCUSATE SODIUM with BISACODYL					
For use by paraplegic and quadriplegic patients;					
*For use by patients who are receiving long-term nursing care in hospitals and nursing homes;					
For use by patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved.					
Suppositories 100mg-10mg, 5	2	..	7.68	Coloxyl	FM
DOMPERIDONE					
Tablet 10mg	25	..	6.42	Motilium	JC
DOTHIEPIN HYDROCHLORIDE					
Capsule 25mg	50	2	6.66	Prothiaden	BT
Tablet 75mg	30	2	6.94	Prothiaden	BT
DOXEPIN HYDROCHLORIDE					
Tablet 50mg (base)	50	2	6.94	Deptran 50	AF
Capsule 10mg (base)	50	2	5.67	Deptran 10	AF
				Sinequan	PF
25mg (base)	50	2	5.71	Deptran 25	AF
				Sinequan	PF
DOXORUBICIN HYDROCHLORIDE					
Powder for I.V. Injection or Intravesical Administration					
10mg	4	..	187.36	Adriamycin	FE
20mg	4	..	357.68	Adriamycin	FE
50mg	3	..	659.97	Adriamycin	FE

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
DOXYCYCLINE Bronchiectasis in patients over the age of eight years; Chronic bronchitis in patients over the age of eight years; Severe acne.					
Tablet 50mg	25	5	8.20 8.40	Doxylin 50 Vibra-Tabs	AF PF
Capsule 50mg	25	5	8.98	Doryx	FA
Urethritis.					
Tablet 100mg	21	..	11.55 12.12	Doxylin 100 Vibramycin	AF PF
Capsule 100mg	21	..	11.82 12.12	Cyclidox Doryx	PT FA
DOXYCYCLINE Tablet 100mg	7	1	6.65 6.84	Doxylin 100 Vibramycin	AF PF
Capsule 100mg	7	1	6.74 6.84	Cyclidox Doryx	PT FA
DYDROGESTERONE Authority required. Endometriosis, visually proven.					
Tablet 10mg	50	5	26.70	Duphaston	JC
ECONAZOLE NITRATE Cream 10mg per g (1%), 20g	≠1	1	6.78	Ecostatin Pevaryl	SQ SK
Lotion 10mg per mL (1%), 20mL	≠1	1	6.78	Ecostatin Pevaryl	SQ SK
Pessaries 150mg, 3	≠1	..	7.34	Ecostatin Pevaryl	SQ SK
Vaginal Cream 75mg per 5g (1.5%), 35g	≠1	..	7.31	Ecostatin	SQ

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
ECOTHIOPATE IODIDE					
Eye Drops					
300 micrograms per mL (0.03%), 1.5mg and 5mL solvent	≠1	5	#13.65	Phospholine Iodide	AY
600 micrograms per mL (0.06%), 3mg and 5mL solvent	≠1	5	#13.65	Phospholine Iodide	AY
1.25mg per mL (0.125%), 6.25mg and 5mL solvent	≠1	5	#13.65	Phospholine Iodide	AY
2.5mg per mL (0.25%), 12.5mg and 5mL solvent	≠1	5	#15.43	Phospholine Iodide	AY
ELECTROLYTE REPLACEMENT (ORAL)					
Powder for Solution					
Sachets 40g, 6	≠1	..	7.55	Repalyte	AU
ELECTROLYTE REPLACEMENT SOLUTION					
See Intravenous Infusions					
ENALAPRIL MALEATE					
Authority required.					
Treatment where less costly alternative therapy is inappropriate for: Hypertension; Cardiac failure where treatment was initiated in a hospital (in-patient or out-patient).					
Tablet 5mg	30	5	21.48	Amprace 5 Renitec M	AD MK
10mg	30	5	29.43	Amprace 10 Renitec	AD MK
20mg	30	5	40.10	Amprace 20 Renitec 20	AD MK

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
EPIRUBICIN HYDROCHLORIDE					
Authority required.					
Advanced breast cancer.					
Powder for I.V. Injection					
10mg	1	..	52.64	Pharmorubicin	FE
20mg	1	..	97.66	Pharmorubicin	FE
50mg	1	..	235.41	Pharmorubicin	FE
ERGOCALCIFEROL					
Hypocalcaemia;					
Hypoparathyroidism;					
Osteomalacia following gastrectomy, severe steatorrhoea or renal failure;					
Vitamin D-resistant rickets.					
Tablet 250 micrograms	100	5	8.90	Ostelin	BT
ERGOMETRINE MALEATE					
Tablet 200 micrograms	24	..	6.96	Ergotrate	LY
Injection 250 micrograms in 1mL	5	..	6.65	BL	
ERGOTAMINE TARTRATE					
Capsule 1mg	50	2	8.29	Ergodryl Mono	PD
ERGOTAMINE TARTRATE with CAFFEINE					
Tablet 1mg-100mg	50	2	8.29	Cafergot	SZ
ERGOTAMINE TARTRATE with CAFFEINE, ITOBARBITONE and BELLADONNA ALKALOIDS					
Suppositories					
2mg-100mg-100mg-250 micrograms, 5	≠1	2	6.87	Cafergot PB	SZ
ERYTHROMYCIN					
Tablet 250mg	25	1	7.16	EMU-V	UP
				AB	
Capsule 125mg	25	1	6.94	Eryc	FA
175mg	25	1	7.16	Eryc LD	FA
250mg	25	1	7.44	Eryc	FA
				Ilocap	LY

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
ERYTHROMYCIN ESTOLATE					
Paediatric Oral Drops 100mg (base) per mL, 10mL	≠1	1	6.89	Ilosone	LY
Paediatric Oral Suspension 125mg (base) per 5mL, 100mL	≠1	1	6.89	Ilosone	LY
ERYTHROMYCIN ETHYL SUCCINATE					
Tablet 200mg (base)	25	1	6.94	E.E.S. Dulcet	AB
400mg (base)	25	1	7.44	E.E.S. 400	AB
Granules for Paediatric Oral Suspension 200mg (base) per 5mL, 100mL	≠1	1	#8.95	E.E.S. 200	AB
Injection I.M. 100mg (base) in 2mL	5	..	9.96	Erythrocin	AB
ERYTHROMYCIN LACTOBIONATE					
Infusion I.V. 300mg (base)	5	..	21.40	Erythrocin	AB
1g (base)	1	..	13.49	Erythrocin	AB
ERYTHROMYCIN STEARATE					
Tablet 250mg (base)	25	1	7.16	Erythrocin	AB
Capsule 250mg (base)	25	1	7.16	Erythrocin	AB
Paediatric Oral Suspension 125mg (base) per 5mL, 100mL	≠1	1	6.89	Erythrocin	AB
Oral Suspension 250mg (base) per 5mL, 100mL	≠1	..	8.31	Erythrocin	AB
ETHACRYNIC ACID					
Patients hypersensitive to other oral diuretics.					
Tablet 50mg	50	3	10.72	Edecril	MK
ETHINYLOESTRADIOL					
Tablet 10 micrograms	200	1	7.46	Estigyn	GL
20 micrograms	200	1	7.72	Estigyn	GL
50 micrograms	200	1	8.86	Estigyn	GL

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
ETHOSUXIMIDE					
Capsule 250mg	200	2	22.40	Zarontin	PD
Paediatric Syrup 250mg per 5mL, 250mL	≠1	4	12.90	Zarontin	PD
ETHYNODIOL DIACETATE with ETHINYLOESTRADIOL					
Tablet 500 micrograms-50 micrograms, 21	4	2	11.32	Ovulen 0.5/50	SR
1mg-50 micrograms, 21	4	2	11.32	Ovulen 1/50	SR
Pack containing 21 tablets 500 micrograms-50 micrograms and 7 inert tablets	4	2	11.32	Ovulen 0.5/50-28	SR
Pack containing 21 tablets 1mg-50 micrograms and 7 inert tablets	4	2	11.32	Ovulen 1/50-28	SR
ETRETINATE Authority required. Darier's disease; Erythrokeratoderma; Pityriasis rubra pilaris; Severe congenital ichthyosis (lamellar, bullous and sex linked); Severe intractable psoriasis; Severe lichen planus; Severe palmo-plantar keratoderma. CAUTION: This drug is a potent teratogen - pregnancy should be avoided for at least two years after cessation of therapy. NOTE: Care must be taken to comply with the provisions of State law when prescribing etretinate.					
Capsule 10mg	100	5	126.27	Tigason	RO
25mg	100	5	257.13	Tigason	RO

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
FAMOTIDINE					
Authority required.					
Duodenal ulcer (including pyloric and stomal ulcers), proven by current or prior x-ray, endoscopy or surgery; Gastric ulcer, proven by x-ray, endoscopy or surgery within the previous two years.					
Tablet 20mg	60	2	38.40	Amfamox 20 Pepcidine M	AD MK
40mg	30	1	38.40	Amfamox 40 Pepcidine	AD MK
Authority required. Zollinger-Ellison syndrome. NOTE: A maximum of two repeats will be authorised under the 'urgent supply' mechanisms.					
Tablet 20mg	120	5	72.60	Amfamox 20 Pepcidine M	AD MK
40mg	60	5	72.60	Amfamox 40 Pepcidine	AD MK
FELODIPINE					
Tablet 5mg	60	5	25.61	Agon Plendil	HP AP
FENOTEROL HYDROBROMIDE					
Inhalation Solution for use in RESPIRATOR or NEBULISER 1mg per mL (0.1%), 20mL	≠1	5	7.88	Berotec	BY
Oral Pressurised Inhalation, 200 micrograms per dose (300 dose)	≠1	5	8.63	Berotec	BY
FERROUS AMINOACETOSULPHATE					
Paediatric Syrup 100mL	≠1	4	5.67	Plesmet	NN
FERROUS GLUCONATE					
Paediatric Elixir 300mg per 5mL (6%), 100mL	≠1	4	5.67	Fergon	WL

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer
FERROUS SULPHATE DRIED				
Tablet 320mg (delayed release)	30	2	5.67	Slow-Fe CG
350mg (sustained release)	30	2	5.66	Feritard PT
			5.67	Ferro-Gradumets AB
Capsule 320mg (delayed release)	30	2	5.67	Fespan SK
FERROUS SULPHATE DRIED with FOLIC ACID				
Tablet 270mg-300 micrograms (delayed release)	30	2	5.66	Feritard Folic PT
Tablet 270mg-300 micrograms (sustained release)	30	2	5.71	F.G.F. AB
Capsule 270mg-300 micrograms (delayed release)	30	2	5.71	Fefol SK
FLECAINIDE ACETATE				
Authority required. Treatment where less costly alternative therapy is inappropriate for cardiac arrhythmias. Treatment must be initiated in a hospital (in-patient or out-patient).				
Tablet 100mg	60	5	35.90	Tambocor RK
FLUCLOROLONE ACETONIDE				
Cream 250 micrograms per g (0.025%), 15g	≠1	1	5.46	Topilar SD
FLUCLOXACILLIN				
Capsule 250mg	24	..	11.20	Staphylex 250 AF
			11.40	Flopen CS
				Floxapen BR
				Flucil 250 PT
500mg	24	..	18.20	Staphylex 500 AF
			18.40	Flopen CS
				Floxapen BR
				Flucil 500 PT

(continued)

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
FLUCLOXACILLIN - cont.					
Powder for Syrup					
125mg per 5mL, 100mL	≠1	..	#11.01	Flopen	CS
				Floxapen	BR
250mg per 5mL, 100mL	≠1	..	#14.44	Flopen	CS
				Floxapen	BR
Injection 250mg (solvent required)	5	..	10.78	Flopen	CS
500mg (solvent required)	5	..	15.18	Flopen	CS
				Floxapen	BR
1g (solvent required)	5	..	21.42	Flopen	CS
				Floxapen	BR
FLUCYTOSINE					
Invasive or systemic fungal infections such as candidiasis, cryptococcosis and chromoblastomycosis.					
Tablet 500mg	100	..	137.65	Ancotil	RO
FLUDROCORTISONE ACETATE					
Tablet 100 micrograms	200	1	11.60	Florinef	SQ
FLUMETHASONE PIVALATE with CLIOQUINOL					
Ear Drops 200 micrograms-10mg per mL (0.02%-1%), 7.5mL	≠1	..	5.94	Locacorten Vioform	CG
FLUOCORTOLONE ESTERS					
Cream 2mg per g (0.2%), 15g	≠1	1	5.46	Ultralan-D	SC
Ointment 2mg per g (0.2%), 15g	≠1	1	5.46	Ultralan-D	SC
Ointment (anhydrous) 2mg per g (0.2%), 15g	≠1	1	5.46	Ultralan-D Fatty	SC
FLUOROMETHOLONE					
Eye Drops 1mg per mL (0.1%), 5mL	≠1	5	6.84	Flucon	AQ
				FML Liquifilm	AG

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
FLUOROMETHOLONE ACETATE					
Eye Drops 1mg per mL (0.1%), 5mL	≠1	2	6.84	Flarex	AQ
FLUOROURACIL					
Injection 250mg in 10mL	20	..	58.88	BL,RO	
500mg in 10mL	10	..	52.48 58.88	BL Fluroblastin	FE
FLUOXYMESTERONE					
Authority required. Aplastic anaemias, proven; Carcinoma of the breast; Hypogonadism; Osteoporosis. NOTE: An authority for six months' treatment of osteoporosis will be limited to the maximum quantity and repeats shown in this schedule.					
Tablet 5mg	100	3	18.52	Halotestin	UP
FLUPHENAZINE DECANOATE					
Chorea; Hyperactive states of organic or toxic delirium; Malignant neoplasia (late stage); Radiation sickness; Major psychoses including:- Major organic psychoses including arteriopathic dementia; Manic-depressive disorder - manic phase; Paranoid states; Schizophrenia; Senile dementia.					
Injection 12.5mg in 0.5mL	5	..	14.94	Modecate	SQ
25mg in 1mL	5	..	22.14	Modecate	SQ
50mg in 2mL	5	..	32.27	Modecate	SQ

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
FLUPHENAZINE HYDROCHLORIDE Chorea; Hyperactive states of organic or toxic delirium; Malignant neoplasia (late stage); Radiation sickness; Major psychoses including:- Major organic psychoses including arteriopathic dementia; Manic-depressive disorder - manic phase; Paranoid states; Schizophrenia; Senile dementia.					
Tablet 1mg	100	1	7.28	Anatensol	SQ
2.5mg	100	1	8.59	Anatensol	SQ
5mg	100	1	10.68	Anatensol	SQ
FOLIC ACID Tablet 500 micrograms	200	..	6.74 6.76	PT SI	
5mg	200	1	6.96 7.00	AU Folasic Folicid	NN US
				PT,RT,SI	
Injection 15mg in 1mL	10	..	13.76	AB	
FOSFESTROL SODIUM Carcinoma of the prostate.					
Tablet 120mg	100	2	41.08	Honvan	BC
Injection 250mg in 5mL	10	..	23.15	Honvan	BC
FRAMYCETIN SULPHATE Eye Ointment 5mg per g (0.5%), 5g	≠1	..	5.88	Soframycin	RL
Eye and Ear Drops 5mg per mL (0.5%), 8mL	≠1	2	6.00	Soframycin	RL

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
FRUSEMIDE Renal failure.					
Tablet 500mg	50	3	19.11	Urex-Forte	FM
FRUSEMIDE Tablet 20mg	100	1	8.44	Lasix-M Urex-M	HP FM
40mg	100	1	8.50 8.94	Uremide Lasix Urex	PT HP FM
Oral Solution 10mg per mL, 30mL	≠1	3	10.12	Lasix	HP
Injection 20mg in 2mL	5	..	6.70	Lasix AF	HP
FUSIDIC ACID Authority required. Treatment where less costly alternative therapy is inappropriate, when used in combination with another antibiotic in the treatment of proven serious staphylococcal infections.					
Tablet (sodium salt) 250mg (enteric coated)	36	..	62.48	Fucidin	SK
Oral Suspension 50mg per mL, 90mL	≠1	..	46.49	Fucidin	SK
GAS GANGRENE ANTITOXIN - MIXED (POLYVALENT) Injection: 1 amp containing 10,000 units Perfringens; 10,000 units Novyi; 5,000 units Septicum	2	1	98.76	CS	
GENTAMICIN SULPHATE Invasive ocular infection; Perioperative use; Suspected pseudomonal eye infection.					
Eye Drops 3mg (base) per mL (0.3%), 5mL	≠1	2	8.04	Genoptic	AG

(continued)

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
GENTAMICIN SULPHATE - cont.					
Injection 40mg (base) in 1mL	5	..	14.64	Garamycin	SH
				BL	
60mg (base) in 1.5mL	5	..	17.14	Garamycin	SH
				BL	
80mg (base) in 2mL	5	..	8.92	Cidomycin	RL
			9.18	Garamycin	SH
				BL	
GLIBENCLAMIDE					
Tablet 5mg	100	5	10.20	Daonil	HP
				Euglucon	SK
				Glimel	AF
GLICLAZIDE					
Tablet 80mg	100	5	14.21	Diamicron	SE
GLIPIZIDE					
Tablet 5mg	100	5	14.21	Minidiab	FE
GLUCAGON HYDROCHLORIDE					
Injection 1 i.u. with diluent	1	1	11.61	LY	
Injection set containing 1mg (1 i.u.) and 1mL solvent in disposable syringe	1	1	14.87	Glucagon Novo	CN
GLUCOSE					
Injection 5mg in 10mL (50%)	5	..	7.98	AP	
Injections 500mL and 1L - See Intravenous Infusions					
GLUCOSE INDICATOR - BLOOD					
Reagent Strips, 50	2	5	33.50	Ames-BG	AM
				BM-Test-BG	BO
Reagent Strips, 50	2	5	34.20	Hypoguard GA	AS
			40.64	BM-Test-Glycemie 20-800	BO
				Glucostix	AM
GLUCOSE INDICATOR - URINE					
Test Dispenser 4m	≠1	2	9.66	Tes-Tape	LY
Reagent Strips, 100	≠1	2	9.10	Clinistix	AM
Reagent Strips, 100	≠1	2	9.66	Diastix	AM

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
GLUCOSE and KETONE INDICATOR - URINE					
Reagent Strips, 100	≠1	2	11.40	Keto-Diastix	AM
GLYCERYL TRINITRATE					
Tablets 600 micrograms, 100	≠1	5	5.70	Anginine Stabilised	BW
Ointment 15mg (approx.) per 2.5cm (2%), 60g	≠1	5	11.64	Nitro-Bid	FC
Transdermal Disc releasing approximately 5mg per 24 hours	30	2	20.83	Nitradisc	SR
Transdermal Disc releasing approximately 10mg per 24 hours	30	2	27.53	Nitradisc	SR
Transdermal Pad releasing approximately 5mg per 24 hours	30	2	20.83	Transiderm-Nitro 25	CG
Transdermal Pad releasing approximately 10mg per 24 hours	30	2	27.53	Transiderm-Nitro 50	CG
GOSERELIN					
Authority required.					
Advanced carcinoma of the prostate.					
Subcutaneous Implant 3.6mg	1	5	366.27	Zoladex Depot	IC
GRISEOFULVIN					
Use in recalcitrant tinea infections;					
Kerion.					
Tablet 125mg	100	2	11.34	Fulcin 125	IC
				Grisovin	GL
330mg	28	2	11.46	Griseostatin	SH
500mg	28	2	11.46	Fulcin 500	IC
				Grisovin 500	GL

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
HALOPERIDOL Chorea; Hyperactive states of organic or toxic delirium; Malignant neoplasia (late stage); Radiation sickness; Major psychoses including:- Major organic psychoses including arteriopathic dementia; Manic-depressive disorder - manic phase; Paranoid states; Schizophrenia; Senile dementia.					
Tablet 1.5mg	100	1	7.14	Serenace	SR
5mg	50	1	7.90	Serenace	SR
Oral Liquid 2mg per mL, 15mL	≠1	2	7.03	Serenace	SR
2mg per mL, 100mL	≠1	1	12.39	Serenace	SR
Injection 5mg in 1mL	10	..	11.65	Serenace	SR
HEPARIN CALCIUM Injection 5,000 units in 0.2mL	5	5	9.88	Calcihep Calciparine Caprin	FC BL CS
5,000 units in 0.5mL	5	5	9.88	Caprin	CS
12,500 units in 0.5mL	2	5	9.40	Calciparine CS	BL
25,000 units in 1mL	2	5	10.94	Calciparine CS	BL
HEPARIN SODIUM Injection 5,000 units in 0.2mL	5	5	8.80	BL,CS,FC	
5,000 units in 1mL	5	5	8.80 8.84	FC BL,CS	
20,000 units in 20mL	12	5	38.11	BL	
25,000 units in 5mL	2	5	10.94	CS,FC	
35,000 units in 35mL	12	5	81.72	CS,FC	

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
HEXAMINE HIPPURATE					
Tablet 1g	100	5	15.00	Hiprex	RK
HEXAMINE MANDELATE					
Tablet 250mg	200	2	12.74	Mandelamine	WW
500mg	200	2	15.60	Mandelamine Hafgrams	WW
1g	100	5	13.93	Mandelamine	WW
HOMATROPINE HYDROBROMIDE					
Eye Drops 20mg per mL (2%), 15mL	≠1	2	7.21	AG,AQ	
50mg per mL (5%), 15mL	≠1	2	7.91	AG,AQ	
HUMAN CHORIONIC GONADOTROPHIN					
Authority required. For the treatment of anovulatory infertility in females under 41 years of age with no more than two live children by their present union. NOTE: Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomiphene citrate and/or gonadorelin and failed to have conceived. Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception. Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to application for treatment. Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to an application for treatment.					

(continued)

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
HUMAN CHORIONIC GONADOTROPHIN - cont.					
Injection Set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1mL	1	5	20.14	Pregnyl Profasi 500	OR CS
containing 3 ampoules powder for injection 1,000 units and 3 ampoules solvent 1mL	1	5	25.75	Profasi 1000	CS
containing 3 ampoules powder for injection 1,500 units and 3 ampoules solvent 1mL	1	5	27.75	Pregnyl	OR
containing 3 ampoules powder for injection 2,000 units and 3 ampoules solvent 1mL	1	5	29.75	Profasi 2000	CS
containing one ampoule powder for injection 5,000 units and one ampoule solvent 1mL	1	5	16.20	Profasi 5000	CS
Authority required. For the treatment of infertility in males due to hypogonadotrophic hypogonadism; For the treatment of infertility in males associated with isolated luteinizing hormone deficiency; For the treatment of males who have combined deficiency of human growth hormone and gonadotrophins and in whom the absence of secondary sexual characteristics indicates a lag in maturation.					
Authority required. For the treatment of boys over the age of 16 years who show clinical evidence of hypogonadism or delayed puberty. NOTE: A maximum of six months' treatment for this indication will be authorised.					

(continued)

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
HUMAN CHORIONIC GONADOTROPHIN - cont.					
Injection Set					
containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1mL	1	5	20.14	Pregnyl	OR
				Profasi 500	CS
containing 3 ampoules powder for injection 1,000 units and 3 ampoules solvent 1mL	1	5	25.75	Profasi 1000	CS
containing 3 ampoules powder for injection 1,500 units and 3 ampoules solvent 1mL	1	5	27.75	Pregnyl	OR
containing 3 ampoules powder for injection 2,000 units and 3 ampoules solvent 1mL	1	5	29.75	Profasi 2000	CS
HUMAN MENOPAUSAL GONADOTROPHIN					
Authority required.					
For the treatment of anovulatory infertility in females under 41 years of age with no more than two live children by their present union.					
NOTE: Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomiphene citrate and/or gonadorelin and failed to have conceived.					
Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.					
Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to application for treatment.					
Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to an application for treatment.					

(continued)

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
HUMAN MENOPAUSAL GONADOTROPHIN - cont.					
Authority required.					
For the treatment of infertility in males due to hypogonadotrophic hypogonadism.					
NOTE: Authorities will only be granted following failure of six months' treatment with human chorionic gonadotrophin to have achieved adequate spermatogenesis. Combined treatment with HCG should then be given.					
Injection Set containing 10 ampoules powder for injection providing 75 units follicle stimulating hormone and 75 units luteinizing hormone and 10 ampoules solvent 1mL	1	5	201.64	Humegon Pergonal	OR CS
HYDRALAZINE HYDROCHLORIDE					
Tablet 25mg	200	2	9.52	Alphapress 25 Supres 25	AF PT
50mg	200	2	11.94	Alphapress 50 Supres 50	AF PT
HYDROCHLOROTHIAZIDE					
Tablet 25mg	100	1	8.18	Dichlotride	MK
50mg	100	1	10.06	Dichlotride	MK
HYDROCHLOROTHIAZIDE with AMILORIDE HYDROCHLORIDE					
CAUTION: Serum electrolytes should be checked regularly. Supplementary potassium may cause life-threatening hyperkalaemia.					
Tablet 50mg-5mg	100	1	11.68	Amizide Moduretic	PT MK

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
HYDROCHLOROTHIAZIDE with TRIAMTERENE CAUTION: Serum electrolytes should be checked regularly. Supplementary potassium may cause life-threatening hyperkalaemia.					
Tablet 25mg-50mg	100	1	12.34	Dyazide	SK
HYDROCORTISONE Tablet 4mg	50	4	6.06	Hysone	PT
20mg	60	4	9.11	Hysone	PT
Eye Drops 5mg per mL (0.5%), 10mL	≠1	5	7.50	Hycor	SI
10mg per mL (1%), 10mL	≠1	5	7.60	Hycor	SI
25mg per mL (2.5%), 10mL	≠1	2	8.50	Hycor	SI
Cream 10mg per g (1%), 50g	≠1	1	6.31	Egocort	EO
HYDROCORTISONE ACETATE Alopecia areata; For local intra-articular or peri-articular infiltration; Granulomata, dermal; Keloid; Lichen planus hypertrophic; Lichen simplex chronicus; Lupus erythematosus, chronic discoid.					
Injection 25mg in 1mL	5	..	13.56	Hysone-A	PT
Proctitis; Ulcerative colitis.					
Rectal Foam 125mg per applicator (10%), Aerosol 25g	2	3	28.68	Colifoam	SV
HYDROCORTISONE ACETATE Eye Ointment 5mg per g (0.5%), 4g	≠1	..	6.11	Cortef	UP
5mg per g (0.5%), 5g	≠1	..	6.59	Hycor	SI
10mg per g (1%), 5g	≠1	..	7.00	Hycor	SI

(continued)

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
HYDROCORTISONE ACETATE - cont.					
Cream 10mg per g (1%), 30g	≠1	1	5.87	Adacor	NN
				Cortef	UP
				Dermacort	PD
				Hydrosone	US
				Sigmacort	SI
				Squibb-HC	SQ
10mg per g (1%), 50g	≠1	1	6.31	Adacor	NN
				Cortef	UP
				Dermacort	PD
				Sigmacort	SI
				Squibb-HC	SQ
Topical Ointment					
10mg per g (1%), 30g	≠1	1	5.87	Adacor	NN
				Cortef	UP
				Sigmacort	SI
				Squibb-HC	SQ
10mg per g (1%), 50g	≠1	1	6.31	Adacor	NN
				Cortef	UP
				Dermacort "0"	PD
				Sigmacort	SI
				Squibb-HC	SQ
HYDROCORTISONE ACETATE with NEOMYCIN SULPHATE					
Ear Drops 15mg-5mg per mL (1.5%-0.5%), 5mL	≠1	..	5.94	Neo-Cortef	UP
Ear Ointment 15mg-5mg per g (1.5%-0.5%), 4g	≠1	2	5.74	Neo-Cortef	UP
HYDROCORTISONE SODIUM SUCCINATE For use in a hospital.					
Injection Set					
containing equivalent of 100mg hydrocortisone and 2mL solvent	6	..	18.00	Nordicort	NR
			18.18	Solu-Cortef	UP
containing equivalent of 250mg hydrocortisone and 2mL solvent	6	..	34.62	Solu-Cortef	UP
containing equivalent of 500mg hydrocortisone and 4mL solvent	2	..	23.40	Solu-Cortef	UP

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Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
HYDROCORTISONE SODIUM SUCCINATE - cont.					
Injection Set					
containing equivalent of 100mg hydrocortisone and 2mL solvent	2	..	8.80	Nordicort	NR
			8.86	Solu-Cortef	UP
containing equivalent of 250mg hydrocortisone and 2mL solvent	1	..	9.27	Solu-Cortef	UP
HYDROXOCOBALAMIN					
Pernicious anaemia and other proven vitamin B12 deficiencies (post-gastrectomy treatment; subacute combined degeneration of the cord).					
NOTE: One injection of hydroxocobalamin 1mg every three months provides appropriate maintenance therapy in vitamin B12 deficiencies.					
Injection 1mg in 1mL	3	..	8.92	Neo-Cytamen	GL
HYDROXYCHLOROQUINE SULPHATE					
Tablet 200mg	100	1	18.40	Plaquenil	WL
HYDROXYUREA					
Capsule 500mg	100	..	56.96	Hydrea	SQ
HYPROMELLOSE					
Eye Drops 5mg per mL (0.5%), 15mL	≠1	5	6.42	Isopto Tears	AQ
				Lacril	AG
				Methopt	SI
10mg per mL (1%), 15mL	≠1	5	7.25	Methopt Forte	SI
HYPROMELLOSE with DEXTRAN					
Eye Drops 3mg-1mg per mL (0.3%-0.1%), 15mL	≠1	5	7.30	Tears Naturale	AQ
IBUPROFEN					
Tablet 200mg	50	3	6.24	Rafen 200	AF
			6.30	Brufen	BT
				Inflam	PT
400mg	50	3	7.72	Brufen	BT
				Inflam	PT

