



PHARMACEUTICAL BENEFITS

PHARMACEUTICAL BENEFITS

AMENDMENTS OF THE SCHEDULE OF PHARMACEUTICAL BENEFITS JANUARY 1991 EDITION FOR APPROVED PHARMACISTS AND MEDICAL PRACTITIONERS

OPERATIVE FROM 1 FEBRUARY 1991

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

Restricted items are printed in ***bold italics***.

NOTE TO DOCTORS: In an effort to keep doctors more informed of various changes to the Schedule of Pharmaceutical Benefits and, in particular, of changes resulting from the minimum pricing policy, two-monthly amendments will be issued to medical practitioners in addition to pharmacists. Certain information will be irrelevant to the "Blue Book"—for example, code numbers, dental items and amendments of Section 6. However, new listings, amendments of Sections 2 and 3 and advance notices are common to both Schedules.

PLEASE DO NOT USE CODE NUMBERS WHEN PRESCRIBING.

AMENDMENTS OF MINIMUM PRICING POLICY ITEMS

<u>Code</u>	<u>Name and Form</u>	<u>Max. Qty</u>	<u>No. of Rpts</u>	<u>Brand Price Premium \$</u>	<u>Dispensed Price for Max. Qty \$</u>	<u>Maximum Recordable Value for Safety Net \$</u>	<u>Prop Name and Mfr</u>
ADD THE FOLLOWING:							
1437P	FOLIC ACID Tablet 5mg	200	1	.. 0.16	*6.51 *6.67	7.24 7.24	Folasic NN Megafol 5 AF SI Policid US
2893G	PROCHLORPERAZINE Tablet 5mg	25	..	.. 0.35	*4.92 *5.27	5.65 5.65	Stemetil MB Compazine SK
2897L	PROCHLORPERAZINE Tablet 5mg	100	5	.. 0.92	6.94 7.86	7.67 7.67	Stemetil MB Compazine SK
1070H	THIAMINE HYDROCHLORIDE Tablet 100mg	100	2	.. 0.11	5.65 5.76	6.38 6.38	Invite-B NN Betamin US
DELETE THE FOLLOWING:							
1214X	CODEINE PHOSPHATE Tablet 30mg	20	..	.. 0.70	7.26 7.96	7.99 7.99	Codate US FM FA

<u>Code</u>	<u>Name and Form</u>	<u>Max. Qty</u>	<u>No. of Rpts</u>	<u>Brand Price Premium \$</u>	<u>Dispensed Price for Max. Qty \$</u>	<u>Maximum Recordable Value for Safety Net \$</u>	<u>Prop Name and Mfr</u>
1641J	METHYL SALICYLATE Liniment APF, 100mL	#1	1	.. 0.04	4.89 4.93	5.62 5.62	Linsal SI Metsal RK MG, QE (NQ) NN

PRICE ADJUSTMENTS:

1644M	MORPHINE SULPHATE Injection 10mg in 1mL	5	..	.. 2.57	8.02 10.59	8.75 8.75	BL, SI AP
1645N	Injection 15mg in 1mL	5	..	.. 2.62	8.07 10.69	8.80 8.80	BL, SI AP
1828F	PETHIDINE HYDROCHLORIDE Injection 50mg in 1mL	5	..	.. 2.52	7.63 10.15	8.36 8.36	BL, SI AP
1829G	Injection 100mg in 2mL	5	..	.. 2.98	7.96 10.94	8.69 8.69	BL, SI AP

Add the following to the entry for DOXYCYCLINE:

For your information Doxycycline is also available in tablet form:

2714W	DOXYCYCLINE Tablet 100mg	21	..	..	*10.87	11.60	Doxylin 100 AF Vibramycin PF
2702F	Tablet 100mg	28	..	..	*13.35	14.08	Doxylin 100 AF Vibramycin PF
2709N	DOXYCYCLINE Tablet 100mg	7	1	..	5.91	6.64	Doxylin 100 AF Vibramycin PF

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

Add the following to the entry for DOXYCYCLINE:

For your information Doxycycline is also available in tablet form:

3321T	DOXYCYCLINE Tablet 100mg	7	..	..	5.91	6.64	Doxylin 100 AF Vibramycin PF

PRICE ADJUSTMENTS OF SECTION 2—WHITE PAGES

<u>Code</u>	<u>Name and Form</u>	<u>Max. Qty</u>	<u>No. of Rpts</u>	<u>Brand Price Premium \$</u>	<u>Dispensed Price for Max. Qty \$</u>	<u>Maximum Recordable Value for Safety Net \$</u>	<u>Prop Name and Mfr</u>
ACETYLCYSTEINE							
2630K	Solution for Inhalation 200mg per mL (20%), 10mL	5	3	..	32.47	+15.00	Mucomyst AP
2600W	ALLOPURINOL Tablet 100mg	200	2	..	*12.71	13.44	Alloremed 100 AU Progout PT Zyloprim BW
2601X	Capsule 100mg	200	2	..	*12.71	13.44	Capurate-100 FM
ALUMINIUM HYDROXIDE							
2153H	Oral Suspension 321mg per 5mL, 500mL	2	5	..	*9.15	9.88	Amphojel WY
1026B	ALUMINIUM HYDROXIDE DRIED Tablet 300mg	200	5	..	*9.15	9.88	Amphotabs WY
ALUMINIUM HYDROXIDE and MAGNESIUM CARBONATE CO-DRIED GEL							
1033J	Tablet 375mg	200	5	..	*9.15	9.88	Simeco WY
ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE							
2576N	Tablet 200mg-200mg	200	5	..	*9.15	9.88	Gelusil WW Mylanta PD
2156L	Oral Suspension 215mg-80mg per 5mL, 500mL	2	5	..	*9.15	9.88	Simeco WY
2157M	200mg-200mg per 5mL, 500mL	2	5	..	*9.15	9.88	Gelusil WW Mylanta PD Sodexol SC
2155K	306mg-97.5mg per 5mL, 500mL	2	5	..	*9.15	9.88	Aludrox AY
ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE and OXETHAZAINE							
2158N	Oral Suspension 306mg-97.5mg-10mg per 5mL, 500mL	2	5	..	*9.15	9.88	Mucaine AY
ALUMINIUM HYDROXIDE with MAGNESIUM TRISILICATE and MAGNESIUM HYDROXIDE							
1032H	Tablet 250mg-120mg-120mg	200	5	..	*9.15	9.88	Gastrogel FM
2159P	Oral Suspension 250mg-120mg-120mg per 5mL, 500mL	2	5	..	*9.15	9.88	Gastrogel FM
3016R	AMANTADINE HYDROCHLORIDE Capsule 100mg	100	5	..	24.77	+15.00	Antadine BT Symmetrel CG
AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE							
3077Y	Powder 200g	5	5	..	*276.73	+15.00	Maxamaid RVHB SB

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AMINO ACID FORMULA without PHENYLALANINE							
1452H	Food Supplement Powder 500g	#1	5	..	192.63	+15.00	Aminogran F.S. GL
1044Y	AMMONIUM CHLORIDE Tablet 500mg	100	5	..	9.55	10.28	FM
2704H	ATROFINE SULPHATE Tablet 600 micrograms	100	2	..	8.55	9.28	FM
2729P	BACLOFEN Tablet 10mg	100	5	..	40.72	+15.00	Lioresal 10 CG
2730Q	Tablet 25mg	100	5	..	85.05	+15.00	Lioresal 25 CG
1115Q	BETAMETHASONE DIPROPIONATE Cream 500 micrograms per g (0.05%), 15g	#1	1	..	4.86	5.59	Diprosone SH
1119X	Ointment 500 micrograms per g (0.05%), 15g	#1	1	..	4.86	5.59	Diprosone SH
BISACODYL							
1260H	Suppositories 10mg, 10	3	5	..	*16.63	+15.00	Durolax BY
2203Y	BISMUTH SUBCITRATE Tablet 107.7mg (Bi)	112	2	..	25.65	+15.00	De-Nol PD
2502Q	CALCITRIOL Capsule 0.25 micrograms	100	5	..	50.62	+15.00	Rocaltrol RO
2422L	CARBAMAZEPINE Tablet 100mg	200	2	..	18.64	+15.00	Tegretol 100 CG
2419H	Tablet 200mg	200	2	..	32.42	+15.00	Tegretol 200 CG Teril AF
CHLORPRAZINE HYDROCHLORIDE							
1301F	Mixture 25mg per 5mL, 100mL	#1	4	..	6.46	7.19	Largactil MB
1195X	Injection 50mg in 2mL	10	..	..	10.03	10.76	Largactil MB
CLOMIPRAMINE HYDROCHLORIDE							
1561F	Tablet 25mg	50	2	..	15.87	+15.00	Anafranil CG
1805B	CLONAZEPAM Tablet 500 micrograms	200	2	..	15.02	+15.00	Rivotril RO
1806C	Tablet 2mg	200	2	..	24.00	+15.00	Rivotril RO
1808E	Paediatric Oral Drops 2.5mg in 1mL, 10mL	2	..	..	*9.51	10.24	Rivotril RO
1807D	Injection 1mg in 2mL (set containing solution 1mg in 1mL and 1mL diluent)	5	..	..	8.09	8.82	Rivotril RO
1214X	CODEINE PHOSPHATE Tablet 30mg	20	..	..	7.89	8.62	Codate US FA, FM
1246N	CORTISONE ACETATE Tablet 5mg	50	4	..	6.79	7.52	Cortate FC

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DOCUSATE SODIUM with BISACODYL							
1125F	Suppositories 100mg-10mg, 5	6	5	..	*16.63	+15.00	Coloxyl FM
ELECTROLYTE REPLACEMENT (ORAL)							
2992L	Powder for Solution Sachets 40g, 6	†1	..	..	8.05	8.78	Repalyte AU
1383T	ERGOTAMINE TARTRATE Capsule 1mg	50	2	..	8.16	8.89	Ergodryl Mono PD
1413J	ETHOSUXIMIDE Capsule 250mg	200	2	..	25.98	+15.00	Zarontin PD
1414K	Paediatric Syrup 250mg per 5mL, 250mL	†1	4	..	14.17	14.90	Zarontin PD*
2465R	FERROUS AMINOACETOSULPHATE Paediatric Syrup 100mL	†1	4	..	5.99	6.72	Plesmet NN
2726L	FERROUS GLUCONATE Paediatric Elixir 300mg per 5mL (6%), 100mL	†1	4	..	5.99	6.72	Fergon WL
1437P	FOLIC ACID Tablet 5mg	200	1	0.16	*6.67	7.24	Folicid US
1436N	Injection 15mg in 1mL	10	..	..	*15.53	+15.00	AB
2908C	GLUCOSE INDICATOR-BLOOD Reagent Strips, 50	2	5	..	*41.93	+15.00	Hypoguard GA HG
1499X	HYDROCORTISONE Tablet 4mg	50	4	..	8.38	9.11	Hysone PT
1500Y	Tablet 20mg	60	4	..	12.18	12.91	Hysone PT
2719D	IMIPRAMINE HYDROCHLORIDE Injection I.M. 25mg in 2mL	10	..	..	17.37	+15.00	Tofranil CG
2436F	INDAPAMIDE Tablet 2.5mg	60	1	..	*14.73	15.00	Natrilix SE
1298H	IRON DEXTRAN Injection 2mL	5	..	..	10.76	11.49	Imferon FC
2764L	IRON POLYMALTOSE COMPLEX Tablet 40mg (iron)	100	2	..	5.59	6.32	Ferrum H SI
2593L	Injection 100mg (iron) in 2mL	5	..	..	10.76	11.49	Ferrum H SI
3143K	LEVODOPA Tablet 100mg	50	5	..	11.24	11.97	Larodopa RO
3144L	Tablet 250mg	100	5	..	19.05	+15.00	Larodopa RO
LEVODOPA with BENSERAZIDE							
2231K	Capsule 100mg-25mg (sustained release)	100	5	..	39.95	+15.00	Madopar HBS RO
2227F	LEVODOPA with BENSERAZIDE Capsule 50mg-12.5mg	100	5	..	18.23	+15.00	Madopar Q RO
2225D	Capsule 100mg-25mg	100	5	..	33.68	+15.00	Madopar-M RO

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1242J	LEVODOPA with CARBIDOPA Tablet 100mg-25mg	100	5	..	33.68	+15.00	Sinemet 100/25 MK
1611T	MESALAZINE Tablet 250mg	100	5	..	63.05	+15.00	Mesasal SK
1608P	METHADONE HYDROCHLORIDE Tablet 5mg	20	..	..	7.85	8.58	Physeptone BW
1613X	METHDILAZINE HYDROCHLORIDE Tablet 8mg	100	2	..	*11.57	12.30	Dilosyn GL
2398F	METHSUXIMIDE Capsule 300mg	200	2	..	57.99	+15.00	Celontin PD
1641J	METHYL SALICYLATE Liniment APF, 100mL	†1	1	..	4.89	5.62	NN
1627P	MIANSERIN HYDROCHLORIDE Tablet 10mg	50	5	..	12.27	13.00	Tolvon OR
1628Q	Tablet 20mg	50	5	..	20.95	+15.00	Tolvon OR
1284N	MILK POWDER-LACTOSE MODIFIED Lactose-Predigested Powder 500g	2	20	..	*17.05	+15.00	Digestelact SJ
1283M	MILK POWDER-LOW LACTOSE FORMULA Lactose-Predigested Powder Infant Formula 500g	2	..	..	*17.05	+15.00	De-Lact Infant SJ
1646P	MORPHINE SULPHATE Tablet 30mg	20	..	..	8.95	9.68	Anamorph FM
1644M	MORPHINE SULPHATE Injection 10mg in 1mL	5	..	.. 2.57	8.02 10.59	8.75 8.75	BL, SI AP
1645N	Injection 15mg in 1mL	5	..	.. 2.62	8.07 10.69	8.80 8.80	BL, SI AP
1647Q	Injection 30mg in 1mL	5	..	..	10.45	11.18	BL
1675E	NEOSTIGMINE BROMIDE Tablet 15mg	200	1	..	*13.37	14.10	Prostigmin RO
1686R	NICOTINIC ACID Tablet 100mg	100	2	..	5.63	6.36	Nikacid US AU
1687T	Tablet 250mg	200	5	..	*11.05	11.78	AU
2496J	PANCRELIPASE Capsule providing not less than 5,000 BP units of lipase activity	500	10	..	112.11	+15.00	Pancrease JC
2495H	Capsule providing not less than 10,000 BP units of lipase activity	500	10	..	*171.79	+15.00	Cotazym S Forte OR

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1828F	PETHIDINE HYDROCHLORIDE Injection 50mg in 1mL	5	..	.. 2.52	7.63 10.15	8.36 8.36	BL, SI AP
1829G	Injection 100mg in 2mL	5	..	.. 2.98	7.96 10.94	8.69 8.69	BL, SI AP
1850J	PHENOBARBITONE Tablet 30mg	200	4	..	5.85	6.58	SI
1853M	PHENOBARBITONE SODIUM Injection 200mg in 1mL	5	..	..	7.61	8.34	FM
1863C	PHENSUXIMIDE Capsule 500mg	200	2	..	64.15	+15.00	Milontin PD
1249R	PHENYTOIN Tablet 50mg	200	2	..	12.84	13.57	Dilantin Infatabs PD
2692Q	Paediatric Oral Suspension 30mg per 5mL, 500mL	#1	3	..	9.76	10.49	Dilantin PD
1873N	PHENYTOIN SODIUM Capsule 30mg	200	2	..	12.56	13.29	Dilantin Sodium PD
1874P	Capsule 100mg	200	2	..	12.89	13.62	Dilantin Sodium PD
1939C	PRIMIDONE Tablet 250mg	200	2	..	14.98	15.00	Mysoline IC
1940D	PROBENECID Tablet 500mg	100	5	..	16.96	+15.00	Benemid FR
2893G	PROCHLORPERAZINE Tablet 5mg	25	..	.. 0.35	*4.92 *5.27	5.65 5.65	Stemetil MB Compazine SK
2894H	Suppositories 5mg, 5	#1	2	..	7.26	7.99	Stemetil MB
2895J	Suppositories 25mg, 5	#1	2	..	7.65	8.38	Stemetil MB
2897L	PROCHLORPERAZINE Tablet 5mg	100	5	.. 0.92	6.94 7.86	7.67 7.67	Stemetil MB Compazine SK
1943G	PROCYCLIDINE HYDROCHLORIDE Tablet 5mg	200	2	..	*12.89	13.62	Kemadrin BW
3049L	PROMETHAZINE THEOCLATE Tablet 25mg	30	1	..	7.24	7.97	Avomine MB
2724J	PYRIDOSTIGMINE BROMIDE Tablet 10mg	100	2	..	11.97	12.70	Mestinon RO
1959D	Tablet 60mg	100	2	..	26.92	+15.00	Mestinon RO
2608G	Tablet 180mg (sustained release)	100	1	..	75.48	+15.00	Mestinon RO
2945B	SODIUM ACID CITRATE Mixture 5.5g per 20mL, 500mL	#1	4	..	6.99	7.72	Citralka PD

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<u>Code</u>	<u>Name and Form</u>	<u>Max. Qty</u>	<u>No. of Rpts</u>	<u>Brand Price Premium \$</u>	<u>Dispensed Price for Max. Qty \$</u>	<u>Maximum Recordable Value for Safety Net \$</u>	<u>Prop Name and Mfr</u>
2016D	SODIUM AUROTHIOMALATE Injection 10mg	5	..	..	*25.01	+15.00	Myocrisin MB
2017E	Injection 20mg	10	1	..	57.66	+15.00	Myocrisin MB
3015Q	SODIUM BICARBONATE Injection 100mmol (8.4g) in 100mL	5	..	..	*41.58	+15.00	AB
1102B	STERCULIA with FRANGULA BARK Granules 473mg-83mg per g (47.3%-8.3%), 250g	2	1	..	*17.23	+15.00	Granocol SC
2094F	SULPHINPYRAZONE Tablet 100mg	100	5	..	21.77	+15.00	Anturan CG
1330B	TETRABENAZINE Tablet 25mg	100	2	..	19.27	+15.00	Nitoman RO
1070H	THIAMINE HYDROCHLORIDE Tablet 100mg	100	2	0.11	5.76	6.38	Betamin US
2185B	TRIFLUOPERAZINE HYDROCHLORIDE Tablet 1mg (base)	100	1	..	6.62	7.35	Calmazine PT Stelazine SK
2186C	Tablet 5mg (base)	100	1	..	7.28	8.01	Calmazine PT Stelazine SK
2835F	Injection 1mg (base) in 1mL	10	..	..	10.03	10.76	Stelazine SK
2984C	ZINC OXIDE Compound Ointment 50g	†1	1	..	8.00	8.73	Anusol WW
1122C	Compound Suppositories, 12	†1	1	..	7.39	8.12	Anusol WW

INTRAVENOUS INFUSIONS

2304G	DEXTRAN 40 100mg per mL with 139mmol per 500mL glucose (10%-5%), 500mL	3	..	..	60.87	+15.00	Rheomacrodex PS
2306J	100mg per mL with 77mmol per 500mL sodium chloride (10%- 0.9%), 500mL	3	..	..	60.87	+15.00	Rheomacrodex PS
3081E	DEXTRAN 70 60mg per mL with 139mmol per 500mL glucose (6%-5%), 500mL	3	..	..	58.24	+15.00	Macrodex PS
3011L	60mg per mL with 77mmol per 500mL sodium chloride (6%- 0.9%), 500mL	3	..	..	58.24	+15.00	Macrodex PS

OTHER AMENDMENTS OF SECTION 2—WHITE PAGES

<u>Code</u>	<u>Name and Form</u>	<u>Max Qty</u>	<u>No. of Rpts</u>	<u>Amendment</u>
1688W	NIFEDIPINE Capsule 10mg	100	5	21.58 +15.00 Add Anpine AF

PRICE ADJUSTMENTS OF SECTION 6—STANDARD PACKS AND PRICES

<u>Code</u>	<u>Name and Form</u>	<u>Amended Price</u>		
			\$	
2600W	Allopurinol 100mg	100	@	4.64 AU, BW, PT
2601X	100mg	100	@	4.64 FM
2153H	Aluminium Hydroxide 321mg per 5mL, 500mL	1	@	2.86 WY
1026B	Aluminium Hydroxide Dried 300mg	100	@	2.86 WY
1033J	Aluminium Hydroxide and Magnesium Carbonate Co-Dried Gel 375mg	100	@	2.86 WY
2576N	Aluminium Hydroxide with Magnesium Hydroxide 200mg-200mg	100	@	2.86 PD, WW
2156L	215mg-80mg per 5mL, 500mL	1	@	2.86 WY
2157M	200mg-200mg per 5mL, 500mL	1	@	2.86 PD, SC, WW
2155K	306mg-97.5mg per 5mL, 500mL	1	@	2.86 AY
2158N	Aluminium Hydroxide with Magnesium Hydroxide and Oxethazaine 306mg-97.5mg-10mg per 5mL, 500mL	1	@	2.86 AY
1032H	Aluminium Hydroxide with Magnesium Trisilicate and Magnesium Hydroxide 250mg-120mg-120mg	100	@	2.86 FM
2159P	250mg-120mg-120mg per 5mL, 500mL	1	@	2.86 FM
3077Y	Amino Acid Formula with Vitamins and Minerals without Methionine 200g	1	@	54.66 SB
1260H	Bisacodyl 10mg, 10	1	@	4.40 BY
1808E	Clonazepam 2.5mg in 1mL, 10mL	1	@	3.04 RO
1125F	Docusate Sodium with Bisacodyl 100mg-10mg, 5	1	@	2.20 FM
1437P	Folic Acid 5mg	100	@	1.62 US
1436N	15mg in 1mL	5	@	6.05 AB
2908C	Glucose Indicator-Blood Reagent Strips, 50	1	@	19.25 HG
2436F	Indapamide 2.5mg	30	@	5.65 SE
1613X	Methdilazine Hydrochloride 8mg	50	@	4.07 GL
1284N	Milk Powder-Lactose Modified 500g	1	@	6.81 SJ
1283M	Milk Powder-Low Lactose Formula 500g	1	@	6.81 SJ
1675E	Neostigmine Bromide 15mg	100	@	4.97 RO
1687T	Nicotinic Acid 250mg	100	@	3.81 AU
2495H	Pancrelipase not less than 10,000 BP units lipase activity	250	@	84.18 OR
2893G	Prochlorperazine 5mg	100	@	3.51 MB
		100	@	4.43 SK
1943G	Procyclidine Hydrochloride 5mg	100	@	4.73 BW
2016D	Sodium Aurothiomalate 10mg	10	@	34.10 MB
3015Q	Sodium Bicarbonate 100mmol in 100mL	1	@	7.63 AB
1102B	Sterculia with Frangula Bark 473mg-83mg per g, 250g	1	@	6.90 SC

ADVANCE NOTICES

FORMULATION CHANGE

2852D **Influenza Vaccine**, injection (trivalent) 0.5mL (Fluvax, Vaxigrip)

As from 1 March 1991 influenza vaccine available as a pharmaceutical benefit will be the formulation determined for the 1991 season (containing A/Victoria/36/88, A/Beijing/353/89 and B/Yamagata/16/88 like strains).

DELETIONS—BRANDS

The following brands will be deleted from the Schedule of Pharmaceutical Benefits from 1 April 1991.

Section 2—Prescribing by medical practitioners

Brand being discontinued by the manufacturer—

2418G *Saroten*, ~~NS-amitriptyline~~ *hydrochloride*, tablet 25mg

Deletion requested by the manufacturer —

3198H *Brufen*, ~~BT-ibuprofen~~, tablet 200mg

AMENDMENT TO THE REPATRIATION SCHEDULE OF PHARMACEUTICAL BENEFITS

NEW ITEM—SECTION 1

<u>Code</u>	<u>Name and Form</u>	<u>Max Qty</u>	<u>No. of Rpts</u>	<u>Prop. Name and Mfr</u>
4562D	TERFENADINE Tablet 60mg	50	..	Teldane ML

PHARMACEUTICAL BENEFITS

Explanatory Circular regarding the December 1990 edition of the Schedule of Pharmaceutical Benefits for Approved Pharmacists.

This reprint of the Schedule will take effect on 1 December 1990 and all previous editions of the Schedule are cancelled.

Patient Contributions

New patient contribution levels applied from 1 November 1990. Pensioners and their dependants who previously received their pharmaceutical benefits free of charge pay \$2.50 as from 1 November 1990. The general patient contribution also increased from 1 November 1990 to \$15.00. The patient contribution for concessional beneficiaries remains at \$2.50.

Pensioners and concessional beneficiaries now pay the same patient contribution which will be known as the 'Concessional Beneficiary Charge'.

The patient charges will be indexed each year. The general charge will be indexed on 1 August and the concessional charge on 1 October. Pharmacists and medical practitioners will be advised of the new patient payment levels before these dates.

Safety Net

With the introduction of the concessional beneficiary charge for pensioners a Safety Net arrangement applied from 1 November 1990 for pensioners. This Safety Net operates in dollar terms, not in number of supplies.

The Safety Net arrangements for concessional and general patients will, from 1 January 1991, operate in dollar terms. (See Explanatory Notes—Lemon Pages.)

Minimum Pricing Policy

Where there are lower priced alternative brands of a particular drug available on the PBS, the level of Government subsidy will be based on the lowest priced brand and the Minimum Pricing Policy applies. If a patient receives a dearer brand, the difference in price will be met by the patient (including pensioners).

A subsection showing those items to which the minimum pricing policy applies has been included separately in Section 2 of the Schedule.

Emergency Drug (Doctor's Bag) Supplies

A new set of codes has been allocated for all items listed as Emergency Drug (Doctor's Bag) Supplies (see page 31 Lemon Pages). It should be noted the Minimum Pricing Policy does not apply to these items.

PLEASE NOTE: Restricted items which were previously printed in red are now highlighted in *bold italic* typeface.

SUMMARY OF CHANGES

ADDITIONS

Items

Section 2

Cefaclor, capsule 250mg and oral suspension 250mg per 5mL, 75mL (*Ceclor*)

Cisapride, tablets 5mg and 10mg (*Prepulsid*); oral suspension 1mg per mL, 200mL (*Prepulsid*)

Human Menopausal Gonadotrophin, injection set containing 10 ampoules powder for injection providing 150 units follicle stimulating hormone and 150 units luteinising hormone and 10 ampoules solvent 1mL (*Pergonal 150*)

Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed), injections (human) 100 units (15 units–85 units) per mL, 2.5mL, 5 (*Mixtard 15/85 Human Nordisk 2.5mL Insuject-X*) and 100 units (50 units–50 units) per mL, 2.5mL, 5 (*Mixtard 50/50 Human Nordisk 2.5mL Insuject-X*)

Minocycline, tablet 50mg (*Minomycin-50*)

Morphine Tartrate, injection 120mg in 1.5mL (*BL*)

Protein Hydrolysate Formula, powder 454g (*Nutramigen*) (The 454g pack is being temporarily listed as an alternative to the 1kg pack to overcome a stock shortage anticipated by the manufacturer)

Simvastatin, tablets 10mg (*Lipex 10, Zocor*) and 20mg (*Lipex 20, Zocor*)

Urofollitrophin, injection set containing 10 ampoules powder for injection providing 75 units follicle stimulating hormone and 10 ampoules solvent 1mL (*Metrodin 75*)

Verapamil Hydrochloride, capsules 160mg (sustained release) and 240mg (sustained release) (*Veracaps SR*)

Section 4

Chlorhexidine Aqueous Cream APF

DELETIONS

Section 2

Items

Aminophylline, oral liquid 105mg per 5mL, 500mL (*Somophyllin*)
 Benzylpenicillin, injection 6g (solvent required) (CS)
 Ergometrine Maleate, tablet 200 micrograms (*Ergotrate*)
 Ferrous Sulphate Dried, tablet 320mg (delayed release) (*Slow-Fe*)
 Hydrocortisone Acetate with Neomycin Sulphate, ear drops 15mg-5mg per mL (1.5%-0.5%), 5mL and ear ointment 15mg-5mg per g (1.5%-0.5%), 4g (*Neo-Cortef*)
 Kaolin with Pectin, oral suspension 5.91g-132mg per 30mL, 375mL (*Kaopectate*)
 Neomycin Sulphate, eye drops 5mg per mL (0.5%), 10mL (*Neopt*)
 Theophylline, capsules 100mg (controlled release) and 250mg (controlled release) (*Somophyllin CRT*)

Brands

Laroxyl, RO—amitriptyline hydrochloride, tablets 10mg and 25mg
BT—atropine sulphate, injections 600 micrograms in 1mL and 1.2mg in 1mL
Duractin, CS—cimetidine, tablets 200mg, 400mg and 800mg
Ilocap, LY—erythromycin, capsule 250mg
Mycitracin, UP—polymyxin B sulphate with bacitracin and neomycin sulphate, eye ointment 5,000 units-400 units-5mg per g, 4g
PT—quinine bisulphate, tablet 300mg
BT—sodium chloride, injection 9mg per mL (0.9%), 2mL, injection 9mg per mL (0.9%), 5mL and injection 9mg per mL (0.9%), 10mL
Panmycin P, UP—tetracycline hydrochloride, capsule 250mg
Tetramykoin, BZ(N)—tetracycline hydrochloride, capsule 250mg
Veradil, US—verapamil hydrochloride, tablets 40mg, 80mg and 120mg
BT—water for injections, injections 2mL, 5mL and 10mL

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

Ilocap, LY—erythromycin, capsule 250mg
Panmycin P, UP—tetracycline hydrochloride, capsule 250mg
Tetramykoin, BZ(N)—tetracycline hydrochloride, capsule 250mg
BT—water for injections, injections 2mL, 5mL and 10mL

ALTERATIONS

Section 2

Restriction Changes

Nifedipine, capsule 5mg (*Adalat 5*) and capsule 10mg (*Adalat*)

Maximum Quantity

	From	To
Insulin Isophane (N.P.H.) injections (human) 100 units per mL, 1.5mL, 5 (<i>Protaphane HM Penfill</i>)	7	10
Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed), injections (human) 100 units (30 units-70 units) per mL, 1.5mL, 5 (<i>Actraphane HM Penfill</i>)	7	10
Insulin Neutral, injections (human) 100 units per mL, 1.5mL, 5 (<i>Actrapid HM Penfill</i>)	7	10
Medroxyprogesterone, tablet 500mg (<i>Farlutal, Provera</i>)	60	30

Number of Repeats

	From	To
Clomipramine Hydrochloride , tablet 25mg (<i>Anafranil</i>)	1	2
Insulin Isophane (N.P.H.) , injections (human) 100 units per mL, 1.5mL, 5 (<i>Protaphane HM Penfill</i>)	2	1
Insulin Neutral—Insulin Isophane (N.P.H.) , (Mixed), injections (human) 100 units (30 units-70 units) per mL, 1.5mL, 5 (<i>Actraphane HM Penfill</i>)	2	1
Insulin Neutral , injections (human) 100 units per mL, 1.5mL, 5 (<i>Actrapid HM Penfill</i>)	2	1
Medroxyprogesterone , tablet 500mg (<i>Farlutal, Provera</i>)	5	2

Manufacturers' Codes

	From	To
Allopurinol , tablet 300mg (<i>Proguan 300</i>)	PT	AF
Folic Acid , tablet 5mg (<i>Megafol 5</i>)	PT	AF
Frusemide , tablet 40mg (<i>Uremide</i>)	PT	AF
Glucagon Hydrochloride , injection set containing 1mg (1 i.u.) and 1mL solvent in disposable syringe (<i>Glucagon Novo</i>)	CN	NO
Glucose Indicator—Blood , Reagent Strips, 50 (<i>Hypoguard GA</i>)	AS	HG
Hydrochlorothiazide with Amiloride Hydrochloride , tablet 50mg-5mg (<i>Amizide</i>)	PT	AF
Insulin, Acid , injection (bovine) 100 units per mL, 10mL (<i>Insulin 2</i>)	CN	NO
Insulin Isophane (N.P.H.) , injection (bovine) 100 units per mL, 10mL (<i>Isotard MC</i>)	CN	NO
injection (human) 100 units per mL, 10mL (<i>Insulatard Human</i>),	BW	ND
(<i>Protaphane HM</i>)	CN	NO
injections (human) 100 units per mL, 1.5mL, 5 (<i>Protaphane HM Penfill</i>)	CN	NO
100 units per mL, 2.5mL, 5 (<i>Insulatard Human Nordisk 2.5mL Insuject-X</i>)	BW	ND
Insulin Neutral—Insulin Isophane (N.P.H.) , (Mixed),		
injection (human) 100 units (15 units-85 units) per mL, 10mL (<i>Mixtard 15/85 Human</i>)	BW	ND
injection (human) 100 units (30 units-70 units) per mL, 10mL (<i>Actraphane HM</i>),	CN	NO
(<i>Mixtard 30/70 Human</i>)	BW	ND
injection (human) 100 units (50 units-50 units) per mL, 10mL (<i>Mixtard 50/50 Human</i>)	BW	ND
injections (human) 100 units (30 units-70 units) per mL, 1.5mL, 5 (<i>Actraphane HM Penfill</i>)	CN	NO
injections (human) 100 units (30 units-70 units) per mL, 2.5mL, 5		
(<i>Mixtard 30/70 Human Nordisk 2.5mL Insuject-X</i>)	BW	ND
Insulin Neutral , injection (human) 100 units per mL, 10mL (<i>Actrapid HM</i>),	CN	NO
(<i>Velosulin Human</i>)	BW	ND
injections (human) 100 units per mL, 1.5mL, 5 (<i>Actrapid HM Penfill</i>)	CN	NO
injections (human) 100 units per mL, 2.5mL, 5		
(<i>Velosulin Human Nordisk 2.5mL Insuject (white)</i>)	BW	ND
Insulin Protamine Zinc , injection (bovine) 100 units per mL, 10mL		
(<i>Protamine Zinc Insulin MC</i>)	CN	NO
Insulin Zinc Suspension (Lente) , injection (bovine) 100 units per mL, 10mL (<i>Lente MC</i>)	CN	NO
injection (human) 100 units per mL, 10mL (<i>Monotard HM</i>)	CN	NO
Insulin Zinc Suspension (Crystalline) (<i>Ultralente</i>),		
injection (bovine) 100 units per mL, 10mL (<i>Ultralente MC</i>)	CN	NO
injection (human) 100 units per mL, 10mL (<i>Ultratard HM</i>)	CN	NO
Methyltestosterone , tablet 25mg (<i>Testomet 25</i>) and tablet 50mg (<i>Testomet 50</i>)	PT	AF
Neomycin Sulphate , tablet 500mg (<i>Neosulf</i>)	PT	AF

Proprietary Name

	From	To
Allopurinol, tablet 300mg	<i>Progout</i>	<i>Progout 300</i>
Codeine Phosphate with Paracetamol, tablet 30mg-500mg	<i>Panadeine Forte</i>	<i>Panadeine Forte Caplets</i>
Folic Acid, tablet 5mg	<i>PT</i>	<i>Megafol 5</i>
Hydrocortisone, cream 10mg per g (1%), 50g	<i>Egocort</i>	<i>Egocort Cream 1%</i>
Methyltestosterone, tablet 25mg	<i>Testomet</i>	<i>Testomet 25</i>
tablet 50mg	<i>Testomet</i>	<i>Testomet 50</i>

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

	From	To
Codeine Phosphate with Paracetamol, tablet 30mg-500mg	<i>Panadeine Forte</i>	<i>Panadeine Forte Caplets</i>

Pack Size

From	To
Hydrocortisone Acetate, eye ointment 5mg per g (0.5%), 4g (<i>Cortef</i>)	Hydrocortisone Acetate, eye ointment 5mg per g (0.5%), 3g (<i>Cortef</i>)

Change of Name of Benefit and Expression of Strengths

From	To
Insulin Isophane (N.P.H.)— Insulin Neutral, (Mixed) Injection (human) 100 units (85 units-15 units) per mL, 10mL (<i>Mixtard 15/85</i> <i>Human</i>) 100 units (50 units-50 units) per mL, 10mL (<i>Mixtard 50/50</i> <i>Human</i>) 100 units (70 units-30 units) per mL, 10mL (<i>Actraphane HM</i> , <i>Mixtard 30/70 Human</i>) Injections (human) 100 units (70 units-30 units) per mL, 1.5mL, 5 (<i>Actraphane</i> <i>HM Penfill</i>) 100 units (70 units-30 units) per mL, 2.5mL, 5 (<i>Mixtard 30/70</i> <i>Human Nordisk 2.5mL Insuject-X</i>)	Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed) Injection (human) 100 units (15 units-85 units) per mL, 10mL (<i>Mixtard 15/85</i> <i>Human</i>) 100 units (50 units-50 units) per mL, 10mL (<i>Mixtard 50/50</i> <i>Human</i>) 100 units (30 units-70 units) per mL, 10mL (<i>Actraphane HM</i> , <i>Mixtard 30/70 Human</i>) Injections (human) 100 units (30 units-70 units) per mL, 1.5mL, 5 (<i>Actraphane</i> <i>HM Penfill</i>) 100 units (30 units-70 units) per mL, 2.5mL, 5 (<i>Mixtard 30/70</i> <i>Human Nordisk 2.5mL Insuject-X</i>)

NOTES

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

Folic Acid
Prochlorperazine

CAUTION NOTES

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

Flucloxacillin
Nifedipine
Prochlorperazine
Quinidine Bisulphate
Quinidine Sulphate
Quinine Bisulphate
Quinine Sulphate

ADVANCE NOTICES

DELETIONS

Items

The items listed below will be deleted from the Schedule of Pharmaceutical Benefits from 1 April 1991.

Section 2

Items being discontinued by the manufacturer:

Chlorpromazine Hydrochloride, tablet 50mg (*Largactil*)
Diazepam, paediatric syrup 2mg per 5mL, 100mL (*Valium*)
Doxorubicin Hydrochloride, powders for I.V. injection or intravesical administration
10mg, 20mg and 50mg (*Adriamycin*)
Mefruside, tablet 25mg (*Baycaron*)
Metronidazole, tablets 250mg and 500mg (*Protostat*)
Triamcinolone Acetonide, cream 200 micrograms per g (0.02%), 45g (*Kenalone 0.02%*)
and ointment 200 micrograms per g (0.02%), 45g (*Kenalone 0.02%*)

Item being recalled and discontinued by the manufacturer:

Polymyxin B Sulphate with Neomycin Sulphate and Hydrocortisone, ear drops 10, 000 units–5mg–10mg
per mL, 7mL (*Aerocortin*)

The following item, on the recommendation of the Pharmaceutical Benefits Advisory Committee, will be deleted from the Schedule of Pharmaceutical Benefits from 1 April 1991.

Chlormethiazole, capsule 192mg (*Hemineurin*)

The following items (which may be discontinued by the manufacturer) may be deleted from the Schedule at a future date:

Sulthiame, tablets 50mg and 200mg (*Ospolot*)

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

Item being discontinued by the manufacturer:

Metronidazole, tablet 250mg (*Protostat*)

Section 4

Drugs Available for Extemporaneous Preparations

The drugs listed below will be deleted from the Schedule of Pharmaceutical Benefits from 1 April 1991. These drugs are no longer readily available from recognised wholesalers.

Acid—Hydrochloric BP
Acriflavine BPC 1963
Adrenaline BP
Atropine Sulphate BP
Bentonite BP
Chlorocresol BP
Cream—Oily APF
Extract—Hyoscyamus Liquid BPC 1973
Ferrous Sulphate Dried BP
Lignocaine Hydrochloride BP
Ointment—Hydrous BP
Phenobarbitone BP
Phenoxyethanol BP
Pilocarpine Hydrochloride BP
Pilocarpine Nitrate BP
Sodium Acid Phosphate BP
Sodium Phosphate BP (Dibasic)
Solution—Chlorhexidine Gluconate BP (20 %)
Spirit—Lemon BP
Theophylline BP
Titanium Dioxide BP

Brands

The following brands will be deleted from the Schedule of Pharmaceutical Benefits from 1 April 1991.

Brands being discontinued by the manufacturer:

Amitrip, PT—amitriptyline hydrochloride, tablets 10mg and 25mg
Anti-Spas, PT—benzhexol hydrochloride, tablets 2mg and 5mg
Ceporacin, GL—cephalothin, injection 1g (solvent required)
Pro-Pam, PT—diazepam, tablets 2mg and 5mg
Cyclidox, PT—doxycycline, capsule 100mg
Supres 25, *Supres 50*, PT—hydralazine hydrochloride, tablets 25mg and 50mg
Rheumacin, PT—indomethacin, capsule 25mg
BL—methotrexate, tablet 10mg
Metamide, PT—metoclopramide hydrochloride, tablet 10mg
Trichozole, PT—metronidazole, tablet 200mg
Cardinol, PT—propranolol hydrochloride, tablets 10mg and 160mg
PT—quinine sulphate, tablet 300mg
Nipride, RO—sodium nitroprusside, I.V. infusion 50mg

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

Ceporacin, GL—cephalothin, injection 1g (solvent required)
Cyclidox, PT—doxycycline, capsule 100mg
Trichozole, PT—metronidazole, tablet 200mg

All Previous Editions Cancelled



SCHEDULE OF
PHARMACEUTICAL BENEFITS
for
APPROVED PHARMACISTS

Department of Community Services and Health
CANBERRA ACT

M. C. REED, Government Printer, Tasmania

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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 *bold italics*.

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 22-29.

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 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 1953* 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 x 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 31 and 48;
- (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 30.

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 75). Medical practitioners or participating dental practitioners are required to specify the actual quantity of the pharmaceutical benefit required.

25. A pharmaceutical benefit may not be supplied to the same person more than once in any four days (see paragraph 39). A medical practitioner may direct, however, the supply of a quantity of the benefit be made within four day period where the maximum quantity of the benefit is less than the amount necessary to treat the patient.

26. 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 75. Repeats may be for any quantity up to the maximum, irrespective of whether the original supply is for an equal, greater or lesser quantity.

27. 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 or 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.

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

29. 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, using an Authority Prescription Form (PB86), 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

30. 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 36); 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

31. While a pharmaceutical benefit may not be supplied to the same person more than once in any four days, 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

32. 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.

33. 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 62).

34. Medical practitioners approved to supply pharmaceutical benefits under section 92 of the *National Health Act 1953* 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

35. 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 65.

36. 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

37. 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.

38. A pharmaceutical benefit may not be supplied to the same person more than once in any four days, except where a prescription is endorsed 'Regulation 24' (see paragraph 31).

39. An approved pharmacist may, where the medical practitioner has directed that the supply is necessary for the treatment of the patient or where the benefit has been destroyed, lost or stolen, supply the benefit on a repeat prescription within the four day period, endorsing the prescription 'immediate supply required' and signing his or her name.

40. Prescriptions for items deleted from the Schedule may not be dispensed as benefits as from the date of effect of deletion (see also paragraph 51).

41. 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.

42. 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.

43. Prescription forms should not have both pharmaceutical benefit 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.

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

45. 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

46. 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 62.

Procedure before Supply of Pharmaceutical Benefit

47. 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 66 and 67) 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

48. Where a prescription is endorsed 'Regulation 24' (see paragraph 31), 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 54). An amount equivalent to one professional fee and where

applicable, one dangerous drug fee is payable for the total supply.

Deferred Supply

49. 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 57) 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

50. 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.

51. 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.

52. 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.

53. However, where changes to restrictions, maximum quantities and/or number of repeats occur (as for original prescriptions, paragraphs 41, 42), Repeat Authorisations which relate to valid prescriptions written before the date of effect of the alterations, may be dispensed as pharmaceutical benefits.

54. 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

55. The Repeat Authorisation Form shall show—

- (a) the category of benefit (either PBS General, PBS Concessional, Entitlement/Concession Card holder, or RPBS)—by placing a cross (x) in the relevant box;
- (b) the patient's name and full address;
- (c) if the prescription is for a pensioner or concessional beneficiary, the entitlement number appearing on the prescription, or, in the case of a previous Repeat Authorisation, the entitlement number appearing on the front of the previous Repeat Authorisation Form;
- (d) in the case of repeats authorised on Authority Prescriptions, the authority number;
- (e) the transcription of the original prescription stating the item, form, strength, quantity and directions;
- (f) on the first occasion of supply of the pharmaceutical benefit, the approval number, the date of the original prescription together with the prescription identifying number allotted by the pharmacist to the prescription (see paragraph 66);
- (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

56. 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

57. 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.

58. 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

59. 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

60. 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.

61. 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 35, 36 and 65) 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

62. Certain pharmaceutical benefit items may be supplied to medical practitioners on receipt of an Emergency Drug (Doctor's Bag) Order (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.

63. 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.

64. A medical practitioner may also specify on the order form a particular brand of a pharmaceutical benefit. If it 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

65. 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

66. In addition to a serial number (see paragraph 132), 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.

67. 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.

C. OUTLINE OF THE SAFETY NET SCHEME

68. Pensioners, Concessional Beneficiaries and Safety Net Concession Card holders receive items on the Pharmaceutical Benefits Schedule at a cost of \$2.50 (except for items where a special patient contribution or a brand price premium applies).

69. To provide protection for those members of the community who, due to chronic illness, are high volume users of prescription medicines, a 'Safety Net' as outlined below will apply—

(a) General Beneficiaries—

The Safety Net threshold changes from 25 prescriptions to \$300.00 from 1 January 1991. Once this threshold has been reached a Safety Net Concession Card is issued and prescriptions will cost \$2.50 for the next \$50.00 of expenditure. At this point a Safety Net Entitlement Card will be issued and further prescriptions will be free of charge for the remainder of the calendar year.

(b) Pensioners—

Safety Net provides for free prescriptions after \$130.00 expenditure has been reached and a Safety Net Entitlement Card issued in 12 months (\$150.00 in the first Safety Net period of 14 months commencing 1 November 1990).

(c) Concessional Beneficiaries—

When a Safety Net threshold of \$130.00 has been reached and a Safety Net Entitlement Card issued, all subsequent pharmaceutical benefit items will be free of charge.

70. Under these arrangements general users will pay up to a maximum agreed price for pharmaceutical benefit prescription drugs costing up to and including \$15.00. For prescriptions costing more than \$15.00 (or \$2.50 in the case of pensioner and concessional beneficiary prescriptions) the government continues to pay the balance to the approved pharmacist.

Safety Net Cross Over Arrangements

71. Patients who have been issued with a—

- Health Care Card, or
- Pharmaceutical Benefits Concession Card

from the Department of Social Security are able to gain a credit towards their Safety Net Entitlement Card for the expenditure incurred while they were general patients.

A credit of \$2.50 for each PBS prescription item purchased during the year as a general patient (before becoming a Health Care or Pharmaceutical Benefits Concession Card holder) counts towards their Safety Net Entitlement.

Holders of a—

- Health Care Card, or
- Pharmaceutical Benefits Concession Card

quality for a Safety Net Entitlement Card and free pharmaceutical items when they have paid \$130 for PBS prescription items in a year.

72. General patients keep a General Patient Prescription Record Form to record the cost of PBS prescription items purchased. When a general patient receives a Health Care Card or Pharmaceutical Benefits Concession Card they should commence using a Pensioner/Concession Prescription Record Form, but retain the general PRF to support the issue of an Entitlement Card if required.

73. If during the course of the year the Department of Social Security cancel the Health Care Card or Pharmaceutical Benefits Concession Card the patient reverts to the general patient category. When this happens the patient must recommence using the General Patient Prescription Record Form.

When the Concessional patient reverts to the general patient category the amounts originally paid for PBS prescription items as general patients as shown on the General Patient Prescription Record Form are reinstated and added together with the amounts paid at the concessional rate of \$2.50 as shown on the Pensioner/Concession Prescription Record Form. The new total amount counts towards the threshold for the issue of the Safety Net Concession Card.

74. There are two types of Prescription Record Forms (PRF) to be used for the recording of PBS prescriptions. One is for the use of Pensioner/Concessional patients and is coloured green. The other is for the use of general patients and is coloured brown.

Recording of Prescriptions

75. Each person (or family) presenting a PBS prescription for dispensing may request the issue by an approved pharmacist of a Prescription Record Form (PRF). Details of family members whose prescriptions are to be recorded on the relevant 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.

76. 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 Safety Net limit.

77. 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 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.

78. The value which can be recorded on the Prescription Record Form is:

- (a) the relevant patient contribution where the PBS dispensed price is greater than the relevant patient contribution; or
- (b) the agreed price, or any lesser amount charged, where the PBS dispensed price is less than or equal to the relevant patient contribution.

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.

79. Under no circumstances should a special patient contribution or brand price premium be included in the price recorded on the Prescription Record Form.

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

81. The details to be listed are the date of supply, the PBS code number of the item supplied, the Safety Net value of the item supplied, the pharmacy approval number and the cumulative value of items at the time of the last entry. The pharmacist (or a person authorised by the approved pharmacist) must then sign the entry.

82. 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 Forms.

Some suppliers also provide the facility for a computer printout which is an acceptable replacement for the Prescription Record Forms, provided that the information on both sides of the form is reproduced. Should only the details inside the Prescription Record Forms be reproduced, both the forms and the printout are to be signed by the pharmacist.

83. 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.

84. 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

85. If the patient submits a multi-item prescription form which raises the value of items entered on the Prescription Record Form to the Safety Net expenditure limit, any items in excess are to be treated as entitled items after the issue of an

Entitlement/Concession Card. If a multi-item prescription (which raises the cost to the expenditure limit) would result in general (or concessional) and entitlement 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 the Safety Net expenditure limit are to be treated in a similar manner as 'deferred supply' items.

86. 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 entitlement.

Lost Pharmaceutical Benefits Prescription Record Forms

87. 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

88. The responsibility for claiming entitlement rests with the patient. If the cost of items accumulated on all Prescription Record Forms presented for entitlement is greater than the Safety Net expenditure limit, then the cost of those items in excess cannot be refunded by an approved pharmacist. In certain circumstances the cost may be recovered by the patient from the Commonwealth (see paragraph 195).

Application for Original Entitlement/Concession Card Issue

89. An Entitlement/Concession Card is issued to general patients who have satisfied the Safety Net threshold. The responsibility for claiming entitlement rests with the patient. The patient must complete an application form.

90. When presented with an application form for issue of an Entitlement/Concession 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/Concession 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/Concession 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/Concession 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) It is an offence for an applicant to make a false or misleading statement in connection with an application for an Entitlement/Concession Card or for a person to obtain the issue of an Entitlement/Concession 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 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.

91. An Entitlement/Concession 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/Concession Card.

Issue of Entitlement/Concession Card

92. When satisfied that the individual or family is entitled, the approved pharmacist should issue the next blank Entitlement/Concession Card. The following details from the application form should be copied onto the Entitlement/Concession 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—dependent full time student under 25.

- (c) the code to indicate the type of Entitlement/Concession Card issued. The applicable codes are:

E—original

S—duplicate

—child/student

—new family member

N—replacement for lost, stolen or destroyed card.

93. Rule a line through the unused space provided on the Entitlement/Concession Card for listing the names of family members to prevent the entry of any additional names. The approved pharmacist then copies the Entitlement/Concession Number which appears at the top of the Entitlement/Concession Card into the space provided at the top right hand corner of the Application Form.

94. When issuing an original Entitlement/Concession Card, having entered the cardholder's details onto the card, the approved pharmacist must copy the Serial Number of the Entitlement/Concession Card onto the back of each Prescription Record Form, sign and stamp each form with the pharmacy's stamp. The Entitlement/Concession Card issue details must be entered on the Safety Net—Claim for Payment Form.

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

Application for Supplementary Cards

96. Supplementary Cards can be issued to Entitlement Cardholders only by the approved pharmacist who issued the original Entitlement/Concession Card. If an approved pharmacist receives an application for a Supplementary Card, but was not the issuer of the original Entitlement/Concession 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/Concession Card must be produced before a Supplementary Card can be issued.

97. 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/Concession Number from the original Card must also be entered by the applicant.

98. 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

99. To maintain a record of Entitlement/Concession Cards issued the approved pharmacist must record the Serial Number of the Entitlement/Concession 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.

Notification to Commission and Claim for Payment

100. Payment for the issue of Entitlement/Concession Cards will be made on submission of a Safety Net—Claim for Payment Form. It should be noted that payment will not be made for void cards. The following procedures should be followed:

(a) The Safety Net—Claim for Payment Form must be submitted to the State Office of the Health Insurance Commission in the respective State within one month of the issue of the Entitlement/Concession Card.

(b) Each Safety Net—Claim for Payment Form must be accompanied by all relevant supporting documentation (Prescription Record Forms, Application Forms and all cancelled or void Entitlement/Concession Cards).

Lost Entitlement/Concession Cards

101. Where an Entitlement/Concession 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

102. 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

103. 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/Concession Card

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

105. A Concessional Beneficiary who also has a Safety Net Entitlement Card must quote the Entitlement Number (not the Concessional Beneficiary Number) to obtain the benefit free of charge.

106. 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

107. 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 \$15.00, is supplied an amount of \$15.00 for general patients or an amount of \$2.50 for pensioners or patients with a concessional entitlement. A charge is not to be made for patients who are 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 123 apply.

108. For those items having a dispensed price of \$15.00 or less the maximum price that an approved pharmacist can include on the Prescription Record Form for 'Safety Net' purposes is shown in the 'Safety Net Value' column. The approved pharmacist may discount the price for these items.

109. 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.

110. Where a medical practitioner has endorsed a prescription 'Regulation 24' (see paragraphs 31 and 48) the approved pharmacist should make a relevant patient contribution charge 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 \$45.00 should be made to a general patient, or \$7.50 to a patient with a concessional entitlement plus the special patient contribution or brand price premium where applicable.

111. A prescription, other than a prescription for a holder of an Entitlement/Concession Card, written for a pharmaceutical benefit for which the dispensed price at the date of supply is equal to or less than \$15.00 for general patients, or \$2.50 for patients with a pensioner/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 supplies is equal to or less than the relevant patient contribution specified in paragraph 108.

Special Patient Contribution

112. 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 the difference between the dispensed price of the benefit based on the price to pharmacist sought by the manufacturer and the dispensed price based on the price to pharmacist acceptable to the Commonwealth. The special patient contribution is thus an additional charge over and above the relevant patient contribution set out in paragraph 107. All patients, including concessional beneficiaries and dependants, pensioners and dependants and holders of a Pharmaceutical Benefits Concession Card or Entitlement/Concession Card, are required to pay this special patient contribution for these special pharmaceutical benefits.

Minimum Pricing Arrangements

113. Under the minimum pricing arrangements the Commonwealth reimbursement will be based on the lowest priced brand. Where the price of a manufacturer's brand is greater than the base price level, all patients who are prescribed that brand will be required to pay the price premium which is the difference between the base price and the price of that brand. The amount shown in the brand price premium column includes the pharmacist's mark-up and is payable by patients receiving that brand in addition to the appropriate patient contribution. This amount is excluded from the price accumulating for Safety Net purposes.

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

114. Any person may enter the relevant information to establish the patient as an eligible pensioner, Entitlement/Concession Card Holder or Concessional Beneficiary in the spaces provided on prescription forms (front or back) supplied by the Health Insurance Commission. The person entering the entitlement information shall complete all the relevant details applicable to the patient's entitlement on the prescription.

115. Pensioner and Concessional Beneficiaries who will be the holders of a Pensioner/Concession Card will possess a:

- Health Care Card
- Pharmaceutical Benefits Concession Card
- Health Benefits Card
- Pensioner Health Benefits Card
- Dependant Treatment Entitlement Card (Lilac)
- Service Pensioner Benefits Card (Red)

116. 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.

117. The numbers comprising the entitlement/concession number should be entered consecutively from the left. The information to be provided in the appropriate spaces is—

- (a) the entitlement/concession number appearing on the card, i.e., an eleven-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 (x) in the appropriate box indicating the type of entitlement card held by the patient or entitlement category. The type of card or category denotes the entitlement of the patient to receive pharmaceutical benefits free of charge or at the concessional patient contribution rate.

Where a patient or agent is required to sign and date a receipt for the supply of a pharmaceutical benefit on an original prescription form (see paragraphs 58-59), that person also accepts responsibility for the validity of the entitlement information shown on the prescription. Where the approved pharmacist supplies a pharmaceutical benefit before the prescription is reduced to writing, the approved pharmacist is

authorised to obtain the patient's entitlement information so that this information can be entered on the prescription, if the prescription, when received from the medical practitioner, does not include the relevant information.

118. 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 form.

119. In those cases where the patient obtains an Entitlement/Concession 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

120. 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

121. 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

122. 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

123. 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 holders of and Entitlement/Concession Card) 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 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

124. 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.

125. 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.

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

B. PROVISION OF INFORMATION BY AN APPROVED PHARMACIST

Entering of Information

127. 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

128. 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.

129. 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.

130. Approved pharmacists are asked to avoid stamping or writing over the prescriber number preprinted 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 Health Insurance Commission.

Information to be Entered in Prescription Identification Stamp

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

'S'—Serial Number (see paragraphs 132-137)

'A'—(a) To indicate the price claimed for pricing elect prescriptions (see paragraph 141), exceptional priced prescriptions (see paragraph 140) and Repatriation non-scheduled prescriptions (see paragraph 142).

(b) To confirm the prescription is endorsed 'Regulation 24' (see paragraph 31).

(c) To claim for a glass dropper bottle where applicable (see paragraph 138).

(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

132. 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 and pensioner and concession card benefits;
- (d) E1 for entitlement card 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.

133. 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.

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

Serial Numbering of an Injectable Item Ordered with a Solvent

135. 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

136. 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 or pensioner benefit or a benefit supplied to a Concession Card holder, the letters 'AE' in the case of a benefit supplied

to an Entitlement Card holder, or the letters 'AR' in the case of a repatriation benefit.

Serial Numbering of Repeat Authorisations for Deferred Supply

137. 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 or pensioner benefit or a benefit supplied to a Concession Card holder, the letters 'DE' in the case of a benefit supplied to an Entitlement Card holder, or the letters 'DR' in the case of a repatriation benefit.

Dropper Containers

138. 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

139. 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 182) or the claimants may elect to calculate the cost of ingredients, containers and professional fee manually (see paragraphs 180-186). 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

140.—

- (a) Where a prescription is to be reimbursed on an average price basis, the prescription identification stamp should be completed as outlined in paragraph 131.
- (b) Where a prescription is to be claimed as an exceptional prescription, as defined in paragraph 182, 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 168-179 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

141. 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 168-179 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

142. 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

143. 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

144. 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 196-197).
- (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, and Entitlement/Concession 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.

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

146. 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

147. 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.

148. 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 1990 should bear a claimant's reference of 9006.

149. 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 128). The last numbers should be the total numbers of these categories.

150. 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.

151. 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

152. 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.

153. 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

154. 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.

155. 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.

156. 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.

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

158. 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.

159. 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 PBS DISPENSING

A. READY PREPARED BENEFITS

Price where Maximum Quantity Prescribed (Ready Prepared Items)

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

161. 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 166, 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)

162.—

- (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 164), 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 166;

- (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 166.
- (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

163. 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 (§)

164. 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 Commission. These items are indicated by a double dagger (§) in the Schedule.

Wastage Table Percentage for Ready Prepared Preparations

165. The Wastage Factor Table shown below is used in ascertaining the price payable for quantities

dispensed from the standard pack. (Refer paragraph 162 (b) and (c).)

166. 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

167. 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

168. 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.

169. 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

170. 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:

<i>Quantity</i>	<i>Basic Pricing Unit</i>
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

171.—

- (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

172. 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 173-176.

173. 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 170.

174. 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 170; and
- (b) the recovery price of the quantity of the vehicle calculated in accordance with paragraph 170.

175. 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 170; and
- (b) the recovery price of each ingredient of the vehicle calculated in accordance with paragraph 170.

176. 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 170; 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 166.

Containers

177. Separate container rates are payable in each State.

178. 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.

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

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

180. 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.

181. 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 ascertain 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 186).

182. 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.

183. By agreement with the Pharmacy Guild of Australia the average 10g/mL rate is determined as in paragraph 180.

184. 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.

185.—

- (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.

186. 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

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

188. 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.

189. 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

190. 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

191. 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

192. 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

193. 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.

194. 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.

Retrospective Reimbursement

195. In certain circumstances the Commonwealth may reimburse patients who, through no fault of their own, fail to establish eligibility for free or concessional pharmaceutical benefits at the time of supply. Approved pharmacists who are approached by patients seeking such refunds should advise them to contact the relevant State office of the Health Insurance Commission.

Approved Medical Practitioners, Friendly Societies

196. 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)

197. 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.

198. 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

199. 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

200. 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

201. 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

202. 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

203. 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

204. 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.

205. 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

206. 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

207. Enquiries regarding pharmaceutical benefits may be made to the Pharmaceutical Branch in the relevant State Office of the Health Insurance Commission.

EXAMPLES OF INFORMATION TO BE ENTERED IN THE PRESCRIPTION IDENTIFICATION STAMP

208. 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: Injectable item prescribed with required solvent e.g.—

Ampicillin injection 250mg
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 243 2154

DRUG INFORMATION CENTRES

AUSTRALIAN CAPITAL TERRITORY

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

SOUTH AUSTRALIA

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

VICTORIA

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

NEW SOUTH WALES

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

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

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

QUEENSLAND

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

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

WESTERN AUSTRALIA

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

NORTHERN TERRITORY

Chief Pharmacist
Royal Darwin Hospital
PO Box 41326
Darwin NT 0801
Telephone (089) 20 8351

TASMANIA

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

**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
(Compliance Branch)
GPO Box 9848
Canberra ACT 2601

Mr L. R. Murray (06) 286 0244

Australian Capital Territory

ACT Health Authority
GPO Box 825
Canberra ACT 2601

Drugs—

Mr V. Bugler (06) 245 4314

Therapeutic Devices—

Mr K. Wyatt (06) 284 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 A. L. Wilkins (002) 30 6695

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, Stirling Street
Perth WA 6000

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

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.

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

**Health Insurance Commission
GPO Box 9826
IN YOUR CAPITAL CITY**

CANBERRA

Manager
Pharmaceutical Benefits Branch
Health Insurance Commission
134 Reed Street
Tuggeranong ACT 2901
General enquiries — Telephone 293 6333

NEW SOUTH WALES

Pharmaceutical Benefits Branch
3rd Floor
189-193 Kent Street
Sydney NSW 2000
Enquiries — Telephone 561 2444

Sydney Processing Centre

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

Blacktown Processing Centre

Westpoint Tower
Level 5, 17 Patrick Street
Blacktown NSW 2148
General enquiries — Telephone 831 6444

Gosford Processing Centre

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

VICTORIA

Pharmaceutical Branch
Medibank House
460 Bourke Street
Melbourne Vic. 3000
Enquiries — Telephone 607 9222

Moonee Ponds Processing Centre

641-649 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
209 Greenhill Road
Eastwood SA 5063
Enquiries — Telephone 201 8833
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
15th Floor
Trafalgar Building
Collins Street
Hobart Tas. 7000

Enquiries —

Telephone 34 7999

AUTHORITY PRESCRIPTION APPLICATIONS

Applications for authority to prescribe and Commission 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:

Blacktown: 831 6358, 831 6359
Gosford: 23 4052, 23 4053
Sydney: 361 9335, 361 9338

Vic.: 284 3896, 284 3897

Qld: 225 3362, 225 3363

SA: 201 8855, 201 8856; toll free (008) 888 333

NT: Toll free (008) 888 333

WA: 323 5864, 323 5851

Tas.: 347 454

ACT: 293 6884

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

INDEX OF MANUFACTURERS' CODES

<i>Code</i>	<i>Manufacturer</i>	<i>Code</i>	<i>Manufacturer</i>
AB	Abbott Laboratories Pty Ltd Captain Cook Drive Kurnell NSW 2231	BO	Boehringer Mannheim Australia Pty Ltd 6-8 Byfield Street North Ryde NSW 2113
AC	Alberto Culver Company 14 Loyalty Road North Rocks NSW 2113	BR	Beecham Research Laboratories 300 Frankston Road Dandenong Vic 3175
AD	Amrad Pharmaceuticals Pty Ltd 17-27 Cotham Road Kew Vic. 3101	BS	Sancella Pty Limited 15 Ellingworth Parade Box Hill Vic. 3128
AF	Alphapharm Pty Ltd 12 Crown Street Glebe NSW 2037	BT	The Boots Company (Australia) Pty Ltd Loyalty Road North Rocks NSW 2151
AG	Allergan Australia Pty Ltd 5 George Place Artarmon NSW 2064	BW	Wellcome Australia Limited 53 Phillips Street Cabarita NSW 2137
AM	Ames Company, Division of Miles Laboratories Australia Pty Ltd Wellington Road Mulgrave Vic. 3170	BX	Baxter Healthcare Pty Ltd Oakes Road Old Toongabbie NSW 2146
AP	Astra Pharmaceuticals Pty Ltd 10-14 Khartoum Road North Ryde NSW 2113	BY	Boehringer Ingelheim Pty Ltd 50 Broughton Road Artarmon NSW 2064
AQ	Alcon Laboratories (Australia) Pty Ltd Allambie Grove Park 25 Frenchs Forest Road Frenchs Forest NSW 2086	BZ	Boucher & Muir Pty Ltd 118-124 Willoughby Road Crows Nest NSW 2065
AU	Auspharm International Limited 15th Floor 99 Mount Street North Sydney NSW 2060	CG	Ciba-Geigy Australia Limited 140 Bungaree Road Pendle Hill NSW 2145
AY	Ayerst Laboratories Pty Ltd Gregory Place Parramatta NSW 2150	CL	Cilag Pty Limited Unit 3, 706 Mowbray Road West Lane Cove NSW 2066
BC	Bristol Laboratories Pty Ltd 320 Victoria Road Rydalmere NSW 2116	CS	Commonwealth Serum Laboratories 45 Poplar Road Parkville Vic. 3052
BE	BDF Australia Ltd 424 Lane Cove Rd North Ryde NSW 2113	DL	Dista Products (Australia) & Company Waratah Street and Wharf Road Ermington NSW 2115
BF	Barnes-Hind Pty Limited 7 Dickson Avenue Artarmon NSW 2064	DM	Dermacare Pty Ltd 1 Wirega Avenue Kingsgrove NSW 2208
BK	Becton Dickinson (USA) 100 Miller St North Sydney NSW 2060	EG	Eagle Pharmaceuticals Pty Ltd 26 Winchcombe Place Castle Hill NSW 2154
BL	David Bull Laboratories 11-15 Lexia Place Mulgrave Vic. 3170	EO	Ego Pharmaceuticals Pty Ltd 21-31 Malcolm Road Braeside Vic. 3195
BN	Bayer Pharmaceutical Company 47-67 Wilson Street Botany NSW 2019	FA	F. H. Faulding & Co. Ltd 62 Dew Street Thebarton SA 5031
		FC	Fisons Pty Ltd 6 Chilvers Road Thornleigh NSW 2120

<i>Code</i>	<i>Manufacturer</i>
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
HG	Hypoguard (Exports) Ltd Dock Lane Melton Woodbridge Suffolk England IP121PE Australian Agents: General Diabetes Services Rear, 137 Mt Alexander Road Flemington Vic. 3031 Scot Scientific 202 Lakelands Drive Gnangara WA 6065
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

<i>Code</i>	<i>Manufacturer</i>
KE	Kendall Australia Pty Ltd 82 Waterloo Rd North Ryde NSW 2113
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
ND	Nordisk Products of Novo Nordisk Pharmaceuticals Pty Ltd 22 Loyalty Road North Rocks NSW 2151
NE	Norgine Pty Ltd 532 Hampton Street Hampton Vic. 3188
NN	Nelson Laboratories Division of Laboratories Pharm-a-care Pty Ltd Unit 16 1 Jubilee Avenue Warriewood NSW 2102
NO	Novo Products of Novo Nordisk Pharmaceuticals Pty Ltd 22 Loyalty Road North Rocks NSW 2151

<i>Code</i>	<i>Manufacturer</i>
NR	Nordia, Denmark Australian Distributor Ascot Pharmaceuticals Pty Ltd 33 Myrtle Street North Sydney NSW 2060
NS	Nicholas Kiwi Pty Ltd 699 Warrigal Road Chadstone Vic. 3148
NT	Nestlé Australia Ltd 60 Bathurst Street Sydney NSW 2000
NW	Norwich Eaton Pharmaceuticals Pty Ltd 1062-1064 Centre Road Oakleigh South Vic. 3167
OB	Oral B Laboratories Pty Ltd 221 Miller Street North Sydney NSW 2060
OL	Owen Laboratories 9 Winbourne Road Brookvale NSW 2100
OM	Wallace-Orapharm Pty Ltd 2 Dornville 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
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 Princess Highway Arncliffe NSW 2205
RK	Riker Laboratories Australia Pty Ltd 9-15 Chilvers Road Thornleigh NSW 2120
RL	Roussel Uclaf Australia Pty Limited Gladstone Road Castle Hill NSW 2154

<i>Code</i>	<i>Manufacturer</i>
RO	Roche Products Pty Ltd Inman Road Dee Why NSW 2099
RS	A. H. Robins Pty Limited 102 Bonds Road Punchbowl NSW 2196
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
SG	Serono Australia Pty Ltd 10/233 Cardigan Street Carlton Vic. 3053
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
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

<i>Code</i>	<i>Manufacturer</i>
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
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

<i>Code</i>	<i>Manufacturer</i>
VS	Martin & Clarke: Vitaplex Cnr 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

<i>Code</i>	<i>Name of Pharmaceutical Benefit</i>	<i>Form, Strength and Volume</i>	<i>Maximum Quantity</i>
3451P	Adrenaline	Injection 1mg in 1mL (1 in 1 000)	5
3452Q	Aminophylline	Injection I.V. 250mg in 10mL	5
3453R	Atropine Sulphate	Injection 600 micrograms in 1mL	5
3455W	Chlorpromazine Hydrochloride	Injection 50mg in 2mL	10
or	or		
3456X	Haloperidol	Injection 5mg in 1mL	10
3458B	Diazepam	Injection 10mg in 2mL	5
3459C	Digoxin	Injection 500 micrograms in 2mL	5
3461E	Diphtheria and Tetanus Vaccine, Adsorbed	Injection 0.5mL	10
3462F	Diphtheria and Tetanus Vaccine, Adsorbed, Diluted for Adult Use	Injection 0.5mL	10
3464H	Ergometrine Maleate	Injection 250 micrograms in 1mL	5
3465J	Erythromycin Ethyl Succinate	Injection I.M. 100mg (base) in 2mL	5
3466K	Furosemide	Injection 20mg in 2mL	5
3467L	Glucagon Hydrochloride	Injection set containing 1mg (1 i.u.) and 1mL solvent in disposable syringe	1 set
3468M	Glucose	Injection 5g in 10mL (50%)	5
3470P	Hydrocortisone Sodium Succinate	Injection set containing equivalent of 100mg hydrocortisone and 2mL solvent	2 sets
or	or		
3471Q	Hydrocortisone Sodium Succinate	Injection set containing equivalent of 250mg hydrocortisone and 2mL solvent	1 set
or	or		
3472R	Dexamethasone	Injection 4mg in 1mL	5
3474W	Lignocaine Hydrochloride	Injection 100mg in 5mL	4
3476Y	Metoclopramide Hydrochloride	Injection 10mg in 2mL	10
or	or		
3477B	Prochlorperazine	Injection 12.5mg in 1mL	10
3479D	Morphine Sulphate	Injection 15mg in 1mL	5
or	or		
3480E	Morphine Sulphate	Injection 30mg in 1mL	5
3482G	Naloxone Hydrochloride	Injection (pre-filled syringe) 2mg in 5mL	2
3483H	Pethidine Hydrochloride	Injection 100mg in 2mL	5
3485K	Procaine Penicillin	Injection (pre-filled syringe) 1.5g	10
or	or		
6999J	Benzylpenicillin	Injection 600mg (with Water for Injections 2mL)	10
3488N	Promethazine Hydrochloride	Injection 50mg in 2mL	10
3490Q	Terbutaline Sulphate	Injection 100 micrograms in 1mL	5
or	or		
3491R	Terbutaline Sulphate	Injection 500 micrograms in 1mL	5
3493W	Tetanus Vaccine, Adsorbed	Injection 0.5mL	10
3494X	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

MINIMUM PRICING POLICY ITEMS

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 *bold italics*.

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 dispensed price of a benefit indicates that the manufacturer's pack does not coincide with the maximum quantity.

A double dagger (‡) in the maximum quantity column indicates an item for which the maximum quantity has been specially determined to correspond to the manufacturer's pack and the manufacturer's standard pack should be 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 dispensed price of a benefit indicates that the product is not preconstituted and that a special dispensing fee of \$4.96 is included in the dispensed price.

A plus sign (+) against the maximum patient payment indicates that the Commonwealth dispensed price for that benefit is in excess of \$15.00. The patient payment, if applicable, will be \$15.00 (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.

SPECIAL PHARMACEUTICAL BENEFITS

The special patient contribution is payable by all patients **including pensioner** in addition to the relevant patient contribution for concessional and general patients.

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty.	No. of Rpts	Special Patient Contribution for Max. Qty	Commonwealth Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net
	BLEOMYCIN (Blenoxane BC) CAUTION: Bleomycin can cause irreversible pulmonary fibrosis.			\$	\$	\$
2315W	Injection 15 units bleomycin activity (solvent required) (codes 6891Q, 6892R, 6893T, 6894W, 6895X, 6896Y apply to above item with approved solvents)	10	..	558.81	652.74	+573.81
1211R	CLOMIPHENE CITRATE (Clomid ML) Tablet 50mg	10	5	32.14	*24.81	+47.14

MINIMUM PRICING POLICY **BRAND PRICE PREMIUM PHARMACEUTICAL BENEFITS**

For the pharmaceutical benefits in this section the brand price premium is payable by all patients including pensioners in addition to the relevant patient contribution.

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer	
	AMILORIDE HYDROCHLORIDE CAUTION: Serum electrolytes should be checked regularly. Supplementary potassium may cause life-threatening hyperkalaemia.							
3109P	Tablet 5mg	100	1	.. 0.48	*8.93 *9.41	9.66 9.66	Kaluril Midamor	AF MK
2417F	AMITRIPTYLINE HYDROCHLORIDE Tablet 10mg	50	2	.. 0.51	4.57 5.08	5.50 5.50	Amitrip Endep 10 Tryptanol	PT AF MK
2418G	Tablet 25mg	50	2	.. 0.22 0.51	5.09 5.31 5.60	5.82 5.82 5.82	Amitrip Endep 25 Saroten Tryptanol	PT AF NS MK
1886G	AMOXYCILLIN Powder for Syrup 125mg per 5mL, 100mL	‡1	1	.. 0.77	#8.45 #9.22	9.51 9.51	Cilamox Ibiamox Moxacin Amoxil	SI PT CS BR
1887H	250mg per 5mL, 100mL	‡1	..	.. 0.77	#9.83 #10.60	10.89 10.89	Cilamox Ibiamox Moxacin 250 Amoxil Forte	SI PT CS BR
1048E	AMPICILLIN Capsule 250mg	24	1	.. 2.82	7.39 10.21	8.12 8.12	Alphacin 250 Ampicyn Penbritin	AF PT BR
2671N	Capsule 500mg	24	..	.. 2.42	10.86 13.28	11.59 11.59	Alphacin 500 Ampicyn Penbritin	AF PT BR
1062X	BETHANECHOL CHLORIDE Tablet 10mg	100	2	.. 0.49	9.28 *9.77	10.01 10.01	Uro-Carb Urecholine	HA MK
3058Y	CEPHALEXIN Capsule 250mg	20	1	.. 0.22	7.23 7.45	7.96 7.96	Ibilex 250 Ceporex Keflex	AF GL LY
3119E	Capsule 500mg	20	1	.. 0.22	10.25 10.47	10.98 10.98	Ibilex 500 Ceporex Keflex	AF GL LY
3094W	Granules for Syrup 125mg per 5mL, 100mL	‡1	1	.. 0.22	#9.66 #9.88	10.72 10.72	Ibilex 125 Ceporex Keflex	AF GL LY
3095X	250mg per 5mL, 100mL	‡1	..	.. 0.22	#11.86 #12.08	12.92 12.92	Ibilex 250 Ceporex Keflex	AF GL LY

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer
2892F	CLOFIBRATE <i>To be prescribed on an authority prescription.</i> Capsule 500mg	100	5	.. 0.20	13.00 13.20	13.73 13.73	Arterioflexin PT Atromid-S IC
1017M	CLOTRIMAZOLE Cream 10mg per g (1%), 20g	‡1	1	.. 0.30	5.96 6.26	6.69 6.69	Canesten BN Clonea AF Lotremin SH
1214X	CODEINE PHOSPHATE Tablet 30mg	20	..	.. 0.70	7.26 7.96	7.99 7.99	Codate US FM FA
3068L	DIAZOXIDE Injection 300mg in 20mL	1	..	.. 0.12	15.31 15.43	+15.00 +15.00	BL Hyperstat I.V. SH
2715X	DOXYCYCLINE Capsule 100mg	21	..	.. 1.45	*10.87 12.32	11.60 11.60	Cyclidox PT Doryx FA
2703G	Capsule 100mg	28	..	.. 2.64	*13.35 *15.99	14.08 14.08	Cyclidox PT Doryx FA
2708M	DOXYCYCLINE Capsule 100mg	7	1	.. 0.66	5.91 6.57	6.64 6.64	Cyclidox PT Doryx FA
1526H	FLUCLOXACILLIN CAUTION: Severe cholestatic hepatitis may result with this drug. Capsule 250mg	24	..	.. 4.02	10.25 14.27	10.98 10.98	Flophen CS Flucil 250 FC Staphylex 250 AF Floxapen BR
1527J	Capsule 500mg	24	..	.. 1.98	17.73 19.71	+15.00 +15.00	Flophen CS Flucil 500 FC Staphylex 500 AF Floxapen BR
2824P	GENTAMICIN SULPHATE Injection 80mg (base) in 2mL	5	..	.. 0.29	8.62 8.91	9.35 9.35	Cidomycin RL BL Garamycin SH
2887Y	HYDROCORTISONE ACETATE Cream 10mg per g (1%), 30g	‡1	1	.. 0.36	5.27 5.63	6.00 6.00	Adacor NN Dermacort PD Hydrosone US Sigmacort SI Squibb-HC SQ Cortef UP
	(continued)						

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer
2881P	HYDROCORTISONE ACETATE-cont. Cream 10mg per g (1%), 50g	‡1	1	..	5.75	6.48	Adacor NN Dermacort PD Sigmacort SI Squibb-HC SQ Cortef UP
2888B	Topical Ointment 10mg per g (1%), 30g	‡1	1	..	5.27	6.00	Adacor NN Sigmacort SI Squibb-HC SQ Cortef UP
2882Q	10mg per g (1%), 50g	‡1	1	..	5.75	6.48	Adacor NN Dermacort "O" PD Sigmacort SI Squibb-HC SQ Cortef UP
1510L	HYDROCORTISONE SODIUM SUCCINATE Injection Set containing equivalent of 100mg hydrocortisone and 2mL solvent	6	..	.. 3.30	*18.61 *21.91	+15.00 +15.00	Nordicort NR Solu-Cortef UP
1501B	HYDROCORTISONE SODIUM SUCCINATE Injection Set containing equivalent of 100mg hydrocortisone and 2mL solvent	2	..	.. 1.10	*8.49 *9.59	9.22 9.22	Nordicort NR Solu-Cortef UP
2454E	INDOMETHACIN Capsule 25mg	50	3	..	6.07	6.80	Arthrexin AF Rheumacin PT Indocid MK
1629R	METHYLDOPA Tablet 250mg	100	5	..	10.90 0.49	11.63 11.63	Hydopa AF Aldomet MK
1641J	METHYL SALICYLATE Liniment APF, 100mL	‡1	1	..	4.89	5.62	Linsal SI Metsal RK MG, QE (NQ) NN
1207M	METOCLOPRAMIDE HYDROCHLORIDE Tablet 10mg	25	..	..	5.09 1.32	5.82 5.82	Metamide PT Pramin AF Maxolon BR
1621H	METRONIDAZOLE Tablet 400mg	21	1	.. 0.05	8.33 8.38	9.06 9.06	Metrogyl 400 AF Flagyl MB
	(continued)						

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer
1636D	METRONIDAZOLE-cont. Tablet 200mg	21	1	..	5.52	6.25	Metrogyl 200 AF
				0.22	5.74	6.25	Metrozine SR
							Trichazole PT
							Flagyl MB
1626N	Tablet 400mg	5	1	..	5.41	6.14	Metrogyl 400 AF
				0.22	5.63	6.14	Flagyl Statpak MB
	MORPHINE SULPHATE CAUTION: The risk of drug dependence is high.						
1644M	Injection 10mg in 1mL	5	..	..	7.41	8.14	BL, SI
				3.18	10.59	8.14	AP
1645N	Injection 15mg in 1mL	5	..	..	7.52	8.25	BL, SI
				3.17	10.69	8.25	AP
	OXAZEPAM <i>To be prescribed on an authority prescription.</i>						
3134Y	Tablet 15mg	50	5	..	*6.15	6.88	Alepam 15 AF
				1.00	*7.15	6.88	Murelax AY
							Serepax WY
3135B	Tablet 30mg	50	5	..	*6.65	7.38	Alepam 30 AF
				0.98	*7.63	7.38	Murelax AY
							Serepax WY
3132W	OXAZEPAM Tablet 15mg	25	..	..	4.79	5.52	Alepam 15 AF
				0.50	5.29	5.52	Murelax AY
							Serepax WY
3133X	Tablet 30mg	2	5	..	5.04	5.77	Alepam 30 AF
				0.49	5.53	5.77	Murelax AY
							Serepax WY
	PETHIDINE HYDROCHLORIDE CAUTION: The risk of drug dependence is high.						
1828F	Injection 50mg in 1mL	5	..	..	7.47	8.20	BL, SI
				2.68	10.15	8.20	AP
1829G	Injection 100mg in 2mL	5	..	..	7.77	8.50	BL, SI
				3.17	10.94	8.50	AP
	PINDOLOL						
3062E	Tablet 5mg	100	5	..	10.31	11.04	Barbloc 5 AF
				0.49	10.80	11.04	Visken SZ
3065H	Tablet 15mg	50	5	..	13.33	14.06	Barbloc 15 AF
				0.48	13.81	14.06	Visken SZ

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer
2565B	PROPRANOLOL HYDROCHLORIDE Tablet 10mg	100	5	.. 0.11	4.84 4.95	5.57 5.57	Cardinol PT Deralin 10 AF Inderal IC
2566C	Tablet 40mg	100	5	.. 0.10	6.18 6.28	6.91 6.91	Cardinol PT Deralin 40 AF Inderal IC
2899N	Tablet 160mg	50	5	.. 0.11	7.67 7.78	8.40 8.40	Cardinol PT Deralin 160 AF Inderal IC
	QUININE BISULPHATE CAUTION: Severe thrombocytopenia has been reported with this drug.						
1972T	Tablet 300mg	50	2	.. 0.06	9.22 9.28	9.95 9.95	Bi-Chinine AU Myoquin FM Quinbisul AF SI Biquin NN Bi-Quinate US
	QUININE SULPHATE CAUTION: Severe thrombocytopenia has been reported with this drug.						
1975Y	Tablet 300mg	50	2	.. 0.06	9.22 9.28	9.95 9.95	Chinine AU Quinoctal FM Quinsul AF PT, SI Adaquin NN Quinate US
2047R	SULINDAC Tablet 100mg	50	3	.. 0.51	8.71 9.22	9.44 9.44	Aclin AF Clinoril FR
	TEMAZEPAM To be prescribed on an authority prescription.						
2105T	Capsule 10mg	50	5	.. 0.40 1.00	*6.55 *6.95 *7.55	7.28 7.28 7.28	Temaze 10 AF Euhypnos FE Normison WY
2108Y	TEMAZEPAM Capsule 10mg	25	..	.. 0.20 0.50	4.99 5.19 5.49	5.72 5.72 5.72	Temaze 10 AF Euhypnos FE Normison WY
1293C	UREA Cream 100mg per g (10%), 100g	#1	2	.. 0.18 1.20	6.96 7.14 8.16	7.69 7.69 7.69	Nutraplus OL Urederm HA Aquacare H.P. AG Calmurid PS Aquadrade NW

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer	
3302T	AMOXYCILLIN Powder for Syrup 125mg per 5mL, 100mL	#1	..	..	#8.45	9.51	Cilamox	SI
							Ibiamox	PT
				0.77	#9.22	9.51	Moxacin	CS
							Amoxil	BR
3393N	250mg per 5mL, 100mL	#1	..	..	#9.83	10.89	Cilamox	SI
							Ibiamox	PT
				0.77	#10.60	10.89	Moxacin 250	CS
							Amoxil Forte	BR
3317N	CEPHALEXIN Capsule 250mg	20	..	..	7.23	7.96	Ibilex 250	AF
				0.22	7.45	7.96	Ceporex	GL
							Keflex	LY
3318P	Capsule 500mg	20	..	..	10.25	10.98	Ibilex 500	AF
				0.22	10.47	10.98	Ceporex	GL
							Keflex	LY
3319Q	Granules for Syrup 125mg per 5mL, 100mL	#1	..	..	#9.66	10.72	Ibilex 125	AF
				0.22	#9.88	10.72	Ceporex	GL
							Keflex	LY
3320R	250mg per 5mL, 100mL	#1	..	..	#11.86	12.92	Ibilex 250	AF
				0.22	#12.08	12.92	Ceporex	GL
							Keflex	LY
3322W	DOXYCYCLINE Capsule 100mg	7	..	..	5.91	6.64	Cyclidox	PT
				0.66	6.57	6.64	Doryx	FA
3339R	METRONIDAZOLE Tablet 200mg	21	..	..	5.52	6.25	Metrogyl 200	AF
							Metrozine	SR
				0.22	5.74	6.25	Trichazole	PT
							Flagyl	MB

GENERAL, PENSIONER AND RESTRICTED BENEFITS

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer
1004W	ACETAZOLAMIDE Tablet 250mg	100	3	..	13.46	14.19	Diamox LE
2376C	Capsule 500mg (sustained release)	50	3	..	14.34	15.00	Diamox LE
1005X	Injection 500mg (solvent required) (codes 6501E, 6502F, 6503G, 6504H, 6505J, 6506K apply to above item with approved solvents)	1	..	..	9.67	10.40	Diamox LE
2630K	ACETYLCYSTEINE Solution for Inhalation 200mg per mL (20%), 10mL	5	3	..	29.39	+15.00	Mucomyst AP
1003T	ACYCLOVIR To be prescribed on an authority prescription. (Initial genital herpes.) Tablet 200mg	50	..	..	*105.73	+15.00	Zovirax 200mg BW
1007B	To be prescribed on an authority prescription. (Recurrent genital herpes.) Tablets 200mg, 90	‡1	2	..	179.91	+15.00	Zovirax 200mg BW
1009B	To be prescribed on an authority prescription. (Immunocompromised patients.) Tablets 200mg, 90	‡1	5	..	179.91	+15.00	Zovirax 200mg BW
1101Y	To be prescribed on an authority prescription. Tablets 400mg, 70	‡1	..	..	242.19	+15.00	Zovirax 400mg BW
1002R	ACYCLOVIR Eye Ointment 30mg per g (3%), 4.5g	‡1	..	..	19.49	+15.00	Zovirax BW
1016L	ADRENALINE Injection 1mg in 1mL (1 in 1,000)	5	1	..	5.63	6.36	AP
2434D	Eye Drops 5mg per mL (0.5%), 7.5mL	‡1	5	..	6.96	7.69	Eppy/N BF
3031M	Eye Drops 5mg per mL (0.5%), 10mL	‡1	5	..	7.12	7.85	Epifrin AG
1014J	Eye Drops 10mg per mL (1%), 7.5mL	‡1	5	..	7.32	8.05	Eppy/N BF
2955M	Eye Drops 10mg per mL (1%), 10mL	‡1	5	..	7.89	8.62	Epifrin AG Glaucan AQ
1015K	Eye Drops 20mg per mL (2%), 10mL	‡1	5	..	10.79	11.52	Epifrin AG Glaucan AQ

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer
2600W	ALLOPURINOL Tablet 100mg	200	2	..	*12.45	13.18	Alloremed 100 AU Progout PT Zyloprim BW
2604C	Tablet 300mg	60	2	..	*9.53	10.26	Alloremed 300 AU Progout 300 AF Zyloprim BW
2601X	Capsule 100mg	200	2	..	*12.45	13.18	Capurate-100 FM
2603B	Capsule 300mg	60	2	..	*9.53	10.26	Capurate-300 FM
2991K	ALPRENOLOL HYDROCHLORIDE Tablet 100mg	100	5	..	10.53	11.26	Aptin AP
2153H	ALUMINIUM HYDROXIDE Oral Suspension 321mg per 5mL, 500mL	2	5	..	*8.97	9.70	Amphojel WY
1026B	ALUMINIUM HYDROXIDE DRIED Tablet 300mg	200	5	..	*8.97	9.70	Amphotabs WY
2552H	ALUMINIUM HYDROXIDE with KAOLIN Oral Suspension 137mg-1g per 5mL, 500mL	±1	2	..	6.29	7.02	Kaomagma WY
1033J	ALUMINIUM HYDROXIDE and MAGNESIUM CARBONATE CO-DRIED GEL Tablet 375mg	200	5	..	*8.97	9.70	Simeco WY
2576N	ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE Tablet 200mg-200mg	200	5	..	*8.97	9.70	Gelusil WW Mylanta PD
2156L	Oral Suspension 215mg-80mg per 5mL, 500mL	2	5	..	*8.97	9.70	Simeco WY
2157M	200mg-200mg per 5mL, 500mL	2	5	..	*8.97	9.70	Gelusil WW Mylanta PD Sodexol SC
2155K	306mg-97.5mg per 5mL, 500mL	2	5	..	*8.97	9.70	Aludrox AY
2158N	ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE and OXETHAZAINE Oral Suspension 306mg-97.5mg-10mg per 5mL, 500mL	2	5	..	*8.97	9.70	Mucaine AY
1032H	ALUMINIUM HYDROXIDE with MAGNESIUM TRISILICATE and MAGNESIUM HYDROXIDE Tablet 250mg-120mg-120mg	200	5	..	*8.97	9.70	Gastrogel FM
2159P	Oral Suspension 250mg-120mg-120mg per 5mL, 500mL	2	5	..	*8.97	9.70	Gastrogel FM
3016R	AMANTADINE HYDROCHLORIDE Capsule 100mg	100	5	..	20.59	+15.00	Antadine BT Symmetrel CG

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer
	AMILORIDE HYDROCHLORIDE CAUTION: Serum electrolytes should be checked regularly. Supplementary potassium may cause life-threatening hyperkalaemia.						
3109P	Tablet 5mg	100	1	.. 0.48	*8.93 *9.41	9.66 9.66	Kaluril AF Midamor MK
1035L	AMINACRINE HYDROCHLORIDE Eye Drops 3mg in 15mL	‡1	2	..	6.92	7.65	Aminopt SI
3077Y	AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE Powder 200g	5	5	..	*238.68	+15.00	Maxamaid RVHB SB
3073R	AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE Powder 200g	5	5	..	*243.58	+15.00	Maxamaid XP SB
3076X	Powder 200g	5	5	..	*367.98	+15.00	Maxamum XP SB
3075W	AMINO ACID FORMULA with VITAMINS and MINERALS without VALINE, LEUCINE AND ISOLEUCINE Powder 200g	5	5	..	*568.28	+15.00	M.S.U.D. AID SB
3071P	AMINO ACID FORMULA without PHENYLALANINE Powder 250g	2	5	..	*216.83	+15.00	PK AID I SB
3072Q	Powder 250g	2	5	..	*257.29	+15.00	PK AID II SB
1450H	Food Supplement Powder 500g	‡1	5	..	185.50	+15.00	Aminogran F.S. GL
	AMINOGLUTETHIMIDE <i>To be prescribed on an authority prescription.</i> NOTE: Replacement therapy with a corticosteroid is essential.						
1036M	Tablet 250mg	100	5	..	131.03	+15.00	Cytadren CG
1039Q	AMINOPHYLLINE Tablet 100mg	100	5	..	5.96	6.69	Cardophyllin HA
1038P	Injection I.V. 250mg in 10mL	5	..	..	7.53	8.26	SI
	AMIODARONE HYDROCHLORIDE <i>To be prescribed on an authority prescription.</i> CAUTION: Amiodarone hydrochloride has been reported to cause frequent and potentially serious toxicity.						
2344J	Tablet 100mg	30	5	..	20.05	+15.00	Cordarone X 100 RC
2343H	Tablet 200mg	30	5	..	30.45	+15.00	Cordarone X 200 RC

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2417F	AMITRIPTYLINE HYDROCHLORIDE Tablet 10mg	50	2	.. 0.51	4.57 5.08	5.50 5.50	Amitrip PT Endep 10 AF Tryptanol MK
2418G	Tablet 25mg	50	2	.. 0.22 0.51	5.09 5.31 5.60	5.82 5.82 5.82	Amitrip PT Endep 25 AF Saroten NS Tryptanol MK
2429W	Tablet 50mg	50	2	..	6.25	6.98	Endep 50 AF
1044Y	AMMONIUM CHLORIDE Tablet 500mg	100	5	..	9.07	9.80	FM
1883D	AMOXYCILLIN Chewable Tablet 250mg	20	1	..	7.64	8.37	Amoxil BR Moxacin CS
1884E	Capsule 250mg	20	1	..	6.85	7.58	Alphamox 250 AF Amoxil BR Cilamox SI Ibiamox PT Moxacin CS
1889K	Capsule 500mg	20	1	..	10.16	10.89	Alphamox 500 AF Amoxil BR Cilamox SI Ibiamox PT Moxacin CS
1878W	Sachet containing oral powder 3g	1	..	..	7.49	8.22	Amoxil BR Moxacin CS
1888J	Powder for Paediatric Oral Drops 100mg per mL, 20mL	#1	1	..	#8.95	10.01	Amoxil BR
1886G	Powder for Syrup 125mg per 5mL, 100mL	#1	1	.. 0.77	#8.45 #9.22	9.51 9.51	Cilamox SI Ibiamox PT Moxacin CS Amoxil BR
1887H	250mg per 5mL, 100mL	#1	..	.. 0.77	#9.83 #10.60	10.89 10.89	Cilamox SI Ibiamox PT Moxacin 250 CS Amoxil Forte BR
1875Q	Injection 250mg with 3mL solvent	5	1	..	8.64	9.37	Ibiamox PT
1876R	Injection 500mg with 3mL solvent	5	1	..	10.54	11.27	Ibiamox PT
1877T	Injection 1g with 4mL solvent	5	1	..	15.64	+15.00	Ibiamox PT

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1890L	AMOXYCILLIN with CLAVULANIC ACID Tablet 250mg-125mg	15	1	..	12.15	12.88	Augmentin BR
1891M	Tablet 500mg-125mg	15	1	..	15.86	+15.00	Augmentin Forte BR
1892N	Powder for Syrup 125mg-31.25mg per 5mL, 75mL	±1	1	..	#10.50	11.56	Augmentin BR
1893P	250mg-62.5mg per 5mL, 75mL	±1	..	..	#12.80	13.86	Augmentin Forte BR
2931G	AMPHOTERICIN Lozenge 10mg	20	1	..	5.93	6.66	Fungilin SQ
1047D	Injection 50mg (solvent required) (codes 6507L, 6508M, 6509N, 6510P, 6511Q, 6512R apply to above item with approved solvents)	1	..	..	20.08	+15.00	Fungizone SQ
2927C	Cream 30mg per g (3%), 15g	±1	1	..	5.48	6.21	Fungilin SQ
2929E	Ointment 30mg per g (3%), 15g	±1	1	..	5.48	6.21	Fungilin SQ
1048E	AMPICILLIN Capsule 250mg	24	1	..	7.39	8.12	Alphacin 250 AF
				2.82	10.21	8.12	Ampicyn PT
							Penbritin BR
2671N	Capsule 500mg	24	..	..	10.86	11.59	Alphacin 500 AF
				2.42	13.28	11.59	Ampicyn PT
							Penbritin BR
2389R	Injection 250mg (solvent required) (codes 6519D, 6520E, 6521F, 6522G, 6523H, 6524J apply to above item with approved solvents)	5	1	..	7.69	8.42	Ampicyn PT
							Austrapen CS
2390T	Injection 500mg (solvent required) (codes 6525K, 6526L, 6527M, 6528N, 6529P, 6530Q apply to above item with approved solvents)	5	1	..	9.63	10.36	Ampicyn PT
							Austrapen CS
2977Q	Injection 1g (solvent required) (codes 6531R, 6532T, 6533W, 6534X, 6535Y, 6536B apply to above item with approved solvents)	5	1	..	13.59	14.32	Ampicyn PT
							Austrapen CS
1059R	AMYLOBARBITONE SODIUM Injection 500mg (solvent required) (codes 6543J, 6544K, 6545L, 6546M, 6547N, 6548P apply to above item with approved solvents)	2	..	..	*9.15	9.88	Amytal Sodium LY
1075N	ANTAZOLINE with NAPHAZOLINE Eye Drops 5mg (sulphate)- 250 micrograms (nitrate) per mL (0.5%-0.025%), 10mL	±1	5	..	6.14	6.87	Antistine-Privine ZY
	(continued)						

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1077Q	ANTAZOLINE with NAPHAZOLINE-cont. Eye Drops 5mg (phosphate)- 500 micrograms (hydrochloride) per mL (0.5%-0.05%), 15mL	‡1	5	..	6.96	7.69	Albalon-A AG
1980F	ANTIVENOM-RED BACK SPIDER Injection 500 units	2	..	..	*165.13	+15.00	CS
1008C	ASPIRIN Tablet 300mg	100	1	..	4.99	5.72	Spren SI
1010E	Tablet 300mg (dispersible)	100	1	..	5.06	5.79	Solprin RC
3110Q	Tablet 325mg (buffered)	100	1	..	5.74	6.47	Bufferin BC
1230R	Tablet 650mg (enteric coated)	100	2	..	8.27	9.00	Ecotrin SK
1231T	Tablet 650mg (sustained release)	100	2	..	8.27	9.00	S.R.A. BT
1081X	ATENOLOL Tablet 50mg	30	5	..	9.21	9.94	Noten AF Tenormin IC
2704H	ATROPINE SULPHATE Tablet 600 micrograms	100	2	..	7.74	8.47	FM
1089H	Injection 600 micrograms in 1mL	5	1	..	4.93	5.66	AP
1091K	Injection 1.2mg in 1mL	5	1	..	4.95	5.68	AP
1092L	Eye Drops 5mg per mL (0.5%), 15mL	‡1	2	..	6.82	7.55	Atropt SI
1093M	Eye Drops 10mg per mL (1%), 15mL	‡1	2	..	6.82	7.55	Atropt SI
1094N	Eye Ointment 10mg per g (1%), 4g	‡1	..	..	7.94	8.67	PD
1095P	AURANOFIN CAUTION: Regular blood and urine checks are essential. Tablet 3mg	60	5	..	46.02	+15.00	Ridaura SK
2021J	AUROTHIOGLUCOSE Injection 50mg per mL, 10mL	1	..	..	88.04	+15.00	Gold-50 SH
2687K	AZATHIOPRINE Tablet 50mg	100	2	..	74.57	+15.00	Imuran BW Thioprine AF
2729P	BACLOFEN Tablet 10mg	100	5	..	34.29	+15.00	Lioresal 10 CG
2730Q	Tablet 25mg	100	5	..	69.18	+15.00	Lioresal 25 CG
1649T	BECLOMETHASONE DIPROPIONATE Capsule 100 micrograms (oral inhalation)	100	5	..	14.86	15.00	Becotide Rotacaps GL
1650W	Oral Pressurised Inhalation, 50 micrograms per dose (200 dose)	‡1	5	..	9.91	10.64	Aldecin Becotide SH GL
	(continued)						

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1651X	BECLOMETHASONE DIPROPIONATE— cont. Oral Pressurised Inhalation, 100 micrograms per dose (200 dose)	‡1	5	..	16.38	+15.00	Becotide 100 GL
1652Y	CAUTION: Higher doses of inhaled beclomethasone may suppress the hypothalamic-pituitary-adrenal axis. Oral Pressurised Inhalation, 250 micrograms per dose (200 dose)	‡1	5	..	30.66	+15.00	Becloforte GL
2705J	BELLADONNA ALKALOIDS Hyoscyamine Hydrobromide, Atropine Sulphate and Hyoscine Hydrobromide Tablet 101.1 micrograms-14.8 micrograms-10.7 micrograms	100	2	..	5.11	5.84	Atrobel FM
2706K	Tablet 151.6 micrograms-22.2 micrograms-16.0 micrograms Hyoscyamine Sulphate, Atropine Sulphate and Hyoscine Hydrobromide	100	2	..	5.20	5.93	Atrobel FORTE FM
2916L	Tablet 103.7 micrograms-19.4 micrograms-6.5 micrograms	100	2	..	5.25	5.98	Donnatab RS
1105E	BENDROFLUAZIDE Tablet 2.5mg	100	1	..	*6.73	7.46	Aprinox-M BT
1106F	Tablet 5mg	100	1	..	*6.97	7.70	Aprinox BT
1766Y	BENZATHINE PENICILLIN Injection 1.8g in 4mL, disposable syringe	1	..	..	20.56	+15.00	Bicillin L-A WY
1767B	BENZATHINE PENICILLIN with PROCAINE PENICILLIN and BENZYL PENICILLIN POTASSIUM Injection set 450mg-300mg-187mg containing 1 vial and 2mL water for injections	1	..	..	12.05	12.78	Bicillin All-Purpose WY
1109J	BENZHEXOL HYDROCHLORIDE Tablet 2mg	200	2		*7.89 7.90	8.62 8.63	Anti-Spas PT Artane LE
1110K	Tablet 5mg	200	1		*9.79 9.79	10.52 10.52	Anti-Spas PT Artane LE
2362H	BENZTROPINE MESYLATE Tablet 2mg	60	2	..	*6.53	7.26	Cogentin MK
3038X	Injection 2mg in 2mL	5	..	..	12.86	13.59	Cogentin MK
1114P	BENZYL BENZOATE Application 50g in 200mL (25%)	‡1	2	..	5.64	6.37	Benzemul MG

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1774J	BENZYL PENICILLIN Injection 300mg (solvent required) (codes 6555B, 6556C, 6557D, 6558E, 6559F, 6560G apply to above item with approved solvents)	5	1	..	9.85	10.58	CS
1775K	Injection 600mg (solvent required) (codes 6561H, 6562J, 6563K, 6564L, 6565M, 6566N apply to above item with approved solvents)	5	1	..	10.91	11.64	CS
2647H	Injection 3g (solvent required) (codes 6567P, 6568Q, 6569R, 6570T, 6571W, 6572X apply to above item with approved solvents)	10	..	..	*42.15	+15.00	CS
1117T	BETAMETHASONE Tablet 500 micrograms	30	4	..	5.85	6.58	Celestone SH
2694T	BETAMETHASONE ACETATE with BETAMETHASONE SODIUM PHOSPHATE Injection 3mg-3.9mg (equivalent to 5.7mg betamethasone) in 1mL	5	..	..	18.71	+15.00	Celestone Chronodose SH
1115Q	BETAMETHASONE DIPROPIONATE Cream 500 micrograms per g (0.05%), 15g	‡1	1	..	4.82	5.55	Diprosone SH
1119X	Ointment 500 micrograms per g (0.05%), 15g	‡1	1	..	4.82	5.55	Diprosone SH
1118W	Scalp Lotion 500 micrograms per mL (0.05%), 30mL	‡1	..	..	8.27	9.00	Diprosone SH
2812B	BETAMETHASONE VALERATE Cream 200 micrograms per g (0.02%), 100g	2	..	..	*7.91	8.64	Betnovate 1/5 GL Celestone-M SH
2813C	500 micrograms per g (0.05%), 15g	‡1	1	..	4.82	5.55	Betnovate 1/2 GL Celestone-V Half Strength SH
2820K	Ointment 200 micrograms per g (0.02%), 100g	2	..	..	*7.91	8.64	Celestone-M SH
2815E	500 micrograms per g (0.05%), 15g	‡1	1	..	4.82	5.55	Betnovate 1/2 GL Celestone-V Half Strength SH
2814D	Gel 500 micrograms per g (0.05%), 15g	‡1	1	..	4.82	5.55	Betnovate 1/2 GL
2825Q	BETAXOLOL HYDROCHLORIDE Eye Drops 5mg (base) per mL (0.5%), 5mL	‡1	5	..	11.79	12.52	Betoptic AQ
1062X	BETHANECHOL CHLORIDE Tablet 10mg	100	2	.. 0.49	9.28 *9.77	10.01 10.01	Uro-Carb HA Urecholine MK
1071J	Injection 5mg in 1mL	2	..	..	*11.37	12.10	Urecholine MK

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2544X	BIPERIDEN HYDROCHLORIDE Tablet 2mg	200	2	..	*13.19	13.92	Akineton KN
1259G	BISACODYL Tablet 5mg	200	2	..	*10.19	10.92	Bisalax FC
1260H	Suppositories 10mg, 10 <i>Enema—See Paraplegic and Quadriplegic—Section 3</i>	3	5	..	*15.82	+15.00	Durolax BY
2203Y	BISMUTH SUBCITRATE <u>CAUTION:</u> Long term bismuth therapy is potentially toxic. Tablet 107.7mg (Bi)	112	2	..	24.88	+15.00	De-Nol PD
1444B	BLEOMYCIN <i>See Special Pharmaceutical Benefits</i> BROMOCRIPTINE MESYLATE Tablet 2.5mg	30	..	..	19.27	+15.00	Parlodel SZ
	<i>To be prescribed on an authority prescription.</i>						
1443Y	Tablet 2.5mg	60	5	..	32.91	+15.00	Parlodel SZ
1446D	Capsule 5mg	60	5	..	63.06	+15.00	Parlodel SZ
1445C	Capsule 10mg	100	5	..	217.98	+15.00	Parlodel SZ
1130L	BUMETANIDE Tablet 1mg	100	1	..	9.35	10.08	Burinex AP
1128J	BUSULPHAN Tablet 2mg	100	..	..	32.03	+15.00	Myleran BW
	CALCITONIN <i>To be prescribed on an authority prescription.</i>						
2994N	<i>Injection (porcine)</i> 160 i.u. with 2mL gelatin solvent	20	5	..	*350.81	+15.00	Calcitare RG
2995P	<i>Injection (salmon)</i> 50 i.u. in 1mL ampoule	30	5	..	*150.61	+15.00	Miacalcic SZ
2996Q	80 i.u. in 0.8mL ampoule	15	5	..	*108.04	+15.00	Miacalcic SZ
2997R	100 i.u. in 1mL ampoule	15	5	..	*121.57	+15.00	Calsynar RG Miacalcic SZ
2998T	400 i.u. in 2mL vial	4	5	..	*110.35	+15.00	Calsynar RG
2999W	<i>Injection (synthetic human)</i> 0.5mg with 1mL solvent	15	5	..	*191.20	+15.00	Cibacalcin CG

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	CALCITRIOL <i>To be prescribed on an authority prescription.</i>						
2502Q	Capsule 0.25 micrograms	100	5	..	49.41	+15.00	Rocaltrol RO
	CALCIUM						
3116B	Tablet (chewable) 500mg (as carbonate)	120	1	..	*11.41	12.14	Cal-Sup RK
3117C	Tablet 600mg (as carbonate)	120	1	..	*11.63	12.36	Caltrate LE
3122H	Compound Effervescent Tablet equivalent to 1g (25mmol) Ca ²⁺ NOTE: Each 'Sandocal 1000' tablet also contains 18mmol Na ⁺ .	60	1	..	*13.91	14.64	Sandocal 1000 SZ
	CALCIUM FOLINATE						
2308L	Tablet equivalent to 15mg folinic acid	10	..	..	101.23	+15.00	Leucovorin LE
2309M	Injection equivalent to 3mg folinic acid in 1mL	5	..	..	15.11	+15.00	BL
1146H	CALCIUM GLUCONATE Injection 1g in 10mL (10%)	5	1	..	11.58	12.31	Calcium-Sandoz SZ
	CAPTOPRIL <i>To be prescribed on an authority prescription.</i>						
1147J	Tablet 12.5mg	90	5	..	28.88	+15.00	Capoten SQ
1148K	Tablet 25mg	90	5	..	40.62	+15.00	Capoten SQ
1149L	Tablet 50mg	90	5	..	76.26	+15.00	Capoten SQ
	CARBACHOL						
2535K	Eye Drops 15mg per mL (1.5%), 15mL	±1	5	..	9.02	9.75	AQ
2536L	Eye Drops 30mg per mL (3%), 15mL	±1	5	..	9.02	9.75	AQ
	CARBAMAZEPINE						
2422L	Tablet 100mg	200	2	..	18.27	+15.00	Tegretol 100 CG
2419H	Tablet 200mg	200	2	..	31.70	+15.00	Tegretol 200 CG Teril AF
	Oral Suspension						
2427R	100mg per 5mL, 300mL	±1	5	..	18.34	+15.00	Tegretol CG
	CARBIMAZOLE						
1153Q	Tablet 5mg	200	2	..	*10.07	10.80	Neo-Mercazole NS

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	CARBOPLATIN <i>To be prescribed on an authority prescription.</i>						
1160C	Solution for I.V. Injection 50mg in 5mL	2	..	..	*110.91	+15.00	Paraplatin BL BC
1161D	150mg in 15mL	6	..	..	*742.03	+15.00	Paraplatin BL BC
1162E	450mg in 45mL	2	..	..	*536.87	+15.00	Paraplatin BL BC
1155T	CEFACTOR Capsule 250mg	15	1	..	12.15	12.88	Ceclor LY
2460L	Powder for Oral Suspension 125mg per 5mL, 100mL	±1	1	..	#12.27	13.33	Ceclor LY
2461M	250mg per 5mL, 75mL	±1	..	..	#12.80	13.86	Ceclor LY
	CEFOTAXIME <i>To be prescribed on an authority prescription.</i>						
1085D	Injection 1g (solvent required) (codes 6591X, 6592Y, 6593B, 6594C, 6595D, 6596E apply to above item with approved solvents)	5	..	..	*59.88	+15.00	Claforan RL
1086E	Injection 2g (solvent required) (codes 6597F, 6598G, 6599H, 6600J, 6601K, 6602L apply to above item with approved solvents)	5	..	..	*110.88	+15.00	Claforan RL
	CEFTRIAXONE <i>To be prescribed on an authority prescription.</i>						
1783W	Injection 500mg (solvent required) (codes 6861D, 6862E, 6863F, 6864G, 6865H, 6866J apply to above item with approved solvents)	2	..	..	*38.63	+15.00	Rocephin RO
1784X	Injection 1g (solvent required) (codes 6867K, 6868L, 6869M, 6870N, 6871P, 6872Q apply to above item with approved solvents)	2	..	..	*64.55	+15.00	Rocephin RO
1785Y	Injection 2g (solvent required) (codes 6873R, 6874T, 6875W, 6876X, 6877Y, 6878B apply to above item with approved solvents)	2	..	..	*118.87	+15.00	Rocephin RO
1782T	Injection 250mg (solvent required) (codes 6855T, 6856W, 6857X, 6858Y, 6859B, 6860C apply to above item with approved solvents)	1	..	..	16.26	+15.00	Rocephin RO

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3058Y	CEPHALEXIN Capsule 250mg	20	1	.. 0.22	7.23 7.45	7.96 7.96	Ibilex 250 AF Ceporex GL Keflex LY
3119E	Capsule 500mg	20	1	.. 0.22	10.25 10.47	10.98 10.98	Ibilex 500 AF Ceporex GL Keflex LY
3094W	Granules for Syrup 125mg per 5mL, 100mL	±1	1	.. 0.22	#9.66 #9.88	10.72 10.72	Ibilex 125 AF Ceporex GL Keflex LY
3095X	250mg per 5mL, 100mL	±1	..	.. 0.22	#11.86 #12.08	12.92 12.92	Ibilex 250 AF Ceporex GL Keflex LY
2964B	CEPHALOTHIN Injection 1g (solvent required) (codes 6609W, 6610X, 6611Y, 6612B, 6613C, 6614D apply to above item with approved solvents)	5	..	..	*20.68	+15.00	Ceporacin GL Keflin Neutral LY
1135R	Injection 2g (solvent required) (codes 6615E, 6616F, 6617G, 6618H, 6619J, 6620K apply to above item with approved solvents)	1	..	..	10.18	10.91	Keflin Neutral LY
1136T	Injection 4g (solvent required) (codes 6621L, 6622M, 6623N, 6624P, 6625Q, 6626R apply to above item with approved solvents)	1	..	..	16.42	+15.00	Keflin Neutral LY
CEPHAZOLIN <i>To be prescribed on an authority prescription.</i>							
1256D	Injection 500mg (solvent required) (codes 6627T, 6628W, 6629X, 6630Y, 6631B, 6632C apply to above item with approved solvents)	5	..		20.81 *20.83	+15.00 +15.00	Cefamezin SI Kefzol LY
1257E	Injection 1g (solvent required) (codes 6633D, 6634E, 6635F, 6636G, 6637H, 6638J apply to above item with approved solvents)	5 ..	..		*36.43 36.43	+15.00 +15.00	Kefzol LY Cefamezin SI
1163F	CHLORAMBUCIL Tablet 2mg	100	2	..	*66.75	+15.00	Leukeran BW
1164G	Tablet 5mg	100	2	..	*79.91	+15.00	Leukeran BW

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer
	CHLORAMPHENICOL CAUTION: Chloramphenicol may cause aplastic anaemia.						
1174T	Capsule 250mg	16	..	..	7.78	8.51	Chloromycetin PD
2693R	Paediatric Oral Suspension 125mg per 5mL, 100mL	‡1	..	..	7.61	8.34	Chloromycetin Palmitate PD
1167K	Injection 1.2g (solvent required) (codes 6651C, 6652D, 6653E, 6654F, 6655G, 6656H apply to above item with approved solvents)	3	..	..	*46.72	+15.00	Chloromycetin Succinate PD
	CHLORAMPHENICOL CAUTION: Topical chloramphenicol may cause aplastic anaemia.						
1172Q	Ear Drops (aqueous) 5mg per mL (0.5%), 5mL	‡1	2	..	6.10	6.83	Chloromycetin PD
2360F	Eye Drops 5mg per mL (0.5%), 10mL	‡1	2	..	5.74	6.47	Chloromycetin PD Chloroptic AG Chlorsig SI
1171P	Eye Ointment 10mg per g (1%), 4g	‡1	..	..	5.37	6.10	Chloromycetin PD Chlorsig SI
	CHLORAMPHENICOL with POLYMYXIN B SULPHATE CAUTION: Topical chloramphenicol may cause aplastic anaemia.						
1181E	Eye Drops 5mg (0.5%)-5,000 units per mL, 10mL	‡1	2	..	5.78	6.51	Chloromycin PD
1177Y	Eye Ointment 10mg (1%)-5,000 units per g, 4g	‡1	..	..	5.50	6.23	Chloromycin PD
1066D	CHLORHEXIDINE GLUCONATE Solution 50mg per mL (5%), 200mL	‡1	1	..	7.86	8.59	Hibitane Concentrate IC
	CHLORMETHIAZOLE To be prescribed on an authority prescription.						
1410F	Capsule 192mg	50	..	..	12.11	12.84	Hemineurin AP
1409E	CHLORMETHIAZOLE EDISYLATE I.V. Infusion 8mg per mL (0.8%), 500mL	1	..	..	21.65	+15.00	Hemineurin AP
1184H	CHLOROQUINE Tablet equivalent to 150mg (approx.) chloroquine base	100	..	..	7.83	8.56	Chlorquin Nivaquine FC MB

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1187L	CHLOROTHIAZIDE Tablet 500mg	100	1	..	*9.65	10.38	Chlotride AD
1196Y	CHLORPROMAZINE HYDROCHLORIDE Tablet 10mg	100	1	..	6.22	6.95	Largactil MB
1197B	Tablet 25mg	100	1	..	7.72	8.45	Largactil MB
1198C	Tablet 50mg	100	1	..	7.81	8.54	Largactil MB
1199D	Tablet 100mg	100	1	..	11.87	12.60	Largactil MB
1201F	Mixture 25mg per 5mL, 100mL	‡1	4	..	6.26	6.99	Largactil MB
1195X	Injection 50mg in 2mL	10	..	..	9.58	10.31	Largactil MB
1202G	CHLORPROPAMIDE Tablet 250mg	100	5	..	10.80	11.53	Diabinese PF
1585K	CHLORTHALIDONE Tablet 25mg	100	1	..	*9.65	10.38	Hygroton CG
2967E	CHOLESTYRAMINE Sachets 4.7g (equivalent to 4g cholestyramine), 50	2	5	..	*51.83	+15.00	Questran Lite AP
2978R	Sachets 9.4g (equivalent to 8g cholestyramine), 50	‡1	5	..	48.96	+15.00	Questran Lite AP
2789T	CHOLINE THEOPHYLLINATE Tablet 200mg	100	5	..	6.44	7.17	Brondecon-PD PD Choledyl WW
2786P	Elixir 50mg per 5mL, 500mL	‡1	5	..	6.77	7.50	Brondecon Elixir-PD PD
1157X	CIMETIDINE To be prescribed on an authority prescription. (Proven duodenal, gastric ulcer.) Tablet 200mg	120	2	..	39.28	+15.00	Tagamet SK
1158Y	Tablet 400mg	60	2	..	39.28	+15.00	Tagamet SK
1159B	Tablet 800mg	30	1	..	39.28	+15.00	Tagamet SK
1156W	Effervescent Tablet 800mg (as hydrochloride)	30	1	..	39.28	+15.00	Tagamet 800 Express SK
1854N	To be prescribed on an authority prescription. (Proven severe ulcerating oesophagitis.) Tablet 200mg	120	2	..	39.28	+15.00	Tagamet SK
	(continued)						

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer
	CIMETIDINE—cont.						
1855P	Tablet 400mg	60	2	..	39.28	+15.00	Tagamet SK
1851K	Tablet 800mg	30	1	..	39.28	+15.00	Tagamet SK
1866F	Effervescent Tablet 800mg (as hydrochloride)	30	1	..	39.28	+15.00	Tagamet 800 Express SK
	_____ <i>To be prescribed on an authority prescription. (Scleroderma oesophagus.)</i> NOTE: A maximum of two repeats will be authorised under the 'urgent supply' mechanisms.						
1856Q	Tablet 200mg	120	5	..	39.28	+15.00	Tagamet SK
1857R	Tablet 400mg	60	5	..	39.28	+15.00	Tagamet SK
1852L	Tablet 800mg	30	5	..	39.28	+15.00	Tagamet SK
1864D	Effervescent Tablet 800mg (as hydrochloride)	30	5	..	39.28	+15.00	Tagamet 800 Express SK
	_____ <i>To be prescribed on an authority prescription. (Zollinger–Ellison syndrome.)</i> NOTE: A maximum of two repeats will be authorised under the 'urgent supply' mechanisms.						
1858T	Tablet 200mg	240	5	..	*75.13	+15.00	Tagamet SK
1859W	Tablet 400mg	120	5	..	*75.13	+15.00	Tagamet SK
1860X	Tablet 800mg	60	5	..	*75.13	+15.00	Tagamet SK
1861Y	Effervescent Tablet 800mg (as hydrochloride)	60	5	..	*75.13	+15.00	Tagamet 800 Express SK
	CIPROFLOXACIN						
	<i>To be prescribed on an authority prescription.</i>						
1208N	Tablet 250mg	14	..	..	35.33	+15.00	Ciproxin 250 BN
1209P	Tablet 500mg	14	..	..	66.02	+15.00	Ciproxin 500 BN
1210Q	Tablet 750mg	14	..	..	96.74	+15.00	Ciproxin 750 BN

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer	
	CISAPRIDE <i>To be prescribed on an authority prescription.</i>							
1188M	Tablet 5mg	90	5	..	22.02	+15.00	Prepulsid	JC
1189N	Tablet 10mg	90	5	..	33.24	+15.00	Prepulsid	JC
1190P	Oral Suspension 1mg per mL, 200mL	‡1	5	..	19.38	+15.00	Prepulsid	JC
	CISPLATIN <i>To be prescribed on an authority prescription.</i>							
2578Q	I.V. Injection 10mg in 10mL	1	..	..	15.53	+15.00	BL	
2583Y	I.V. Injection 10mg in 20mL	1	..	..	15.53	+15.00	Platinol	BC
2585C	I.V. Injection 25mg in 50mL	1	..	..	28.18	+15.00	Platinol	BC
2579R	I.V. Injection 50mg in 50mL	1	..	..	39.73	+15.00	BL	
2561T	I.V. Injection 50mg in 100mL	1	..	..	39.73	+15.00	Platinol	BC
2580T	I.V. Injection 100mg in 100mL	1	..	..	70.56	+15.00	BL	
2581W	Powder for I.V. Injection 10mg	1	..	..	15.53	+15.00	Platamine	FE
2582X	Powder for I.V. Injection 50mg	1	..	..	39.73	+15.00	Platamine	FE
	CLINDAMYCIN							
3137D	Capsule 75mg	25	..	..	9.26	9.99	Dalacin C	UP
3138E	Capsule 150mg	25	..	..	12.05	12.78	Dalacin C	UP
3139F	Granules for Syrup 75mg per 5mL, 100mL	‡1	..	..	#17.13	+15.00	Dalacin C	UP
3030L	CLIOQUINOL Cream 10mg per g (1%), 30g	‡1	..	..	5.56	6.29	Vioform	SI
	CLOFIBRATE <i>To be prescribed on an authority prescription.</i>							
2892F	Capsule 500mg	100	5	.. 0.20	13.00 13.20	13.73 13.73	Arterioflexin Atromid-S	PT IC
	CLOMIPHENE CITRATE <i>See Special Pharmaceutical Benefits</i>							
1561E	CLOMIPRAMINE HYDROCHLORIDE Tablet 25mg	50	2	..	12.88	13.61	Anafranil	CG

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer	
1805B	CLONAZEPAM Tablet 500 micrograms	200	2	..	14.93	15.00	Rivotril	RO
1806C	Tablet 2mg	200	2	..	23.45	+15.00	Rivotril	RO
1808E	Paediatric Oral Drops 2.5mg in 1mL, 10mL	2	..	..	*9.33	10.06	Rivotril	RO
1807D	Injection 1mg in 2mL (set containing solution 1mg in 1mL and 1mL diluent)	5	..	..	8.04	8.77	Rivotril	RO
3145M	CLONIDINE Tablet 100 micrograms	100	5	..	18.14	+15.00	Catapres 100	BY
3141H	Tablet 150 micrograms	100	5	..	23.73	+15.00	Catapres	BY
1017M	CLOTRIMAZOLE Cream 10mg per g (1%), 20g	†1	1	..	5.96	6.69	Canesten	BN
				0.30	6.26	6.69	Clonea	AF
							Lotremim	SH
1027C	Lotion 10mg per mL (1%), 20mL	†1	1	..	6.27	7.00	Canesten	BN
							Lotremim	SH
1018N	Pessaries 100mg, 6	†1	..	..	6.95	7.68	Canesten	BN
							Gyne-Lotremim	SH
1020Q	Pessary 500mg	1	..	..	6.95	7.68	Canesten 1	BN
1019P	Vaginal Cream 50mg per 5g (1%), 35g	†1	..	..	6.97	7.70	Canesten	BN
							Gyne-Lotremim	SH
1006Y	100mg per 5g (2%), 20g	†1	..	..	6.97	7.70	Canesten 3	BN
2300C	CLOXACILLIN Capsule 250mg	24	..	..	11.13	11.86	Alclox 250	AF
1120Y	Capsule 500mg	24	..	..	18.83	+15.00	Alclox 500	AF
1214X	CODEINE PHOSPHATE Tablet 30mg	20	..	..	7.26	7.99	Codate	US
				0.70	7.96	7.99	FM FA	
1222H	CODEINE PHOSPHATE with ASPIRIN Tablet 30mg-325mg	20	..	..	5.49	6.22	Codral Forte	BW
1215Y	CODEINE PHOSPHATE with PARACETAMOL Tablet 30mg-500mg	20	..	..	5.49	6.22	Panadeine Forte Caplets	WL
1227N	COLCHICINE Tablet 500 micrograms	100	2	..	6.04	6.77	Colgout	FC
1224K	COLESTIPOL HYDROCHLORIDE Sachets 5g, 120	†1	5	..	61.47	+15.00	Colestid	UP