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
IDOXURIDINE					
Eye Drops 1mg per mL (0.1%), 15mL	≠1	2	8.20	Herplex	AG
				Stoxil	SK
Eye Ointment 5mg per g (0.5%), 5g	≠1	..	9.76	Stoxil	SK
Topical Ointment 5mg per g (0.5%), 5g	≠1	..	5.67	Stoxil	SK
IMIPRAMINE HYDROCHLORIDE					
Tablet 10mg	50	2	5.66	Imiprin	PT
				Tofranil 10	CG
25mg	50	2	6.24	Imiprin	PT
			6.28	Melipramine	UW(N)
				Tofranil 25	CG
Injection I.M. 25mg in 2mL	10	..	12.93	Tofranil	CG
INDAPAMIDE					
Tablet 2.5mg	60	1	13.64	Natrilix	SE
INDOMETHACIN					
Capsule 25mg	50	3	6.61	Arthrexin	AF
			6.81	Indocid	MK
				Rheumacin	PT
Suppository 100mg	40	3	15.98	Indocid	MK
INFLUENZA VACCINE					
Persons at special risk of adverse consequences from infections of the lower respiratory tract.					
Injection (trivalent) 0.5mL	1	..	12.40	Vaxigrip	MB
			12.90	Fluvax	CS
INSECT ALLERGEN EXTRACT - HONEY BEE VENOM					
Injection Set containing 550 micrograms	1	..	65.75	Albay Bee Venom	BN
INSECT ALLERGEN EXTRACT - PAPER WASP VENOM					
NOTE: Paper wasp venom is not European wasp venom.					
Injection Set containing 550 micrograms	1	..	79.43	Albay Wasp Venom	BN

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer
INSULIN, ACID				
Injection (bovine)				
100 units per mL, 10mL	5	2	89.15	Insulin 2 CN
INSULIN ISOPHANE (N.P.H.)				
Injection (bovine)				
100 units per mL, 10mL	5	2	89.15	Hypurin Isophane FC Isotard MC CN
Injection (human)				
100 units per mL, 10mL	5	2	95.75	Humulin NPH LY Insulatard Human BW Protaphane HM CN
Injections (human)				
100 units per mL, 1.5mL, 5	7	2	105.21	Protaphane HM Penfill CN
100 units per mL, 2.5mL, 5	4	2	100.40	Insulatard Human Nordisk 2.5mL Insuject-X BW
INSULIN ISOPHANE (N.P.H.) - INSULIN NEUTRAL, (MIXED)				
Injection (human)				
100 units (50 units-50 units) per mL, 10mL	5	2	95.75	Initard Human BW
100 units (70 units-30 units) per mL, 10mL	5	2	95.75	Actraphane HM CN Mixtard Human BW
Injections (human)				
100 units (70 units-30 units) per mL, 1.5mL, 5	7	2	105.21	Actraphane HM Penfill CN
100 units (70 units-30 units) per mL, 2.5mL, 5	4	2	100.40	Mixtard Human Nordisk 2.5mL Insuject-X BW

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer
INSULIN NEUTRAL				
Injection (bovine)				
100 units per mL, 10mL	5	2	89.15	Hypurin Neutral FC
Injection (human)				
100 units per mL, 10mL	5	2	95.75	Actrapid HM CN Humulin R LY Velosulin Human BW
Injections (human)				
100 units per mL, 1.5mL, 5	7	2	105.21	Actrapid HM Penfill CN
100 units per mL, 2.5mL, 5	4	2	100.40	Velosulin Human Nordisk 2.5mL Insuject (white) BW
INSULIN PROTAMINE ZINC				
Injection (bovine)				
100 units per mL, 10mL	5	2	89.15	Protamine Zinc Insulin MC CN
INSULIN ZINC SUSPENSION (Lente)				
Injection (bovine)				
100 units per mL, 10mL	5	2	89.15	Lente MC CN
Injection (human)				
100 units per mL, 10mL	5	2	95.75	Humulin L LY Monotard HM CN
INSULIN ZINC SUSPENSION (CRYSTALLINE) (Ultralente)				
Injection (bovine)				
100 units per mL, 10mL	5	2	89.15	Ultralente MC CN
Injection (human)				
100 units per mL, 10mL	5	2	95.75	Humulin UL LY Ultratard HM CN
IPRATROPIUM BROMIDE				
Oral Pressurised Inhalation, 20 micrograms per dose (200 dose)	≠1	5	13.18	Atrovent BY
Nebuliser Solution 250 micrograms per mL (0.025%), 20mL	2	2	13.48	Atrovent BY

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
IRON DEXTRAN					
Injection 2mL	5	..	9.50	Imferon	FC
IRON POLYMALTOSE COMPLEX					
Tablet 40mg (iron)	100	2	5.67	Ferrum H	SI
Injection 100mg (iron) in 2mL	5	..	9.50	Ferrum H	SI
ISOCONAZOLE NITRATE					
Cream 10mg per g (1%), 20g	≠1	1	6.78	Travogen	SC
Pessaries 300mg, 2	≠1	..	7.34	Gyno-Travogen	SC
ISONIAZID					
Tablet 100mg	100	2	6.32	FM	
ISOSORBIDE DINITRATE					
Tablet 10mg	200	2	9.88	Isordil	AY
				Isotrate	PD
Sublingual Tablet 5mg	200	2	9.60	Isordil Sublingual	AY
				Isotrate Sublingual	PD
ISOTRETINOIN					
Authority required. Severe cystic acne not responsive to other therapy. CAUTION: This drug causes birth defects. Isotretinoin has been reported to cause other frequent and potentially serious toxicity. NOTE: An authority will be limited to the maximum quantity and repeats shown in this schedule. NOTE: Care must be taken to comply with the provisions of State law when prescribing isotretinoin.					
Capsule 10mg	60	3	84.37	Roaccutane	RO
20mg	60	3	159.37	Roaccutane	RO
KAOLIN with PECTIN					
Oral Suspension 5.91g-132mg per 30mL, 375mL	≠1	2	6.19	Kaopectate	UP

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
KETOCONAZOLE					
Authority required.					
Systemic or deep mycoses where other forms of therapy have failed.					
CAUTION: Hepatotoxicity has been reported with ketoconazole.					
Tablet 200mg	30	5	24.20	Nizoral	JC
KETOPROFEN					
Capsule 50mg	50	3	8.92	Orudis	MB
100mg	50	3	11.94	Orudis	MB
100mg (sustained release)	50	3	12.80	Orudis SR	MB
Capsules 200mg (sustained release), 28	≠1	3	13.83	Orudis SR 200	MB
Suppository 100mg	40	3	19.32	Orudis	MB
LABETALOL HYDROCHLORIDE					
Tablet 100mg	100	5	12.56	Presolol 100 Trandate	AF GL
200mg	100	5	18.74	Presolol 200 Trandate	AF GL
LACTULOSE					
Authority required.					
Hepatic coma or precoma (chronic porto-systemic encephalopathy); Terminal malignant neoplasia.					
Mixture 3.34g per 5mL, 500mL	≠1	5	14.93	Duphalac	JC
LEUPRORELIN ACETATE					
Authority required.					
Advanced cancer of the prostate.					
Injection 5mg per mL, 2.8mL	2	2	307.08	Lucrin	AB
LEVODOPA					
Tablet 100mg	50	5	10.90	Larodopa	RO
250mg	100	5	16.96	Larodopa	RO
500mg	250	5	67.90	Larodopa	RO

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
LEVODOPA with BENSERAZIDE					
Tablet 200mg-50mg	100	5	37.29	Madopar	RO
Capsule 50mg-12.5mg	100	5	17.23	Madopar Q	RO
100mg-25mg	100	5	28.40	Madopar-M	RO
200mg-50mg	100	5	37.29	Madopar	RO
LEVODOPA with CARBIDOPA					
Tablet 100mg-10mg	100	5	20.17	Sinemet M	MK
100mg-25mg	100	5	28.40	Sinemet 100/25	MK
250mg-25mg	100	5	37.29	Sinemet	MK
LEVONORGESTREL					
Tablet 30 micrograms, 28	4	2	11.32	Microlut 28	SC
				Microval 28	WY
LEVONORGESTREL with ETHINYLOESTRADIOL					
Tablet					
125 micrograms-50 micrograms, 21	4	2	11.32	Microgynon 50	SC
150 micrograms-30 micrograms, 21	4	2	11.32	Microgynon 30	SC
				Nordette 21	WY
250 micrograms-50 micrograms, 21	4	2	11.32	Nordiol 21	WY
Pack containing 21 tablets 125 micrograms-50 micrograms and 7 inert tablets	4	2	11.32	Microgynon 50 ED	SC
				Nordette 50	WY
Pack containing 21 tablets 150 micrograms-30 micrograms and 7 inert tablets	4	2	11.32	Microgynon 30 ED	SC
				Nordette 28	WY
Pack containing 21 tablets 250 micrograms-50 micrograms and 7 inert tablets	4	2	11.32	Nordiol 28	WY
Pack containing 11 tablets 50 micrograms-50 micrograms and 10 tablets 125 micrograms-50 micrograms	4	2	11.32	Biphasil 21	WY

(continued)

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
LEVONORGESTREL with ETHINYLOESTRADIOL - cont.					
Pack containing 11 tablets 50 micrograms-50 micrograms 10 tablets 125 micrograms-50 micrograms and 7 inert tablets	4	2	11.32	Biphasil 28 Sequilar ED	WY SC
Pack containing 6 tablets 50 micrograms-30 micrograms, 5 tablets 75 micrograms-40 micrograms and 10 tablets 125 micrograms-30 micrograms	4	2	11.32	Triphasil Triquilar	WY SC
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	11.32	Triphasil 28 Triquilar ED	WY SC
LIGNOCAINE HYDROCHLORIDE Injection 100mg in 5mL	≠2	..	8.27	Xylocard 100	AP
Infusion 500mg in 5mL	5	..	8.27	Xylocard 500	AP
LINCOMYCIN Injection 300mg in 1mL	5	..	13.64	Lincocin SS Paediatric	UP
600mg in 2mL	5	..	13.64	Lincocin	UP
LINDANE Cream 10mg per g (1%), 200g	≠1	2	7.60	Lorexane	IC
Head Lotion 2mg per mL (0.2%), 200mL	≠1	..	6.80	Lorexane	IC
Lotion Concentrate 10mg per mL (1%), 200mL	≠1	..	7.60	Lorexane Concentrate	IC
LIOTHYRONINE Tablet 20 micrograms	100	2	8.70	Tertroxin	GL
LITHIUM CARBONATE Tablet 250mg	200	2	8.96	Lithicarb	PT
400mg (sustained release)	200	1	13.84	Priadel	PT

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
LOPERAMIDE HYDROCHLORIDE Capsule 2mg	12	..	5.71	Imodium	JC
LYPRESSIN Authority required. Treatment where less costly alternative therapy is inappropriate.					
Nasal Spray 50 units per mL, 5mL	10	2	123.60	Vasopressin	SZ
MEDROXYPROGESTERONE Tablet 10mg	30	5	12.41	Provera	UP
MEDROXYPROGESTERONE Endometriosis.					
Tablet 10mg	100	2	26.20	Provera	UP
Advanced breast cancer.					
Tablet 500mg	60	5	199.60	Farlutal Provera	FE UP
Breast cancer; Endometrial cancer; Renal cell cancer.					
Tablet 100mg	100	2	72.59	Farlutal Provera	FE UP
200mg	60	2	82.36	Farlutal Provera	FE UP
250mg	60	2	101.90	Provera	UP
Oral Suspension 100mg per mL, 100mL	≠1	2	72.59	Provera	UP
Breast cancer; Endometrial cancer; Renal cell cancer.					
Injection 50mg in 1mL	1	..	7.31	Depo-Provera	UP
500mg in 2.5mL	7	..	268.24	Farlutal	FE

(continued)

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
MEDROXYPROGESTERONE - cont. Breast cancer; Endometrial cancer; Endometriosis; Renal cell cancer.					
Injection 150mg in 1mL	1	..	11.08	Depo-Provera	UP
MEDRYSONE Eye Drops 10mg per mL (1%), 5mL	≠1	5	6.84	HMS Liquifilm	AG
MEFENAMIC ACID Dysmenorrhoea; Menorrhagia.					
Capsule 250mg	50	2	6.84 7.04	Mefic Ponstan	AF PD
MEFRUSIDE Tablet 25mg	100	1	9.86	Baycaron	BN
MEGESTROL ACETATE Breast cancer.					
Tablet 40mg	100	2	63.37	Megostat	BC
MELPHALAN Tablet 2mg	100	..	79.32	Alkeran	BW
5mg	100	..	127.92	Alkeran	BW
MERCAPTOPURINE Tablet 50mg	100	2	87.04	Purinethol	BW
MESALAZINE Authority required. Inflammatory bowel disease involving the colon in patients with proven hypersensitivity to sulphonamides or sustained intolerance to sulphasalazine.					
Tablet 250mg	100	5	50.75	Mesasal	SK
METFORMIN HYDROCHLORIDE Tablet 500mg	100	5	11.80	Diabex Diaformin Glucophage	FC AF LH

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
METHACYCLINE HYDROCHLORIDE					
Capsule 150mg	21	1	7.80	Rondomycin	WW
300mg	10	1	7.80	Rondomycin	WW
METHADONE HYDROCHLORIDE					
Severe disabling pain not responding to non-narcotic analgesics.					
CAUTION: The risk of drug dependence is high.					
NOTE: Authorities for increased maximum quantities and/or repeats for this item will be granted only for severe disabling pain associated with proven malignant neoplasia or severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).					
Tablet 5mg	20	..	8.57	Physeptone	BW
10mg	20	..	8.89	Physeptone	BW
Injection 10mg in 1mL	5	..	11.12	Physeptone	BW
METHDILAZINE HYDROCHLORIDE					
Prevention of migraine.					
Tablet 4mg	100	2	8.44	Dilosyn	GL
8mg	100	2	9.82	Dilosyn	GL
METHENOLONE ACETATE					
Authority required.					
Osteoporosis;					
Patients on long-term treatment with corticosteroids.					
NOTE: An authority for six months' treatment will be limited to the maximum quantity and repeats shown in this schedule.					
Tablet 5mg	100	3	17.80	Primobolan	SC
METHOTREXATE					
Tablet 2.5mg	100	2	20.20	BL	
			20.22	Ledertrexate	LE
				Methoblastin	FE

(continued)

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
METHOTREXATE - cont.					
Tablet 10mg	50	2	42.78	BL	
			43.08	Methoblastin	FE
Injection 5mg in 2mL	5	..	42.10	Ledertrexate	LE
			42.12	Methoblastin	FE
50mg in 2mL	5	..	48.32	BL	
			48.34	Methoblastin	FE
			48.35	Ledertrexate	LE
METHSUXIMIDE					
Authority required.					
Treatment where less costly alternative therapy is inappropriate.					
Capsule 300mg	200	2	46.60	Celontin	PD
METHYCLOTHIAZIDE					
Tablet 2.5mg	100	1	8.14	Enduron-M	AB
5mg	100	1	8.62	Enduron	AB
METHYLDOPA					
Tablet 125mg	100	5	8.43	Aldomet-M	MK
250mg	100	5	10.62	Hydopa	AF
			11.00	Aldomet	MK
METHYLPHENOBARBITONE					
Epilepsy.					
Tablet 60mg	200	2	8.70	Prominal	WL
200mg	200	2	17.40	Prominal	WL
METHYLPREDNISOLONE ACETATE					
For local intra-articular or peri-articular infiltration.					
Injection 40mg in 1mL	5	..	17.20	Depo-Medrol	UP
METHYLPREDNISOLONE SODIUM SUCCINATE					
Injection equivalent to 40mg methylprednisolone in 1mL	5	..	20.52	Solu-Medrol	UP

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
METHYL SALICYLATE					
Liniment APF, 100mL	≠1	1	5.51	Linsal	SI
				TO	
			5.53	MG	
			5.54	Emsalin	AU
			5.56	NN,QE(NQ)	
METHYLTESTOSTERONE					
Hypogonadism in children.					
Tablet 5mg	100	2	6.76	Testomet	PT
Carcinoma of the breast; Hypogonadism; Klinefelter's syndrome (seminiferous tubule dysgenesis).					
Tablet 25mg	100	2	9.31	Testomet	PT
50mg	100	2	12.36	Testomet	PT
METHYSERGIDE					
Tablet 1mg	100	2	24.70	Deseril	SZ
METOCLOPRAMIDE HYDROCHLORIDE					
Tablet 10mg	25	..	5.71	Pramin	AF
			5.86	Metamide	PT
			5.91	Maxolon	BR
Syrup 5mg per 5mL, 100mL	≠1	..	6.07	Maxolon	BR
Injection 10mg in 2mL	10	..	7.70	Maxolon	BR
METOLAZONE					
Tablet 2.5mg	100	1	8.34	Diulo	SR
METOPROLOL TARTRATE					
Tablet 50mg	100	5	11.74	Betaloc	AP
				Lopresor 50	CG
100mg	60	5	13.25	Betaloc	AP
				Lopresor 100	CG

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
METRONIDAZOLE					
Prophylaxis in large bowel surgery; Treatment in a hospital of acute anaerobic sepsis.					
Intravenous Infusion 500mg in 100mL	1	..	9.20	BL	
			9.40	Flagyl	MB
Treatment of anaerobic infections.					
Tablet 400mg	21	1	8.65	Metrogyl 400	AF
			8.70	Flagyl	MB
METRONIDAZOLE					
Tablet 200mg	21	1	6.10	Metrogyl 200	AF
				Trichozole	PT
			6.30	Flagyl	MB
				Metrozine	SR
250mg	21	1	6.57	Protostat	JC
400mg	5	1	6.00	Metrogyl 400	AF
			6.20	Flagyl Statpak	MB
500mg	4	1	6.23	Protostat	JC
Suppositories 500mg, 10	≠1	..	11.56	Flagyl	MB
1g, 10	≠1	..	14.70	Flagyl	MB
METRONIDAZOLE BENZOATE Oral Suspension 320mg per 5mL (equivalent to 200mg metronidazole in 5mL), 100mL	≠1	..	9.58	Flagyl S	MB
MEXILETINE HYDROCHLORIDE					
Capsule 50mg	100	5	15.60	Mexitil	BY
200mg	100	5	29.70	Mexitil	BY

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
MIANSERIN HYDROCHLORIDE Authority required. Depressive illness in persons with cardiovascular disease, bladder neck dysfunction or glaucoma. CAUTION: Neutropenia and agranulocytosis continue to be reported with this drug.					
Tablet 10mg	50	5	11.94	Tolvon	OR
20mg	50	5	18.56	Tolvon	OR
MICONAZOLE Oral Gel 20mg per mL (2%), 20g	≠1	1	6.78	Daktarin	JC
Tincture 20mg per mL (2%), 20mL	≠1	1	6.78	Daktarin	JC
MICONAZOLE NITRATE Cream 20mg per g (2%), 20g	≠1	1	6.78	Daktarin Monistat Derm	JP CL
Lotion 20mg per mL (2%), 20g	≠1	1	6.78	Daktarin	JC
Pessaries 100mg, 7	≠1	..	7.34	Gyno-Daktarin 7 Monistat 7	JP CL
200mg, 3	≠1	..	7.34	Monistat 3	JC
Vaginal Cream 100mg per 5g (2%), 40g	≠1	..	7.31	Gyno-Daktarin 7 Monistat 7	JP CL
MILK POWDER - LACTOSE MODIFIED Authority required. Lactose intolerance. NOTE: An authority will be limited to the maximum quantity and repeats shown in this schedule.					
Lactose-Predigested Powder 500g	2	20	16.00	Digestelact	SJ

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer
MILK POWDER - LOW LACTOSE FORMULA Acute gastro-enteritis complicated by lactose intolerance in infants up to the age of twelve months. Age of patient to be shown on the prescription; Proven lactose intolerance in infants up to the age of twelve months. Age of patient to be shown on the prescription. NOTE: No authorities will be granted for increased maximum quantities. Authorities for an increased number of repeats will be limited to a maximum of 20 repeats. Confirmation of lactose intolerance to be included in application. An acceptable confirmation of lactose intolerance for the issue of an authority for repeats is the presence of not less than 1% reducing substance in stool exudate tested with copper sulphate diagnostic compound tablet.				
Lactose-Predigested Powder Infant Formula 500g	2	..	16.00	De-Lact Infant SJ
MILK POWDER - SYNTHETIC Authority required. Hypercalcaemia in children under the age of two years; Osteopetrosis. NOTE: An authority will be limited to the maximum quantity and repeats shown in this schedule.				
Low Calcium Compound Powder 450g	2	20	24.70	Locasol New Formula KY
MINERAL MIXTURE (For use with Amino Acid Formula without Phenylalanine) Phenylketonuria.				
Powder 250g	≠1	5	36.70	Aminogran M.M. GL

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
MINOCYCLINE					
Capsule 100mg	11	..	8.41	Minomycin	LE
MINOXIDIL					
Authority required.					
For the continuing treatment of severe refractory hypertensive disease where treatment with minoxidil was initiated in a hospital (in-patient or out-patient);					
For the continuing treatment of a patient who has already received long-term (greater than six months) therapy with minoxidil for severe refractory hypertension.					
Tablet 10mg	100	5	40.90	Loniten	UP
25mg	100	5	92.13	Loniten	UP
MISOPROSTOL					
Authority required.					
*Duodenal ulcer (including pyloric and stomal ulcers), proven by current or prior x-ray, endoscopy or surgery;					
*Gastric ulcer, proven by x-ray, endoscopy or surgery within the previous two years.					
NOTE: Increased maximum quantities and/or repeats FOR MAINTENANCE THERAPY will not be authorised.					
CAUTION: Misoprostol is a prostaglandin analogue. It should not be used in pregnant women.					
Tablet 200 micrograms	120	1	41.80	Cytotec	SR

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
MITHRAMYCIN For use in a hospital for - inoperable testicular neoplasm; symptomatic hypercalcaemia and hypercalciuria associated with advanced neoplasia.					
Injection 2.5mg (solvent required)	5	..	137.60	Mithracin	PF
MITOZANTRONE Leukaemia; Metastatic or locally advanced breast cancer; Non-Hodgkin's lymphoma.					
Injection 20mg in 10mL	1	..	255.58	Novantrone	LE
25mg in 12.5mL	1	..	318.68	Novantrone	LE
30mg in 15mL	1	..	379.72	Novantrone	LE
MORPHINE SULPHATE Severe disabling pain not responding to non-narcotic analgesics. CAUTION: The risk of drug dependence is high. NOTE: Authorities for increased maximum quantities and/or repeats will be granted only for severe disabling pain associated with proven malignant neoplasia or severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).					
Tablet 30mg	20	..	9.22	Anamorph	FM
MORPHINE SULPHATE CAUTION: The risk of drug dependence is high.					
Injection 10mg in 1mL	5	..	8.15	AP,BL,SI	
15mg in 1mL	5	..	8.25	AP,BL,SI	
30mg in 1mL	5	..	8.56	BL	

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
MUSTINE HYDROCHLORIDE Injection 10mg (solvent required)	4	..	36.60	BT	
NALIDIXIC ACID For use as a urinary antiseptic in patients with neurogenic bladder; Urinary tract infections where current clinical and bacteriological evidence confirms that nalidixic acid is an appropriate therapeutic agent.					
Tablet 500mg	56	2	18.20	Negram	WL
NALOXONE HYDROCHLORIDE Injection					
40 micrograms in 2mL	5	..	26.87	Narcan Neonatal	BT
400 micrograms in 1mL	1	..	11.04	Naloxone Min-I-Jet	CS
800 micrograms in 2mL	1	..	13.18	Naloxone Min-I-Jet	CS
2mg in 5mL	1	..	20.97	Naloxone Min-I-Jet	CS
NANDROLONE DECANOATE Authority required. Carcinoma of the breast; Osteoporosis; Patients on long-term treatment with corticosteroids. NOTE: An authority for six months' treatment of osteoporosis and of patients on long-term treatment with corticosteroids will be limited to the maximum quantity and repeats shown in this schedule.					
Injection 50mg in 1mL, disposable syringe	1	3	13.64	Deca-Durabolin	OR

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
NANDROLONE PHENYLPROPIONATE Authority required. Carcinoma of the breast; Osteoporosis; Patients on long-term treatment with corticosteroids. NOTE: An authority for six months' treatment of osteoporosis and of patients on long-term treatment with corticosteroids will be limited to the maximum quantity and repeats shown in this schedule.					
Injection 25mg in 1mL	3	3	13.64	Durabolin	OR
NAPHAZOLINE HYDROCHLORIDE Eye Drops 1mg per mL (0.1%), 15mL	≠1	5	6.54	Albalon Liquifilm	AG
NAPROXEN Tablet 250mg	50	3	8.70 9.20	Naxen Naprosyn	AF SD
500mg	50	3	12.70	Naprosyn	SD
Oral Suspension 125mg per 5mL, 500mL	≠1	3	16.37	Naprosyn	SD
Suppository 500mg	40	3	17.74	Naprosyn	SD
NEOMYCIN SULPHATE Acute leukaemia during induction of remission with chemotherapy; Bowel sterilisation preparatory to major surgery; Encephalopathy, hepatic.					
Tablet 500mg	25	1	10.91	Neosulf	PT
NEOMYCIN SULPHATE Eye Drops 5mg per mL (0.5%), 10mL	≠1	2	6.00	Neopt	SI
NEOMYCIN UNDECENOATE with BACITRACIN ZINC Ear Ointment 12mg (3.5mg base)-400 units per g, 10g	≠1	..	5.81	Nemdyn	HA

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
NEOSTIGMINE BROMIDE					
Tablet 15mg	200	1	12.92	Prostigmin	RO
NEOSTIGMINE METHYLSULPHATE					
Injection 500 micrograms in 1mL	5	3	7.03	Prostigmin	RO
2.5mg in 1mL	5	3	7.40	Prostigmin	RO
NICLOSAMIDE					
Hymenolepiasis nana.					
Tablet 500mg	16	..	13.48	Yomesan	BN
NICLOSAMIDE					
Tablet 500mg	4	..	6.52	Yomesan	BN
NICOTINIC ACID					
Tablet 25mg	100	2	5.49	Nikacid AU	US
50mg	100	2	5.56	Nikacid AU,RT,SI	US
100mg	100	2	5.66	Nikacid AU	US
250mg	200	5	10.44	AU	
NIFEDIPINE					
CAUTION: Nifedipine tablets and nifedipine capsules have different absorption profiles and these formulations should be interchanged with caution.					
Tablet 20mg	60	5	24.00	Adalat 20	BN
Capsule 5mg	100	5	16.20	Adalat 5	BN
10mg	100	5	20.70	Adalat	BN

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
NITRAZEPAM Authority required. Myoclonic epilepsy; For use by patients receiving long-term nursing care in hospitals and nursing homes who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.					
Tablet 5mg	50	5	6.26 6.66	Alodorm Mogadon	AF RO
NITRAZEPAM NOTE: Authorities for increased maximum quantities and/or repeats for this item will be granted only for the treatment of myoclonic epilepsy or for use by patients receiving long-term nursing care in hospitals and nursing homes who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal. Up to six months' treatment (i.e. one month's treatment with five repeats) may be requested.					
Tablet 5mg	25	..	5.23 5.43	Alodorm Mogadon	AF RO
NITROFURANTOIN CAUTION: Nitrofurantoin may cause peripheral neuritis and severe pulmonary reactions.					
Tablet 50mg	25	1	7.07	Furadantin	NW
100mg	25	1	8.57	Furadantin	NW
Capsule 50mg	30	1	7.98	Macrodantin	NW
100mg	30	1	9.80	Macrodantin	NW
Paediatric Oral Suspension 25mg per 5mL, 200mL	≠1	..	11.00	Furadantin	NW

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
NORETHISTERONE					
Tablet 350 micrograms, 28	4	2	11.32	Micronor	JC
				Noriday 28 Day	SD
5mg	30	5	10.81	Primolut N	SC
NORETHISTERONE with ETHINYL-OESTRADIOL					
Tablet					
500 micrograms-35 micrograms, 21	4	2	11.32	Brevinor	SD
1mg-35 micrograms, 21	4	2	11.32	Brevinor-1	SD
Pack containing 21 tablets 500 micrograms-35 micrograms and 7 inert tablets	4	2	11.32	Brevinor	SD
Pack containing 21 tablets 1mg-35 micrograms and 7 inert tablets	4	2	11.32	Brevinor-1	SD
Pack containing 12 tablets 500 micrograms-35 micrograms and 9 tablets 1mg-35 micrograms	4	2	11.32	Synphasic 21 day	SD
Pack containing 12 tablets 500 micrograms-35 micrograms, 9 tablets 1mg-35 micrograms and 7 inert tablets	4	2	11.32	Synphasic	SD
NORETHISTERONE with MESTRANOL					
Tablet 1mg-50 micrograms, 21	4	2	11.32	Norinyl-1	SD
				Ortho-Novum 1/50	JC
Pack containing 21 tablets 1mg-50 micrograms and 7 inert tablets	4	2	11.32	Norinyl-1/28	SD
NORETHISTERONE ACETATE					
Carcinoma of the breast; Carcinoma of the prostate.					
Tablet 10mg	100	2	56.61	SH420	SC
NORFLOXACIN					
Acute bacterial enterocolitis; Urinary tract infection.					
Tablet 400mg	14	1	19.31	Noroxin	MK

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
NORTRIPTYLINE HYDROCHLORIDE					
Tablet 10mg (base)	50	2	5.66	Allegron	DL
				Nortab	SQ
25mg (base)	50	2	6.28	Allegron	DL
				Nortab	SQ
Paediatric Elixir					
10mg (base) per 5mL, 100mL	≠1	4	7.32	Allegron	DL
NYSTATIN					
Tablet 500,000 units	50	..	10.06	Mycostatin	SQ
				Nilstat	LE
Capsule 500,000 units	50	..	10.06	Mycostatin	SQ
				Nilstat	LE
Lozenge 100,000 units	20	1	6.20	Nilstat	LE
Oral Suspension					
100,000 units per mL, 24mL	≠1	1	6.48	Mycostatin	SQ
				Nilstat	LE
Cream 100,000 units per g, 15g	≠1	1	5.96	Mycostatin	SQ
				Nilstat	LE
Gel 100,000 units per g, 15g	≠1	1	5.96	Mycostatin	SQ
Ointment 100,000 units per g, 15g	≠1	1	5.96	Mycostatin	SQ
				Nilstat	LE
Pessaries 100,000 units, 15	≠1	1	6.98	Mycostatin	SQ
				Nilstat	LE
Cream Pessaries 100,000 units, 15	≠1	1	6.98	Nilstat	LE
Vaginal Cream 100,000 units per dose, 15 doses, 75g	≠1	1	6.70	Mycostatin	SQ
				Nilstat	LE
OESTRADIOL VALERATE					
Tablets 1mg, 28	2	2	8.72	Progynova	SC
2mg, 28	2	2	10.34	Progynova	SC
Injection 10mg in 1mL	3	..	16.01	Primogyn Depot	SC
OESTRIOL					
Vaginal Cream					
1mg per g (0.1%), 15g	≠1	1	8.48	Ovestin	OR

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
OESTROGENS - CONJUGATED					
Tablets 300 micrograms, 28	2	2	8.72	Premarin	AY
625 micrograms, 28	2	2	10.34	Premarin	AY
OESTRONE					
Pessaries 100 micrograms, 12	≠1	1	8.00	Kolpon	OR
1mg, 12	≠1	1	8.46	Kolpon	OR
OLSALAZINE SODIUM					
Authority required.					
Inflammatory bowel disease involving the colon in patients with proven hypersensitivity to sulphonamides or sustained intolerance to sulphasalazine.					
Capsule 250mg	100	5	57.64	Dipentum	PS
ORPHENADRINE HYDROCHLORIDE					
Parkinsonism.					
Tablet 50mg	200	2	12.14	Disipal	RK
OXAZEPAM					
Authority required.					
For use by patients receiving long-term nursing care in hospitals and nursing homes who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.					
Tablet 15mg	50	5	6.40	Alepam 15	AF
			6.52	Murelax	AY
				Serepax	WY
30mg	50	5	6.80	Alepam 30	AF
			6.92	Murelax	AY
				Serepax	WY

(continued)

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
OXAZEPAM - cont.					
NOTE: Authorities for increased maximum quantities and/or repeats will be granted only for use by patients receiving long-term nursing care in hospitals and nursing homes who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal. Up to six months' treatment (i.e. one month's treatment with five repeats) may be requested.					
Tablet 15mg	25	..	5.30 5.36	Alepam 15 Murelax Serepax	AF AY WY
30mg	25	..	5.50 5.56	Alepam 30 Murelax Serepax	AF AY WY
OXPRENOLOL HYDROCHLORIDE					
Tablet 20mg	100	5	7.51	Corbeton 20	AF
40mg	100	5	9.16	Corbeton 40	AF
Injection 2mg (solvent required)	5	..	9.02	Trasicor	CG
OXYCODONE					
Severe disabling pain not responding to non-narcotic analgesics.					
CAUTION: The risk of drug dependence is high.					
NOTE: Authorities for increased maximum quantities and/or repeats will be granted only for severe disabling pain associated with proven malignant neoplasia or severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).					
Suppositories 30mg, 12	≠1	..	14.84	Proladone	BT

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
OXYCODONE HYDROCHLORIDE Severe disabling pain not responding to non-narcotic analgesics. CAUTION: The risk of drug dependence is high. NOTE: Authorities for increased maximum quantities and/or repeats will be granted only for severe disabling pain associated with proven malignant neoplasia or severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).					
Tablet 5mg	20	..	8.12	Endone	BT
OXYMETHOLONE Authority required. Aplastic anaemias, proven; Myelosclerosis.					
Tablet 50mg	100	5	82.43	Anapolon	SD
100mg	100	5	140.75	Adroyd	PD
OXYTOCIN Injection 2 units in 2mL	5	..	8.31	Syntocinon	SZ
5 units in 1mL	5	..	7.73	Syntocinon	SZ
10 units in 1mL	5	..	8.53	Syntocinon	SZ
OXYTOCIN with ERGOMETRINE MALEATE Injection 5 units and 500 micrograms in 1mL	5	..	8.40	Syntometrine	SZ
PANCREATIN ENZYME Cystic fibrosis (mucoviscidosis); Following pancreatico-duodenectomy; Steatorrhoea, pancreatic.					
Tablet providing not less than 6,500 BP units of lipase activity	500	10	31.50	Viokase	RS
Capsule providing not less than 6,500 BP units of lipase activity	500	10	32.53	Viokase	RS

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
PANCRELIPASE Cystic fibrosis (mucoviscidosis); Following pancreatico-duodenectomy; Steatorrhoea, pancreatic.					
Capsule providing not less than 5,000 BP units of lipase activity	500	10	86.84	Pancrease	JC
Capsule providing not less than 10,000 BP units of lipase activity	500	10	132.48	Cotazym S Forte	OR
PAPAVERETUM CAUTION: The risk of drug dependence is high.					
Injection 20mg in 1mL	5	..	8.30	Omnopon	RO
PAPAVERETUM with HYOSCINE HYDROBROMIDE CAUTION: The risk of drug dependence is high.					
Injection 20mg-400 micrograms in 1mL	5	..	8.61	Omnopon-Scopolamine	RO
PARACETAMOL Tablet 500mg	100	1	6.19	Dymadon Panamax Paralgin PCL	BW WL FM AU
Mixture 120mg per 5mL, 100mL	≠1	2	6.56	Dymadon Panamax	BW WL
PARAFFIN Compound Eye Ointment 3.5g	≠1	5	6.33	Duratears	AQ
7g	≠1	5	7.44	Lacri-Lube S.O.P.	AG
Cream and Ointment - Colostomy and Ileostomy - see Section 3					

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
PENICILLAMINE Acute heavy metal intoxication; Cystinosis; Cystinuria with calculus formation; Haemoglobinuria, paroxysmal cold; Severe rheumatoid arthritis; Wilson's disease (hepatolenticular degeneration).					
Tablet 125mg	100	1	24.50	D-Penamine	DL
250mg	100	1	38.20	D-Penamine	DL
PERHEXILINE MALEATE Authority required. Angina not responding to other therapy.					
Tablet 100mg	100	5	26.90	Pexid	ML
PERICYAZINE Chorea; Hyperactive states of organic or toxic delirium; Malignant neoplasia (late stage); Radiation sickness; Severe conduct disorders of children; Major psychoses including:- Major organic psychoses including arteriopathic dementia; Manic-depressive disorder - manic phase; Paranoid states; Schizophrenia; Senile dementia.					
Tablet 2.5mg	100	1	7.60	Neulactil	MB
10mg	100	1	11.42	Neulactil	MB

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
PETHIDINE HYDROCHLORIDE Authority required. Disabling pain associated with proven malignant neoplasia. CAUTION: The risk of drug dependence is high.					
Tablet 50mg	20	..	8.83	SI	
PETHIDINE HYDROCHLORIDE CAUTION: The risk of drug dependence is high.					
Injection 50mg in 1mL	5	..	8.17	AP,BL,SI	
100mg in 2mL	5	..	8.31	AP,BL,SI	
NOTE: Authorities for increased maximum quantities and/or repeats for these items will be granted only for the treatment of late-stage malignant neoplasia.					
PHENELZINE SULPHATE Depressive illness resistant to treatment with either tricyclic anti-depressants or electro-convulsive therapy; Phobic states. CAUTION: This drug is a monoamine oxidase inhibitor.					
Tablet 15mg (base)	50	2	8.50	Nardil	WW
PHENETHICILLIN Prophylaxis of recurrent streptococcal infections (including rheumatic fever).					
Tablet 250mg	50	5	10.44	Pensig	SI
Capsule 250mg	50	5	10.44	Pensig	SI

(continued)

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
PHENETHICILLIN - cont.					
Tablet 250mg	25	1	7.32	Pensig	SI
Capsule 250mg	25	1	7.32	Pensig	SI
500mg	25	1	8.00	Pensig	SI
Powder for Syrup 125mg per 5mL, 100mL	≠1	1	#7.99	Pensig 125	SI
250mg per 5mL, 100mL	≠1	..	#8.60	Pensig 250	SI
PHENINDIONE Patients stabilised on phenindione for more than six months.					
Tablet 10mg	100	2	8.04	Dindevan	GL
50mg	100	2	12.31	Dindevan	GL
PHENOBARBITONE Epilepsy.					
Tablet 30mg	200	4	5.96	SI	
PHENOBARBITONE SODIUM Epilepsy.					
Injection 200mg in 1mL	5	...	7.51	FM	
PHENOXYBENZAMINE HYDROCHLORIDE Authority required. Phaeochromocytoma; Neurogenic urinary retention.					
Capsule 10mg	100	5	14.12	Dibenyline	SK

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
PHENOXYMETHYLPENICILLIN Prophylaxis of recurrent streptococcal infections (including rheumatic fever).					
Tablet 125mg	50	5	9.32	Abbocillin-V	AB
250mg	50	5	9.58	Abbocillin-VK Cilicaine VK LPV PVK	AB SI CS LY
Capsule 250mg	50	5	9.58	Abbocillin-VK Cilicaine VK LPV PVK	AB SI CS LY
PHENOXYMETHYLPENICILLIN Tablet 125mg	25	1	6.76	Abbocillin-V	AB
250mg	25	1	6.89	Abbocillin-VK Cilicaine VK LPV PVK	AB SI CS LY
500mg	25	1	7.73	Abbocillin-VK PVK	AB LY
Capsule 250mg	25	1	6.89	Abbocillin-VK Cilicaine VK LPV PVK	AB SI CS LY
500mg	25	1	7.73	Cilicaine VK LPV	SI CS
Paediatric Oral Suspension 125mg per 5mL, 100mL	≠1	1	6.19	Abbocillin-V Cilicaine V LPV 125	AB SI CS
Oral Suspension 250mg per 5mL, 100mL	≠1	1	7.26	Abbocillin-V Cilicaine V LPV 250	AB SI CS

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
PHENSUXIMIDE					
Authority required. Treatment where less costly alternative therapy is inappropriate.					
Capsule 500mg	200	2	53.34	Milontin	PD
PHENYLALANINE LOW CONTENT FORMULA Phenylketonuria.					
Powder 1 lb	5	5	133.50	Lofenalac	MJ
PHENYLEPHRINE HYDROCHLORIDE					
Eye Drops 1.2mg per mL (0.12%), 15mL	≠1	5	6.54	Isopto Frin	AQ
Compound Ointment 60g	≠1	1	6.28	Hemorex	RL
Compound Suppositories, 12	≠1	1	6.52	Hemorex	RL
PHENYTOIN					
Tablet 50mg	200	2	11.55	Dilantin Infatabs	PD
Paediatric Oral Suspension 30mg per 5mL, 500mL	≠1	3	9.30	Dilantin	PD
PHENYTOIN SODIUM					
Capsule 30mg	200	2	11.37	Dilantin Sodium	PD
100mg	200	2	11.58	Dilantin Sodium	PD
PHYTOMENADIONE					
Injection 1mg	5	..	7.43	Konakion	RO
10mg	5	..	10.06	Konakion	RO
PILOCARPINE					
Authority required. Chronic glaucoma when other miotics are not tolerated.					
Eye Disc 5mg (releasing 20 micrograms per hour)	8	5	41.01	Ocusert Pilo 20	AG
Eye Disc 11mg (releasing 40 micrograms per hour)	8	5	43.08	Ocusert Pilo 40	AG

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
PILOCARPINE HYDROCHLORIDE					
Eye Drops 5mg per mL (0.5%), 15mL	≠1	5	7.16	Isopto Carpine	AQ
				Pilopt	SI
				P.V. Carpine	AG
				IQ	
10mg per mL (1%), 15mL	≠1	5	7.37	Isopto Carpine	AQ
				Pilopt	SI
				P.V. Carpine	AG
				IQ	
20mg per mL (2%), 15mL	≠1	5	8.25	Isopto Carpine	AQ
				Pilopt	SI
				P.V. Carpine	AG
				IQ	
30mg per mL (3%), 15mL	≠1	5	9.35	Isopto Carpine	AQ
				Pilopt	SI
				P.V. Carpine	AG
				IQ	
40mg per mL (4%), 15mL	≠1	5	10.14	Isopto Carpine	AQ
				Pilopt	SI
				P.V. Carpine	AG
				IQ	
60mg per mL (6%), 15mL	≠1	5	12.69	Isopto Carpine	AQ
				Pilopt	SI
				P.V. Carpine	AG
PINDOLOL					
Tablet 5mg	100	5	10.45	Barbloc 5	AF
			10.65	Visken	SZ
15mg	50	5	13.20	Barbloc 15	AF
			13.40	Visken	SZ

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
PIPERAZINE OESTRONE SULPHATE					
Tablets 730 micrograms (equivalent to 625 micrograms sodium oestrone sulphate), 28	2	2	8.72	Ogen .625	AB
Tablets 1.46mg (equivalent to 1.25mg sodium oestrone sulphate), 28	2	2	10.34	Ogen 1.25	AB
PIROXICAM					
Capsule 10mg	50	3	12.31	Feldene	PF
20mg	25	3	11.94	Feldene	PF
PIZOTIFEN MALATE					
Tablet 500 micrograms (base)	100	2	14.30	Sandomigran	SZ
PNEUMOCOCCAL VACCINE, POLYVALENT					
Splenectomised persons over two years of age; Persons with Hodgkin's disease; Persons at high risk of pneumococcal infections.					
Injection 0.5mL (17 valent)	1	..	15.70	Moniarix	SK
0.5mL (23 valent)	1	..	20.55	Pneumovax 23	CS
POLYGELINE					
See Intravenous Infusions					
POLYMYXIN B SULPHATE with BACITRACIN and NEOMYCIN SULPHATE					
Ear Drops 10,000 units-500 units-5mg per mL, 15mL	≠1	..	6.96	Neotracin	JC
Eye Ointment 5,000 units-400 units-5mg per g, 4g	≠1	..	5.71 5.99	Mycitracin Neosporin	UP BW
POLYMYXIN B SULPHATE with NEOMYCIN SULPHATE and GRAMICIDIN					
Eye Drops 5,000 units-2.5mg-25 micrograms per mL, 10mL	≠1	2	6.06	Neosporin	BW
POLYMYXIN B SULPHATE with NEOMYCIN SULPHATE and HYDROCORTISONE					
Ear Drops 10,000 units-5mg-10mg per mL, 7mL	≠1	2	5.94	Aerocortin	BW

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
POLYVINYL ALCOHOL					
Eye Drops 14mg per mL (1.4%), 15mL	≠1	5	7.25	Liquifilm Tears	AG
30mg per mL (3%), 15mL	≠1	5	7.76	Liquifilm Forte	AG
POLYVINYL ALCOHOL with POVIDONE					
Eye Drops 14mg-6mg per mL (1.4%-0.6%), 15mL	≠1	5	7.30	Tears Plus	AG
POTASSIUM CHLORIDE					
NOTE: Concomitant amiloride, triamterene or spironolactone may cause life-threatening hyperkalaemia.					
Tablet 600mg (sustained release)	200	1	8.56	KSR	AF
				Slow-K	CG
				Span-K	PT
Effervescent Tablet 14mmol K^+ and 8mmol Cl^-	60	1	8.56	Chlorvescent	PT
Elixir 1.5g (20mmol K^+ and 20mmol Cl^-) per 15mL, 500mL	2	1	8.56	Kay Ciel	SC
PRALIDOXIME IODIDE					
Injection 500mg	5	..	14.00	AB	
PRAZOSIN HYDROCHLORIDE					
Tablet 1mg (base)	100	5	10.91	Minipress	PF
2mg (base)	100	5	13.33	Minipress	PF
5mg (base)	100	5	20.26	Minipress	PF
PREDNISOLONE					
Tablet 1mg	100	4	6.06	Panafcortelone	PT
5mg	60	4	6.28	Adnisolone	NN
				Delta-Cortef	UP
				Deltasolone	US
				Panafcortelone	PT
				Solone	FM
25mg	30	4	6.99	Panafcortelone	PT
			7.00	Solone	FM

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
PREDNISOLONE ACETATE Eye Drops 5mg per mL (0.5%), 5mL	≠1	2	6.43	Sterofrin	AQ
PREDNISOLONE ACETATE with PHENYLEPHRINE HYDROCHLORIDE Corneal grafts; Uveitis.					
Eye Drops 10mg-1.2mg per mL (1%-0.12%), 10mL	≠1	2	8.78	Prednefrin Forte	AG
PREDNISOLONE SODIUM PHOSPHATE Authority required. Treatment where less costly alternative therapy is inappropriate for: Proctitis; Ulcerative colitis.					
Retention Enema equivalent to 20mg prednisolone in 100mL	28	3	65.16	Predsol	GL
Proctitis; Ulcerative colitis.					
Suppositories equivalent to 5mg prednisolone, 10	3	3	17.94	Predsol	GL
PREDNISOLONE SODIUM PHOSPHATE Eye and Ear Drops 5mg per mL (0.5%), 5mL	≠1	2	6.43	Predsol	GL
PREDNISOLONE STEAROYLGLYCOLATE Tablet 6.65mg	60	1	8.42	Sintisone	FE
PREDNISONE Tablet 1mg	100	4	6.06	Panafcort	PT
5mg	60	4	6.28	Adasone Deltasone Panafcort Sone AU	NN US PT FM
25mg	30	4	6.99 7.00	Panafcort Sone	PT FM

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
PRIMAQUINE PHOSPHATE					
Tablet 7.5mg (base)	42	..	7.98	IC	
PRIMIDONE					
Tablet 250mg	200	2	14.00	Mysoline	IC
PROBENECID					
Tablet 500mg	100	5	12.54	Benemid	FR
PROBUCOL					
Authority required.					
Familial hypercholesterolaemia inadequately responsive to diet and a cholesterol lowering resin.					
NOTE: An authority will be granted only if the initial fasting serum cholesterol level is at least 8mmol per L after a period of dietary therapy and the patient cannot be managed adequately with a cholesterol lowering resin.					
An authority for a second course of treatment with probucol may be granted where there is a fall in serum cholesterol since commencement of probucol therapy.					
Tablet 250mg	120	5	29.23	Lurselle	ML
PROCAINAMIDE HYDROCHLORIDE					
Capsule 250mg	200	1	14.20	Pronestyl	SQ
375mg	100	2	11.40	Pronestyl	SQ
Injection 100mg per mL, 10mL	2	..	15.14	Pronestyl	SQ
PROCAINE PENICILLIN					
Injection 1g	5	..	24.20	Cilicaine	SI
1.5g	5	..	25.20	Cilicaine	SI
PROCARBAZINE HYDROCHLORIDE					
Capsule 50mg	100	2	30.55	Natulan	RO

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
PROCHLORPERAZINE Authority required. Emesis associated with malignant disease; Rotational vertigo. CAUTION: Prochlorperazine may be associated with parkinsonism and tardive dyskinesia.					
Tablet 5mg	100	5	7.12	Compazine Stemetil	SK MB
PROCHLORPERAZINE CAUTION: Prochlorperazine may be associated with parkinsonism and tardive dyskinesia.					
Tablet 5mg	25	..	5.45	Compazine Stemetil	SK MB
NOTE: Authorities for increased maximum quantities and/or repeats of prochlorperazine tablets will be granted only for the treatment of emesis associated with malignant disease or rotational vertigo.					
Injection 12.5mg in 1mL	10	..	8.05	Compazine Stemetil	SK MB
Suppositories 5mg, 5	≠1	2	7.23	Stemetil	MB
25mg, 5	≠1	2	7.49	Stemetil	MB
PROCYCLIDINE HYDROCHLORIDE Tablet 5mg	200	2	11.42	Kemadrin	BW
PROMETHAZINE HYDROCHLORIDE Injection 50mg in 2mL	10	..	9.40	BL	
PROMETHAZINE THEOCLATE Tablet 25mg	30	1	7.23	Avomine	MB
PROPANTHELINE BROMIDE Chronic neurogenic incontinence of urine.					
Tablet 15mg	200	2	10.08	Pro-Banthine	SR

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
PROPRANOLOL HYDROCHLORIDE					
Tablet 10mg	100	5	5.48	Cardinol	PT
				Deralin 10	AF
				Inderal	IC
40mg	100	5	6.98	Cardinol	PT
				Deralin 40	AF
				Inderal	IC
160mg	50	5	8.05	Cardinol	PT
				Deralin 160	AF
				Inderal	IC
Injection 1mg in 1mL	5	..	9.55	Inderal	IC
PROPYLTHIOURACIL					
Tablet 50mg	200	2	15.80	JC	
PROTAMINE SULPHATE					
Injection 10mg per mL (1%), 10mL	6	..	24.89	BT	
PROTEIN HYDROLYSATE FORMULA					
Authority required.					
Allergy to both cows' milk and soy protein in children under the age of two years.					
Cystic fibrosis (mucoviscidosis);					
Galactosaemia;					
Glycogen storage disease due to glucose-6-phosphatase deficiency in children under the age of two years;					
Homocystinuria;					
Lactose intolerance.					
NOTE: Allergy to cows' milk and soy protein means eczema, asthma or severe gastro-intestinal upset, demonstrated to be due to both cows' milk and to soy milk-substitutes by relief on withdrawal of each for one week and recurrence on subsequent feeding. Since cows' milk/soy protein allergies and lactose intolerance are not always permanent, a further challenge with cows' milk/soy milk-substitute should be made each three months. Age of patient to be shown on application for authority.					
(continued)					

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
PROTEIN HYDROLYSATE FORMULA - cont. NOTE: An authority will be limited to the maximum quantity and repeats shown in this schedule.					
Powder 1kg	≠1	20	24.24	Nutramigen	MJ
PROTEIN HYDROLYSATE FORMULA without PHENYLALANINE Phenylketonuria.					
Powder 200g	10	5	555.60	Albumaid XP	SB
PROTEIN HYDROLYSATE FORMULA without PHENYLALANINE and TYROSINE Tyrosinaemia.					
Powder 200g	10	5	541.60	Albumaid XPXT	SB
PYRANTEL EMBONATE					
Tablet 125mg (base)	6	..	5.71	Anthel 125	AF
250mg (base)	6	..	7.03	Anthel 250	AF
PYRIDOSTIGMINE BROMIDE					
Tablet 10mg	100	2	11.55	Mestinon	RO
60mg	100	2	24.70	Mestinon	RO
180mg (sustained release)	100	1	66.27	Mestinon	RO
PYRIDOXINE HYDROCHLORIDE Homocystinuria; Peripheral neuritis due to isoniazid therapy, prophylaxis or treatment; Primary hyperoxaluria; Pyridoxine-responsive anaemia, proven; Pyridoxine-responsive convulsions; Radiation sickness; Sideroblastic (refractory) anaemia.					
Tablet 25mg	100	..	6.27	Pydox FM	PT
PYRIDOXINE HYDROCHLORIDE					
Injection 50mg in 1mL	5	1	7.04	FM	

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
PYRIMETHAMINE					
Tablet 25mg	50	..	8.02	Daraprim	BW
QUINETHAZONE					
Tablet 50mg	100	1	10.06	Aquamox	LE
QUINIDINE BISULPHATE					
Tablet 250mg (sustained release)	100	5	17.20	Kinidin	AP
QUINIDINE SULPHATE					
Tablet 200mg	100	5	14.11	AU	
			14.22	Quinidoxin	BW
				QE(NQ)	
300mg (sustained release)	100	5	20.70	Quinidex LA	RS
QUININE BISULPHATE					
Tablet 300mg	50	2	9.46	Bi-Chinine	AU
				Quinbisul	AF
				PT	
			9.52	Biquin	NN
				Bi-Quinate	US
				Myoquin	FM
				SI	
QUININE SULPHATE					
Tablet 300mg	50	2	9.46	Chinine	AU
				Quinsul	AF
				PT	
			9.52	Adaquin	NN
				Quinate	US
				Quinoctal	FM
				SI	
RANITIDINE HYDROCHLORIDE					
Authority required.					
Duodenal ulcer (including pyloric and stomal ulcers), proven by current or prior x-ray, endoscopy or surgery; Gastric ulcer, proven by x-ray, endoscopy or surgery within the previous two years.					
Tablet 150mg (base)	60	2	38.40	Zantac	GL
Dispersible Tablet 150mg (base)	60	2	38.40	Zantac Dispersible	GL
Tablet 300mg (base)	30	1	38.40	Zantac	GL

(continued)

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
RANITIDINE HYDROCHLORIDE - cont.					
Authority required.					
Severe ulcerating (erosive) oesophagitis, proven by endoscopy and unresponsive to other measures.					
Tablet 150mg (base)	60	2	38.40	Zantac	GL
Dispersible Tablet 150mg (base)	60	2	38.40	Zantac Dispersible	GL
Authority required.					
Scleroderma oesophagus.					
NOTE: A maximum of two repeats will be authorised under the 'urgent supply' mechanisms.					
Tablet 150mg (base)	60	5	38.40	Zantac	GL
Dispersible Tablet 150mg (base)	60	5	38.40	Zantac Dispersible	GL
Authority required.					
Zollinger-Ellison syndrome.					
NOTE: A maximum of two repeats will be authorised under the 'urgent supply' mechanisms.					
Tablet 150mg (base)	120	5	72.60	Zantac	GL
Dispersible Tablet 150mg (base)	120	5	72.60	Zantac Dispersible	GL
Tablet 300mg (base)	60	5	72.60	Zantac	GL
RIFAMPICIN					
Prophylactic treatment of contacts of patients with Haemophilus influenzae type B; Prophylaxis of meningococcal disease in close contacts and carriers.					
Capsule 150mg	10	..	7.98	Rimycin 150	AF
300mg	10	..	10.81	Rimycin 300	AF

(continued)

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
RIFAMPICIN - cont.					
Authority required. Leprosy in adults.					
Capsule 150mg	100	..	32.53	Rimycin 150	AF
300mg	100	..	62.82	Rimycin 300	AF
ROLITETRACYCLINE					
I.V. Injection set containing 275mg and 10mL solvent	5	..	25.50	Reverin	HP
I.M. Injection set containing 350mg and 2mL solvent	5	..	25.50	Reverin	HP
SALBUTAMOL					
Oral Pressurised Inhalation, 100 micrograms per dose (200 dose)	2	5	10.20	Ventolin	GL
SALBUTAMOL SULPHATE					
Tablet 4mg (base)	100	5	10.56	Ventolin	GL
Syrup 2mg (base) per 5mL, 300mL	≠1	5	7.83	Ventolin	GL
Capsule 200 micrograms (base) (oral inhalation)	100	5	10.87	Ventolin Rotacaps	GL
Inhalation Solution for use in RESPIRATOR					
Single dose units 2.5mg (base) in 2.5mL, 30	≠1	5	15.05	Ventolin Nebules	GL
Single dose units 5mg (base) in 2.5mL, 30	≠1	5	16.20	Ventolin Nebules	GL
5mg (base) per mL (0.5%), 30mL	2	2	12.06	Respolin Ventolin	RK GL
Oral Pressurised Inhalation, 100 micrograms (base) per dose (200 dose)	2	5	10.20	Respolin	RK
Oral Pressurised Inhalation, 100 micrograms (base) per dose (400 dose)	≠1	5	9.12	Respolin	RK

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
SEMISODIUM VALPROATE CAUTION: There are reports of (i) fatal hepatotoxicity, particularly in children; (ii) teratogenesis (spina bifida in humans).					
Tablet 135mg (enteric coated)	200	2	27.53	Valcote	AB
269mg (enteric coated)	200	2	40.87	Valcote	AB
538mg (enteric coated)	200	2	68.22	Valcote	AB
SILVER SULPHADIAZINE with CHLORHEXIDINE GLUCONATE NOTE: Care must be taken to comply with the provisions of State law when prescribing this drug. For prevention and treatment of infection in partial or full skin thickness loss due to burns or epidermolysis bullosa; Stasis ulcers.					
Cream 10mg-2mg per g (1%-0.2%), 50g	≠1	..	8.98	Silvazine	SN
10mg-2mg per g (1%-0.2%), 100g	≠1	..	10.42	Silvazine	SN
Authority required. Treatment, in a hospital, of burns. Cream 10mg-2mg per g (1%-0.2%), 500g	≠1	..	23.58	Silvazine	SN
SODIUM ACID CITRATE Mixture 5.5g per 20mL, 500mL	≠1	4	7.10	Citralka	PD
SODIUM ACID PHOSPHATE Authority required. Familial hypophosphataemia; Hypercalcaemia; Hypophosphataemic rickets; Vitamin D-resistant rickets.					