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer
2621Y	COLISTIN Injection 150mg (solvent required) (codes 6681P, 6682Q, 6683R, 6684T, 6685W, 6686X apply to above item with approved solvents)	5	..	..	*140.93	+15.00	Coly-Mycin WW
2756C	COLISTIN with NEOMYCIN Ear Drops 3mg-3.3mg per mL, 10mL	41	2	..	7.50	8.23	Coly-Mycin WW
1228P	COPPER SULPHATE Diagnostic Compound Tablets, 36	2	3	..	*13.17	13.90	Clinitest AM
1246N	CORTISONE ACETATE Tablet 5mg	50	4	..	5.48	6.21	Cortate FC
1247P	Tablet 25mg	60	4	..	9.98	10.71	Cortate FC
1264M	CYCLOPENTHIAZIDE Tablet 500 micrograms	100	1	..	*9.87	10.60	Navidrex CG
1266P	CYCLOPHOSPHAMIDE Tablet 50mg	50	2	..	20.55	+15.00	Cycloblastin SE
1265N	Injection 100mg (solvent required) (codes 6687Y, 6688B, 6689C, 6690D, 6691E, 6692F apply to above item with approved solvents)	6	..	..	34.82	+15.00	Cycloblastin FE
2381H	Injection 200mg (solvent required) (codes 6693G, 6694H, 6695J, 6696K, 6697L, 6698M apply to above item with approved solvents)	6	..	..	36.94	+15.00	Cycloblastin FE
1079T	Injection 500mg (solvent required) (codes 6699N, 6700P, 6701Q, 6702R, 6703T, 6704W apply to above item with approved solvents)	2	..	..	*20.57	+15.00	Cycloblastin FE
1080W	Injection 1g (solvent required) (codes 6705X, 6706Y, 6707B, 6708C, 6709D, 6710E apply to above item with approved solvents)	1	..	..	18.40	+15.00	Cycloblastin FE
1798P	CYPROHEPTADINE HYDROCHLORIDE Tablet 4mg	100	2	..	*8.09	8.82	Periactin FR
	CYPROTERONE ACETATE <i>To be prescribed on an authority prescription.</i> <i>(Precocious puberty, androgenisation in non-pregnant women.)</i> CAUTION: This drug should not be used during pregnancy as it may result in feminisation of the male foetus.						
1269T	Tablet 50mg	20	5	..	59.53	+15.00	Androcur SC
	(continued)						

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer
	CYPROTERONE ACETATE—cont. <i>To be prescribed on an authority prescription.</i> <i>(Prostatic carcinoma, reduction of drive in sexual deviations in males.)</i>						
1270W	Tablet 50mg	50	5	..	129.93	+15.00	Androcur SC
2910E	CYTARABINE Injection set containing 100mg and 5mL solvent	10	1	..	*74.63	+15.00	Cytosar-U BL
2904W	Injection set containing 500mg and 10mL solvent	2	1	..	*74.57	+15.00	BL
	DANAZOL <i>To be prescribed on an authority prescription.</i> CAUTION: Pregnancy must be excluded prior to administration of this drug.						
1285P	Capsule 100mg	100	5	..	93.30	+15.00	Danocrine WL
1287R	Capsule 200mg	100	5	..	131.03	+15.00	Danocrine WL
	DANTROLENE SODIUM						
1779P	Capsule 25mg	100	2	..	22.24	+15.00	Dantrium NW
1780Q	Capsule 50mg	100	2	..	35.99	+15.00	Dantrium NW
2740F	DEBRISOQUINE Tablet 10mg	100	5	..	11.70	12.43	Declinax RO
2741G	Tablet 20mg	100	5	..	15.42	+15.00	Declinax RO
	DEMECLOCYCLINE HYDROCHLORIDE						
2854F	Capsule 150mg	100	3	..	33.99	+15.00	Ledermycin LE
2972K	DESIPRAMINE HYDROCHLORIDE Tablet 25mg	50	2	..	6.51	7.24	Pertofran CG
	DESMOPRESSIN Intranasal Solution						
2129C	100 micrograms per mL, 2.5mL	5	2	..	*126.08	+15.00	Minirin FC
	DEXAMETHASONE						
2508B	Injection 120mg in 5mL	1	..	..	30.05	+15.00	Decadron Shock Pak MK
	DEXAMETHASONE						
1292B	Tablet 500 micrograms	30	4	..	5.66	6.39	Dexamethsone Oradexon FC OR
2507Y	Tablet 4mg	30	4	..	9.12	9.85	Dexamethsone FC
1288T	Eye Drops 1mg per mL (0.1%), 5mL	1	2	..	6.29	7.02	Maxidex AQ
2509C	Injection 4mg in 1mL	5	..	..	12.26	12.99	Decadron MK
	(continued)						

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer
1290X	DEXAMETHASONE-cont. Injection 5mg in 1mL	5	..	..	13.50	14.23	Oradexon OR
1291Y	Injection 8mg in 2mL	5	..	..	17.07	+15.00	Decadron MK
2781J	DEXAMETHASONE with FRAMYCETIN SULPHATE and GRAMICIDIN Ear Drops 500 micrograms-5mg-50 micrograms per mL, 8mL	†1	2	..	5.34	6.07	Sofradex RL
2759F	Ear Ointment 500 micrograms-5mg-50 micrograms per g, 5g	†1	2	..	5.12	5.85	Sofradex RL
1165H	DEXAMPHETAMINE SULPHATE To be prescribed on an authority prescription. Tablet 5mg	100	5	..	10.12	10.85	SI
	DEXTRAN 40 See Intravenous Infusions						
	DEXTRAN 70 See Intravenous Infusions						
3161J	DIAZEPAM Tablet 2mg	50	..	..	5.22	5.95	Antenex 2 AF Ducene SU Pro-Pam PT Valium RO
3162K	Tablet 5mg	50	..	..	5.51	6.24	Antenex 5 AF Ducene SU Pro-Pam PT Valium RO
2559Q	Paediatric Syrup 2mg per 5mL, 100mL	†1	..	..	8.05	8.78	Valium RO
2558P	Injection 10mg in 2mL	5	..	..	6.20	6.93	Valium RO BL
3068L	DIAZOXIDE Injection 300mg in 20mL	1	..	.. 0.12	15.31 15.43	+15.00 +15.00	BL Hyperstat I.V. SH
1303N	DICHLORPHENAMIDE Tablet 50mg	50	6	..	11.75	12.48	Daranide SI
1299J	DICLOFENAC SODIUM Tablet 25mg (enteric coated)	50	3	..	8.53	9.26	Voltaren CG
1300K	Tablet 50mg (enteric coated)	50	3	..	9.78	10.51	Voltaren 50 CG
1310Y	DIENOESTROL Cream 500 micrograms per 5g (0.01%), 85g	†1	1	..	6.76	7.49	JC
2506X	DIFENOXIN HYDROCHLORIDE with ATROPINE SULPHATE Tablet 500 micrograms-25 micrograms	20	..	..	5.09	5.82	Lyspafen PT

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer	
1319K	DIFLUNISAL Tablet 250mg	50	3	..	8.70	9.43	Dolobid	MK
1320L	Tablet 500mg	50	3	..	13.66	14.39	Dolobid	MK
2605D	DIGOXIN Tablet 62.5 micrograms	200	1	..	*7.19	7.92	Lanoxin-PG	BW
1322N	Tablet 250 micrograms	100	1	..	*6.69	7.42	Lanoxin	BW
3164M	Oral Solution for children 50 micrograms per mL, 100mL	†1	3	..	10.69	11.42	Lanoxin	BW
1321M	Injection 500 micrograms in 2mL	5	1	..	9.15	9.88	Lanoxin	BW
1323P	DIHYDROERGOTAMINE MESYLATE Injection 1mg in 1mL	5	..	..	7.84	8.57	Dihydergot	SZ
1483C	<i>DIHYDROTACHYSTEROL</i> <i>To be prescribed on an authority</i> <i>prescription.</i> <i>Capsule 125 micrograms</i>	100	5	..	42.32	+15.00	A.T.10	WL
1335G	<i>DILTIAZEM HYDROCHLORIDE</i> <i>To be prescribed on an authority</i> <i>prescription.</i> <i>CAUTION: The myocardial depressant</i> <i>effects of this drug and of beta-</i> <i>blocking drugs are additive.</i> <i>Tablet 60mg</i>	100	5	..	34.23	+15.00	Cardizem	IC
1334F	DIMERCAPROL Injection 100mg in 2mL	12	..	..	58.67	+15.00	B.A.L.	BT
2501P	DIPHENOXYLATE HYDROCHLORIDE with ATROPINE SULPHATE Tablet 2.5mg-25 micrograms	20	..	..	5.09	5.82	Lomotil	SR
1344R	DIPHThERIA ANTITOXIN Injection 10,000 units	2	1	..	*93.13	+15.00	CS	
1341N	DIPHThERIA and TETANUS VACCINE, ADSORBED For immunisation of children up to the age of eight years. Injection 0.5mL	3	..	..	*15.64	+15.00	CS	
3019X	DIPHThERIA and TETANUS VACCINE, ADSORBED, DILUTED FOR ADULT USE For immunisation of adults and children over the age of eight years. Injection 0.5mL	3	..	..	*15.97	+15.00	CS	
1346W	DIPHThERIA, TETANUS and PERTUSSIS VACCINE, ADSORBED Injection 0.5mL	3	..	..	*17.47	+15.00	CS,PD	

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer
1348Y	DIPHTHERIA VACCINE, ADSORBED For immunisation of children up to the age of eight years. Injection 0.5mL	2	1	..	*12.67	13.40	CS
3020Y	DIPHTHERIA VACCINE, ADSORBED, DILUTED FOR ADULT USE For immunisation of adults and children over the age of eight years. Injection 0.5mL	2	..	..	*12.45	13.18	CS
1351D	DIPIVEFRINE HYDROCHLORIDE Eye Drops 1mg per mL (0.1%), 10mL	41	5	..	11.41	12.14	Propine AG
	DISODIUM ETIDRONATE <i>To be prescribed on an authority prescription.</i>						
2920Q	Tablet 200mg	60	5	..	93.30	+15.00	Didronel NW
2923W	DISOPYRAMIDE Capsule 100mg	100	5	..	16.63	+15.00	Norpace Rythmodan SR RL
2924X	Capsule 150mg	100	5	..	21.91	+15.00	Norpace Rythmodan SR RL
1125F	DOCUSATE SODIUM with BISACODYL Suppositories 100mg-10mg, 5	6	5	..	*15.85	+15.00	Coloxyl FM
1347X	DOMPERIDONE Tablet 10mg	25	..	..	5.87	6.60	Motilium JC
1357K	DOTHIEPIN HYDROCHLORIDE Capsule 25mg	50	2	..	6.14	6.87	Prothiaden BT
1358L	Tablet 75mg	30	2	..	6.44	7.17	Prothiaden BT
1012G	DOXEPIN HYDROCHLORIDE Tablet 50mg (base)	50	2	..	6.44	7.17	Deptran 50 AF
1011F	Capsule 10mg (base)	50	2	..	5.05	5.78	Deptran 10 AF Sinequan PF
1013H	Capsule 25mg (base)	50	2	..	5.09	5.82	Deptran 25 AF Sinequan PF
1338K	DOXORUBICIN HYDROCHLORIDE Powder for I.V. Injection or Intravesical Administration 10mg	4	..	..	*204.59	+15.00	Adriamycin FE
1337J	20mg	4	..	..	*374.91	+15.00	Adriamycin FE
1339L	50mg	3	..	..	*691.99	+15.00	Adriamycin FE
	(continued)						

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer
1336H	DOXORUBICIN HYDROCHLORIDE-cont. Solution for I.V. Injection or Intravesical Administration 10mg in 5mL	4	..	..	*222.91	+15.00	Adriamycin Solution FE
1340M	20mg in 10mL	4	..	..	*400.55	+15.00	Adriamycin Solution FE
1342P	50mg in 25mL	3	..	..	*727.93	+15.00	Adriamycin Solution FE
2711Q	DOXYCYCLINE Tablet 50mg	25	5	..	7.83	8.56	Doxylin 50 Vibra-Tabs AF PF
2714W	Tablet 100mg	21	..	..	*10.87	11.60	Doxylin 100 Vibramycin AF PF
2707L	Capsule 50mg	25	5	..	8.05	8.78	Doryx FA
2715X	Capsule 100mg	21	..	.. 1.45	*10.87 12.32	11.60 11.60	Cyclidox PT Doryx FA
2702F	Tablet 100mg	28	..		*13.35	14.08	Doxylin 100 AF Vibramycin PF
2703G	Capsule 100mg	28	..	.. 2.64	*13.35 *15.99	14.08 14.08	Cyclidox PT Doryx FA
2709N	DOXYCYCLINE Tablet 100mg	7	1	..	5.91	6.64	Doxylin 100 AF Vibramycin PF
2708M	Capsule 100mg	7	1	.. 0.66	5.91 6.57	6.64 6.64	Cyclidox PT Doryx FA
1350C	DYDROGESTERONE To be prescribed on an authority prescription. Tablet 10mg	50	5	..	28.18	+15.00	Duphaston JC
1364T	ECONAZOLE NITRATE Cream 10mg per g (1%), 20g	†1	1	..	6.27	7.00	Ecostatín Pevaryl SQ SK
1365W	Lotion 10mg per mL (1%), 20mL	†1	1	..	6.27	7.00	Ecostatín Pevaryl SQ SK
1366X	Pessaries 150mg, 3	†1	..	..	6.95	7.68	Ecostatín Pevaryl SQ SK
1367Y	Vaginal Cream 75mg per 5g (1.5%), 35g	†1	..	..	6.97	7.70	Ecostatín SQ

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer
1359M	ECOTHIOPATE IODIDE Eye Drops 300 micrograms per mL (0.03%), 1.5mg and 5mL solvent	†1	5	..	#15.85	+15.00	Phospholine Iodide AY
2405N	600 micrograms per mL (0.06%), 3mg and 5mL solvent	†1	5	..	#15.85	+15.00	Phospholine Iodide AY
1360N	1.25mg per mL (0.125%), 6.25mg and 5mL solvent	†1	5	..	#15.85	+15.00	Phospholine Iodide AY
1361P	2.5mg per mL (0.25%), 12.5mg and 5mL solvent	†1	5	..	#16.58	+15.00	Phospholine Iodide AY
2992L	ELECTROLYTE REPLACEMENT (ORAL) Powder for Solution Sachets 40g, 6	†1	..	..	7.39	8.12	Repalyte AU
	ELECTROLYTE REPLACEMENT SOLUTION See Intravenous Infusions						
	ENALAPRIL MALEATE <i>To be prescribed on an authority prescription.</i>						
1370D	Tablet 5mg	30	5	..	22.44	+15.00	Amprace 5 AD Renitec M MK
1368B	Tablet 10mg	30	5	..	31.18	+15.00	Amprace 10 AD Renitec MK
1369C	Tablet 20mg	30	5	..	42.92	+15.00	Amprace 20 AD Renitec 20 MK
	EPIRUBICIN HYDROCHLORIDE <i>To be prescribed on an authority prescription.</i>						
1372F	Powder for I.V. Injection 10mg	1	..	..	56.71	+15.00	Pharmorubicin FE
1373G	Powder for I.V. Injection 20mg	1	..	..	106.24	+15.00	Pharmorubicin FE
1374H	Powder for I.V. Injection 50mg	1	..	..	252.64	+15.00	Pharmorubicin FE
2498L	ERGOCALCIFEROL Tablet 250 micrograms	100	5	..	8.60	9.33	Ostelin BT
1378M	ERGOMETRINE MALEATE Injection 250 micrograms in 1mL	5	..	..	6.73	7.46	BL
1383T	ERGOTAMINE TARTRATE Capsule 1mg	50	2	..	7.93	8.66	Ergodryl Mono PD
1386Y	ERGOTAMINE TARTRATE with CAFFEINE Suppositories 2mg-100mg, 5	†1	2	..	6.66	7.39	Cafergot S SZ

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1399P	ERYTHROMYCIN Tablet 250mg	25	1	..	6.69	7.42	EMU-V AB UP
1402T	Capsule 125mg	25	1	..	6.44	7.17	Eryc FA
1400Q	Capsule 175mg	25	1	..	6.69	7.42	Eryc LD FA
1404X	Capsule 250mg	25	1	..	8.02	8.75	Eryc FA
2499M	ERYTHROMYCIN ESTOLATE Paediatric Oral Drops 100mg (base) per mL, 10mL	†1	1	..	6.39	7.12	Ilosone LY
2423M	Paediatric Oral Suspension 125mg (base) per 5mL, 100mL	†1	1	..	6.39	7.12	Ilosone LY
2749Q	ERYTHROMYCIN ETHYL SUCCINATE Tablet 200mg (base)	25	1	..	6.44	7.17	E.E.S. Dulcet AB
2750R	Tablet 400mg (base)	25	1	..	8.02	8.75	E.E.S. 400 AB
2424N	Granules for Paediatric Oral Suspension 200mg (base) per 5mL, 100mL	†1	1	..	#9.05	10.11	E.E.S. 200 AB
1395K	Injection I.M. 100mg (base) in 2mL	5	..	..	10.62	11.35	Erythrocin AB
1398N	ERYTHROMYCIN LACTOBIONATE Infusion I.V. 300mg (base)	5	..	..	*24.73	+15.00	Erythrocin AB
1397M	Infusion I.V. 1g (base)	1	..	..	13.65	14.38	Erythrocin AB
1401R	ERYTHROMYCIN STEARATE Tablet 250mg (base)	25	1	..	6.69	7.42	Erythrocin AB
1403W	Capsule 250mg (base)	25	1	..	6.69	7.42	Erythrocin AB
2425P	Paediatric Oral Suspension 125mg (base) per 5mL, 100mL	†1	1	..	6.39	7.12	Erythrocin AB
2610J	Oral Suspension 250mg (base) per 5mL, 100mL	†1	..	..	8.41	9.14	Erythrocin AB
2511E	ETHACRYNIC ACID Tablet 50mg	50	3	..	14.54	15.00	Edecril MK
1405Y	ETHINYLOESTRADIOL Tablet 10 micrograms	200	1	..	*7.01	7.74	Estigyn GL
1406B	Tablet 20 micrograms	200	1	..	*7.31	8.04	Estigyn GL
1407C	Tablet 50 micrograms	200	1	..	*8.55	9.28	Estigyn GL
1413J	ETHOSUXIMIDE Capsule 250mg	200	2	..	25.32	+15.00	Zarontin PD
1414K	Paediatric Syrup 250mg per 5mL, 250mL	†1	4	..	13.78	14.51	Zarontin PD

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3166P	ETHYNODIOL DIACETATE with ETHINYLOESTRADIOL Tablet 500 micrograms-50 micrograms, 21	4	2	..	*11.27	12.00	Ovulen 0.5/50 SR
3167Q	Tablet 1mg-50 micrograms, 21	4	2	..	*11.27	12.00	Ovulen 1/50 SR
2447T	Pack containing 21 tablets 500 micrograms-50 micrograms and 7 inert tablets	4	2	..	*11.27	12.00	Ovulen 0.5/50-28 SR
3168R	Pack containing 21 tablets 1mg-50 micrograms and 7 inert tablets	4	2	..	*11.27	12.00	Ovulen 1/50-28 SR
	ETOPOSIDE <i>To be prescribed on an authority prescription.</i>						
1389D	Capsule 100mg	10	..	..	528.43	+15.00	Vepesid BC
1390E	Solution for I.V. Infusion 100mg in 5mL	5	..	..	*280.03	+15.00	Vepesid BC
	ETRETINATE <i>To be prescribed on an authority prescription.</i> <u>CAUTION:</u> This drug is a potent teratogen—pregnancy should be avoided for at least two years after cessation of therapy.						
1421T	Capsule 10mg	100	5	..	144.23	+15.00	Tigason RO
1422W	Capsule 25mg	100	5	..	288.43	+15.00	Tigason RO
	FAMOTIDINE <i>To be prescribed on an authority prescription.</i> (Proven duodenal, gastric ulcer.)						
2487X	Tablet 20mg	60	2	..	41.05	+15.00	Amfamox 20 AD Pepcidine M MK
2488Y	Tablet 40mg	30	1	..	41.05	+15.00	Amfamox 40 AD Pepcidine MK
	<i>To be prescribed on an authority prescription.</i> (Zollinger-Ellison syndrome.) <u>NOTE:</u> A maximum of two repeats will be authorised under the 'urgent supply' mechanisms.						
2489B	Tablet 20mg	120	5	..	*78.67	+15.00	Amfamox 20 AD Pepcidine M MK
2490C	Tablet 40mg	60	5	..	*78.67	+15.00	Amfamox 40 AD Pepcidine MK

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2364K	FELODIPINE Tablet 5mg	60	5	..	27.58	+15.00	Agon	HP
2465R	FERROUS AMINOACETOSULPHATE Paediatric Syrup 100mL	†1	4	..	5.05	5.78	Plendil	AP
2726L	FERROUS GLUCONATE Paediatric Elixir 300mg per 5mL (6%), 100mL	†1	4	..	5.05	5.78	Plesmet	NN
2689M	FERROUS SULPHATE DRIED Tablet 350mg (sustained release)	30	2	..	5.05	5.78	Fergon	WL
3100E	Capsule 320mg (delayed release)	30	2	..	5.05	5.78	Feritard	PT
3150T	FERROUS SULPHATE DRIED with FOLIC ACID Tablet 270mg-300 micrograms (delayed release)	30	2	..	5.09	5.82	Ferro-Gradumets	AB
3160H	Tablet 270mg-300 micrograms (sustained release)	30	2	..	5.09	5.82	Fespan	SK
3149R	Capsule 270mg-300 micrograms (delayed release)	30	2	..	5.09	5.82	Feritard Folic	PT
	FLECAINIDE ACETATE <i>To be prescribed on an authority prescription.</i> CAUTION: Flecainide acetate should be avoided in patients with poor cardiac function.							
1090J	Tablet 100mg	60	5	..	38.30	+15.00	F.F.G.	AB
1363R	FLUCLOROLONE ACETONIDE Cream 250 micrograms per g (0.025%), 15g	†1	1	..	4.82	5.55	Fefol	SK
	FLUCLOXACILLIN CAUTION: Severe cholestatic hepatitis may result with this drug.							
1526H	Capsule 250mg	24	..	..	10.25	10.98	Tambacor	RK
				4.02	14.27	10.98	Topilar	SD
1527J	Capsule 500mg	24	..	..	17.73	+15.00	Flophen	CS
				1.98	19.71	+15.00	Flucil 250	FC
1528K	Powder for Syrup 125mg per 5mL, 100mL	†1	..	..	#11.16	12.22	Staphylex 250	AF
1529L	250mg per 5mL, 100mL (continued)	†1	..	..	#14.93	15.00	Floxapen	BR

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1523E	FLUCLOXACILLIN-cont. Injection 250mg (solvent required) (codes 6717M, 6718N, 6719P, 6720Q, 6721R, 6722T apply to above item with approved solvents)	5	..	..	10.67	11.40	Flopen CS
1524F	Injection 500mg (solvent required) (codes 6723W, 6724X, 6725Y, 6726B, 6727C, 6728D apply to above item with approved solvents)	5	..	..	15.51	+15.00	Flopen CS Floxacen BR
1525G	Injection 1g (solvent required) (codes 6729E, 6730F, 6731G, 6732H, 6733J, 6734K apply to above item with approved solvents)	5 ..	..	..	22.37	+15.00	Flopen CS Floxacen BR
1073L	FLUCYTOSINE Tablet 500mg	100	..	..	165.80	+15.00	Ancotil RO
1433K	FLUDROCORTISONE ACETATE Tablet 100 micrograms	200	1	..	*11.57	12.30	Florinef SQ
2823N	FLUMETHASONE PIVALATE with CLIOQUINOL Ear Drops 200 micrograms-10mg per mL (0.02%-1%), 7.5mL	†1	..	..	5.34	6.07	Locacorten Vioform CG
1305Q	FLUOCORTOLONE ESTERS Cream 2mg per g (0.2%), 15g	†1	1	..	4.82	5.55	Ultralan-D SC
1306R	Ointment 2mg per g (0.2%), 15g	†1	1	..	4.82	5.55	Ultralan-D SC
1307T	Ointment (anhydrous) 2mg per g (0.2%), 15g	†1	1	..	4.82	5.55	Ultralan-D Fatty SC
1204J	FLUOROMETHOLONE Eye Drops 1mg per mL (0.1%), 5mL	†1	5	..	6.33	7.06	Flucon AQ FML Liquifilm AG
1438Q	FLUOROMETHOLONE ACETATE Eye Drops 1mg per mL (0.1%), 5mL	†1	2	..	6.33	7.06	Flarex AQ
2521Q	FLUOROURACIL Injection 250mg in 10mL	20	..	..	*65.69 *65.71	+15.00 +15.00	BL RO
2528C	Injection 500mg in 10mL	10	..	..	*60.15	+15.00	Fluroblastin FE BL
1435M	FLUOXYMESTERONE To be prescribed on an authority prescription. Tablet 5mg	100	3	..	19.18	+15.00	Halotestin UP

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1046C	FLUPHENAZINE DECANOATE Injection 12.5mg in 0.5mL	5	..	..	16.08	+15.00	Modecate SQ
3098C	Injection 25mg in 1mL	5	..	..	23.16	+15.00	Modecate SQ
1001Q	Injection 50mg in 2mL	5	..	..	34.31	+15.00	Modecate SQ
2659Y	FLUPHENAZINE HYDROCHLORIDE Tablet 1mg	100	1	..	6.82	7.55	Anatensol SQ
2660B	Tablet 2.5mg	100	1	..	8.26	8.99	Anatensol SQ
2661C	Tablet 5mg	100	1	..	10.56	11.29	Anatensol SQ
2958Q	FOLIC ACID Tablet 500 micrograms	200	..	..	*6.51	7.24	PT, SI
1437P	Tablet 5mg NOTE: This strength should be used in malabsorption states only.	200	1	..	*6.51	7.24	Folasic NN Folicid US Megafol 5 AF SI
1436N	Injection 15mg in 1mL	10	..	..	*13.95	14.68	AB
1353F	FOSFESTROL SODIUM Tablet 120mg	100	2	..	59.53	+15.00	Honvan BC
1352E	Injection 250mg in 5mL	10	..	..	26.20	+15.00	Honvan BC
1439R	FRAMYCETIN SULPHATE Eye Ointment 5mg per g (0.5%), 5g	‡1	..	..	5.28	6.01	Soframycin RL
1440T	Eye and Ear Drops 5mg per mL (0.5%), 8mL	‡1	2	..	5.74	6.47	Soframycin RL
2415D	FRUSEMIDE Tablet 500mg	50	3	..	19.83	+15.00	Urex-Forte FM
2414C	FRUSEMIDE Tablet 20mg	100	1	..	*7.01	7.74	Lasix-M HP Urex-M FM
2412Y	Tablet 40mg	100	1	..	*7.61	8.34	Lasix HP Uremide AF Urex FM
2411X	Oral Solution 10mg per mL, 30mL	‡1	3	..	9.94	10.67	Lasix HP
2413B	Injection 20mg in 2mL	5	..	..	6.18	6.91	Lasix HP AF
2312Q	FUSIDIC ACID To be prescribed on an authority prescription. Tablet (sodium salt) 250mg (enteric coated)	36	..	..	69.43	+15.00	Fucidin SK
2311P	Oral Suspension 50mg per mL, 90mL	‡1	..	..	54.58	+15.00	Fucidin SK

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2699C	GAS GANGRENE ANTITOXIN-MIXED (POLYVALENT) Injection: 1 amp containing 10,000 units Perfringens; 10,000 units Novyi; 5,000 units Septicum	2	1	..	*217.43	+15.00	CS	
1441W	GENTAMICIN SULPHATE Eye Drops 3mg (base) per mL (0.3%), 5mL	#1	2	..	9.30	10.03	Genoptic	AG
1068F	GENTAMICIN SULPHATE Injection 40mg (base) in 1mL	5	..	..	14.91	15.00	Garamycin BL	SH
1168L	Injection 60mg (base) in 1.5mL	5	..	..	17.66	+15.00	Garamycin BL	SH
2824P	Injection 80mg (base) in 2mL	5	..	..	8.62	9.35	Cidomycin BL	RL
				0.29	8.91	9.35	Garamycin	SH
2939Q	GLIBENCLAMIDE Tablet 5mg	100	5	..	10.03	10.76	Daonil Euglucon Glimel	HP SK AF
2449X	GLICLAZIDE Tablet 80mg	100	5	..	14.44	15.00	Diamicron	SE
2440K	GLIPIZIDE Tablet 5mg	100	5	..	14.44	15.00	Minidiab	FE
1447E	GLUCAGON HYDROCHLORIDE Injection 1 i.u. with diluent	1	1	..	11.68	12.41	LY	
1449G	Injection set containing 1mg (1 i.u.) and 1mL solvent in disposable syringe	1	1	..	16.43	+15.00	Glucagon Novo	NO
3040B	GLUCOSE Injection 5g in 10mL (50%) Injections 500mL and 1L- See Intravenous Infusions	5	..	..	7.59	8.32	AP	
2915K	GLUCOSE INDICATOR-BLOOD Electrode Strips, 100	#1	5	..	47.43	+15.00	ExacTech	FE
2912G	Reagent Strips, 50	2	5	..	*36.43	+15.00	Ames-BG BM-Test-BG	AM BO
2908C	Reagent Strips, 50	2	5	..	*39.95	+15.00	Hypoguard GA	HG
2914J	Reagent Strips, 50	2	5	..	*43.51	+15.00	BM-Test-Glycemie 20-800 Glucostix	BO AM

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1448F	GLUCOSE INDICATOR-URINE Test Dispenser 4m	†1	2	..	9.70	10.43	Tes-Tape LY
2352T	Reagent Strips, 100	†1	2	..	9.67	10.40	Clinistix AM
3104J	Reagent Strips, 100	†1	2	..	9.70	10.43	Diastix AM
3107M	GLUCOSE and KETONE INDICATOR-URINE Reagent Strips, 100	†1	2	..	12.41	13.14	Keto-Diastix AM
1459T	GLYCERYL TRINITRATE Tablets 600 micrograms, 100	†1	5	..	5.27	6.00	Anginine Stabilised BW
1452K	Ointment 15mg (approx.) per 2.5cm (2%), 60g	†1	5	..	13.37	14.10	Nitro-Bid FC
1513P	Transdermal Disc releasing approximately 5mg per 24 hours	30	2	..	23.35	+15.00	Nitradisc SR
1514Q	Transdermal Disc releasing approximately 10mg per 24 hours	30	2	..	29.95	+15.00	Nitradisc SR
1515R	Transdermal Pad releasing approximately 5mg per 24 hours	30	2	..	23.35	+15.00	Transiderm- Nitro 25 CG
1516T	Transdermal Pad releasing approximately 10mg per 24 hours	30	2	..	29.95	+15.00	Transiderm- Nitro 50 CG
	GOSERELIN <i>To be prescribed on an authority prescription.</i>						
1454M	Subcutaneous Implant 3.6mg	1	5	..	408.44	+15.00	Zoladex Depot IC
1460W	GRISEOFULVIN Tablet 125mg	100	2	..	11.49	12.22	Grisovin GL
2983B	Tablet 330mg	28	2	..	11.47	12.20	Griseostatin SH
2982Y	Tablet 500mg	28	2	..	11.47	12.20	Fulcin 500 IC Grisovin 500 GL
2767P	HALOPERIDOL Tablet 1.5mg	100	1	..	6.66	7.39	Serenace SR
2770T	Tablet 5mg	50	1	..	7.50	8.23	Serenace SR
2762J	Oral Liquid 2mg per mL, 15mL	†1	2	..	6.54	7.27	Serenace SR
2763K	Oral Liquid 2mg per mL, 100mL	†1	1	..	12.44	13.17	Serenace SR
2768Q	Injection 5mg in 1mL	10	..	..	11.63	12.36	Serenace SR
2765M	HALOPERIDOL DECANOATE I.M. Injection equivalent to 50mg haloperidol in 1mL	5	..	..	23.23	+15.00	Haldol decanoate JC
2766N	I.M. Injection equivalent to 150mg haloperidol in 3mL	5	..	..	41.93	+15.00	Haldol decanoate JC

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1234Y	HEPARIN CALCIUM Injection 5,000 units in 0.2mL	5	5	..	9.68	10.41	Calcihep Calciparine Caprin 5000 Forte	FC BL CS
1235B	Injection 5,000 units in 0.5mL	5	5	..	9.68	10.41	Caprin 5000	CS
1053K	Injection 12,500 units in 0.5mL	2	5		*9.15 9.15	9.88 9.88	Caprin 12500 Calciparine	CS BL
1054L	Injection 25,000 units in 1mL	2	5	..	10.84	11.57	Calciparine	BL
1466E	HEPARIN SODIUM Injection 5,000 units in 0.2mL	5	5	..	8.49	9.22	BL,CS,FC	
1467F	Injection 5,000 units in 1mL	5	5	..	8.49	9.22	BL,CS,FC	
1469H	Injection 20,000 units in 20mL	12	5	..	48.31	+15.00	BL	
1468G	Injection 25,000 units in 5mL	2	5	..	*10.85	11.58	FC	
1076P	Injection 35,000 units in 35mL	12	5	..	*88.75	+15.00	CS,FC	
3124K	HEXAMINE HIPPURATE Tablet 1g	100	5	..	15.86	+15.00	Hiprex	RK
1617D	HEXAMINE MANDELATE Tablet 250mg	200	2	..	*14.25	14.98	Mandelamine	WW
1618E	Tablet 500mg	200	2	..	*17.89	+15.00	Mandelamine Hafgrams	WW WW
2690N	Tablet 1g	100	5	..	14.13	14.86	Mandelamine	WW
2541R	HOMATROPINE HYDROBROMIDE Eye Drops 20mg per mL (2%), 15mL	†1	2	..	8.02	8.75	AG,AQ	
2542T	Eye Drops 50mg per mL (5%), 15mL	†1	2	..	8.94	9.67	AG,AQ	
	HUMAN CHORIONIC GONADOTROPHIN <i>To be prescribed on an authority prescription.</i>							
1579D	<i>Injection Set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1mL</i>	1	5	..	20.96	+15.00	Pregnyl Profasi 500	OR SG
1580E	<i>containing 3 ampoules powder for injection 1,000 units and 3 ampoules solvent 1mL</i>	1	5	..	27.14	+15.00	Profasi 1000	SG
1581F	<i>containing 3 ampoules powder for injection 1,500 units and 3 ampoules solvent 1mL</i>	1	5	..	29.34	+15.00	Pregnyl	OR
1582G	<i>containing 3 ampoules powder for injection 2,000 units and 3 ampoules solvent 1mL</i>	1	5	..	31.54	+15.00	Profasi 2000	SG
	(continued)							

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1477R	HUMAN CHORIONIC GONADOTROPHIN— cont. Injection Set <i>containing one ampoule powder for injection 5,000 units and one ampoule solvent 1mL</i>	1	5	..	16.63	+15.00	Profasi 5000 SG
1599E	HUMAN MENOPAUSAL GONADOTROPHIN <i>To be prescribed on an authority prescription. Injection Set</i> <i>containing 10 ampoules powder for injection providing 75 units follicle stimulating hormone and 75 units luteinising hormone and 10 ampoules solvent 1mL</i>	1	5	..	218.87	+15.00	Pergonal SG
1600F	<i>containing 10 ampoules powder for injection providing 150 units follicle stimulating hormone and 150 units luteinising hormone and 10 ampoules solvent 1mL</i>	1	5	..	418.02	+15.00	Pergonal 150 SG
1640H	HYDRALAZINE HYDROCHLORIDE Tablet 25mg	200	2	..	*9.29	10.02	Alphapress 25 AF Supres 25 PT
1639G	Tablet 50mg	200	2	..	*11.95	12.68	Alphapress 50 AF Supres 50 PT
1484D	HYDROCHLOROTHIAZIDE Tablet 25mg	100	1	..	*8.89	9.62	Dichlotride MK
1485E	Tablet 50mg	100	1	..	*9.87	10.60	Dichlotride MK
1486F	HYDROCHLOROTHIAZIDE with AMILORIDE HYDROCHLORIDE CAUTION: Serum electrolytes should be checked regularly. Supplementary potassium may cause life-threatening hyperkalaemia. Tablet 50mg-5mg	100	1	..	*11.65	12.38	Amizide AF Moduretic MK
1280J	HYDROCHLOROTHIAZIDE with TRIAMTERENE CAUTION: Serum electrolytes should be checked regularly. Supplementary potassium may cause life-threatening hyperkalaemia. Tablet 25mg-50mg	100	1	..	*12.39	13.12	Dyazide SK
1499X	HYDROCORTISONE Tablet 4mg	50	4	..	5.48	6.21	Hysone PT
1500Y	Tablet 20mg	60	4	..	9.98	10.71	Hysone PT
1489J	Eye Drops 5mg per mL (0.5%), 10mL	†1	5	..	7.94	8.67	Hycor SI
	(continued)						

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer
1492M	HYDROCORTISONE-cont. Eye Drops 10mg per mL (1%), 10mL	†1	5	..	8.19	8.92	Hycor SI
1495Q	Cream 10mg per g (1%), 50g	†1	1	..	5.75	6.48	Egocort Cream 1% EO
1498W	HYDROCORTISONE ACETATE Injection 25mg in 1mL	5	..	..	19.16	+15.00	Hysone-A PT
1502C	Rectal Foam 125mg per applicator (10%), Aerosol 25g	2	3	..	*30.35	+15.00	Colifoam SV
1496R	HYDROCORTISONE ACETATE Eye Ointment 5mg per g (0.5%), 3g	†1	..	..	5.74	6.47	Cortef UP
1497T	Eye Ointment 5mg per g (0.5%), 5g	†1	..	..	7.28	8.01	Hycor SI
2441L	Eye Ointment 10mg per g (1%), 5g	†1	..	..	7.36	8.09	Hycor SI
2887Y	Cream 10mg per g (1%), 30g	†1	1	..	5.27	6.00	Adacor NN Dermacort PD Hydrosone US Sigmacort SI Squibb-HC SQ Cortef UP
2881P	Cream 10mg per g (1%), 50g	†1	1	..	5.75	6.48	Adacor NN Dermacort PD Sigmacort SI Squibb-HC SQ Cortef UP
2888B	Topical Ointment 10mg per g (1%), 30g	†1	1	..	5.27	6.00	Adacor NN Sigmacort SI Squibb-HC SQ Cortef UP
2882Q	10mg per g (1%), 50g	†1	1	..	5.75	6.48	Adacor NN Dermacort "O" PD Sigmacort SI Squibb-HC SQ Cortef UP
1510L	HYDROCORTISONE SODIUM SUCCINATE Injection Set containing equivalent of 100mg hydrocortisone and 2mL solvent	6	..	.. 3.30	*18.61 *21.91	+15.00 +15.00	Nordicort NR Solu-Cortef UP
1511M	containing equivalent of 250mg hydrocortisone and 2mL solvent	6	..	..	*36.91	+15.00	Solu-Cortef UP
3097B	containing equivalent of 500mg hydrocortisone and 4mL solvent	2	..	..	*24.55	+15.00	Solu-Cortef UP
	(continued)						

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1501B	HYDROCORTISONE SODIUM SUCCINATE-cont. Injection Set containing equivalent of 100mg hydrocortisone and 2mL solvent	2	..	.. 1.10	*8.49 *9.59	9.22 9.22	Nordicort NR Solu-Cortef UP
3096Y	containing equivalent of 250mg hydrocortisone and 2mL solvent	1	..	..	9.01	9.74	Solu-Cortef UP
1508J	HYDROXOCOBALAMIN Injection 1mg in 1mL	3	..	..	9.48	10.21	Neo-Cytamen GL
1512N	HYDROXYCHLOROQUINE SULPHATE Tablet 200mg	100	1	..	23.12	+15.00	Plaquenil WL
3093T	HYDROXYUREA Capsule 500mg	100	..	..	61.47	+15.00	Hydrea SQ
2956N	HYPROMELLOSE Eye Drops 5mg per mL (0.5%), 15mL	#1	5	..	6.82	7.55	Isopto Tears AQ Lacril AG Methopt SI
2952J	Eye Drops 10mg per mL (1%), 15mL	#1	5	..	7.23	7.96	Methopt Forte SI
1509K	HYPROMELLOSE with DEXTRAN Eye Drops 3mg-1mg per mL (0.3%-0.1%), 15mL	#1	5	..	7.89	8.62	Tears Naturale AQ
3198H	IBUPROFEN Tablet 200mg	50	3	..	5.67	6.40	Brufen BT Inflam PT Rafen 200 AF
3190X	Tablet 400mg	50	3	..	7.30	8.03	Brufen BT Inflam PT
2442M	IDOXURIDINE Eye Drops 1mg per mL (0.1%), 15mL	#1	2	..	8.38	9.11	Herplex AG Stoxil SK
2569F	Eye Ointment 5mg per g (0.5%), 5g	#1	..	..	10.58	11.31	Stoxil SK
2567D	Topical Ointment 5mg per g (0.5%), 5g	#1	..	..	5.05	5.78	Stoxil SK
2420J	IMIPRAMINE HYDROCHLORIDE Tablet 10mg	50	2	..	5.04	5.77	Tofranil 10 CG
2421K	Tablet 25mg	50	2	..	5.72	6.45	Melipramine UW(N) Tofranil 25 CG
2719D	Injection I.M. 25mg in 2mL	10	..	..	15.75	+15.00	Tofranil CG
2436F	INDAPAMIDE Tablet 2.5mg	60	1	..	*13.81	14.54	Natrilix SE

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2454E	INDOMETHACIN Capsule 25mg	50	3	..	6.07	6.80	Arthrexin AF
				0.51	6.58	6.80	Rheumacin PT
							Indocid MK
2757D	Suppository 100mg	40	3	..	*17.53	+15.00	Indocid MK
2852D	INFLUENZA VACCINE Injection (trivalent) 0.5mL	1	..	..	13.00	13.73	Fluvax CS Vaxigrip MB
2886X	INSECT ALLERGEN EXTRACT-HONEY BEE VENOM Injection set containing 550 micrograms	1	..	..	71.14	+15.00	Albay Bee Venom BN
	INSECT ALLERGEN EXTRACT-PAPER WASP VENOM <u>NOTE:</u> Paper wasp venom is not European wasp venom.						
2918N	Injection set containing 550 micrograms	1	..	..	86.18	+15.00	Albay Wasp Venom BN
1710B	INSULIN, ACID Injection (bovine) 100 units per mL, 10mL	5	2	..	*104.13	+15.00	Insulin 2 NO
1711C	INSULIN ISOPHANE (N.P.H.) Injection (bovine) 100 units per mL, 10mL	5	2	..	*96.88	+15.00	Hypurin Isophane FC Isotard MC NO
1533Q	Injection (human) 100 units per mL, 10mL	5	2	..	*104.13	+15.00	Humulin NPH LY Insulatard Human ND Protaphane HMNO
1534R	Injections (human) 100 units per mL, 1.5mL, 5	10	1	..	*162.13	+15.00	Protaphane HM Penfill NO
1535T	100 units per mL, 2.5mL, 5	4	2	..	*109.27	+15.00	Insulatard Human Nordisk 2.5mL Insuject-X ND
1713E	INSULIN NEUTRAL Injection (bovine) 100 units per mL, 10mL	5	2	..	*96.88	+15.00	Hypurin Neutral FC
1531N	Injection (human) 100 units per mL, 10mL	5	2	..	*104.13	+15.00	Actrapid HM NO Humulin R LY Velosulin Human ND
	(continued)						

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1532P	INSULIN NEUTRAL-cont. Injections (human) 100 units per mL, 1.5mL, 5	10	1	..	*162.13	+15.00	Actrapid HM Penfill NO
1537X	100 units per mL, 2.5mL, 5	4	2	..	*109.27	+15.00	Velosulin Human Nordisk 2.5mL Insuject (white) ND
1431H	INSULIN NEUTRAL-INSULIN ISOPHANE (N.P.H), (MIXED) Injection (human) 100 units (15 units-85 units) per mL, 10mL	5	2	..	*104.13	+15.00	Mixtard 15/85 Human ND
1426C	100 units (30 units-70 units) per mL, 10mL	5	2	..	*104.13	+15.00	Actraphane HM NO Mixtard 30/70 Human ND
1425B	100 units (50 units-50 units) per mL, 10mL	5	2	..	*104.13	+15.00	Mixtard 50/50 Human ND
1461X	Injections (human) 100 units (15 units-85 units) per mL, 2.5mL, 5	4	2	..	*109.27	+15.00	Mixtard 15/85 Human Nordisk 2.5mL Insuject-X ND
1429F	100 units (30 units-70 units) per mL, 1.5mL, 5	10	1	..	*162.13	+15.00	Actraphane HM Penfill NO
1430G	100 units (30 units-70 units) per mL, 2.5mL, 5	4	2	..	*109.27	+15.00	Mixtard 30/70 Human Nordisk 2.5mL Insuject-X ND
1462Y	100 units (50 units-50 units) per mL 2.5mL, 5	4	2	..	*109.27	+15.00	Mixtard 50/50 Human Nordisk 2.5mL Insuject-X ND
1715G	INSULIN PROTAMINE ZINC Injection (bovine) 100 units per mL, 10mL	5	2	..	*104.13	+15.00	Protamine Zinc Insulin MC NO
1716H	INSULIN ZINC SUSPENSION (Lente) Injection (bovine) 100 units per mL, 10mL	5	2	..	*104.13	+15.00	Lente MC NO
1718K	Injection (human) 100 units per mL, 10mL	5	2	..	*104.13	+15.00	Humulin L LY Monotard HM NO

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1721N	INSULIN ZINC SUSPENSION (CRYSTALLINE) (Ultralente) Injection (bovine) 100 units per mL, 10mL	5	2	..	*104.13	+15.00	Ultralente MC NO
1722P	Injection (human) 100 units per mL, 10mL	5	2	..	*104.13	+15.00	Humulin UL LY Ultratard HM NO
1540C	IPRATROPIUM BROMIDE Oral Pressurised Inhalation, 20 micrograms per dose (200 dose)	†1	5	..	14.83	15.00	Atrovent BY
1541D	Nebuliser Solution 250 micrograms per mL (0.025%), 20mL	2	2	..	*14.55	15.00	Atrovent BY
1298H	IRON DEXTRAN Injection 2mL	5	..	..	10.10	10.83	Imferon FC
2764L	IRON POLYMALTOSE COMPLEX Tablet 40mg (iron)	100	2	..	5.05	5.78	Ferrum H SI
2593L	Injection 100mg (iron) in 2mL	5	..	..	10.10	10.83	Ferrum H SI
1550N	ISCONAZOLE NITRATE Cream 10mg per g (1%), 20g	†1	1	..	6.27	7.00	Travogen SC
1551P	Pessaries 300mg, 2	†1	..	..	6.95	7.68	Gyno-Travogen SC
1554T	ISONIAZID Tablet 100mg	100	2	..	5.76	6.49	FM
2587E	ISOSORBIDE DINITRATE Tablet 10mg	200	2	..	*11.19	11.92	Isordil AY Isotrate PD
2588F	Sublingual Tablet 5mg	200	2	..	*10.81	11.54	Isordil AY Sublingual AY Isotrate PD Sublingual PD
	ISOTRETINOIN <i>To be prescribed on an authority prescription.</i> CAUTION: <i>This drug causes birth defects. Isotretinoin has been reported to cause other frequent and potentially serious toxicity.</i>						
2591J	Capsule 10mg	60	3	..	97.81	+15.00	Roaccutane RO
2592K	Capsule 20mg	60	3	..	181.96	+15.00	Roaccutane RO
	KETOCONAZOLE <i>To be prescribed on an authority prescription.</i> CAUTION: <i>Hepatotoxicity has been reported with ketoconazole.</i>						
1572R	Tablet 200mg	30	5	..	25.43	+15.00	Nizoral JC

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1586L	KETOPROFEN Capsule 50mg	50	3	..	8.62	9.35	Orudis MB
1587M	Capsule 100mg	50	3	..	11.94	12.67	Orudis MB
1589P	Capsule 100mg (sustained release)	50	3	..	12.89	13.62	Orudis SR MB
1590Q	Capsules 200mg (sustained release), 28	±1	3	..	14.02	14.75	Orudis SR 200 MB
1588N	Suppository 100mg	40	3	..	*20.07	+15.00	Orudis MB
1566K	LABETALOL HYDROCHLORIDE Tablet 100mg	100	5	..	12.63	13.36	Presolol 100 AF Trandate GL
1567L	Tablet 200mg	100	5	..	19.42	+15.00	Presolol 200 AF Trandate GL
	LACTULOSE <i>To be prescribed on an authority prescription.</i>						
3064G	Mixture 3.34g per 5mL, 500mL	±1	5	..	15.92	+15.00	Duphalac JC
	LEUPRORELIN ACETATE <i>To be prescribed on an authority prescription.</i>						
1568M	Injection 5mg per mL, 2.8mL	2	2	..	*324.31	+15.00	Lucrin AB
	LEVODOPA						
3143K	Tablet 100mg	50	5	..	11.15	11.88	Larodopa RO
3144L	Tablet 250mg	100	5	..	18.78	+15.00	Larodopa RO
3014P	Tablet 500mg	250	5	..	73.50	+15.00	Larodopa RO
	LEVODOPA with BENSERAZIDE <i>To be prescribed on an authority prescription.</i>						
2231K	<u>Capsule 100mg-25mg (sustained release)</u>	100	5	..	39.03	+15.00	Madopar HBS RO
	LEVODOPA with BENSERAZIDE						
2228G	Tablet 200mg-50mg	100	5	..	43.86	+15.00	Madopar RO
2227F	Capsule 50mg-12.5mg	100	5	..	17.76	+15.00	Madopar Q RO
2225D	Capsule 100mg-25mg	100	5	..	32.91	+15.00	Madopar-M RO
2226E	Capsule 200mg-50mg	100	5	..	43.86	+15.00	Madopar RO
	LEVODOPA with CARBIDOPA						
1244L	Tablet 100mg-10mg	100	5	..	21.00	+15.00	Sinemet M MK
1242J	Tablet 100mg-25mg	100	5	..	32.91	+15.00	Sinemet 100/25 MK
1245M	Tablet 250mg-25mg	100	5	..	43.86	+15.00	Sinemet MK
	LEVONORGESTREL						
2913H	Tablet 30 micrograms, 28	4	2	..	*11.27	12.00	Microlut 28 SC Microval 28 WY

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1455N	LEVONORGESTREL with ETHINYLOESTRADIOL Tablet 125 micrograms-50 micrograms, 21	4	2	..	*11.27	12.00	Microgynon 50 SC
1393H	150 micrograms-30 micrograms, 21	4	2	..	*11.27	12.00	Microgynon 30 SC Nordette 21 WY
3186Q	250 micrograms-50 micrograms, 21	4	2	..	*11.27	12.00	Nordiol 21 WY
1456P	Pack containing 21 tablets 125 micrograms-50 micrograms and 7 inert tablets	4	2	..	*11.27	12.00	Microgynon 50 ED SC Nordette 50 WY
1394J	Pack containing 21 tablets 150 micrograms-30 micrograms and 7 inert tablets	4	2	..	*11.27	12.00	Microgynon 30 ED SC Nordette 28 WY
3188T	Pack containing 21 tablets 250 micrograms-50 micrograms and 7 inert tablets	4	2	..	*11.27	12.00	Nordiol 28 WY
1457Q	Pack containing 11 tablets 50 micrograms-50 micrograms and 10 tablets 125 micrograms- 50 micrograms	4	2	..	*11.27	12.00	Biphasil 21 WY
1458R	Pack containing 11 tablets 50 micrograms-50 micrograms, 10 tablets 125 micrograms- 50 micrograms and 7 inert tablets	4	2	..	*11.27	12.00	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	..	*11.27	12.00	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	..	*11.27	12.00	Triphasil 28 WY Triquilar ED SC
2875H	LIGNOCAINE HYDROCHLORIDE Injection 100mg in 5mL	†2	..	..	8.93	9.66	Xylocard 100 AP
2876J	Infusion 500mg in 5mL	5	..	..	8.93	9.66	Xylocard 500 AP
3084H	LINCOMYCIN Injection 300mg in 1mL	5	..	..	13.81	14.54	Lincocin SS Paediatric UP
2530E	Injection 600mg in 2mL	5	..	..	13.81	14.54	Lincocin UP

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2318B	LIOTHYRONINE Tablet 20 micrograms	100	2	..	8.38	9.11	Tertroxin	GL
3059B	LITHIUM CARBONATE Tablet 250mg	200	2	..	*10.17	10.90	Lithicarb	PT
3060C	Tablet 400mg (sustained release)	200	1	..	*18.99	+15.00	Priadel	PT
1571Q	LOPERAMIDE HYDROCHLORIDE Capsule 2mg	12	..	..	5.09	5.82	Imodium	JC
	LYPRESSIN <i>To be prescribed on an authority prescription.</i>							
2401J	<i>Nasal Spray 50 units per mL, 5mL</i>	10	2	..	*148.13	+15.00	Vasopressin	SZ
2321E	MEDROXYPROGESTERONE Tablet 10mg	30	5	..	12.46	13.19	Provera	UP
2722G	MEDROXYPROGESTERONE Tablet 10mg	100	2	..	27.63	+15.00	Provera	UP
2725K	Tablet 100mg	100	2	..	78.66	+15.00	Farlutal Provera	FE UP
2316X	Tablet 200mg	60	2	..	89.41	+15.00	Farlutal Provera	FE UP
2727M	Tablet 250mg	60	2	..	110.90	+15.00	Provera	UP
2728N	Tablet 500mg	30	2	..	110.90	+15.00	Farlutal Provera	FE UP
2317Y	<i>Oral Suspension 100mg per mL, 100mL</i>	1	2	..	78.66	+15.00	Provera	UP
2319C	<i>Injection 50mg in 1mL</i>	1	..	..	7.61	8.34	Depo-Provera	UP
3118D	<i>Injection 150mg in 1mL</i>	1	..	..	11.00	11.73	Depo-Provera	UP
2322F	<i>Injection 500mg in 2.5mL</i>	7	..	..	*316.26	+15.00	Farlutal	FE
3197G	MEDRYSONE Eye Drops 10mg per mL (1%), 5mL	1	..	5	6.33	7.06	HMS Liquifilm	AG
1824B	MEFENAMIC ACID Capsule 250mg	50	2	..	7.05	7.78	Mefic Ponstan	AF PD
1823Y	MEFRUSIDE Tablet 25mg	100	1	..	*9.65	10.38	Baycaron	BN
2731R	MEGESTROL ACETATE Tablet 40mg	100	2	..	84.61	+15.00	Megostat	BC
2734X	Tablet 160mg	30	2	..	92.92	+15.00	Megostat	BC
2547C	MELPHALAN Tablet 2mg	100	..	..	*86.07	+15.00	Alkeran	BW
2548D	Tablet 5mg	100	..	..	*139.51	+15.00	Alkeran	BW

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1598D	MERCAPTOPURINE Tablet 50mg	100	2	..	*94.55	+15.00	Purinethol BW
	MESALAZINE <i>To be prescribed on an authority prescription.</i>						
1611T	Tablet 250mg	100	5	..	60.19	+15.00	Mesasal SK
2430X	METFORMIN HYDROCHLORIDE Tablet 500mg	100	5	..	13.63	14.36	Diabex FC Diaformin AF Glucophage LH
2901Q	METHACYCLINE HYDROCHLORIDE Capsule 300mg	10	1	..	7.81	8.54	Randomycin WW
	METHADONE HYDROCHLORIDE CAUTION: <i>The risk of drug dependence is high.</i>						
1608P	Tablet 5mg	20	..	..	7.82	8.55	Physeptone BW
1609Q	Tablet 10mg	20	..	..	8.17	8.90	Physeptone BW
1606M	Injection 10mg in 1mL	5	..	..	10.62	11.35	Physeptone BW
	METHDILAZINE HYDROCHLORIDE						
1612W	Tablet 4mg	100	2	..	*8.09	8.82	Dilosyn GL
1613X	Tablet 8mg	100	2	..	*11.47	12.20	Dilosyn GL
	METHENOLONE ACETATE <i>To be prescribed on an authority prescription.</i>						
1620G	Tablet 5mg	100	3	..	*27.19	+15.00	Primobolan SC
1622J	METHOTREXATE Tablet 2.5mg	100	2	..	19.27	+15.00	Ledertrexate LE Methoblastin FE BL
1623K	Tablet 10mg	50	2	..	49.01	+15.00	Methoblastin FE BL
2396D	Injection 5mg in 2mL	5	..	..	*45.13	+15.00	Ledertrexate LE
2395C	Injection 50mg in 2mL	5	..	..	*47.08 47.10	+15.00 +15.00	Ledertrexate LE Methoblastin FE BL
	METHSUXIMIDE <i>To be prescribed on an authority prescription.</i>						
2398F	Capsule 300mg	200	2	..	56.01	+15.00	Celontin PD
1624L	METHYCLOTHIAZIDE Tablet 2.5mg	100	1	..	*7.77	8.50	Enduron-M AB
1625M	Tablet 5mg	100	1	..	*8.29	9.02	Enduron AB

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3194D	METHYLDOPA Tablet 125mg	100	5	..	8.08	8.81	Aldomet-M	MK
1629R	Tablet 250mg	100	5	.. 0.49	10.90 11.39	11.63 11.63	Hydopa Aldomet	AF MK
1634B	METHYLPHENOBARBITONE Tablet 60mg	200	2	..	15.53	+15.00	Prominal	WL
1635C	Tablet 200mg	200	2	..	32.33	+15.00	Prominal	WL
1928L	METHYLPREDNISOLONE ACETATE Injection 40mg in 1mL	5	..	..	17.73	+15.00	Depo-Medrol	UP
2981X	METHYLPREDNISOLONE SODIUM SUCCINATE Injection equivalent to 40mg methylprednisolone in 1mL	5	..	..	26.26	+15.00	Solu-Medrol	UP
1641J	METHYL SALICYLATE Liniment APF, 100mL	†1	1	.. 0.04	4.89 4.93	5.62 5.62	Linsal Metsal MG, QE (NQ) NN	SI RK
3151W	METHYLTESTOSTERONE Tablet 5mg	100	2	..	8.27	9.00	Testomet	PT
2112E	Tablet 25mg	100	2	..	9.05	9.78	Testomet 25	AF
2113F	Tablet 50mg	100	2	..	12.41	13.14	Testomet 50	AF
2826R	METHYSERGIDE Tablet 1mg	100	2	..	25.98	+15.00	Deseril	SZ
1207M	METOCLOPRAMIDE HYDROCHLORIDE Tablet 10mg	25	..	.. 1.32	5.09 6.41	5.82 5.82	Metamide Pramin Maxolon	PT AF BR
1205K	Syrup 5mg per 5mL, 100mL	†1	..	..	5.49	6.22	Maxolon	BR
1206L	Injection 10mg in 2mL	10	..	..	7.28	8.01	Maxolon	BR
1203H	METOLAZONE Tablet 2.5mg	100	1	..	7.98	8.71	Diulo	SR
1324Q	METOPROLOL TARTRATE Tablet 50mg	100	5	..	11.72	12.45	Betaloc Lopresor 50	AP CG
1325R	Tablet 100mg	60	5	..	13.39	14.12	Betaloc Lopresor 100	AP CG
1638F	METRONIDAZOLE Intravenous Infusion 500mg in 100mL	1	..	..	9.15	9.88	Flagyl BL	MB
1621H	Tablet 400mg	21	1	.. 0.05	8.33 8.38	9.06 9.06	Metrogyl 400 Flagyl	AF MB
(continued)								

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer
1636D	METRONIDAZOLE-cont. Tablet 200mg	21	1	..	5.52	6.25	Metrogyl 200 AF
				0.22	5.74	6.25	Metrozine SR
							Trichazole PT
							Flagyl MB
1631W	Tablet 250mg	21	1	..	6.04	6.77	Protostat JC
1626N	Tablet 400mg	5	1	..	5.41	6.14	Metrogyl 400 AF
				0.22	5.63	6.14	Flagyl Statpack MB
1632X	Tablet 500mg	4	1	..	5.66	6.39	Protostat JC
1642K	Suppositories 500mg, 10	†1	..	..	14.87	15.00	Flagyl MB
1643L	Suppositories 1g, 10	†1	..	..	20.48	+15.00	Flagyl MB
1630T	METRONIDAZOLE BENZOATE Oral Suspension 320mg per 5mL (equivalent to 200mg metronidazole in 5mL), 100mL	†1	..	..	10.34	11.07	Flagyl S MB
1682M	MEXILETINE HYDROCHLORIDE Capsule 50mg	100	5	..	18.08	+15.00	Mexitil BY
1683N	Capsule 200mg	100	5	..	36.21	+15.00	Mexitil BY
	MIANSERIN HYDROCHLORIDE <i>To be prescribed on an authority prescription.</i> CAUTION: Neutropenia and agranulocytosis continue to be reported with this drug.						
1627P	Tablet 10mg	50	5	..	11.94	12.67	Tolvon OR
1628Q	Tablet 20mg	50	5	..	19.23	+15.00	Tolvon OR
1274C	MICONAZOLE Oral Gel 20mg per mL (2%), 20g	†1	1	..	6.27	7.00	Daktarin JC
1286Q	Tincture 20mg per mL (2%), 20mL	†1	1	..	6.27	7.00	Daktarin JC
1276E	MICONAZOLE NITRATE Cream 20mg per g (2%), 20g	†1	1	..	6.27	7.00	Daktarin JP Monistat Derm CL
1282L	Lotion 20mg per mL (2%), 20g	†1	1	..	6.27	7.00	Daktarin JC
1277F	Pessaries 100mg, 7	†1	..	..	6.95	7.68	Gyno-Daktarin 7 JP Monistat 7 CL
1275D	Pessaries 200mg, 3	†1	..	..	6.95	7.68	Monistat 3 JC
1273B	Vaginal Cream 100mg per 5g (2%), 40g	†1	..	..	6.95	7.68	Gyno-Daktarin 7 JP Monistat 7 CL