(continued)

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
SODIUM ACID PHOSPHATE - cont.					
Compound Effervescent Tablet containing elemental phosphorus 500mg, sodium 469mg (20.4mmol), potassium 123mg (3.1mmol)	100	5	19.31	Phosphate Sandoz	SZ
SODIUM AUROTHIOMALATE					
Injection 10mg	5	..	19.25	Myocrisin	MB
20mg	10	1	37.60	Myocrisin	MB
50mg	10	1	70.92	Myocrisin	MB
SODIUM BICARBONATE					
Injection 100mmol (8.4g) in 100mL	5	..	24.70	AB	
SODIUM CELLULOSE PHOSPHATE					
Authority required.					
Treatment of recurrent renal calculi in patients with urine calcium in excess of 8mmol per 24 hours who are unresponsive to dietary measures and thiazides.					
Oral Powder, sachet 5g	100	5	97.30	Calcisorb	RK
SODIUM CHLORIDE					
Injection 9mg per mL (0.9%), 2mL	5	1	5.51	AP,BT	
9mg per mL (0.9%), 5mL	5	1	5.68	AP,BT	
9mg per mL (0.9%), 10mL	5	1	5.93	AP,BT	
1L size - See Intravenous Infusions					
SODIUM CHLORIDE and GLUCOSE					
See Intravenous Infusions					
SODIUM CHLORIDE COMPOUND					
See Intravenous Infusions					
SODIUM CITRO-TARTRATE					
Effervescent Granules 100g	≠1	4	6.27	Citravescent Sachets	PT
				Ural Sachets	AB

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
SODIUM CROMOGLYCATE					
Capsule 20mg (oral inhalation)	100	5	22.98	Intal Spincaps	FC
Oral Pressurised Inhalation, 1mg per dose (200 dose)	≠1	5	20.57	Intal	FC
SODIUM CROMOGLYCATE					
Use in a power-operated nebuliser for prophylaxis of asthma in persons who are unable to use the capsule or oral pressurised inhalation.					
Nebuliser Solution 20mg per 2mL, ampoule	120	3	48.02	Intal	FC
Authority required.					
Vernal kerato-conjunctivitis.					
Eye Drops 20mg per mL (2%), 10mL	≠1	5	11.70	Opticrom	FC
SODIUM LACTATE COMPOUND					
See Intravenous Infusions					
SODIUM LACTATE COMPOUND and ANHYDROUS GLUCOSE					
See Intravenous Infusions					
SODIUM NITROPRUSSIDE					
I.V. Infusion 50mg	10	..	44.67	Nipride BL	RO
SODIUM VALPROATE					
CAUTION: There are reports of (i) fatal hepatotoxicity, particularly in children; (ii) teratogenesis (spina bifida in humans).					
Crushable Tablet 100mg	200	2	26.86	Epilim	RC
Tablet 200mg (enteric coated)	200	2	38.02	Epilim EC	RC
500mg (enteric coated)	200	2	70.64	Epilim EC	RC
Oral Liquid 200mg per 5mL, 300mL	2	2	29.80	Epilim Liquid	RC
Syrup 200mg per 5mL, 300mL	2	2	29.80	Epilim Syrup	RC

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
SOTALOL HYDROCHLORIDE Authority required. For the continuing treatment of severe refractory cardiac arrhythmias where treatment with sotalol hydrochloride was initiated in a hospital (in-patient or out-patient).					
Tablet 160mg	60	5	30.15	Sotacor	AP
SPECTINOMYCIN Injection 2g with 3.2mL diluent	1	..	12.76	Trobicin	UP
4g with 6.5mL diluent	1	..	17.77	Trobicin	UP
SPIRONOLACTONE Female hirsutism; Hyperaldosteronism. CAUTION: Serum electrolytes should be checked regularly. Concomitant amiloride, triamterene or supplementary potassium may cause life-threatening hyperkalaemia.					
Tablet 25mg	100	5	10.79	Aldactone	SR
STERCULIA with FRANGULA BARK For use by paraplegic and quadriplegic patients; *For use by patients who are receiving long-term nursing care in hospitals and nursing homes; For use by patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved.					
Granules 473mg-83mg per g (47.3%-8.3%), 250g	2	1	15.54	Granocol	SC

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
STREPTOKINASE					
Authority required.					
Treatment in a hospital of acute myocardial infarction within six hours of onset of attack.					
Injection					
750,000 i.u. (solvent required)	2	..	182.14	Kabikinase	PS
				Streptase	HP
1,500,000 i.u. (solvent required)	1	..	159.37	Kabikinase	PS
SUCRALFATE					
Tablet 1g	120	2	26.20	Carafate	BT
SULINDAC					
Tablet 100mg	50	3	9.20	Clinoril	FR
SULPHACETAMIDE SODIUM					
Eye Drops 100mg per mL (10%), 15mL	≠1	2	6.75	Acetopt	SI
				Bleph 10	AG
200mg per mL (20%), 15mL	≠1	2	7.10	Acetopt	SI
SULPHAFURAZOLE					
Eye Drops 40mg per mL (4%), 10mL	≠1	2	6.00	Gantrisin	RO
SULPHAMETHIZOLE					
Tablet 500mg	40	2	8.50	Urolucosil	WW
1g	20	2	8.50	Urolucosil	WW
SULPHASALAZINE					
Crohn's disease;					
Rheumatoid arthritis;					
Ulcerative colitis.					
Tablet 500mg	200	5	30.20	Ulcol	AF
			30.40	Salazopyrin	PS
500mg (enteric coated)	200	5	35.04	Salazopyrin-EN	PS
SULPHINPYRAZONE					
Glomerulonephritis;					
Gout;					
Renal transplantation.					
Tablet 100mg	100	5	19.00	Anturan	CG

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
SULTHIAME					
Tablet 50mg	200	2	9.74	Ospolot	BN
200mg	200	2	16.77	Ospolot	BN
SURGICAL CEMENT For colostomy and ileostomy use; For use by paraplegic and quadriplegic patients; For use with surgical appliances.					
Skin Bond Adhesive 118mL	≠1	2	10.20	SN	
Solvent 227mL	≠1	2	7.54	Unisolve	SN
240mL	≠1	2	7.60	Sacsol	EG
250mL	≠1	2	7.85	Sacsol Non Flammable	EG
TAMOXIFEN CITRATE Recurrent or metastatic breast cancer; Breast cancer in post-menopausal women with positive hormone receptor levels and local lymph node involvement with or without other evidence of metastases.					
Tablet 10mg (base)	60	5	51.40	Nolvadex	IC
20mg (base)	60	5	84.22	Nolvadex-D	IC
TEMAZEPAM Authority required. For use by patients receiving long-term nursing care in hospitals and nursing homes who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.					
Capsule 10mg	50	5	6.84 6.92	Temaze 10 Euhypnos Normison	AF SI WY

(continued)

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
TEMAZEPAM - cont.					
NOTE: Authorities for increased maximum quantities and/or repeats will be granted only for use by patients receiving long-term nursing care in hospitals and nursing homes who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal. Up to six months' treatment (i.e. one month's treatment with five repeats) may be requested.					
Capsule 10mg	25	..	5.52 5.56	Temaze 10 Euhypnos Normison	AF SI WY
TERBUTALINE SULPHATE					
Tablet 5mg	100	5	10.56	Bricanyl	AP
Elixir 300 micrograms per mL, 300mL	≠1	5	6.69	Bricanyl	AP
Injection 100 micrograms in 1mL	5	..	7.00	Bricanyl	AP
500 micrograms in 1mL	5	..	7.09	Bricanyl	AP
Oral Pressurised Inhalation, 250 micrograms per dose (400 dose)	≠1	5	9.12	Bricanyl	AP
Nebuliser Solution 10mg per mL (1%), 50mL	≠1	5	11.25	Bricanyl	AP
TESTOSTERONE ENANTHATE Hypogonadism; Klinefelter's syndrome (seminiferous tubule dysgenesis).					
Injection 250mg in 1mL	3	3	23.03	Primoteston Depot	SC

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
TESTOSTERONE ESTERS Gigantism; Hypogonadism; Klinefelter's syndrome (seminiferous tubule dysgenesis).					
Injection 100mg	3	3	12.86	Sustanon"100"	OR
250mg	3	3	22.66	Sustanon"250"	OR
TESTOSTERONE PROPIONATE Hypogonadism; Klinefelter's syndrome (seminiferous tubule dysgenesis).					
Injection 50mg in 1mL	9	..	21.30	Testoviron	SC
TETANUS VACCINE, ADSORBED Injection 0.5mL	3	..	11.79	CS	
TETRABENAZINE Chorea not adequately controlled by other drug therapy.					
Tablet 25mg	100	2	16.90	Nitoman	RO
TETRACOSACTRIN Authority required. Children who need long-term corticosteroid therapy but who are in danger of growth suppression as a result; Hypsarrhythmia; Multiple sclerosis, acute exacerbation; (An authority for up to 10 ampoules may be issued for each acute exacerbation.) Patients who are being withdrawn from long-term corticosteroid therapy; (An authority for up to 5 ampoules may be issued for this purpose.) Ulcerative colitis, proven, not responding to parenteral corticosteroids.					
Injection 500 micrograms in 1mL	5	5	31.00	Synacthen Depot 0.5	CG
1mg in 1mL	5	5	41.75	Synacthen Depot 1	CG

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer
TETRACYCLINE HYDROCHLORIDE Bronchiectasis in patients over the age of eight years; Chronic bronchitis in patients over the age of eight years; Severe acne.				
Capsule 250mg	50	5	8.42	Achromycin LE Panmycin P UP Tetramykoin BZ(N)
TETRACYCLINE HYDROCHLORIDE Capsule 250mg	25	1	6.31	Achromycin LE Panmycin P UP Tetramykoin BZ(N)
Eye Ointment 10mg per g (1%), 5g	≠1	..	6.08	Latycin BZ
TETRACYCLINE HYDROCHLORIDE with NYSTATIN Bronchiectasis in patients over the age of eight years; Chronic bronchitis in patients over the age of eight years; Severe acne.				
Capsule 250mg-250,000 units	50	5	8.42	Achrostatin LE Mysteclin-V SQ Tetrex-F AP
TETRACYCLINE HYDROCHLORIDE with NYSTATIN Capsule 250mg-250,000 units	25	1	6.31	Achrostatin LE Mysteclin-V SQ Tetrex-F AP

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer
TETRACYCLINE HYDROCHLORIDE (BUFFERED) Bronchiectasis in patients over the age of eight years; Chronic bronchitis in patients over the age of eight years; Severe acne.				
Capsule 250mg	50	5	8.42	Achromycin V LE Austramycin-V CS Hostacycline P HP Hydracycline FM Mysteclin-250 SQ Tetrex AP
TETRACYCLINE HYDROCHLORIDE (BUFFERED)				
Capsule 250mg	25	1	6.31	Achromycin V LE Austramycin-V CS Hostacycline P HP Hydracycline FM Mysteclin-250 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.				
Tablet 50mg	100	5	5.96	Nuelin Paediatric RK
125mg	100	5	6.58	Nuelin RK
200mg	100	5	7.04	Nuelin RK
200mg (sustained release)	100	5	8.92	Theo-Dur AP
250mg (sustained release)	100	5	9.87	Nuelin-S.R. 250 RK
300mg (sustained release)	100	5	11.20	Theo-Dur AP

(continued)

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
THEOPHYLLINE - cont.					
Capsule					
50mg (containing sustained release beads)	100	5	8.47	Nuelin-Sprinkle	RK
				Slo-bid	RG
100mg (containing sustained release beads)	100	5	9.59	Nuelin-Sprinkle	RK
				Slo-bid	RG
100mg (controlled release)	100	5	9.59	Somophyllin CRT	FC
250mg (controlled release)	100	5	11.20	Somophyllin CRT	FC
Elixir 80mg per 15mL, 500mL	≠1	5	6.47	Elixophyllin	SC
Syrup 80mg per 15mL, 500mL	≠1	5	6.47	Nuelin	RK
THIABENDAZOLE					
Tablet 500mg	16	..	9.21	Mintezol	MK
THIAMINE HYDROCHLORIDE					
Tablet 100mg	100	2	6.22	Betamin	US
				Invite-B	NN
Injection 100mg in 1mL	5	1	6.72	Beta-Sol	FM
THIETHYLPERAZINE					
Tablet 6.5mg (base)	50	..	7.04	Torecan	SZ
Injection 6.5mg (base) in 1mL	10	..	11.00	Torecan	SZ
Suppositories 6.5mg (base), 6	≠1	2	6.23	Torecan	SZ
THIOGUANINE					
Tablet 40mg	25	1	60.17	Lanvis	BW
THIOPROPAZATE HYDROCHLORIDE					
Chorea.					
Tablet 5mg	100	1	8.50	Dartalan	SR

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
THIORIDAZINE HYDROCHLORIDE Chorea; Hyperactive states of organic or toxic delirium; Malignant neoplasia (late stage); Radiation sickness; Severe conduct disorders of children; Major psychoses including:- Major organic psychoses including arteriopathic dementia; Manic-depressive disorder - manic phase; Paranoid states; Schizophrenia; Senile dementia.					
Tablet 10mg	100	1	6.04 6.13	Aldazine 10 Melleril	AF SZ
25mg	100	1	7.51 7.61	Aldazine 25 Melleril	AF SZ
50mg	100	1	8.64 8.74	Aldazine 50 Melleril	AF SZ
100mg	100	1	11.76 11.96	Aldazine 100 Melleril	AF SZ
Oral Solution 30mg (base) per mL, 30mL	≠1	4	7.42	Melleril	SZ
THIOTEPA Injection 15mg (solvent required)	2	1	23.08	LE	
Eye Drops set containing 15mg vial, 2 x 10mL ampoules sterile water, syringe with needle and 15mL dropper bottle	≠1	5	#19.42	LE	
THYROXINE SODIUM Tablet equivalent to 50 micrograms anhydrous thyroxine sodium	200	1	6.78	Oroxine	BW
equivalent to 100 micrograms anhydrous thyroxine sodium	200	1	7.00	Oroxine	BW
equivalent to 200 micrograms anhydrous thyroxine sodium	200	1	9.00	Oroxine	BW

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
TICARCILLIN					
Authority required.					
Treatment where less costly alternative therapy is inappropriate for: Infections where positive bacteriological evidence confirms that ticarcillin is an appropriate therapeutic agent; Septicaemia, suspected or proven.					
Injection 1g (solvent required)	10	..	54.64	Tarcil Ticillin	BR CS
3g (solvent required)	10	..	116.18	Tarcil Ticillin	BR CS
TICARCILLIN with CLAVULANIC ACID					
Authority required.					
Treatment where less costly alternative therapy is inappropriate for: Infections where positive bacteriological evidence confirms that ticarcillin with clavulanic acid is an appropriate therapeutic agent; Septicaemia, suspected or proven.					
Injection 3g-100mg (solvent required)	10	..	138.17	Timentin	BR
TIMOLOL MALEATE					
CAUTION: Timolol eye drops may precipitate bronchospasm in susceptible patients.					
Tablet 5mg	100	5	10.43	Blocadren	FR
Eye Drops					
2.5mg (base) per mL (0.25%), 5mL	≠1	5	9.87	Tenopt Timoptol	SI FR
5mg (base) per mL (0.5%), 5mL	≠1	5	10.58	Tenopt Timoptol	SI FR

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
TINIDAZOLE					
Tablet 500mg	4	..	6.76	Fasigyn	PF
TOBRAMYCIN					
Invasive ocular infection; Perioperative use; Suspected pseudomonal eye infection.					
Eye Drops 3mg per mL (0.3%), 5mL	≠1	2	8.04	Tobrex	AQ
Eye Ointment 3mg per g (0.3%), 3.5g	≠1	..	8.04	Tobrex	AQ
TOBRAMYCIN SULPHATE					
Authority required. Treatment where less costly alternative therapy is inappropriate for: Infections where positive bacteriological evidence confirms that tobramycin is an appropriate antibiotic; Septicaemia, suspected or proven.					
Injection 40mg (base)	5	..	23.10	Nebcin	LY
80mg (base)	5	..	32.55	Nebcin	LY
TOLAZAMIDE					
Tablet 250mg	100	5	12.04	Tolinase	UP
TOLBUTAMIDE					
Tablet 500mg	200	2	11.40	Rastinon	HP
1g	100	5	11.60	Rastinon	HP
TRANEXAMIC ACID					
Hereditary angio-oedema.					
Tablet 500mg	100	2	38.77	Cyklokapron	PS

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
TRANYLCYPROMINE SULPHATE Depressive illness resistant to treatment with either tricyclic anti-depressants or electro-convulsive therapy; Phobic states. CAUTION: This drug is a monoamine oxidase inhibitor.					
Tablet 10mg (base)	50	2	8.50	Parnate	SK
TRIAMCINOLONE ACETONIDE Alopecia areata; For local intra-articular or peri-articular infiltration; Granulomata, dermal; Keloid; Lichen planus hypertrophic; Lichen simplex chronicus; Lupus erythematosus, chronic discoid; Necrobiosis lipoidica; Psoriasis.					
Injection 10mg in 1mL	5	..	18.09	Kenacort-A10	SQ
TRIAMCINOLONE ACETONIDE Cream					
200 micrograms per g(0.02%), 45g	≠1	..	5.74	Kenalone 0.02%	SQ
200 micrograms per g(0.02%), 100g	2	..	8.28	Aristocort 0.02%	LE
				Kenalone 0.02%	SQ
500 micrograms per g(0.05%), 15g	≠1	1	5.46	Aristocort 0.05%	LE
				Kenalone	SQ
Ointment 200 micrograms per g(0.02%), 45g	≠1	..	5.74	Kenalone 0.02%	SQ
200 micrograms per g(0.02%), 100g	2	..	8.28	Aristocort 0.02%	LE
				Kenalone 0.02%	SQ

(continued)

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
TRIAMCINOLONE ACETONIDE - cont.					
Ointment					
500 micrograms per g(0.05%), 15g	≠1	1	5.46	Aristocort 0.05%	LE
				Kenalone	SQ
TRIAMCINOLONE ACETONIDE with NEOMYCIN SULPHATE, GRAMICIDIN and NYSTATIN					
Ear Drops 1mg-2.5mg (base)-250 micrograms-100,000 units per g (0.1%-0.25%-0.025%-100,000 units per g), 7.5mL	≠1	2	5.94	Kenacomb Otic	SQ
Ear Cream 1mg-2.5mg (base)-250 micrograms-100,000 units per g (0.1%-0.25%-0.025%-100,000 units per g), 5g	≠1	2	5.74	Kenacomb Otic	SQ
Ear Ointment 1mg-2.5mg (base)-250 micrograms-100,000 units per g (0.1%-0.25%-0.025%-100,000 units per g), 5g	≠1	2	5.74	Kenacomb Otic	SQ
TRIAMTERENE					
CAUTION: Serum electrolytes should be checked regularly. Supplementary potassium may cause life-threatening hyperkalaemia.					
Tablet 100mg	100	1	11.00	Dytac	SK
TRIFLUOPERAZINE HYDROCHLORIDE					
Chorea; Hyperactive states of organic or toxic delirium; Malignant neoplasia (late stage); Radiation sickness; Severe conduct disorders of children; Major psychoses including:- Major organic psychoses including arteriopathic dementia; Manic-depressive disorder - manic phase; Paranoid states; Schizophrenia; Senile dementia.					
Tablet 1mg (base)	100	1	6.35	Calmazine	PT
				Stelazine	SK

(continued)

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
TRIFLUOPERAZINE HYDROCHLORIDE - cont.					
Tablet 2mg (base)	100	1	7.14	Calmazine	PT
			7.34	Stelazine	SK
5mg (base)	100	1	7.01	Calmazine	PT
				Stelazine	SK
Injection 1mg (base) in 1mL	10	..	8.99	Stelazine	SK
TRIGLYCERIDES, MEDIUM CHAIN					
Authority required. Chyloascites; Chylothorax; Patients requiring a ketogenic diet for intractable childhood epilepsy; Proven malabsorption. NOTE: Authorities will be limited to the maximum quantity (2 packs) and repeats (20) shown in this schedule.					
Compound Powder 450g	2	20	23.56	Portagen	MJ
Authority required. Biliary atresia; Chyloascites; Chylothorax; Cystic fibrosis; Enterokinase deficiency; Intolerance to both milk protein and soya protein; Severe diarrhoea of greater than two weeks duration in infants under the age of four months. NOTE: Authorities will be limited to the maximum quantity (2 packs) and repeats (20) shown in this schedule.					
Lactalbumin Demineralised Powder 400g	2	20	25.78	Alfaré	NT
Protein Hydrolysate Compound Powder 454g	2	20	25.78	Pregestimil	MJ

(continued)

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
TRIGLYCERIDES, MEDIUM CHAIN - cont.					
Authority required.					
Abetalipoproteinaemia;					
Chyloascites;					
Chylothorax;					
Intestinal lymphangiectasia;					
Intractable childhood epilepsy requiring a ketogenic diet;					
Short-term nutritional support in severe steatorrhoea;					
Steatorrhoea due to distal small bowel resection.					
NOTE: An authority will be limited to the maximum quantity and repeats shown in this schedule.					
NOTE: Not more than one authority may be granted for short-term nutritional support in severe steatorrhoea.					
Oil 1L	≠1	5	27.58	Cow & Gate MCT Oil	KY
TRIMETHOPRIM					
Tablet 300mg	7	1	6.10	Alprim	AF
				Triprim	BW
TRIMETHOPRIM with SULPHAMETHOXAZOLE					
Tablet 80mg-400mg	10	..	6.40	Bactrim	RO
				Resprim	AF
				Septrin	BW
				Trib	PT
160mg-800mg	10	..	7.90	Bactrim DS	RO
				Resprim Forte	AF
				Septrin Forte	BW
				Trib DS	PT
Oral Suspension					
40mg-200mg per 5mL, 100mL	≠1	1	7.45	Bactrim	RO
				Resprim	AF
				Septrin	BW
				Trib	PT
TRIMIPRAMINE MALEATE					
Tablet 25mg (base)	50	2	6.28	Surmontil	MB
Capsule 50mg (base)	50	2	6.76	Surmontil	MB

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
TRIOXYSALEN Vitiligo.					
Tablet 5mg	100	2	23.60	Trisoralen	PT
TRIPLE ANTIGEN See Diphtheria, Tetanus and Pertussis Vaccine, Adsorbed					
UREA Cream 100mg per g (10%), 100g	≠1	2	7.41 7.57	Urederm Aquacare H.P. Aquadrate Calmurid Nutraplus	HA AG NW PS OL
VANCOMYCIN Authority required. Treatment where less costly alternative therapy is inappropriate for antibiotic associated colitis.					
Capsule 125mg (125,000 i.u.) vancomycin activity	40	..	245.58	Vancocin	LY
Capsule 250mg (250,000 i.u.) vancomycin activity	40	..	486.96	Vancocin	LY
Authority required. Treatment where less costly alternative therapy is inappropriate for: Endophthalmitis; Use in a hospital.					
Injection 500mg (500,000 i.u.) vancomycin activity (solvent required)	5	..	124.90	Vancocin	LY

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
VERAPAMIL HYDROCHLORIDE					
CAUTION: The myocardial depressant effects of this drug and of beta-blocking drugs are additive.					
Tablet 40mg	100	5	11.00	Anpec 40	AF
			11.20	Cordilox	SC
				Isoptin	KN
				Veradil	US
				Verpamil	PT
80mg	100	5	15.77	Anpec 80	AF
				Verpamil	PT
			15.97	Cordilox	SC
				Isoptin	KN
				Veradil	US
120mg	100	5	21.14	Veradil	US
				Verpamil 120	PT
			21.34	Cordilox	SC
				Isoptin	KN
160mg	60	5	18.75	Cordilox	SC
				Isoptin	KN
Injection 5mg in 2mL	5	..	7.95	Cordilox	SC
				Isoptin	KN
VIDARABINE					
Eye infections caused by herpes simplex virus.					
Eye Ointment 30mg per g (3%), 3.5g	≠1	..	14.35	Vira A	PD
VINBLASTINE SULPHATE					
Injection 10mg (solvent required)	2	..	38.48	Velbe	LY
Injection set containing 10mg and 10mL solvent	2	..	41.56	BL	
VINCRISTINE SULPHATE					
Injection set containing 1mg and 10mL solvent	10	..	158.60	BL	
			158.90	Oncovin	LY
5mg and 10mL solvent	1	..	69.57	BL	

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
WARFARIN					
Tablet 1mg	50	2	6.78	Coumadin	BT
				Marevan	GL
2mg	50	2	6.94	Coumadin	BT
2.5mg	50	2	7.04	Coumadin	BT
3mg	50	2	6.89	Marevan	GL
5mg	50	2	7.09	Coumadin	BT
				Marevan	GL
7.5mg	50	2	7.70	Coumadin	BT
10mg	50	2	8.59	Coumadin	BT
WATER FOR INJECTIONS					
Injection 2mL	5	3	5.46	AP,BT,BZ	
5mL	5	3	5.57	AP,BT,BZ	
10mL	5	3	5.74	AP,BT,BZ	
WOOL ALCOHOLS					
Ointment 100g	≠1	1	5.91	Eucerin	SN
ZINC OXIDE					
Compound Ointment 50g	≠1	1	6.28	Anusol	WW
Compound Suppositories, 12	≠1	1	6.52	Anusol	WW
ZINC SULPHATE with PHENYLEPHRINE HYDROCHLORIDE					
Eye Drops 2.5mg-1.2mg per mL (0.25%-0.12%), 15mL	≠1	5	6.48	Prefrin-Z	AG
				Zincfrin	AQ

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
DEXTRAN 40					
100mg per mL with 139mmol per 500mL glucose (10%-5%), 500mL	3	..	43.71	Rheomacrodex	PS
100mg per mL with 77mmol per 500mL sodium chloride (10%-0.9%), 500mL	3	..	43.71	Rheomacrodex	PS
DEXTRAN 70					
60mg per mL with 139mmol per 500mL glucose (6%-5%), 500mL	3	..	29.85	Macrodex	PS
60mg per mL with 77mmol per 500mL sodium chloride (6%-0.9%), 500mL	3	..	29.85	Macrodex	PS
ELECTROLYTE REPLACEMENT SOLUTION					
1L	2	1	9.82	Normosol R	AB
				Plasma-Lyte 148	BX
GLUCOSE					
278mmol per L (5%), 1L	5	1	12.70	AB,BX,KM	
555mmol per L (10%), 1L	5	1	17.60	AB,BX	
1110mmol per L (20%), 1L	2	1	9.82	AB	
1387mmol per L (25%), 1L	2	1	9.82	AB,BX	
1387mmol per 500mL (50%), 500mL	2	1	8.86	AB	
POLYGELINE					
17.5g per 500mL (3.5%) with electrolytes, 500mL	3	..	41.73	Haemaccel	HP
SODIUM CHLORIDE					
154mmol per L (0.9%), 1L	5	1	12.70	AB,BX,KM	
513mmol per L (3%), 1L	2	1	9.82	BX	
SODIUM CHLORIDE COMPOUND					
1L	4	1	15.00	AB,BX	

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer
SODIUM CHLORIDE and GLUCOSE				
154mmol-278mmol per L (0.9%-5%), 1L	2	1	9.82	AB,BX
39mmol-69mmol per 500mL (0.45%-2.5%), 500mL	5	1	15.80	AB,BX
19mmol-104mmol per 500mL (0.225%-3.75%), 500mL	5	1	15.80	AB,BX
31mmol-222mmol per L (0.18%-4%), 1L	5	1	12.70	AB,BX,KM
SODIUM LACTATE COMPOUND 1L	5	1	12.70	AB,BX,KM
SODIUM LACTATE COMPOUND and ANHYDROUS GLUCOSE 278mmol per L (5%), 1L	2	1	9.82	AB,BX

SECTION 3

PREPARATIONS AVAILABLE FOR COLOSTOMY AND ILEOSTOMY USE

PREPARATIONS AVAILABLE FOR USE BY PARAPLEGIC AND QUADRIPLEGIC PATIENTS

PREPARATIONS AVAILABLE FOR COLOSTOMY AND ILEOSTOMY USE

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
ACRYLIC RESIN					
Solution 125g Aerosol Spray	≠1	..	13.73	Nobecutane	AP
BENZOIN					
Compound Tincture 3.5mL per 10mL (35%), 167mL Aerosol Spray	≠1	..	9.09	EG	
BUTYL MONOESTER POLYMER with ETHANOL					
Paste 60g	≠1	..	11.55	Stomahesive	SQ
BUTYL MONOESTER POLYMER with ISOPROPYL ALCOHOL					
Protective Dressing Aerosol 120g	≠1	..	15.25	Skin-Prep	SN
Solution 59mL	≠1	..	12.44	Skin-Prep	SN
Wipes, 50	≠1	..	14.84	Uro-Prep	SA
			15.00	Skin-Prep	SN
CARMELLOSE SODIUM with PECTIN and GELATIN					
Paste 167mg-167mg-167mg per g (16.7%-16.7%-16.7%), 15g	≠1	..	6.40	Orabase	SQ
Powder 333mg-333mg-333mg per g (33.3%-33.3%-33.3%), 15g	≠1	..	7.55	Orahesive	SQ
CHARCOAL, ACTIVATED					
Tablet 300mg	500	1	22.70	Karbons QE(NQ),TO	EG
DEODORANT CONCENTRATE					
Liquid 7.5mL	≠1	..	6.86	Super Banish	SN
15mL	≠1	..	6.25	Banish	SN
				Odorgon	LA
DIMETHICONE					
Solution 100mg per mL (10%), 180mL Aerosol Spray	≠1	..	8.60	Silicon Skin Spray	EG
ISOPROPYL MONOESTER POLYMER with ISOPROPYL ALCOHOL					
Adhesive Protective Gel 28.35g	≠1	..	8.20	Skin Gel	HO
LAURAMINE OXIDE with OCTOXINOL					
Compound Cleansing Solution 80mg-10mg per g (8%-1%), 240mL	≠1	..	10.66	Uni Wash	SN

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
PARAFFIN					
Compound Cream 85g	≠1	..	9.98	Uni Derm	SN
Compound Ointment 70g	≠1	..	10.76	Uni Salve	SN
POLYISOBUTYLENE					
Compound Adhesive Wafers, 5	≠1	5	14.68	Hollihesive Skin Barrier	HO
			14.88	Soft Guard XL Skin Barrier	SN
Compound Adhesive Wafers with Adhesive Discs, 5	≠1	5	14.39	Stomahesive Set	SQ
POLYVINYLPYRROLIDONE and VINYL ACETATE COPOLYMER					
Aerosol Spray 60mg per mL (6%), 121mL	≠1	..	7.96	Spray-On Bande	EG
STERCULIA (Indian Tragacanth; Gum Karaya)					
Paste 127.6g	≠1	..	11.50	Karaya Paste	HO
Powder 71g	≠1	..	10.32	SN	
SURGICAL CEMENT					
Skin Bond Adhesive 118mL					
Solvent 227mL					
240mL					
250mL					
See Section 2					

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price $	Proprietary Name and Manufacturer	
ACRYLIC RESIN Solution 125g Aerosol Spray	≠1	..	13.73	Nobecutane	AP
BISACODYL Enema 10mg in 5mL, 25	≠1	2	24.20	Bisalax	PT
Tablet 5mg					
Suppositories 10mg, 10					
See Section 2					
DOCUSATE SODIUM with BISACODYL Suppositories 100mg-10mg, 5					
See Section 2					
STERCULIA with FRANGULA BARK Granules 473mg-83mg per g (47.3%-8.3%), 250g					
See Section 2					
SURGICAL CEMENT Skin Bond Adhesive 118mL					
Solvent 227mL					
240mL					
250mL					
See Section 2					