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer
	MILK POWDER—LACTOSE MODIFIED <i>To be prescribed on an authority prescription.</i>						
1284N	Lactose—Predigested Powder 500g	2	20	..	*16.41	+15.00	Digestelact SJ
	MILK POWDER—LOW LACTOSE FORMULA						
1283M	Lactose—Predigested Powder Infant Formula 500g	2	..	..	*16.41	+15.00	De—Lact Infant SJ
	MINERAL MIXTURE <i>(For use with Amino Acid Formula without Phenylalanine)</i>						
1451J	Powder 250g	‡1	5	..	39.18	+15.00	Aminogran M.M. GL
1616C	MINOCYCLINE Tablet 50mg	60	5	..	16.06	+15.00	Minomycin-50 LE
3037W	MINOCYCLINE Capsule 100mg	11	..	..	8.06	8.79	Minomycin LE
	MINOXIDIL <i>To be prescribed on an authority prescription.</i>						
2313R	Tablet 10mg	100	5	..	43.80	+15.00	Loniten UP
2314T	Tablet 25mg	100	5	..	100.15	+15.00	Loniten UP
	MISOPROSTOL <i>To be prescribed on an authority prescription.</i> CAUTION: Misoprostol is a prostaglandin analogue. It should not be used in pregnant women.						
1648R	Tablet 200 micrograms	120	1	..	44.79	+15.00	Cytotec SR
1929M	MITOZANTRONE Injection 20mg in 10mL	1	..	..	286.26	+15.00	Novantrone LE
1930N	Injection 25mg in 12.5mL	1	..	..	349.36	+15.00	Novantrone LE
1931P	Injection 30mg in 15mL	1	..	..	416.19	+15.00	Novantrone LE
	MORPHINE SULPHATE CAUTION: The risk of drug dependence is high.						
1646P	Tablet 30mg	20	..	..	8.91	9.64	Anamorph FM
	MORPHINE SULPHATE CAUTION: The risk of drug dependence is high.						
1644M	Injection 10mg in 1mL	5	..	.. 3.18	7.41 10.59	8.14 8.14	BL, SI AP
	(continued)						

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer
1645N	MORPHINE SULPHATE-cont. Injection 15mg in 1mL	5	..	.. 3.17	7.52 10.69	8.25 8.25	BL, SI AP
1647Q	Injection 30mg in 1mL	5	..	..	8.84	9.57	BL
1607N	MORPHINE TARTRATE Injection 120mg in 1.5mL	5	..	..	18.65	+15.00	BL
1668T	MUSTINE HYDROCHLORIDE Injection 10mg (solvent required) (codes 6759R, 6760T, 6761W, 6762X, 6763Y, 6764B apply to above item with approved solvents)	4	..	..	*39.07	+15.00	BT
2451B	NALIDIXIC ACID Tablet 500mg	56	2	..	24.33	+15.00	Negram WL
1670X	NALOXONE HYDROCHLORIDE Injection 40 micrograms in 2mL	5	..	..	28.37	+15.00	Narcan Neonatal BT
1751E	Injection 400 micrograms in 1mL	1	..	..	10.95	11.68	Naloxone Min-I-Jet CS
1752F	Injection 800 micrograms in 2mL	1	..	..	13.31	14.04	Naloxone Min-I-Jet CS
1753G	Injection 2mg in 5mL	1	..	..	21.88	+15.00	Naloxone Min-I-Jet CS
	NANDROLONE DECANOATE To be prescribed on an authority prescription.						
1671Y	Injection 50mg in 1mL, disposable syringe	1	3	..	13.81	14.54	Deca-Durabolin OR
	NANDROLONE PHENYLPROPIONATE To be prescribed on an authority prescription.						
1672B	Injection 25mg in 1mL	3	3	..	13.81	14.54	Durabolin OR
1317H	NAPHAZOLINE HYDROCHLORIDE Eye Drops 1mg per mL (0.1%), 15mL	†1	5	..	7.07	7.80	Albalon Liquifilm AG
1674D	NAPROXEN Tablet 250mg	50	3	..	8.93	9.66	Flexin Naprosyn AF SD
1659H	Tablet 500mg	50	3	..	12.78	13.51	Flexin 500 Naprosyn AF SD
1658G	Oral Suspension 125mg per 5mL, 500mL	†1	3	..	18.05	+15.00	Naprosyn SD
1662L	Suppository 500mg	40	3	..	*18.33	+15.00	Naprosyn SD
2325J	NEOMYCIN SULPHATE Tablet 500mg	25	1	..	10.91	11.64	Neosulf AF

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2296W	NEOMYCIN UNDECENOATE with BACITRACIN ZINC Ear Ointment 12mg (3.5mg base)- 400 units per g, 10g	†1	..	..	5.20	5.93	Nemdyn HA
1675E	NEOSTIGMINE BROMIDE Tablet 15mg	200	1	..	*13.11	13.84	Prostigmin RO
1680K	NICLOSAMIDE Tablet 500mg	4	..	..	5.98	6.71	Yomesan BN
1681L	NICLOSAMIDE Tablet 500mg	16	..	..	*13.63	14.36	Yomesan BN
1686R	NICOTINIC ACID Tablet 100mg	100	2	..	5.04	5.77	Nikacid AU
1687T	Tablet 250mg	200	5	..	*10.69	11.42	AU
	NIFEDIPINE CAUTION: Capsule formulations of nifedipine are associated with more rapid and higher peak levels which may cause serious adverse effects.						
1678H	Capsule 5mg	100	5	..	16.63	+15.00	Adalat 5 BN
1688W	Capsule 10mg	100	5	..	21.58	+15.00	Adalat BN
1695F	NIFEDIPINE Tablet 20mg	60	5	..	25.21	+15.00	Adalat 20 BN
	NITRAZEPAM To be prescribed on an authority prescription.						
2732T	Tablet 5mg	50	5	..	*6.55	7.28	Alodorm AF Mogadon RO
2723H	NITRAZEPAM Tablet 5mg	25	..	..	4.99	5.72	Alodorm Mogadon AF RO
	NITROFURANTOIN CAUTION: Nitrofurantoin may cause peripheral neuritis and severe pulmonary reactions.						
1692C	Capsule 50mg	30	1	..	8.22	8.95	Macrochantin NW
1693D	Capsule 100mg	30	1	..	10.66	11.39	Macrochantin NW
1691B	Paediatric Oral Suspension 25mg per 5mL, 200mL	†1	..	..	13.44	14.17	Furadantin NW

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1967M	NORETHISTERONE Tablet 350 micrograms, 28	4	2	..	*11.27	12.00	Micronor JC Noriday 28 Day SD
2993M	Tablet 5mg	30	5	..	10.91	11.64	Primolut N SC
2772X	NORETHISTERONE with ETHINYLOESTRADIOL Tablet 500 micrograms-35 micrograms, 21	4	2	..	*11.27	12.00	Brevinor SD
2773Y	1mg-35 micrograms, 21	4	2	..	*11.27	12.00	Brevinor-1 SD
2774B	Pack containing 21 tablets 500 micrograms-35 micrograms and 7 inert tablets	4	2	..	*11.27	12.00	Brevinor SD
2775C	Pack containing 21 tablets 1mg- 35 micrograms and 7 inert tablets	4	2	..	*11.27	12.00	Brevinor-1 SD
2771W	Pack containing 12 tablets 500 micrograms-35 micrograms and 9 tablets 1mg-35 micrograms	4	2	..	*11.27	12.00	Synphasic 21 Day SD
2776D	Pack containing 12 tablets 500 micrograms-35 micrograms, 9 tablets 1mg-35 micrograms and 7 inert tablets	4	2	..	*11.27	12.00	Synphasic SD
3176E	NORETHISTERONE with MESTRANOL Tablet 1mg-50 micrograms, 21	4	2	..	*11.27	12.00	Norinyl-1 SD Ortho-Novum 1/50 JC
3179H	Pack containing 21 tablets 1mg- 50 micrograms and 7 inert tablets	4	2	..	*11.27	12.00	Norinyl-1/28 SD
2865T	NORETHISTERONE ACETATE Tablet 10mg	100	2	..	61.08	+15.00	SH420 SC
3010K	NORFLOXACIN To be prescribed on an authority prescription. Tablet 400mg	14	1	..	20.05	+15.00	Noroxin MK
2522R	NORTRIPTYLINE HYDROCHLORIDE Tablet 10mg (base)	50	2	..	5.04	5.77	Allegron DL Nortab SQ
2523T	Tablet 25mg (base)	50	2	..	5.72	6.45	Allegron DL Nortab SQ
2524W	Paediatric Elixir 10mg (base) per 5mL, 100mL	1	4	..	6.86	7.59	Allegron DL

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer
1696G	NYSTATIN Tablet 500,000 units	50	..	..	9.88	10.61	Mycostatin SQ Nilstat LE
1699K	Capsule 500,000 units	50	..	..	9.88	10.61	Mycostatin SQ Nilstat LE
3032N	Lozenge 100,000 units	20	1	..	5.93	6.66	Nilstat LE
3033P	Oral Suspension 100,000 units per mL, 24mL	#1	1	..	5.94	6.67	Mycostatin SQ Nilstat LE
1698J	Cream 100,000 units per g, 15g	#1	1	..	5.37	6.10	Mycostatin SQ Nilstat LE
1318J	Gel 100,000 units per g, 15g	#1	1	..	5.37	6.10	Mycostatin SQ
1179C	Ointment 100,000 units per g, 15g	#1	1	..	5.37	6.10	Mycostatin SQ Nilstat LE
1697H	Pessaries 100,000 units, 15	#1	1	..	6.73	7.46	Mycostatin SQ Nilstat LE
1660J	Cream Pessaries 100,000 units, 15	#1	1	..	6.73	7.46	Nilstat LE
3102G	Vaginal Cream 100,000 units per dose, 15 doses, 75g	#1	1	..	6.18	6.91	Mycostatin SQ Nilstat LE
1663M	OESTRADIOL VALERATE Tablets 1mg, 28	2	2	..	*8.41	9.14	Progynova SC
1664N	Tablets 2mg, 28	2	2	..	*10.19	10.92	Progynova SC
1061W	Injection 10mg in 1mL	3	..	..	16.42	+15.00	Primogyn Depot SC
1776L	OESTRIOL Tablets 1mg, 30	2	2	..	*8.75	9.48	Ovestin OR
1781R	Vaginal Cream 1mg per g (0.1%), 15g	#1	1	..	9.13	9.86	Ovestin OR
1733F	OESTROGENS-CONJUGATED Tablets 300 micrograms, 28	2	2	..	*8.41	9.14	Premarin AY
1734G	Tablets 625 micrograms, 28	2	2	..	*10.19	10.92	Premarin AY
1700L	OESTRONE Pessaries 100 micrograms, 12	#1	1	..	10.11	10.84	Kolpon OR
1701M	Pessaries 1mg, 12	#1	1	..	10.91	11.64	Kolpon OR
1728Y	OLSALAZINE SODIUM <i>To be prescribed on an authority prescription.</i> Capsule 250mg	100	5	..	62.21	+15.00	Dipentum PS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer
	OMEPRAZOLE <i>To be prescribed on an authority prescription.</i> (Proven refractory duodenal, gastric ulcer.) NOTE: Omeprazole is not available for proven refractory duodenal or gastric ulcer under the 'urgent supply' mechanisms.						
1326T	Capsule 20mg	28	1	..	93.83	+15.00	Losec AP
	<i>To be prescribed on an authority prescription.</i> (Proven severe refractory ulcerating oesophagitis.) NOTE: Omeprazole is not available for proven severe refractory ulcerating oesophagitis under the 'urgent supply' mechanisms.						
1327W	Capsule 20mg	28	1	..	93.83	+15.00	Losec AP
	<i>To be prescribed on an authority prescription.</i> (Proven unresponsive scleroderma oesophagus.) NOTE: A maximum of two repeats will be authorised under the 'urgent supply' mechanisms.						
1328X	Capsule 20mg	28	5	..	93.83	+15.00	Losec AP
	<i>To be prescribed on an authority prescription.</i> (Zollinger-Ellison syndrome) NOTE: A maximum of two repeats will be authorised under the 'urgent supply' mechanisms.						
1329Y	Capsule 20mg	56	5	..	*184.23	+15.00	Losec AP
2627G	ORPHENADRINE HYDROCHLORIDE Tablet 50mg	200	2	..	*12.17	12.90	Disipal RK
	OXAZEPAM <i>To be prescribed on an authority prescription.</i>						
3134Y	Tablet 15mg	50	5	..	*6.15	6.88	Alepam 15 AF
				1.00	*7.15	6.88	Murelax AY
							Serepax WY
3135B	Tablet 30mg	50	5	..	*6.65	7.38	Alepam 30 AF
				0.98	*7.63	7.38	Murelax AY
							Serepax WY
	(continued)						

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer
3132W	OXAZEPAM-cont. Tablet 15mg	25	..	.. 0.50	4.79 5.29	5.52 5.52	Alepam 15 AF Murelax AY Serepax WY
3133X	Tablet 30mg	25	..	.. 0.49	5.04 5.53	5.77 5.77	Alepam 30 AF Murelax AY Serepax WY
2942W	OXPRENOLOL HYDROCHLORIDE Tablet 20mg	100	5	..	7.07	7.80	Corbeton 20 AF
2961W	Tablet 40mg	100	5	..	8.89	9.62	Corbeton 40 AF
2481N	OXYCODONE CAUTION: The risk of drug dependence is high. Suppositories 30mg	12	..	..	14.71	15.00	Proladone, BT
2622B	OXYCODONE HYDROCHLORIDE CAUTION: The risk of drug dependence is high. Tablet 5mg	20	..	..	7.32	8.05	Endone BT
2902R	OXYMETHOLONE <i>To be prescribed on an authority prescription.</i> Tablet 50mg	100	5	..	103.62	+15.00	Anapolon SD
2903T	Tablet 100mg	100	5	..	178.33	+15.00	Adroyd PD
1727X	OXYTOCIN Injection 2 units in 2mL	5	..	..	7.95	8.68	Syntocinon SZ
1729B	Injection 5 units in 1mL	5	..	..	7.31	8.04	Syntocinon SZ
1730C	Injection 10 units in 1mL	5	..	..	8.19	8.92	Syntocinon SZ
2400H	OXYTOCIN with ERGOMETRINE MALEATE Injection 5 units and 500 micrograms in 1mL	5	..	..	8.05	8.78	Syntometrine SZ
1735H	PANCREATIN ENZYME Tablet providing not less than 6,500 BP units of lipase activity	500	10	..	36.76	+15.00	Viokase RS
1737K	Capsule providing not less than 6,500 BP units of lipase activity	500	10	..	36.76	+15.00	Viokase RS
2496J	PANCRELIPASE Capsule providing not less than 5,000 BP units of lipase activity	500	10	..	*106.83	+15.00	Pancrease JC
2495H	Capsule providing not less than 10,000 BP units of lipase activity	500	10	..	*158.75	+15.00	Cotazym S Forte OR

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1746X	PARACETAMOL Tablet 500mg	100	1	..	6.49	7.22	Dymadon BW Panamax WL Paralgin FM
1747Y	Mixture 120mg per 5mL, 100mL	†1	2	..	6.03	6.76	Dymadon BW Panamax WL
1754H	PARAFFIN Compound Eye Ointment 3.5g	†1	5	..	6.43	7.16	Duratears AQ
1750D	Compound Eye Ointment 7g	†1	5	..	8.01	8.74	Lacri-Lube S.O.P. AG
	Cream and Ointment—Colostomy and Ileostomy—See Section 3						
2721F	PENICILLAMINE Tablet 125mg	100	1	..	25.76	+15.00	D-Penamine DL
2838J	Tablet 250mg	100	1	..	40.83	+15.00	D-Penamine DL
	PERHEXILINE MALEATE <i>To be prescribed on an authority prescription.</i>						
1822X	Tablet 100mg	100	5	..	28.40	+15.00	Pexid ML
3052P	PERICYAZINE Tablet 2.5mg	100	1	..	7.17	7.90	Neulactil MB
3053Q	Tablet 10mg	100	1	..	11.37	12.10	Neulactil MB
	PETHIDINE HYDROCHLORIDE CAUTION: The risk of drug dependence is high.						
1828F	Injection 50mg in 1mL	5	..	.. 2.68	7.47 10.15	8.20 8.20	BL, SI AP
1829G	Injection 100mg in 2mL	5	..	.. 3.17	7.77 10.94	8.50 8.50	BL, SI AP
	PHENELZINE SULPHATE CAUTION: This drug is a monoamine oxidase inhibitor.						
2856H	Tablet 15mg (base)	50	2	..	8.36	9.09	Nardil WW
1838R	PHENETHICILLIN Capsule 250mg	25	1	..	6.86	7.59	Pensig SI
3088M	Capsule 500mg	25	1	..	7.61	8.34	Pensig SI
3120F	Powder for Syrup 125mg per 5mL, 100mL	†1	1	..	#7.84	8.90	Pensig 125 SI
3121G	250mg per 5mL, 100mL	†1	..	..	#8.51	9.57	Pensig 250 SI
1709Y	PHENETHICILLIN Capsule 250mg	50	5	..	*10.29	11.02	Pensig SI

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1843B	PHENINDIONE Tablet 10mg	100	2	..	8.16	8.89	Dindevan GL
1844C	Tablet 50mg	100	2	..	14.10	14.83	Dindevan GL
1850J	PHENOBARBITONE Tablet 30mg	200	4	..	5.82	6.55	SI
1853M	PHENOBARBITONE SODIUM Injection 200mg in 1mL	5	..	..	7.07	7.80	FM
	PHENOXYBENZAMINE HYDROCHLORIDE <i>To be prescribed on an authority prescription.</i>						
1862B	Capsule 10mg	100	5	..	14.34	15.00	Dibenyline SK
1786B	PHENOXYMETHYLPENICILLIN Tablet 125mg	25	1	..	6.25	6.98	Abbocillin-V AB
1787C	Tablet 250mg	25	1	..	6.39	7.12	Abbocillin-VK AB Cilicaine VK SI PVK LY
3028J	Tablet 500mg	25	1	..	7.31	8.04	Abbocillin-VK AB PVK LY
1789E	Capsule 250mg	25	1	..	6.39	7.12	Abbocillin-VK AB Cilicaine VK SI LPV CS PVK LY
2965C	Capsule 500mg	25	1	..	7.31	8.04	Cilicaine VK SI LPV CS
2356B	Paediatric Oral Suspension 125mg per 5mL, 100mL	†1	1	..	5.69	6.42	Abbocillin-V AB Cilicaine V SI LPV 125 CS
2354X	Oral Suspension 250mg per 5mL, 100mL	†1	1	..	6.80	7.53	Abbocillin-V AB Cilicaine V SI LPV 250 CS
	PHENOXYMETHYLPENICILLIN						
1702N	Tablet 125mg	50	5	..	*9.07	9.80	Abbocillin-V AB
1703P	Tablet 250mg	50	5	..	*9.35	10.08	Abbocillin-VK AB Cilicaine VK SI PVK LY
1705R	Capsule 250mg	50	5	..	*9.35	10.08	Abbocillin-VK AB Cilicaine VK SI LPV CS PVK LY

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	PHENSUXIMIDE <i>To be prescribed on an authority prescription.</i>						
1863C	Capsule 500mg	200	2	..	62.39	+15.00	Milontin PD
	PHENYLALANINE LOW CONTENT FORMULA						
1865E	Powder 1 lb	5	5	..	*145.68	+15.00	Lofenalac MJ
2829X	PHENYLEPHRINE HYDROCHLORIDE Eye Drops 1.2mg per mL (0.12%), 15mL	†1	5	..	7.07	7.80	Isopto Frin AQ
1249R	PHENYTOIN Tablet 50mg	200	2	..	12.24	12.97	Dilantin Infatabs PD
2692Q	Paediatric Oral Suspension 30mg per 5mL, 500mL	†1	3	..	9.54	10.27	Dilantin PD
1873N	PHENYTOIN SODIUM Capsule 30mg	200	2	..	12.01	12.74	Dilantin Sodium PD
1874P	Capsule 100mg	200	2	..	12.29	13.02	Dilantin Sodium PD
	PILOCARPINE <i>To be prescribed on an authority prescription.</i>						
2777E	Eye Disc 5mg (releasing 20 micrograms per hour)	8	5	..	54.10	+15.00	Ocusert Pilo 20 AG
2782K	Eye Disc 11mg (releasing 40 micrograms per hour)	8	5	..	55.86	+15.00	Ocusert Pilo 40 AG
2778F	PILOCARPINE HYDROCHLORIDE Eye Drops 5mg per mL (0.5%), 15mL	†1	5	..	7.94	8.67	Isopto Carpine AQ Pilopt SI P.V. Carpine AG IQ
2595N	Eye Drops 10mg per mL (1%), 15mL	†1	5	..	7.86	8.59	Isopto Carpine AQ Pilopt SI P.V. Carpine AG IQ
2596P	Eye Drops 20mg per mL (2%), 15mL	†1	5	..	8.93	9.66	Isopto Carpine AQ Pilopt SI P.V. Carpine AG IQ
	(continued)						

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer
2597Q	PILOCARPINE HYDROCHLORIDE-cont. Eye Drops 30mg per mL (3%), 15mL	†1	5	..	10.81	11.54	Isopto Carpine AQ Pilopt SI P.V. Carpine AG IQ
2598R	Eye Drops 40mg per mL (4%), 15mL	†1	5	..	11.21	11.94	Isopto Carpine AQ Pilopt SI P.V. Carpine AG IQ
2779G	Eye Drops 60mg per mL (6%), 15mL	†1	5	..	14.25	14.98	Isopto Carpine AQ Pilopt SI P.V. Carpine AG
3062E	PINDOLOL Tablet 5mg	100	5	.. 0.49	10.31 10.80	11.04 11.04	Barbloc 5 AF Visken SZ
3065H	Tablet 15mg	50	5	.. 0.48	13.33 13.81	14.06 14.06	Barbloc 15 AF Visken SZ
1777M	PIPERAZINE OESTRONE SULPHATE Tablets 730 micrograms (equivalent to 625 micrograms sodium oestrone sulphate), 28	2	2	..	*8.41	9.14	Ogen .625 AB
1778N	1.46mg (equivalent to 1.25mg sodium oestrone sulphate), 28	2	2	..	*10.19	10.92	Ogen 1.25 AB
1897W	PIROXICAM Capsule 10mg	50	3	..	12.35	13.08	Feldene PF
1898X	Capsule 20mg	25	3	..	11.94	12.67	Feldene PF
3074T	PIZOTIFEN MALATE Tablet 500 micrograms (base)	100	2	..	14.54	15.00	Sandomigran SZ
1903E	PNEUMOCOCCAL VACCINE, POLYVALENT Injection 0.5mL (23 valent)	1	..	..	26.53	+15.00	Pneumovax 23 CS
	POLYGELINE See Intravenous Infusions						
1910M	POLYMYXIN B SULPHATE with BACITRACIN and NEOMYCIN SULPHATE Eye Ointment 5,000 units- 400 units-5mg per g, 4g	†1	..	..	5.40	6.13	Neosporin BW
1911N	POLYMYXIN B SULPHATE with NEOMYCIN SULPHATE and GRAMICIDIN Eye Drops 5,000 units-2.5mg- 25 micrograms per mL, 10mL	†1	2	..	5.82	6.55	Neosporin BW
2790W	POLYMYXIN B SULPHATE with NEOMYCIN SULPHATE and HYDROCORTISONE Ear Drops 10,000 units- 5mg-10mg per mL, 7mL	†1	2	..	5.34	6.07	Aerocortin BW

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2682E	POLYVINYL ALCOHOL Eye Drops 14mg per mL (1.4%), 15mL	†1	5	..	7.23	7.96	Liquifilm Tears AG
2681D	Eye Drops 30mg per mL (3%), 15mL	†1	5	..	8.15	8.88	Liquifilm Forte AG
2675T	POLYVINYL ALCOHOL with POVIDONE Eye Drops 14mg-6mg per mL (1.4%-0.6%), 15mL	†1	5	..	7.89	8.62	Tears Plus AG
	POTASSIUM CHLORIDE NOTE: Concomitant amiloride, triamterene or spironolactone may cause life-threatening hyperkalaemia.						
2642C	Tablet 600mg (sustained release)	200	1	..	*8.71	9.44	KSR Slow-K Span-K AF CG FC
3012M	Effervescent Tablet 14mmol K ⁺ and 8mmol Cl	60	1	..	*8.71	9.44	Chlorvescent FC
2625E	Elixir 1.5g (20mmol K ⁺ and 20mmol Cl ⁻) per 15mL, 500mL	2	1	..	*8.71	9.44	Kay Ciel SC
2336Y	PRALIDOXIME IODIDE Injection 500mg	5	..	..	14.21	14.94	AB
1479W	PRazosin HYDROCHLORIDE Tablet 1mg (base)	100	5	..	10.99	11.72	Minipress PF
1480X	Tablet 2mg (base)	100	5	..	14.03	14.76	Minipress PF
1478T	Tablet 5mg (base)	100	5	..	21.80	+15.00	Minipress PF
3152X	PREDNISOLONE Tablet 1mg	100	4	..	5.48	6.21	Panafcortelone FC
1917X	Tablet 5mg	60	4	..	5.72	6.45	Adnisolone NN Delta-Cortef UP Deltasolone US Panafcortelone FC Solone FM
1916W	Tablet 25mg	30	4	..	6.62	7.35	Panafcortelone FC Solone FM
2684G	PREDNISOLONE ACETATE Eye Drops 5mg per mL (0.5%), 5mL	†1	2	..	6.29	7.02	Sterofrin AQ
3112T	PREDNISOLONE ACETATE with PHENYLEPHRINE HYDROCHLORIDE Eye Drops 10mg-1.2mg per mL (1%-0.12%), 10mL	†1	2	..	9.39	10.12	Prednefrin Forte AG

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	PREDNISOLONE SODIUM PHOSPHATE <i>To be prescribed on an authority prescription.</i>							
1920C	Retention Enema equivalent to 20mg prednisolone in 100mL	28	3	..	*73.83	+15.00	Predsol	GL
2554K	Suppositories equivalent to 5mg prednisolone, 10	3	3	..	*20.14	+15.00	Predsol	GL
1922E	PREDNISOLONE SODIUM PHOSPHATE Eye and Ear Drops 5mg per mL (0.5%), 5mL	†1	2	..	6.29	7.02	Predsol	GL
3099D	PREDNISOLONE STEAROYLGLYCOLATE Tablet 6.65mg	60	1	..	*8.07	8.80	Sintisone	FE
1934T	PREDNISONE Tablet 1mg	100	4	..	5.48	6.21	Panafcort	FC
1935W	Tablet 5mg	60	4	..	5.72	6.45	Adasone Deltasone Panafcort Sone	NN US FC FM
1936X	Tablet 25mg	30	4	..	6.62	7.35	Panafcort Sone	FC FM
1939C	PRIMIDONE Tablet 250mg	200	2	..	14.74	15.00	Mysoline	IC
1940D	PROBENECID Tablet 500mg	100	5	..	15.75	+15.00	Benemid	FR
	PROBUCOL <i>To be prescribed on an authority prescription.</i>							
1942F	Tablet 250mg	120	5	..	30.96	+15.00	Lurselle	ML
2653P	PROCAINAMIDE HYDROCHLORIDE Capsule 250mg	200	1	..	*14.43	15.00	Pronestyl	SQ
1074M	Capsule 375mg	100	2	..	11.35	12.08	Pronestyl	SQ
1941E	Injection 100mg per mL, 10mL	2	..	..	*17.81	+15.00	Pronestyl	SQ
1793J	PROCAINE PENICILLIN Injection 1g	5	..	..	41.12	+15.00	Cilicaine	SI
1794K	Injection 1.5g	5	..	..	41.84	+15.00	Cilicaine	SI
2635Q	PROCARBAZINE HYDROCHLORIDE Capsule 50mg	100	2	..	33.90	+15.00	Natulan	RO

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	PROCHLORPERAZINE NOTE: As prochlorperazine may be associated with parkinsonism and tardive dyskinesia it should be used for short-term treatment only. However authorities for increased maximum quantities and/or repeats of prochlorperazine tablets will be granted only for the treatment of emesis associated with malignant disease.							
2893G	Tablet 5mg	25	..	..	*4.84	5.57	Compazine	SK
							Stemetil	MB
2369Q	Injection 12.5mg in 1mL	10	..	..	7.67	8.40	Compazine	SK
							Stemetil	MB
2894H	Suppositories 5mg, 5	#1	2	..	6.97	7.70	Stemetil	MB
2895J	Suppositories 25mg, 5	#1	2	..	7.36	8.09	Stemetil	MB
	PROCHLORPERAZINE <i>To be prescribed on an authority prescription.</i> CAUTION: Prochlorperazine may be associated with parkinsonism and tardive dyskinesia.							
2897L	Tablet 5mg	100	5	..	6.71	7.44	Compazine	SK
							Stemetil	MB
1943G	PROCYCLIDINE HYDROCHLORIDE Tablet 5mg	200	2	..	*12.79	13.52	Kemadrin	BW
1948M	PROMETHAZINE HYDROCHLORIDE Injection 50mg in 2mL	10	..	..	*11.79	12.52	BL	
3049L	PROMETHAZINE THEOCLATE Tablet 25mg	30	1	..	7.03	7.76	Avomine	MB
1953T	PROPANTHELINE BROMIDE Tablet 15mg	200	2	..	*9.89	10.62	Pro-Banthine	SR
2565B	PROPRANOLOL HYDROCHLORIDE Tablet 10mg	100	5	..	4.84	5.57	Cardinol	PT
				0.11	4.95	5.57	Deralin 10	AF
							Inderal	IC
2566C	Tablet 40mg	100	5	..	6.18	6.91	Cardinol	PT
				0.10	6.28	6.91	Deralin 40	AF
							Inderal	IC
2899N	Tablet 160mg	50	5	..	7.67	8.40	Cardinol	PT
				0.11	7.78	8.40	Deralin 160	AF
							Inderal	IC
2830Y	Injection 1mg in 1mL	5	..	..	*14.12	14.85	Inderal	IC
1955X	PROPYLTHIOURACIL Tablet 50mg	200	2	..	*19.27	+15.00	JC	

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1957B	PROTAMINE SULPHATE Injection 10mg per mL (1%), 10mL	6	..	..	26.53	+15.00	BT
	PROTEIN HYDROLYSATE FORMULA <i>To be prescribed on an authority prescription.</i>						
2563X	Powder 454g	2	20	..	28.91	+15.00	Nutramigen MJ
2564Y	Powder 1kg	±1	20	..	31.48	+15.00	Nutramigen MJ
	PROTEIN HYDROLYSATE FORMULA <i>without PHENYLALANINE</i>						
3056W	Powder 200g	10	5	..	*582.43	+15.00	Albumaid XP SB
	PROTEIN HYDROLYSATE FORMULA <i>without PHENYLALANINE and TYROSINE</i>						
3057X	Powder 200g	10	5	..	*567.73	+15.00	Albumaid XPXT SB
3047J	PYRANTEL EMBONATE Tablet 125mg (base)	6	..	..	5.09	5.82	Anthel 125 AF
3048K	Tablet 250mg (base)	6	..	..	6.54	7.27	Anthel 250 AF
2724J	PYRIDOSTIGMINE BROMIDE Tablet 10mg	100	2	..	11.82	12.55	Mestinon RO
1959D	Tablet 60mg	100	2	..	26.26	+15.00	Mestinon RO
2608G	Tablet 180mg (sustained release)	100	1	..	73.53	+15.00	Mestinon RO
	PYRIDOXINE HYDROCHLORIDE						
1965K	Tablet 25mg	100	..	..	6.51	7.24	Pydox FM PT

1961F	PYRIDOXINE HYDROCHLORIDE Injection 50mg in 1mL	5	1	..	6.90	7.63	FM
1966L	PYRIMETHAMINE Tablet 25mg	50	..	..	7.83	8.56	Daraprim BW
2337B	QUINETHAZONE Tablet 50mg	100	1	..	9.88	10.61	Aquamox LE
	QUINIDINE BISULPHATE CAUTION: Severe thrombocytopenia has been reported with this drug.						
2623C	Tablet 250mg (sustained release)	100	5	..	17.73	+15.00	Kinidin AP
	QUINIDINE SULPHATE CAUTION: Severe thrombocytopenia has been reported with this drug.						
3080D	Tablet 300mg (sustained release)	100	5	..	21.58	+15.00	Quinidex LA RS

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1972T	QUININE BISULPHATE CAUTION: Severe thrombocytopenia has been reported with this drug. Tablet 300mg	50	2	..	9.22	9.95	Bi-Chinine AU Myoquin FM Quinbisul AF SI Biquin NN Bi-Quinate US
1975Y	QUININE SULPHATE CAUTION: Severe thrombocytopenia has been reported with this drug. Tablet 300mg	50	2	..	9.22	9.95	Chinine AU Quinocetal FM Quinsul AF PT, SI Adaquin NN Quinate US
1978D	RANITIDINE HYDROCHLORIDE <i>To be prescribed on an authority prescription. (Proven duodenal, gastric ulcer.)</i> Tablet 150mg (base)	60	2	..	41.05	+15.00	Zantac GL
1979E	Dispersible Tablet 150mg (base)	60	2	..	41.05	+15.00	Zantac Dispersible GL
1977C	Tablet 300mg (base)	30	1	..	41.05	+15.00	Zantac GL
1988P	<i>To be prescribed on an authority prescription. (Proven severe ulcerating oesophagitis.)</i> Tablet 150mg (base)	60	2	..	41.05	+15.00	Zantac GL
1989Q	Dispersible Tablet 150mg (base)	60	2	..	41.05	+15.00	Zantac Dispersible GL
1986M	Tablet 300mg (base)	30	1	..	41.05	+15.00	Zantac GL
1991T	<i>To be prescribed on an authority prescription. (Scleroderma oesophagus.)</i> NOTE: A maximum of two repeats will be authorised under the 'urgent supply' mechanisms. Tablet 150mg (base)	60	5	..	41.05	+15.00	Zantac GL
1992W	Dispersible Tablet 150mg (base)	60	5	..	41.05	+15.00	Zantac Dispersible GL
1999F	Tablet 300mg (base)	30	5	..	41.05	+15.00	Zantac GL
	(continued)						

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	RANITIDINE HYDROCHLORIDE—cont. <i>To be prescribed on an authority prescription.</i> <i>(Zollinger–Ellison syndrome.)</i> NOTE: A maximum of two repeats will be authorised under the 'urgent supply' mechanisms.						
1993X	Tablet 150mg (base)	120	5	..	*78.67	+15.00	Zantac GL
1994Y	Dispersible Tablet 150mg (base)	120	5	..	*78.67	+15.00	Zantac Dispersible GL
1995B	Tablet 300mg (base)	60	5	..	*78.67	+15.00	Zantac GL
	RIFAMPICIN						
1981G	Capsule 150mg	10	..	..	7.59	8.32	Rimycin 150 AF
1984K	Capsule 300mg	10	..	..	10.70	11.43	Rimycin 300 AF
	<i>To be prescribed on an authority prescription.</i>						
1982H	Capsule 150mg	100	..	..	34.59	+15.00	Rimycin 150 AF
1983J	Capsule 300mg	100	..	..	67.91	+15.00	Rimycin 300 AF
	ROLITETRACYCLINE						
1987N	I.V. Injection set containing 275mg and 10mL solvent	5	..	..	*26.88	+15.00	Reverin HP
1990R	I.M. Injection set containing 350mg and 2mL solvent	5	..	..	*26.88	+15.00	Reverin HP
	SALBUTAMOL						
3087L	Oral Pressurised Inhalation, 100 micrograms per dose (200 dose)	2	5	..	*10.03	10.76	Ventolin GL
	SALBUTAMOL SULPHATE						
1098T	Tablet 4mg (base)	100	5	..	11.02	11.75	Ventolin GL
1103C	Syrup 2mg (base) per 5mL, 300mL	†1	5	..	7.72	8.45	Ventolin GL
1099W	Capsule 200 micrograms (base) (oral inhalation)	100	5	..	10.91	11.64	Ventolin Rotacaps GL
	Inhalation Solution for use in RESPIRATOR						
2000G	Single dose units 2.5mg (base) in 2.5mL, 30	†1	5	..	16.85	+15.00	Ventolin Nebules GL
2001H	Single dose units 5mg (base) in 2.5mL, 30	†1	5	..	17.51	+15.00	Ventolin Nebules GL
2003K	5mg (base) per mL (0.5%), 30mL	2	2	..	*12.07	12.80	Respolin RK Ventolin GL
	(continued)						

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1096Q	SALBUTAMOL SULPHATE-cont. Oral Pressurised Inhalation, 100 micrograms (base) per dose (200 dose)	2	5	..	*10.03	10.76	Respolin RK
1097R	Oral Pressurised Inhalation, 100 micrograms (base) per dose (400 dose)	†1	5	..	8.84	9.57	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	..	29.09	+15.00	Valcote AB
2032Y	Tablet 269mg (enteric coated)	200	2	..	43.77	+15.00	Valcote AB
2033B	Tablet 538mg (enteric coated)	200	2	..	73.85	+15.00	Valcote AB
1996C	SILVER SULPHADIAZINE with CHLORHEXIDINE GLUCONATE Cream 10mg-2mg per g (1%-0.2%), 50g	†1	..	..	9.26	9.99	Silvazine SN
1997D	Cream 10mg-2mg per g (1%-0.2%), 100g	†1	..	..	11.01	11.74	Silvazine SN
	SIMVASTATIN <i>To be prescribed on an authority prescription.</i>						
2011W	Tablet 10mg	30	5	..	45.34	+15.00	Lipex 10 Zocor AD MK
2012X	Tablet 20mg	30	5	..	65.25	+15.00	Lipex 20 Zocor AD MK
2945B	SODIUM ACID CITRATE Mixture 5.5g per 20mL, 500mL	†1	4	..	6.88	7.61	Citralka PD
	SODIUM ACID PHOSPHATE <i>To be prescribed on an authority prescription.</i>						
2946C	Compound Effervescent Tablet containing elemental phosphorus 500mg, sodium 469mg (20.4mmol), potassium 123mg (3.1mmol)	100	5	..	20.33	+15.00	Phosphate Sandoz SZ
2016D	SODIUM AUROTHIOMALATE Injection 10mg	5	..	..	*23.59	+15.00	Myocrisin MB
2017E	Injection 20mg	10	1	..	52.30	+15.00	Myocrisin MB
2018F	Injection 50mg	10	1	..	87.49	+15.00	Myocrisin MB
3015Q	SODIUM BICARBONATE Injection 100mmol (8.4g) in 100mL	5	..	..	*25.98	+15.00	AB

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	SODIUM CELLULOSE PHOSPHATE <i>To be prescribed on an authority prescription.</i>						
2948E	Oral Powder, sachet 5g	100	5	..	110.13	+15.00	Calcisorb RK
2024M	SODIUM CHLORIDE Injection 9mg per mL (0.9%), 2mL	5	1	..	4.87	5.60	AP
2025N	Injection 9mg per mL (0.9%), 5mL	5	1	..	5.06	5.79	AP
2026P	Injection 9mg per mL (0.9%), 10mL 1L size—See Intravenous Infusions	5	1	..	5.33	6.06	AP
	SODIUM CHLORIDE and GLUCOSE See Intravenous Infusions						
	SODIUM CHLORIDE COMPOUND See Intravenous Infusions						
2657W	SODIUM CITRO-TARTRATE Effervescent Granules 100g	‡1	4	..	5.87	6.60	Citravescent Sachets FC Ural Sachets AB
2878L	SODIUM CROMOGLYCATE Capsule 20mg (oral inhalation)	100	5	..	25.12	+15.00	Intal Spincaps FC
2872E	Oral Pressurised Inhalation, 1mg per dose (200 dose)	‡1	5	..	22.34	+15.00	Intal FC
	SODIUM CROMOGLYCATE <i>Nebuliser Solution</i> 20mg per 2mL, ampoule	120	3	..	*51.63	+15.00	Intal FC
	<i>To be prescribed on an authority prescription.</i>						
1127H	Eye Drops 20mg per mL (2%), 10mL	‡1	5	..	11.68	12.41	Opticrom FC
	SODIUM LACTATE COMPOUND See Intravenous Infusions						
	SODIUM LACTATE COMPOUND and ANHYDROUS GLUCOSE See Intravenous Infusions						
1100X	SODIUM NITROPRUSSIDE I.V. Infusion 50mg	10	..	..	47.95	+15.00	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	..	*28.35	+15.00	Epilim RC
	(continued)						

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2289L	SODIUM VALPROATE-cont. Tablet 200mg (enteric coated)	200	2	..	*40.63	+15.00	Epilim EC	RC
2290M	Tablet 500mg (enteric coated)	200	2	..	*76.51	+15.00	Epilim EC	RC
2293Q	Oral Liquid 200mg per 5mL, 300mL	2	2	..	*31.59	+15.00	Epilim Liquid	RC
2295T	Syrup 200mg per 5mL, 300mL	2	2	..	*31.59	+15.00	Epilim Syrup	RC
	SOTALOL HYDROCHLORIDE <i>To be prescribed on an authority prescription.</i>							
2043M	Tablet 160mg	60	5	..	31.98	+15.00	<i>Sotacor</i>	AP
3090P	SPECTINOMYCIN Injection 2g with 3.2mL diluent	1	..	..	12.85	13.58	Trobicin	UP
3091Q	Injection 4g with 6.5mL diluent	1	..	..	19.22	+15.00	Trobicin	UP
	SPIRONOLACTONE <i>CAUTION: Serum electrolytes should be checked regularly. Concomitant amiloride, triamterene or supplementary potassium may cause life-threatening hyperkalaemia.</i>							
2339D	Tablet 25mg	100	5	..	10.68	11.41	<i>Aldactone</i>	SR
1102B	STERCULIA with FRANGULA BARK Granules 473mg-83mg per g (47.3%-8.3%), 250g	2	1	..	*15.91	+15.00	<i>Granocol</i>	SC
	STREPTOKINASE <i>To be prescribed on an authority prescription.</i>							
2907B	Injection 750,000 i.u. (solvent required) (codes 6807G, 6808H, 6809J, 6810K, 6811L, 6812M apply to above item with approved solvents)	2	..	..	*199.17	+15.00	<i>Kabikinase Streptase</i>	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	..	..	174.12	+15.00	<i>Kabikinase Streptase</i>	PS HP
2055E	SUCRALFATE Tablet 1g	120	2	..	27.63	+15.00	Carafate	BT
2047R	SULINDAC Tablet 100mg	50	3	.. 0.51	8.71 9.22	9.44 9.44	Aclin Clinoril	AF FR
2048T	Tablet 200mg	50	3	..	13.99	14.72	Clinoril 200	FR
2063N	SULPHACETAMIDE SODIUM Eye Drops 100mg per mL (10%), 15mL	†1	2	..	6.92	7.65	Acetopt Bleph 10	SI AG
2064P	Eye Drops 200mg per mL (20%), 15mL	†1	2	..	7.58	8.31	Acetopt	SI

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2084Q	SULPHAMETHIZOLE Tablet 500mg	40	2	..	8.93	9.66	Urolucosil WW
2081M	Tablet 1g	20	2	..	8.93	9.66	Urolucosil WW
2093E	SULPHASALAZINE Tablet 500mg	200	5	..	36.36 *36.37	+15.00 +15.00	Ulcot AF Salazopyrin PS
2096H	Tablet 500mg (enteric coated)	200	5	..	*42.43	+15.00	Salazopyrin-EN PS
2094F	SULPHINPYRAZONE Tablet 100mg	100	5	..	19.71	+15.00	Anturan CG
2099L	SULTHIAME Tablet 50mg	200	2	..	9.52	10.25	Ospolot BN
2100M	Tablet 200mg	200	2	..	17.26	+15.00	Ospolot BN
2238T	SURGICAL CEMENT Skin Bond Adhesive 118mL	\$1	2	..	10.36	11.09	SN
2467W	Solvent 237mL	\$1	2	..	7.37	8.10	Unisolve SN
2469Y	Solvent 240mL	\$1	2	..	7.43	8.16	Sacsol EG
2472D	Solvent 250mL	\$1	2	..	7.73	8.46	Sacsol Non Flammable EG
2109B	TAMOXIFEN CITRATE Tablet 10mg (base)	60	5	..	*61.13	+15.00	Nolvadex IC
2110C	Tablet 20mg (base)	60	5	..	*101.29	+15.00	Nolvadex-D IC
2105T	TEMAZEPAM To be prescribed on an authority prescription. Capsule 10mg	50	5	.. 0.40 1.00	*6.55 *6.95 *7.55	7.28 7.28 7.28	Temaze 10 AF Euhypnos FE Normison WY
2108Y	TEMAZEPAM Capsule 10mg	25	..	.. 0.20 0.50	4.99 5.19 5.49	5.72 5.72 5.72	Temaze 10 AF Euhypnos FE Normison WY
2104R	TENOICAM Tablet 10mg	50	3	..	12.35	13.08	Tilcotil RO
1028D	TERBUTALINE SULPHATE Tablet 5mg	100	5	..	11.02	11.75	Bricanyl AP
1030F	Elixir 300 micrograms per mL, 300mL	\$1	5	..	6.17	6.90	Bricanyl AP
1239F	Injection 100 micrograms in 1mL	5	..	..	7.39	8.12	Bricanyl AP
1034K	Injection 500 micrograms in 1mL	5	..	..	7.52	8.25	Bricanyl AP
	(continued)						

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer
1240G	TERBUTALINE SULPHATE-cont. Oral Pressurised Inhalation, 250 micrograms per dose (400 dose)	†1	5	..	8.84	9.57	Bricanyl AP
1243K	Nebuliser Solution 10mg per mL (1%), 50mL	†1	5	..	11.19	11.92	Bricanyl AP
2114G	TESTOSTERONE ENANTHATE <i>Injection 250mg in 1mL</i>	3	3	..	24.14	+15.00	Primoteston Depot SC
2670M	TESTOSTERONE ESTERS <i>Injection 100mg</i>	3	3	..	12.96	13.69	Sustanon "100" OR
2101N	<i>Injection 250mg</i>	3	3	..	23.74	+15.00	Sustanon "250" OR
2115H	TESTOSTERONE UNDECANOATE <i>Capsule 40mg</i>	60	5	..	23.67	+15.00	Andriol OR
2127Y	TETANUS VACCINE, ADSORBED Injection 0.5mL	3	..	..	*13.99	14.72	CS
1330B	TETRABENAZINE <i>Tablet 25mg</i>	100	2	..	18.83	+15.00	Nitoman RO
3083G	TETRACOSACTRIN <i>To be prescribed on an authority prescription.</i> <i>Injection 500 micrograms in 1mL</i>	5	5	..	*41.78	+15.00	Synacthen Depot 0.5 CG
2832C	<i>Injection 1mg in 1mL</i>	5	5	..	*56.73	+15.00	Synacthen Depot 1 CG
2134H	TETRACYCLINE HYDROCHLORIDE Capsule 250mg	25	1	..	5.75	6.48	Achromycin LE
2143T	Eye Ointment 10mg per g (1%), 5g	†1	..	..	5.50	6.23	Latycin BZ
2135J	TETRACYCLINE HYDROCHLORIDE <i>Capsule 250mg</i>	50	5	..	8.07	8.80	Achromycin LE
2145X	TETRACYCLINE HYDROCHLORIDE (BUFFERED) Capsule 250mg	25	1	..	5.75	6.48	Achromycin V LE Hostacycline P HP Hydracycline FM Mysteclin-250 SQ Tetrex AP
2146Y	TETRACYCLINE HYDROCHLORIDE (BUFFERED) <i>Capsule 250mg</i>	50	5	..	*8.07	8.80	Hostacycline P HP Hydracycline FM Mysteclin-250 SQ Tetrex AP Achromycin V LE
				..	8.07	8.80	

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer
	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	..	5.37	6.10	Nuelin Paediatric RK
1143E	Tablet 125mg	100	5	..	6.05	6.78	Nuelin RK
2615P	Tablet 200mg	100	5	..	6.55	7.28	Nuelin RK
2632M	Tablet 200mg (sustained release)	100	5	..	8.62	9.35	Theo-Dur AP
2634P	Tablet 250mg (sustained release)	100	5	..	9.67	10.40	Nuelin-S.R. 250 RK
2633N	Tablet 300mg (sustained release)	100	5	..	11.13	11.86	Theo-Dur AP
2619W	Capsule 50mg (containing sustained release beads)	100	5	..	8.13	8.86	Nuelin-Sprinkle RK Slow-bid RG
2620X	Capsule 100mg (containing sustained release beads)	100	5	..	9.65	10.38	Nuelin-Sprinkle RK Slow-bid RG
2538N	Capsule 100mg (containing sustained release pellets)	100	5	..	9.36	10.09	Austyn FA
2539P	Capsule 200mg (containing sustained release pellets)	100	5	..	10.54	11.27	Austyn FA
2540Q	Capsule 300mg (containing sustained release pellets)	100	5	..	11.72	12.45	Austyn FA
2613M	Elixir 80mg per 15mL, 500mL	†1	5	..	6.10	6.83	Elixophyllin SC
2614N	Syrup 80mg per 15mL, 500mL	†1	5	..	6.10	6.83	Nuelin RK
2947D	THIABENDAZOLE Tablet 500mg	16	..	..	9.89	10.62	Mintezol MK
1070H	THIAMINE HYDROCHLORIDE Tablet 100mg	100	2	..	5.65	6.38	Betamin Invite-B NN
1065C	Injection 100mg in 1mL	5	1	..	6.49	7.22	Beta-Sol FM
2572J	THIETHYLPERAZINE Tablet 6.5mg (base)	50	..	..	7.12	7.85	Torecan SZ
2368P	Injection 6.5mg (base) in 1mL	10	..	..	*10.91	11.64	Torecan SZ
2573K	Suppositories 6.5mg (base), 5	†1	2	..	5.48	6.21	Torecan SZ

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer	
1233X	THIOGUANINE Tablet 40mg	25	1	..	68.00	+15.00	Lanvis	BW
2163W	THIORIDAZINE HYDROCHLORIDE Tablet 10mg	100	1	..	6.22	6.95	Aldazine 10 Melleril	AF SZ
2359E	Tablet 25mg	100	1	..	7.72	8.45	Aldazine 25 Melleril	AF SZ
2164X	Tablet 50mg	100	1	..	8.42	9.15	Aldazine 50 Melleril	AF SZ
2165Y	Tablet 100mg	100	1	..	11.97	12.70	Aldazine 100 Melleril	AF SZ
2402K	Oral Solution 30mg (base) per mL, 30mL	#1	4	..	7.92	8.65	Melleril	SZ
2345K	THIOTEPA Injection 15mg (solvent required) (codes 6825F, 6826G, 6827H, 6828J, 6829K, 6830L apply to above item with approved solvents)	2	1	..	*24.19	+15.00	LE	
2858K	Eye Drops set containing 15mg vial, 2 x 10mL ampoules sterile water, syringe with needle and 15mL dropper bottle	#1	5	..	#20.38	+15.00	LE	
2174K	THYROXINE SODIUM Tablet equivalent to 50 micrograms anhydrous thyroxine sodium	200	1	..	*6.27	7.00	Oroxine	BW
2175L	equivalent to 100 micrograms anhydrous thyroxine sodium	200	1	..	*6.51	7.24	Oroxine	BW
2173J	equivalent to 200 micrograms anhydrous thyroxine sodium	200	1	..	*8.71	9.44	Oroxine	BW
2177N	TICARCILLIN To be prescribed on an authority prescription. Injection 1g (solvent required) (codes 6849L, 6850M, 6851N, 6852P, 6853Q, 6854R apply to above item with approved solvents)	10	..	..	*58.91	+15.00	Tarcil Ticillin	BR CS
2176M	Injection 3g (solvent required) (codes 6831M, 6832N, 6833P, 6834Q, 6835R, 6836T apply to above item with approved solvents)	10	..	..	*126.61	+15.00	Tarcil Ticillin	BR CS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer
	TICARCILLIN with CLAVULANIC ACID <i>To be prescribed on an authority prescription.</i>						
2179Q	Injection 3g-100mg (solvent required) (codes 6879C, 6880D, 6881E, 6882F, 6883G, 6884H apply to above item with approved solvents)	10	..	..	150.80	+15.00	Timentin BR
	TIMOLOL MALEATE CAUTION: Timolol eye drops may precipitate bronchospasm in susceptible patients.						
1281K	Tablet 5mg	100	5	..	10.53	11.26	Blocadren FR
1278G	Eye Drops 2.5mg (base) per mL (0.25%), 5mL	1	5	..	9.67	10.40	Tenopt SI Timoptol FR
1279H	5mg (base) per mL (0.5%), 5mL	1	5	..	10.45	11.18	Tenopt SI Timoptol FR
1465D	TINIDAZOLE Tablet 500mg	4	..	..	6.25	6.98	Fasigyn PF
2328M	TOBRAMYCIN Eye Drops 3mg per mL (0.3%), 5mL	1	2	..	9.30	10.03	Tobrex AQ
2329N	Eye Ointment 3mg per g (0.3%), 3.5g	1	..	..	9.30	10.03	Tobrex AQ
	TOBRAMYCIN SULPHATE <i>To be prescribed on an authority prescription.</i>						
1355H	Injection 40mg (base)	5	..	..	*24.23	+15.00	Nebcin LY
1356J	Injection 80mg (base)	5	..	..	*34.63	+15.00	Nebcin LY
2720E	TOLAZAMIDE Tablet 250mg	100	5	..	12.56	13.29	Tolinase UP
2178P	TOLBUTAMIDE Tablet 500mg	200	2	..	*11.35	12.08	Rastinon HP
2607F	Tablet 1g	100	5	..	11.57	12.30	Rastinon HP
2180R	TRANEXAMIC ACID Tablet 500mg	100	2	..	43.69	+15.00	Cyklokapron PS
	TRANLYCYPROMINE SULPHATE CAUTION: This drug is a monoamine oxidase inhibitor.						
2444P	Tablet 10mg (base)	50	2	..	8.36	9.09	Parnate SK
2990J	TRIAMCINOLONE ACETONIDE Injection 10mg in 1mL	5	..	..	18.71	+15.00	Kenacort-A10 SQ
	(continued)						

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer
2119M	TRIAMCINOLONE ACETONIDE-cont. Cream 200 micrograms per g (0.02%), 45g	†1	..	..	5.12	5.85	Kenalone 0.02% SQ
2117K	200 micrograms per g (0.02%), 100g	2	..	..	*7.91	8.64	Aristocort 0.02% LE Kenalone 0.02% SQ
2125W	500 micrograms per g (0.05%), 15g	†1	1	..	4.82	5.55	Aristocort 0.05% LE Kenalone SQ
2120N	Ointment 200 micrograms per g (0.02%), 45g	†1	..	..	5.12	5.85	Kenalone 0.02% SQ
2118L	200 micrograms per g (0.02%), 100g	2	..	..	*7.91	8.64	Aristocort 0.02% LE Kenalone 0.02% SQ
2126X	500 micrograms per g (0.05%), 15g	†1	1	..	4.82	5.55	Aristocort 0.05% LE Kenalone SQ
2971J	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	..	5.34	6.07	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	..	5.12	5.85	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	..	5.12	5.85	Kenacomb Otic SQ
2342G	TRIAMTERENE CAUTION: Serum electrolytes should be checked regularly. Supplementary potassium may cause life-threatening hyperkalaemia. Tablet 100mg	100	1	..	*10.91	11.64	Dytac SK
2185B	TRIFLUOPERAZINE HYDROCHLORIDE Tablet 1mg (base)	100	1	..	6.31	7.04	Calmazine PT Stelazine SK
2386N	Tablet 2mg (base)	100	1	..	6.88	7.61	Calmazine PT Stelazine SK
2186C	Tablet 5mg (base)	100	1	..	7.06	7.79	Calmazine PT Stelazine SK
	(continued)						

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer
2835F	TRIFLUOPERAZINE HYDROCHLORIDE— cont. <i>Injection 1mg (base) in 1mL</i>	10	..	..	9.58	10.31	Stelazine SK
	TRIGLYCERIDES, MEDIUM CHAIN <i>To be prescribed on an authority prescription.</i>						
2686J	<i>Compound Powder 450g</i>	2	20	..	*27.11	+15.00	Portagen MJ
2676W	<i>Lactalbumin Demineralised Powder 400g</i>	2	20	..	*27.17	+15.00	Alfaré NT
2679B	<i>Protein Hydrolysate Compound Powder 454g</i>	2	20	..	*36.43	+15.00	Pregestimil MJ
3129Q	<i>Oil 1L</i>	‡1	5	..	36.43	+15.00	MCT Oil MJ
2922T	TRIMETHOPRIM Tablet 300mg	7	1	..	5.73	6.46	Alprim AF Triprim BW
	TRIMETHOPRIM with SULPHAMETHOXAZOLE CAUTION: There is an increased risk of severe adverse reactions with this combination in the elderly.						
2949F	Tablet 80mg-400mg	10	..	..	6.09	6.82	Bactrim RO Resprim AF Septrin BW
2951H	Tablet 160mg-800mg	10	..	..	7.50	8.23	Bactrim DS RO Resprim Forte AF Septrin Forte BW Trib DS PT
3103H	Oral Suspension 40mg-200mg per 5mL, 100mL	‡1	1	..	7.01	7.74	Bactrim RO Resprim AF Septrin BW Trib PT
2970H	TRIMIPRAMINE MALEATE Tablet 25mg (base)	50	2	..	5.72	6.45	Surmontil MB
2969G	Capsule 50mg (base)	50	2	..	6.25	6.98	Surmontil MB
1570P	TRIOXYSALEN <i>Tablet 5mg</i>	100	2	..	27.31	+15.00	Trisoralen PT
	TRIPLE ANTIGEN See Diphtheria, Tetanus and Pertussis Vaccine, Adsorbed						
1293C	UREA Cream 100mg per g (10%), 100g	‡1	2	..	6.96	7.69	Nutraplus OL Urederm HA
				0.18	7.14	7.69	Aquacare H.P. AG
				1.20	8.16	7.69	Calmurid PS Aquadrate NW

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer	
	UROFOLLITROPHIN <i>To be prescribed on an authority prescription.</i>							
1601G	Injection Set containing 10 ampoules powder for injection providing 75 units follicle stimulating hormone and 10 ampoules solvent 1mL	1	5	..	218.86	+15.00	Metrodin 75	SG
	VANCOMYCIN <i>To be prescribed on an authority prescription.</i>							
3113W	Capsule 125mg (125,000 i.u.) vancomycin activity	40	..	..	*262.81	+15.00	Vancocin	LY
3114X	Capsule 250mg (250,000 i.u.) vancomycin activity	40	..	..	*510.33	+15.00	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	..	..	*136.18	+15.00	Vancocin	LY
	VERAPAMIL HYDROCHLORIDE CAUTION: The myocardial depressant effects of this drug and of beta-blocking drugs are additive.							
1248Q	Tablet 40mg	100	5	..	10.91	11.64	Anpec 40 Cordilox Isoptin Verpamil	AF SC KN PT
1250T	Tablet 80mg	100	5	..	16.16	+15.00	Anpec 80 Cordilox Isoptin Verpamil	AF SC KN PT
1254B	Tablet 120mg	100	5	..	22.06	+15.00	Cordilox Isoptin Verpamil 120	SC KN PT
1253Y	Tablet 160mg	60	5	..	19.44	+15.00	Cordilox Isoptin	SC KN
1241H	Tablet 240mg (sustained release)	30	5	..	16.38	+15.00	Cordilox SR Isoptin SR	SC KN
2206D	Capsule 160mg (sustained release)	60	5	..	19.44	+15.00	Veracaps SR	SI
2207E	Capsule 240mg (sustained release)	30	5	..	16.38	+15.00	Veracaps SR	SI
1060T	Injection 5mg in 2mL	5	..	..	7.56	8.29	Cordilox Isoptin	SC KN
	VIDARABINE							
2570G	Eye Ointment 30mg per g (3%), 3.5g	\$1	..	..	16.74	+15.00	Vira A	PD

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer	
2198Q	VINBLASTINE SULPHATE Injection 10mg (solvent required) (codes 6843E, 6844F, 6845G, 6846H, 6847J, 6848K apply to above item with approved solvents)	2	..	..	*41.13	+15.00	Velbe	LY
2199R	Injection set containing 10mg and 10mL solvent	2	..	..	*44.53	+15.00	BL	
2371T	VINCRISTINE SULPHATE Injection set containing 1mg and 10mL solvent	10	..	..	*173.23	+15.00	Oncovin BL	LY
2372W	containing 5mg and 10mL solvent	1	..	..	75.34	+15.00	BL	
2843P	WARFARIN Tablet 1mg	50	2	..	6.27	7.00	Coumadin Marevan	BT GL
2209G	Tablet 2mg	50	2	..	6.44	7.17	Coumadin	BT
2210H	Tablet 2.5mg	50	2	..	6.55	7.28	Coumadin	BT
2844Q	Tablet 3mg	50	2	..	6.61	7.34	Marevan	GL
2211J	Tablet 5mg	50	2	..	6.61	7.34	Coumadin Marevan	BT GL
2212K	Tablet 7.5mg	50	2	..	7.28	8.01	Coumadin	BT
2213L	Tablet 10mg	50	2	..	8.26	8.99	Coumadin	BT
2216P	WATER FOR INJECTIONS Injection 2mL	5	3	..	4.82	5.55	AP,BZ	
2217Q	Injection 5mL	5	3	..	4.94	5.67	AP,BZ	
2218R	Injection 10mL	5	3	..	5.12	5.85	AP,BZ	
2219T	WOOL ALCOHOLS Ointment 100g	†1	1	..	5.63	6.36	Eucerin	SN
2984C	ZINC OXIDE Compound Ointment 50g	†1	1	..	7.72	8.45	Anusol	WW
1122C	Compound Suppositories, 12	†1	1	..	7.17	7.90	Anusol	WW
3154B	ZINC SULPHATE with PHENYLEPHRINE HYDROCHLORIDE Eye Drops 2.5mg-1.2mg per mL (0.25%-0.12%), 15mL	†1	5	..	6.96	7.69	Prefrin-Z Zincfrin	AG AQ