SECTION 4

DRUGS AVAILABLE FOR EXTEMPORANEOUS PREPARATIONS

Drug
Acacia Powdered BP
Acetone BP (use as additive only)
ACIDS Acetic (6 per cent) BP Acetic (33 per cent) BP Ascorbic BP (use as ingredient of Mixtures of Ferrous Sulphate APF and PL) Benzoic BP Boric BP (use as additive only) Citric Monohydrate BP Hydrochloric BP Hydrochloric Dilute BP Lactic BP Oleic BP Salicylic BP Trichloroacetic BP 1980
Acriflavine BPC 1963
Adrenaline BP (may only be prescribed in eye drops)
Alum BP
Aminophylline BP
Ammoniated Mercury BP 1973
Aspirin BP
Atropine Sulphate BP
Beeswax White BP
Bentonite BP
Benzocaine BP
Borax BP (use as additive only)
Calamine BP
Calcium Hydroxide BP
Cetomacrogol Emulsifying Wax BP
Cetostearyl Alcohol BP
Cetrimide BP
Chlorbutol BP
Chlorhexidine Acetate BP (use as additive only)
Chlorinated Lime BP
Chlorocresol BP
Chloroform BP (use as additive only)
Clioquinol BP
Cocaine Hydrochloride BP
Codeine Phosphate BP
Collodion Flexible BP

Drug
CREAMS Aqueous APF Aqueous BP Calamine Oily APF Cetomacrogol Aqueous APF Cetrimide 0.5% BP Cetrimide Aqueous APF Oily APF Zinc BP Zinc Oily APF
Dithranol BP
Emulsifying Wax BP
Ephedrine Hydrochloride BP (may only be prescribed in nasal instillations)
Ethanol (90 per cent) BP (use as additive only)
Ethanol (96 per cent) BP (use as additive only)
Ether Solvent BP (use as additive only)
EXTRACTS Hyoscyamus Liquid BPC 1973 Liquorice Liquid BP
Ferrous Sulphate BP Ferrous Sulphate Dried BP
Glucose BP (use as additive only)
GLYCERIN Ichthammol APF Glycerol BP
Honey Purified BP (use as additive only)
Ichthammol BP
INFUSION Gentian Compound Concentrated BP 1 in 10
Iodine BP
Kaolin, Light or Kaolin, Light (Natural) BP

Drug
Lactose BP
Lignocaine Hydrochloride BP
LINIMENTS
Methyl Salicylate APF
Methyl Salicylate Compound APF
Turpentine BP
LOTION
Calamine BP
MAGNESIUM
Carbonate Light BP
Sulphate BP
(may only be prescribed for other than oral use)
Trisilicate BP
Menthol BP
Methyl Salicylate BP
Morphine Hydrochloride BP
MUCILAGES
Acacia APF 13
Tragacanth APF 13
Tragacanth BPC 1973
OILS
Arachis BP
(use as additive only)
Cade BPC 1973
Castor BP
(use as additive only)
Coconut BP
Eucalyptus BP
(use as additive only)
Lavender Spike BPC 1968
Olive BP
(use as additive only)
Peppermint BP
(use as additive only)
Pumilio Pine BP 1980
Siberian Fir BPC 1949
Turpentine BP
(use as additive only)
OINTMENTS
Ammoniated Mercury BP 1973
Benzoic Acid Compound APF
Emulsifying BP
Hydrous BP (white)
Hydrous BP (yellow)
Methyl Salicylate BP
Methyl Salicylate Compound APF 1934

Drug
OINTMENTS - cont.
Paraffin BP (white)
Paraffin BP 1968 (yellow)
Salicylic Acid APF
Salicylic Acid BP
Simple BP (white)
Simple BP (yellow)
Sulphur BP 1980
Wool Alcohols BP (white)
Wool Alcohols BP (yellow)
Zinc BP
Zinc and Castor Oil BP
Oxymel APF 13
Paraffin Hard BP
Paraffin Liquid BP
(may only be prescribed for other than oral use)
Paraffin Light Liquid BP
Paraffin Soft White BP
Paraffin Soft Yellow BP
PASTES
Zinc Compound BP
Zinc and Salicylic Acid BP
Phenobarbitone BP
(may only be prescribed for the treatment of epilepsy)
Phenobarbitone Sodium BP
(may only be prescribed for the treatment of epilepsy)
Phenol BP
(not available for ear drops)
Phenol Liquefied BP
(not available for ear drops)
Phenoxyethanol BP
Pilocarpine Hydrochloride BP
Pilocarpine Nitrate BP
Podophyllum Resin BP
POTASSIUM
Citrate BP
Iodide BP
Permanganate BP
POWDER
Tragacanth Compound BP 1980
Propylene Glycol BP
Resorcinol BP

Drug
Silver Nitrate BP
SOAPS
Ethereal APF 1955
Soft BP
SODIUM
Acid Phosphate BP
Bicarbonate BP
Chloride BP
Citrate BP
Phosphate BP
Thiosulphate BP (use as additive only)
SOLUTIONS
Aluminium Acetate BP
Benzoic Acid BP
Calcium Hydroxide BP
Chlorhexidine Gluconate BP (use as additive only)
Coal Tar BP
Formaldehyde BP
Iodine Aqueous Oral BP
Iodine Weak BP
Morphine Hydrochloride BPC 1973
Sodium Chloride BP
SPIRITS
Ammonia Aromatic BP
Camphor Compound APF
Chloroform BP
Lemon BP
Methylated Industrial BP (use as additive only)
Starch BP
Sulphur Precipitated BP 1980
Sulphurated Potash BPC 1973
SYRUPS
Lemon APF
Orange BP
Pholcodine Citrate BPC 1959 (use as additive only)
Raspberry BP
Red APF
Syrup BP
Tolu BP

Drug
Talc Purified BP, sterilised
Tar Coal BP
Tar Coal Prepared BP 1973
Theophylline BP
Thymol BP
Thymol Mouth Wash Compound APF
TINCTURES
Belladonna BP
Benzoin Compound BP
Ipecacuanha BP
Lobelia Ethereal BPC 1973
Opium BP
Orange BP
Stramonium BP 1980
Titanium Dioxide BP
Tragacanth Powdered BP
Triethanolamine BP
WATERS
Anise Concentrated BP 1 in 40 (use as additive only)
Chloroform Concentrated APF 1 in 40
For Injections BP (extemporaneously prepared eye drops and eye lotions)
Peppermint Concentrated APF 1 in 40 (use as additive only)
Purified BP
Wool Alcohols BP
Wool Fat BP
Wool Fat Hydrous BP
ZINC
Oxide BP
Sulphate BP

TABLE OF MAXIMUM QUANTITIES AND NUMBER OF REPEATS FOR EXTEMPORANEOUS PREPARATIONS

Preparation	Maximum Quantity	No. of Repeats
Creams	100g	1
Dusting Powders	100g	1
Ear Drops	15mL	2
Elixirs	100mL	4
Eye Drops of Cocaine	15mL	..
Eye Drops of Pilocarpine	15mL	5
Eye Drops, Other	15mL	5
Eye Lotions	200mL	2
Gargles	200mL	4
Glycerins	100mL	1
Inhalations	50mL	1
Inhalations, Solid	4g	1
Linctuses	100mL	2
Liniments	100mL	1
Lotions	200mL	2
Mixtures	200mL	4
Mixtures for Children	100mL	4
Mouth Washes	200mL	1
Nasal Instillations	15mL	2
Ointments and Waxes	100g	1
Paints	25mL	1
Pastes of Cocaine	25g	..
Pastes, Other	100g	1
Powders for Internal Use	100g	2
Powders, Irrigation	100g	1
Soaps	200mL	1
Solutions	200mL	2
Syrups	100mL	4
Tinctures	25mL	1

SECTION 5—PRESCRIBERS' LIST

PRESCRIPTION

CREAMS

(Maximum Quantity 100g and 1 Repeat)

ALUMINIUM ACETATE, OILY (APF)

Aluminium Acetate Solution	5	mL
Zinc Oxide	20	g
Wool Fat	25	g
Arachis Oil	25	mL
Purified Water, freshly boiled and cooled	27	mL

AQUEOUS (APF)

Emulsifying Ointment	30	g
Glycerol	5	mL
Phenoxyethanol	1	g
Purified Water, freshly boiled and cooled to	100	g

BUFFERED, AQUEOUS (APF) (Buffered BP)

Sodium Phosphate	2.5	g
Citric Acid Monohydrate	500	mg
Chlorocresol	100	mg
Emulsifying Ointment	30	g
Purified Water, freshly boiled and cooled to	100	g

CALAMINE, AQUEOUS (APF)

Calamine	4	g
Zinc Oxide	3	g
Cetomacrogol Emulsifying Wax	6	g
Arachis Oil	30	g
Purified Water, freshly boiled and cooled to	100	g

CALAMINE, OILY (APF)

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

PRESCRIPTION

CREAMS — *continued*

CETOMACROGOL, AQUEOUS (APF)		
Cetomacrogol Emulsifying Wax	15	g
Liquid Paraffin	10	g
White Soft Paraffin	10	g
Chlorocresol	100	mg
Propylene Glycol	5	mL
Purified Water, freshly boiled and cooled to	100	g
CETRIMIDE, AQUEOUS (APF)		
Cetrimide	500	mg
Chlorocresol	100	mg
Cetostearyl Alcohol	5	g
Liquid Paraffin	50	g
Purified Water, freshly boiled and cooled to	100	g
CHLORHEXIDINE, AQUEOUS (APF) (Chlorhexidine 1% BP—extemporaneous formula)		
Chlorhexidine Gluconate Solution	5	mL
Cetomacrogol Emulsifying Wax	25	g
Liquid Paraffin	10	g
Purified Water, freshly boiled and cooled to	100	g
COAL TAR and ZINC, OILY (APF)		
Coal Tar, BP	1	g
Castor Oil	1	g
Zinc Cream Oily, APF	98	g
COLD (APF)		
White Beeswax	17	g
Liquid Paraffin	45	g
Borax	1	g
Purified Water, freshly boiled and cooled	37	mL
GLYCEROL, OILY (APF)		
Glycerol	20	g
Calcium Hydroxide Solution	32	mL
Arachis Oil	22	g
Wool Fat	26	g
ICHTHAMMOL and ZINC, OILY (APF)		
Ichthammol	5	g
Wool Fat	15	g
Zinc Cream Oily, APF	80	g

PRESCRIPTION

CREAMS — *continued*

SALICYLIC ACID and RESORCINOL, AQUEOUS (APF)

Salicylic Acid	2	g
Resorcinol	2	g
Aqueous Cream, APF to	100	g

SALICYLIC ACID and SULPHUR, AQUEOUS (APF)

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

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

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)

ZINC, STARCH and TALC (APF)

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

PRESCRIPTION

EAR DROPS

(Maximum Quantity 15mL and 2 Repeats)

ALUMINIUM ACETATE (APF)

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

CHLORHEXIDINE (APF)

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

ICHTHAMMOL (APF)

Ichthammol	10	g
Glycerol	90	g

SALICYLIC ACID (APF)

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

SODIUM BICARBONATE (APF, BP)

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

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)

BENZOIN (PL)

Benzoin Tincture, Compound	50	mL

BENZOIN, COMPOUND (PL)

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

PRESCRIPTION

INHALATIONS—*continued*

BENZOIN and MENTHOL (PL, APF)

Menthol	1	g
Benzoin Tincture, Compound to	50	mL

MENTHOL and EUCALYPTUS (PL)

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

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)

METHYL SALICYLATE, COMPOUND (APF)

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

LOTIONS

(Maximum Quantity 200mL and 2 Repeats)

CALAMINE (APF)

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

PRESCRIPTION

LOTIONS—*continued*

CALAMINE, OILY (APF)

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

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)

FERROUS SULPHATE (APF)

Ferrous Sulphate	300	mg
Ascorbic Acid	10	mg
Orange Syrup	0.5	mL
Benzoic Acid Solution	0.2	mL
Purified Water to	10	mL

GENTIAN, ALKALINE (APF)

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

MIXTURES—*continued*

IPECACUANHA and TOLU (APF)

Synonym: Cough Mixture

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

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

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

POTASSIUM CITRATE and SODIUM BICARBONATE (APF)

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

PRESCRIPTION

MIXTURES—*continued*

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

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)

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

GLUCOSE and GLYCEROL (APF)

Glucose	3	g
Glycerol to	15	mL

OINTMENTS

(Maximum Quantity 100g and 1 Repeat)

BENZOIC ACID, COMPOUND (APF, BP—extemporaneous formula)

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

PRESCRIPTION

OINTMENTS — *continued*

EMULSIFYING (APF, BP)

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

RESORCINOL and SULPHUR, COMPOUND (APF)

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

SALICYLIC ACID (APF)

Salicylic Acid	2	g
Wool Alcohols Ointment, APF	98	g

SIMPLE, WHITE (APF) (Simple BP—white)

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

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

ZINC OXIDE (APF) (Zinc BP—extemporaneous formula)

Zinc Oxide	15	g
White Simple Ointment	85	g

PRESCRIPTION

PAINTS

(Maximum Quantity 25mL and 1 Repeat)

ICHTHAMMOL (APF)

Ichthammol	10	g
Glycerol	90	g

PODOPHYLLIN (PL)

Podophyllum Resin	1.25	g
Benzoin Tincture, Compound to	25	mL

PODOPHYLLIN, COMPOUND (APF, BP)

Podophyllum Resin	3.75	g
Benzoin Tincture, Compound to	25	mL

SALICYLIC ACID (APF)

Salicylic Acid	2.5	g
Flexible Collodion to	25	mL

PASTES

(Maximum Quantity 100g and 1 Repeat)

COAL TAR and ZINC (APF)

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

DITHRANOL 0.1% (APF)

Dithranol	100	mg
Zinc and Salicylic Acid Paste, APF	99.9	g

TITANIUM DIOXIDE (APF)

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

PRESCRIPTION

PASTES — *continued*

ZINC, COMPOUND (APF, BP—extemporaneous formula)

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

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

MIXTURES

(Maximum Quantity 100mL and 4 Repeats)

IPECACUANHA and CAMPHOR (APF)

Synonym: Expectorant Mixture for Children

Ipecacuanha Tincture	0.1	mL
Compound Camphor Spirit	0.25	mL
Glycerol	1	mL
Purified Water to	5	mL

POTASSIUM CITRATE (APF)

Potassium Citrate	1	g
Citric Acid Monohydrate	200	mg
Lemon Syrup, APF	1	mL
Concentrated Chloroform Water	0.1	mL
Purified Water to	5	mL

SODIUM CITRATE (APF)

Sodium Citrate	1	g
Citric Acid Monohydrate	200	mg
Lemon Syrup, APF	1	mL
Concentrated Chloroform Water	0.1	mL
Purified Water to	5	mL

Commonwealth Department of
Veterans' Affairs

REPATRIATION SCHEDULE OF PHARMACEUTICAL BENEFITS

DECEMBER 1989

The benefits listed in this Schedule may only be prescribed to Department of Veterans' Affairs beneficiaries holding a:

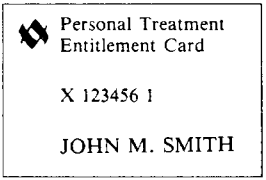
- Personal Treatment Entitlement Card (yellow); or
- Specific Treatment Entitlement Card (white)

26292(E)

BENEFICIARIES ENTITLEMENT CARDS AND ELIGIBILITY

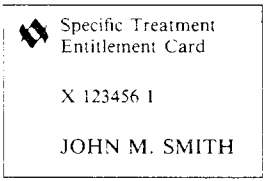
The diagram below outlines the drug eligibility of the Department of Veterans'

REPATRIATION PHARMACEUTICAL BENEFITS



Patients issued with YELLOW cards may receive Pharmaceutical Treatment at the expense of the Department of Veterans' Affairs

WITH

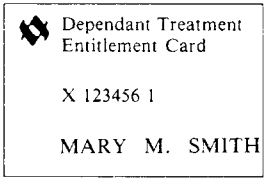


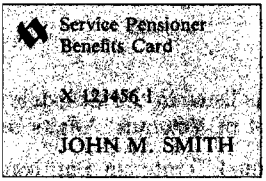
Patients issued with WHITE cards may receive Pharmaceutical Treatment at the expense of the Department of Veterans' Affairs

WITH

PBS PHARMACEUTICAL BENEFITS

(Patients ineligible to receive Repatriation Pharmaceuticals)





FOR REPATRIATION PHARMACEUTICAL BENEFITS

Affairs beneficiaries in accordance with their treatment entitlement.

PBS Schedule listings written on prescription form D1002 (Restrictions apply)	+	Repatriation Schedule Listings written on prescription form D1002	+	Items for which prescribing approval has been authorised on a D1190 prescription form for: (i) PBS Schedule 'Authority required' items; (ii) greater quantities/repeats of drugs listed in PBS and Repatriation Schedules; or (iii) items not listed in PBS or Repatriation Schedules.

Only for disabilities that have been accepted for treatment by the Department of Veterans' Affairs.

PBS Schedule listings written on prescription form D1002 (Restrictions apply)	+	Repatriation Schedule Listings written on prescription form D1002	+	Items for which prescribing approval has been authorised on a D1190 prescription form for: (i) PBS Schedule 'Authority required' items; (ii) greater quantities/repeats of drugs listed in PBS and Repatriation Schedules; or (iii) items not listed in PBS or Repatriation Schedules.

NOTE:

LILAC DTEC card holders and RED SPBC card holders are not eligible to receive pharmaceutical benefits under the RPBS.

Both groups of card holders shall be prescribed medicines on PBS stationery in accordance with the provisions governing the prescribing of PBS pharmaceutical benefits for community pensioners. These benefits shall be supplied free of charge.

The Veterans' Affairs file number on the DTEC card or the SPBC card should be endorsed on the PBS prescription form and the 'P' box crossed to certify the patient's entitlement to receive PBS items at no charge.

DEPARTMENT OF VETERANS' AFFAIRS

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Pharmaceutical Services Section
MLC Tower
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Woden Town Centre ACT 2606

Telephone (062) 89 6084

REPATRIATION PHARMACEUTICAL BENEFITS

Explanatory Circular regarding the December 1989 edition of the Repatriation Schedule of Pharmaceutical Benefits.

This reprint of the Schedule will take effect on 1 December 1989 and all previous editions of the Schedule are cancelled.

The British Pharmacopoeia 1988 became effective in Australia on 1 August 1989. The opportunity has been taken to make some relevant changes to nomenclature used in the description of drug names. Some titles now include the relevant salt as part of the drug name while 'oral inhalation, metered aerosol spray' is now referred to as 'oral pressurised inhalation'.

SUMMARY OF CHANGES

ADDITIONS

Forms, Brands, Strengths or Pack Sizes of Existing Items

Pine Tar and Triethanolamine Lauryl Sulphate, solution 23mg-60mg per mL (2.3%-6%), 500mL *(Dermatar)*

DELETIONS

Forms, Brands, Strengths or Pack Sizes of Existing Items

Chlorpheniramine, tablet 4mg *(Piriton)*

Pholcodine, linctus 1mg per mL (0.1%), 100mL *(Pholcolin White)*

ALTERATIONS

Proprietary Name	*From*	*To*
Section 1		
Beclomethasone Dipropionate, aqueous suspension in metered dose atomising pump, 50 micrograms per dose (200 dose)	*Aldecin*	*Aldecin AQ*
Section 3		
Bandage Cotton Crepe Heavy		
5cm × 2.3m	*Elastocrepe 3205A*	*Elastocrepe 300501*
7.5cm × 2.3m	*Elastocrepe 3275A*	*Elastocrepe 307501*
10cm × 2.3m	*Elastocrepe 3210A*	*Elastocrepe 301001*
15cm × 2.3m	*Elastocrepe 3215A*	*Elastocrepe 301501*

ADVANCE NOTICE

The brands listed below will be delisted from the Repatriation Schedule of Pharmaceutical Benefits as from 1 April 1990:

- discontinued by the manufacturer—

Betamethasone Valerate, cream and ointment 1mg per g (0.1%), 15g *(Celestone-V)*
Senega and Ammonia, mixture 200mL *(RT)*

- discontinued supply to full line wholesalers by the manufacturer—

Self Adhesive Plaster Hypoallergenic, 7.5cm × 9.1m roll *(Tenderskin 3394.1)*

The items listed below will be delisted from the Repatriation Schedule of Pharmaceutical Benefits as from 1 April 1990:

- Item to be delisted on the recommendation of the Repatriation Pharmaceutical Reference Committee—

Bromhexine Hydrochloride, tablet 8mg *(Bisolvon)*

- Items discontinued by the manufacturer—

Normethadone Hydrochloride and Hydroxyephedrine, tablet 7.5mg-10mg and drops 10mg-20mg per mL, 10mL *(Ticarda)*

SECTION 1

DRUGS, MEDICINES AND DIAGNOSTIC REAGENTS

Name. Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
ALGINIC ACID COMPOUND				
Granules 4g sachets (pack of 24)	5	5	Gavigrans	RC
ALLANTOIN and COAL TAR EXTRACT				
Lotion 20mg-50mg per mL (2%-5%), 250mL	≠1	2	Alphosyl	SV
Cream 17mg-50mg per g (1.7%-5%), 50g	≠1	2	Alphosyl	SV
ALLANTOIN, GLYCEROL and ICHTHAMMOL				
Cream 5mg-10mg-10mg per g (0.5%-1%-1%), 50g	≠1	2	Egoderm	EO
ALLANTOIN, SULPHUR, PHENOL, COAL TAR SOLUTION AND MENTHOL				
Gel 25mg-5mg-5mg-0.05mL-7.5mg per g (2.5%-0.5%-0.5%-5%-0.75%), 75g	≠1	2	Egopsoryl-TA	EO
ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE and SIMETHICONE				
Tablet 400mg-400mg-30mg	200	5	Mylanta II	PD
Suspension 400mg-400mg-30mg per 5mL, 375mL	2	5	Mylanta II	PD
ASTEMIZOLE				
Tablet 10mg	30	..	Hismanal	JC
BATH EMOLLIENT				
Bath Oil, 500mL	≠1	2	Hamilton Bath Oil	HA
			QV Bath Oil	EO
			Rikoderm	RK
BECLOMETHASONE DIPROPIONATE				
Aqueous suspension in metered dose atomising pump, 50 micrograms per dose (200 dose)	≠1	2	Aldecin AQ	SH
			Beconase AQ	GL
Nasal Pressurised Inhalation, 50 micrograms per dose (200 dose)	≠1	2	Aldecin	SH
			Beconase	GL
BENZALKONIUM CHLORIDE, CETRIMIDE and LANOLIN				
Cream 100 micrograms-1.8mg-18mg per g (0.01%-0.18%-1.8%), 50g	≠1	2	Drapolex	BW

Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer
BENZTROPINE MESYLATE			
Tablet 0.5mg	100	2	Cogentin MK
BENZYDAMINE HYDROCHLORIDE			
Solution 1.5mg per mL (0.15%), 200mL	≠1	..	Difflam RK
BETAMETHASONE DIPROPIONATE			
Cream 500 micrograms per g (0.05%), 50g	≠1	2	Diprosone SH
Ointment 500 micrograms per g (0.05%), 50g	≠1	2	Diprosone SH
BETAMETHASONE VALERATE			
Cream			
500 micrograms per g (0.05%), 30g	≠1	2	Betnovate 1/2 GL Celestone-V Half Strength SH
1mg per g (0.1%), 15g	≠1	2	Celestone-V SH
1mg per g (0.1%), 30g	≠1	2	Betnovate GL Celestone-V SH
Gel 500 micrograms per g (0.05%), 30g	≠1	2	Betnovate 1/2 GL
Ointment			
500 micrograms per g (0.05%), 30g	≠1	2	Betnovate 1/2 GL Celestone-V Half Strength SH
1mg per g (0.1%), 15g	≠1	2	Celestone-V SH
1mg per g (0.1%), 30g	≠1	2	Betnovate GL Celestone-V SH
Scalp Application 1mg per g (0.1%), 30g	≠1	2	Betnovate GL
BETAMETHASONE VALERATE and GENTAMICIN SULPHATE CAUTION: For the short term treatment of localised infective eczema only.			
Cream 1mg-1mg per g (0.1%-0.1%), 15g	≠1	..	Celestone-VG SH
Ointment 1mg-1mg per g (0.1%-0.1%), 15g	≠1	..	Celestone-VG SH

Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
BISMUTH FORMIC IODIDE				
Powder 10g	≠1	..	B.F.I.	MK
BROMAZEPAM				
CAUTION: Continuous long term use may lead to dependency.				
Tablet 3mg	50	..	Lexotan	RO
6mg	50	..	Lexotan	RO
12mg	50	..	Lexotan	RO
BROMHEXINE HYDROCHLORIDE				
NOTE: For use of patients established on this therapy prior to 1 March 1983.				
Tablet 8mg	100	2	Bisolvon	BY
BROMPHENIRAMINE MALEATE				
Tablet 4mg	50	2	Dimetane	RS
CALCIUM CARBONATE				
Effervescent Powder 300g	≠1	2	Effercal-600	HA
CALCIUM CARBONATE with GLYCINE				
Tablet 420mg-180mg	200	5	Titralac	RK
CALCIUM GLUCONATE				
Tablet 600mg	100	2	SI	
CARBENOXOLONE SODIUM				
Gel 20mg per g (2%), 5g	≠1	1	Bioral	SN
CARMELLOSE SODIUM with PECTIN and GELATIN				
Paste				
167mg-167mg-167mg per g (16.7%-16.7%-16.7%), 5g	≠1	..	Orabase	SQ
167mg-167mg-167mg per g (16.7%-16.7%-16.7%), 80g	≠1	2	Orabase	SQ

Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
CHLORDIAZEPOXIDE				
CAUTION: Continuous long term use may lead to dependency.				
Tablet 5mg	50	..	Librium	RO
Capsule 10mg	50	..	Librium	RO
CHLORHEXIDINE GLUCONATE				
Mouth Wash 2mg per mL (0.2%), 200mL	≠1	..	Chlorohex	OM
2mg per mL (0.2%), 250mL	≠1	..	Plaqacide	OB
			Savacol Mouth and Throat Rinse	IC
CHLORPHENIRAMINE MALEATE				
Tablet 4mg	50	2	Allergex	PT
CHLORTETRACYCLINE HYDROCHLORIDE				
Cream 30mg per g (3%), 15g	≠1	..	Aureomycin	LE
Ointment 30mg per g (3%), 15g	≠1	..	Aureomycin	LE
CHOLINE SALICYLATE, CETALKONIUM CHLORIDE, MENTHOL, GLYCEROL and ETHANOL				
Jelly 87mg-100 micrograms-570 micrograms-46mg-386mg per g (8.7%-0.01%-0.057%-4.6%-38.6%), 15g	≠1	..	Seda-Gel	NN
CLORAZEPATE DIPOTASSIUM				
CAUTION: Continuous long term use may lead to dependency.				
Capsule 5mg	50	..	Tranxene	GL
15mg	30	..	Tranxene	GL
COAL TAR EXTRACT				
Shampoo 50mg per g (5%), 50g	≠1	2	Alphosyl	SV
CODEINE PHOSPHATE with ASPIRIN				
Tablet Soluble 8mg-300mg	50	2	Aspalgin	FM
8mg-500mg	50	2	Solcode	RC

Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
CODEINE PHOSPHATE with PARACETAMOL Tablet 8mg-500mg	50	1	Codalgin Dymadon Co.	FM BW
DEXTROPROPOXYPHENE NAPSYLATE CAUTION: Chronic use of this preparation is likely to cause drug dependence. Capsule 100mg	50	..	Doloxene	LY
DICHLOROBENZENE, CHLORBUTOL and TURPENTINE OIL Ear Drops 20mg-50mg-0.1mL per mL (2%-5%-10%), 11mL	≠1	..	Cerumol	AC
DICYCLOMINE HYDROCHLORIDE Tablet 10mg	100	..	Merbentyl	ML
DIMETHICONE and GLYCEROL For colostomy and ileostomy use; For use by paraplegic and quadriplegic patients; For use with surgical appliances. Cream 150mg-20mg per g (15%-2%), 75g	≠1	..	Silic 15	EO
150 mg-20mg per g (15%-2%), 600g	≠1	..	Silic 15	EO
DIPHEMANIL METHYLSULPHATE Dusting Powder 20mg per g (2%), 50g	≠1	1	Prantal	SH
DIPHENHYDRAMINE HYDROCHLORIDE Capsule 50mg	50	2	Benadryl	PD
DIPHENYLPYRALINE HYDROCHLORIDE Tablet 2.5mg	50	2	Histalert	RK
DISULFIRAM CAUTION: Only for use in the treatment of chronic alcoholism. Associated ingestion of alcohol may be life-threatening. Tablet 250mg	30	1	Antabuse	JC

Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
DOCUSATE SODIUM				
Tablet 50mg	100	2	Coloxyl 50	FM
120mg	100	2	Coloxyl 120	FM
Ear Drops 50mg per mL (5%), 10mL	≠1	..	Waxsol	NE
DOCUSATE SODIUM with SENNA				
Tablet 50mg-8mg	90	2	Coloxyl with Senna	FM
ECONAZOLE NITRATE				
Cream 10mg per g (1%), 25g	≠1	1	Dermazole	EO
ETHAMBUTOL HYDROCHLORIDE				
Tablet 100mg	100	2	Myambutol	LE
400mg	100	2	Myambutol	LE
FLUCLOROLONE ACETONIDE				
Cream 250 micrograms per g (0.025%), 30g	≠1	2	Topilar	SD
FLUNISOLIDE				
Nasal Spray 250 micrograms per mL (0.025%), 20mL	≠1	2	Rhinalar Nasal Mist	SD
FLUNITRAZEPAM				
CAUTION: Continuous long term use may lead to dependency.				
Tablet 2mg	25	..	Hypnodorm Rohypnol	AF RO
FLUOCINOLONE ACETONIDE				
Cream 250 micrograms per g (0.025%), 30g	≠1	2	Synalar	IC
Ointment 250 micrograms per g (0.025%), 30g	≠1	2	Synalar	IC
FLUOCORTOLONE PIVALATE and FLUOCORTOLONE HEXANOATE				
Cream 2.5mg-2.5mg per g (0.25%-0.25%), 30g	≠1	2	Ultralan	SC

Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
FLUOCORTOLONE PIVALATE, FLUOCORTOLONE HEXANOATE, CLEMIZOLE UNDECYLENATE and CINCHOCAINE HYDROCHLORIDE CAUTION: Prolonged and excessive use of topical corticosteroid preparations may lead to skin atrophy. This preparation is intended for short term palliative use only.				
Ointment 920 micrograms-950 micrograms-10mg-5mg per g (0.092%-0.095%-1%-0.5%), 10g	≠1	2	Ultraproct	SC
920 micrograms-950 micrograms-10mg-5mg per g (0.092%-0.095%-1%-0.5%), 30g	≠1	2	Ultraproct	SC
Suppositories each contains 610 micrograms-630 micrograms-5mg-1mg, 12	≠1	2	Ultraproct	SC
FLUOROURACIL Cream 50mg per g (5%), 20g	≠1	..	Efudix	RO
Solution 10mg per mL (1%), 30mL	≠1	..	Fluoroplex	AG
FLURAZEPAM DIHYDROCHLORIDE CAUTION: Continuous long term use may lead to dependency.				
Capsule 15mg	30	..	Dalmane	RO
30mg	30	..	Dalmane	RO
GLUCOSE INDICATOR - BLOOD Reagent Strips, 50	2	5	Dextrostix	AM
GLYCEROL Suppositories adult size 2.7g, 12	≠1	1	PD	
HALOPERIDOL Tablet 500 micrograms	100	1	Serenace	SR

Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
HYDROCORTISONE, CINCHOCAINE HYDROCHLORIDE and AESCULIN CAUTION: Prolonged and excessive use of topical corticosteroid preparations may lead to skin atrophy. This preparation is intended for short term palliative use only.				
Ointment 5mg-5mg-10mg per g (0.5%-0.5%-1%), 15g	≠1	2	Proctosedyl	RL
5mg-5mg-10mg per g (0.5%-0.5%-1%), 30g	≠1	2	Proctosedyl	RL
Suppositories each contains 5mg-5mg-10mg, 12	≠1	2	Proctosedyl	RL
HYDROCORTISONE and CLIOQUINOL CAUTION: For the short term treatment of localised infective eczema only.				
Cream 10mg-10mg per g (1%-1%), 30g	≠1	..	Hydroform	DM
HYDROCORTISONE, LIGNOCAINE BASE, ALUMINIUM SUBACETATE and ZINC OXIDE CAUTION: Prolonged and excessive use of topical corticosteroid preparations may lead to skin atrophy. This preparation is intended for short term palliative use only.				
Ointment 2.5mg-50mg-35mg-180mg per g (0.25%-5%-3.5%-18%), 15g	≠1	2	Xyloproct	AP
2.5mg-50mg-35mg-180mg per g (0.25%-5%-3.5%-18%), 35g	≠1	2	Xyloproct	AP
Suppositories each contains 5mg-60mg-50mg-400mg, 10	≠1	2	Xyloproct	AP

Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
HYDROLYZED COLLAGEN PROTEINS NOTE: To be used in conjunction with the two scalp cleansers: Salicylic acid, benzalkonium chloride, alcohol and polyoxyethylene ethers and Salicylic acid, benzalkonium chloride, alcohol, coal tar and polyoxyethylene ethers.				
Hair Conditioner 250mL	≠1	2	Ionil Rinse	AQ
HYDROXYETHYLRUTOSIDES Capsule 250mg	100	1	Paroven	ZY
HYDROXYZINE PAMOATE Capsule 25mg	50	2	Atarax	PF
50mg	50	2	Atarax	PF
HYOSCINE BUTYLBROMIDE Injection 20mg in 1mL	5	..	Buscopan	BY
ISPAGHULA HUSK Sachets 3.5g, 30	≠1	1	Fybogel	RC
LIGNOCAINE HYDROCHLORIDE and CARBOXYMETHYLCELLULOSE Mucilage 20mg-25mg per mL (2%-2.5%), 200mL	≠1	..	Xylocaine Viscous	AP
LORAZEPAM CAUTION: Continuous long term use may lead to dependency.				
Tablet 1mg	50	..	Ativan	AY
2.5mg	50	..	Ativan	AY
LUBRICATING AGENT Jelly 60g	≠1	..	Lubafax	BW
MAGNESIUM ASPARTATE Tablet 500mg	50	..	Magmin	VS
MEBENDAZOLE Tablet 100mg	6	..	Vermox	JC

Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
MEBEVERINE HYDROCHLORIDE				
Tablet 135mg	90	..	Colofac	JC
MECLOZINE HYDROCHLORIDE				
Tablet 25mg	50	2	Ancolan	GL
NORMETHADONE HYDROCHLORIDE and HYDROXYEPHEDRINE				
Drops 10mg-20mg per mL, 10mL	≠1	..	Ticarda	HP
Tablet 7.5mg-10mg	20	..	Ticarda	HP
OXYMETAZOLINE HYDROCHLORIDE				
Nasal Drops				
500 micrograms per mL (0.05%), 15mL	≠1	..	Drixine	SH
Nasal Spray				
500 micrograms per mL (0.05%), 15mL	≠1	..	Drixine	SH
OXYTETRACYCLINE HYDROCHLORIDE				
Ointment 30mg per g (3%), 15g	≠1	..	Terramycin	PF
PHENAZOPYRIDINE HYDROCHLORIDE				
Tablet 100mg	50	1	Pyridium	WW
PHENIRAMINE AMINOSALICYLATE				
Tablet 10mg	50	2	Fenamine-M	FM
50mg	50	2	Avil	HP
			Fenamine	FM
PHOLCODINE				
Linctus 1mg per mL (0.1%), 100mL	≠1	2	Actuss	SI
			Duro-Tuss	RK
			Pholcolin Red	AU
			Pholtrate	MG
PINE TAR, COAL TAR SOLUTION, JUNIPER TAR and PHENOL				
Solution 20mg-5mg-1mg-5mg per mL (2%-0.5%-0.1%-0.5%), 500mL	≠1	2	Pixol	WS
PINE TAR and TRIETHANOLAMINE LAURYL SULPHATE				
Solution				
23mg-60mg per mL (2.3%-6%), 500mL	≠1	2	Dermatar	HA
			Pinetarsol	EO

Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
POLYMYXIN B SULPHATE, ZINC BACITRACIN and NEOMYCIN SULPHATE				
NOTE: For use with indwelling catheters. Irrigant consisting of a dry powder vial containing 75,000 units-1,000 units-20,000 units and one 10mL ampoule of normal saline	5	..	Polybactrin Soluble G.U.	BW
POVIDONE-IODINE				
Solution 100mg per mL (10%), 100mL	≠1	..	Betadine Antiseptic Liquid	FA
Powder 145mg per g (14.5%), 10g	≠1	..	E.D.P.	BT
PREDNISOLONE HEXANOATE, CINCHOCAINE HYDROCHLORIDE and CLEMIZOLE UNDECYLENATE				
CAUTION: Prolonged and excessive use of topical corticosteroid preparations may lead to skin atrophy. This preparation is intended for short term palliative use only.				
Ointment 1.9mg-5mg-10mg per g (0.19%-0.5%-1%), 10g	≠1	2	Scheriproct	SC
1.9mg-5mg-10mg per g (0.19%-0.5%-1%), 30g	≠1	2	Scheriproct	SC
Suppositories each contains 1.3mg-1mg-5mg, 12	≠1	2	Scheriproct	SC
PROCAINAMIDE HYDROCHLORIDE				
Tablet 500mg (controlled release)	100	2	Procainamide Durules	AP
PROMETHAZINE HYDROCHLORIDE				
Tablet 10mg	50	2	Phenergan	MB
25mg	50	2	Phenergan	MB
PSEUDOEPHEDRINE HYDROCHLORIDE				
Tablet 60mg	30	..	Sudafed	BW

Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
PSEUDOEPHEDRINE SULPHATE Tablet 60mg	30	..	Drixora	SH
PSYLLIUM HYDROPHILIC MUCILLOID Powder (non-flavoured), 375g	≠1	1	Metamucil	SR
RICINOLEIC ACID, ACETIC ACID and HYDROXYQUINOLINE SULPHATE Vaginal Jelly 7mg-9.4mg-250 micrograms per g (0.7%-0.94%-0.025%), 100g	≠1	..	Aci-Jel	JC
SALICYLIC ACID, BENZALKONIUM CHLORIDE, ALCOHOL and POLYOXYETHYLENE ETHERS Scalp Cleanser 250mL	≠1	2	Ionil	AQ
SALICYLIC ACID, BENZALKONIUM CHLORIDE, ALCOHOL, COAL TAR and POLYOXYETHYLENE ETHERS Scalp Cleanser 125mL	≠1	2	Ionil-T	AQ
SALICYLIC ACID, COAL TAR SOLUTION, PINE TAR and UNDECYLENAMIDE Scalp Cleanser 20mg-10mg-10mg-10mg per mL (2%-1%-1%-1%), 250mL	≠1	2	Sebitar	EO
SALICYLIC ACID and PODOPHYLLIN RESIN Ointment 200mg-100mg per g (20%-10%), 10g	≠1	..	Salicylin-P	KY
Paint 100mg-200mg per mL (10%-20%), 6mL	≠1	1	Posalfilin	NE
SELENIUM SULPHIDE Shampoo 25mg per mL (2.5%), 125mL	≠1	1	Selsun	AB
SENEGA and AMMONIA Mixture 200mL	≠1	4	Senagar Senamon MG,RT	SI AU
SENNA STANDARDISED Tablet 7.5mg	100	1	Senokot	RC
SKIN CLEANSER Lotion 500mL	≠1	2	Hamilton Bodywash Sopol	HA WS

Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
SODIUM BICARBONATE CAUTION: For use in the treatment of renal disease.				
Capsule 840mg	100	2	Sodibic	PT
SODIUM CHLORIDE Irrigation Solution 9mg per mL (0.9%), 500mL	≠1	2	BX	
9mg per mL (0.9%), 1L	≠1	2	BX	
SODIUM CITRATE and SODIUM LAURYL SULPHOACETATE Enema 90mg-9mg in 5mL, 4	≠1	1	Microlax	PS
SODIUM CROMOGLYCATE Capsule 10mg (nasal insufflation)	100	5	Rynacrom	FC
Nasal spray metered dose pump, 20mg per mL (2%), 26mL	≠1	5	Rynacrom	FC
SODIUM FLUORIDE Tablet 20mg	100	1	Hifluor	PT
SODIUM POLYSTYRENE SULPHONATE CAUTION: For use in the treatment of renal disease.				
Powder 454g	≠1	2	Resonium-A	WL
SPIRONOLACTONE Tablet 100mg	100	..	Aldactone	SR
STERCULIA with FRANGULA BARK Granules 473mg-83mg per g (47.3%-8.3%), 250g	≠1	1	Granocol	SC
SUNSCREENS Cream 100g	≠1	..	Aquasun Blockout Cream 15+	PY
			Hamilton Sunscreen Broad Spectrum Cream 15+	HA
			SunSense Cream 15+	EO

(Continued)

Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer
SUNSCREENS - cont.			
Lotion (Alcoholic) 125ml	≠1	..	SunSense Lotion 15+ EO
Lotion (Non-Alcoholic) 125mL	≠1	..	Aquasun Blockout Lotion 15+ PY Hamilton Broad Spectrum Milky Lotion 15+ HA SunSense Milk 15+ EO
Solid Stick 5g	≠1	..	Hamilton Broad Spectrum Solastick 15+HA
TETRA-BROMO-ORTHOCRESOL, UNDECENOIC ACID, ZINC UNDECENOATE and ZINC OXIDE Powder 10mg-10mg-50mg-50mg per g (1%-1%-5%-5%), 50g	≠1	..	Pedoz HA
TOLNAFTATE			
Cream 10mg per g (1%), 30g	≠1	..	Pedi-Derm NN
Powder 10mg per g (1%), 20g	≠1	..	Pedi-Derm NN
Solution 10mg per mL (1%), 15mL	≠1	..	Pedi-Derm NN
Spray Aerosol 10mg per g (1%), 150g	≠1	..	Tinaderm SH
TRIAMCINOLONE ACETONIDE			
Cream			
500 micrograms per g (0.05%), 30g	≠1	2	Kenalone SQ
Ointment			
500 micrograms per g (0.05%), 30g	≠1	2	Kenalone SQ
TRIAMCINOLONE ACETONIDE with NEOMYCIN SULPHATE, GRAMICIDIN and NYSTATIN CAUTION: For the short term treatment of localised infective eczema only.			
Cream 1mg-2.5mg (base)-250 micrograms- 100,000 units per g (0.1%-0.25% (base)-0.025%-100,000 units in 1g), 15g	≠1	..	Aristocomb LE Kenacomb SQ

(Continued)

Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
TRIAMCINOLONE ACETONIDE with NEOMYCIN SULPHATE, GRAMICIDIN and NYSTATIN - cont.				
Ointment 1mg-2.5mg (base)-250 micrograms- 100,000 units per g (0.1%-0.25% (base)-0.025%-100,000 units in 1g), 15g	≠1	..	Aristocomb Kenacomb	LE SQ
VITAMIN A Ointment 540 micrograms per g, 50g	≠1	1	Ungvita	NS
VITAMIN A, CALAMINE and SILICONE OIL Cream 150 micrograms-100mg-10mg per g (500 units per g-10%-1%), 50g	≠1	1	Ungvita Cream	NS
VITAMIN B GROUP COMPLEX Liquid 200mL	≠1	2	Accomin Adult Tonic	LE
VITAMIN B GROUP COMPLEX STRONG with ASCORBIC ACID Tablet	90	2	Multi-B Forte	GP
Tablet with Calcium Pantothenate	100	2	FM	
ZINC OXIDE, STARCH and CHLORPHENESIN Dusting Powder 100g	≠1	1	Z.S.C.	SI
ZINC PYRITHIONE Cream 5mg per g (0.5%), 75g	≠1	1	Dan Gard Hold & Care	FA
Shampoo 10mg per mL (1%), 200mL	≠1	1	Dan Gard	FA

SECTION 2

AIDS TO TREATMENT

Note: A number following the proprietary name denotes manufacturer's code

Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer
ABSORBENT NAPKINS PANTS NOTE: May not be prescribed for patients in nursing homes. The approved patient fee includes a component for the supply of incontinence aids by the nursing home.			
Pack of 2, small size	3	..	Softeze Stretch Pants 082-8101 BS
Pack of 2, medium size	3	..	Softeze Stretch Pants 082-8201 BS
Pack of 2, large size	3	..	Softeze Stretch Pants 082-8301 BS
INHALATION DEVICE	≠1	..	Bricanyl Nebuhaler 2022 AP Volumatic 10359 GL
INHALATION LEVER DEVICE FOR METERED AEROSOL	≠1	..	Haleraid GL
INJECTION SITE PREPARATION SWAB Isopropyl Alcohol 0.7mL per mL (70%), pack of 100	≠1	1	Medi Swab 1000H SN
MOUTH PIECE FOR METERED AEROSOLS	≠1	..	Mouthpiece BY
NASAL INSUFFLATOR	≠1	..	Rynacrom FC
ROTAHALERS Rotahaler	≠1	..	Becotide GL
Rotahaler	≠1	..	Ventolin GL
SPINHALER	≠1	..	Intal FC

SECTION 3

DRESSINGS

Note: A number following the proprietary name denotes manufacturer's code

Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer
ABSORBENT COTTON GAUZE			
90cm x 1m, pack	≠1	..	Handy 4021 BE
11cm x 373cm, roll	≠1	..	Kerlix 6715 KE
ABSORBENT COTTON WOOL			
100g Roll	≠1	2	JJ 02013 JJ
375g Roll	≠1	2	JJ 02011 JJ
ABSORBENT GAUZE PAD			
5cm x 5cm, 100	≠1	..	Handy 5672 BE
Sterile single pack, 5cm x 5cm, 100	≠1	..	Curity 3381 KE
7.5cm x 7.5cm, 100	≠1	..	Handy 5673 BE
Sterile single pack, 7.5cm x 7.5cm, 100	≠1	..	Curity 6132 KE
10cm x 10cm, 100	≠1	..	Handy 5674 BE
Sterile single pack, 10cm x 10cm, 100	≠1	..	Curity 6309 KE
ABSORBENT LINT			
50g, pack	≠1	..	Handy 4032 BE
ABSORBENT NAPKINS NOTE: May not be prescribed for patients in nursing homes. The approved patient fee includes a component for the supply of incontinence aids by the nursing home.			
Pack of 20	≠1	10	Softeze Absorbent Pad Mini 640-0412 BS
Pack of 20	≠1	10	Softeze Absorbent Pad Regular 640-0312 BS
Pack of 8	≠1	10	Depend Undergarments 1650 KC

Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
BANDAGE CALICO TRIANGULAR				
Large size	≠1	..	Handy 5608	BE
BANDAGE COTTON CONFORMING				
2.5cm x 1.5m	5	..	Handy-Band 9483	BE
5cm x 1.5m	5	..	Handy-Band 9485	BE
7.5cm x 1.5m	5	..	Handy-Band 9488	BE
10cm x 1.5m	5	..	Handy-Band 9490	BE
15cm x 1.5m	5	..	Handy-Band 9495	BE
BANDAGE COTTON CREPE HEAVY				
5cm x 2.3m	2	..	Curaband 8252F	KE
			Elastocrepe 300501	SN
7.5cm x 2.3m	2	..	Curaband 8253F	KE
			Elastocrepe 307501	SN
10cm x 2.3m	2	..	Curaband 8254F	KE
			Elastocrepe 301001	SN
15cm x 2.3m	2	..	Curaband 8256F	KE
			Elastocrepe 301501	SN
BANDAGE ELASTIC ADHESIVE				
5cm x 2.5m	≠1	..	Elastoplast 1002	SN
7.5cm x 2.5m	≠1	..	Elastoplast 1003	SN
10cm x 2.5m	≠1	..	Elastoplast 1004	SN

Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer
BANDAGE ELASTIC CONFORMING			
2.5cm x 1.8m	5	..	Curaband 8181 KE
5cm x 1.8m	5	..	Curaband 8182 KE
7.5cm x 1.8m	5	..	Curaband 8183 KE
10cm x 1.8m	5	..	Curaband 8184 KE
15cm x 1.8m	5	..	Curaband 8186 KE
BANDAGE OPEN-WOVE			
2.5cm	5	..	Handy 5551 BE
5cm	5	..	Handy 5552 BE
7.5cm	5	..	Handy 5553 BE
10cm	5	..	Handy 5554 BE
BANDAGE PLASTER OF PARIS			
5cm x 2.75m	5	..	Gypsona S5002 SN
7.5cm x 2.75m	5	..	Gypsona S5003 SN
10cm x 2.75m	5	..	Gypsona S5004 SN
15cm x 2.75m	5	..	Gypsona S5006 SN
BANDAGE SELF-ADHESIVE ELASTIC			
5cm x 1.3m	2	..	Peg 7420 BK
7.5cm x 1.3m	2	..	Peg 7422 BK
10cm x 1.3m	2	..	Peg 7423 BK
15cm x 1.3m	2	..	Peg 7425 BK
BANDAGE STRETCH			
2.5cm	5	..	Conform 2230 KE
5cm	5	..	Conform 2231 KE
7.5cm	5	..	Conform 2232 KE
10cm	5	..	Conform 2236 KE
15cm	5	..	Conform 2238 KE

Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer
BANDAGE WRINKLED COTTON CREPE			
5cm x 1.5m (hospital quality)	2	..	Curaband 8232 KE
5cm x 1.6m (medium)	2	..	Handycrepe 8235 BE
7.5cm x 1.5m (hospital quality)	2	..	Curaband 8233 KE
7.5cm x 1.6m (medium)	2	..	Handycrepe 8238 BE
10cm x 1.5m (hospital quality)	2	..	Curaband 8234 KE
10cm x 1.6m (medium)	2	..	Handycrepe 8240 BE
15cm x 1.5m (hospital quality)	2	..	Curaband 8236 KE
15cm x 1.6m (medium)	2	..	Handycrepe 8245 BE
BANDAGE ZINC PASTE			
6.5cm x 80cm (tubular)	2	..	Acoband AU
7.5cm x 6m	2	..	Viscopaste 4948A SN
BANDAGE ZINC PASTE and ICHTHAMMOL			
7.5cm x 6m	2	..	Ichthopaste 4959 SN
DRESSING ADHESIVE MEMBRANE			
Sterile single sachet, 14cm x 10cm	10	1	Op-Site 4963 SN
25cm x 10cm	20	..	Bioclusive Transparent Dressing 12477 JJ
DRESSING ELASTIC ADHESIVE			
6cm x 1m, pack	≠1	..	Elastoplast 4025 SN
DRESSING NON-ADHERENT DRY ABSORBENT			
Sterile single sachet, 5cm x 5cm, pack of 5	≠1	..	Melolin 100020 SN

(continued)

Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
DRESSING NON-ADHERENT DRY ABSORBENT - cont.				
Sterile single pack, 5cm x 7.5cm	10	..	Telfa 1961C	KE
Sterile single pack, 7.5cm x 10cm	10	..	Telfa 2132C	KE
Sterile single sachet, 10cm x 10cm, pack of 10	≠1	..	Melolin 4933	SN
DRESSING PARAFFIN GAUZE				
Sterile sachets, 10cm x 10cm, pack of 10	≠1	..	Jelonet 7404	SN
DRESSING PARAFFIN GAUZE with CHLORHEXIDINE ACETATE				
Sterile sachets, 10cm x 10cm, pack of 10	≠1	2	Bactigras 7457 Clorhexitulle	SN RL
Sterile sachets, 10cm x 40cm, pack of 10	≠1	2	Bactigras 00616	SN
Sterile sachets, 15cm x 20cm, pack of 10	≠1	2	Bactigras 7461	SN
DRESSING SELF ADHESIVE NON-ADHERENT DRY ABSORBENT				
Sterile sachets, 5cm x 7.5cm, pack of 10	≠1	2	Curity-Telfa 6020C	KE
Sterile sachets, 7.5cm x 10cm, pack of 6	≠1	2	Curity-Telfa 7650C	KE
FELT PAD BUNION				
Pack of 4	≠1	..	Scholl	SO
FELT PAD CALLOUS				
Pack of 4	≠1	..	Scholl	SO
FELT PAD CORN				
Pack of 9	≠1	..	Scholl	SO
GAUZE and COTTON TISSUE (COMBINE ROLL)				
9cm x 10m wrapped pack	≠1	..	SN 121054A	SN

Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer
GAUZE and COTTON TISSUE (COMBINE ROLL) PIECES			
Sterile single sachet, 10cm x 10cm	5	1	Curity Combine Dressing Pad 2472C KE
Sterile single sachet, 10cm x 20cm	5	1	Curity Combine Dressing Pad 2482C KE
GAUZE EYE PADS			
Pack of 12	≠1	..	Curity 4112 KE
GAUZE STERILE STRIP			
1.25cm x 1m	≠1	2	Nufold 10330 JJ
2.5cm x 1m	≠1	2	Nufold 10331 JJ
2.5cm x 2.5m	≠1	2	Nufold 10332 JJ
GLOVES PLASTIC (DISPOSABLE)			
NOTE: For occlusive dressing use only.			
Small, Pack of 100	≠1	..	Handy 4207 BE
Medium, Pack of 100	≠1	..	Handy 4208 BE
Large, Pack of 100	≠1	..	Handy 4209 BE
LAMBS WOOL			
Original Pack	≠1	..	Scholl SO
POVIDONE-IODINE GAUZE PAD			
Sterile sachets, 22.5cm x 7.5cm, pack of 12	≠1	2	Betadine FA
SELF ADHESIVE PLASTER ELASTIC			
2.5cm x 2.5m roll	≠1	..	Leukoplast 1071 BE
5cm x 2.5m roll	≠1	..	Leukoplast 1072 BE
7.5cm x 2.5m roll	≠1	..	Leukoplast 1073 BE

Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer
SELF ADHESIVE PLASTER HYPOALLERGENIC			
1.25cm x 5m roll	≠1	..	Leukoflex 1121 BE
1.25cm x 5m roll	≠1	..	Leukopor 2471 BE
1.25cm x 5m roll	≠1	..	Leukosilk 1021 BE
1.25cm x 4.5m roll (dispenser)	≠1	..	Micropore Cloth First Aid Tape 2610 RK
1.25cm x 4.5m roll (dispenser)	≠1	..	Micropore Paper First Aid Tape R3 RK
1.25cm x 4.5m roll (dispenser)	≠1	..	Micropore Plastic First Aid Tape TR1 RK
1.25cm x 4.5m roll (dispenser)	≠1	..	Micropore Skintone Paper First Aid Tape RF7 RK
1.25cm x 4.5m roll (dispenser)	≠1	..	Micropore Waterproof First Aid Tape BR1 RK
1.25cm x 9.1m roll	≠1	..	Tenderskin 1596C KE
2.5cm x 5m roll	≠1	..	Leukoflex 1122 BE
2.5cm x 5m roll	≠1	..	Leukopor 2472 BE
2.5cm x 5m roll	≠1	..	Leukosilk 1022 BE
2.5cm x 4.5m roll (dispenser)	≠1	..	Micropore Cloth First Aid Tape 2611 RK
2.5cm x 4.5m roll (dispenser)	≠1	..	Micropore Paper First Aid Tape R4 RK

(continued)

Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer
SELF ADHESIVE PLASTER HYPOALLERGENIC - cont.			
2.5cm x 4.5m roll (dispenser)	≠1	..	Micropore Plastic First Aid Tape TR2 RK
2.5cm x 4.5m roll (dispenser)	≠1	..	Micropore Skintone Paper First Aid Tape RF8 RK
2.5cm x 4.5m roll (dispenser)	≠1	..	Micropore Waterproof First Aid Tape BR2 RK
2.5cm x 9.1m roll	≠1	..	Tenderskin 1914C KE
5cm x 5m roll	≠1	..	Leukoflex 1124 BE
5cm x 5m roll	≠1	..	Leukopor 2474 BE
5cm x 5m roll	≠1	..	Leukosilk 1024 BE
5cm x 9.1m roll	≠1	..	Tenderskin 2419C KE
7.5cm x 9.1m roll	≠1	..	Tenderskin 3394.1 KE
SELF ADHESIVE PLASTER WATERPROOF			
2.5cm x 5m roll	≠1	..	Leukoplast 2322 BE
5cm x 5m roll	≠1	..	Leukoplast 2324 BE
7.5cm x 5m roll	≠1	..	Leukoplast 2325 BE

Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
TUBULAR DRESSING				
6.25cm x 1m	≠1	..	Tubigrip B	BT
6.75cm x 1m	≠1	..	Tubigrip C	BT
7.5cm x 1m	≠1	..	Tubigrip D	BT
8.75cm x 1m	≠1	..	Tubigrip E	BT
10cm x 1m	≠1	..	Tubigrip F	BT
TUBULAR FINGER DRESSING				
Complete pack, including applicator	≠1	..	Scholl Tubegauz	SO

PROPRIETARY INDEX

FOR

PBS AND REPATRIATION SCHEDULES

ABBREVIATIONS

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

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

(RPBS) Repatriation Schedule of Pharmaceutical Benefits

26292(F)

Proprietary Name	Manufacturer	Name
Abbocillin-V	AB	Phenoxymethylpenicillin
Abbocillin-VK	AB	Phenoxymethylpenicillin
Accomin Adult Tonic	LE	Vitamin B Group Complex (RPBS)
Acetopt	SI	Sulphacetamide Sodium
Achromycin	LE	Tetracycline Hydrochloride
Achromycin V	LE	Tetracycline Hydrochloride (Buffered)
Achrostatin	LE	Tetracycline Hydrochloride with Nystatin
Aci-Jel	JC	Ricinoleic Acid, Acetic Acid and Hydroxyquinoline Sulphate (RPBS)
Acoband	AU	Bandage Zinc Paste (RPBS)
Actraphane HM	CN	Insulin Isophane (N.P.H.) - Insulin Neutral, (Mixed)
Actraphane HM Penfill	CN	Insulin Isophane (N.P.H.) - Insulin Neutral, (Mixed)
Actrapid HM	CN	Insulin Neutral
Actrapid HM Penfill	CN	Insulin Neutral
Actuss	SI	Pholcodine (RPBS)
Adacor	NN	Hydrocortisone Acetate
Adalat	BN	Nifedipine
Adalat 5	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 Sulphate and Hydrocortisone
Agon	HP	Felodipine
Akineton	KN	Biperiden Hydrochloride
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	SB	Protein Hydrolysate Formula without Phenylalanine
Albumaid XPXT	SB	Protein Hydrolysate Formula without Phenylalanine and Tyrosine
Alclox 250	AF	Cloxacillin
Alclox 500	AF	Cloxacillin
Aldactone	SR	Spironolactone (PBS & RPBS)
Aldazine 10	AF	Thioridazine Hydrochloride
Aldazine 25	AF	Thioridazine Hydrochloride
Aldazine 50	AF	Thioridazine Hydrochloride
Aldazine 100	AF	Thioridazine Hydrochloride
Aldecin	SH	Beclomethasone Dipropionate (PBS & RPBS)
Aldecin AQ	SH	Beclomethasone Dipropionate (RPBS)
Aldomet	MK	Methyldopa
Aldomet-M	MK	Methyldopa
Alepam 15	AF	Oxazepam
Alepam 30	AF	Oxazepam
Alexan	BT	Cytarabine
Alfaré	NT	Triglycerides, Medium Chain
Alkeran	BW	Melphalan
Allegron	DL	Nortriptyline Hydrochloride
Allergex	PT	Chlorpheniramine Maleate (RPBS)

Proprietary Name	Manufacturer	Name
Alloremed 100	AU	Allopurinol
Alloremed 300	AU	Allopurinol
Alodorm	AF	Nitrazepam
Alphacin 250	AF	Ampicillin
Alphacin 500	AF	Ampicillin
Alphamox 250	AF	Amoxycillin
Alphamox 500	AF	Amoxycillin
Alphapress 25	AF	Hydralazine Hydrochloride
Alphapress 50	AF	Hydralazine Hydrochloride
Alphosyl	SV	Allantoin and Coal Tar Extract (RPBS)
Alphosyl Shampoo	SV	Coal Tar Extract (RPBS)
Alprim	AF	Trimethoprim
Aludrox	AY	Aluminium Hydroxide with Magnesium Hydroxide
Ames-BG	AM	Glucose Indicator - Blood
Amfamox 20	AD	Famotidine
Amfamox 40	AD	Famotidine
Aminogran F.S.	GL	Amino Acid Formula without Phenylalanine
Aminogran M.M.	GL	Mineral Mixture
Aminopt	SI	Aminacrine Hydrochloride
Amitrip	PT	Amitriptyline Hydrochloride
Amizide	PT	Hydrochlorothiazide with Amiloride Hydrochloride
Amoxil	BR	Amoxycillin
Amoxil Forte	BR	Amoxycillin
Amphojel	WY	Aluminium Hydroxide
Amphotabs	WY	Aluminium Hydroxide Dried
Ampicyn	PT	Ampicillin
Amprace 5	AD	Enalapril Maleate
Amprace 10	AD	Enalapril Maleate
Amprace 20	AD	Enalapril Maleate
Amytal Sodium	LY	Amylobarbitone Sodium
Anafranil	CG	Clomipramine Hydrochloride
Anamorph	FM	Morphine Sulphate
Anapolon	SD	Oxymetholone
Anatensol	SQ	Fluphenazine Hydrochloride
Ancolan	GL	Meclozine Hydrochloride (RPBS)
Ancotil	RO	Flucytosine
Androcur	SC	Cyproterone Acetate
Anginine Stabilised	BW	Glyceryl Trinitrate
Anpec 40	AF	Verapamil Hydrochloride
Anpec 80	AF	Verapamil Hydrochloride
Antabuse	JC	Disulfiram (RPBS)
Antadine	BT	Amantadine Hydrochloride
Antenex 2	AF	Diazepam
Antenex 5	AF	Diazepam
Anthel 125	AF	Pyrantel Embonate
Anthel 250	AF	Pyrantel Embonate
Anti-Spas	PT	Benzhexol Hydrochloride
Antistine Privine	ZY	Antazoline with Naphazoline
Anturan	CG	Sulphinpyrazone
Anusol	WW	Zinc Oxide
Aprinox	BT	Bendrofluazide
Aprinox-M	BT	Bendrofluazide
Aptin	AP	Alprenolol Hydrochloride
Aquacare H.P.	AG	Urea
Aquadrate	NW	Urea

Proprietary Name	Manufacturer	Name
Aquamox	LE	Quinethazone
Aquasun Blockout Cream 15+	PY	Sunscreens (RPBS)
Aquasun Blockout Lotion 15+	PY	Sunscreens (RPBS)
Aristocomb	LE	Triamcinolone Acetonide with Neomycin Sulphate, Gramicidin and Nystatin (RPBS)
Aristocort 0.02%	LE	Triamcinolone Acetonide
Aristocort 0.05%	LE	Triamcinolone Acetonide
Artane	LE	Benzhexol Hydrochloride
Arterioflexin	PT	Clofibrate
Arthrexin	AF	Indomethacin
Aspalgin	FM	Codeine Phosphate with Aspirin (RPBS)
A.T.10	WL	Dihydrotachysterol
Atarax	PF	Hydroxyzine Pamoate (RPBS)
Ativan	AY	Lorazepam (RPBS)
Atrobel	FM	Belladonna Alkaloids
Atrobel FORTE	FM	Belladonna Alkaloids
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 Hydrochloride (RPBS)
Austramycin-V	CS	Tetracycline Hydrochloride (Buffered)
Austrapen	CS	Ampicillin
Austrastaph	CS	Cloxacillin
Avil	HP	Pheniramine Aminosalicylate (RPBS)
Avomine	MB	Promethazine Theoclate
Azide	FM	Chlorothiazide
Bactigras 7457/00616/7461	SN	Dressing Paraffin Gauze with Chlorhexidine Acetate (RPBS)
Bactrim	RO	Trimethoprim with Sulphamethoxazole
Bactrim DS	RO	Trimethoprim with Sulphamethoxazole
B.A.L.	BT	Dimercaprol
Banish	SN	Deodorant Concentrate (C & I)
Barbloc 5	AF	Pindolol
Barbloc 15	AF	Pindolol
Baycaron	BN	Mefruside
Becloforte	GL	Beclomethasone Dipropionate
Beconase	GL	Beclomethasone Dipropionate (RPBS)
Beconase AQ	GL	Beclomethasone Dipropionate (RPBS)
Becotide	GL	Beclomethasone Dipropionate
Becotide 100	GL	Beclomethasone Dipropionate
Becotide Rotacaps	GL	Beclomethasone Dipropionate
Becotide Rotahaler	GL	Rotahalers (RPBS)
Benadryl	PD	Diphenhydramine Hydrochloride (RPBS)
Benemid	FR	Probenecid
Benzemul	MG	Benzyl Benzoate
Berotec	BY	Fenoterol Hydrobromide
Betadine	FA	Povidone-Iodine Gauze Pad (RPBS)
Betadine Antiseptic Liquid	FA	Povidone-Iodine (RPBS)
Betaloc	AP	Metoprolol Tartrate
Betamin	US	Thiamine Hydrochloride

Proprietary Name	Manufacturer	Name
Beta-Sol	FM	Thiamine Hydrochloride
Betnovate	GL	Betamethasone Valerate (RPBS)
Betnovate 1/5	GL	Betamethasone Valerate
Betnovate 1/2	GL	Betamethasone Valerate (PBS & RPBS)
B.F.I.	MK	Bismuth Formic Iodide (RPBS)
Bi-Chinine	AU	Quinine Bisulphate
Bicillin All-Purpose	WY	Benzathine Penicillin with Procaine Penicillin and Benzylpenicillin Potassium
Bicillin L-A	WY	Benzathine Penicillin
Bioclusive Transparent Dressing 12477	JJ	Dressing Adhesive Membrane (RPBS)
Bioral	SN	Carbenoxolone Sodium (RPBS)
Biphasil 21	WY	Levonorgestrel with Ethinyloestradiol
Biphasil 28	WY	Levonorgestrel with Ethinyloestradiol
Biquin	NN	Quinine Bisulphate
Bi-Quinate	US	Quinine Bisulphate
Bisalax	PT	Bisacodyl
Bisolvon	BY	Bromhexine Hydrochloride (RPBS)
Blenoxane	BC	Bleomycin
Bleph 10	AG	Sulphacetamide Sodium
Blocadren	FR	Timolol Maleate
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
Bricanyl Nebuhaler 2022	AP	Inhalation Device (RPBS)
Brinaldix	SZ	Clopamide
Brondecon-PD	PD	Choline Theophyllinate
Brondecon Elixir-PD	PD	Choline Theophyllinate
Brufen	BT	Ibuprofen
Bufferin	BC	Aspirin
Burinex	AP	Bumetanide
Buscopan	BY	Hyoscine Butylbromide (RPBS)
Cafergot	SZ	Ergotamine Tartrate with Caffeine
Cafergot PB	SZ	Ergotamine Tartrate with Caffeine, Itobarbitone and Belladonna Alkaloids
Calcihep	FC	Heparin Calcium
Calciparine	BL	Heparin Calcium
Calcisorb	RK	Sodium Cellulose Phosphate
Calcitare	RG	Calcitonin
Calcium Sandoz	SZ	Calcium Gluconate
Calmazine	PT	Trifluoperazine Hydrochloride
Calmurid	PS	Urea
Cal-Sup	RK	Calcium
Calsynar	RG	Calcitonin
Caltrate	LE	Calcium
Canesten	BN	Clotrimazole
Canesten 1	BN	Clotrimazole
Canesten 3	BN	Clotrimazole
Capoten	SQ	Captopril
Caprin	CS	Heparin Calcium

Proprietary Name	Manufacturer	Name
Capurate-100	FM	Allopurinol
Capurate-300	FM	Allopurinol
Carafate	BT	Sucralfate
Cardinol	PT	Propranolol Hydrochloride
Cardizem	IC	Diltiazem Hydrochloride
Cardophyllin	HA	Aminophylline
Catapres	BY	Clonidine
Catapres 100	BY	Clonidine
Ceclor	LY	Cefaclor
Cefamezin	SI	Cephazolin
Celestone	SH	Betamethasone
Celestone Chronodose	SH	Betamethasone Acetate with Betamethasone Sodium Phosphate
Celestone-M	SH	Betamethasone Valerate
Celestone-V Half Strength	SH	Betamethasone Valerate (PBS & RPBS)
Celestone-V	SH	Betamethasone Valerate (RPBS)
Celestone-VG	SH	Betamethasone Valerate and Gentamicin Sulphate (RPBS)
Celontin	PD	Methsuximide
Ceporacin	GL	Cephalothin
Ceporex	GL	Cephalexin
Cerumol	AC	Dichlorobenzene, Chlorbutol and Turpentine Oil (RPBS)
Chinine	AU	Quinine Sulphate
Chlorohex	OM	Chlorhexidine Gluconate (RPBS)
Chloromycetin	PD	Chloramphenicol
Chloromycetin Palmitate	PD	Chloramphenicol
Chloromycetin Succinate	PD	Chloramphenicol
Chloromyxin	PD	Chloramphenicol with Polymyxin B Sulphate
Chloroptic	AG	Chloramphenicol
Chlorquin	PT	Chloroquine
Chlorsig	SI	Chloramphenicol
Chlorvescent	PT	Potassium Chloride
Chlotride	FR	Chlorothiazide
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
Ciproxin 250	BN	Ciprofloxacin
Ciproxin 500	BN	Ciprofloxacin
Ciproxin 750	BN	Ciprofloxacin
Citralka	PD	Sodium Acid Citrate
Citravescent Sachets	PT	Sodium Citro-Tartrate
Claforan	RL	Cefotaxime
Clinistix	AM	Glucose Indicator - Urine
Clinitest	AM	Copper Sulphate
Clinoril	FR	Sulindac
Clomid	ML	Clomiphene Citrate

Proprietary Name	Manufacturer	Name
Clorhexitulle	RL	Dressing Paraffin Gauze with Chlorhexidine Acetate (RPBS)
Codalgin	FM	Codeine Phosphate with Paracetamol (RPBS)
Codate	US	Codeine Phosphate
Codral Forte	BW	Codeine Phosphate with Aspirin
Cogentin	MK	Benztropine Mesylate (PBS & RPBS)
Colestid	UP	Colestipol Hydrochloride
Colgout	PT	Colchicine
Colifoam	SV	Hydrocortisone Acetate
Colofac	JC	Mebeverine Hydrochloride (RPBS)
Coloxyl	FM	Docusate Sodium with Bisacodyl
Coloxyl 50	FM	Docusate Sodium (RPBS)
Coloxyl 120	FM	Docusate Sodium (RPBS)
Coloxyl with Senna	FM	Docusate Sodium with Senna (RPBS)
Coly-Mycin Ear Drops	WW	Colistin with Neomycin
Coly-Mycin Injection	WW	Colistin
Compazine	SK	Prochlorperazine
Conform 2230/2231/ 2232/2236/2238	KE	Bandage Stretch (RPBS)
Corbeton 20	AF	Oxprenolol Hydrochloride
Corbeton 40	AF	Oxprenolol Hydrochloride
Cordarone X 100	RC	Amiodarone Hydrochloride
Cordarone X 200	RC	Amiodarone Hydrochloride
Cordilox	SC	Verapamil Hydrochloride
Cortate	PT	Cortisone Acetate
Cortef	UP	Hydrocortisone Acetate
Cotazym S Forte	OR	Pancrelipase
Coumadin	BT	Warfarin
Cow & Gate MCT Oil	KY	Triglycerides, Medium Chain
Curaband 8252F/ 8253F/8254F/8256F	KE	Bandage Cotton Crepe Heavy (RPBS)
Curaband 8181/8182/ 8183/8184/8186	KE	Bandage Elastic Conforming (RPBS)
Curaband 8232/8233/ 8234/8236	KE	Bandage Wrinkled Cotton Crepe (RPBS)
Curity 3381/6132/ 6309	KE	Absorbent Gauze Pad (RPBS)
Curity 4112	KE	Gauze Eye Pads (RPBS)
Curity Combine Dressing Pad 2472C/2482C	KE	Gauze and Cotton Tissue (Combine Roll) Pieces (RPBS)
Curity-Telfa 6020C/ 7650C	KE	Dressing Self Adhesive Non-Adherent Dry Absorbent (RPBS)
Cyclidox	PT	Doxycycline
Cycloblastin	FE	Cyclophosphamide
Cyklokapron	PS	Tranexamic Acid
Cytadren	CG	Aminoglutethimide
Cytosar-U	UP	Cytarabine
Cytotec	SR	Misoprostol
Daktarin	JC	Miconazole
Daktarin	JC	Miconazole Nitrate
Dalacin C	UP	Clindamycin
Dalmane	RO	Flurazepam Dihydrochloride (RPBS)

Proprietary Name	Manufacturer	Name
Dan Gard	FA	Zinc Pyrithione (RPBS)
Dan Gard Hold & Care	FA	Zinc Pyrithione (RPBS)
Danocrine	WL	Danazol
Dantrium	NW	Dantrolene Sodium
Daonil	HP	Glibenclamide
Daranide	SI	Dichlorphenamide
Daraprim	BW	Pyrimethamine
Dartalan	SR	Thiopropazate Hydrochloride
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	Bismuth Subcitrate (Tri-potassium Di-citrato Bismuthate Complex)
Depend Undergarments 1650	KC	Absorbent Napkins (RPBS)
Depo-Medrol	UP	Methylprednisolone Acetate
Depo-Provera	UP	Medroxyprogesterone
Deptran 10	AF	Doxepin Hydrochloride
Deptran 25	AF	Doxepin Hydrochloride
Deptran 50	AF	Doxepin Hydrochloride
Deralin 10	AF	Propranolol Hydrochloride
Deralin 40	AF	Propranolol Hydrochloride
Deralin 160	AF	Propranolol Hydrochloride
Dermacort	PD	Hydrocortisone Acetate
Dermacort "O"	PD	Hydrocortisone Acetate
Dermatar	HA	Pine Tar and Triethanolamine Lauryl Sulphate (RPBS)
Dermazole	EO	Econazole Nitrate (RPBS)
Deseril	SZ	Methysergide
Dexmethsone	PT	Dexamethasone
Dextrostix	AM	Glucose Indicator - Blood (RPBS)
Diabex	FC	Metformin Hydrochloride
Diabinese	PF	Chlorpropamide
Diaformin	AF	Metformin Hydrochloride
Diamicron	SE	Gliclazide
Diamox	LE	Acetazolamide
Diastix	AM	Glucose Indicator - Urine
Dibenyline	SK	Phenoxybenzamine Hydrochloride
Dichlotride	MK	Hydrochlorothiazide
Didronel	NW	Disodium Etidronate
Difflam	RK	Benzydamine Hydrochloride (RPBS)
Digestelact	SJ	Milk Powder - Lactose Modified
Dihydergot	SZ	Dihydroergotamine Mesylate
Dilantin	PD	Phenytoin
Dilantin Infatabs	PD	Phenytoin
Dilantin Sodium	PD	Phenytoin Sodium
Dilosyn	GL	Methdilazine Hydrochloride
Dimetane	RS	Brompheniramine Maleate (RPBS)
Dindevan	GL	Phenindione
Dipentum	PS	Olsalazine Sodium

Proprietary Name	Manu-facturer	Name
Diprosone	SH	Betamethasone Dipropionate (PBS & RPBS)
Disipal	RK	Orphenadrine Hydrochloride
Diulo	SR	Metolazone
Dolobid	MK	Diflunisal
Doloxene	LY	Dextropropoxyphene Napsylate (RPBS)
Donnatab	RS	Belladonna Alkaloids
Dormel	AU	Chloral Hydrate
Doryx	FA	Doxycycline
Doxylin 50	AF	Doxycycline
Doxylin 100	AF	Doxycycline
D-Penamine	DL	Penicillamine
Drapolex	BW	Benzalkonium Chloride, Cetrimide and Lanolin (RPBS)
Drixine	SH	Oxymetazoline Hydrochloride (RPBS)
Drixora	SH	Pseudoephedrine Sulphate (RPBS)
Ducene	SU	Diazepam
Duphalac	JC	Lactulose
Duphaston	JC	Dydrogesterone
Durabolin	OR	Nandrolone Phenylpropionate
Duractin	CS	Cimetidine
Duratears	AQ	Paraffin
Durolax	BY	Bisacodyl
Duro-Tuss	RK	Pholcodine (RPBS)
Dyazide	SK	Hydrochlorothiazide with Triamterene
Dymadon	BW	Paracetamol
Dymadon Co.	BW	Codeine Phosphate with Paracetamol (RPBS)
Dytac	SK	Triamterene
Ecostatin	SQ	Econazole Nitrate
Ecotrin	SK	Aspirin
Edecril	MK	Ethacrynic Acid
E.D.P.	BT	Povidone-Iodine (RPBS)
E.E.S. 200	AB	Erythromycin Ethyl Succinate
E.E.S. 400	AB	Erythromycin Ethyl Succinate
E.E.S. Dulcet	AB	Erythromycin Ethyl Succinate
Effercal-600	HA	Calcium Carbonate (RPBS)
Efudix	RO	Fluorouracil (RPBS)
Egocort	EO	Hydrocortisone
Egoderm Cream	EO	Allantoin, Glycerol and Ichthammol (RPBS)
Egopsoryl-TA	EO	Allantoin, Sulphur, Phenol, Coal Tar Solution and Menthol (RPBS)
Elastocrepe 300501/ 307501/301001/ 301501	SN	Bandage Cotton Crepe Heavy (RPBS)
Elastoplast 1002/ 1003/1004	SN	Bandage Elastic Adhesive (RPBS)
Elastoplast 4025	SN	Dressing Elastic Adhesive (RPBS)
Elixophyllin	SC	Theophylline
Emsalin	AU	Methyl Salicylate
EMU-V	UP	Erythromycin
Endep 10	AF	Amitriptyline Hydrochloride
Endep 25	AF	Amitriptyline Hydrochloride
Endep 50	AF	Amitriptyline Hydrochloride
Endone	BT	Oxycodone Hydrochloride
Enduron	AB	Methyclothiazide
Enduron M	AB	Methyclothiazide

Proprietary Name	Manufacturer	Name
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 Mono	PD	Ergotamine Tartrate
Ergotrate	LY	Ergometrine Maleate
Eryc	FA	Erythromycin
Eryc LD	FA	Erythromycin
Erythrocin	AB	Erythromycin Ethyl Succinate
Erythrocin	AB	Erythromycin Lactobionate
Erythrocin	AB	Erythromycin Stearate
Estigyn	GL	Ethinyloestradiol
Eucerin	SN	Wool Alcohols
Euglucon	SK	Glibenclamide
Euhypnos	SI	Temazepam
Farlutal	FE	Medroxyprogesterone
Fasigyn	PF	Tinidazole
Fefol	SK	Ferrous Sulphate Dried with Folic Acid
Feldene	PF	Piroxicam
Fenamine	FM	Pheniramine Aminosalicylate (RPBS)
Fenamine-M	FM	Pheniramine Aminosalicylate (RPBS)
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
Flagyl Statpak	MB	Metronidazole
Flarex	AQ	Fluorometholone Acetate
Flopen	CS	Flucloxacillin
Florinef	SQ	Fludrocortisone Acetate
Floxapen	BR	Flucloxacillin
Flucil 250	PT	Flucloxacillin
Flucil 500	PT	Flucloxacillin
Flucon	AQ	Fluorometholone
Fluoroplex	AG	Fluorouracil (RPBS)
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
Fybogel	RC	Ispaghula Husk (RPBS)

Proprietary Name	Manufacturer	Name
Gantrisin	RO	Sulphafurazole
Garamycin	SH	Gentamicin Sulphate
Gastrogel	FM	Aluminium Hydroxide with Magnesium Trisilicate and Magnesium Hydroxide
Gavigrans	RC	Alginic Acid Compound (RPBS)
Gelusil	WW	Aluminium Hydroxide with Magnesium Hydroxide
Genoptic	AG	Gentamicin Sulphate
Glaucon	AQ	Adrenaline
Glimel	AF	Glibenclamide
Glucagon Novo	CN	Glucagon Hydrochloride
Glucophage	LH	Metformin Hydrochloride
Glucostix	AM	Glucose Indicator - Blood
Gold-50	SH	Aurothioglucose
Granocol	SC	Sterculia with Frangula Bark (PBS & RPBS)
Griseostatin	SH	Griseofulvin
Grisovin	GL	Griseofulvin
Grisovin 500	GL	Griseofulvin
Gyne-Lotremin	SH	Clotrimazole
Gyno-Daktarin 7	JP	Miconazole Nitrate
Gyno-Travogen	SC	Isoconazole Nitrate
Gypsona S5002/ S5003/S5004/S5006	SN	Bandage Plaster of Paris (RPBS)
Haemaccel	HP	Polygeline
Haleraid	GL	Inhalation Lever Device For Metered Aerosol (RPBS)
Halotestin	UP	Fluoxymesterone
Hamilton Bath Oil	HA	Bath Emollient (RPBS)
Hamilton Body Wash	HA	Skin Cleanser (RPBS)
Hamilton Broad Spectrum Milky Lotion 15+	HA	Sunscreens (RPBS)
Hamilton Broad Spectrum Solastick 15+	HA	Sunscreens (RPBS)
Hamilton Sunscreen Broad Spectrum Cream 15+	HA	Sunscreens (RPBS)
Handy 4021	BE	Absorbent Cotton Wool Gauze (RPBS)
Handy 5672/5673/ 5674	BE	Absorbent Gauze Pad (RPBS)
Handy 4032	BE	Absorbent Lint (RPBS)
Handy 5608	BE	Bandage Calico Triangular (RPBS)
Handy 5551/5552/ 5553/5554	BE	Bandage Open-Wove (RPBS)
Handy 4207/4208/ 4209	BE	Gloves Plastic (Disposable) (RPBS)
Handy-Band 9483/ 9485/9488/9490/ 9495	BE	Bandage Cotton Conforming (RPBS)
Handycrepe 8235/ 8238/8240/8245	BE	Bandage Wrinkled Cotton Crepe (RPBS)
Hemineurin Capsule	AP	Chlormethiazole
Hemineurin I.V. Infusion	AP	Chlormethiazole Edisylate
Hemorex	RL	Phenylephrine Hydrochloride

Proprietary Name	Manufacturer	Name
Herplex	AG	Idoxuridine
Hibitane Concentrate	IC	Chlorhexidine Gluconate
Hifluor	PT	Sodium Fluoride (RPBS)
Hiprex	RK	Hexamine Hippurate
Hismanal	JC	Astemizole (RPBS)
Histalert	RK	Diphenylpyraline Hydrochloride (RPBS)
HMS Liquifilm	AG	Medrysone
Hollihesive Skin Barrier	HO	Polyisobutylene (C & I)
Honvan	BC	Fosfestrol Sodium
Hostacycline P	HP	Tetracycline Hydrochloride (Buffered)
Humegon	OR	Human Menopausal Gonadotrophin
Humulin L	LY	Insulin Zinc Suspension (Lente)
Humulin NPH	LY	Insulin Isophane (N.P.H.)
Humulin R	LY	Insulin Neutral
Humulin UL	LY	Insulin Zinc Suspension (Crystalline) (Ultralente)
Hycor Eye Drops	SI	Hydrocortisone
Hycor Eye Ointment	SI	Hydrocortisone Acetate
Hydopa	AF	Methyldopa
Hydracycline	FM	Tetracycline Hydrochloride (Buffered)
Hydrea	SQ	Hydroxyurea
Hydroform	DM	Hydrocortisone and Clioquinol (RPBS)
Hydrosone	US	Hydrocortisone Acetate
Hygroton	CG	Chlorthalidone
Hyperstat I.V.	SH	Diazoxide
Hypnodorm	AF	Flunitrazepam (RPBS)
Hypoguard GA	AS	Glucose Indicator - Blood
Hypurin Isophane	FC	Insulin Isophane (N.P.H.)
Hypurin Neutral	FC	Insulin Neutral
Hysone	PT	Hydrocortisone
Hysone-A	PT	Hydrocortisone Acetate
Ibiamox	PT	Amoxycillin
Ibilex 125	AF	Cephalexin
Ibilex 250	AF	Cephalexin
Ibilex 500	AF	Cephalexin
Ichthopaste 4959	SN	Bandage Zinc Paste and Ichthammol (RPBS)
Ilocap	LY	Erythromycin
Ilosone	LY	Erythromycin Estolate
Imferon	FC	Iron Dextran
Imiprin	PT	Imipramine Hydrochloride
Imodium	JC	Loperamide Hydrochloride
Imuran	BW	Azathioprine
Inderal	IC	Propranolol Hydrochloride
Indocid	MK	Indomethacin
Inflam	PT	Ibuprofen
Initard Human	BW	Insulin Isophane (N.P.H.) - Insulin Neutral, (Mixed)
Insulatard Human	BW	Insulin Isophane (N.P.H.)
Insulatard Human Nordisk 2.5mL Insuject-X	BW	Insulin Isophane (N.P.H.)
Insulin 2	CN	Insulin, Acid
Intal	FC	Sodium Cromoglycate

Proprietary Name	Manufacturer	Name
Intal Spincaps	FC	Sodium Cromoglycate
Intal Spinhaler	FC	Spinhaler (RPBS)
Invite-B	NN	Thiamine Hydrochloride
Ionil	AQ	Salicylic Acid, Benzalkonium Chloride, Alcohol and Polyoxyethylene Ethers (RPBS)
Ionil Rinse	AQ	Hydrolyzed Collagen Proteins (RPBS)
Ionil-T	AQ	Salicylic Acid, Benzalkonium Chloride, Alcohol, Coal Tar and Polyoxyethylene Ethers (RPBS)
Isoptin	KN	Verapamil Hydrochloride
Isopto Carpine	AQ	Pilocarpine Hydrochloride
Isopto Frin	AQ	Phenylephrine Hydrochloride
Isopto Tears	AQ	Hypromellose
Isordil	AY	Isosorbide Dinitrate
Isordil Sublingual	AY	Isosorbide Dinitrate
Isotard MC	CN	Insulin Isophane (N.P.H.)
Isotrate	PD	Isosorbide Dinitrate
Isotrate Sublingual	PD	Isosorbide Dinitrate
Jelonet 7404	SN	Dressing Paraffin Gauze (RPBS)
JJ 02011/02013	JJ	Absorbent Cotton Wool (RPBS)
JJ 12031	JJ	Gauze and Cotton Tissue (Combine Roll) (RPBS)
Kabikinase	PS	Streptokinase
Kaluril	AF	Amiloride Hydrochloride
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
Kefzol	LY	Cephazolin
Kemadrin	BW	Procyclidine Hydrochloride
Kenacomb	SQ	Triamcinolone Acetonide with Neomycin Sulphate, Gramicidin and Nystatin (RPBS)
Kenacomb Otic	SQ	Triamcinolone Acetonide with Neomycin Sulphate, Gramicidin and Nystatin
Kenacort-A10	SQ	Triamcinolone Acetonide
Kenalone	SQ	Triamcinolone Acetonide (PBS & RPBS)
Kenalone 0.02%	SQ	Triamcinolone Acetonide
Kerlix 6715	KE	Absorbent Cotton Gauze (RPBS)
Keto-Diastix	AM	Glucose and Ketone Indicator - Urine
Kinidin	AP	Quinidine Bisulphate
Kolpon	OR	Oestrone
Konakion	RO	Phytomenadione
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 Hydrochloride
Larodopa	RO	Levodopa
Laroxyl	RO	Amitriptyline Hydrochloride
Lasix	HP	Frusemide

Proprietary Name	Manufacturer	Name
Lasix-M	HP	Frusemide
Latycin	BZ	Tetracycline Hydrochloride
Ledermycin	LE	Demeclocycline Hydrochloride
Ledertrexate	LE	Methotrexate
Lente MC	CN	Insulin Zinc Suspension
Leucovorin	LE	Calcium Folinate
Leukeran	BW	Chlorambucil
Leukoflex 1121/ 1122/1124	BE	Self Adhesive Plaster Hypoallergenic (RPBS)
Leukoplast 1071/ 1072/1073	BE	Self Adhesive Plaster Elastic (RPBS)
Leukoplast 2322/ 2324/2325	BE	Self Adhesive Plaster Waterproof (RPBS)
Leukopor 2471/2472/ 2474	BE	Self Adhesive Plaster Hypoallergenic (RPBS)
Leukosilk 1021/ 1022/1024	BE	Self Adhesive Plaster Hypoallergenic (RPBS)
Lexotan	RO	Bromazepam (RPBS)
Librium	RO	Chlordiazepoxide (RPBS)
Lincocin	UP	Lincomycin
Lincocin SS Paediatric	UP	Lincomycin
Linsal	SI	Methyl Salicylate
Lioresal 10	CG	Baclofen
Lioresal 25	CG	Baclofen
Liquifilm Forte	AG	Polyvinyl Alcohol
Liquifilm Tears	AG	Polyvinyl Alcohol
Lithicarb	PT	Lithium Carbonate
LoAsid	BW	Aluminium Hydroxide with Magnesium Hydroxide
Locacorten Vioform	CG	Flumethasone Pivalate with Clioquinol
Locasol New Formula	KY	Milk Powder - Synthetic
Lofenalac	MJ	Phenylalanine Low Content Formula
Lomotil	SR	Diphenoxylate Hydrochloride with Atropine Sulphate
Loniten	UP	Minoxidil
Lopresor 50	CG	Metoprolol Tartrate
Lopresor 100	CG	Metoprolol Tartrate
Lorexane	IC	Lindane
Lorexane Concentrate	IC	Lindane
Lotremin	SH	Clotrimazole
LPV	CS	Phenoxymethylpenicillin
LPV 125	CS	Phenoxymethylpenicillin
LPV 250	CS	Phenoxymethylpenicillin
Lubafax	BW	Lubricating Agent (RPBS)
Lucrin	AB	Leuprorelin Acetate
Lurselle	ML	Probucol
Lyspafen	PT	Difenoxin Hydrochloride with Atropine Sulphate
Macrodantin	NW	Nitrofurantoin
Macrodex	PS	Dextran 70
Madopar	RO	Levodopa with Benserazide
Madopar-M	RO	Levodopa with Benserazide