INTRAVENOUS INFUSIONS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer
2304G	DEXTRAN 40 100mg per mL with 139mmol per 500mL glucose (10%-5%), 500mL	3	..	..	55.09	+15.00	Rheomacrodex PS
2306J	100mg per mL with 77mmol per 500mL sodium chloride (10%- 0.9%), 500mL	3	..	..	55.09	+15.00	Rheomacrodex PS
3081E	DEXTRAN 70 60mg per mL with 139mmol per 500mL glucose (6%-5%), 500mL	3	..	..	36.97	+15.00	Macrodex PS
3011L	60mg per mL with 77mmol per 500mL sodium chloride (6%- 0.9%), 500mL	3	..	..	36.97	+15.00	Macrodex PS
3199J	ELECTROLYTE REPLACEMENT SOLUTION 1L	2	1	..	*9.61	10.34	Normosol R AB Plasma-Lyte 148 BX
2245E	GLUCOSE 278mmol per L (5%), 1L	5	1	..	*12.78	13.51	AB,BX
2247G	555mmol per L (10%), 1L	5	1	..	*18.18	+15.00	AB,BX
2249J	1110mmol per L (20%), 1L	2	1	..	*9.61	10.34	AB
2251L	1387mmol per L (25%), 1L	2	1	..	*9.61	10.34	AB,BX
2252M	1387mmol per 500mL (50%), 500mL	2	1	..	*8.55	9.28	AB
2334W	POLYGELENE 17.5g per 500mL (3.5%) with electrolytes, 500mL	3	..	..	*44.71	+15.00	Haemaccel HP
2264E	SODIUM CHLORIDE 154mmol per L (0.9%), 1L	5	1	..	*12.78	13.51	AB,BX
2260Y	513mmol per L (3%), 1L	2	1	..	*9.61	10.34	BX
2266G	SODIUM CHLORIDE COMPOUND 1L	4	1	..	*15.31	+15.00	AB,BX
2271M	SODIUM CHLORIDE and GLUCOSE 154mmol-278mmol per L (0.9%-5%), 1L	2	1	..	*9.61	10.34	AB,BX
2278X	39mmol-69mmol per 500mL (0.45%-2.5%), 500mL	5	1	..	*16.18	+15.00	AB,BX
2279Y	19mmol-104mmol per 500mL (0.225%-3.75%), 500mL	5	1	..	*16.18	+15.00	AB,BX
2281C	31mmol-222mmol per L (0.18%-4%), 1L	5	1	..	*12.78	13.51	AB,BX
2286H	SODIUM LACTATE COMPOUND 1L	5	1	..	*12.78	13.51	AB,BX
2288K	SODIUM LACTATE COMPOUND and ANHYDROUS GLUCOSE 278mmol per L (5%), 1L	2	1	..	*9.61	10.34	AB,BX

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

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer
3303W	AMOXYCILLIN Chewable Tablet 250mg	20	..	..	7.64	8.37	Amoxil BR Moxacin CS
3301R	Capsule 250mg	20	..	..	6.85	7.58	Alphamox 250 AF Amoxil BR Cilamox SI Ibiamox PT Moxacin CS
3300Q	Capsule 500mg	20	..	..	10.16	10.89	Alphamox 500 AF Amoxil BR Cilamox SI Ibiamox PT Moxacin CS
3309E	Sachet containing oral powder 3g	1	..	..	7.49	8.22	Amoxil BR Moxacin CS
3302T	Powder for Syrup 125mg per 5mL, 100mL	†1	..	..	#8.45	9.51	Cilamox SI Ibiamox PT Moxacin CS Amoxil BR
3393N	250mg per 5mL, 100mL	†1	..	..	#9.83	10.89	Ibiamox PT Cilamox SI Moxacin 250 CS Amoxil Forte BR
3306B	AMPHOTERICIN Lozenge 10mg	20	..	..	5.93	6.66	Fungilin SQ
3308D	Ointment 30mg per g (3%), 15g	†1	..	..	5.48	6.21	Fungilin SQ
3312H	AMPICILLIN Injection 250mg (solvent required) (codes 6903H, 6904J, 6905K apply to above item with approved solvents)	5	..	..	7.69	8.42	Ampicyn PT Austrapen CS
3313J	Injection 500mg (solvent required) (codes 6906L, 6907M, 6908N apply to above item with approved solvents)	5	..	..	9.63	10.36	Ampicyn PT Austrapen CS
3314K	Injection 1g (solvent required) (codes 6909P, 6910Q, 6911R apply to above item with approved solvents)	5	..	..	13.59	14.32	Ampicyn PT Austrapen CS
7002M	ASPIRIN with CODEINE Mixture—See Section 4, Standard Formulae Preparations						
3397T	BENZYL PENICILLIN Injection 300mg (solvent required) (codes 6912T, 6913W, 6914X apply to above item with approved solvents)	5	..	..	9.85	10.58	CS
3398W	Injection 600mg (solvent required) (codes 6915Y, 6916B, 6917C apply to above item with approved solvents)	5	..	..	10.91	11.64	CS
	(continued)						

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

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer
3399X	BENZYL PENICILLIN-cont. Injection 3g (solvent required) (codes 6918D, 6919E, 6920F apply to above item with approved solvents)	5	..	..	22.79	+15.00	CS
3317N	CEPHALEXIN Capsule 250mg	20	..	.. 0.22	7.23 7.45	7.96 7.96	Ibilex 250 AF Ceporex GL Keflex LY
3318P	Capsule 500mg	20	..	.. 0.22	10.25 10.47	10.98 10.98	Ibilex 500 AF Ceporex GL Keflex LY
3319Q	Granules for Syrup 125mg per 5mL, 100mL	#1	..	.. 0.22	#9.66 #9.88	10.72 10.72	Ibilex 125 AF Ceporex GL Keflex LY
3320R	250mg per 5mL, 100mL	#1	..	.. 0.22	#11.86 #12.08	12.92 12.92	Ibilex 250 AF Ceporex GL Keflex LY
3376Q	CEPHALOTHIN Injection 1g (solvent required) (codes 6951G, 6952H, 6953J apply to above item with approved solvents)	5	..	..	*20.68	+15.00	Ceporacin GL Keflin Neutral LY
3377R	Injection 2g (solvent required) (codes 6954K, 6955L, 6956M apply to above item with approved solvents)	1	..	..	10.18	10.91	Keflin Neutral LY
3378T	Injection 4g (solvent required) (codes 6957N, 6958P, 6959Q apply to above item with approved solvents)	1	..	..	16.42	+15.00	Keflin Neutral LY
3315L	CODEINE PHOSPHATE with ASPIRIN Tablet 30mg-325mg	20	..	..	5.49	6.22	Codral Forte BW
3316M	CODEINE PHOSPHATE with PARACETAMOL Tablet 30mg-500mg	20	..	..	5.49	6.22	Panadeine Forte Caplets WL
3321T	DOXYCYCLINE Tablet 100mg	7	..	..	5.91	6.64	Doxylin 100 AF Vibramycin PF
3322W	Capsule 100mg	7	..	.. 0.66	5.91 6.57	6.64 6.64	Cyclidox PT Doryx FA
3324Y	ERYTHROMYCIN Tablet 250mg	25	..	..	6.69	7.42	EMU-V UP AB
3329F	Capsule 125mg	25	..	..	6.44	7.17	Eryc FA
3326C	Capsule 175mg	25	..	..	6.69	7.42	Eryc LD FA
3325B	Capsule 250mg	25	..	..	8.02	8.75	Eryc FA

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

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer	
3331H	ERYTHROMYCIN ESTOLATE Paediatric Oral Drops 100mg (base) per mL, 10mL	†1	..	..	6.39	7.12	Ilosone	LY
3335M	Paediatric Oral Suspension 125mg (base) per 5mL, 100mL	†1	..	..	6.39	7.12	Ilosone	LY
3327D	ERYTHROMYCIN ETHYL SUCCINATE Tablet 200mg (base)	25	..	..	6.44	7.17	E.E.S. Dulcet	AB
3336N	Tablet 400mg (base)	25	..	..	8.02	8.75	E.E.S. 400	AB
3334L	Granules for Paediatric Oral Suspension 200mg (base) per 5mL, 100mL	†1	..	..	#9.05	10.11	E.E.S. 200	AB
3328E	ERYTHROMYCIN STEARATE Tablet 250mg (base)	25	..	..	6.69	7.42	Erythrocin	AB
3330G	Capsule 250mg (base)	25	..	..	6.69	7.42	Erythrocin	AB
3332J	Paediatric Oral Suspension 125mg (base) per 5mL, 100mL	†1	..	..	6.39	7.12	Erythrocin	AB
3333K	Oral Suspension 250mg (base) per 5mL, 100mL	†1	..	..	8.41	9.14	Erythrocin	AB
3339R	METRONIDAZOLE Tablet 200mg	21	..	..	5.52	6.25	Metrogyl 200	AF
				0.22	5.74	6.25	Metrozine	SR
							Trichazole	PT
							Flagyl	MB
3340T	Tablet 250mg	21	..	..	6.04	6.77	Protostat	JC
3342X	NYSTATIN Tablet 500,000 units	25	..	..	*7.59	8.32	Mycostatin	SQ
							Nilstat	LE
3344B	Lozenge 100,000 units	20	..	..	5.93	6.66	Nilstat	LE
3343Y	Oral Suspension 100,000 units per mL, 24mL	†1	..	..	5.94	6.67	Mycostatin	SQ
							Nilstat	LE
3348F	PARACETAMOL Mixture 120mg per 5mL, 100mL	†1	..	..	6.03	6.76	Dymadon	BW
							Panamax	WL
3353L	PHENETHICILLIN Capsule 250mg	25	..	..	6.86	7.59	Pensig	SI
3354M	Capsule 500mg	25	..	..	7.61	8.34	Pensig	SI
3355N	Powder for Syrup 125mg per 5mL, 100mL	†1	..	..	#7.84	8.90	Pensig 125	SI
3356P	250mg per 5mL, 100mL	†1	..	..	#8.51	9.57	Pensig 250	SI

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

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer
3359T	PHENOXYMETHYLPENICILLIN Tablet 125mg	25	..	..	6.25	6.98	Abbocillin-V AB
3360W	Tablet 250mg	25	..	..	6.39	7.12	Abbocillin-VK AB Cilicaine VK SI PVK LY
3361X	Tablet 500mg	25	..	..	7.31	8.04	Abbocillin-VK AB PVK LY
3363B	Capsule 250mg	25	..	..	6.39	7.12	Abbocillin-VK AB Cilicaine VK SI LPV CS PVK LY
3364C	Capsule 500mg	25	..	..	7.31	8.04	Cilicaine VK SI LPV CS
3365D	Paediatric Oral Suspension 125mg per 5mL, 100mL	†1	..	..	5.69	6.42	Abbocillin-V AB Cilicaine V SI LPV 125 CS
3366E	Oral Suspension 250mg per 5mL, 100mL	†1	..	..	6.80	7.53	Abbocillin-V AB Cilicaine V SI LPV 250 CS
3370J	PROCAINE PENICILLIN Injection 1g	5	..	..	41.12	+15.00	Cilicaine SI
3371K	Injection 1.5g	5	..	..	41.84	+15.00	Cilicaine SI
3383C	TETRACYCLINE HYDROCHLORIDE Capsule 250mg	25	..	..	5.75	6.48	Achromycin LE
3386F	TETRACYCLINE HYDROCHLORIDE (BUFFERED) Capsule 250mg	25	..	..	5.75	6.48	Achromycin V LE Hostacycline P HP Hydracycline FM Mysteclin-250 SQ Tetrex AP
	TRIMETHOPRIM with SULPHAMETHOXAZOLE CAUTION: There is an increased risk of severe adverse reactions with this combination in the elderly.						
3389J	Tablet 80mg-400mg	10	..	..	6.09	6.82	Bactrim RO Resprim AF Septrin BW
3390K	Tablet 160mg-800mg	10	..	..	7.50	8.23	Bactrim DS RO Resprim Forte AF Septrin Forte BW Trib DS PT
	(continued)						

PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS

FOR DENTAL TREATMENT ONLY

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Proprietary Name and Manufacturer	
3391L	TRIMETHOPRIM with SULPHAMETHOXAZOLE-cont. Oral Suspension 40mg-200mg per 5mL, 100mL	†1	..	..	7.01	7.74	Bactrim Resprim Septrin Trib	RO AF BW PT
	WATER FOR INJECTIONS (For use only with an injectible benefit which requires a solvent)							
3394P	Injection 2mL	5	..	..	4.82	5.55	AP, BZ	
3395Q	Injection 5mL	5	..	..	4.94	5.67	AP, BZ	
3396R	Injection 10mL	5	..	..	5.12	5.85	AP, 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	
2223B	ACRYLIC RESIN <i>Solution 125g Aerosol Spray</i>	#1	..	13.91	14.64	<i>Nobecutane</i>	AP
2683F	BENZOIN <i>Compound Tincture 3.5mL per 10mL (35%), 167mL Aerosol Spray</i>	#1	..	9.96	10.69	<i>EG</i>	
2680C	BUTYL MONOESTER POLYMER with ETHANOL <i>Paste 60g</i>	#1	..	12.65	13.37	<i>Stomahesive</i>	SQ
2503R	BUTYL MONOESTER POLYMER with ISOPROPYL ALCOHOL <i>Protective Dressing Aerosol 120g</i>	#1	..	15.59	+15.00	<i>Skin-Prep</i>	SN
2504T	<i>Protective Dressing Solution 59mL</i>	#1	..	12.49	13.22	<i>Skin-Prep</i>	SN
2510D	<i>Protective Dressing Wipes, 50</i>	#1	..	15.13	+15.00	<i>Skin-Prep Uro-Prep</i>	SN SA
2326K	CARMELLOSE SODIUM with PECTIN and GELATIN <i>Paste 167mg-167mg-167mg per g (16.7%-16.7%-16.7%), 15g</i>	#1	..	5.85	6.58	<i>Orabase</i>	SQ
2327L	<i>Powder 333mg-333mg-333mg per g (33.3%-33.3%-33.3%), 15g</i>	#1	..	7.12	7.85	<i>Orahesive</i>	SQ
2718C	CHARCOAL, ACTIVATED <i>Tablet 300mg</i>	500	1	23.78	+15.00	<i>Ad-Sorb Karbons QE(NQ)</i>	RK EG
3115Y	DEODORANT CONCENTRATE <i>Liquid 7.5mL</i>	#1	..	6.36	7.09	<i>Super Banish</i>	SN
3125L	<i>Liquid 15mL</i>	#1	..	5.69	6.42	<i>Banish Odorgon</i>	SN LA
2617R	DIMETHICONE <i>Solution 100mg per mL (10%), 180mL Aerosol Spray</i>	#1	..	8.27	9.00	<i>Silicon Skin Spray</i>	EG
2505W	ISOPROPYL MONOESTER POLYMER with ISOPROPYL ALCOHOL <i>Adhesive Protective Gel 28.35g</i>	#1	..	7.83	8.56	<i>Skin Gel</i>	HO
1569N	OCTOXINOL <i>Compound Cleansing Solution 20mg per g (2%), 240mL</i>	#1	..	10.54	11.27	<i>Uni Wash</i>	SN
1748B	PARAFFIN <i>Compound Cream 85g</i>	#1	..	10.25	10.98	<i>Uni Derm</i>	SN
1749C	<i>Compound Ointment 70g</i>	#1	..	10.65	11.38	<i>Uni Salve</i>	SN

PREPARATIONS AVAILABLE FOR COLOSTOMY AND ILEOSTOMY USE

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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
3146N	POLYISOBUTYLENE <i>Compound Adhesive Wafers, 5</i>	#1	5	15.18 15.18	+15.00 +15.00	<i>Hollihesive Skin Barrier</i> HO <i>Soft Guard XL Skin Barrier</i> SN
3148Q	<i>Compound Adhesive Wafers with Adhesive Discs, 5</i>	#1	5	14.96	15.00	<i>Stomahesive Set</i> SQ
2950G	POLYVINYLPIRROLIDONE and VINYL ACETATE COPOLYMER <i>Aerosol Spray 60mg per mL (6%), 121mL</i>	#1	..	8.22	8.95	<i>Spray-On Bande</i> EG
2258W	STERCULIA <i>(Indian Tragacanth; Gum Karaya) Paste 127.6g</i>	#1	..	11.90	12.63	<i>Karaya Paste</i> HO
2259X	<i>Powder 71g</i>	#1	..	10.16	10.89	SN
2238T	SURGICAL CEMENT <i>Skin Bond Adhesive 118mL</i>					
2467W	<i>Solvent 237mL</i>					
2469Y	<i>Solvent 240mL</i>					
2472D	<i>Solvent 250mL</i>					
	<i>See Section 2</i>					

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
2223B	ACRYLIC RESIN <i>Solution 125g Aerosol Spray</i>	#1	..	13.91	14.64	<i>Nobecutane</i> <i>AP</i>
1263L	BISACODYL <i>Enema 10mg in 5mL, 25</i>	#1	2	32.47	+15.00	<i>Bisalax</i> <i>FC</i>
1259G	<i>Tablet 5mg</i>					
1260H	<i>Suppositories 10mg, 10</i> <i>See Section 2</i>					
1125F	DOCUSATE SODIUM with BISACODYL <i>Suppositories 100mg-10mg, 5</i> <i>See Section 2</i>					
1102B	STERCULIA with FRANGULA BARK <i>Granules 473mg-83mg per g</i> <i>(47.3%-8.3%), 250g</i> <i>See Section 2</i>					
2238T	SURGICAL CEMENT <i>Skin Bond Adhesive 118mL</i>					
2467W	<i>Solvent 237mL</i>					
2469Y	<i>Solvent 240mL</i>					
2472D	<i>Solvent 250mL</i> <i>See Section 2</i>					

SECTION 4

DRUG TARIFF

**CONTAINER PRICES FOR EXTEMPORANEOUSLY PREPARED
BENEFITS**

STANDARD FORMULAE PREPARATIONS

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

DRUG TARIFF

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

Drugs marked (a) and (b)—

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

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

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

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

Special Note:

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

Drug	Standard	Recovery Price		
		1g/mL	10g/mL	Special
Acacia Powdered	BP	\$ 0.11	\$ 0.87	\$ 7.71:100 g
Acetone	BP	0.02	0.19	1.69:100 mL
(use as additive only)				
ACIDS				
Acetic (6 per cent)	BP	0.01	0.05	0.41:100 mL
Acetic (33 per cent)	BP	0.02	0.15	1.34:100 mL
Ascorbic	BP	0.12	0.95	0.02:100 mg
(use as ingredient of Mixtures of Ferrous Sulphate APF and PL)				
Benzoic	BP	0.11	0.91	0.01:100 mg
Boric	BP	0.03	0.27	2.44:100 g
(use as additive only)				
Citric Monohydrate	BP	0.09	0.68	6.00:100 g
Hydrochloric	BP	0.04	0.29	2.60:100 mL
Hydrochloric Dilute	BP	0.03	0.23	2.06:100 mL
Lactic	BP	0.16	1.28	
Oleic	BP	0.08	0.65	5.74:100 mL
Salicylic	BP	0.08	0.60	5.32:100 g
Trichloroacetic	BP 1980	0.57	4.54	
Acriflavine	BPC 1963	1.04	..	0.13:100 mg
Adrenaline (b)	BP	19.50	..	
(may only be prescribed in eye drops)				
Alum	BP	0.01	0.11	0.98:100 g
Aminophylline	BP	0.73	5.86	
Ammoniated Mercury	BP 1973	0.62	4.94	
Aspirin	BP	0.04	0.33	2.91:100 g
Atropine Sulphate	BP	3.90	..	0.49:100 mg
Beeswax White	BP	0.06	0.49	4.34:100 g
Bentonite	BP	0.04	0.35	3.14:100 g
Benzocaine	BP	0.33	2.62	
Borax	BP	0.03	0.22	1.94:100 g
(use as additive only)				
Calamine	BP	0.04	0.29	2.56:100 g
Calcium Hydroxide	BP	0.06	0.46	4.07:100 g
Cetomacrogol Emulsifying Wax	BP	0.08	0.66	5.85:100 g
Cetostearyl Alcohol	BP	0.07	0.57	5.11:100 g
Cetrimide	BP	0.18	1.46	12.95:100 g
Chlorbutol	BP	0.30	2.42	
Chlorhexidine Acetate	BP	1.64	13.13	0.21:100 mg
(use as additive only)				
Chlorinated Lime	BP	0.03	0.22	1.92:100 g
Chlorocresol	BP	0.35	2.81	0.04:100 mg
Chloroform	BP	0.03	0.22	1.97:100 mL
(use as additive only)				
Chioquinol (a)	BP	..	..	10.86:3.5 g
Cocaine Hydrochloride	BP	20.09	..	2.51:100 mg
Codeine Phosphate	BP	2.75	..	0.34:100 mg
Collodion Flexible	BP	0.09	0.68	6.08:100 mL

Drug	Standard	Recovery Price		
		1g/mL	10g/mL	Special
		\$	\$	\$
CREAMS				
Aqueous	APF	0.02	0.12	1.07:100 g
Aqueous	BP	0.02	0.12	1.07:100 g
Calamine Oily	APF	0.05	0.39	3.45:100 g
Cetomacrogol Aqueous	APF	0.02	0.17	1.48:100 g
Cetrimide 0.5%	BP	0.03	0.27	2.42:100 g
Cetrimide Aqueous	APF	0.03	0.27	2.42:100 g
Chlorhexidine Aqueous	APF	0.04	0.31	2.79:100 g
Oily	APF	0.07	0.54	4.84:100 g
Zinc	BP	0.05	0.37	3.28:100 g
Zinc Oily	APF	0.03	0.24	2.16:100 g
Dithranol	BP	3.39	27.15	0.42:100 mg
Emulsifying Wax	BP	0.07	0.58	5.13:100 g
Ephedrine Hydrochloride (may only be prescribed in nasal instillations)	BP	0.54	4.28	0.07:100 mg
Ethanol (90 per cent) (use as additive only)	BP	0.01	0.07	0.60:100 mL
Ethanol (96 per cent) (use as additive only)	BP	0.01	0.08	0.71:100 mL
Ether Solvent (use as additive only)	BP	0.04	0.28	2.52:100 mL
EXTRACTS				
Hyoscyamus Liquid	BPC 1973	0.15	1.20	10.63:100 mL
Liquorice Liquid	BP	0.05	0.39	3.46:100 mL
Ferrous Sulphate	BP	0.08	0.66	5.83:100 g
Ferrous Sulphate Dried	BP	0.07	0.53	4.70:100 g
Glucose (use as additive only)	BP	0.04	0.28	2.47:100 g
GLYCERIN				
Ichthammol	APF	0.11	0.84	7.47:100 mL
Glycerol	BP	0.03	0.24	2.10:100 mL
Honey Purified (use as additive only)	BP	0.01	0.05	0.43:100 g
Ichthammol	BP	0.19	1.49	13.26:100 g
INFUSION				
Gentian Compound Concentrated 1 in 10	BP	0.05	0.41	3.64:100 mL
Iodine	BP	0.36	2.86	
Kaolin, Light or Kaolin, Light (Natural)	BP	0.02	0.18	1.60:100 g
Lactose	BP	0.01	0.10	0.91:100 g
Lignocaine Hydrochloride	BP	0.46	..	0.06:100 mg
LINIMENTS				
Methyl Salicylate	APF	0.02	0.16	1.46:100 mL
Methyl Salicylate Compound	APF	0.05	0.39	3.48:100 mL
Turpentine	BP	0.04	0.35	3.12:100 mL

Drug	Standard	Recovery Price		
		1g/mL	10g/mL	Special
		\$	\$	\$
LOTION				
Calamine	BP	0.02	0.14	1.21:100 mL
MAGNESIUM				
Carbonate Light	BP	0.03	0.26	2.32:100 g
Sulphate	BP	0.01	0.05	0.48:100 g
(may only be prescribed for other than oral use)				
Trisilicate	BP	0.03	0.27	2.42:100 g
Menthol	BP	0.35	2.80	
Methyl Salicylate	BP	0.03	0.25	2.20:100 mL
Morphine Hydrochloride	BP	4.83	..	0.60:100 mg
MUCILAGES				
Acacia (by weight)	APF 13	0.05	0.37	3.26:100 g
Tragacanth	APF 13	0.01	0.11	1.02:100 mL
Tragacanth	BPC 1973	0.01	0.11	1.02:100 mL
OILS				
Arachis	BP	0.02	0.15	1.34:100 mL
(use as additive only)				
Cade	BPC 1973	0.29	2.33	
Castor	BP	0.03	0.24	2.09:100 mL
(use as additive only)				
Coconut	BP	0.04	0.31	2.77:100 g
Eucalyptus	BP	0.05	0.37	3.28:100 mL
(use as additive only)				
Lavender Spike	BPC 1968	0.31	2.49	
Olive	BP	0.02	0.16	1.41:100 mL
(use as additive only)				
Peppermint	BP	0.25	1.96	
(use as additive only)				
Pumilio Pine	BP 1980	0.30	2.37	
Siberian Fir	BPC 1949	0.28	2.25	
Turpentine	BP	0.04	0.28	2.47:100 mL
(use as additive only)				
OINTMENTS				
Ammoniated Mercury	BP 1973	0.05	0.39	3.47:100 g
Benzoic Acid Compound	APF	0.07	0.54	4.81:100 g
Emulsifying	BP	0.03	0.26	2.29:100 g
Hydrous (white)	BP	0.06	0.47	4.15:100 g
Hydrous (yellow)	BP	0.06	0.47	4.15:100 g
Methyl Salicylate	BP	0.05	0.37	3.28:100 g
Methyl Salicylate Compound	APF 1934	0.04	0.28	2.52:100 g
Paraffin (white)	BP	0.03	0.20	1.82:100 g
Paraffin (yellow)	BP 1968	0.03	0.20	1.82:100 g
Salicylic Acid	APF	0.03	0.24	2.16:100 g
Salicylic Acid	BP	0.05	0.37	3.32:100 g
Simple (white)	BP	0.04	0.30	2.67:100 g
Simple (yellow)	BP	0.04	0.33	2.96:100 g
Sulphur	BP 1980	0.04	0.29	2.56:100 g
Wool Alcohols (white)	BP	0.04	0.32	2.80:100 g
Wool Alcohols (yellow)	BP	0.04	0.32	2.80:100 g
Zinc	BP	0.04	0.35	3.11:100 g
Zinc and Castor Oil	BP	0.04	0.31	2.72:100 g
Oxymel	APF 13	0.01	0.07	0.66:100 mL

Drug	Standard	Recovery Price		
		1g/mL	10g/mL	Special
		\$	\$	\$
Paraffin Hard	BP	0.01	0.11	0.95:100 g
Paraffin Liquid (may only be prescribed for other than oral use)	BP	0.02	0.12	1.11:100 mL
Paraffin Light Liquid	BP	0.02	0.14	1.27:100 mL
Paraffin Soft White	BP	0.02	0.18	1.56:100 g
Paraffin Soft Yellow	BP	0.02	0.14	1.20:100 g
PASTES				
Zinc Compound	BP	0.04	0.31	2.71:100 g
Zinc and Salicylic Acid	BP	0.04	0.33	2.89:100 g
Phenobarbitone	BP	0.32	2.53	0.04:100 mg
Phenobarbitone Sodium	BP	0.70	5.62	0.09:100 mg
Phenol (not available for ear drops)	BP	0.24	1.88	16.71:100 g
Phenol Liquefied (not available for ear drops)	BP	0.14	1.13	10.04:100 mL
Phenoxyethanol	BP	0.13	1.05	
Pilocarpine Hydrochloride (a)	BP	73.08	..	
Pilocarpine Nitrate	BP	28.08	..	3.51:100 mg
Podophyllum Resin	BP	1.15	9.21	
POTASSIUM				
Citrate	BP	0.03	0.27	2.37:100 g
Iodide	BP	0.16	1.25	11.07:100 g
Permanganate	BP	0.09	0.69	6.15:100 g
POWDER				
Tragacanth Compound	BP 1980	0.11	0.86	7.66:100 g
Propylene Glycol	BP	0.07	0.59	5.27:100 mL
Resorcinol	BP	0.30	2.39	
Silver Nitrate	BP	3.20	25.63	
SOAPS				
Ethereal	APF 1955	0.04	0.34	3.04:100 mL
Soft	BP	0.04	0.32	2.81:100 g
SODIUM				
Acid Phosphate	BP	0.03	0.24	2.13:100 g
Bicarbonate	BP	0.01	0.07	0.66:100 g
Chloride	BP	0.02	0.15	1.29:100 g
Citrate	BP	0.04	0.34	3.04:100 g
Phosphate	BP	0.02	0.19	1.67:100 g
Thiosulphate (use as additive only)	BP	0.05	0.37	3.26:100 g
SOLUTIONS				
Aluminium Acetate	BP	0.04	0.30	2.70:100 mL
Benzoic Acid	BP	0.06	0.50	
Calcium Hydroxide	BP	0.01	0.03	0.24:100 mL
Chlorhexidine Gluconate (use as additive only)	BP	0.08	0.65	5.76:100 mL
Coal Tar	BP	0.06	0.48	4.30:100 mL
Formaldehyde	BP	0.02	0.15	1.37:100 mL
Iodine Aqueous Oral	BP	0.09	0.72	6.41:100 mL
Iodine Weak	BP	0.06	0.45	4.01:100 mL
Morphine Hydrochloride	BPC 1973	0.15	1.23	10.95:100 mL
Sodium Chloride	BP	0.01	0.02	0.20:100 mL

Drug	Standard	Recovery Price		
		1g/mL	10g/mL	Special
		\$	\$	\$
SPIRITS				
Ammonia Aromatic	BP	0.04	0.30	2.63:100 mL
Camphor Compound	APF	0.05	0.39	3.51:100 mL
Chloroform	BP	0.01	0.08	0.68:100 mL
Lemon	BP	0.10	0.83	7.34:100 mL
Methylated Industrial (use as additive only)	BP	0.01	0.08	0.73:100 mL
Starch	BP	0.02	0.15	1.32:100 g
Sulphur Precipitated	BP 1980	0.02	0.16	1.45:100 g
Sulphurated Potash	BPC 1973	0.16	1.24	11.01:100 g
SYRUPS				
Lemon	APF	0.01	0.11	0.97:100 mL
Orange	BP	0.03	0.22	1.93:100 mL
Pholcodine Citrate (use as additive only)	BPC 1959	0.04	0.32	2.82:100 mL
Raspberry	BP	0.04	0.31	2.76:100 mL
Red	APF	0.04	0.30	2.70:100 mL
Syrup	BP	0.01	0.08	0.70:100 mL
Tolu	BP	0.03	0.26	2.30:100 mL
Talc Purified BP, sterilised		0.04	0.29	2.58:100 g
Tar Coal	BP	0.09	0.75	6.69:100 g
Tar Coal Prepared	BP 1973	0.12	0.92	8.19:100 g
Theophylline	BP	0.34	2.71	
Thymol	BP	0.35	2.81	
Thymol Mouth Wash Compound	APF	0.02	0.19	1.69:100 mL
TINCTURES				
Belladonna	BP	0.06	0.44	3.90:100 mL
Benzoin Compound	BP	0.06	0.46	4.06:100 mL
Ipecacuanha	BP	0.10	0.79	7.02:100 mL
Lobelia Ethereal	BPC 1973	0.20	1.62	14.39:100 mL
Opium	BP	0.26	2.07	18.41:100 mL
Orange	BP	0.04	0.34	3.05:100 mL
Stramonium	BP 1980	0.05	0.40	3.58:100 mL
Titanium Dioxide	BP	0.16	1.28	11.36:100 g
Tragacanth Powdered	BP	0.60	4.80	42.67:100 g
Triethanolamine	BP	0.08	0.60	5.29:100 mL
WATERS				
Anise Concentrated 1 in 40 (use as additive only)	BP	0.07	0.54	4.84:100 mL
Chloroform Concentrated 1 in 40	APF	0.04	0.34	3.06:100 mL
For Injections (b) (extemporaneously prepared eye drops and eye lotions)	BP	..	..	3.26:100 mL
Peppermint Concentrated 1 in 40 (use as additive only)	APF	0.06	0.47	4.19:100 mL
Purified	BP	0.01	0.02	0.18:100 mL
Wool Alcohols	BP	0.18	1.42	
Wool Fat	BP	0.05	0.40	3.51:100 g
Wool Fat Hydrous	BP	0.05	0.36	3.18:100 g
Zinc Oxide	BP	0.03	0.20	1.81:100 g
Zinc Sulphate	BP	0.12	0.96	8.56:100 g

CONTAINER PRICES

Container Sizes	Prices					
	N.S.W. & A.C.T.	Victoria	Queensland	S.A. & N.T.	Western Australia	Tasmania
	\$	\$	\$	\$	\$	\$
Dispensing Bottles—						
25mL	0.23	0.35	0.18	0.38	0.40	0.28
50mL	0.23	0.32	0.21	0.34	0.50	0.32
100mL	0.36	0.55	0.30	0.53	0.40	0.49
200mL	0.50	0.64	0.41	0.63	0.59	0.62
500mL	1.49	1.29	1.83	1.49	1.33	1.51
Poison Bottles—						
25mL	0.37	0.48	0.33	0.51	0.34	0.43
50mL	0.36	0.50	0.22	0.53	0.42	0.42
100mL	0.37	0.57	0.26	0.60	0.40	0.50
200mL	0.53	0.77	0.50	0.81	0.61	0.75
500mL	0.69	0.82	0.69	1.01	0.66	0.92
Screw Cap Jars—						
25g	0.54	0.45	0.61	0.47	0.49	0.47
50g	0.54	0.49	0.63	0.55	0.67	0.48
100g	0.42	0.59	0.37	0.67	0.77	0.61
200g	0.51	0.57	0.53	0.57	0.66	0.57
500g	0.39	0.86	1.33	0.86	0.86	0.86
Dropper Containers—						
15mL polythene	0.37	0.36	0.49	0.36	0.33	0.45
15mL glass	0.69	0.80	1.05	0.89	0.91	0.91

Dispensing Fee for Extemporaneously Prepared Benefits \$4.96

Additional Fee for Agreed Price Extemporaneously Prepared Benefits \$1.06

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 dispensing fee only. The prices shown in the column 'Maximum Recordable Value for Safety Net' are for the ingredients, the dispensing 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 Recordable Value for Safety Net
	<u>CREAMS</u>			
	Maximum Quantity 100g, 1 Repeat			
7655X	Aluminium Acetate Oily	PL & APF	6.99	8.05
7912K	Aqueous	PL & APF	6.03	7.09
7913L	Aqueous	BP	6.03	7.09
7503X	Buffered	BP	6.01	7.07
7503X	Buffered Aqueous	PL & APF	6.01	7.07
7383N	Calamine Aqueous	PL & APF	6.30	7.36
7659D	Calamine Oily	PL & APF	8.41	9.47
7497N	Cetomacrogol Aqueous	PL & APF	6.44	7.50
7498P	Cetomacrogol (Formula A)	BP	6.19	7.25
7660E	Cetrimide 0.5% (extemporaneous formula)	BP	7.38	8.44
7661F	Cetrimide Aqueous	PL & APF	7.38	8.44
7490F	Chlorhexidine 1% (extemporaneous formula)	BP	7.75	8.81
7490F	Chlorhexidine Aqueous	PL & APF	7.75	8.81
7500R	Clioquinol (extemporaneous formula)	BP	15.48	+15.00
7504Y	Clioquinol Aqueous	APF	9.53	10.59
7318E	Coal Tar and Zinc Oily	PL & APF	7.20	8.26
7499Q	Cold	PL & APF	6.50	7.56
7664J	Glycerol Oily	PL & APF	6.84	7.90
7666L	Ichthammol and Zinc Oily	PL & APF	8.43	9.49
7668N	Methyl Salicylate Compound	APF	8.75	9.81
9555X	Oily	APF	9.80	10.86
7669P	Propylene Glycol	APF	7.27	8.33
7892J	Salicylic Acid and Resorcinol Aqueous	PL & APF	6.75	7.81
7502W	Salicylic Acid and Sulphur Aqueous	PL & APF	6.19	7.25
7897P	Zinc (extemporaneous formula)	BP	8.24	9.30
7376F	Zinc and Ichthammol (extemporaneous formula)	BP	9.48	10.54
7667M	Zinc Oily	PL & APF	7.12	8.18
7654W	Zinc Weak	PL	6.84	7.90
	<u>DUSTING POWDERS</u>			
	Maximum Quantity 100g, 1 Repeat			
7474J	Kaolin Compound	APF	7.36	8.42
7473H	Talc	APF & BP	7.43	8.49
9868J	Zinc and Salicylic Acid	BPC 1968	6.89	7.95
7458M	Zinc, Starch and Talc	PL, APF & BPC 1973	7.29	8.35
	<u>EAR DROPS</u>			
	Maximum Quantity 15mL, 2 Repeats			
7544C	Acetic Acid	APF	5.01	6.07
7642F	Aluminium Acetate	PL & APF	5.28	6.34
8116E	Aluminium Acetate	BP	5.41	6.47
7487C	Chlorhexidine	PL & APF	5.10	6.16
7645J	Ichthammol	PL & APF	6.22	7.28
7315B	Salicylic Acid	PL & APF	5.08	6.14
7314Y	Sodium Bicarbonate	PL, APF & BP	5.13	6.19
7313X	Spirit	PL & APF	5.05	6.11
8204T	Spirit	BPC 1973	5.06	6.12
— CONTAINER RATES TO BE ADDED —				

Code	Item	Reference	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net
7949J	<u>ELIXIR</u> Maximum Quantity 100mL, 4 Repeats Rubrum	APF	7.66	8.72
7589K	<u>EYE DROPS OF COCAINE</u> Maximum Quantity 15mL, No Repeats Cocaine Strong	APF	28.42	+15.00
8263X	<u>EYE DROPS OF PILOCARPINE</u> Maximum Quantity 15mL, 5 Repeats Pilocarpine	APF 1955	13.54	14.60
7416H	<u>EYE DROPS, OTHER</u> Maximum Quantity 15mL, 5 Repeats Zinc Sulphate	APF	8.32	9.38
7363M	<u>EYE LOTIONS</u> Maximum Quantity 200mL, 2 Repeats Sodium Bicarbonate	APF	11.55	12.61
8418C	Sodium Chloride	BP	11.52	12.58
7453G	<u>GARGLE</u> Maximum Quantity 200mL, 4 Repeats Thymol Compound	APF	8.34	9.40
8070R	<u>GLYCERIN</u> Maximum Quantity 100mL, 1 Repeat Ichthammol	APF	12.43	13.49
7485Y	<u>INHALATIONS</u> Maximum Quantity 50mL, 1 Repeat Benzoin	PL	7.26	8.32
8577K	Benzoin Compound	PL	8.20	9.26
7484X	Benzoin and Menthol	PL & APF	7.61	8.67
8579M	Menthol	APF	5.66	6.72
7310R	Menthol and Eucalyptus	PL & BP 1980	5.76	6.82
7309Q	Menthol and Pine	PL & APF	6.39	7.45
8072W	<u>INHALATION, SOLID</u> Maximum Quantity 4g, 1 Repeat Menthol Crystals	BP	6.36	7.42
7529G	<u>LINCTUSES</u> Maximum Quantity 100mL, 2 Repeats Camphor Compound	APF	7.77	8.83
7530H	Codeine	APF	7.83	8.89
7536P	Menthol	APF 1964	6.11	7.17
7480Q	<u>LINIMENTS</u> Maximum Quantity 100mL, 1 Repeat Methyl Salicylate Compound	PL & APF	8.44	9.50
7419L	Turpentine	BP	8.08	9.14
— CONTAINER RATES TO BE ADDED —				

Code	Item	Reference	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net
	<u>LOTIONS</u>			
	Maximum Quantity 200mL, 2 Repeats			
7709R	Aluminium Acetate Aqueous	APF	5.60	6.66
7629M	Calamine	PL & APF	7.38	8.44
7630N	Calamine Oily	PL, APF & BP 1980	7.01	8.07
7631P	Cetomacrogol	APF	6.23	7.29
7710T	Formaldehyde	APF	5.43	6.49
8793T	Resorcinol Compound	APF 13	8.03	9.09
7706N	Salicylic Acid	APF & BP	6.75	7.81
7712X	Salicylic Acid and Coal Tar	APF	7.03	8.09
7632Q	Sodium Thiosulphate	APF	6.80	7.86
7633R	Sulphurated	PL & APF	8.07	9.13
	<u>MIXTURES</u>			
	Maximum Quantity 200 mL, 4 Repeats			
7905C	Aspirin	APF 13	6.80	7.86
7908F	Ferrous Sulphate	PL & APF	6.28	7.34
7598X	Gentian Acid (extemporaneous formula)	BP	6.51	7.57
7604F	Gentian Alkaline	PL & APF	6.37	7.43
7599Y	Gentian Alkaline (extemporaneous formula)	BP	6.20	7.26
7605G	Hydrochloric Acid	APF 1969	9.12	10.18
7491G	Ipecacuanha and Tolu	PL & APF	7.36	8.42
7348R	Kaolin	BPC 1968	6.71	7.77
7301G	Kaolin and Opium	PL & APF	8.47	9.53
7347Q	Lobelia and Stramonium Compound	BPC 1968	8.65	9.71
7346P	Magnesium Carbonate	BPC 1968	5.93	6.99
7342K	Magnesium Trisilicate	BPC 1968	6.21	7.27
7343L	Magnesium Trisilicate and Belladonna	BPC 1968	6.62	7.68
7909G	Morphine (1mg/mL)	APF	7.16	8.22
7910H	Morphine Forte (5mg/mL)	APF	10.79	11.85
7911J	Potassium Citrate	PL & APF	7.42	8.48
7932L	Potassium Citrate and Sodium Bicarbonate	PL & APF	6.53	7.59
7618Y	Potassium Iodide and Stramonium Compound	PL & APF	8.95	10.01
7933M	Sodium Citrate	PL & APF	7.70	8.76
7333Y	Stramonium and Potassium Iodide	BPC 1973	7.11	8.17
	<u>MIXTURES FOR CHILDREN</u>			
	Maximum Quantity 100mL, 4 Repeats			
7783P	Aspirin	APF 13	6.16	7.22
7785R	Belladonna	APF 13	6.23	7.29
7789Y	Ferrous Sulphate	APF 13	5.82	6.88
7330T	Ipecacuanha	BPC 1973	5.95	7.01
7494K	Ipecacuanha and Camphor	PL & APF	6.04	7.10
7791C	Potassium Citrate	PL & APF	6.32	7.38
7792D	Sodium Citrate	PL & APF	6.46	7.52
	<u>MOUTH WASH</u>			
	Maximum Quantity 200mL, 1 Repeat			
7457L	Thymol Compound	APF	8.34	9.40
— CONTAINER RATES TO BE ADDED —				

Code	Item	Reference	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net
	<u>NASAL INSTILLATIONS</u>			
	Maximum Quantity 15mL, 2 Repeats			
7574P	Ephedrine	PL & APF	5.22	6.28
7576R	Glucose and Glycerol	PL & APF	5.44	6.50
	<u>OINTMENTS</u>			
	Maximum Quantity 100g, 1 Repeat			
9497W	Benzoic Acid Compound	PL & APF	9.77	10.83
9497W	Benzoic Acid Compound (extemporaneous formula)	BP	9.77	10.83
9519B	Boric Acid, Olive Oil and Zinc Oxide	QHF	7.72	8.78
7915N	Calamine (extemporaneous formula)	BP	6.84	7.90
7916P	Cetomacrogol Emulsifying	BP	8.12	9.18
7917Q	Cetrimide Emulsifying	BP	8.22	9.28
7452F	Dithranol 0.1%	APF	6.58	7.64
7451E	Dithranol 1%	APF	9.54	10.60
7918R	Emulsifying	PL, APF & BP	7.25	8.31
7938T	Hydrous (white)	BP	9.11	10.17
7939W	Hydrous (yellow)	BP	9.11	10.17
9557B	Hydrous Wool Fat	BPC 1973	7.46	8.52
9559D	Ichthammol	BP 1980	8.88	9.94
9576B	Methyl Salicylate (extemporaneous formula)	BP	8.24	9.30
9577C	Methyl Salicylate Compound	APF 1934	7.48	8.54
7924C	Paraffin (white)	BP	6.78	7.84
7925D	Paraffin (yellow)	BP 1968	6.78	7.84
9592W	Resorcinol and Sulphur Compound	PL & APF	8.21	9.27
7926E	Salicylic Acid	PL & APF	7.12	8.18
8022F	Salicylic Acid (extemporaneous formula)	BP	8.28	9.34
7327P	Salicylic Acid and Sulphur	BPC 1973	9.16	10.22
7927F	Simple White	PL & APF	7.63	8.69
7927F	Simple (white)	BP	7.63	8.69
7930J	Simple (yellow)	BP	7.92	8.98
8060F	Sulphur	BP 1980	7.52	8.58
7450D	Wool Alcohols	APF	7.36	8.42
7936Q	Wool Alcohols (white)	BP	7.76	8.82
7937R	Wool Alcohols (yellow)	BP	7.76	8.82
7896N	Zinc (extemporaneous formula)	BP	8.07	9.13
7899R	Zinc and Castor Oil	PL, APF & BP	7.68	8.74
7573N	Zinc and Coal Tar	APF	6.92	7.98
7896N	Zinc Oxide	PL & APF	8.07	9.13
	<u>PAINTS</u>			
	Maximum Quantity 25mL, 1 Repeat			
7780L	Cetrimide and Chlorhexidine	APF	5.21	6.27
7781M	Coal Tar	APF & BP 1980	5.67	6.73
7842R	Formaldehyde and Salicylic Acid	APF	5.49	6.55
7562B	Ichthammol	PL & APF	7.06	8.12
7563C	Iodine	APF 1964	5.79	6.85
7326N	Iodine Compound	APF	5.88	6.94
7569J	Lactic and Salicylic Acid	APF	7.52	8.58
7566F	Podophyllin	PL	7.55	8.61
7567G	Podophyllin Compound	PL, APF & BP	10.42	11.48
7568H	Salicylic Acid	PL & APF	6.86	7.92
— CONTAINER RATES TO BE ADDED —				

Code	Item	Reference	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net
	<u>PASTES</u> Maximum Quantity 100g, 1 Repeat			
7555P	Coal Tar and Zinc	PL & APF	7.74	8.80
9740P	Dithranol 0.1%	PL & APF	8.27	9.33
9738M	Dithranol 0.1% (extemporaneous formula)	BP	8.27	9.33
9737L	Dithranol 1%	APF	11.21	12.27
9739N	Dithranol 1% (extemporaneous formula)	BP	11.21	12.27
7323K	Resorcinol and Sulphur	BP 1980	8.66	9.72
9742R	Titanium Dioxide	PL & APF	8.86	9.92
9741Q	Zinc and Coal Tar (extemporaneous formula)	BP	7.23	8.29
7558T	Zinc Compound	PL & APF	7.67	8.73
7558T	Zinc Compound (extemporaneous formula)	BP	7.67	8.73
7559W	Zinc and Salicylic Acid	PL & APF	7.77	8.83
9773J	Zinc and Salicylic Acid	BP	7.85	8.91
	<u>POWDER FOR INTERNAL USE</u> Maximum Quantity 100g, 2 Repeats			
9825D	Magnesium Trisilicate	BP	7.38	8.44
	<u>POWDER, IRRIGATION</u> Maximum Quantity 100g, 1 Repeat			
7546E	Alkaline Nasal Douche	APF	6.42	7.48
	<u>SOAPS</u> Maximum Quantity 200mL, 1 Repeat			
9896W	Spirit	BP	9.81	10.87
9897X	Spirit (Industrial Methylated)	BP	10.07	11.13
	<u>SOLUTIONS</u> Maximum Quantity 200mL, 2 Repeats			
7539T	Calcium Hypochlorite (Eusol)	APF	5.46	6.52
7922Y	Iodine Aqueous Oral (Lugol's)	BP	17.78	+15.00
7923B	Iodine Weak	BP	12.98	14.04
7540W	Soap Alcoholic	APF	8.97	10.03
	<u>SYRUP</u> Maximum Quantity 100mL, 4 Repeats			
7375E	Codeine	APF	7.38	8.44
	<u>TINCTURES</u> Maximum Quantity 25mL, 1 Repeat			
8073X	Belladonna	BP	6.06	7.12
8075B	Stramonium	BP 1980	5.96	7.02
	PREPARATION WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY			
	<u>MIXTURE</u> Maximum Quantity 200mL, No Repeats			
7002M	Aspirin APF 13 with Codeine Phosphate BP 30mg per 10mL		8.84	9.90
	— CONTAINER RATES TO BE ADDED —			

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

Code	Preparation	Maximum Quantity	Number 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

CHILDREN'S SECTION

SECTION 6

CONTAINER PRICES, FEES, STANDARD PACKS AND PRICES, FOR READY PREPARED PHARMACEUTICAL BENEFITS

CONTAINER PRICES FOR QUANTITIES OF READY PREPARED BENEFITS LESS THAN MAXIMUM

Injectibles	150mL vial, 44c
Other items	25mL vial, 16c

(The 25mL is the most commonly used size)

Fees—

Ready Prepared Dispensing Fee \$3.43

Dangerous Drug Fee \$1.78

Additional Fee for Agreed Price Ready Prepared Benefits \$0.73

NOTE:—Standard packs and prices (including mark-up, but without dispensing fee and dangerous drug fee) are for items against the price of which an asterisk (*) is shown in section 2 or 3 of the Schedule.

(Apply wastage factor in calculating broken quantity prices)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
GENERAL PHARMACEUTICAL BENEFITS				
1003T	Acyclovir	200mg	25 @ 51.15	BW
2600W	Allopurinol	100mg	100 @ 4.51	AU,BW,PT
2604C		300mg	30 @ 3.05	AF,AU,BW
2601X		100mg	100 @ 4.51	FM
2603B		300mg	30 @ 3.05	FM
2153H	Aluminium Hydroxide	321mg per 5mL, 500mL	1 @ 2.77	WY
1026B	Aluminium Hydroxide Dried	300mg	100 @ 2.77	WY
1033J	Aluminium Hydroxide and Magnesium Carbonate Co-Dried Gel	375mg	100 @ 2.77	WY
2576N	Aluminium Hydroxide with Magnesium Hydroxide	200mg-200mg	100 @ 2.77	PD,WW
2155K		306mg-97.5mg per 5mL, 500mL	1 @ 2.77	AY
2156L		215mg-80mg per 5mL, 500mL	1 @ 2.77	WY
2157M		200mg-200mg per 5mL, 500mL	1 @ 2.77	PD,SC,WW
2158N	Aluminium Hydroxide with Magnesium Hydroxide and Oxethazaine	306mg-97.5mg-10mg per 5mL, 500mL	1 @ 2.77	AY
1032H	Aluminium Hydroxide with Magnesium Trisilicate and Magnesium Hydroxide	250mg-120mg-120mg	100 @ 2.77	FM
2159P		250mg-120mg-120mg per 5mL, 500mL	1 @ 2.77	FM
3109P	Amloride Hydrochloride	5mg	50 @ 2.75	AF
3077Y	Amino Acid Formula with Vitamins and Minerals without Methionine	200g	50 @ 2.99	MK
3073R	Amino Acid Formula with Vitamins and Minerals without Phenylalanine	200g	1 @ 47.05	SB
3076X		200g	1 @ 48.03	SB
3075W	Amino Acid Formula with Vitamins and Minerals without Valine, Leucine and Isoleucine	200g	1 @ 72.91	SB
3071P	Amino Acid Formula without Phenylalanine	250g	1 @ 112.97	SB
3072Q		250g	1 @ 106.70	SB
1059R	Amylobarbitone Sodium	500mg	1 @ 126.93	SB
1980F	Antivenom—Red Back Spider	500 units	1 @ 2.86	LY
1105E	Bendrofluazide	2.5mg	1 @ 80.85	CS
1106F		5mg	50 @ 1.65	BT
1109J	Benzhexol Hydrochloride	2mg	50 @ 1.77	BT
1110K		5mg	100 @ 2.23	PT
2362H	Benztropine Mesylate	2mg	100 @ 3.18	PT
2647H	Benzylpenicillin	3g	100 @ 4.20	MK
2648J		6g	5 @ 19.36	CS
2812B	Betamethasone Valerate	200mcg per g, 100g	1 @ 9.23	CS
2820K		200mcg per g, 100g	1 @ 2.24	GL,SH
1062X	Bethanechol Chloride	10mg	1 @ 2.24	SH
1071J		5mg in 1mL	50 @ 3.17	MK
2544X	Biperiden Hydrochloride	2mg	1 @ 3.97	MK
1259G	Bisacodyl	5mg	100 @ 4.88	KN
1260H		10mg, 10	100 @ 3.38	FC
2994N	Calcitonin (porcine)	160 i.u.	1 @ 4.13	BY
2995P	(salmon)	50 i.u. in 1mL	10 @ 173.69	RG
2996Q		80 i.u. in 0.8mL	5 @ 24.53	SZ
2997R		100 i.u. in 1mL	5 @ 34.87	SZ
2998T		400 i.u. in 2mL	5 @ 39.38	RG,SZ
2999W	(synthetic human)	0.5mg	1 @ 26.73	RG
			5 @ 62.59	CG

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
3116B	Calcium	500mg	60 @ 3.99	RK
3117C		600mg	60 @ 4.10	LE
3122H		equiv. to 1g (25mmol) Ca ²⁺		
1153Q	Carbimazole	5mg	30 @ 5.24	SZ
1160C	Carboplatin	50mg in 5mL	100 @ 3.32	NS
1161D		150mg in 15mL	1 @ 53.74	BC,BL
1162E		450mg in 45mL	1 @ 123.10	BC,BL
1085D	Cefotaxime	1g	1 @ 266.72	BC,BL
1086E		2g	1 @ 11.29	RL
1783W	Ceftriaxone	500mg	1 @ 21.49	RL
1784X		1g	1 @ 17.60	RO
1785Y		2g	1 @ 30.56	RO
2964B	Cephalothin	1g	1 @ 57.72	RO
1256D	Cephazolin	500mg	1 @ 3.45	GL,LY
1257E		1g	1 @ 3.48	LY
1163F	Chlorambucil	2mg	1 @ 6.60	LY
1164G		5mg	25 @ 15.83	BW
1167K	Chloramphenicol	1.2g	25 @ 19.12	BW
1187L	Chlorothiazide	500mg	1 @ 14.43	PD
1585K	Chlorthalidone	25mg	50 @ 3.11	AD
2967E	Cholestyramine	4.7g (equiv. to 4g cholestyramine)	50 @ 3.11	CG
1858T	Cimetidine	200mg	1 @ 24.20	AP
1859W		400mg	120 @ 35.85	SK
1860X		800mg	60 @ 35.85	SK
1861Y		800mg	30 @ 35.85	SK
1808E	Clonazepam	2.5mg in 1mL, 10mL	30 @ 35.85	SK
2621Y	Colistin	150mg	1 @ 2.95	RO
1228P	Copper Sulphate	Tablets, 36	1 @ 27.50	WW
1264M	Cyclopenthiiazide	500mcg	1 @ 4.87	AM
1079T	Cyclophosphamide	500mg	50 @ 3.22	CG
1798P	Cyproheptadine Hydrochloride	4mg	1 @ 8.57	FE
2910E	Cytarabine	100mg set	50 @ 2.33	FR
2904W		500mg set	1 @ 7.12	BL,UP
2129C	Desmopressin	100mcg per mL, 2.5mL	1 @ 35.57	BL
2605D	Digoxin	62.5mcg	1 @ 24.53	FC
1322N		250mcg	100 @ 1.88	BW
1344R	Diphtheria Antitoxin	10,000 units	50 @ 1.63	BW
1341N	Diphtheria and Tetanus Vaccine, Adsorbed	0.5mL	1 @ 44.85	CS
3019X	Diphtheria and Tetanus Vaccine, Adsorbed, Diluted for Adult Use	0.5mL	1 @ 4.07	CS
1346W	Diphtheria, Tetanus and Pertussis Vaccine, Adsorbed	0.5mL	1 @ 4.18	CS
1348Y	Diphtheria Vaccine, Adsorbed	0.5mL	1 @ 4.68	CS,PD
3020Y	Diphtheria Vaccine, Adsorbed, Diluted for Adult Use	0.5mL	1 @ 4.62	CS
1125F	Docusate Sodium with Bisacodyl	100mg-10mg, 5	1 @ 4.51	CS
1338K	Doxorubicin Hydrochloride	10mg	1 @ 2.07	FM
1337J		20mg	1 @ 50.29	FE
1339L		50mg	1 @ 92.87	FE
1336H		10mg in 5mL	1 @ 229.52	FE
1340M		20mg in 10mL	1 @ 54.87	FE
1342P		50mg in 25mL	1 @ 99.28	FE
2714W	Doxycycline	100mg	1 @ 241.50	FE
2715X		100mg	7 @ 2.48	AF,PF
2702F		100mg	7 @ 2.48	PT
2703G		100mg	7 @ 2.48	AF,PF
			7 @ 2.48	PT
			7 @ 3.14	FA
1398N	Erythromycin Lactobionate	300mg	1 @ 4.26	AB
1405Y	Ethinylloestradiol	10mcg	100 @ 1.79	GL

(Apply wastage factor in calculating broken quantity prices)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
1406B	Ethinylloestradiol	20mcg	100 @ 1.94	GL
1407C		50mcg	100 @ 2.56	GL
3166P	Ethynodiol Diacetate with Ethinylloestradiol			
3167Q		500mcg-50mcg	1 @ 1.96	SR
2447T		1mg-50mcg	1 @ 1.96	SR
3168R		Tablet-Pack	1 @ 1.96	SR
1390E	Etoposide	100mg in 5mL	1 @ 55.32	BC
2489B	Famotidine	20mg	60 @ 37.62	AD,MK
2490C		40mg	30 @ 37.62	AD,MK
1433K	Fludrocortisone Acetate	100mcg	100 @ 4.07	SQ
2521Q	Fluorouracil	250mg in 10mL	5 @ 15.57	BL
			10 @ 31.13	RO
2528C		500mg in 10mL	5 @ 28.36	BL,FE
2958Q	Folic Acid	500mcg	100 @ 1.54	PT,SI
1437P		5mg	100 @ 1.54	AF,FM,NN,SI,US
1436N		15mg in 1mL	5 @ 5.26	AB
2414C	Frusemide	20mg	50 @ 1.79	FM,HP
2412Y		40mg	50 @ 2.09	AF,HP
2699C	Gas Gangrene Antitoxin—Mixed (Polyvalent)			
2912G	Glucose Indicator—Blood	25,000 units	1 @ 107.00	CS
2908C		Reagent Strips, 50	1 @ 16.50	AM,BO
2914J		Reagent Strips, 50	1 @ 18.26	HG
1053K	Heparin Calcium	Reagent Strips, 50	1 @ 20.04	AM,BO
1468G	Heparin Sodium	12,500 units in 0.5mL	1 @ 2.86	CS
1076P		25,000 units in 5mL	1 @ 3.71	FC
1617D	Hexamine Mandelate	35,000 units in 35mL	1 @ 7.11	CS,FC
1618E		250mg	100 @ 5.41	WW
1640H	Hydralazine Hydrochloride	500mg	100 @ 7.23	WW
1639G		25mg	100 @ 2.93	AF,PT
1484D	Hydrochlorothiazide	50mg	100 @ 4.26	AF,PT
1485E		25mg	50 @ 2.73	MK
1486F	Hydrochlorothiazide with Amiloride Hydrochloride	50mg	50 @ 3.22	MK
		50mg-5mg	50 @ 4.11	AF,MK
1280J	Hydrochlorothiazide with Triamterene	25mg-50mg	50 @ 4.48	SK
1502C	Hydrocortisone Acetate	25g	1 @ 13.46	SV
1510L	Hydrocortisone Sodium Succinate	100mg set	1 @ 2.53	NR
			1 @ 3.08	UP
1511M		250mg set	1 @ 5.58	UP
3097B		500mg set	1 @ 10.56	UP
1501B		100mg set	1 @ 2.53	NR
			1 @ 3.08	UP
2436F	Indapamide	25mg	30 @ 5.19	SE
2757D	Indomethacin	100mg	20 @ 7.05	MK
1710B	Insulin, Acid (bovine)	100 units per mL, 10mL	1 @ 20.14	NO
1711C	Insulin Isophane (N.P.H.) (bovine)	100 units per mL, 10mL	1 @ 18.69	FC,NO
1533Q	(human)	100 units per mL, 10mL	1 @ 20.14	LY,ND,NO
1534R	(human)	100 units per mL, 1.5mL, 5	1 @ 15.87	NO
1535T	(human)	100 units per mL, 2.5mL, 5	1 @ 26.46	ND

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
1713E	Insulin Neutral (bovine)	100 units per mL, 10mL	1 @ 18.69	FC
1531N	(human)	100 units per mL, 10mL	1 @ 20.14	LY,ND,NO
1532P	(human)	100 units per mL, 1.5mL, 5	1 @ 15.87	NO
1537X	(human)	100 units per mL, 2.5mL, 5	1 @ 26.46	ND
1431H	Insulin Neutral, (Mixed) Insulin isophane (N.P.H.)— (human)	100 units (15 units-85 units) per mL, 10mL	1 @ 20.14	ND
1426C	(human)	100 units (30 units-70 units) per mL, 10mL	1 @ 20.14	ND,NO
1425B	(human)	100 units (50 units-50 units) per mL, 10mL	1 @ 20.14	ND
1461X	(human)	100 units (15 units-85 units) per mL, 2.5mL, 5	1 @ 26.46	ND
1429F	(human)	100 units (30 units-70 units) per mL, 1.5mL, 5	1 @ 15.87	NO
1430G	(human)	100 units (30 units-70 units) per mL, 2.5mL, 5	1 @ 26.46	ND
1462Y	(human)	100 units (50 units-50 units) per mL, 2.5mL, 5	1 @ 26.46	ND
1715G	Insulin Protamine Zinc (bovine)	100 units per mL, 10mL	1 @ 20.14	NO
1716H	Insulin Zinc Suspension (bovine)	100 units per mL, 10mL	1 @ 20.14	NO
1718K	(human)	100 units per mL, 10mL	1 @ 20.14	LY,NO
1721N	Insulin Zinc Suspension (Crystalline) (bovine)	100 units per mL, 10mL	1 @ 20.14	NO
1722P	(human)	100 units per mL, 10mL	1 @ 20.14	LY,NO
1541D	Ipratropium Bromide	250mcg per mL, 20mL	1 @ 5.56	BY
2587E	Isosorbide Dinitrate	10mg	100 @ 3.88	AY,PD
2588F		5mg	100 @ 3.69	AY,PD
1588N	Ketoprofen	100mg	20 @ 8.32	MB
1568M	Leuporelin Acetate	5mg	1 @ 160.44	AB
2913H	Levonorgestrel	30mcg	1 @ 1.96	SC,WY
1455N	Levonorgestrel with Ethinyloestradiol	125mcg-50mcg	1 @ 1.96	SC
1393H		150mcg-30mcg	1 @ 1.96	SC,WY
3186Q		250mcg-50mcg	1 @ 1.96	WY
1456P		Tablet-Pack	1 @ 1.96	SC,WY
1394J		Tablet-Pack	1 @ 1.96	SC,WY
3188T		Tablet-Pack	1 @ 1.96	WY
1458R		Tablet-Pack	1 @ 1.96	SC,WY
1457Q		Tablet-Pack	1 @ 1.96	WY
1391F		Tablet-Pack	1 @ 1.96	SC,WY
1392G		Tablet-Pack	1 @ 1.96	SC,WY
3059B	Lithium Carbonate	250mg	100 @ 3.37	PT
3060C		400mg	100 @ 7.78	PT
2401J	Lypressin	50 units per mL, 5mL	1 @ 14.47	SZ

(Apply wastage factor in calculating broken quantity prices)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
2322F	Medroxyprogesterone	500mg in 2.5mL	1 @ 44.69	FE
1823Y	Mefruside	25mg	50 @ 3.11	BN
2547C	Melphalan	2mg	25 @ 20.66	BW
2548D		5mg	25 @ 34.02	BW
1598D	Mercaptopurine	50mg	25 @ 22.78	BW
1612W	Methdilazine Hydrochloride	4mg	50 @ 2.33	GL
1613X		8mg	50 @ 4.02	GL
1620G	Methenolone Acetate	5mg	50 @ 11.88	SC
1623K	Methotrexate	10mg	100 @ 73.26	BL,FE
2396D		5mg in 2mL	1 @ 8.34	LE
2395C		50mg in 2mL	1 @ 8.73	LE
1624L	Methyclothiazide	2.5mg	50 @ 2.17	AB
1625M		5mg	50 @ 2.43	AB
1284N	Milk Powder—Lactose Modified	500g	1 @ 6.49	SJ
1283M	Milk Powder—Low Lactose Formula	500g	1 @ 6.49	SJ
1668T	Mustine Hydrochloride	10mg	1 @ 8.91	BT
1662L	Naproxen	500mg	20 @ 7.45	SD
1675E	Neostigmine Bromide	15mg	100 @ 4.84	RO
1681L	Niclosamide	500mg	4 @ 2.55	BN
1687T	Nicotinic Acid	250mg	100 @ 3.63	AU
2732T	Nitrazepam	5mg	25 @ 1.56	AF,RO
1967M	Norethisterone	350mcg	1 @ 1.96	JC,SD
2772X	Norethisterone with Ethinyloestradiol	500mcg-35mcg	1 @ 1.96	SD
2773Y		1mg-35mcg	1 @ 1.96	SD
2774B		Tablet-Pack	1 @ 1.96	SD
2775C		Tablet-Pack	1 @ 1.96	SD
2771W		Tablet-Pack	1 @ 1.96	SD
2776D		Tablet-Pack	1 @ 1.96	SD
3176E	Norethisterone with Mestranol	1mg-50mcg	1 @ 1.96	JC,SD
3179H		Tablet-Pack	1 @ 1.96	SD
1663M	Oestradiol Valerate	1mg	1 @ 2.49	SC
1664N		2mg	1 @ 3.38	SC
1776L	Oestriol	1mg	1 @ 2.66	OR
1733F	Oestrogens—Conjugated	300mcg	1 @ 2.49	AY
1734G		625mcg	1 @ 3.38	AY
1329Y	Omeprazole	20mg	28 @ 90.40	AP
2627G	Orphenadrine Hydrochloride	50mg	100 @ 4.37	RK
3134Y	Oxazepam	15mg	25 @ 1.36	AF,AY
			25 @ 1.86	WY
3135B		30mg	25 @ 1.61	AF,AY
			25 @ 2.10	WY
2495H	Pancrelipase	not less than 10,000 BP units lipase activity	250 @ 77.66	OR
1709Y	Phenethicillin	250mg	25 @ 3.43	SI
1702N	Phenoxymethylpenicillin	125mg	25 @ 2.82	AB
1703P		250mg	25 @ 2.96	AB,LY,SI
1705R		250mg	25 @ 2.96	AB,CS,LY,SI
1865E	Phenylalanine Low Content Formula	1 lb	1 @ 28.45	MJ
1777M	Piperazine Oestrone Sulphate	730mcg (equiv. to 625mcg sodium oestrone sulphate)	1 @ 2.49	AB
1778N		1.46mg (equiv. to 1.25mg sodium oestrone sulphate)	1 @ 3.38	AB
2642C	Potassium Chloride	600mg	100 @ 2.64	AF,CG,FC
3012M		14mmol K ⁺ and 8mmol Cl ⁻	30 @ 2.64	FC
2625E		1.5g (20mmol K ⁺ and 20mmol Cl ⁻) per 15mL, 500mL	1 @ 2.64	SC

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
1920C	Prednisolone Sodium Phosphate	equiv. to 20mg prednisolone in 100mL	7 @ 17.60	GL
2554K		equiv. to 5mg prednisolone, 10	1 @ 5.57	GL
3099D	Prednisolone Stearoylglycolate	6.65mg	30 @ 2.32	FE
2653P	Procainamide Hydrochloride	250mg	100 @ 5.50	SQ
1941E		100mg per mL, 10mL	1 @ 7.19	SQ
2893G	Prochlorperazine	5mg	100 @ 3.28	MB,SK
1943G	Procyclidine Hydrochloride	5mg	100 @ 4.68	BW
1948M	Promethazine Hydrochloride	50mg in 2mL	5 @ 4.18	BL
1953T	Propantheline Bromide	15mg	100 @ 3.23	SR
2830Y	Propranolol Hydrochloride	1mg in 1mL	10 @ 16.54	IC
1955X	Propylthiouracil	50mg	100 @ 7.92	JC
2563X	Protein Hydrolysate Formula	454g	1 @ 12.74	MJ
3056W	Protein Hydrolysate Formula without Phenylalanine	200g	1 @ 57.90	SB
3057X	Protein Hydrolysate Formula without Phenylalanine and Tyrosine	200g	1 @ 56.43	SB
1993X	Ranitidine Hydrochloride	150mg (base)	60 @ 37.62	GL
1994Y		150mg (base)	60 @ 37.62	GL
1995B		300mg (base)	30 @ 37.62	GL
1987N	Rolitetracycline	I.V. 275mg	1 @ 4.69	HP
1990R		I.M. 350mg	1 @ 4.69	HP
3087L	Salbutamol	100mcg per dose (200 dose)	1 @ 3.30	GL
2003K	Salbutamol Sulphate	5mg (base) per mL, 30mL	1 @ 4.32	GL,RK
1096Q		100mcg (base) per dose (200 dose)	1 @ 3.30	RK
2016D	Sodium Aurothiomalate	10mg	10 @ 31.80	MB
3015Q	Sodium Bicarbonate	100mmol in 100mL	1 @ 4.51	AB
1124E	Sodium Cromoglycate	20mg per 2mL	60 @ 24.10	FC
2294R	Sodium Valproate	100mg	100 @ 12.46	RC
2289L		200mg (e.c.)	100 @ 18.60	RC
2290M		500mg (e.c.)	100 @ 36.54	RC
2293Q		200mg per 5mL, 300mL	1 @ 14.08	RC
2295T		200mg per 5mL, 300mL	1 @ 14.08	RC
1102B	Sterculia with Frangula Bark	473mg-83mg per g, 250g	1 @ 6.24	SC
2907B	Streptokinase	750,000 I.U.	1 @ 97.87	HP,PS
2093E	Sulphasalazine	500mg	100 @ 16.47	PS
2096H		500mg (e.c.)	100 @ 19.50	PS
2109B	Tamoxifen Citrate	10mg (base)	30 @ 28.85	IC
2110C		20mg (base)	30 @ 48.93	IC
2105T	Temazepam	10mg	25 @ 1.56	AF
			25 @ 1.76	FE
			25 @ 2.06	WY
2127Y	Tetanus Vaccine, Adsorbed	0.5mL	1 @ 3.52	CS
3083G	Tetracosactrin	500mcg in 1mL	1 @ 7.87	CG
2832C		1mg in 1mL	1 @ 10.66	CG
2146Y	Tetracycline Hydrochloride (Buffered)	250mg	25 @ 2.32	AP,FM,HP,SQ
2368P	Thiethylperazine	6.5mg (base) in 1mL	5 @ 3.74	SZ
2345K	Thiotepa	15mg	1 @ 10.38	LE
2174K	Thyroxine Sodium	50mcg	100 @ 1.42	BW
2175L		100mcg	100 @ 1.54	BW
2173J		200mcg	100 @ 2.64	BW
2177N	Ticarcillin	1g	5 @ 27.74	BR,CS
2176M		3g	5 @ 61.59	BR,CS
1355H	Tobramycin Sulphate	40mg (base)	1 @ 4.16	LY
1356J		80mg (base)	1 @ 6.24	LY

(Apply wastage factor in calculating broken quantity prices)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
2178P	Tolbutamide	500mg	100 @ 3.96	HP
2117K	Triamcinolone Acetonide	200mcg per g, 100g	1 @ 2.24	LE,SQ
2118L		200mcg per g, 100g	1 @ 2.24	LE,SQ
2342G	Triamterene	100mg	50 @ 3.74	SK
2686J	Triglycerides, Medium Chain	450g	1 @ 11.84	MJ
2676W		400g	1 @ 11.87	NT
2679B		454g	1 @ 16.50	MJ
3113W	Vancomycin	125mg	20 @ 129.69	LY
3114X		250mg	20 @ 253.45	LY
3131T		500mg	1 @ 26.55	LY
2198Q	Vinblastine Sulphate	10mg	1 @ 18.85	LY
2199R		10mg set	1 @ 20.55	BL
2371T	Vincristine Sulphate	1mg	1 @ 16.98	BL,LY

INTRAVENOUS INFUSIONS

3199J	Electrolyte Replacement Solution	1L	1 @ 3.09	AB,BX
2245E	Glucose	278mmol per L, 1L	1 @ 1.87	AB,BX
2247G		555mmol per L, 1L	1 @ 2.95	AB,BX
2249J		1110mmol per L, 1L	1 @ 3.09	AB
2251L		1387mmol per L, 1L	1 @ 3.09	AB,BX
2252M		1387mmol per 500mL, 500mL	1 @ 2.56	AB
2334W	Polygeline	17.5g per 500mL, 500mL	1 @ 13.76	HP
2264E	Sodium Chloride	154mmol per L, 1L	1 @ 1.87	AB,BX
2260Y		513mmol per L, 1L	1 @ 3.09	BX
2266G	Sodium Chloride Compound	1L	1 @ 2.97	AB,BX
2271M	Sodium Chloride and Glucose	154mmol-278mmol per L, 1L	1 @ 3.09	AB,BX
2278X		39mmol-69mmol per 500mL, 500mL	1 @ 2.55	AB,BX
2279Y		19mmol-104mmol per 500mL, 500mL	1 @ 2.55	AB,BX
2281C		31mmol-222mmol per L, 1L	1 @ 1.87	AB,BX
2286H	Sodium Lactate Compound	1L	1 @ 1.87	AB,BX
2288K	Sodium Lactate Compound and Anhydrous Glucose	278mmol per L, 1L	1 @ 3.09	AB,BX

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

3376Q	Cephalothin	1g	1 @ 3.45	GL,LY
3342X	Nystatin	500,000 units	50 @ 6.45	LE,SQ

SPECIAL PHARMACEUTICAL BENEFITS

1211R	Clomiphene Citrate (ML) 50mg	The pricing pack (i.e. 5 tablets) price which the Commonwealth is prepared to pay (including 10% mark-up) is \$10.69. The price sought by the manufacturer for this pricing pack (including 10% mark-up) is \$26.76.		



Commonwealth Department of
Veterans' Affairs

REPATRIATION SCHEDULE OF PHARMACEUTICAL BENEFITS

DECEMBER 1990

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)

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

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.

**DEPARTMENT OF VETERANS' AFFAIRS
STATE BRANCH OFFICES**

PHARMACEUTICAL BENEFIT ENQUIRIES ONLY

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(03) 868 6188

QUEENSLAND

Department of Veterans' Affairs
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Brisbane Qld 4001

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SOUTH AUSTRALIA and NORTHERN TERRITORY

Department of Veterans' Affairs
GPO Box 1652
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WESTERN AUSTRALIA

Department of Veterans' Affairs
GPO Box F352
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(09) 425 8424

TASMANIA

Department of Veterans' Affairs
GPO Box 481E
Hobart Tas. 7001

Telephone (002) 20 5401

CENTRAL OFFICE

Department of Veterans' Affairs
Pharmaceutical Services Branch
PO Box 21
Woden ACT 2606

Telephone (06) 289 6084

REPATRIATION PHARMACEUTICAL BENEFITS

Explanatory Circular regarding the December 1990 edition of the Repatriation Schedule of Pharmaceutical Benefits.

This reprint of the Schedule will take effect on 1 December 1990 and all previous editions of the Schedule are cancelled.

SUMMARY OF CHANGES

ADDITIONS

Items

Section 1

Salicylic Acid, Benzalkonium Chloride, Alcohol, Coal Tar and Polyoxyethylene Ethers, scalp cleanser 250mL (*Ionil-T*) (replacing the 125mL pack)

Brands

Section 1

Lorazepam, tablets 1mg (*Emoten 1*) and 2.5mg (*Emoten 2.5*)

DELETIONS

Items

Section 1

Bromhexine Hydrochloride, tablet 8mg (*Bisolvon*)

Oxytetracycline Hydrochloride, ointment 30mg per g (3%), 15g (*Terramycin*)

Pheniramine Aminosalicylate, tablet 10mg (*Fenaminate-M*)

Triamcinolone Acetonide, cream 500 micrograms per g (0.05%), 30g and ointment 500 micrograms per g (0.05%), 30g (*Kenalone*)

Salicylic Acid, Benzalkonium Chloride, Alcohol, Coal Tar and Polyoxyethylene Ethers, scalp cleanser 125mL (*Ionil-T*) (to be replaced by the 250mL pack)

The following items have been discontinued by the manufacturers and are no longer available through full line wholesalers. The items are to be deleted on 1 December 1990 without advance notice.

Coal Tar Extract, shampoo 50mg per g (5%), 50g (*Alphosyl*)

Pine Tar, Coal Tar Solution, Juniper Tar and Phenol, solution 20mg-5mg-1mg-5mg per mL (2%-0.5%-0.1%-0.5%), 500mL (*Pixol*)

Skin Cleanser, lotion 500mL (*Sopol*)

ALTERATIONS

Section 1

Manufacturers' Codes

	<i>From</i>	<i>To</i>
Pholcodine, linctus 1mg per mL (0.1%), 100mL (<i>Pholcolin Red</i>)	AU	MB
Senega and Ammonia, mixture 200mL (<i>Senamon</i>)	AU	MB
Sodium Bicarbonate, capsule 840mg (<i>Sodibic</i>)	PT	FC
Sunscreens, cream 100g (<i>Aquasun Blockout Cream 15+</i>) and lotion non-alcoholic 125mL (<i>Aquasun Blockout Lotion 15+</i>)	PY	RO

Section 3

Pack Size and Proprietary Name

From

Absorbent Napkins, pack of 8
(Depend Undergarments 1650)

To

Absorbent Napkins, pack of 10
(Depend Undergarments 1651)

SECTION 1

DRUGS, MEDICINES AND DIAGNOSTIC REAGENTS

REPATRIATION

Code	Name, Manner of Administration and Form	Max. Qty.	No. of Rpts	Proprietary Name and Manufacturer	
4108F	ALGINIC ACID COMPOUND Granules 4g sachets (pack of 24)	5	5	Gavigrans	RC
4111J	ALLANTOIN and COAL TAR EXTRACT 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
4281H	ALLANTOIN, GLYCEROL and ICHTHAMMOL Cream 5mg-10mg-10mg per g (0.5%-1%-1%), 50g	†1	2	Egoderma Cream	EO
4506E	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
4117Q	ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE and SIMETHICONE Tablet 400mg-400mg-30mg	200	5	Mylanta II	PD
4118R	Suspension 400mg-400mg-30mg per 5mL, 375mL	2	5	Mylanta II	PD
4561C	ASTEMIZOLE Tablet 10mg	30	..	Hismanal	JC
4122Y	BATH EMOLLIENT Bath Oil, 500mL	†1	2	Hamilton Bath Oil QV Bath Oil Rikoderma	HA EO RK
4127F	BECLOMETHASONE DIPROPIONATE Aqueous suspension in metered dose atomising pump, 50 micrograms per dose (200 dose)	†1	2	Aldecin Aqueous Beconase AQ	SH GL
4126E	Nasal Pressurised Inhalation, 50 micrograms per dose (200 dose)	†1	2	Aldecin Beconase	SH GL
4128G	BENZALKONIUM CHLORIDE, CETRIMIDE and LANOLIN Cream 100 micrograms-1.8mg-18mg per g (0.01%-0.18%-1.8%), 50g	†1	2	Drapolex	BW
4129H	BENZTROPINE MESYLATE Tablet 0.5mg	100	2	Cogentin	MK
4130J	BENZYDAMINE HYDROCHLORIDE Solution 1.5mg per mL (0.15%), 200mL	†1	..	Difflam	RK
4507F	BETAMETHASONE DIPROPIONATE 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
4511K	BETAMETHASONE VALERATE Cream 500 micrograms per g (0.05%), 30g	†1	2	Betnovate 1/2 Celestone-V Half Strength	GL SH
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
4132L	Ointment 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

REPATRIATION

3

Code	Name, Manner of Administration and Form	Max. Qty.	No. of Rpts	Proprietary Name and Manufacturer	
	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
4143C	BISMUTH FORMIC IODIDE Powder 10g	#1	..	B.F.I.	MK
	BROMAZEPAM CAUTION: Continuous long term use may lead to dependency.				
4150K	Tablet 3mg	50	..	Lexotan	RO
4151L	Tablet 6mg	50	..	Lexotan	RO
4152M	Tablet 12mg	50	..	Lexotan	RO
4054J	BROMPHENIRAMINE MALEATE Tablet 4mg	50	2	Dimetane	RS
4550L	CALCIUM CARBONATE Effervescent Powder 300g	#1	2	Effercal-600	HA
4055K	CALCIUM CARBONATE with GLYCINE Tablet 420mg-180mg	200	5	Titralac	RK
4154P	CALCIUM GLUCONATE Tablet 600mg	100	2	SI	
4156R	CARBENOXOLONE SODIUM Gel 20mg per g (2%), 5g	#1	1	Bioral	SN
4518T	CARMELLOSE SODIUM with PECTIN and GELATIN Paste 167mg-167mg-167mg per g (16.7%-16.7%-16.7%), 5g	#1	..	Orabase	SQ
4520X	Paste 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
4160Y	CHLORHEXIDINE GLUCONATE Mouth Wash 2mg per mL (0.2%), 200mL	#1	..	Chlorohex	OM
4161B	Mouth Wash 2mg per mL (0.2%), 250mL	#1	..	Plaqacide Savacol Mouth and Throat Rinse	OB IC
4552N	CHLORTETRACYCLINE HYDROCHLORIDE Cream 30mg per g (3%), 15g	#1	..	Aureomycin	LE
4553P	Ointment 30mg per g (3%), 15g	#1	..	Aureomycin	LE
4162C	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

REPATRIATION

Code	Name, Manner of Administration and Form	Max. Qty.	No. of Rpts	Proprietary Name and Manufacturer
	CLORAZEPATE DIPOTASSIUM CAUTION: Continuous long term use may lead to dependency.			
4166G	Capsule 5mg	50	..	Tranxene GL
4167H	Capsule 15mg	30	..	Tranxene GL
4061R	CODEINE PHOSPHATE with ASPIRIN Tablet Soluble 8mg-300mg	50	2	Aspalgin FM
4062T	Tablet Soluble 8mg-500mg	50	2	Solcode RC
4171M	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.			
4081T	Capsule 100mg	50	..	Doloxene LY
4180B	DICHLOROBENZENE, CHLORBUTOL and TURPENTINE OIL Ear Drops 20mg-50mg-0.1mL per mL (2%-5%-10%), 11mL	‡1	..	Cerumol AC
4185G	DICYCLOMINE HYDROCHLORIDE Tablet 10mg	100	..	Merbentyl ML
4556T	DIMETHICONE and GLYCEROL <i>Cream 150mg-20mg per g (15%-2%), 75g</i>	‡1	..	<i>Silic 15 EO</i>
4551M	<i>Cream 150mg-20mg per g (15%-2%), 600g</i>	‡1	..	<i>Silic 15 EO</i>
4191N	DIPHEMANIL METHYLSULPHATE Dusting Powder 20mg per g (2%), 50g	‡1	1	Prantal SH
4195T	DIPHENHYDRAMINE HYDROCHLORIDE Capsule 50mg	50	2	Benadryl PD
4065Y	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.			
4197X	Tablet 250mg	30	1	Antabuse JC
4200C	DOCUSATE SODIUM Tablet 50mg	100	2	Coloxyl 50 FM
4201D	Tablet 120mg	100	2	Coloxyl 120 FM
4199B	Ear Drops 50mg per mL (5%), 10mL	‡1	..	Waxsol NE
4198Y	DOCUSATE SODIUM with SENNA Tablet 50mg-8mg	90	2	Coloxyl with Senna FM
4555R	ECONAZOLE NITRATE Cream 10mg per g (1%), 25g	‡1	1	Dermazole EO
4205H	ETHAMBUTOL HYDROCHLORIDE Tablet 100mg	100	2	Myambutol LE
4206J	Tablet 400mg	100	2	Myambutol LE

REPATRIATION

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Code	Name, Manner of Administration and Form	Max. Qty.	No. of Rpts	Proprietary Name and Manufacturer	
4523C	FLUCLOROLONE ACETONIDE Cream 250 micrograms per g (0.025%), 30g	#1	2	Topilar	SD
4212Q	FLUNISOLIDE Nasal Spray 250 micrograms per mL (0.025%), 20mL	#1	2	Rhinalar Nasal Mist	SD
4213R	FLUNITRAZEPAM CAUTION: Continuous long term use may lead to dependency. Tablet 2mg	25	..	Hypnodorm Rohypnol	AF RO
4292X	FLUOCINOLONE ACETONIDE 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
4215W	FLUOCORTOLONE PIVALATE and FLUOCORTOLONE HEXANOATE Cream 2.5mg-2.5mg per g (0.25%-0.25%), 30g	#1	2	Ultralan	SC
4217Y	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
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
4222F	FLUOROURACIL Cream 50mg per g (5%), 20g	#1	..	Efudix	RO
4223G	Solution 10mg per mL (1%), 30mL	#1	..	Fluoroplex	AG
4226K	FLURAZEPAM DIHYDROCHLORIDE CAUTION: Continuous long term use may lead to dependency. Capsule 15mg	30	..	Dalmane	RO
4227L	Capsule 30mg	30	..	Dalmane	RO
4248N	GLUCOSE INDICATOR—BLOOD Reagent Strips, 50	2	5	Dextrostix	AM
4249P	GLYCEROL Suppositories adult size 2.7g, 12	#1	1	PD	
4251R	HALOPERIDOL Tablet 500 micrograms	100	1	Serenace	SR
4260F	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
4261G	Ointment 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

REPATRIATION

Code	Name, Manner of Administration and Form	Max. Qty.	No. of Rpts	Proprietary Name and Manufacturer
	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.			
4267N	Ointment 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
4272W	HYDROXYETHYL RUTOSIDES Capsule 250mg	100	1	Paroven ZY
4273X	HYDROXYZINE PAMOATE Capsule 25mg	50	2	Atarax PF
4274Y	Capsule 50mg	50	2	Atarax PF
4279F	HYOSCINE BUTYLBROMIDE Injection 20mg in 1mL	5	..	Buscopan BY
4285M	ISPAGHULA HUSK Sachets 3.5g, 30	#1	1	Fybogel RC
4308R	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.			
4314C	Tablet 1mg	50	..	Ativan AY Emoten 1 AF
4315D	Tablet 2.5mg	50	..	Ativan AY Emoten 2.5 AF
4318G	LUBRICATING AGENT Jelly 60g	#1	..	Lubafax BW
4321K	MAGNESIUM ASPARTATE Tablet 500mg	50	..	Magmin VS
4325P	MEBENDAZOLE Tablet 100mg	6	..	Vermox JC
4328T	MEBEVERINE HYDROCHLORIDE Tablet 135mg	90	..	Colofac JC
4066B	MECLOZINE HYDROCHLORIDE Tablet 25mg	50	2	Ancolan GL

REPATRIATION

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Code	Name, Manner of Administration and Form	Max. Qty.	No. of Rpts	Proprietary Name and Manufacturer
4377J	OXYMETAZOLINE HYDROCHLORIDE 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
4401P	PHENAZOPYRIDINE HYDROCHLORIDE Tablet 100mg	50	1	Pyridium WW
4069E	PHENIRAMINE AMINOSALICYLATE Tablet 50mg	50	2	Avil HP Fenamine FM
4071G	PHOLCODINE Linctus 1mg per mL (0.1%), 100mL	#1	2	Actuss SI Duro-Tuss RK Pholcolin Red AU Pholtrate MG
4408B	PINE TAR and TRIETHANOLAMINE LAURYL SULPHATE Solution 23mg-60mg per mL (2.3%-6%), 500mL	#1	2	Dermatar HA Pinetarsol 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
4412F	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.	#1	2	Scheriproct SC
4413G	Ointment 1.9mg-5mg-10mg per g (0.19%-0.5%-1%), 10g	#1	2	Scheriproct SC
4414H	Ointment 1.9mg-5mg-10mg per g (0.19%-0.5%-1%), 30g	#1	2	Scheriproct SC
4417L	Suppositories-each contains 1.3mg-1mg-5mg, 12	#1	2	Scheriproct SC
4072H	PROCAINAMIDE HYDROCHLORIDE Tablet 500mg (controlled release)	100	2	Procainamide Durules AP
4073J	PROMETHAZINE HYDROCHLORIDE Tablet 10mg	50	2	Phenergan MB
4420P	Tablet 25mg	50	2	Phenergan MB
4420P	PSEUDOEPHEDRINE HYDROCHLORIDE Tablet 60mg	30	..	Sudafed BW

REPATRIATION

Code	Name, Manner of Administration and Form	Max. Qty.	No. of Rpts	Proprietary Name and Manufacturer	
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
4445Y	SALICYLIC ACID, BENZALKONIUM CHLORIDE, ALCOHOL and POLYOXYETHYLENE ETHERS Scalp Cleanser 250mL	#1	2	Ionil	AQ
4456B	SALICYLIC ACID, BENZALKONIUM CHLORIDE, ALCOHOL, COAL TAR and POLYOXYETHYLENE ETHERS Scalp Cleanser 250mL	#1	2	Ionil-T	AQ
4447C	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
4449E	SALICYLIC ACID and PODOPHYLLIN RESIN 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
4452H	SELENIUM SULPHIDE Shampoo 25mg per mL (2.5%), 125mL	#1	1	Selsun	AB
4074K	SENEGA and AMMONIA Mixture 200mL	#1	4	Senagar Senamon MG	SI MB
4455L	SENNA STANDARDISED Tablet 7.5mg	100	1	Senokot	RC
4459K	SKIN CLEANSER Lotion 500mL	#1	2	Hamilton Bodywash	HA
4458P	SODIUM BICARBONATE CAUTION: For use in the treatment of renal disease. Capsule 840mg	100	2	Sodibic	FC
4460R	SODIUM CHLORIDE Irrigation Solution 9mg per mL (0.9%), 500mL	#1	2	BX	
4461T	Irrigation Solution 9mg per mL (0.9%), 1L	#1	2	BX	
4462W	SODIUM CITRATE and SODIUM LAURYL SULPHOACETATE Enema 90mg-9mg in 5mL, 4	#1	1	Microlax	PS
4465B	SODIUM CROMOGLYCATe Capsule 10mg (nasal insufflation)	100	5	Rynacrom	FC
4468E	Nasal spray metered dose pump 20mg per mL (2%), 26mL	#1	5	Rynacrom	FC
4469F	SODIUM FLUORIDE Tablet 20mg	100	1	Hifluor	PT
4470G	SODIUM POLYSTYRENE SULPHONATE CAUTION: For use in the treatment of renal disease. Powder 454g	#1	2	Resonium-A	WL

REPATRIATION

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Code	Name, Manner of Administration and Form	Max. Qty.	No. of Rpts	Proprietary Name and Manufacturer	
4471H	SPIRONOLACTONE Tablet 100mg	100	..	Aldactone	SR
4557W	STERCULIA with FRANGULA BARK Granules 473mg-83mg per g (47.3%-8.3%), 250g	±1	1	Granocol	SC
4544E	SUNSCREENS Cream 100g	±1	2	Aquasun Blockout Cream 15+ Hamilton Sunscreen Broad Spectrum Cream 15+ SunSense Cream 15+	RO HA EO
4368X	Lotion (Alcoholic) 125ml	±1	2	SunSense Lotion 15+	EO
4546G	Lotion (Non-Alcoholic) 125mL	±1	2	Aquasun Blockout Lotion 15+ Hamilton Broad Spectrum Milky Lotion 15+ SunSense Milk 15+	RO HA EO
4209M	Solid Stick 5g	±1	2	Hamilton Broad Spectrum Solastick 15+	HA
4477P	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
4537T	TOLNAFTATE 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%), 100g	±1	..	Tinaderm	SH
4483Y	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 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
4488F	VITAMIN A Ointment 540 micrograms per g, 50g	±1	1	Ungvita	NS
4490H	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
4493L	VITAMIN B GROUP COMPLEX Liquid 200mL	±1	2	Accomin Adult Tonic	LE

REPATRIATION

Code	Name, Manner of Administration and Form	Max. Qty.	No. of Rpts	Proprietary Name and Manufacturer	
4495N	VITAMIN B GROUP COMPLEX STRONG with ASCORBIC ACID Tablet	90	2	Multi-B Forte	GP
4491J	Tablet with Calcium Pantothenate	100	2	FM	
4497Q	ZINC OXIDE, STARCH and CHLORPHENESIN Dusting Powder, 100g	#1	1	Z.S.C.	SI
4499T	ZINC PYRITHIONE 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

REPATRIATION

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 00494	BS
4604H	Pack of 2, medium size	3	..	Softeze Stretch Pants 00495	BS
4602F	Pack of 2, large size	3	..	Softeze Stretch Pants 00496	BS
4634X	INHALATION DEVICE Device	#1	..	Bricanyl Nebuhaler 2022 Volumatic 10359	AP GL
4633W	INHALATION LEVER DEVICE FOR METERED AEROSOL Device	#1	..	Haleraid	GL
4616Y	INJECTION SITE PREPARATION SWAB Isopropyl Alcohol 0.7mL per mL (70%), pack of 100	#1	1	Medi Swab 1000H	SN
4635Y	NASAL INSUFFLATOR Nasal insufflator	#1	..	Rynacrom	FC
4638D	ROTAHALERS Rotahaler	#1	..	Becotide	GL
4637C	Rotahaler	#1	..	Ventolin	GL
4636B	SPINHALER Spinhaler	#1	..	Intal	FC

SECTION 3

DRESSINGS

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

REPATRIATION

Code	Item	Max. Qty.	No. of Rpts	Proprietary Name and Manufacturer	
4704N	ABSORBENT COTTON GAUZE 90cm x 1m, pack	#1	..	Handy 4021	BE
4705P	11cm x 373cm, roll	#1	..	Kerlix 6715	KE
4701K	ABSORBENT COTTON WOOL 100g Roll	#1	2	JJ 02013	JJ
4702L	375g Roll	#1	2	JJ 02011	JJ
4707R	ABSORBENT GAUZE PAD 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
4711Y	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.				
4714D	Pack of 20	#1	10	Softeze Absorbent Pad Mini 00218	BS
4715E	Pack of 20	#1	10	Softeze Absorbent Pad Regular 00217	BS
4716F	Pack of 10	#1	10	Depend Undergarments 1651	KC
4717G	BANDAGE CALICO TRIANGULAR Large size	#1	..	Handy 5608	BE
4720K	BANDAGE COTTON CONFORMING 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
4727T	BANDAGE COTTON CREPE HEAVY 5cm x 2.3m	2	..	Curaband 8252F Elastocrepe 300501	KE SN
4728W	7.5cm x 2.3m	2	..	Curaband 8253F Elastocrepe 307501	KE SN
4729X	10cm x 2.3m	2	..	Curaband 8254F Elastocrepe 301001	KE SN
	(continued)				

REPATRIATION

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Code	Item	Max. Qty.	No. of Rpts	Proprietary Name and Manufacturer	
4730Y	BANDAGE COTTON CREPE HEAVY-cont. 15cm x 2.3m	2	..	Curaband 8256F Elastocrepe 301501	KE SN
4733D	BANDAGE ELASTIC ADHESIVE 5cm x 2.75m	#1	..	Elastoplast 186101	SN
4734E	7.5cm x 2.75m	#1	..	Elastoplast 186001	SN
4735F	10cm x 2.75m	#1	..	Elastoplast 1004	SN
4801Q	BANDAGE ELASTIC CONFORMING 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
4738J	BANDAGE OPEN-WOVE 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
4744Q	BANDAGE PLASTER OF PARIS 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
4811F	BANDAGE SELF-ADHESIVE ELASTIC 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
4820Q	BANDAGE STRETCH 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
4833J	BANDAGE WRINKLED COTTON CREPE 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
	(continued)				

REPATRIATION

Code	Item	Max. Qty.	No. of Rpts	Proprietary Name and Manufacturer	
4882Y	BANDAGE WRINKLED COTTON CREPE-cont. 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
4751C	BANDAGE ZINC PASTE 6.5cm x 80cm (tubular)	2	..	Acoband	AU
4750B	7.5cm x 6m	2	..	Viscopaste 4948A	SN
4752D	BANDAGE ZINC PASTE and ICHTHAMMOL 7.5cm x 6m	2	..	Ichthopaste 4959	SN
4839Q	DRESSING ADHESIVE MEMBRANE Sterile single sachet, 14cm x 10cm	10	1	Op-Site 4963	SN
4841T	Sterile single sachet, 25cm x 10cm	20	..	Bioclusive Transparent Dressing 12477	JJ
4754F	DRESSING ELASTIC ADHESIVE 6cm x 1m, pack	#1	..	Elastoplast 4025	SN
4860T	DRESSING NON-ADHERENT DRY ABSORBENT 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
4759L	DRESSING PARAFFIN GAUZE Sterile sachets, 10cm x 10cm, pack of 10	#1	..	Jelonet 7404	SN
4845B	DRESSING PARAFFIN GAUZE with CHLORHEXIDINE ACETATE Sterile sachets, 10cm x 10cm, pack of 10	#1	2	Bactigras 7457 Clorhexitulle	SN RL
4846C	Sterile sachets, 10cm x 40cm, pack of 10	#1	2	Bactigras 00616	SN
4847D	Sterile sachets, 15cm x 20cm, pack of 10	#1	2	Bactigras 7461	SN
4843X	DRESSING SELF ADHESIVE NON-ADHERENT DRY ABSORBENT Sterile sachets, 5cm x 7.5cm, pack of 10	#1	2	Curity-Telfa 6020C	KE
4844Y	Sterile sachets, 7.5cm x 10cm, pack of 6	#1	2	Curity-Telfa 7650C	KE
4762P	FELT PAD BUNION Pack of 4	#1	..	Scholl	SO
4763Q	FELT PAD CALLOUS Pack of 4	#1	..	Scholl	SO
4764R	FELT PAD CORN Pack of 9	#1	..	Scholl	SO
4767X	GAUZE and COTTON TISSUE (COMBINE ROLL) 9cm x 10m wrapped pack	#1	..	JJ 12031 SN 121054A	JJ SN

REPATRIATION

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Code	Item	Max. Qty.	No. of Rpts	Proprietary Name and Manufacturer
4765T	GAUZE and COTTON TISSUE (COMBINE ROLL) PIECES Sterile single sachet, 10cm x 10cm	5	1	Curity Combine Dressing Pad 2472C KE
4766W	Sterile single sachet, 10cm x 20cm	5	1	Curity Combine Dressing Pad 2482C KE
4768Y	GAUZE EYE PADS Pack of 12	†1	..	Curity 4112 KE
4850G	GAUZE STERILE STRIP 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
4777K	LAMBS WOOL Original Pack	†1	..	Scholl SO
4779M	POVIDONE-IODINE GAUZE PAD Sterile sachets, 22.5cm x 7.5cm, pack of 12	†1	2	Betadine FA
4780N	SELF ADHESIVE PLASTER ELASTIC 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
4784T	SELF ADHESIVE PLASTER HYPOALLERGENIC 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
	(continued)			

REPATRIATION

Code	Item	Max. Qty.	No. of Rpts	Proprietary Name and Manufacturer
4864B	SELF ADHESIVE PLASTER HYPOALLERGENIC—cont. 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
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
4791E	SELF ADHESIVE PLASTER WATERPROOF 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
4855M	TUBULAR DRESSING 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
4798M	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

Proprietary Name	Manu- fac- turer	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)
Aci-Jel	JC	Ricinoleic Acid, Acetic Acid and Hydroxyquinoline Sulphate (RPBS)
Acilin	AF	Sulindac
Acoband	AU	Bandage Zinc Paste (RPBS)
Actraphane HM	NO	Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed)
Actraphane HM Penfill	NO	Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed)
Actrapid HM	NO	Insulin Neutral
Actrapid HM Penfill	NO	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
Adriamycin Solution	FE	Doxorubicin Hydrochloride
Adroyd	PD	Oxymetholone
Ad-sorb	RK	Charcoal, Activated (C & I)
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 Aqueous	SH	Beclomethasone Dipropionate (RPBS)
Aldomet	MK	Methyldopa
Aldomet-M	MK	Methyldopa
Alepam 15	AF	Oxazepam
Alepam 30	AF	Oxazepam
Alfaré	NT	Triglycerides, Medium Chain
Alkeran	BW	Melphalan

Proprietary Name	Manu- fac- turer	Name
Allegron	DL	Nortriptyline Hydrochloride
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)
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	AF	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
Andriol	OR	Testosterone Undecanoate
Androcur	SC	Cyproterone Acetate
Anginine Stabilised	BW	Glyceril 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

Proprietary Name	Manu- fac- turer	Name
Aptin	AP	Alprenolol Hydrochloride
Aquacare H.P.	AG	Urea
Aquadrate	NW	Urea
Aquamox	LE	Quinethazone
Aquasun Blockout Cream 15+	RO	Sunscreens (RPBS)
Aquasun Blockout Lotion 15+	RO	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)
Austrapen	CS	Ampicillin
Austyn	FA	Theophylline
Avil	HP	Pheniramine Aminosalicylate (RPBS)
Avomine	MB	Promethazine Theoclate
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
Betadine	FA	Povidone-Iodine Gauze Pad (RPBS)
Betadine Antiseptic Liquid	FA	Povidone-Iodine (RPBS)
Betaloc	AP	Metoprolol Tartrate

Proprietary Name	Manufacturer	Name
Betamin	US	Thiamine Hydrochloride
Beta-Sol	FM	Thiamine Hydrochloride
Betnovate	GL	Betamethasone Valerate (RPBS)
Betnovate 1/5	GL	Betamethasone Valerate
Betnovate 1/2	GL	Betamethasone Valerate (PBS & RPBS)
Betoptic	AQ	Betaxolol Hydrochloride
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	FC	Bisacodyl
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)
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 S	SZ	Ergotamine Tartrate with Caffeine
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 5000	CS	Heparin Calcium
Caprin 5000 Forte	CS	Heparin Calcium
Caprin 12500	CS	Heparin Calcium

Proprietary Name	Manu- fac- turer	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	SH	Betamethasone Acetate with
Chronodose		Betamethasone Sodium Phosphate
Celestone-M	SH	Betamethasone Valerate
Celestone-V	SH	Betamethasone Valerate (PBS & RPBS)
Half Strength		
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	PD	Chloramphenicol
Palmitate		
Chloromycetin	PD	Chloramphenicol
Succinate		
Chloromycin	PD	Chloramphenicol with Polymyxin B Sulphate
Chloroptic	AG	Chloramphenicol
Chlorquin	FC	Chloroquine
Chlorsig	SI	Chloramphenicol
Chlorvescent	FC	Potassium Chloride
Chlotride	AD	Chlorothiazide
Choledyl	WW	Choline Theophyllinate
Cibacalcin	CG	Calcitonin
Cidomycin	RL	Gentamicin Sulphate
Cilamox	SI	Amoxycillin
Cilicaïne	SI	Procaine Penicillin
Cilicaïne V	SI	Phenoxymethylpenicillin
Cilicaïne VK	SI	Phenoxymethylpenicillin
Ciproxin 250	BN	Ciprofloxacin
Ciproxin 500	BN	Ciprofloxacin
Ciproxin 750	BN	Ciprofloxacin
Citralka	PD	Sodium Acid Citrate
Citravescent	FC	Sodium Citro-Tartrate
Sachets		
Claforan	RL	Cefotaxime
Clinistix	AM	Glucose Indicator—Urine
Clinitest	AM	Copper Sulphate
Clinoril	FR	Sulindac
Clinoril 200	FR	Sulindac

Proprietary Name	Manu- fac- turer	Name
Clomid	ML	Clomiphene Citrate
Clonea	AF	Clotrimazole
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	FC	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
Cordilox SR	SC	Verapamil Hydrochloride
Cortate	FC	Cortisone Acetate
Cortef	UP	Hydrocortisone Acetate
Cotazym S Forte	OR	Pancrelipase
Coumadin	BT	Warfarin
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

Proprietary Name	Manu- fac- turer	Name
Dalacin C	UP	Clindamycin
Dalmane	RO	Flurazepam Dihydrochloride (RPBS)
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
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	KC	Absorbent Napkins (RPBS)
Undergarments 1651		
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	FC	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)

Proprietary Name	Manu- fac- turer	Name
Dindevan	GL	Phenindione
Dipentum	PS	Olsalazine Sodium
Diprosone	SH	Betamethasone Dipropionate (PBS & RPBS)
Disipal	RK	Orphenadrine Hydrochloride
Diulo	SR	Metolazone
Dolobid	MK	Diffunisal
Doloxene	LY	Dextropropoxyphene Napsylate (RPBS)
Donnatab	RS	Belladonna Alkaloids
Doryx	FA	Doxycycline
Doxylin 50	AF	Doxycycline
Doxylin 100	AF	Doxycycline
D-Penammine	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
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
Ecostatn	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 Cream 1%	EO	Hydrocortisone
Egoderma 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 186101/ 186001/1004	SN	Bandage Elastic Adhesive (RPBS)
Elastoplast 4025	SN	Dressing Elastic Adhesive (RPBS)
Elixophyllin	SC	Theophylline
Emoten 1	AF	Lorazepam (RPBS)
Emoten 2.5	AF	Lorazepam (RPBS)
EMU-V	UP	Erythromycin
Endep 10	AF	Amitriptyline Hydrochloride
Endep 25	AF	Amitriptyline Hydrochloride
Endep 50	AF	Amitriptyline Hydrochloride
Endone	BT	Oxycodone Hydrochloride

Proprietary Name	Manu- fac- turer	Name
Enduron	AB	Methyclothiazide
Enduron M	AB	Methyclothiazide
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
Eryc	FA	Erythromycin
Eryc LD	FA	Erythromycin
Erythrocin	AB	Erythromycin Ethyl Succinate
Erythrocin	AB	Erythromycin Lactobionate
Erythrocin	AB	Erythromycin Stearate
Estigyn	GL	Ethinylloestradiol
Eucerin	SN	Wool Alcohols
Euglucon	SK	Glibenclamide
Euhypnos	FE	Temazepam
ExacTech	FE	Glucose Indicator—Blood
Farlutal	FE	Medroxyprogesterone
Fasigyn	PF	Tinidazole
Fefol	SK	Ferrous Sulphate Dried with Folic Acid
Feldene	PF	Piroxicam
Fenamine	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
Flexin	AF	Naproxen
Flexin 500	AF	Naproxen
Flopen	CS	Flucloxacillin
Florinef	SQ	Fludrocortisone Acetate
Floxapen	BR	Flucloxacillin
Flucil 250	FC	Flucloxacillin
Flucil 500	FC	Flucloxacillin
Flucon	AQ	Fluorometholone
Fluoroplex	AG	Fluorouracil (RPBS)
Fluoroblastin	FE	Fluorouracil
Fluvax	CS	Influenza Vaccine
FML Liquifilm	AG	Fluorometholone
Folasic	NN	Folic Acid
Folicid	US	Folic Acid
Fucidin	SK	Fusidic Acid
Fulcin 500	IC	Griseofulvin
Fungilin	SQ	Amphotericin
Fungizone	SQ	Amphotericin
Furadantin	NW	Nitrofurantoin

Proprietary Name	Manu- fac- turer	Name
Fybogel	RC	Ispaghula Husk (RPBS)
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	NO	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)
Haemacel	HP	Polygeline
Haldol decanoate	JC	Haloperidol Decanoate
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

Proprietary Name	Manu- fac- turer	Name
Hemineurin I.V. Infusion	AP	Chlormethiazole Edisylate
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)
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	HG	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)
Ilosone	LY	Erythromycin Estolate
Imferon	FC	Iron Dextran
Imodium	JC	Loperamide Hydrochloride
Imuran	BW	Azathioprine
Inderal	IC	Propranolol Hydrochloride
Indocid	MK	Indomethacin
Inflam	PT	Ibuprofen
Insulatard Human	ND	Insulin Isophane (N.P.H.)
Insulatard Human Nordisk 2.5mL	ND	Insulin Isophane (N.P.H.)
Insuject-X		
Insulin 2	NO	Insulin, Acid
Intal	FC	Sodium Cromoglycate
Intal Spincaps	FC	Sodium Cromoglycate
Intal Spinhaler	FC	Spinhaler (RPBS)
Invite-B	NN	Thiamine Hydrochloride

Proprietary Name	Manu- fac- turer	Name
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
Isoptin SR	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	NO	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)
Kabikinese	PS	Streptokinase
Kaluril	AF	Amiloride Hydrochloride
Kaomagma	WY	Aluminium Hydroxide with Kaolin
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
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
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
Lasix	HP	Fruzemide
Lasix-M	HP	Fruzemide
Latycin	BZ	Tetracycline Hydrochloride

Proprietary Name	Manu- fac- turer	Name
Ledermycin	LE	Demeclocycline Hydrochloride
Ledertrexate	LE	Methotrexate
Lente MC	NO	Insulin Zinc Suspension
Leucovorin	LE	Calcium Folate
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
Lipex 10	AD	Simvastatin
Lipex 20	AD	Simvastatin
Liquifilm Forte	AG	Polyvinyl Alcohol
Liquifilm Tears	AG	Polyvinyl Alcohol
Lithicarb	PT	Lithium Carbonate
Locacorten Vioform	CG	Flumethasone Pivalate with Clioquinol
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
Losec	AP	Omeprazole
Lotremin	SH	Clotrimazole
LPV	CS	Phenoxymethylpenicillin
LPV 125	CS	Phenoxymethylpenicillin
LPV 250	CS	Phenoxymethylpenicillin
Lubafax	BW	Lubricating Agent (RPBS)
Lucrin	AB	Leuporelin Acetate
Lurselle	ML	Probucof
Lyspafen	PT	Difenoxin Hydrochloride with Atropine Sulphate
Macrochantin	NW	Nitrofurantoin
Macrodex	PS	Dextran 70
Madopar	RO	Levodopa with Benserazide
Madopar HBS	RO	Levodopa with Benserazide
Madopar-M	RO	Levodopa with Benserazide
Madopar Q	RO	Levodopa with Benserazide
Magmin	VS	Magnesium Aspartate (RPBS)
Mandelamine	WW	Hexamine Mandelate

Proprietary Name	Manu- fac- turer	Name
Mandelamine	WW	Hexamine Mandelate
Hafgrams		
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
MCT Oil	MJ	Triglycerides, Medium Chain
Medi Swab 1000H	SN	Injection Site Preparation Swab (RPBS)
Mefic	AF	Mefenamic Acid
Megafol 5	AF	Folic 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
Metrodin 75	SG	Urofollitrophin
Metrogyl 200	AF	Metronidazole
Metrogyl 400	AF	Metronidazole
Metrozine	SR	Metronidazole
Metsal	RK	Methyl Salicylate
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	RK	Self Adhesive Plaster Hypoallergenic (RPBS)
First Aid Tape		
2610/2611		
Micropore Paper	RK	Self Adhesive Plaster Hypoallergenic (RPBS)
First Aid Tape		
R3/R4		
Micropore Plastic	RK	Self Adhesive Plaster Hypoallergenic (RPBS)
First Aid Tape		
TR1/TR2		
Micropore Skintone	RK	Self Adhesive Plaster Hypoallergenic (RPBS)
Paper First Aid		
Tape RF7/RF8		

Proprietary Name	Manu- fac- turer	Name
Micropore Waterproof First Aid Tape BR1/BR2	RK	Self Adhesive Plaster Hypoallergenic (RPBS)
Microval 28	WY	Levonorgestrel
Midamor	MK	Amiloride Hydrochloride
Milontin	PD	Phensuximide
Minidiab	FE	Glipizide
Minipress	PF	Prazosin Hydrochloride
Minirin	FC	Desmopressin
Minomycin	LE	Minocycline
Minomycin-50	LE	Minocycline
Mintezol	MK	Thiabendazole
Mixtard 15/85 Human	ND	Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed)
Mixtard 15/85 Human Nordisk 2.5mL Insuject-X	ND	Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed)
Mixtard 30/70 Human	ND	Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed)
Mixtard 30/70 Human Nordisk 2.5mL Insuject-X	ND	Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed)
Mixtard 50/50 Human	ND	Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed)
Mixtard 50/50 Human Nordisk 2.5mL Insuject-X	ND	Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed)
Moderate	SQ	Fluphenazine Decanoate
Moduretic	MK	Hydrochlorothiazide with Amiloride Hydrochloride
Mogadon	RO	Nitrazepam
Monistat 3	JC	Miconazole Nitrate
Monistat 7	CL	Miconazole Nitrate
Monistat Derm	CL	Miconazole Nitrate
Monotard HM	NO	Insulin Zinc Suspension
Motilium	JC	Domperidone
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)
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)

Proprietary Name	Manu- fac- turer	Name
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
Navidrex	CG	Cyclopenthiiazide
Nebcin	LY	Tobramycin Sulphate
Negram	WL	Nalidixic Acid
Nemdyn	HA	Neomycin Undecenoate with Bacitracin Zinc
Neo-Cytamen	GL	Hydroxocobalamin
Neo-Mercazole	NS	Carbimazole
Neosporin	BW	Polymyxin B Sulphate with Neomycin
Eye Drops		Sulphate and Gramicidin
Neosporin	BW	Polymyxin B Sulphate with Bacitracin and
Eye Ointment		Neomycin Sulphate
Neosulf	AF	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)
Nolvadex	IC	Tamoxifen Citrate
Nolvadex-D	IC	Tamoxifen Citrate
Nordette 21	WY	Levonorgestrel with Ethinyloestradiol
Nordette 28	WY	Levonorgestrel with Ethinyloestradiol
Nordette 50	WY	Levonorgestrel with Ethinyloestradiol
Nordicort	NR	Hydrocortisone Sodium Succinate
Nordioli 21	WY	Levonorgestrel with Ethinyloestradiol
Nordioli 28	WY	Levonorgestrel with Ethinyloestradiol
Noriday 28 Day	SD	Norethisterone
Norinyl-1	SD	Norethisterone with Mestranol
Norinyl-1/28	SD	Norethisterone with Mestranol
Normison	WY	Temazepam
Normosol R	AB	Electrolyte Replacement Solution
Noroxin	MK	Norfloxacin
Norpace	SR	Disopyramide
Nortab	SQ	Nortriptyline Hydrochloride
Noten	AF	Atenolol
Novantrone	LE	Mitozantrone
Nuelin	RK	Theophylline
Nuelin Paediatric	RK	Theophylline
Nuelin-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

Proprietary Name	Manu- fac- turer	Name
Ocusert Pilo 40	AG	Pilocarpine
Odorgon	LA	Deodorant Concentrate (C & I)
Ogen .625	AB	Piperazine Oestrone Sulphate
Ogen 1.25	AB	Piperazine Oestrone Sulphate
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)
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	Ethinodiol Diacetate with Ethinyloestradiol
Ovulen 0.5/50-28	SR	Ethinodiol Diacetate with Ethinyloestradiol
Ovulen 1/50	SR	Ethinodiol Diacetate with Ethinyloestradiol
Ovulen 1/50-28	SR	Ethinodiol Diacetate with Ethinyloestradiol
Panadeine Forte Caplets	WL	Codeine Phosphate with Paracetamol
Panafcort	FC	Prednisone
Panafcortelone	FC	Prednisolone
Panamax	WL	Paracetamol
Pancrease	JC	Pancrelipase
Paralgin	FM	Paracetamol
Paraplatin	BC	Carboplatin
Parlodel	SZ	Bromocriptine Mesylate
Parnate	SK	Tranlycypromine Sulphate
Paroven	ZY	Hydroxyethylrutosides (RPBS)
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
Pensig	SI	Phenethicillin
Pensig 125	SI	Phenethicillin
Pensig 250	SI	Phenethicillin
Pepcidine	MK	Famotidine
Pepcidine M	MK	Famotidine
Pergonal	SG	Human Menopausal Gonadotrophin
Pergonal 150	SG	Human Menopausal Gonadotrophin
Periactin	FR	Cyproheptadine Hydrochloride
Pertofran	CG	Desipramine Hydrochloride
Pevaryl	SK	Econazole Nitrate
Pexid	ML	Perhexiline Maleate
Pharmorubicin	FE	Epirubicin Hydrochloride
Phenergan	MB	Promethazine Hydrochloride (RPBS)

Proprietary Name	Manu- fac- turer	Name
Pholcolin Red	MB	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)
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
Platinol	BC	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	Diphenamil 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
Prepulsid	JC	Cisapride
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	SG	Human Chorionic Gonadotrophin
Profasi 1000	SG	Human Chorionic Gonadotrophin
Profasi 2000	SG	Human Chorionic Gonadotrophin
Profasi 5000	SG	Human Chorionic Gonadotrophin
Progout	PT	Allopurinol
Progout 300	AF	Allopurinol
Progynova	SC	Oestradiol Valerate
Proladone	BT	Oxycodone
Prominal	WL	Methylphenobarbitone
Pronestyl	SQ	Procainamide Hydrochloride

Proprietary Name	Manu- fac- turer	Name
Pro-Pam	PT	Diazepam
Propine	AG	Dipivefrine Hydrochloride
Prostigmin Tablet	RO	Neostigmine Bromide
Protamine Zinc Insulin MC	NO	Insulin Protamine Zinc
Protaphane HM	NO	Insulin Isophane (N.P.H.)
Protaphane HM Penfill	NO	Insulin Isophane (N.P.H.)
Prothiaden	BT	Dothiepin Hydrochloride
Protostat	JC	Metronidazole
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
Quinocet	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	Rolitetraacycline
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
Sacsol	EG	Surgical Cement
Sacsol Non Flammable	EG	Surgical Cement

Proprietary Name	Manu- fac- turer	Name
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	MB	Senega and Ammonia (RPBS)
Senokot	RC	Senna Standardised (RPBS)
Seprin	BW	Trimethoprim with Sulphamethoxazole
Seprin 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-K	CG	Potassium Chloride
SN 121054A	SN	Gauze and Cotton Tissue (Combine Roll) (RPBS)
Sodexol	SC	Aluminium Hydroxide with Magnesium Hydroxide
Sodibic	FC	Sodium Bicarbonate (RPBS)

Proprietary Name	Manu- fac- turer	Name
Sofradex	RL	Dexamethasone with Framycetin Sulphate and Gramicidin
Soframycin	RL	Framycetin Sulphate
Softeze Absorbent Pad Mini 00218	BS	Absorbent Napkins (RPBS)
Softeze Absorbent Pad Regular 00217	BS	Absorbent Napkins (RPBS)
Softeze Stretch Pants 00494/00495/00496	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
Sone	FM	Prednisone
Sotacor	AP	Sotalol Hydrochloride
Span-K	FC	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
Synphasic 21 Day	SD	Norethisterone with Ethinyloestradiol
Syntocinon	SZ	Oxytocin
Syntometrine	SZ	Oxytocin with Ergometrine Maleate
Tagamet	SK	Cimetidine
Tagamet 800 Express	SK	Cimetidine

Proprietary Name	Manu- fac- turer	Name
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	KE	Self Adhesive Plaster Hypoallergenic (RPBS)
Tenopt	SI	Timolol Maleate
Tenormin	IC	Atenolol
Teril	AF	Carbamazepine
Tertroxin	GL	Liothyronine
Tes-Tape	LY	Glucose Indicator—Urine
Testomet	PT	Methyltestosterone
Testomet 25	AF	Methyltestosterone
Testomet 50	AF	Methyltestosterone
Tetrex	AP	Tetracycline Hydrochloride (Buffered)
Theo-Dur	AP	Theophylline
Thioprine	AF	Azathioprine
Thiotepa	LE	Thiotepa
Ticillin	CS	Ticarcillin
Tigason	RO	Etretinate
Tilcotil	RO	Tenoxicam
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)
Travogen	SC	Isoconazole Nitrate
Trib	PT	Trimethoprim with Sulphamethoxazole
Trib DS	PT	Trimethoprim with Sulphamethoxazole
Trichozole	PT	Metronidazole
Triphasil	WY	Levonorgestrel with Ethinyloestradiol
Triphasil 28	WY	Levonorgestrel with Ethinyloestradiol
Triprim	BW	Trimethoprim
Triquilar	SC	Levonorgestrel with Ethinyloestradiol
Triquilar ED	SC	Levonorgestrel with Ethinyloestradiol
Trisoralen	PT	Trioxysalen
Trobicin	UP	Spectinomycin
Tryptanol	MK	Amitriptyline Hydrochloride
Tubigrip B	BT	Tubular Dressing (RPBS)

Proprietary Name	Manu- fac- turer	Name
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	NO	Insulin Zinc Suspension (Crystalline)
Ultraproct	SC	Fluocortolone Pivalate, Fluocortolone Hexanoate, Clemizole Undecylenate and Cinchocaine Hydrochloride (RPBS)
Ultratard HM	NO	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	Octoxinol (C & I)
Ural Sachets	AB	Sodium Citro-Tartrate
Urecholine	MK	Bethanechol Chloride
Urederm	HA	Urea
Uremide	AF	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	ND	Insulin Neutral
Velosulin Human Nordisk 2.5mL	ND	Insulin Neutral
Insuject (white)		
Ventolin	GL	Salbutamol
Ventolin	GL	Salbutamol Sulphate
Ventolin Nebules	GL	Salbutamol Sulphate
Ventolin Rotacaps	GL	Salbutamol Sulphate
Ventolin Rotahaler	GL	Rotahalers (RPBS)
Vepesid	BC	Etoposide
Veracaps SR	SI	Verapamil Hydrochloride
Vermox	JC	Mebendazole (RPBS)
Verpamil	PT	Verapamil Hydrochloride
Verpamil 120	PT	Verapamil Hydrochloride
Vibramycin	PF	Doxycycline
Vibra-Tabs	PF	Doxycycline

Proprietary Name	Manu- fac- turer	Name
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
Zocor	MK	Simvastatin
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
Siguent	Sigma—Ointment preparations
Spansules	Smith, Kline & French—Delayed release capsules
Sustets	Lederle—Sustained release capsules
Tabloid	Wellcome Australia Limited—Tablet preparations
Venosol	Abbott A'asia—Intravenous infusions
Viaflex	Baxter Healthcare Pty Ltd—Intravenous infusions
Wellcome	Wellcome Australia Limited—Preparations

Dear Pharmacist

At time of printing it was anticipated that this edition of the Schedule would be effective 1 December 1990.