Proprietary Name	Manufacturer	Name
Madopar Q	RO	Levodopa with Benserazide
Magmin	VS	Magnesium Aspartate (RPBS)
Mandelamine	WW	Hexamine Mandelate
Mandelamine Hafgrams	WW	Hexamine Mandelate
Marevan	GL	Warfarin
Maxamaid RVHB	SB	Amino Acid Formula with Vitamins and Minerals without Methionine
Maxamaid XP	SB	Amino Acid Formula with Vitamins and Minerals without Phenylalanine
Maxamum XP	SB	Amino Acid Formula with Vitamins and Minerals without Phenylalanine
Maxidex	AQ	Dexamethasone
Maxolon	BR	Metoclopramide Hydrochloride
Medi Swab 1000H	SN	Injection Site Preparation Swab (RPBS)
Mefic	AF	Mefenamic Acid
Megostat	BC	Megestrol Acetate
Melipramine	UW	Imipramine Hydrochloride
Melleril	SZ	Thioridazine Hydrochloride
Melolin 100020/4933	SN	Dressing Non-Adherent Dry Absorbent (RPBS)
Merbentyl	ML	Dicyclomine Hydrochloride (RPBS)
Mesasal	SK	Mesalazine
Mestinon	RO	Pyridostigmine Bromide
Metamide	PT	Metoclopramide Hydrochloride
Metamucil	SR	Psyllium Hydrophilic Mucilloid (RPBS)
Methoblastin	FE	Methotrexate
Methopt	SI	Hypromellose
Methopt Forte	SI	Hypromellose
Metrogyl 200	AF	Metronidazole
Metrogyl 400	AF	Metronidazole
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
Microlax	PS	Sodium Citrate and Sodium Lauryl Sulphoacetate (RPBS)
Microlut 28	SC	Levonorgestrel
Micronor	JC	Norethisterone
Micropore Cloth First Aid Tape 2610/2611	RK	Self Adhesive Plaster Hypoallergenic (RPBS)
Micropore Paper First Aid Tape R3/R4	RK	Self Adhesive Plaster Hypoallergenic (RPBS)
Micropore Plastic First Aid Tape TR1/TR2	RK	Self Adhesive Plaster Hypoallergenic (RPBS)
Micropore Skintone Paper First Aid Tape RF7/RF8	RK	Self Adhesive Plaster Hypoallergenic (RPBS)
Micropore Waterproof First Aid Tape BR1/BR2	RK	Self Adhesive Plaster Hypoallergenic (RPBS)

Proprietary Name	Manufacturer	Name
Microval 28	WY	Levonorgestrel
Midamor	MK	Amiloride Hydrochloride
Milontin	PD	Phensuximide
Minidiab	FE	Glipizide
Minipress	PF	Prazosin Hydrochloride
Minirin	FC	Desmopressin
Minomycin	LE	Minocycline
Mintezol	MK	Thiabendazole
Mithracin	PF	Mithramycin
Mixtard Human	BW	Insulin Isophane (N.P.H.) - Insulin Neutral, (Mixed)
Mixtard Human Nordisk 2.5mL Insuject-X	BW	Insulin Isophane (N.P.H.) - Insulin Neutral, (Mixed)
Modecate	SQ	Fluphenazine Decanoate
Moduretic	MK	Hydrochlorothiazide with Amiloride Hydrochloride
Mogadon	RO	Nitrazepam
Moniarix	SK	Pneumococcal Vaccine, Polyvalent
Monistat 3	JC	Miconazole Nitrate
Monistat 7	CL	Miconazole Nitrate
Monistat Derm	CL	Miconazole Nitrate
Monotard HM	CN	Insulin Zinc Suspension
Motilium	JC	Domperidone
Mouthpiece	BY	Mouth Piece for Metered Aerosols (RPBS)
Moxacin	CS	Amoxycillin
Moxacin 250	CS	Amoxycillin
M.S.U.D. AID	SB	Amino Acid Formula with Vitamins and Minerals without Valine, Leucine and Isoleucine
Mucaine	AY	Aluminium Hydroxide with Magnesium Hydroxide and Oxethazaine
Mucomyst	AP	Acetylcysteine
Multi-B Forte	GP	Vitamin B Group Complex Strong with Ascorbic Acid (RPBS)
Murelax	AY	Oxazepam
Myambutol	LE	Ethambutol Hydrochloride (RPBS)
Mycitracin	UP	Polymyxin B Sulphate with Bacitracin and Neomycin Sulphate
Mycostatin	SQ	Nystatin
Mylanta	PD	Aluminium Hydroxide with Magnesium Hydroxide
Mylanta II	PD	Aluminium Hydroxide with Magnesium Hydroxide and Simethicone (RPBS)
Myleran	BW	Busulphan
Myocrisin	MB	Sodium Aurothiomalate
Myoquin	FM	Quinine Bisulphate
Mysoline	IC	Primidone
Mysteclin 250	SQ	Tetracycline Hydrochloride (Buffered)
Mysteclin-V	SQ	Tetracycline Hydrochloride with Nystatin
Mytelase	WL	Ambenonium Chloride
Naloxone Min-I-Jet	CS	Naloxone Hydrochloride
Naprosyn	SD	Naproxen
Narcan Neonatal	BT	Naloxone Hydrochloride
Nardil	WW	Phenelzine Sulphate
Natrilix	SE	Indapamide
Natulan	RO	Procarbazine Hydrochloride

Proprietary Name	Manu-facturer	Name
Navidrex	CG	Cyclopenthiazide
Naxen	AF	Naproxen
Nebcin	LY	Tobramycin Sulphate
Negram	WL	Nalidixic Acid
Nemdyn	HA	Neomycin Undecenoate with Bacitracin Zinc
Neo-Cortef	UP	Hydrocortisone Acetate with Neomycin Sulphate
Neo-Cytamen	GL	Hydroxocobalamin
Neo-Mercazole	NS	Carbimazole
Neopt	SI	Neomycin Sulphate
Neosporin Eye Drops	BW	Polymyxin B Sulphate with Neomycin Sulphate and Gramicidin
Neosporin Eye Ointment	BW	Polymyxin B Sulphate with Bacitracin and Neomycin Sulphate
Neosulf	PT	Neomycin Sulphate
Neotracin	JC	Polymyxin B Sulphate with Bacitracin and Neomycin Sulphate
Neulactil	MB	Pericyazine
Nikacid	US	Nicotinic Acid
Nilstat	LE	Nystatin
Nipride	RO	Sodium Nitroprusside
Nitoman	RO	Tetrabenazine
Nitradisc	SR	Glyceryl Trinitrate
Nitro-Bid	FC	Glyceryl Trinitrate
Nivaquine	MB	Chloroquine
Nizoral	JC	Ketoconazole
Nobecutane	AP	Acrylic Resin (C & I) (P & Q)
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
Nordiol 21	WY	Levonorgestrel with Ethinyloestradiol
Nordiol 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
Norpace	SR	Disopyramide
Nortab	SQ	Nortriptyline Hydrochloride
Noten	AF	Atenolol
Novantrone	LE	Mitozantrone
Nuelin	RK	Theophylline
Nuelin Paediatric	RK	Theophylline
Neulin-Sprinkle	RK	Theophylline
Nuelin-S.R. 250	RK	Theophylline
Nufold 10330/ 10331/10332	JJ	Gauze Sterile Strip (RPBS)
Nutramigen	MJ	Protein Hydrolysate Formula
Nutraplus	OL	Urea
Ocusert Pilo 20	AG	Pilocarpine
Ocusert Pilo 40	AG	Pilocarpine

Proprietary Name	Manufacturer	Name
Odorgon	LA	Deodorant Concentrate (C & I)
Ogen .625	AB	Piperazine Oestrone Sulphate
Ogen 1.25	AB	Piperazine Oestrone Sulphate
Omnopon	RO	Papaveretum
Omnopon Scopolamine	RO	Papaveretum with Hyoscine Hydrobromide
Oncovin	LY	Vincristine Sulphate
Op-Site 4963	SN	Dressing Adhesive Membrane (RPBS)
Opticrom	FC	Sodium Cromoglycate
Orabase	SQ	Carmellose Sodium with Pectin and Gelatin (C & I and RPBS)
Oradexon	OR	Dexamethasone
Orahesive	SQ	Carmellose Sodium with Pectin and Gelatin (C & I)
Orbenin	BR	Cloxacillin
Oroxine	BW	Thyroxine Sodium
Ortho-Novum 1/50	JC	Norethisterone with Mestranol
Orudis	MB	Ketoprofen
Orudis SR	MB	Ketoprofen
Orudis SR 200	MB	Ketoprofen
Ospolot	BN	Sulthiame
Ostelin	BT	Ergocalciferol
Ovestin	OR	Oestriol
Ovulen 0.5/50	SR	Ethynodiol Diacetate with Ethinyloestradiol
Ovulen 0.5/50-28	SR	Ethynodiol Diacetate with Ethinyloestradiol
Ovulen 1/50	SR	Ethynodiol Diacetate with Ethinyloestradiol
Ovulen 1/50-28	SR	Ethynodiol Diacetate with Ethinyloestradiol
Panadeine Forte	WL	Codeine Phosphate with Paracetamol
Panafcort	PT	Prednisone
Panafcortelone	PT	Prednisolone
Panamax	WL	Paracetamol
Pancrease	JC	Pancrelipase
Panmycin P	UP	Tetracycline Hydrochloride
Paralgin	FM	Paracetamol
Paraplatin	BC	Carboplatin
Parlodel	SZ	Bromocriptine Mesylate
Parnate	SK	Tranylcypromine Sulphate
Paroven	ZY	Hydroxyethylrutosides (RPBS)
PCL	AU	Paracetamol
Pedi-Derm	NN	Tolnaftate (RPBS)
Pedoz	HA	Tetra-bromo-orthocresol, Undecenoic Acid, Zinc Undecenoate and Zinc Oxide (RPBS)
Peg 7420/7422/7423/7425	BK	Bandage Self Adhesive Elastic (RPBS)
Penbritin	BR	Ampicillin
Penbritin Forte	BR	Ampicillin
Pensig	SI	Phenethicillin
Pensig 125	SI	Phenethicillin
Pensig 250	SI	Phenethicillin
Pepcidine	MK	Famotidine
Pepcidine M	MK	Famotidine
Pergonal	CS	Human Menopausal Gonadotrophin
Periactin	FR	Cyproheptadine Hydrochloride
Pertofran	CG	Desipramine Hydrochloride
Pevaryl	SK	Econazole Nitrate
Pexid	ML	Perhexiline Maleate

Proprietary Name	Manufacturer	Name
Pharmorubicin	FE	Epirubicin Hydrochloride
Phenergan	MB	Promethazine Hydrochloride (RPBS)
Pholcolin Red	AU	Pholcodine (RPBS)
Pholtrate	MG	Pholcodine (RPBS)
Phosphate Sandoz	SZ	Sodium Acid Phosphate
Phospholine Iodide	AY	Ecothiopate Iodide
Physeptone	BW	Methadone Hydrochloride
Pilopt	SI	Pilocarpine Hydrochloride
Pinetarsol	EO	Pine Tar and Triethanolamine Lauryl Sulphate (RPBS)
Pixol	WS	Pine Tar, Coal Tar Solution, Juniper Tar and Phenol (RPBS)
PK AID I	SB	Amino Acid Formula without Phenylalanine
PK AID II	SB	Amino Acid Formula without Phenylalanine
Plaqacide	OB	Chlorhexidine Gluconate (RPBS)
Plaquenil	WL	Hydroxychloroquine Sulphate
Plasma-Lyte 148	BX	Electrolyte Replacement Solution
Platamine	FE	Cisplatin
Plendil	AP	Felodipine
Plesmet	NN	Ferrous Aminoacetosulphate
Pneumovax 23	CS	Pneumococcal Vaccine, Polyvalent
Polybactrin Soluble G.U.	BW	Polymyxin B Sulphate, Zinc Bacitracin and Neomycin Sulphate (RPBS)
Ponstan	PD	Mefenamic Acid
Portagen	MJ	Triglycerides, Medium Chain
Posalfilin	NE	Salicylic Acid and Podophyllin Resin (RPBS)
Pramin	AF	Metoclopramide Hydrochloride
Prantal	SH	Diphemanil Methylsulphate (RPBS)
Prednefrin Forte	AG	Prednisolone Acetate with Phenylephrine Hydrochloride
Predsol	GL	Prednisolone Sodium Phosphate
Prefrin-Z	AG	Zinc Sulphate with Phenylephrine Hydrochloride
Pregestimil	MJ	Triglycerides, Medium Chain
Pregnyl	OR	Human Chorionic Gonadotrophin
Premarin	AY	Oestrogens - Conjugated
Presolol 100	AF	Labetalol Hydrochloride
Presolol 200	AF	Labetalol Hydrochloride
Priadel	PT	Lithium Carbonate
Primobolan	SC	Methenolone Acetate
Primogyn Depot	SC	Oestradiol Valerate
Primolut N	SC	Norethisterone
Primoteston Depot	SC	Testosterone Enanthate
Pro-Banthine	SR	Propantheline Bromide
Procainamide Durules	AP	Procainamide Hydrochloride (RPBS)
Proctosedyl	RL	Hydrocortisone, Cinchocaine Hydrochloride and Aesculin (RPBS)
Profasi 500	CS	Human Chorionic Gonadotrophin
Profasi 1000	CS	Human Chorionic Gonadotrophin
Profasi 2000	CS	Human Chorionic Gonadotrophin
Profasi 5000	CS	Human Chorionic Gonadotrophin
Progout	PT	Allopurinol
Progynova	SC	Oestradiol Valerate
Proladone	BT	Oxycodone
Prominal	WL	Methylphenobarbitone
Pronestyl	SQ	Procainamide Hydrochloride

Proprietary Name	Manu-facturer	Name
Pro-Pam	PT	Diazepam
Propine	AG	Dipivefrine Hydrochloride
Prostigmin Injection	RO	Neostigmine Methylsulphate
Prostigmin Tablet	RO	Neostigmine Bromide
Protamine Zinc Insulin MC	CN	Insulin Protamine Zinc
Protaphane HM	CN	Insulin Isophane (N.P.H.)
Protaphane HM Penfill	CN	Insulin Isophane (N.P.H.)
Prothiaden	BT	Dothiepin Hydrochloride
Protostat	JC	Metronidazole
Protran	PT	Chlorpromazine Hydrochloride
Provera	UP	Medroxyprogesterone
Purinethol	BW	Mercaptopurine
P.V. Carpine	AG	Pilocarpine Hydrochloride
PVK	LY	Phenoxymethylpenicillin
Pydox	PT	Pyridoxine Hydrochloride
Pyridium	WW	Phenazopyridine Hydrochloride (RPBS)
Questran Lite	AP	Cholestyramine
Quinate	US	Quinine Sulphate
Quinbisul	AF	Quinine Bisulphate
Quinidex LA	RS	Quinidine Sulphate
Quinidoxin	BW	Quinidine Sulphate
Quinoctal	FM	Quinine Sulphate
Quinsul	AF	Quinine Sulphate
QV Bath Oil	EO	Bath Emollient (RPBS)
Rafen 200	AF	Ibuprofen
Rastinon	HP	Tolbutamide
Renitec	MK	Enalapril Maleate
Renitec 20	MK	Enalapril Maleate
Renitec M	MK	Enalapril Maleate
Repalyte	AU	Electrolyte Replacement (Oral)
Resonium-A	WL	Sodium Polystyrene Sulphonate (RPBS)
Respolin	RK	Salbutamol Sulphate
Resprim	AF	Trimethoprim with Sulphamethoxazole
Resprim Forte	AF	Trimethoprim with Sulphamethoxazole
Reverin	HP	Rolitetracycline
Rheomacrodex	PS	Dextran 40
Rheumacin	PT	Indomethacin
Rhinalar Nasal Mist	SD	Flunisolide (RPBS)
Ridaura	SK	Auranofin
Rikoderm	RK	Bath Emollient (RPBS)
Rimycin 150	AF	Rifampicin
Rimycin 300	AF	Rifampicin
Rivotril	RO	Clonazepam
Roaccutane	RO	Isotretinoin
Rocaltrol	RO	Calcitriol
Rocephin	RO	Ceftriaxone
Rohypnol	RO	Flunitrazepam (RPBS)
Rondomycin	WW	Methacycline Hydrochloride
Rynacrom	FC	Sodium Cromoglycate (RPBS)
Rynacrom	FC	Nasal Insufflator (RPBS)
Rythmodan	RL	Disopyramide

Proprietary Name	Manufacturer	Name
Sacsol	EG	Surgical Cement
Sacsol Non Flammable	EG	Surgical Cement
Salazopyrin	PS	Sulphasalazine
Salazopyrin-EN	PS	Sulphasalazine
Salicylin-P	KY	Salicylic Acid and Podophyllin Resin (RPBS)
Sandocal 1000	SZ	Calcium
Sandomigran	SZ	Pizotifen Malate
Saroten	NS	Amitriptyline Hydrochloride
Savacol Mouth & Throat Rinse	IC	Chlorhexidine Gluconate (RPBS)
Scheriproct	SC	Prednisolone Hexanoate, Cinchocaine Hydrochloride and Clemizole Undecylenate (RPBS)
Scholl	SO	Felt Pad Bunion (RPBS)
Scholl	SO	Felt Pad Callous (RPBS)
Scholl	SO	Felt Pad Corn (RPBS)
Scholl	SO	Lambs Wool (RPBS)
Scholl Tubegauz	SO	Tubular Finger Dressing with Applicator (RPBS)
Sebitar	EO	Salicylic Acid, Coal Tar Solution, Pine Tar and Undecylenamide (RPBS)
Seda-Gel	NN	Choline Salicylate, Cetalkonium Chloride, Menthol, Glycerol and Ethanol (RPBS)
Selsun	AB	Selenium Sulphide (RPBS)
Senagar	SI	Senega and Ammonia (RPBS)
Senamon	AU	Senega and Ammonia (RPBS)
Senokot	RC	Senna Standardised (RPBS)
Septrin	BW	Trimethoprim with Sulphamethoxazole
Septrin Forte	BW	Trimethoprim with Sulphamethoxazole
Sequilar ED	SC	Levonorgestrel with Ethinyloestradiol
Serenace	SR	Haloperidol (PBS & RPBS)
Serepax	WY	Oxazepam
SH420	SC	Norethisterone Acetate
Sigmacort	SI	Hydrocortisone Acetate
Silic 15	EO	Dimethicone and Glycerol (RPBS)
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
Sinemet	MK	Levodopa with Carbidopa
Sinemet 100/25	MK	Levodopa with Carbidopa
Sinemet M	MK	Levodopa with Carbidopa
Sinequan	PF	Doxepin Hydrochloride
Sintisone	FE	Prednisolone Stearoylglycolate
Skin Gel	HO	Isopropyl Monoester Polymer with Isopropyl Alcohol (C & I)
Skin-Prep	SN	Butyl Monoester Polymer with Isopropyl Alcohol (C & I)
Slo-bid	RG	Theophylline
Slow-Fe	CG	Ferrous Sulphate Dried
Slow-K	CG	Potassium Chloride
SN 121054A	SN	Gauze and Cotton Tissue (Combine Roll) (RPBS)

Proprietary Name	Manufacturer	Name
Sodexol	SC	Aluminium Hydroxide with Magnesium Hydroxide
Sodibic	PT	Sodium Bicarbonate (RPBS)
Sofradex	RL	Dexamethasone with Framycetin Sulphate and Gramicidin
Soframycin	RL	Framycetin Sulphate
Softeze Absorbent Pad Mini 640-0412	BS	Absorbent Napkins (RPBS)
Softeze Absorbent Pad Regular 640-0312	BS	Absorbent Napkins (RPBS)
Softeze Stretch Pants 082-8101/ 082-8201/082-8301	BS	Absorbent Napkins Pants (RPBS)
Soft Guard XL Skin Barrier	SN	Polyisobutylene (C & I)
Solcode	RC	Codeine Phosphate with Aspirin (RPBS)
Solone	FM	Prednisolone
Solprin	RC	Aspirin
Solu-Cortef	UP	Hydrocortisone Sodium Succinate
Solu-Medrol	UP	Methylprednisolone Sodium Succinate
Somophyllin	FC	Aminophylline
Somophyllin CRT	FC	Theophylline
Sone	FM	Prednisone
Sopol	WS	Skin Cleanser (RPBS)
Sotacor	AP	Sotalol Hydrochloride
Span-K	PT	Potassium Chloride
Spray-On Bande	EG	Polyvinylpyrrolidone and Vinyl Acetate Copolymer (C & I)
Spren	SI	Aspirin
Squibb-HC	SQ	Hydrocortisone Acetate
S.R.A.	BT	Aspirin
Staphylex 250	AF	Flucloxacillin
Staphylex 500	AF	Flucloxacillin
Stelazine	SK	Trifluoperazine Hydrochloride
Stemetil	MB	Prochlorperazine
Sterofrin	AQ	Prednisolone Acetate
Stomahesive	SQ	Butyl Monoester Polymer with Ethanol (C & I)
Stomahesive Set	SQ	Polyisobutylene (C & I)
Stoxil	SK	Idoxuridine
Streptase	HP	Streptokinase
Sudafed	BW	Pseudoephedrine Hydrochloride (RPBS)
SunSense Cream 15+	EO	Sunscreens (RPBS)
SunSense Lotion 15+	EO	Sunscreens (RPBS)
SunSense Milk 15+	EO	Sunscreens (RPBS)
Super Banish	SN	Deodorant Concentrate (C & I)
Supres 25	PT	Hydralazine Hydrochloride
Supres 50	PT	Hydralazine Hydrochloride
Surmontil	MB	Trimipramine Maleate
Sustanon "100"	OR	Testosterone Esters
Sustanon "250"	OR	Testosterone Esters
Symmetrel	CG	Amantadine Hydrochloride
Synacthen Depot 0.5	CG	Tetracosactrin
Synacthen Depot 1	CG	Tetracosactrin
Synalar	IC	Fluocinolone Acetonide (RPBS)
Synphasic	SD	Norethisterone with Ethinyloestradiol

Proprietary Name	Manu-facturer	Name
Synphasic 21 day	SD	Norethisterone with Ethinyloestradiol
Syntocinon	SZ	Oxytocin
Syntometrine	SZ	Oxytocin with Ergometrine Maleate
Tagamet	SK	Cimetidine
Tambocor	RK	Flecainide Acetate
Tarcil	BR	Ticarcillin
Tears Naturale	AQ	Hypromellose with Dextran
Tears Plus	AG	Polyvinyl Alcohol with Povidone
Tegretol	CG	Carbamazepine
Tegretol 100	CG	Carbamazepine
Tegretol 200	CG	Carbamazepine
Telfa 1961C/2132C	KE	Dressing Non-Adherent Dry Absorbent (RPBS)
Temaze 10	AF	Temazepam
Tenderskin 1596C/ 1914C/2419C/3394.1	KE	Self Adhesive Plaster Hypoallergenic (RPBS)
Tenopt	SI	Timolol Maleate
Tenormin	IC	Atenolol
Teril	AF	Carbamazepine
Terramycin	PF	Oxytetracycline Hydrochloride (RPBS)
Tertroxin	GL	Liothyronine
Tes-Tape	LY	Glucose Indicator - Urine
Testomet	PT	Methyltestosterone
Testoviron	SC	Testosterone Propionate
Tetramykoin	BZ	Tetracycline Hydrochloride
Tetrex	AP	Tetracycline Hydrochloride (Buffered)
Tetrex-F	AP	Tetracycline Hydrochloride with Nystatin
Theo-Dur	AP	Theophylline
Thioprine	AF	Azathioprine
Thiotepa	LE	Thiotepa
Ticarda	HP	Normethadone Hydrochloride and Hydroxyephedrine (RPBS)
Ticillin	CS	Ticarcillin
Tigason	RO	Etretinate
Timentin	BR	Ticarcillin with Clavulanic Acid
Timoptol	FR	Timolol Maleate
Tinaderm	SH	Tolnaftate (RPBS)
Titralac	RK	Calcium Carbonate with Glycine (RPBS)
Tobrex	AQ	Tobramycin
Tofranil	CG	Imipramine Hydrochloride
Tofranil 10	CG	Imipramine Hydrochloride
Tofranil 25	CG	Imipramine Hydrochloride
Tolinase	UP	Tolazamide
Tolvon	OR	Mianserin Hydrochloride
Topilar	SD	Fluclorolone Acetonide (PBS & RPBS)
Torecan	SZ	Thiethylperazine
Trandate	GL	Labetalol Hydrochloride
Transiderm-Nitro 25	CG	Glyceryl Trinitrate
Transiderm-Nitro 50	CG	Glyceryl Trinitrate
Tranxene	GL	Clorazepate Dipotassium (RPBS)
Trasicor	CG	Oxprenolol Hydrochloride
Travogen	SC	Isoconazole Nitrate
Trib	PT	Trimethoprim with Sulphamethoxazole
Trib DS	PT	Trimethoprim with Sulphamethoxazole
Trichozole	PT	Metronidazole
Triphasil	WY	Levonorgestrel with Ethinyloestradiol

Proprietary Name	Manu-facturer	Name
Triphasil 28	WY	Levonorgestrel with Ethinyloestradiol
Triprim	BW	Trimethoprim
Triquilar	SC	Levonorgestrel with Ethinyloestradiol
Triquilar BD	SC	Levonorgestrel with Ethinyloestradiol
Trisoralen	PT	Trioxysalen
Trobicin	UP	Spectinomycin
Tryptanol	MK	Amitriptyline Hydrochloride
Tubigrip B	BT	Tubular Dressing (RPBS)
Tubigrip C	BT	Tubular Dressing (RPBS)
Tubigrip D	BT	Tubular Dressing (RPBS)
Tubigrip E	BT	Tubular Dressing (RPBS)
Tubigrip F	BT	Tubular Dressing (RPBS)
Ulcol	AF	Sulphasalazine
Ultralan	SC	Fluocortolone Pivalate and Fluocortolone Hexanoate (RPBS)
Ultralan-D	SC	Fluocortolone Esters
Ultralan-D Fatty	SC	Fluocortolone Esters
Ultralente MC	CN	Insulin Zinc Suspension (Crystalline)
Ultraproct	SC	Fluocortolone Pivalate, Fluocortolone Hexanoate, Clemizole Undecylenate and Cinchocaine Hydrochloride (RPBS)
Ultratard HM	CN	Insulin Zinc Suspension (Crystalline)
Ungvita	NS	Vitamin A (RPBS)
Ungvita Cream	NS	Vitamin A, Calamine and Silicone Oil (RPBS)
Uni Derm	SN	Paraffin (C & I)
Uni Salve	SN	Paraffin (C & I)
Unisolve	SN	Surgical Cement
Uni Wash	SN	Lauramine Oxide with Octoxinol (C & I)
Ural Sachets	AB	Sodium Citro-Tartrate
Urecholine	MK	Bethanechol Chloride
Urederm	HA	Urea
Uremide	PT	Frusemide
Urex	FM	Frusemide
Urex-Forte	FM	Frusemide
Urex-M	FM	Frusemide
Uro-Carb	HA	Bethanechol Chloride
Uro-Prep	SA	Butyl Monoester Polymer with Isopropyl Alcohol (C & I)
Urolucosil	WW	Sulphamethizole
Valcote	AB	Semisodium Valproate
Valium	RO	Diazepam
Vancocin	LY	Vancomycin
Vasopressin	SZ	Lypressin
Vaxigrip	MB	Influenza Vaccine
Velbe	LY	Vinblastine Sulphate
Velosulin Human	BW	Insulin Neutral
Velosulin Human Nordisk 2.5mL Insuject (white)	BW	Insulin Neutral
Ventolin	GL	Salbutamol
Ventolin	GL	Salbutamol Sulphate
Ventolin Nebules	GL	Salbutamol Sulphate
Ventolin Rotacaps	GL	Salbutamol Sulphate
Ventolin Rotahaler	GL	Rotahalers (RPBS)

Proprietary Name	Manufacturer	Name
Veradil	US	Verapamil Hydrochloride
Vermox	JC	Mebendazole (RPBS)
Verpamil	PT	Verapamil Hydrochloride
Verpamil 120	PT	Verapamil Hydrochloride
Vibramycin	PF	Doxycycline
Vibra-Tabs	PF	Doxycycline
Vioform	SI	Clioquinol
Viokase	RS	Pancreatin Enzyme
Vira A	PD	Vidarabine
Viscopaste 4948A	SN	Bandage Zinc Paste (RPBS)
Visken	SZ	Pindolol
Voltaren 25	CG	Diclofenac Sodium
Voltaren 50	CG	Diclofenac Sodium
Volumatic 10359	GL	Inhalation Device (RPBS)
Waxsol	NE	Docusate Sodium (RPBS)
Xylocaine Viscous	AP	Lignocaine Hydrochloride and Carboxymethylcellulose (RPBS)
Xylocard 100	AP	Lignocaine Hydrochloride
Xylocard 500	AP	Lignocaine Hydrochloride
Xyloproct	AP	Hydrocortisone, Lignocaine Hydrochloride, Aluminium Subacetate and Zinc Oxide (RPBS)
Yomesan	BN	Niclosamide
Zantac	GL	Ranitidine Hydrochloride
Zantac Dispersible	GL	Ranitidine Hydrochloride
Zarontin	PD	Ethosuximide
Zincfrin	AQ	Zinc Sulphate with Phenylephrine Hydrochloride
Zoladex Depot	IC	Goserelin
Zovirax	BW	Acyclovir
Zovirax 200mg	BW	Acyclovir
Zovirax 400mg	BW	Acyclovir
Z.S.C.	SI	Zinc Oxide, Starch and Chlorphenesin (RPBS)
Zyloprim	BW	Allopurinol

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
Nebules	Glaxo - Inhalation solutions
Novo	Novo Laboratories - Preparations
Pulvules	Lilly - Capsules
Rox	Rocke Tompsitt - 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	Baxter Healthcare Pty Ltd - Intravenous infusions
Wellcome	Wellcome Australia Limited - Preparations