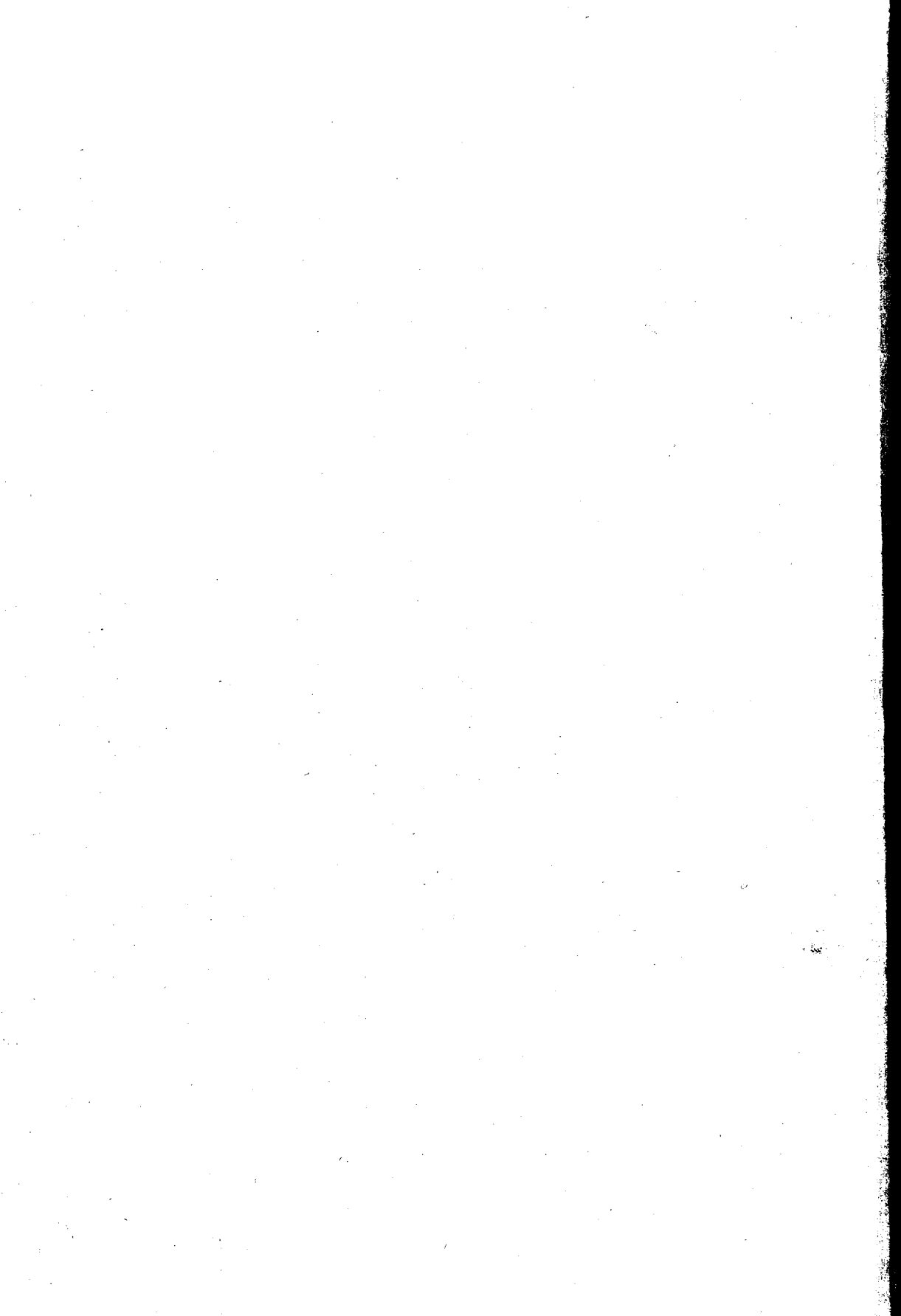
However, because the Pharmaceutical Benefits Remuneration Tribunal had not made a determination effective from that date, an interim book was published.

The enclosed issue, which includes the new fee structure, is expected to come into operation from 1 January 1991. You will be informed if it does not take effect from that date.

Clarification of General Patient Contribution

The explanatory circular to this issue contains advice that the patient contribution for general pharmaceutical benefits is \$15. This, of course, refers to items for which the Commonwealth makes a direct contribution. Since many items have an agreed price which is less than \$15, the general patient contribution for benefit items is often less than \$15 and thus \$15 is the **maximum** general patient contribution.

Department of Community Services and Health
7 December 1990





Pharmaceutical Benefits

DECEMBER 1990 EDITION

PHARMACEUTICAL BENEFITS

Explanatory Circular regarding the December 1990 edition of the Schedule of Pharmaceutical Benefits for Participating Dental Practitioners.

This reprint of the Schedule will take effect on 1 December 1990 and all previous editions of the Schedule are cancelled.

Minimum Pricing Policy

The Minimum Pricing Policy applies where there are lower priced alternative brands of a particular drug available on the PBS, the level of Government subsidy will be based on the lowest priced brand.

If a patient receives a dearer brand, the difference in price will be met by the patient (including pensioners). A sub-section showing those items to which the minimum pricing policy applies has been included separately in Section 2 of the Schedule.

DELETIONS

Brands

Ilocap, LY—erythromycin, capsule 250mg

Panmycin P, UP—tetracycline hydrochloride, capsule 250mg

Tetramykoin, BZ(N)—tetracycline hydrochloride, capsule 250mg

BT—water for injections, injections 2mL, 5mL and 10mL

Proprietary Name

	<i>From</i>	<i>To</i>
Codeine Phosphate with Paracetamol, tablet 30mg-500mg	<i>Panadeine Forte</i>	<i>Panadeine Forte Caplets</i>

ADVANCE NOTICES

DELETIONS

Item

The item listed below will be deleted from the Schedule of Pharmaceutical Benefits from 1 April 1991.

Item being discontinued by the manufacturer:

Metronidazole, tablet 250mg (*Protostat*)

Brands

The following brands will be deleted from the Schedule of Pharmaceutical Benefits from 1 April 1991.

Brands being discontinued by the manufacturer:

Ceporacin, GL—cephalothin, injection 1g (solvent required)

Cyclidox, PT—doxycycline, capsule 100mg

Trichozole, PT—metronidazole, tablet 200mg

All Previous Editions Cancelled



**SCHEDULE OF
PHARMACEUTICAL BENEFITS**
for
DENTAL PRACTITIONERS

OPERATIVE FROM 1 DECEMBER 1990

**Department of Community Services and Health
CANBERRA ACT**

M. C. Reed, Government Printer, Tasmania

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SECTION 1

EXPLANATORY NOTES

PRESCRIBING OF BENEFITS—PROCEDURE BY DENTISTS

Schedule of Pharmaceutical Benefits

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 1953* 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 x 12cm. 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.

Patient Contribution

15. An approved pharmacist is required for each supply by him 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 \$15.00 is supplied, an amount of \$15.00 for general patients or an amount of \$2.50 for holders of a Safety Net Concession Card, pensioners or patients with a concessional entitlement or their dependants. A charge is not to be made for patients who are holders of a pharmaceutical benefits Safety Net 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.

16. For those items supplied to general patients and having a dispensed price of \$15.00 or less, the maximum price that an approved pharmacist can include on the Prescription Record Form for Safety Net purposes is shown in the 'Safety Net Value' column. The approved pharmacist may discount the price for these items.

17. A prescription, other than a prescription for 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 \$15.00 for general patients, or \$2.50 for patients with a concessional entitlement, is only a prescription for the pharmaceutical benefits Safety Net provisions.

Minimum Pricing Arrangements

18. Under the minimum pricing arrangements the Commonwealth reimbursement will be based on the lowest priced brand. Where the price of a manufacturer's brand is greater than the base price level, all patients who are prescribed that brand will be required to pay the price premium which is the difference between the base price and the price of that brand. The amount shown in the brand price premium column includes the pharmacists' mark-up and is payable by patients receiving that brand in addition to the appropriate patient contribution. This amount is excluded from the price accumulating for Safety Net purposes.

Outline of the Safety Net Scheme

19. Pensioners, concessional beneficiaries and Safety Net Concession Card holders receive items on the Pharmaceutical Benefits Schedule at a cost of \$2.50 (except for items where a brand price premium applies).

20. To provide protection for those members of the community who, due to chronic illness, are high volume users of prescription medicines, a 'Safety Net' as outlined below will apply—

(a) General Beneficiaries—

the Safety Net threshold changes from 25 prescriptions to \$300.00 from 1 January 1991. Once this threshold has been reached a Safety Net Concession Card is issued and prescriptions will cost \$2.50 for the next \$50.00 of expenditure. At this point a Safety Net Entitlement Card will be issued and further prescriptions will be free of charge for the remainder of the calendar year.

(b) Pensioners—

Safety Net provides for free prescriptions after \$130.00 expenditure has been reached and a Safety Net Entitlement Card issued in 12 months (\$150.00 in the first Safety Net period of 14 months commencing 1 November 1990).

(c) Concessional Beneficiaries—

the Safety Net threshold changes from 25 prescriptions to \$130.00 from 1 January 1991.

When a Safety Net limit has been reached and an Entitlement Card issued, all subsequent pharmaceutical benefit items will be free for general, pensioner and concessional users (except for the items where the brand price premium applies).

21. Each person (or family) presenting a PBS prescription for dispensing may request the issue by an approved pharmacist of a Pharmaceutical Benefits Prescription Record Form (PRF).

22. An item qualifies for inclusion on the PRF if the item is PBS listed at date of prescribing.

23. The value which can be recorded on the Prescription Record Form is:

- (a) the relevant patient contribution (\$15.00 and \$2.50 respectively) where the PBS dispensed price is greater than the relevant patient contribution; or

- (b) the agreed price, or any lesser amount charged, where the PBS dispensed price is less than or equal to the relevant patient contribution.

Note: The agreed price is the PBS dispensed price plus a surcharge which together cannot exceed the patient contribution. Where the above calculation indicates a price less than \$5.50 the agreed price is \$5.50.

Under no circumstances should a brand price premium be included in the price recorded on the Prescription Record Form.

24. 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.

25. Application forms for Pharmaceutical Benefits Safety Net Entitlement Cards and Concession 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, or would reach with the next prescription, the relevant Safety Net threshold, 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/Concession Card.

26. The Entitlement/Concession Number which appears on the respective Card must be entered on the pharmaceutical benefits prescription form and a cross (X) entered in the entitlement box on the form. This will permit the persons named on the Entitlement/Concession Card to obtain pharmaceutical benefits prescription items free of charge or at the \$2.50 rate respectively.

27. A Concessional Beneficiary who also has a Safety Net Entitlement Card must quote the Entitlement Number (not the Concessional Beneficiary number) to obtain the benefit free of charge.

Maximum Quantities

28. 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.**

29. 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.

30. 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.

31. 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.

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

33. 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

34 Pensioner and Concessional Beneficiaries who will be the holders of a Pensioner/Concession Card will possess a:

- Health Care Card
- Pharmaceutical Benefits Concession Card
- Health Benefits Card
- Pensioner Health Benefits Card
- Dependant Treatment Entitlement Card (Lilac)
- Service Pensioner Benefits Card (Red)

35. Prescriptions for holders of a valid Dependant Treatment Entitlement Card (Lilac) or a Service Pensioner Benefit 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.

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

37. 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 35) (the entitlement number does not identify the type of card or the entitlement category);
- (b) a cross (x) 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.

38. 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 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 37) to be entered.

Urgent Cases

38. 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 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

39. 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 together with the distribution of stationery used by dental and medical practitioners and pharmacists.

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

**Health Insurance Commission
GPO Box 9826
IN YOUR CAPITAL CITY**

CANBERRA

**Manager
Pharmaceutical Benefits Branch
Health Insurance Commission
134 Reed Street
Tuggeranong ACT 2901
General enquiries—Telephone 293 6333**

NEW SOUTH WALES

**Pharmaceutical Services Branch
Level 3
189-193 Kent Street
Sydney NSW 2000
Enquiries—Telephone 561 2444**

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

**Blacktown Processing Centre
Westpoint Tower
Level 5, 17 Patrick Street
Blacktown NSW 2148
General enquiries—Telephone 831 6444**

Gosford Processing Centre

Level 2

107-109 Mann Street

Gosford NSW 2250

General enquiries—Telephone (043) 23 3011**VICTORIA**

Pharmaceutical Branch

Medibank House

460 Bourke Street

Melbourne Vic. 3000

General enquiries—Telephone 607 9222**Moonee Ponds Processing Centre**

641-649 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

209 Greenhill Road

Eastwood SA 5063

Enquiries—Telephone 201 8833**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—Telephone 323 5864**TASMANIA**

Pharmaceutical Branch

15th Floor

Trafalgar Building

Collins Street

Hobart Tas. 7000

Enquiries—Telephone 34 7999

INDEX OF MANUFACTURERS' CODES

Code	Manufacturer
AB	Abbott Laboratories Pty Ltd
AF	Alphapharm Pty Ltd
AP	Astra Pharmaceuticals Pty Ltd
BR	Beecham Research Laboratories
BW	Wellcome Australia Limited
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, Cyanamid Australia Pty Ltd
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

Symbols used in the Schedule

- 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.
 - A gauge sign (#) against the price of an item indicates that the product is not preconstituted.
 - 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).
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MINIMUM PRICING POLICY

BRAND PRICE PREMIUM PHARMACEUTICAL BENEFITS

For the pharmaceutical benefits in this section the brand price premium is payable 16 by all patients including pensioners in addition to the relevant patient contribution.

Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Price	Proprietary Name and Manufacturer	
AMOXYCILLIN Powder for Syrup 125mg per 5mL, 100mL	#1	..	..	#7.70	Cilamox	SI
					Ibiamox	PT
			0.88	#8.58	Moxacin	CS
	#1	..			Amoxil	BR
250mg per 5mL, 100mL	#1	..	..	#9.27	Cilamox	SI
					Ibiamox	PT
					Moxacin 250	CS
	#1	..	0.87	#10.14	Amoxil Forte	BR
CEPHALEXIN Capsule 250mg	20	..	..	6.88	Ibilex 250	AF
			0.25	7.13	Ceporex	GL
					Keflex	LY
	20	..	..	10.32	Ibilex 500	AF
			0.25	10.57	Ceporex	GL
					Keflex	LY
Granules for Syrup 125mg per 5mL, 100mL	#1	..	..	#9.08	Ibilex 125	AF
			0.25	#9.33	Ceporex	GL
					Keflex	LY
	#1	..	..	#11.58	Ibilex 250	AF
			0.25	#11.83	Ceporex	GL
					Keflex	LY
250mg per 5mL, 100mL	#1	..				
DOXYCYCLINE Capsule 100mg	7	..	..	5.38	Cyclidox	PT
			0.75	6.13	Doryx	FA
METRONIDAZOLE Tablet 200mg	21	..	..	4.95	Metrogyl 200	AF
					Metrozine	SR
			0.25	5.20	Trichozole	PT
					Flagyl	MB

SCHEDULE OF BENEFITS

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Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Price	Proprietary Name and Manufacturer
AMOXYCILLIN					
Chewable Tablet 250mg	20	..	..	7.36	Amoxil BR Moxacin CS
Capsule 250mg	20	..	..	6.46	Alphamox 250 AF Amoxil BR Cilamox SI Ibiamox PT Moxacin CS
Capsule 500mg	20	..	..	10.22	Alphamox 500 AF Amoxil BR Cilamox SI Ibiamox PT Moxacin CS
Sachet containing oral powder 3g	1	..	..	7.18	Amoxil BR Moxacin CS
Powder for Syrup 125mg per 5mL, 100mL	‡1	..	..	#7.70	Cilamox SI Ibiamox PT Moxacin CS
			0.88	#8.58	Amoxil BR
250mg per 5mL, 100mL	‡1	..	..	#9.27	Cilamox SI Ibiamox PT Moxacin 250 CS
			0.87	#10.14	Amoxil Forte BR
AMPHOTERICIN					
Lozenge 10mg	20	..	..	5.41	Fungilin SQ
Ointment 30mg per g (3%), 15g	‡1	..	..	4.90	Fungilin SQ
AMPICILLIN					
Injection 250mg (solvent required)	5	..	..	7.41	Ampicyn PT Austrapen CS
Injection 500mg (solvent required)	5	..		9.62	Ampicyn PT Austrapen CS
Injection 1g (solvent required)	5	..		14.12	Ampicyn PT Austrapen CS

Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Price	Proprietary Name and Manufacturer
ASPIRIN with CODEINE Mixture—See Section 3, Prescribers' List					
BENZYL PENICILLIN Injection 300mg (solvent required)	5	..	..	9.87	CS
Injection 600mg (solvent required)	5	..	..	11.07	CS
Injection 3g (solvent required)	5	..	..	24.57	CS
CEPHALEXIN Capsule 250mg	20	..	.. 0.25	6.88 7.13	Ibilex 250 AF Ceporex GL Keflex LY
Capsule 500mg	20	..	.. 0.25	10.32 10.57	Ibilex 500 AF Ceporex GL Keflex LY
Granules for Syrup 125mg per 5mL, 100mL	†1	..	.. 0.25	#9.08 #9.33	Ibilex 125 AF Ceporex GL Keflex LY
250mg per 5mL, 100mL	†1	..	.. 0.25	#11.58 #11.83	Ibilex 250 AF Ceporex GL Keflex LY
CEPHALOTHIN Injection 1g (solvent required)	5	..	..	22.22	Ceporacin GL Keflin Neutral LY
Injection 2g (solvent required)	1	..	..	10.25	Keflin Neutral LY
Injection 4g (solvent required)	1	..	..	17.33	Keflin Neutral LY
CODEINE PHOSPHATE with ASPIRIN Tablet 30mg-325mg	20	..	..	4.91	Codral Forte BW

Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Price	Proprietary Name and Manufacturer
CODEINE PHOSPHATE with PARACETAMOL Tablet 30mg-500mg	20	..	..	4.91	Panadeine Forte Caplets WL
DOXYCYCLINE Tablet 100mg	7	..	..	5.38	Doxylin 100 AF
Capsule 100mg	7	..	0.75	5.38 6.13	Vibramycin PF Cyclidox PT Doryx FA
ERYTHROMYCIN Tablet 250mg	25	..	..	6.27	EMU-V AB UP
Capsule 125mg	25	..	..	6.00	Eryc FA
Capsule 175mg	25	..	..	6.27	Eryc LD FA
Capsule 250mg	25	..	..	7.78	Eryc FA
ERYTHROMYCIN ESTOLATE Paediatric Oral Drops 100mg (base) per mL, 10mL	#1	..	..	5.93	Ilosone LY
Paediatric Oral Suspension 125mg (base) per 5mL, 100mL	#1	..	..	5.93	Ilosone LY
ERYTHROMYCIN ETHYL SUCCINATE Tablet 200mg (base)	25	..	..	6.00	E.E.S. Dulcet AB
Tablet 400mg (base)	25	..	..	7.78	E.E.S. 400 AB
Granules for Paediatric Oral Suspension 200mg (base) per 5mL, 100mL	#1	..	..	#8.38	E.E.S. 200 AB
ERYTHROMYCIN STEARATE Tablet 250mg (base)	25	..	..	6.27	Erythrocin AB
Capsule 250mg (base)	25	..	..	6.27	Erythrocin AB
Paediatric Oral Suspension 125mg (base) per 5mL, 100mL	#1	..	..	5.93	Erythrocin AB
(continued)					

Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Price	Proprietary Name and Manufacturer	
ERYTHROMYCIN STEARATE- cont. Oral Suspension 250mg (base) per 5mL, 100mL	#1	..	..	8.23	Erythrocin	AB
METRONIDAZOLE Tablet 200mg	21	..	..	4.95	Metrogyl 200	AF
			0.25	5.20	Metrozine	SR
					Trichazole	PT
					Flagyl	MB
Tablet 250mg	21	..	..	5.53	Protostat	JC
NYSTATIN Tablet 500,000 units	25	..	..	7.29	Mycostatin	SQ
					Nilstat	LE
Lozenge 100,000 units	20	..	..	5.41	Nilstat	LE
Oral Suspension 100,000 units per mL, 24mL	#1	..	..	5.42	Mycostatin	SQ
					Nilstat	LE
PARACETAMOL Mixture 120mg per 5mL, 100mL	#1	..	..	5.52	Dymadon	BW
					Panamax	WL
PHENETHICILLIN Capsule 250mg	25	..	..	6.47	Pensig	SI
Capsule 500mg	25	..	..	7.32	Pensig	SI
Powder for Syrup 125mg per 5mL, 100mL	#1	..	..	#7.00	Pensig 125	SI
250mg per 5mL, 100mL	#1	..	..	#7.77	Pensig 250	SI
PHENOXYMETHYLPENICILLIN Tablet 125mg	25	..	..	5.77	Abbocillin-V	AB
Tablet 250mg	25	..	..	5.93	Abbocillin-VK	AB
					Cilicaine VK	SI
					PVK	LY
Tablet 500mg	25	..	..	6.98	Abbocillin-VK	AB
					PVK	LY
(continued)						

Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Price	Proprietary Name and Manufacturer
PHENOXYMETHYLPENICILLIN- cont. Capsule 250mg	25	..	..	5.93	Abbocillin-VK AB Cilicaine VK SI LPV CS PVK LY
Capsule 500mg	25	..	..	6.98	Cilicaine VK SI LPV CS
Paediatric Oral Suspension 125mg per 5mL, 100mL	±1	..	..	5.13	Abbocillin-V AB Cilicaine V SI LPV 125 CS
Oral Suspension 250mg per 5mL, 100mL	±1	..	..	6.40	Abbocillin-V AB Cilicaine V SI LPV 250 CS
PROCAINE PENICILLIN Injection 1g	5	..	..	45.40	Cilicaine SI
Injection 1.5g	5	..	..	46.22	Cilicaine SI
TETRACYCLINE HYDROCHLORIDE Capsule 250mg	25	..	..	5.21	Achromycin LE
TETRACYCLINE HYDROCHLORIDE (BUFFERED) Capsule 250mg	25	..	..	5.21	Achromycin V LE Hostacycline P HP Hydracycline FM Mystecilin-250 SQ Tetrex AP
TRIMETHOPRIM with SULPHAMETHOXAZOLE CAUTION: There is an increased risk of severe adverse reactions with this combination in the elderly.					
Tablet 80mg-400mg	10	..	..	5.60	Bactrim RO Resprim AF Septrin BW
(continued)					

Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Price	Proprietary Name and Manufacturer
TRIMETHOPRIM with SULPHAMETHOXAZOLE—cont. Tablet 160mg-800mg	10	..	..	7.20	Bactrim DS RO Resprim Forte AF Septrin Forte BW Trib DS PT
Oral Suspension 40mg-200mg per 5mL, 100mL	±1	..	..	6.63	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	..	..	4.15	AP, BZ
Injection 5mL	5	..	..	4.28	AP, BZ
Injection 10mL	5	..	..	4.50	AP, 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 INDEX

Part 1—Proprietary Names Index

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Proprietary Name	Mfr	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)

Proprietary Name	Mfr	Name
Ibiamox	PT	Amoxycillin
Ibilex 125	AF	Cephalexin
Ibilex 250	AF	Cephalexin
Ibilex 500	AF	Cephalexin
Ilosone	LY	Erythromycin Estolate
Keflex	LY	Cephalexin
Keflin Neutral	LY	Cephalothin
LPV	CS	Phenoxymethylpenicillin
LPV 125	CS	Phenoxymethylpenicillin
LPV 250	CS	Phenoxymethylpenicillin
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 Caplets	WL	Codeine Phosphate with Paracetamol
Panamax	WL	Paracetamol
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
Septtrin	BW	Trimethoprim with Sulphamethoxazole
Septtrin Forte	BW	Trimethoprim with Sulphamethoxazole
Tetrex	AP	Tetracycline Hydrochloride (Buffered)
Trib	PT	Trimethoprim with Sulphamethoxazole
Trib DS	PT	Trimethoprim with Sulphamethoxazole
Trichazole	PT	Metronidazole

Proprietary Name	Mfr	Name
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 1990



Pharmaceutical Benefits Advisory Committee

Telephone: (062) 89 7099
Telex: 62149
Facsimile: (062) 81 6948

Address all mail to:
THE SECRETARY
Pharmaceutical Benefits Advisory Committee
GPO Box 9848
Canberra ACT 2601

In reply please quote:.....

November 1990

Dear Doctor

I am writing to inform you of a recent initiative of the Pharmaceutical Benefits Advisory Committee.

You will have noted in the April 1990 and August 1990 editions of the Schedule changes to the listings of the lipid lowering drugs such as clofibrate, cholestyramine and colestipol. In this edition a new cholesterol lowering agent, simvastatin, has been listed.

When discussing the possible listing of this new drug, simvastatin and its place in the treatment of hypercholesterolaemia, the restrictions which should apply to its availability and any necessary changes to the existing items, the Committee decided that the convening of a conference to seek consensus on the management of hyperlipidaemia in Australia would be worthwhile.

The intention of the Committee is to assemble persons representing all groups involved and interested in the definition and treatment of hyperlipidaemia and so would include lipidologists, general practitioners, nutritionists, cardiologists, epidemiologists, health economists and consumers. Arrangements for such a meeting are in progress and it is intended that the conclusions of this conference would be incorporated into the Schedule of Pharmaceutical Benefits in due course.

Should this initial event be as successful as hoped the Committee may convene similar meetings to discuss consensus guidelines for other areas of therapy.

Yours faithfully

WAL GRIGOR
Chairman

PHARMACEUTICAL BENEFITS

Explanatory Circular regarding the December 1990 edition of the Schedule of Pharmaceutical Benefits for Medical Practitioners.

This reprint of the Schedule will take effect on 1 December 1990 and all previous editions of the Schedule are cancelled.

Patient Contributions

New patient contribution levels applied from 1 November 1990. Pensioners and their dependants who previously received their pharmaceutical benefits free of charge pay \$2.50 as from 1 November 1990. The general patient contribution also increased from 1 November 1990 to \$15.00. The patient contribution for concessional beneficiaries remains at \$2.50.

Pensioners and concessional beneficiaries now pay the same patient contribution which will be known as the "Concessional Beneficiary Charge".

The patient charges will be indexed each year. The general charge will be indexed on 1 August and the concessional charge on 1 October. Pharmacists and medical practitioners will be advised of the new patient payment levels before these dates.

Safety Net

With the introduction of the concessional beneficiary charge for pensioners a Safety Net arrangement applied from 1 November 1990 for pensioners. This Safety Net operates in dollar terms, not in number of supplies.

The Safety Net arrangements for concessional and general patients will, from 1 January 1991, operate in dollar terms. (See Explanatory Notes—Lemon Pages.)

Minimum Pricing Policy

Where there are lower priced alternative brands of a particular drug available on the PBS, the level of Government subsidy will be based on the lowest price brand and the Minimum Pricing Policy applies. If a patient receives a dearer brand, the difference in price will be met by the patient (including pensioners).

A subsection showing those items to which the minimum pricing policy applies has been included separately in Section 2 of the Schedule.

PLEASE NOTE: Restricted items which were previously printed in red are now highlighted in ***bold italic*** typeface.

SUMMARY OF CHANGES

ADDITIONS

Items

Section 2

Cefaclor, capsule 250mg and oral suspension 250mg per 5mL, 75mL (*Ceclor*)

Cisapride, tablets 5mg and 10mg (*Prepulsid*); oral suspension 1mg per mL, 200mL (*Prepulsid*)

Human Menopausal Gonadotrophin, injection set containing 10 ampoules powder for injection providing 150 units follicle stimulating hormone and 150 units luteinising hormone and 10 ampoules solvent 1mL (*Pergonal 150*)

Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed), injections (human) 100 units (15 units–85 units) per mL, 2.5mL, 5 (*Mixtard 15/85 Human Nordisk 2.5mL Insuject-X*) and 100 units (50 units–50 units) per mL, 2.5mL, 5 (*Mixtard 50/50 Human Nordisk 2.5mL Insuject-X*)

Minocycline, tablet 50mg (*Minomycin-50*)

Morphine Tartrate, injection 120mg in 1.5mL (*BL*)

Protein Hydrolysate Formula, powder 454g (*Nutramigen*) (The 454g pack is being temporarily listed as an alternative to the 1kg pack to overcome a stock shortage anticipated by the manufacturer)

Simvastatin, tablets 10mg (*Lipex 10, Zocor*) and 20mg (*Lipex 20, Zocor*)

Urofollitrophin, injection set containing 10 ampoules powder for injection providing 75 units follicle stimulating hormone and 10 ampoules solvent 1mL (*Metrodin 75*)

Verapamil Hydrochloride, capsules 160mg (sustained release) and 240mg (sustained release) (*Veracaps SR*)

Section 4

Chlorhexidine Aqueous Cream APF

DELETIONS

Section 2

Items

Aminophylline, oral liquid 105mg per 5mL, 500mL (*Somophyllin*)

Benzylpenicillin, injection 6g (solvent required) (*CS*)

Ergometrine Maleate, tablet 200 micrograms (*Ergotrate*)

Ferrous Sulphate Dried, tablet 320mg (delayed release) (*Slow-Fe*)

Hydrocortisone Acetate with Neomycin Sulphate, ear drops 15mg-5mg per mL (1.5%-0.5%), 5mL and ear ointment 15mg-5mg per g (1.5%-0.5%), 4g (*Neo-Cortef*)

Kaolin with Pectin, oral suspension 5.91g-132mg per 30mL, 375mL (*Kaopectate*)

Neomycin Sulphate, eye drops 5mg per mL (0.5%), 10mL (*Neopt*)

Theophylline, capsules 100mg (controlled release) and 250mg (controlled release) (*Somophyllin CRT*)

Brands

Laroxyl, RO—amitriptyline hydrochloride, tablets 10mg and 25mg

BT—atropine sulphate, injections 600 micrograms in 1mL and 1.2mg in 1mL

Duractin, CS—cimetidine, tablets 200mg, 400mg and 800mg

Ilocap, LY—erythromycin, capsule 250mg

Mycitracin, UP—polymyxin B sulphate with bacitracin and neomycin sulphate, eye ointment 5,000 units-400 units-5mg per g, 4g

PT—quinine bisulphate, tablet 300mg

BT—sodium chloride, injection 9mg per mL (0.9%), 2mL, injection 9mg per mL (0.9%), 5mL and injection 9mg per mL (0.9%), 10mL

Parmycin P, UP—tetracycline hydrochloride, capsule 250mg

Tetramykoin, BZ(N)—tetracycline hydrochloride, capsule 250mg

Veradil, US—verapamil hydrochloride, tablets 40mg, 80mg and 120mg

BT—water for injections, injections 2mL, 5mL and 10mL

ALTERATIONS

Section 2

Restriction Changes

Acyclovir, tablets 400mg, 70 (*Zovirax 400mg*)

Calcium, tablet (chewable) 500mg (as carbonate) (*Cal-Sup*), tablet 600mg (as carbonate) (*Caltrate*) and compound effervescent tablet equivalent to 1g (25mmol) Ca^{2+} (*Sandocal 1000*)

Chlormethiazole Edisylate, I.V. infusion 8mg per mL (0.8%), 500mL (*Hemineurin*)

Disodium Etidronate, tablet 200mg (*Didronel*)

Megestrol Acetate, tablets 40mg and 160mg (*Megostat*)

Nifedipine, capsule 5mg (*Adalat 5*) and capsule 10mg (*Adalat*)

Oxazepam, tablet 15mg (*Alepam 15*, *Murelax*, *Serepax*) and tablet 30mg (*Alepam 30*, *Murelax*, *Serepax*)

Prochlorperazine, tablet 5mg (*Compazine, Stemetil*)

Maximum Quantity

	<i>From</i>	<i>To</i>
Insulin Isophane (N.P.H.) injections (human)		
100 units per mL, 1.5mL, 5 (<i>Protaphane HM Penfill</i>)	7	10
Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed) injections (human) 100 units (30 units-70 units)		
per mL, 1.5mL, 5 (<i>Actraphane HM Penfill</i>)	7	10
Insulin Neutral, injections (human) 100 units		
per mL, 1.5mL, 5 (<i>Actrapid HM Penfill</i>)	7	10
Medroxyprogesterone, tablet 500mg (<i>Farlutal, Provera</i>)	60	30

Number of Repeats

	<i>From</i>	<i>To</i>
Clomipramine Hydrochloride, tablet 25mg (<i>Anafranil</i>)	1	2
Insulin Isophane (N.P.H.), injections (human)		
100 units per mL, 1.5mL, 5 (<i>Protaphane HM Penfill</i>)	2	1
Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed) injections (human) 100 units (30 units-70 units)		
per mL, 1.5mL, 5 (<i>Actraphane HM Penfill</i>)	2	1
Insulin Neutral, injections (human) 100 units		
per mL, 1.5mL, 5 (<i>Actrapid HM Penfill</i>)	2	1
Medroxyprogesterone, tablet 500mg (<i>Farlutal, Provera</i>)	5	2

Manufacturers' Codes

	<i>From</i>	<i>To</i>
Allopurinol, tablet 300mg (<i>Pro gout 300</i>)	PT	AF
Folic Acid, tablet 5mg (<i>Megafol 5</i>)	PT	AF
Frusemide, tablet 40mg (<i>Uremide</i>)	PT	AF
Glucagon Hydrochloride, injection set containing 1mg (1 i.u.) and 1mL solvent in disposable syringe (<i>Glucagon Novo</i>)	CN	NO
Glucose Indicator—Blood, Reagent Strips, 50 (<i>Hypoguard GA</i>)	AS	HG
Hydrochlorothiazide with Amiloride Hydrochloride, tablet 50mg-5mg (<i>Amizide</i>)	PT	AF
Insulin, Acid, injection (bovine) 100 units per mL, 10mL (<i>Insulin 2</i>)	CN	NO

	<i>From</i>	<i>To</i>
Insulin Isophane (N.P.H.), injection (bovine)		
100 units per mL, 10mL (<i>Isotard MC</i>)	CN	NO
injection (human) 100 units per mL, 10mL (<i>Insulatard Human</i>),	BW	ND
(<i>Protaphane HM</i>)	CN	NO
injections (human) 100 units per mL, 1.5mL, 5 (<i>Protaphane HM Penfill</i>)	CN	NO
100 units per mL, 2.5mL, 5 (<i>Insulatard Human</i> <i>Nordisk 2.5mL Insuject-X</i>)	BW	ND
Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed),		
injection (human) 100 units (15 units-85 units) per mL, 10mL (<i>Mixtard 15/85 Human</i>)	BW	ND
injection (human) 100 units (30 units-70 units) per mL, 10mL (<i>Actraphane HM</i>),	CN	NO
(<i>Mixtard 30/70 Human</i>)	BW	ND
injection (human) 100 units (50 units-50 units) per mL, 10mL (<i>Mixtard 50/50 Human</i>)	BW	ND
injections (human) 100 units (30 units-70 units) per mL, 1.5mL, 5 (<i>Actraphane HM Penfill</i>)	CN	NO
injections (human) 100 units (30 units-70 units) per mL, 2.5mL, 5 (<i>Mixtard 30/70 Human Nordisk</i> <i>2.5mL Insuject-X</i>)	BW	ND
Insulin Neutral, injection (human) 100 units per		
mL, 10mL (<i>Actrapid HM</i>),	CN	NO
(<i>Velosulin Human</i>)	BW	ND
injections (human) 100 units per mL, 1.5mL, 5 (<i>Actrapid HM Penfill</i>)	CN	NO
injections (human) 100 units per mL, 2.5mL, 5 (<i>Velosulin Human Nordisk 2.5mL Insuject (white)</i>)	BW	ND
Insulin Protamine Zinc, injection (bovine)		
100 units per mL, 10mL (<i>Protamine Zinc Insulin MC</i>)	CN	NO
Insulin Zinc Suspension (Lente), injection (bovine)		
100 units per mL, 10mL (<i>Lente MC</i>)	CN	NO
injection (human) 100 units per mL, 10mL (<i>Monotard HM</i>)	CN	NO
Insulin Zinc Suspension (Crystalline) (Ultralente),		
injection (bovine) 100 units per mL, 10mL (<i>Ultralente MC</i>)	CN	NO
injection (human) 100 units per mL, 10mL (<i>Ultratard HM</i>)	CN	NO

	<i>From</i>	<i>To</i>
Methyltestosterone , tablet 25mg (<i>Testomet 25</i>) and tablet 50mg (<i>Testomet 50</i>)	<i>PT</i>	<i>AF</i>
Neomycin Sulphate , tablet 500mg (<i>Neosulf</i>)	<i>PT</i>	<i>AF</i>

Proprietary Name

	<i>From</i>	<i>To</i>
Allopurinol , tablet 300mg	<i>Progout</i>	<i>Progout 300</i>
Codeine Phosphate with Paracetamol , tablet 30mg-500mg	<i>Panadeine</i> <i>Forte</i> <i>PT</i>	<i>Panadeine</i> <i>Forte Caplets</i> <i>Megafol 5</i>
Folic Acid , tablet 5mg		
Hydrocortisone , cream 10mg per g (1%), 50g	<i>Egocort</i>	<i>Egocort Cream 1%</i>
Methyltestosterone , tablet 25mg	<i>Testomet</i>	<i>Testomet 25</i>
tablet 50mg	<i>Testomet</i>	<i>Testomet 50</i>

Pack Size

<i>From</i>	<i>To</i>
Hydrocortisone Acetate , eye ointment 5mg per g (0.5%), 4g (<i>Cortef</i>)	Hydrocortisone Acetate , eye ointment 5mg per g (0.5%), 3g (<i>Cortef</i>)

Change of Name of Benefit and Expression of Strengths

<i>From</i>	<i>To</i>
Insulin Isophane (N.P.H.)— Insulin Neutral, (Mixed) Injection (human) 100 units (85 units-15 units) per mL, 10mL (<i>Mixtard 15/85</i> <i>Human</i>) 100 units (50 units-50 units) per mL, 10mL (<i>Mixtard 50/50</i> <i>Human</i>) 100 units (70 units-30 units) per mL, 10mL (<i>Actraphane HM</i> , <i>Mixtard 30/70 Human</i>) Injections (human) 100 units (70 units-30 units) per mL, 1.5mL, 5 (<i>Actraphane</i> <i>HM Penfill</i>) 100 units (70 units-30 units) per mL, 2.5mL, 5 (<i>Mixtard 30/70</i> <i>Human Nordisk 2.5mL Insuject-X</i>)	Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed) Injection (human) 100 units (15 units-85 units) per mL, 10mL (<i>Mixtard 15/85</i> <i>Human</i>) 100 units (50 units-50 units) per mL, 10mL (<i>Mixtard 50/50</i> <i>Human</i>) 100 units (30 units-70 units) per mL, 10mL (<i>Actraphane HM</i> , <i>Mixtard 30/70 Human</i>) Injections (human) 100 units (30 units-70 units) per mL, 1.5mL, 5 (<i>Actraphane</i> <i>HM Penfill</i>) 100 units (30 units-70 units) per mL, 2.5mL, 5 (<i>Mixtard 30/70</i> <i>Human Nordisk 2.5mL Insuject-X</i>)

NOTES

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

Folic Acid
Oxazepam
Prochlorperazine

CAUTION NOTES

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

Flucloxacillin
Nifedipine
Prochlorperazine
Quinidine Bisulphate
Quinidine Sulphate
Quinine Bisulphate
Quinine Sulphate

ADVANCE NOTICES

DELETIONS

Items

The items listed below will be deleted from the Schedule of Pharmaceutical Benefits from 1 April 1991.

Section 2

Items being discontinued by the manufacturer:

Chlorpromazine Hydrochloride, tablet 50mg (*Largactil*)
Diazepam, paediatric syrup 2mg per 5mL, 100mL (*Valium*)
Doxorubicin Hydrochloride, powders for I.V. injection or intravesical administration 10mg, 20mg and 50mg (*Adriamycin*)
Mefruside, tablet 25mg (*Baycaron*)
Metronidazole, tablets 250mg and 500mg (*Protostat*)
Triamcinolone Acetonide, cream 200 micrograms per g (0.02%), 45g (*Kenalone 0.02%*) and ointment 200 micrograms per g (0.02%), 45g (*Kenalone 0.02%*)

Item being recalled and discontinued by the manufacturer:

Polymyxin B Sulphate with Neomycin Sulphate and Hydrocortisone, ear drops 10, 000 units-5mg-10mg per mL, 7mL (*Aerocortin*)

The following item, on the recommendation of the Pharmaceutical Benefits Advisory Committee, will be deleted from the Schedule of Pharmaceutical Benefits from 1 April 1991.

Chlormethiazole, capsule 192mg (Hemineurin)

The following items (which may be discontinued by the manufacturer) may be deleted from the Schedule at a future date:

Sulthiame, tablets 50mg and 200mg (*Ospolot*)

Section 4

Drugs Available for Extemporaneous Preparations

The drugs listed below will be deleted from the Schedule of Pharmaceutical Benefits from 1 April 1991. These drugs are no longer readily available from recognised wholesalers.

Acid—Hydrochloric BP

Acriflavine BPC 1963

Adrenaline BP

Atropine Sulphate BP

Bentonite BP

Chlorocresol BP

Cream—Oily APF

Extract—Hyoscyamus Liquid BPC 1973

Ferrous Sulphate Dried BP

Lignocaine Hydrochloride BP

Ointment—Hydrous BP

Phenobarbitone BP

Phenoxyethanol BP

Pilocarpine Hydrochloride BP

Pilocarpine Nitrate BP

Sodium Acid Phosphate BP

Sodium Phosphate BP (Dibasic)

Solution—Chlorhexidine Gluconate BP (20%)

Spirit—Lemon BP

Theophylline BP

Titanium Dioxide BP

Brands

The following brands will be deleted from the Schedule of Pharmaceutical Benefits from 1 April 1991.

Brands being discontinued by the manufacturer:

Amitrip, PT—amitriptyline hydrochloride, tablets 10mg and 25mg

Anti-Spas, PT—benzhexol hydrochloride, tablets 2mg and 5mg

Ceporacin, GL—cephalothin, injection 1g (solvent required)

Pro-Pam, PT—diazepam, tablets 2mg and 5mg

Cyclidox, PT—doxycycline, capsule 100mg

Supres 25, Supres 50, PT—hydralazine hydrochloride, tablets 25mg and 50mg

Rheumacin, PT—indomethacin, capsule 25mg

BL—methotrexate, tablet 10mg

Metamide, PT—metoclopramide hydrochloride, tablet 10mg

Trichozole, PT—metronidazole, tablet 200mg

Cardinol, PT—propranolol hydrochloride, tablets 10mg and 160mg

PT—quinine sulphate, tablet 300mg

Nipride, RO—sodium nitroprusside, I.V. infusion 50mg

NOTE

The following pharmaceutical benefits, which were not included in the August 1990 reprint of the Schedule, were listed on 1 August 1990:

Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed), injection (human)
100 units (15 units-85 units) per mL, 10mL (*Mixtard 15/85 Human*)

Megestrol Acetate, tablet 160mg (*Megostat*)

The following formulation and proprietary name changes became effective 1 October 1990:

From

**Ergotamine Tartrate with
Caffeine, Ito-barbitone and
Belladonna Alkaloids,
suppositories 2mg-100mg-
100mg-250 micrograms, 5
(*Cafergot PB*)**

To

**Ergotamine Tartrate with
Caffeine, suppositories
2mg-100mg, 5 (*Cafergot S*)**

All Previous Editions Cancelled



**SCHEDULE OF
PHARMACEUTICAL BENEFITS**

for

MEDICAL PRACTITIONERS

OPERATIVE FROM 1 DECEMBER 1990

**Department of Community Services and Health
CANBERRA ACT**

M. C. Reed, Government Printer, Tasmania

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SECTION 1—LEMON PAGES

EXPLANATORY NOTES

PREScribing OF PHARMACEUTICAL BENEFITS PROCEDURE FOR MEDICAL PRACTITIONERS

Schedule of Pharmaceutical Benefits

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 39-40.
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 41-42.
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 1953* 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 x 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 52-53;
- (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. Except on authority prescription forms (PB86), 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.

Patient Contribution

23. An approved pharmacist is required for each supply by him 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 \$15.00 is supplied, an amount of \$15.00 for general patients or an amount of \$2.50 for holders of a Safety Net Concession Card, pensioners or patients with a concessional entitlement or their dependants. A charge is not to be made for patients who are holders of a pharmaceutical benefits Safety Net 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.

24. For those items supplied to general patients and having a dispensed price of \$15.00 or less, the maximum price that an approved pharmacist can include on the Prescription Record Form for Safety Net purposes is shown in the 'Safety Net Value' column. The approved pharmacist may discount the price for these items.

25. 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.

26. Where a medical practitioner has endorsed a prescription 'Regulation 24' the approved pharmacist should make a relevant patient contribution charge 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 \$45.00 should be made to a general patient, or \$7.50 to a patient with a concessional entitlement. Any special patient contribution or brand price premium is treated in the same manner.

27. A prescription, other than a prescription for 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 \$15.00 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 26.

Special Patient Contribution

28. A special patient contribution is calculated for certain drugs in regard to which there exists a price disagreement with the manufacturer. The special patient contribution is the difference between the dispensed price of the benefit based on the price to pharmacist sought by the manufacturer and the dispensed price based on the price to pharmacist acceptable to the Commonwealth. The special patient contribution is thus an additional charge over and above the relevant patient contribution set out in paragraph 23. All patients, including concessional beneficiaries and dependants, pensioners and dependants and holders of a pharmaceutical benefits concession card or Entitlement Card, are required to pay this special patient contribution for these special pharmaceutical benefits. This amount is excluded from the price for Safety Net purposes.

Minimum Pricing Arrangements

29. Under the minimum pricing arrangements the Commonwealth reimbursement will be based on the lowest priced brand. Where the price of a manufacturer's brand is greater than the base price level, all patients who are prescribed that brand will be required to pay the price premium which is the difference between the base price and the price of that brand. The amount shown in the brand price premium column includes the pharmacists' mark-up and is payable by patients receiving that brand in addition to the appropriate patient contribution. This amount is excluded from the price accumulating for Safety Net purposes.

Outline of the Safety Net Scheme

30. Pensioners, concessional beneficiaries and Safety Net Concession Card holders receive items on the Pharmaceutical Benefits Schedule at a cost of \$2.50 (except for items where a special patient contribution or a brand price premium applies).

31. To provide protection for those members of the community who, due to chronic illness, are high volume users of prescription medicines, a 'Safety Net' as outlined below will apply—

(a) General Beneficiaries—

the Safety Net threshold changes from 25 prescriptions to \$300.00 from 1 January 1991. Once this threshold has been reached a Safety

Net Concession Card is issued, prescriptions will cost \$2.50 for the next \$50.00 expenditure, and further prescriptions will be free of charge for the remainder of the calendar year.

(b) Pensioners—

Safety Net provides for free prescriptions after \$130.00 in 12 months (\$150.00 in the first Safety Net period of 14 months commencing 1 November 1990).

(c) Concessional Beneficiaries—

the Safety Net threshold changes from 25 prescriptions to \$130.00 from 1 January 1991.

When a Safety Net (for pensioners and concessional beneficiaries) limit has been reached and an Entitlement Card issued, all subsequent pharmaceutical benefit items will be free for general, pensioner and concessional users (except for the items where the special patient contribution or brand price premium applies).

32. 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).

33. An item qualifies for inclusion on the PRF if the item is PBS listed and satisfies the relevant restrictions (e.g. diseases or conditions) at date of prescribing.

34. The value which can be recorded on the Prescription Record Form is:

- (a) the relevant patient contribution (\$15.00 and \$2.50 respectively) where the PBS dispensed price is greater than the relevant patient contribution; or
- (b) the agreed price, or any lesser amount charged, where the PBS dispensed price is less than or equal to the relevant patient contribution.

Note: The agreed price is the PBS dispensed price plus a surcharge which together cannot exceed the patient contribution. Where the above calculation indicates a price less than \$5.50 the agreed price is \$5.50.

Under no circumstances should a special patient contribution or brand price premium be included in the price recorded on the Prescription Record Form.

35. 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.

36. Application forms for Pharmaceutical Benefits Safety Net Entitlement Cards and Concession 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, or would reach with the next prescription, the relevant Safety Net threshold, 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/Concession Card.

37. The Entitlement/Concession Number which appears on the respective Card must be entered on the pharmaceutical benefits prescription form and a cross (x) entered in the appropriate box on the form. This will permit the persons named on the Entitlement/Concession Card to obtain pharmaceutical benefits prescription items free of charge or at the \$2.50 rate respectively.

38. A Concessional Beneficiary who also has a Safety Net Entitlement Card must quote the Entitlement Number (not the Concessional Beneficiary number) to obtain the benefit free of charge.

Restrictions

39. 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 ***bold italics*** in Sections 2 and 3 of the Schedule. It is only necessary for the patient's condition to be identified when completing an Authority Prescription form (PB86).

40. 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

41. 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.

42. 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.

43. 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.

44. 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.

45. 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.

46. A pharmaceutical benefit may not be supplied to the same person more than once in any four days. A medical practitioner may direct, however, the supply of a quantity of the benefit be made within the four day period where the maximum quantity of the benefit is less than the amount necessary to treat the patient.

47. 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 49-51).

48. 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.

49. 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.

50. 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.

51. For drugs which require the written authority of the State Manager, the provisions of paragraphs 48-50 apply.

Regulation 24

52. While a pharmaceutical benefit may not be supplied to the same person more than once in any four days, 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.

53. 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 an Entitlement Card.

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

54. Concessional Beneficiaries or their dependants will be the holders of a valid:

- Health Care Card
- Pharmaceutical Benefits Concession Card

Pensioners or their dependants will possess a valid:

- Health Benefits Card
- Pensioner Health Benefits Card
- Dependant Treatment Entitlement Card (Lilac)
- Service Pensioner Benefits Card (Red)

Concession Card Holders will possess a valid Pharmaceutical Benefit Safety Net Concession Card while Entitlement Card Holders will possess a valid Pharmaceutical Benefits Safety Net Entitlement Card.

55. Prescriptions for holders of a valid Dependant Treatment Entitlement Card ('Lilac') or a Service Pensioner Benefit 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.

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

57. 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., an eleven-character alpha-numeric number (see also paragraph 55) (the entitlement number does not identify the type of card or the entitlement category);

- (b) a cross (x) in the appropriate box indicating the type of 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.

58. 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 57) to be entered.

Authority Prescriptions

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

- (a) restricted drugs (paragraphs 39, 40); or
- (b) increased maximum quantities (paragraphs 49-51); and/or
- (c) increased number of repeats (paragraphs 49-51)

application must be made on the combined application/authority prescription form (Form PB86). The Commission 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. Only one item may be prescribed on each authority prescription form.

60. 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 59. 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.

61. Where the authority of the State Manager is required to prescribe restricted drugs (see paragraphs 39 and 40) 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 63); 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 39 and issue the original and duplicate to the patient for immediate dispensing. The Commission copy must be forwarded to reach the relevant State Manager within 7 days.

Urgent Cases

62. 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 write the prescription and personally 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.

63. 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 40). 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

64. 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.

65. 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.)

66. 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.

67. 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. Brand price premiums do not apply to items supplied on Emergency Drug (Doctor's Bag) Order forms. 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
Pymont 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 243 2154

DRUG INFORMATION CENTRES

AUSTRALIAN CAPITAL TERRITORY

Drug Information Pharmacist
Royal Canberra Hospital
Acton ACT 2601
Telephone: (06) 243 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 Road
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 Australia 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 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

(Compliance Branch)

GPO Box 9848

Canberra ACT 2601

Mr L. R. Murray (06) 286 0244

Australian Capital Territory

ACT Health Authority

GPO Box 825

Canberra ACT 2601

Drugs—

Mr V. Bugler (06) 245 4314

Therapeutic Devices—

Mr K. Wyatt (06) 284 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 A. L. Wilkins (002) 30 6695

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, Stirling Street

Perth WA 6000

Mr M. H. Cousins (09) 222 4984

Mr M. Patterson (09) 222 4980

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.

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

**Health Insurance Commission
GPO Box 9826
IN YOUR CAPITAL CITY**

CANBERRA

**Manager
Pharmaceutical Benefits Branch
Health Insurance Commission
134 Reed Street
Tuggeranong ACT 2901
General enquiries—Telephone 293 6333**

NEW SOUTH WALES

**Pharmaceutical Benefits Branch
3rd Floor
189–193 Kent Street
Sydney NSW 2000
Enquiries—Telephone 561 2444**

**Sydney Processing Centre
Level 1
4–16 Yurong Street
East Sydney NSW 2000
General enquiries—Telephone 361 9311
Stationery enquiries—Telephone 361 9300**

**Blacktown Processing Centre
Westpoint Tower
Level 5, 17 Patrick Street
Blacktown NSW 2148
General enquiries—Telephone 831 6444**

Gosford Processing Centre

Level 2

107-109 Mann Street

Gosford NSW 2250

General enquiries—Telephone (043) 23 3011**VICTORIA**

Pharmaceutical Branch

Medibank House

460 Bourke Street

Melbourne Vic. 3000

General enquiries—Telephone 607 9222**Moonee Ponds Processing Centre**

641-649 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

209 Greenhill Road

Eastwood SA 5063

Enquiries—Telephone 201 8833**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—Telephone 323 5864

TASMANIA

Pharmaceutical Branch
15th Floor
Trafalgar Building
Collins Street
Hobart Tas. 7000
Enquiries—Telephone 34 7999

AUTHORITY PRESCRIPTION APPLICATIONS

Applications for authority to prescribe and Commission 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:

Blacktown: 831 6358, 831 6359

Gosford: 23 4052, 23 4053

Sydney: 361 9335, 361 9338

Vic.: 284 3896, 284 3897

Qld: 225 3362, 225 3363

SA: 201 8855; toll free (008) 888 333

WA: 323 5864, 323 5851

Tas.: 34 7454

ACT: 293 6884

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

INDEX OF MANUFACTURER'S CODES

<i>Code</i>	<i>Manufacturer</i>
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
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	Sancella Pty Limited
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
CS	Commonwealth Serum Laboratories
DL	Dista Products (Australia) & Company
DM	Dermacare Pty Ltd
EG	Eagle Pharmaceuticals Pty Ltd
EO	Ego Pharmaceuticals Pty Ltd
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

<i>Code</i>	<i>Manufacturer</i>
GL	Glaxo
GP	G.P. Laboratories
HA	Hamilton Laboratories Pty Ltd
HG	Hypoguard (Exports) Pty Ltd, Suffolk, U.K. Australian Agents: General Diabetes Services Scot Scientific
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
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. Australia Distributor, Riker Laboratories Australia Pty Ltd
LY	Eli Lilly (Australia) and Company
MB	May & Baker Pharmaceuticals
MG	J. McGloin Pty Ltd
MJ	Mead Johnson
MK	Merck Sharp & Dohme (Australia) Pty Ltd
ML	Merrell Dow Pharmaceuticals Australia Pty Ltd
ND	Nordisk Products of Novo Nordisk Pharmaceuticals Pty Ltd
NE	Norgine Pty Ltd
NN	Nelson Laboratories
NO	Novo Products of Novo Nordisk Pharmaceuticals Pty Ltd
NR	Nordia, Denmark Australian Distributor, Ascot Pharmaceuticals Pty Ltd
NS	Nicholas Kiwi Pty Ltd
NT	Nestlé Australia Ltd

<i>Code</i>	<i>Manufacturer</i>
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
QE	Queensland Ethicals
RC	Reckitts Pty Ltd
RG	Rorer Australia Pty Ltd
RK	Riker Laboratories Australia Pty Ltd
RL	Roussel Uclaf Australia Pty Limited
RO	Roche Products Pty Ltd
RS	A.H. Robins Pty Limited
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
SG	Serono Australia Pty Ltd
SH	Schering-Plough Pty Ltd
SI	Sigma Co. 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
SU	Sauter Laboratories (Aust.) Pty Ltd
SV	Stafford-Miller Limited
SZ	Sandoz Australia Pty Ltd

<i>Code</i>	<i>Manufacturer</i>
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

<i>Name of Pharmaceutical Benefit</i>	<i>Form, Strength and Volume</i>	<i>Maximum Quantity</i>
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
Fruzemide.....	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

<i>Name of Pharmaceutical Benefit</i>	<i>Form, Strength and Volume</i>	<i>Maximum Quantity</i>
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

WHITE PAGES

SPECIAL PHARMACEUTICAL BENEFITS

MINIMUM PRICING POLICY ITEMS

**GENERAL, PENSIONER AND RESTRICTED
BENEFITS**

INTRAVENOUS INFUSIONS

SYMBOLS IN THE SCHEDULE

- An asterisk (*) in front of a restriction indicates an additional or amended purpose in this issue.
- 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.
- A gauge sign (#) against the price of an item indicates that the product is not preconstituted.
- 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 *bold italics*.

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 Department of Community Services and Health when issuing an Authority Prescription (Form PB86) or an Authority to Prescribe (Form PB15). The quantity and number of repeats shown on the authority shall be supplied. (See paragraphs 42 and 43 of Section 1 - Explanatory Notes (Lemon Pages).)

Special Pharmaceutical Benefits

For all pharmaceutical benefits in this section the special contribution is payable by all patients including pensioners in addition to the relevant patient contribution.

3

Name, Restriction Manner of Administration and Form	Max Qty	No. of Rpts	Special Patient Contribution	Commonwealth Dispensed Price for Max. Qty
BLEOMYCIN (Blenoxane BC) <i>Germ cell neoplasms; Lymphoma; Squamous cell carcinoma.</i> CAUTION: <i>Bleomycin can cause irreversible pulmonary fibrosis.</i> <i>Injection 15 units bleomycin activity (solvent required)</i>	10	..	\$ 665.25	\$ 775.56
CLOMIPHENE CITRATE (Clomid ML) <i>Anovulatory infertility; Patients undergoing in-vitro fertilisation.</i> NOTE: <i>Care must be taken to comply with the provisions of State law when prescribing clomiphene citrate.</i> <i>Tablet 50mg</i>	10	5	36.52	26.87

MINIMUM PRICING POLICY

BRAND PRICE PREMIUM PHARMACEUTICAL BENEFITS

For the pharmaceutical benefits in this section the brand price premium is payable
4 by all patients including pensioners in addition to the relevant patient contribution.

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer	
AMILORIDE HYDROCHLORIDE CAUTION: Serum electrolytes should be checked regularly. Supplementary potassium may cause life-threatening hyperkalaemia.						
Tablet 5mg	100	1	.. 0.54	8.83 9.37	Kaluril Midamor	AF MK
AMITRIPTYLINE HYDROCHLORIDE Tablet 10mg	50	2	.. 0.58	3.87 4.45	Amitrip Endep 10 Tryptanol	PT AF MK
Tablet 25mg	50	2	.. 0.25 0.57	4.46 4.71 5.03	Amitrip Endep 25 Saroten Tryptanol	PT AF NS MK
AMOXYCILLIN Powder for Syrup 125mg per 5mL, 100mL	#1	1	.. 0.88	#7.70 #8.58	Cilamox Ibiamox Moxacin Amoxil	SI PT CS BR
250mg per 5mL, 100mL	#1	..	.. 0.87	#9.27 #10.14	Cilamox Ibiamox Moxacin 250 Amoxil Forte	SI PT CS BR
AMPICILLIN Capsule 250mg	24	1	.. 3.20	7.07 10.27	Alphacin 250 Ampicyn Penbritin	AF PT BR
Capsule 500mg	24	..	.. 2.75	11.01 13.76	Alphacin 500 Ampicyn Penbritin	AF PT BR
BETHANECHOL CHLORIDE Tablet 10mg	100	2	.. 0.55	9.22 9.77	Uro-Carb Urecholine	HA MK

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
CEPHALEXIN					
Capsule 250mg	20	1	.. 0.25	6.88 7.13	Ibilex 250 AF Ceporex GL Keflex LY
Capsule 500mg	20	1	.. 0.25	10.32 10.57	Ibilex 500 AF Ceporex GL Keflex LY
Granules for Syrup 125mg per 5mL, 100mL	±1	1	.. 0.25	#9.08 #9.33	Ibilex 125 AF Ceporex GL Keflex LY
250mg per 5mL, 100mL	±1	..	.. 0.25	#11.58 #11.83	Ibilex 250 AF Ceporex GL Keflex LY
CLOFIBRATE					
<u>Authority required.</u>					
<i>Laboratory proven dysbeta lipoproteinaemia (type III hyperlipidaemia) that does not respond adequately to dietary therapy;</i>					
<i>Adults with type IV or V hyperlipidaemia with fasting triglyceride levels in excess of 8.5mmol per litre and who have not responded to three months of dietary therapy;</i>					
<i>Patients already receiving this drug as a pharmaceutical benefit.</i>					
Capsule 500mg	100	5	.. 0.22	13.45 13.67	Arterioflexin PT Atromid-S IC
CLOTRIMAZOLE					
Cream 10mg per g (1%), 20g	±1	1	.. 0.33	5.45 5.78	Canesten BN Clonea AF Lotremine SH
CODEINE PHOSPHATE					
Tablet 30mg	20	..	.. 0.80	6.68 7.48	Codate US FM FA

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
DIAZOXIDE Injection 300mg in 20mL	1	..	.. 0.14	16.07 16.21	BL Hyperstat I.V. SH
DOXYCYCLINE <i>Pelvic inflammatory disease.</i>					
<i>Capsule 100mg</i>	28	..	.. 3.00	13.81 16.81	Cyclidox Doryx PT FA
<i>Urethritis.</i>					
<i>Capsule 100mg</i>	21	..	.. 1.67	11.00 12.67	Cyclidox Doryx PT FA
DOXYCYCLINE Capsule 100mg	7	1	.. 0.75	5.38 6.13	Cyclidox Doryx PT FA
FLUCLOXACILLIN CAUTION: Severe cholestatic hepatitis may result with this drug.					
Capsule 250mg	24	..	.. 4.56	10.32 14.88	Flopen Flucil 250 Staphylex 250 CS FC AF BR
Capsule 500mg	24	..	.. 2.25	18.82 21.07	Flopen Flucil 500 Staphylex 500 CS FC AF BR
GENTAMICIN SULPHATE Injection 80mg (base) in 2mL	5	..	.. 0.33	8.47 8.80	Cidomycin BL Garamycin RL SH

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer	
HYDROCORTISONE ACETATE Cream 10mg per g (1%), 30g	#1	1	..	4.66	Adacor	NN
					Dermacort	PD
					Hydrosone	US
					Sigmacort	SI
			0.41	5.07	Squibb-HC	SQ
					Cortef	UP
Cream 10mg per g (1%), 50g	#1	1	..	5.21	Adacor	NN
					Dermacort	PD
					Sigmacort	SI
					Squibb-HC	SQ
			0.49	5.70	Cortef	UP
Topical Ointment 10mg per g (1%), 30g	#1	1	..	4.66	Adacor	NN
					Sigmacort	SI
					Squibb-HC	SQ
			0.55	5.21	Cortef	UP
10mg per g (1%), 50g	#1	1	..	5.21	Adacor	NN
					Dermacort "O"	PD
					Sigmacort	SI
					Squibb-HC	SQ
			1.11	6.32	Cortef	UP
HYDROCORTISONE SODIUM SUCCINATE <i>For use in a hospital.</i>						
<i>Injection Set</i>						
<i>containing equivalent of</i>						
<i>100mg hydrocortisone and</i>						
<i>2mL solvent</i>						
	6	..	..	19.85	Nordicort	NR
			3.72	23.57	Solu-Cortef	UP
HYDROCORTISONE SODIUM SUCCINATE Injection Set containing equivalent of 100mg hydrocortisone and 2mL solvent	2	..	..	8.33	Nordicort	NR
			1.24	9.57	Solu-Cortef	UP
INDOMETHACIN Capsule 25mg	50	3	..	5.57	Arthrexin	AF
					Rheumacin	PT
			0.58	6.15	Indocid	MK

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
METHYLDOPA Tablet 250mg	100	5	.. 0.56	11.06 11.62	Hydopa AF Aldomet MK
METHYL SALICYLATE Liniment APF, 100mL	±1	1	.. 0.04	4.23 4.27	Linsal SI Metsal RK MG, QE (NQ) NN
METOCLOPRAMIDE HYDROCHLORIDE Tablet 10mg	25	..	.. 1.50	4.46 5.96	Metamide PT Pramin AF Maxolon BR
METRONIDAZOLE <i>Treatment of anaerobic infections.</i> Tablet 400mg	21	1	.. 0.07	8.13 8.20	Metrogyl 400 AF Flagyl MB
METRONIDAZOLE Tablet 200mg	21	1	.. 0.25	4.95 5.20	Metrogyl 200 AF Metrozine SR Trichazole PT Flagyl MB
Tablet 400mg	5	1	.. 0.25	4.82 5.07	Metrogyl 400 AF Flagyl Statpak MB
MORPHINE SULPHATE CAUTION: The risk of drug dependence is high.					
Injection 10mg in 1mL	5	..	.. 3.61	6.85 10.46	BL, SI AP
Injection 15mg in 1mL	5	..	.. 3.60	6.98 10.58	BL, SI AP

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
OXAZEPAM					
Authority required.					
*Malignant neoplasia (late stage);					
*For use by patients receiving long-term nursing care in hospitals and nursing homes, or patients for whose care a Commonwealth Domiciliary Nursing Benefit is approved, who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.					
Tablet 15mg	50	5	..	5.67	Alepam 15 AF
			1.12	6.79	Murelax AY
					Serepax WY
Tablet 30mg	50	5	..	6.23	Alepam 30 AF
			1.12	7.35	Murelax AY
					Serepax WY
OXAZEPAM					
NOTE: Authorities for increased maximum quantities and/or repeats will be granted only for (i) malignant neoplasia (late stage); or (ii) use by patients receiving long-term nursing care in hospitals and nursing homes, or patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved, who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.					
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
OXAZEPAM-cont. Up to six months' treatment (i.e. one month's treatment with five repeats) may be requested.					
Tablet 15mg	25	..	.. 0.56	4.12 4.68	Alepam 15 AF Murelax AY Serepax WY
Tablet 30mg	25	..	.. 0.56	4.40 4.96	Alepam 30 AF Murelax AY Serepax WY
PETHIDINE HYDROCHLORIDE CAUTION: The risk of drug dependence is high.					
Injection 50mg in 1mL	5	..	.. 3.05	6.91 9.96	BL, SI AP
Injection 100mg in 2mL	5	..	.. 3.60	7.26 10.86	BL, SI AP
NOTE: Authorities for increased maximum quantities and/or repeats for these items will be granted only for the treatment of late-stage malignant neoplasia.					
PINDOLOL					
Tablet 5mg	100	5	.. 0.57	10.38 10.95	Barbloc 5 AF Visken SZ
Tablet 15mg	50	5	.. 0.55	13.82 14.37	Barbloc 15 AF Visken SZ
PROPRANOLOL HYDROCHLORIDE					
Tablet 10mg	100	5	.. 0.13	4.17 4.30	Cardinol PT Deralin 10 AF Inderal IC
Tablet 40mg	100	5	.. 0.11	5.70 5.81	Cardinol PT Deralin 40 AF Inderal IC
Tablet 160mg	50	5	.. 0.13	7.38 7.51	Cardinol PT Deralin 160 AF Inderal IC

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
QUININE BISULPHATE CAUTION: Severe thrombocytopenia has been reported with this drug.					
Tablet 300mg	50	2	..	9.15	Bi-Chinine AU Myoquin FM Quinbisul AF SI
			0.07	9.22	Biquin NN Bi-Quinate US
QUININE SULPHATE CAUTION: Severe thrombocytopenia has been reported with this drug.					
Tablet 300mg	50	2	..	9.15	Chinine AU Quinoctal FM Quinsul AF PT, SI
			0.07	9.22	Adaquin NN Quinate US
SULINDAC Tablet 100mg	50	3	..	8.57	Aclin AF
			0.58	9.15	Clinoril FR
TEMAZEPAM Authority required. <i>Malignant neoplasia (late stage); For use by patients receiving long-term nursing care in hospitals and nursing homes, or patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved, who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.</i>					
Capsule 10mg	50	5	..	6.13	Temaze 10 AF
			0.44	6.57	Euhypnos FE
			1.12	7.25	Normison WY
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
TEMAZEPAM-cont. NOTE: Authorities for increased maximum quantities and/or repeats will be granted only for (i) malignant neoplasia (late stage); or (ii) use by patients receiving long-term nursing care in hospitals and nursing homes, or patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved, 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	..	.. 0.22 0.56	4.35 4.57 4.91	Temaze 10 AF Euhypnos FE Normison WY
UREA Cream 100mg per g (10%), 100g	#1	2	.. 0.20 1.37	6.58 6.78 7.95	Nutraplus OL Urederm HA Aquacare H.P. AG Calmurid PS Aquadrate NW

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
ACYCLOVIR—cont.					
Authority required.					
<i>*Treatment of patients with non-ocular herpes zoster with severe pain who are over 60 years of age and in whom the duration of rash is less than 72 hours.</i>					
NOTE: No repeats will be issued.					
Tablets 400mg, 70	‡1	..	..	278.52	Zovirax 400mg BW
ADRENALINE					
Injection 1mg in 1mL (1 in 1,000)	5	1	..	5.07	AP
Eye Drops 5mg per mL (0.5%), 7.5mL	‡1	5	..	6.58	Eppy/N BF
Eye Drops 5mg per mL (0.5%), 10mL	‡1	5	..	6.76	Epifrin AG
Eye Drops 10mg per mL (1%), 7.5mL	‡1	5	..	7.00	Eppy/N BF
Eye Drops 10mg per mL (1%), 10mL	‡1	5	..	7.63	Epifrin AG Glaucan AQ
Eye Drops 20mg per mL (2%), 10mL	‡1	5	..	10.93	Epifrin AG Glaucan AQ
ALLOPURINOL					
Tablet 100mg	200	2	..	12.83	Alloremed 100 AU Progout PT Zyloprim BW
Tablet 300mg	60	2	..	9.49	Alloremed 300 AU Progout 300 AF Zyloprim BW
Capsule 100mg	200	2	..	12.83	Capurate-100 FM
Capsule 300mg	60	2	..	9.49	Capurate-300 FM
ALPRENOLOL HYDROCHLORIDE					
Tablet 100mg	100	5	..	10.63	Aptin AP
ALUMINIUM HYDROXIDE					
Oral Suspension 321mg per 5mL, 500mL	2	5	..	8.87	Amphojel WY

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer	
ALUMINIUM HYDROXIDE DRIED Tablet 300mg	200	5	..	8.87	Amphotabs	WY
ALUMINIUM HYDROXIDE with KAOLIN Oral Suspension 137mg-1g per 5mL, 500mL	±1	2	..	5.82	Kaomagma	WY
ALUMINIUM HYDROXIDE and MAGNESIUM CARBONATE CO-DRIED GEL Tablet 375mg	200	5	..	8.87	Simeco	WY
ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE Tablet 200mg-200mg	200	5	..	8.87	Gelusil Mylanta	WW PD
Oral Suspension 215mg-80mg per 5mL, 500mL	2	5	..	8.87	Simeco	WY
200mg-200mg per 5mL, 500mL	2	5	..	8.87	Gelusil Mylanta Sodexol	WW PD SC
306mg-97.5mg per 5mL, 500mL	2	5	..	8.87	Aludrox	AY
ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE and OXETHAZAINE Oral Suspension 306mg-97.5mg-10mg per 5mL, 500mL	2	5	..	8.87	Mucaine	AY
ALUMINIUM HYDROXIDE with MAGNESIUM TRISILICATE and MAGNESIUM HYDROXIDE Tablet 250mg-120mg-120mg	200	5	..	8.87	Gastrogel	FM
Oral Suspension 250mg-120mg-120mg per 5mL, 500mL	2	5	..	8.87	Gastrogel	FM

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
AMANTADINE HYDROCHLORIDE <i>Parkinson's disease which is not drug induced.</i> Capsule 100mg	100	5	..	22.07	Antadine Symmetrel BT CG
AMILORIDE HYDROCHLORIDE CAUTION: Serum electro- lytes should be checked regularly. Supplementary potassium may cause life-threatening hyperkalaemia. Tablet 5mg	100	1	.. 0.54	8.83 9.37	Kaluril Midamor AF MK
AMINACRINE HYDROCHLORIDE Eye Drops 3mg in 15mL	#1	2	..	6.53	Aminopt SI
AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE <i>Pyridoxine non-responsive homocystinuria.</i> Powder 200g	5	5	..	274.12	Maxamaid RVHB SB
AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE <i>Phenylketonuria.</i> Powder 200g	5	5	..	280.27	Maxamaid XP SB
Powder 200g	5	5	..	435.77	Maxamum XP SB
AMINO ACID FORMULA with VITAMINS and MINERALS without VALINE, LEUCINE and ISOLEUCINE <i>Maple syrup urine disease.</i> Powder 200g	5	5	..	675.02	M.S.U.D. AID SB

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
AMINO ACID FORMULA <i>without PHENYLALANINE</i> <i>Phenylketonuria.</i>					
<i>Powder 250g</i>	2	5	..	246.83	PK AID I SB
<i>Powder 250g</i>	2	5	..	297.39	PK AID II SB
<i>Food Supplement Powder 500g</i>	±1	5	..	209.47	Aminogran F.S. GL
AMINOGLUTETHIMIDE <u>Authority required.</u> <i>Post-menopausal metastatic breast cancer in patients who have failed to respond adequately to endocrine manipulation; Cushing's syndrome.</i> <u>NOTE:</u> Replacement therapy with a corticosteroid is essential.					
<i>Tablet 250mg</i>	100	5	..	147.57	Cytadren CG
AMINOPHYLLINE <i>Tablet 100mg</i>	100	5	..	5.45	Cardophyllin HA
<i>Injection I.V. 250mg in 10mL</i>	5	..	..	7.23	SI
AMIODARONE HYDROCHLORIDE <u>Authority required.</u> <i>For the continuing treatment of severe refractory cardiac arrhythmias where treatment with amiodarone hydrochloride was initiated in a hospital (in-patient or out-patient).</i> <u>CAUTION:</u> Amiodarone hydro- chloride has been reported to cause frequent and potentially serious toxicity.					
<i>Tablet 100mg</i>	30	5	..	21.46	Cordarone X 100 RC
<i>Tablet 200mg</i>	30	5	..	33.27	Cordarone X 200 RC

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
AMITRIPTYLINE HYDROCHLORIDE Tablet 10mg	50	2	.. 0.58	3.87 4.45	Amitrip PT Endep 10 AF Tryptanol MK
Tablet 25mg	50	2	.. 0.25 0.57	4.46 4.71 5.03	Amitrip PT Endep 25 AF Saroten NS Tryptanol MK
Tablet 50mg	50	2	..	5.77	Endep 50 AF
AMMONIUM CHLORIDE Tablet 500mg	100	5	..	8.98	FM
AMOXYCILLIN Chewable Tablet 250mg	20	1	..	7.36	Amoxil BR Moxacin CS
Capsule 250mg	20	1	..	6.46	Alphamox 250 AF Amoxil BR Cilamox SI Ibiamox PT Moxacin CS
Capsule 500mg	20	1	..	10.22	Alphamox 500 AF Amoxil BR Cilamox SI Ibiamox PT Moxacin CS
Sachet containing oral powder 3g	1	..	..	7.18	Amoxil BR Moxacin CS
Powder for Paediatric Oral Drops 100mg per mL, 20mL	#1	1	..	#8.27	Amoxil BR
Powder for Syrup 125mg per 5mL, 100mL	#1	1	.. 0.88	#7.70 #8.58	Cilamox SI Ibiamox PT Moxacin CS Amoxil BR
250mg per 5mL, 100mL	#1	..	.. 0.87	#9.27 #10.14	Cilamox SI Ibiamox PT Moxacin 250 CS Amoxil Forte BR
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer	
AMOXYCILLIN-cont.						
Injection 250mg with 3mL solvent	5	1	..	8.50	Ibiamox	PT
Injection 500mg with 3mL solvent	5	1	..	10.65	Ibiamox	PT
Injection 1g with 4mL solvent	5	1	..	16.45	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	..	12.48	Augmentin	BR
Tablet 500mg-125mg	15	1	..	16.70	Augmentin Forte	BR
Powder for Syrup 125mg-31.25mg per 5mL, 75mL	±1	1	..	#10.03	Augmentin	BR
250mg-62.5mg per 5mL, 75mL	±1	..	..	#12.64	Augmentin Forte	BR
AMPHOTERICIN						
Lozenge 10mg	20	1	..	5.41	Fungilin	SQ
Injection 50mg (solvent required)	1	..	..	21.50	Fungizone	SQ
Cream 30mg per g (3%), 15g	±1	1	..	4.90	Fungilin	SQ
Ointment 30mg per g (3%), 15g	±1	1	..	4.90	Fungilin	SQ
AMPICILLIN						
Capsule 250mg	24	1	..	7.07	Alphacin 250	AF
			3.20	10.27	Ampicyn	PT
					Penbritin	BR
Capsule 500mg	24	..	..	11.01	Alphacin 500	AF
					Ampicyn	PT
			2.75	13.76	Penbritin	BR
(continued)						

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer	
AMPICILLIN-cont.						
Injection 250mg (solvent required)	5	1	..	7.41	Ampicyn Austrapen	PT CS
Injection 500mg (solvent required)	5	1	..	9.62	Ampicyn Austrapen	PT CS
Injection 1g (solvent required)	5	1	..	14.12	Ampicyn Austrapen	PT CS
AMYLOBARBITONE SODIUM <i>Epilepsy.</i>						
<i>Injection 500mg (solvent required)</i>	2	..	..	9.07	<i>Amytal Sodium</i>	<i>LY</i>
ANTAZOLINE with NAPHAZOLINE						
Eye Drops 5mg (sulphate)-250 micro- grams (nitrate) per mL (0.5%-0.025%), 10mL	#1	5	..	5.65	Antistine- Privine	ZY
Eye Drops 5mg (phosphate)-500 micro- grams (hydrochloride) per mL (0.5%-0.05%), 15mL	#1	5	..	6.58	Albalon-A	AG
ANTIVENOM-RED BACK SPIDER						
Injection 500 units	2	..	..	186.33	CS	
ASPIRIN						
Tablet 300mg	100	1	..	4.35	Spren	SI
Tablet 300mg (dispersible)	100	1	..	4.42	Solprin	RC
Tablet 325mg (buffered)	100	1	..	5.20	Bufferin	BC
Tablet 650mg (enteric coated)	100	2	..	8.07	Ecotrin	SK
Tablet 650mg (sustained release)	100	2	..	8.07	S.R.A.	BT

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
ATENOLOL Tablet 50mg	30	5	..	9.13	Noten Tenormin AF IC
ATROPINE SULPHATE Tablet 600 micrograms	100	2	..	7.47	FM
Injection 600 micrograms in 1mL	5	1	..	4.27	AP
Injection 1.2mg in 1mL	5	1	..	4.30	AP
Eye Drops 5mg per mL (0.5%), 15mL	±1	2	..	6.42	Atropt SI
Eye Drops 10mg per mL (1%), 15mL	±1	2	..	6.42	Atropt SI
Eye Ointment 10mg per g (1%), 4g	±1	..	..	7.70	PD
AURANOFIN CAUTION: Regular blood and urine checks are essential.					
Tablet 3mg	60	5	..	50.97	Ridaura SK
AUROTHIOGLUCOSE Injection 50mg per mL, 10mL	1	..	..	98.72	Gold-50 SH
AZATHIOPRINE Tablet 50mg	100	2	..	83.41	Imuran BW Thioprine AF
BACLOFEN Tablet 10mg	100	5	..	37.63	Lioresal 10 CG
Tablet 25mg	100	5	..	77.28	Lioresal 25 CG
BECLOMETHASONE DIPROPIONATE <i>Asthma.</i> <i>Capsule 100 micrograms (oral inhalation)</i>	100	5	..	15.56	<i>Becotide Rotacaps GL</i>
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer	
BECLOMETHASONE DIPROPIONATE—cont. <i>Oral Pressurised Inhalation, 50 micrograms per dose (200 dose)</i>	‡1	5	..	9.93	<i>Aldecin Becotide</i>	<i>SH GL</i>
<i>Oral Pressurised Inhalation, 100 micrograms per dose (200 dose)</i>	‡1	5	..	17.28	<i>Becotide 100</i>	<i>GL</i>
<i>Severe chronic asthma not responding to lower doses of beclomethasone oral pressurised inhalation.</i>						
<u>CAUTION: Higher doses of inhaled beclomethasone may suppress the hypothalamic- pituitary-adrenal axis.</u>						
<i>Oral Pressurised Inhalation, 250 micrograms per dose (200 dose)</i>	‡1	5	..	33.51	<i>Becloforte</i>	<i>GL</i>
BELLADONNA ALKALOIDS Hyoscyamine Hydrobromide, Atropine Sulphate and Hyoscine Hydrobromide.						
Tablet 101.1 micrograms- 14.8 micrograms-10.7 micrograms	100	2	..	4.48	Atrobel	FM
Tablet 151.6 micrograms- 22.2 micrograms-16.0 micrograms	100	2	..	4.58	Atrobel FORTE	FM
Hyoscyamine Sulphate, Atropine Sulphate and Hyoscine Hydrobromide.						
Tablet 103.7 micrograms- 19.4 micrograms-6.5 micrograms	100	2	..	4.63	Donnatab	RS
BENDROFLUAZIDE Tablet 2.5mg	100	1	..	6.33	Aprinox-M	BT
Tablet 5mg	100	1	..	6.59	Aprinox	BT

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
BENZATHINE PENICILLIN Injection 1.8g in 4mL, disposable syringe	1	..	..	22.03	Bicillin L-A WY
BENZATHINE PENICILLIN with PROCAINE PENICILLIN and BENZYL PENICILLIN POTASSIUM Injection set 450mg- 300mg-187mg containing 1 vial and 2mL water for injections	1	..	..	12.37	Bicillin All-Purpose WY
BENZHEXOL HYDROCHLORIDE Tablet 2mg	200	2	..	7.65	Anti-Spas PT Artane LE
Tablet 5mg	200	1		9.79 9.80	Anti-Spas PT Artane LE
BENZTROPINE MESYLATE Tablet 2mg	60	2	..	6.10	Cogentin MK
Injection 2mg in 2mL	5	..	..	13.28	Cogentin MK
BENZYL BENZOATE Application 50g in 200mL (25%)	±1	2	..	5.08	Benzemul MG
BENZYL PENICILLIN Injection 300mg (solvent required)	5	1	..	9.87	CS
Injection 600mg (solvent required)	5	1	..	11.07	CS
Injection 3g (solvent required)	10	..	..	46.57	CS
BETAMETHASONE Tablet 500 micrograms	30	4	..	5.32	Celestone SH
BETAMETHASONE ACETATE with BETAMETHASONE SODIUM PHOSPHATE <i>Alopecia areata;</i> <i>For local intra-articular or</i> <i>peri-articular infiltration;</i> <i>Granulomata dermal;</i> <i>Keloid;</i> (continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
BETAMETHASONE ACETATE with BETAMETHASONE SODIUM PHOSPHATE—cont. <i>Lichen planus hypertrophic;</i> <i>Lichen simplex chronicus;</i> <i>Lupus erythematosus, chronic</i> <i>discoïd;</i> <i>Necrobiosis lipoidica;</i> <i>Uveitis.</i> <i>Injection 3mg-3.9mg</i> <i>(equivalent to 5.7mg</i> <i>betamethasone) in 1mL</i>	5	..	..	19.93	Celestone Chronodose SH
BETAMETHASONE DIPROPIONATE Cream 500 micrograms per g (0.05%), 15g	#1	1	..	4.15	Diprosone SH
Ointment 500 micrograms per g (0.05%), 15g	#1	1	..	4.15	Diprosone SH
Scalp Lotion 500 micro- grams per mL (0.05%), 30mL	#1	..	..	8.07	Diprosone SH
BETAMETHASONE VALERATE Cream 200 micrograms per g (0.02%), 100g	2	..	..	7.67	Betnovate 1/5 GL Celestone-M SH
500 micrograms per g (0.05%), 15g	#1	1	..	4.15	Betnovate 1/2 GL Celestone-V Half Strength SH
Ointment 200 micrograms per g (0.02%), 100g	2	..	..	7.67	Celestone-M SH
500 micrograms per g (0.05%), 15g	#1	1	..	4.15	Betnovate 1/2 GL Celestone-V Half Strength SH
Gel 500 micrograms per g (0.05%), 15g	#1	1	..	4.15	Betnovate 1/2 GL

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
BETAXOLOL HYDROCHLORIDE Eye Drops 5mg (base) per mL (0.5%), 5mL	#1	5	..	12.07	Betoptic AQ
BETHANECHOL CHLORIDE Tablet 10mg	100	2	.. 0.55	9.22 9.77	Uro-Carb HA Urecholine MK
Injection 5mg in 1mL	2	..	..	11.59	Urecholine MK
BIPERIDEN HYDROCHLORIDE Tablet 2mg	200	2	..	13.67	Akineton KN
BISACODYL <i>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.</i>					
Tablet 5mg	200	2	..	10.25	Bisalax FC
Suppositories 10mg, 10	3	5	..	14.64	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	..	26.95	De-Nol PD
BLEOMYCIN <i>See Special Pharmaceutical Benefits</i>					
BROMOCRIPTINE MESYLATE <i>Urgent suppression of physiological lactation.</i>					
Tablet 2.5mg	30	..	..	20.57	Parlodel SZ
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
CALCITONIN—cont.					
NOTE: <i>The maximum quantities for calcitonin shown represent the number of individual ampoules/vials and NOT multiples of the manufacturers' packs.</i>					
<i>Injection (porcine) 160 i.u. with 2mL gelatin solvent (Manufacturer's pack is 10 vials plus 10 vials solvent)</i>	20	5	..	414.29	Calcitare RG
<i>Injection (salmon) 50 i.u. in 1mL ampoule (Manufacturer's pack is 5 ampoules)</i>	30	5	..	169.85	Miacalcic SZ
<i>80 i.u. in 0.8mL ampoule (Manufacturer's pack is 5 ampoules)</i>	15	5	..	121.46	Miacalcic SZ
<i>100 i.u. in 1mL ampoule (Manufacturer's pack is 5 ampoules)</i>	15	5	..	136.82	Calsynar RG Miacalcic SZ
<i>400 i.u. in 2mL vial (Manufacturer's pack is a single vial)</i>	4	5	..	124.09	Calsynar RG
Authority required.					
<i>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.</i>					
<i>Injection (synthetic human) 0.5mg with 1mL solvent (Manufacturer's pack is 5 ampoules plus 5 ampoules solvent)</i>	15	5	..	215.96	Cibacalcin CG

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
CALCITRIOL <u>Authority required.</u> <i>Hypocalcaemia due to renal disease; Hypoparathyroidism; Hypophosphataemic rickets; Vitamin D-resistant rickets.</i> <i>Capsule 0.25 micrograms</i>	100	5	..	54.82	Rocaltrol RO
CALCIUM <i>*Hyperphosphataemia in chronic renal failure; Hypocalcaemia; Osteoporosis; Proven malabsorption.</i> <i>Tablet (chewable) 500mg (as carbonate)</i>	120	1	..	11.65	Cal-Sup RK
<i>Tablet 600mg (as carbonate)</i>	120	1	..	11.89	Caltrate LE
<i>Compound Effervescent Tablet equivalent to 1g (25mmol) Ca²⁺</i>	60	1	..	14.47	Sandocal 1000 SZ
<u>NOTE:</u> Each 'Sandocal 1000' tablet also contains 18mmol Na ⁺ .					
CALCIUM FOLINATE <i>Antidote to folic acid antagonists.</i> <i>Tablet equivalent to 15mg folinic acid</i>	10	..	..	113.71	Leucovorin LE
<u>NOTE:</u> Increased quantities may be authorised up to a maxi- mum of 20 tablets. Repeats will not be authorised.					
<i>Injection equivalent to 3mg folinic acid in 1mL</i>	5	..	..	15.85	BL
CALCIUM GLUCONATE <i>Injection 1g in 10mL (10%)</i>	5	1	..	11.83	Calcium- Sandoz SZ

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
CAPTOPRIL <u>Authority required.</u> <i>Treatment where less costly alternative therapy is inappropriate for: Cardiac failure; Hypertension.</i>					
Tablet 12.5mg	90	5	..	31.50	Capoten SQ
Tablet 25mg	90	5	..	44.83	Capoten SQ
Tablet 50mg	90	5	..	85.33	Capoten SQ
CARBACHOL Eye Drops 15mg per mL (1.5%), 15mL	±1	5	..	8.92	AQ
Eye Drops 30mg per mL (3%), 15mL	±1	5	..	8.92	AQ
CARBAMAZEPINE Tablet 100mg	200	2	..	19.43	Tegretol 100 CG
Tablet 200mg	200	2	..	34.70	Tegretol 200 CG Teril AF
Oral Suspension 100mg per 5mL, 300mL	±1	5	..	19.51	Tegretol CG
CARBIMAZOLE Tablet 5mg	200	2	..	10.13	Neo-Mercazole NS
CARBOPLATIN <u>Authority required.</u> <i>Advanced stage ovarian carcinoma.</i> <u>NOTE:</u> No authorities will be issued for repeats. <i>Solution for I.V. Injection 50mg in 5mL</i>					
50mg in 5mL	2	..	..	124.69	Paraplatin BL BC
150mg in 15mL	6	..	..	881.87	Paraplatin BL BC
450mg in 45mL	2	..	..	637.63	Paraplatin BL BC

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer	
CEFACLOR						
Capsule 250mg	15	1	..	12.48	Ceclor	LY
Powder for Oral Suspension						
125mg per 5mL, 100mL	±1	1	..	#12.04	Ceclor	LY
250mg per 5mL, 75mL	±1	..	..	#12.64	Ceclor	LY
CEFOTAXIME						
<u>Authority required.</u>						
<i>Treatment where less costly alternative therapy is in- appropriate for:</i>						
<i>Infections where positive bacteriological evidence confirms that cefotaxime is an appropriate therapeutic agent; Septicaemia, suspected or proven.</i>						
<i>Injection 1g (solvent required)</i>	5	..	..	66.72	Claforan	RL
<i>Injection 2g (solvent required)</i>	5	..	..	124.72	Claforan	RL
CEFTRIAXONE						
<u>Authority required.</u>						
<i>Treatment where less costly alternative therapy is in- appropriate for:</i>						
<i>Infections where positive bacteriological evidence confirms that ceftriaxone is an appropriate therapeutic agent; Septicaemia, suspected or proven.</i>						
<i>Injection 500mg (solvent required)</i>	2	..	..	42.57	Rocephin	RO
<i>Injection 1g (solvent required)</i>	2	..	..	72.03	Rocephin	RO
<i>Injection 2g (solvent required)</i>	2	..	..	133.75	Rocephin	RO
Gonorrhoea.						
<i>Injection 250mg (solvent required)</i>	1	..	..	17.15	Rocephin	RO

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
CEPHALEXIN					
Capsule 250mg	20	1	.. 0.25	6.88 7.13	Ibilex 250 AF Ceporex GL Keflex LY
Capsule 500mg	20	1	.. 0.25	10.32 10.57	Ibilex 500 AF Ceporex GL Keflex LY
Granules for Syrup 125mg per 5mL, 100mL	#1	1	.. 0.25	#9.08 #9.33	Ibilex 125 AF Ceporex GL Keflex LY
250mg per 5mL, 100mL	#1	..	.. 0.25	#11.58 #11.83	Ibilex 250 AF Ceporex GL Keflex LY
CEPHALOTHIN					
Injection 1g (solvent required)	5	..	..	22.22	Ceporacin GL Keflin LY Neutral
Injection 2g (solvent required)	1	..	..	10.25	Keflin LY Neutral
Injection 4g (solvent required)	1	..	..	17.33	Keflin LY Neutral
CEPHAZOLIN					
<u>Authority required.</u>					
<i>Treatment where less costly alternative therapy is in- appropriate for:</i>					
<i>Infections where positive bacteriological evidence confirms that cephalosin is an appropriate therapeutic agent; Septicaemia, suspected or proven.</i>					
Injection 500mg (solvent required)	5	..	..	22.32	Cefamezin SI Kefzol LY
Injection 1g (solvent required)	5	..	..	40.07	Cefamezin SI Kefzol LY

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
CHLORAMBUCIL Tablet 2mg	100	2	..	74.53	Leukeran BW
Tablet 5mg	100	2	..	89.49	Leukeran BW
CHLORAMPHENICOL <i>Bacterial meningitis; Intracranial bacterial infections; Intraocular infections; Rickettsioses; Typhoid; Other serious infections where positive bacteriological evidence confirms that chloramphenicol is the ONLY appropriate antibiotic.</i> CAUTION: Chloramphenicol may cause aplastic anaemia.					
<i>Capsule 250mg</i>	16	..	..	7.51	<i>Chloromycetin PD</i>
<i>Paediatric Oral Suspension 125mg per 5mL, 100mL</i>	†1	..	..	7.32	<i>Chloromycetin Palmitate PD</i>
<i>Injection 1.2g (solvent required)</i>	3	..	..	51.77	<i>Chloromycetin Succinate PD</i>
CHLORAMPHENICOL CAUTION: Topical chlor- amphenicol may cause aplastic anaemia.					
Ear Drops (aqueous) 5mg per mL (0.5%), 5mL	†1	2	..	5.61	Chloromycetin PD
Eye Drops 5mg per mL (0.5%), 10mL	†1	2	..	5.20	Chloromycetin PD Chloroptic AG Chlorsig SI
Eye Ointment 10mg per g (1%), 4g	†1	..	..	4.77	Chloromycetin PD Chlorsig SI

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
CHLORAMPHENICOL with POLYMYXIN B SULPHATE CAUTION: Topical chlor- amphenicol may cause aplastic anaemia.					
Eye Drops 5mg (0.5%)- 5,000 units per mL, 10mL	±1	2	..	5.25	Chloromyxin PD
Eye Ointment 10mg (1%)- 5,000 units per g, 4g	±1	..	..	4.92	Chloromyxin PD
CHLORHEXIDINE GLUCONATE Solution 50mg per mL (5%), 200mL	±1	1	..	7.61	Hibitane Concentrate IC
CHLORMETHIAZOLE Authority required. <i>Short-term alcohol or drug withdrawal therapy in a hospital or approved centre; Status epilepticus.</i> NOTE: No authorities will be granted for increased maxi- mum quantities and/or repeats of chlormethiazole capsules.					
Capsule 192mg	50	..	..	12.43	Hemineurin AP
CHLORMETHIAZOLE EDISYLATE <i>Status epilepticus.</i> <i>I.V. Infusion 8mg per mL (0.8%), 500mL</i>					
	1	..	..	23.27	Hemineurin AP
CHLOROQUINE Tablet equivalent to 150mg (approx.) chloroquine base	100	..	..	7.57	Chlorquin Nivaquine FC MB
CHLOROTHIAZIDE Tablet 500mg	100	1	..	9.65	Chlotride AD

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
CHLORPROMAZINE HYDROCHLORIDE <i>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.</i>					
<i>Tablet 10mg</i>	100	1	..	5.75	<i>Largactil MB</i>
<i>Tablet 25mg</i>	100	1	..	7.45	<i>Largactil MB</i>
<i>Tablet 50mg</i>	100	1	..	7.55	<i>Largactil MB</i>
<i>Tablet 100mg</i>	100	1	..	12.16	<i>Largactil MB</i>
<i>Mixture 25mg per 5mL, 100mL</i>	1	4	..	5.78	<i>Largactil MB</i>
<i>Injection 50mg in 2mL</i>	10	..	..	9.56	<i>Largactil MB</i>
CHLORPROPAMIDE <i>Tablet 250mg</i>	100	5	..	10.95	<i>Diabinese PF</i>
CHLORTHALIDONE <i>Tablet 25mg</i>	100	1	..	9.65	<i>Hygroton CG</i>
CHOLESTYRAMINE <i>Bile salt malabsorption; Pruritus associated with partial biliary obstruction not responding to other therapy; Severe diarrhoea associated with pelvic irradiation; Hypercholesterolaemia.</i>					
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
CHOLESTYRAMINE—cont.					
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.					
Sachets 4.7g (equivalent to 4g cholestyramine), 50	2	5	..	57.57	Questran Lite AP
Sachets 9.4g (equivalent to 8g cholestyramine), 50	‡1	5	..	54.31	Questran Lite AP
CHOLINE THEOPHYLLINATE Tablet 200mg	100	5	..	6.00	Brondecon-PD PD Choledyl WW
Elixir 50mg per 5mL, 500mL	‡1	5	..	6.37	Brondecon Elixir-PD PD
CIMETIDINE					
Authority required.					
<i>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.</i>					
Tablet 200mg	120	2	..	43.31	Tagamet SK
Tablet 400mg	60	2	..	43.31	Tagamet SK
Tablet 800mg	30	1	..	43.31	Tagamet SK
Effervescent Tablet 800mg (as hydrochloride)	30	1	..	43.31	Tagamet 800 Express SK
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
CIMETIDINE—cont.					
<u>Authority required.</u>					
<i>Severe symptomatic oesophagitis associated with frank ulceration of oesophageal mucosa on x-ray examination where endoscopy is contraindicated;</i>					
<i>Severe ulcerating (erosive) oesophagitis, proven by endoscopy and unresponsive to other measures.</i>					
Tablet 200mg	120	2	..	43.31	Tagamet SK
Tablet 400mg	60	2	..	43.31	Tagamet SK
Tablet 800mg	30	1	..	43.31	Tagamet SK
Effervescent Tablet 800mg (as hydrochloride)	30	1	..	43.31	Tagamet 800 Express SK
<u>Authority required.</u>					
<i>Scleroderma oesophagus.</i>					
NOTE: A maximum of two repeats will be authorised under the 'urgent supply' mechanisms.					
Tablet 200mg	120	5	..	43.31	Tagamet SK
Tablet 400mg	60	5	..	43.31	Tagamet SK
Tablet 800mg	30	5	..	43.31	Tagamet SK
Effervescent Tablet 800mg (as hydrochloride)	30	5	..	43.31	Tagamet 800 Express SK
<u>Authority required.</u>					
<i>Zollinger-Ellison syndrome.</i>					
NOTE: A maximum of two repeats will be authorised under the 'urgent supply' mechanisms.					
Tablet 200mg	240	5	..	84.05	Tagamet SK

(continued)

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer	
CIMETIDINE—cont.						
Tablet 400mg	120	5	..	84.05	Tagamet	SK
Tablet 800mg	60	5	..	84.05	Tagamet	SK
Effervescent Tablet 800mg (as hydrochloride)	60	5	..	84.05	Tagamet 800 Express	SK
CIPROFLOXACIN						
<u>Authority required.</u> Serious infections for which no other oral antimicrobial agent is appropriate.						
Tablet 250mg	14	..	..	38.82	Ciproxin 250	BN
Tablet 500mg	14	..	..	73.70	Ciproxin 500	BN
Tablet 750mg	14	..	..	108.61	Ciproxin 750	BN
CISAPRIDE						
<u>Authority required.</u> Gastroparesis; Severe reflux oesophagitis unresponsive to other measures.						
Tablet 5mg	90	5	..	23.70	Prepulsid	JC
Tablet 10mg	90	5	..	36.45	Prepulsid	JC
Oral Suspension 1mg per mL, 200mL	‡1	5	..	20.70	Prepulsid	JC
CISPLATIN						
<u>Authority required.</u> 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	..	..	16.32	BL	
I.V. Injection 10mg in 20mL	1	..	..	16.32	Platinol	BC
I.V. Injection 25mg in 50mL	1	..	..	30.70	Platinol	BC
I.V. Injection 50mg in 50mL	1	..	..	43.82	BL	
I.V. Injection 50mg in 100mL (continued)	1	..	..	43.82	Platinol	BC

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
CISPLATIN—cont.					
<i>I.V. Injection 100mg in 100mL</i>	1	..	..	78.86	BL
<i>Powder for I.V. Injection 10mg</i>	1	..	..	16.32	Platamine FE
<i>Powder for I.V. Injection 50mg</i>	1	..	..	43.82	Platamine FE
CLINDAMYCIN					
<i>Gram-positive coccal infections where these cannot be safely and effectively treated with a penicillin.</i>					
<i>Capsule 75mg</i>	25	..	..	9.20	Dalacin C UP
<i>Capsule 150mg</i>	25	..	..	12.37	Dalacin C UP
<i>Granules for Syrup 75mg per 5mL, 100mL</i>	‡1	..	..	#17.57	Dalacin C UP
CLIOQUINOL					
<i>Cream 10mg per g (1%), 30g</i>	‡1	..	..	5.00	Vioform SI
CLOFIBRATE					
<u>Authority required.</u>					
<i>Laboratory proven dysbeta lipoproteinaemia (type III hyperlipidaemia) that does not respond adequately to dietary therapy;</i>					
<i>Adults with type IV or V hyperlipidaemia with fasting triglyceride levels in excess of 8.5mmol per litre and who have not responded to three months of dietary therapy;</i>					
<i>Patients already receiving this drug as a pharmaceutical benefit.</i>					
<i>Capsule 500mg</i>	100	5	.. 0.22	13.45 13.67	Arterioflexin PT Atromid-S IC
CLOMIPHENE CITRATE					
<i>See Special Pharmaceutical Benefits</i>					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer	
CLOMIPRAMINE HYDROCHLORIDE <i>Cataplexy associated with narcolepsy; Obsessive compulsive disorders; Phobic disorders in adults.</i>						
Tablet 25mg	50	2	..	13.31	Anafranil	CG
CLONAZEPAM						
Tablet 500 micrograms	200	2	..	15.63	Rivotril	RO
Tablet 2mg	200	2	..	25.32	Rivotril	RO
Paediatric Oral Drops 2.5mg in 1mL, 10mL	2	..	..	9.27	Rivotril	RO
Injection 1mg in 2mL (set containing solution 1mg in 1mL and 1mL diluent)	5	..	..	7.81	Rivotril	RO
CLONIDINE						
Tablet 100 micrograms	100	5	..	19.28	Catapres 100	BY
Tablet 150 micrograms	100	5	..	25.63	Catapres	BY
CLOTRIMAZOLE						
Cream 10mg per g (1%), 20g	†1	1	..	5.45	Canesten	BN
			0.33	5.78	Clonea	AF
					Lotremin	SH
Lotion 10mg per mL (1%), 20mL	†1	1	..	5.80	Canesten	BN
					Lotremin	SH
Pessaries 100mg, 6	†1	..	..	6.57	Canesten	BN
					Gyne-Lotremin	SH
Pessary 500mg	1	..	..	6.57	Canesten 1	BN
Vaginal Cream 50mg per 5g (1%), 35g	†1	..	..	6.60	Canesten	BN
					Gyne-Lotremin	SH
100mg per 5g (2%), 20g	†1	..	..	6.60	Canesten 3	BN
CLOXACILLIN						
Capsule 250mg	24	..	..	11.32	Alclox 250	AF
Capsule 500mg	24	..	..	20.07	Alclox 500	AF

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
CODEINE PHOSPHATE Tablet 30mg	20	..	.. 0.80	6.68 7.48	Codate US FM FA
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.	20	..	..	4.91	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.	20	..	..	4.91	Panadeine Forte Caplets WL
COLCHICINE Tablet 500 micrograms	100	2	..	5.53	Colgout FC
COLESTIPOL HYDROCHLORIDE <i>Hypercholesterolaemia.</i> NOTE: <i>Hypercholesterolaemia</i> <i>means an initial fasting serum</i> <i>cholesterol level of at least</i> <i>6.5mmol per L (5.5mmol per</i> <i>L in persons under the age</i> <i>of 16 years) following dietary</i> <i>therapy for three months.</i>					
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
COLESTIPOL HYDROCHLORIDE—cont. <i>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.</i>					
<i>Sachets 5g, 120</i>	‡1	5	..	68.52	<i>Colestid</i> UP
COLISTIN Injection 150mg (solvent required)	5	..	..	158.82	Coly-Mycin WW
COLISTIN with NEOMYCIN Ear Drops 3mg-3.3mg per mL, 10mL	‡1	2	..	7.20	Coly-Mycin WW
COPPER SULPHATE Diagnostic Compound Tablets, 36	2	3	..	13.65	Clinitest AM
CORTISONE ACETATE Tablet 5mg	50	4	..	4.90	Cortate FC
Tablet 25mg	60	4	..	10.01	Cortate FC
CYCLOPENTHIAZIDE Tablet 500 micrograms	100	1	..	9.89	Navidrex CG
CYCLOPHOSPHAMIDE Tablet 50mg	50	2	..	22.02	Cycloblastin FE
Injection 100mg (solvent required)	6	..	..	38.25	Cycloblastin FE
Injection 200mg (solvent required)	6	..	..	40.65	Cycloblastin FE
Injection 500mg (solvent required)	2	..	..	22.05	Cycloblastin FE
Injection 1g (solvent required)	1	..	..	19.58	Cycloblastin FE
CYPROHEPTADINE HYDROCHLORIDE <i>Prevention of migraine.</i>					
<i>Tablet 4mg</i>	100	2	..	7.87	<i>Periactin</i> FR

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
CYPROTERONE ACETATE <u>Authority required.</u> <i>Idiopathic precocious puberty; Moderate to severe andro- genisation in non-pregnant women.</i> <u>CAUTION:</u> This drug should not be used during pregnancy as it may result in feminisation of the male foetus.					
Tablet 50mg	20	5	..	66.32	Androcur SC
<u>Authority required.</u> <i>Inoperable carcinoma of the prostate; Reduction of drive in sexual deviations in males.</i>					
Tablet 50mg	50	5	..	146.32	Androcur SC
CYTARABINE Injection set containing 100mg and 5mL solvent	10	1	..	83.47	Cytosar-U BL UP
Injection set containing 500mg and 10mL solvent	2	1	..	83.43	BL
DANAZOL <u>Authority required.</u> <i>Endometriosis, visually proven; Hereditary angio-oedema; Menorrhagia, intractable primary.</i> <u>CAUTION:</u> Pregnancy must be excluded prior to adminis- tration of this drug. <u>NOTE:</u> Not more than six months' therapy will be authorised for use in intract- able primary menorrhagia.					
Capsule 100mg	100	5	..	104.70	Danocrine WL
Capsule 200mg	100	5	..	147.57	Danocrine WL

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer	
DANTROLENE SODIUM <i>Treatment of chronic spasticity.</i>						
<i>Capsule 25mg</i>	100	2	..	23.95	<i>Dantrium</i>	NW
<i>Capsule 50mg</i>	100	2	..	39.57	<i>Dantrium</i>	NW
DEBRISOQUINE Tablet 10mg	100	5	..	11.97	Declinax	RO
Tablet 20mg	100	5	..	16.20	Declinax	RO
DEMECLOCYCLINE HYDROCHLORIDE <i>Syndrome of inappropriate antidiuretic hormone secretion, which is not drug induced.</i>						
<i>Capsule 150mg</i>	100	3	..	37.30	<i>Ledermycin</i>	LE
DESIPRAMINE HYDROCHLORIDE Tablet 25mg	50	2	..	6.07	Pertofran	CG
DESMOPRESSIN Intranasal Solution 100 micrograms per mL, 2.5mL	5	2	..	141.97	Minirin	FC
DEXAMETHASONE <i>For use in a hospital.</i>						
<i>Injection 120mg in 5mL</i>	1	..	..	32.81	<i>Decadron Shock Pak</i>	MK
DEXAMETHASONE Tablet 500 micrograms	30	4	..	5.11	Dexamethsone Oradexon	FC OR
Tablet 4mg	30	4	..	9.03	Dexamethsone	FC
Eye Drops 1mg per mL (0.1%), 5mL	±1	2	..	5.82	Maxidex	AQ
Injection 4mg in 1mL	5	..	..	12.61	Decadron	MK
Injection 5mg in 1mL	5	..	..	14.01	Oradexon	OR
Injection 8mg in 2mL	5	..	..	18.07	Decadron	MK

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
DEXAMETHASONE with FRAMYCETIN SULPHATE and GRAMICIDIN Ear Drops 500 micrograms- 5mg-50 micrograms per mL, 8mL	±1	2	..	4.75	Sofradex RL
Ear Ointment 500 micro- grams-5mg-50 micrograms per g, 5g	±1	2	..	4.50	Sofradex RL
DEXAMPHEMINE SULPHATE <u>Authority required.</u> <i>Attention deficit and hyper- activity disorder in children; Narcolepsy.</i> <u>NOTE: Care must be taken to comply with the provisions of State law when prescribing dexamphetamine.</u>					
<i>Tablet 5mg</i>	100	5	..	9.50	SI
DEXTRAN 40 See Intravenous Infusions					
DEXTRAN 70 See Intravenous Infusions					
DIAZEPAM <u>NOTE:</u> 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 benzo- diazepine dependent by an unsuccessful attempt at gradual withdrawal.					
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer	
DIAZEPAM—cont. Up to six months' treat- ment (i.e. one month's treatment with five repeats) may be requested.						
Tablet 2mg	50	..	..	4.61	Antenex 2	AF
					Ducene	SU
					Pro-Pam	PT
					Valium	RO
Tablet 5mg	50	..	..	4.93	Antenex 5	AF
					Ducene	SU
					Pro-Pam	PT
					Valium	RO
Paediatric Syrup 2mg per 5mL, 100mL	±1	..	..	7.82	Valium	RO
Injection 10mg in 2mL	5	..	..	5.72	Valium	RO
					BL	
DIAZOXIDE Injection 300mg in 20mL	1	..	..	16.07	BL	
			0.14	16.21	Hyperstat I.V.	SH
DICHLORPHENAMIDE Tablet 50mg	50	6	..	12.02	Daranide	SI
DICLOFENAC SODIUM Tablet 25mg (enteric coated)	50	3	..	8.37	Voltaren 25	CG
Tablet 50mg (enteric coated)	50	3	..	9.78	Voltaren 50	CG
DIENOESTROL Cream 500 micrograms per 5g (0.01%), 85g	±1	1	..	6.36	JC	
DIFENOXIN HYDROCHLORIDE with ATROPINE SULPHATE Tablet 500 micrograms- 25 micrograms	20	..	..	4.46	Lyspafen	PT
DIFLUNISAL Tablet 250mg	50	3	..	8.56	Dolobid	MK
Tablet 500mg	50	3	..	14.20	Dolobid	MK

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer	
DIGOXIN						
Tablet 62.5 micrograms	200	1	..	6.85	Lanoxin-PG	BW
Tablet 250 micrograms	100	1	..	6.27	Lanoxin	BW
Oral Solution for children 50 micrograms per mL, 100mL	±1	3	..	10.82	Lanoxin	BW
Injection 500 micrograms in 2mL	5	1	..	9.07	Lanoxin	BW
DIHYDROERGOTAMINE MESYLATE						
Injection 1mg in 1mL	5	..	..	7.58	Dihydergot	SZ
<u>DIHYDROTACHYSTEROL</u> <u>Authority required.</u> <i>Hypoparathyroidism; Osteomalacia following gastrectomy, severe steatorrhoea or renal failure; Vitamin D-resistant rickets.</i>						
<i>Capsule 125 micrograms</i>	100	5	..	46.76	A.T.10	WL
<u>DILTIAZEM HYDROCHLORIDE</u> <u>Authority required.</u> <i>Treatment of angina where less costly alternative therapy is inappropriate.</i> <u>CAUTION: The myocardial depressant effects of this drug and of beta-blocking drugs are additive.</u>						
<i>Tablet 60mg</i>	100	5	..	37.57	Cardizem	IC
DIMERCAPROL						
Injection 100mg in 2mL	12	..	..	65.35	B.A.L.	BT
DIPHENOXYLATE HYDROCHLORIDE with ATROPINE SULPHATE						
Tablet 2.5mg-25 micro- grams	20	..	..	4.46	Lomotil	SR
DIPHThERIA ANTITOXIN						
Injection 10,000 units	2	1	..	95.17	CS	

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
DIPHTHERIA and TETANUS VACCINE, ADSORBED For immunisation of children up to the age of eight years. Injection 0.5mL	3	..	..	16.46	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	..	..	16.82	CS
DIPHTHERIA, TETANUS and PERTUSSIS VACCINE, ADSORBED Injection 0.5mL	3	..	..	18.50	CS, PD
DIPHTHERIA VACCINE, ADSORBED For immunisation of children up to the age of eight years. Injection 0.5mL	2	1	..	13.07	CS
DIPHTHERIA VACCINE, ADSORBED, DILUTED FOR ADULT USE For immunisation of adults and children over the age of eight years. Injection 0.5mL	2	..	..	12.83	CS
DIPIVEFRINE HYDROCHLORIDE Eye Drops 1mg per mL (0.1%), 10mL	#1	5	..	11.63	Propine AG

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer	
DISODIUM ETIDRONATE Authority required. <i>Active Paget's disease of bone when calcitonin has been found to be unsatisfactory due to lack of efficacy or unacceptable side effects; *Heterotopic ossification.</i>						
Tablet 200mg	60	5	..	104.70	Didronel	NW
DISOPYRAMIDE Capsule 100mg	100	5	..	17.57	Norpace Rythmodan	SR RL
Capsule 150mg	100	5	..	23.57	Norpace Rythmodan	SR RL
DOCUSATE SODIUM with BISACODYL <i>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.</i>						
Suppositories 100mg-10mg, 5	6	5	..	16.67	Coloxyl	FM
DOMPERIDONE Tablet 10mg	25	..	..	5.35	Motilium	JC
DOTHIEPIN HYDROCHLORIDE Capsule 25mg	50	2	..	5.65	Prothiaden	BT
Tablet 75mg	30	2	..	6.00	Prothiaden	BT
DOXEPIN HYDROCHLORIDE Tablet 50mg (base)	50	2	..	6.00	Deptran 50	AF
Capsule 10mg (base)	50	2	..	4.41	Deptran 10 Sinequan	AF PF
Capsule 25mg (base)	50	2	..	4.36	Deptran 25 Sinequan	AF PF

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
DOXORUBICIN HYDROCHLORIDE					
Powder for I.V. Injection or Intravesical Admin- istration					
10mg	4	..	..	231.53	Adriamycin FE
20mg	4	..	..	444.41	Adriamycin FE
50mg	3	..	..	822.29	Adriamycin FE
Solution for I.V. Injection or Intra- vesical Administration					
10mg in 5mL	4	..	..	254.41	Adriamycin Solution FE
20mg in 10mL	4	..	..	475.33	Adriamycin Solution FE
50mg in 25mL	3	..	..	865.07	Adriamycin Solution FE
DOXYCYCLINE					
<i>Bronchiectasis in patients over the age of eight years; Chronic bronchitis in patients over the age of eight years; Severe acne.</i>					
Tablet 50mg	25	5	..	7.57	Doxilyn 50 AF Vibra-Tabs PF
Capsule 50mg	25	5	..	7.82	Doryx FA
<i>Pelvic inflammatory disease.</i>					
Tablet 100mg	28	..	..	13.81	Doxilyn 100 AF Vibramycin PF
Capsule 100mg	28	..	.. 3.00	13.81 16.81	Cyclidox PT Doryx FA
<i>Urethritis.</i>					
Tablet 100mg	21	..	..	11.00	Doxilyn 100 AF Vibramycin PF
Capsule 100mg	21	..	.. 1.67	11.00 12.67	Cyclidox PT Doryx FA
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
DOXYCYCLINE—cont. Tablet 100mg	7	1	..	5.38	Doxylin 100 AF Vibramycin PF
Capsule 100mg	7	1	.. 0.75	5.38 6.13	Cyclidox PT Doryx FA
DYDROGESTERONE <u>Authority required.</u> <i>Endometriosis, visually proven.</i>					
Tablet 10mg	50	5	..	30.70	Duphaston JC
ECONAZOLE NITRATE Cream 10mg per g (1%), 20g	#1	1	..	5.80	Ecostatín SQ Pevaryl SK
Lotion 10mg per mL (1%), 20mL	#1	1	..	5.80	Ecostatín SQ Pevaryl SK
Pessaries 150mg, 3	#1	..	..	6.57	Ecostatín SQ Pevaryl SK
Vaginal Cream 75mg per 5g (1.5%), 35g	#1	..	..	6.60	Ecostatín SQ
ECOTHIOPATE IODIDE Eye Drops 300 micrograms per mL (0.03%), 1.5mg and 5mL solvent	#1	5	..	#16.10	Phospholine Iodide AY
600 micrograms per mL (0.06%), 3mg and 5mL solvent	#1	5	..	#16.10	Phospholine Iodide AY
1.25mg per mL (0.125%), 6.25mg and 5mL solvent	#1	5	..	#16.10	Phospholine Iodide AY
2.5mg per mL (0.25%), 12.5mg and 5mL solvent	#1	5	..	#16.92	Phospholine Iodide AY
ELECTROLYTE REPLACEMENT (ORAL) Powder for Solution Sachets 40g, 6	#1	..	..	7.07	Repalyte AU

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer	
ELECTROLYTE REPLACEMENT SOLUTION See Intravenous Infusions						
ENALAPRIL MALEATE <u>Authority required.</u> <i>Treatment where less costly alternative therapy is inappropriate for:</i> <i>Cardiac failure;</i> <i>Hypertension.</i>						
Tablet 5mg	30	5	..	24.17	Amprace 5 Renitec M	AD MK
Tablet 10mg	30	5	..	34.11	Amprace 10 Renitec	AD MK
Tablet 20mg	30	5	..	47.45	Amprace 20 Renitec 20	AD MK
EPIRUBICIN HYDROCHLORIDE <u>Authority required.</u> <i>Advanced breast cancer.</i>						
Powder for I.V. Injection 10mg	1	..	..	63.12	Pharmorubicin	FE
Powder for I.V. Injection 20mg	1	..	..	119.40	Pharmorubicin	FE
Powder for I.V. Injection 50mg	1	..	..	291.58	Pharmorubicin	FE
ERGOCALCIFEROL <i>Hypocalcaemia;</i> <i>Hypoparathyroidism;</i> <i>Osteomalacia following</i> <i>gastrectomy, severe</i> <i>steatorrhoea or renal failure;</i> <i>Vitamin D-resistant rickets.</i>						
Tablet 250 micrograms	100	5	..	8.45	Ostelin	BT
ERGOMETRINE MALEATE Injection 250 micrograms in 1mL	5	..	..	6.32	BL	
ERGOTAMINE TARTRATE Capsule 1mg	50	2	..	7.68	Ergodryl Mono	PD
ERGOTAMINE TARTRATE with CAFFEINE Suppositories 2mg-100mg, 5	±1	2	..	6.25	Cafergot S	SZ

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
ERYTHROMYCIN Tablet 250mg	25	1	..	6.27	EMU-V AB UP
Capsule 125mg	25	1	..	6.00	Eryc FA
Capsule 175mg	25	1	..	6.27	Eryc LD FA
Capsule 250mg	25	1	..	7.78	Eryc FA
ERYTHROMYCIN ESTOLATE Paediatric Oral Drops 100mg (base) per mL, 10mL	#1	1	..	5.93	Ilosone LY
Paediatric Oral Suspension 125mg (base) per 5mL, 100mL	#1	1	..	5.93	Ilosone LY
ERYTHROMYCIN ETHYL SUCCINATE Tablet 200mg (base)	25	1	..	6.00	E.E.S. Dulcet AB
Tablet 400mg (base)	25	1	..	7.78	E.E.S. 400 AB
Granules for Paediatric Oral Suspension 200mg (base) per 5mL, 100mL	#1	1	..	#8.38	E.E.S. 200 AB
Injection I.M. 100mg (base) in 2mL	5	..	..	10.75	Erythrocin AB
ERYTHROMYCIN LACTOBIONATE Infusion I.V. 300mg (base)	5	..	..	26.77	Erythrocin AB
Infusion I.V. 1g (base)	1	..	..	14.18	Erythrocin AB
ERYTHROMYCIN STEARATE Tablet 250mg (base)	25	1	..	6.27	Erythrocin AB
Capsule 250mg (base)	25	1	..	6.27	Erythrocin AB
Paediatric Oral Suspension 125mg (base) per 5mL, 100mL	#1	1	..	5.93	Erythrocin AB
Oral Suspension 250mg (base) per 5mL, 100mL	#1	..	..	8.23	Erythrocin AB

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer	
ETHACRYNIC ACID <i>Patients hypersensitive to other oral diuretics.</i>						
<i>Tablet 50mg</i>	50	3	..	15.20	<i>Edecril</i>	<i>MK</i>
ETHINYLOESTRADIOL						
Tablet 10 micrograms	200	1	..	6.65	Estigyn	GL
Tablet 20 micrograms	200	1	..	6.97	Estigyn	GL
Tablet 50 micrograms	200	1	..	8.39	Estigyn	GL
ETHOSUXIMIDE						
Capsule 250mg	200	2	..	27.45	Zarontin	PD
Paediatric Syrup 250mg per 5mL, 250mL	±1	4	..	14.33	Zarontin	PD
ETHYNODIOL DIACETATE with ETHINYLOESTRADIOL						
Tablet 500 micrograms-50 micrograms, 21	4	2	..	11.49	Ovulen 0.5/50	SR
1mg-50 micrograms, 21	4	2	..	11.49	Ovulen 1/50	SR
Pack containing 21 tablets 500 micrograms- 50 micrograms and 7 inert tablets	4	2	..	11.49	Ovulen 0.5/50-28	SR
Pack containing 21 tablets 1mg-50 micrograms and 7 inert tablets	4	2	..	11.49	Ovulen 1/50-28	SR
ETOPOSIDE <u>Authority required.</u> <i>Acute monocytic and myelo- monocytic leukaemia; Hodgkin's disease; Non-Hodgkin's lymphoma; Small cell carcinoma of the lung.</i>						
<i>Capsule 100mg</i>	10	..	..	627.57	<i>Vepesid</i>	<i>BC</i>
<i>Solution for I.V. Infusion 100mg in 5mL</i>	5	..	..	325.82	<i>Vepesid</i>	<i>BC</i>

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Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
FAMOTIDINE—cont.					
Authority required.					
Zollinger-Ellison syndrome.					
NOTE: A maximum of two repeats will be authorised under the 'urgent supply' mechanisms.					
Tablet 20mg	120	5	..	88.07	Amsfamox 20 Pepcidine M AD MK
Tablet 40mg	60	5	..	88.07	Amsfamox 40 Pepcidine AD MK
FELODIPINE					
Tablet 5mg	60	5	..	30.01	Agon HP Plendil AP
FERROUS AMINOACETOSULPHATE					
Paediatric Syrup 100mL	†1	4	..	4.41	Plesmet NN
FERROUS GLUCONATE					
Paediatric Elixir 300mg per 5mL (6%), 100mL	†1	4	..	4.41	Fergon WL
FERROUS SULPHATE DRIED					
Tablet 350mg (sustained release)	30	2	..	4.41	Feritard PT Ferro-Gradumets AB
Capsule 320mg (delayed release)	30	2	..	4.41	Fespan SK
FERROUS SULPHATE DRIED with FOLIC ACID					
Tablet 270mg-300 micrograms (delayed release)	30	2	..	4.46	Feritard Folic PT
270mg-300 micrograms (sustained release)	30	2	..	4.46	F.G.F. AB
Capsule 270mg-300 micro- grams (delayed release)	30	2	..	4.46	Fefol SK

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
FLECAINIDE ACETATE Authority required. <i>Treatment of serious cardiac arrhythmias where other therapy is inappropriate. Treatment must be initiated in a hospital (in-patient or out-patient).</i>					
CAUTION: <i>Flecainide acetate should be avoided in patients with poor cardiac function.</i>					
Tablet 100mg	60	5	..	42.20	Tambacor RK
FLUCLOROLONE ACETONIDE Cream 250 micrograms per g (0.025%), 15g	#1	1	..	4.15	Topilar SD
FLUCLOXACILLIN CAUTION: Severe chole- static hepatitis may result with this drug.					
Capsule 250mg	24	..	..	10.32	Flophen CS
			4.56	14.88	Flucil 250 FC
					Staphylex 250AF
					Floxapen BR
Capsule 500mg	24	..	..	18.82	Flophen CS
					Flucil 500 FC
			2.25	21.07	Staphylex 500AF
					Floxapen BR
Powder for Syrup 125mg per 5mL, 100mL	#1	..	..	#10.78	Flophen CS
					Floxapen BR
250mg per 5mL, 100mL	#1	..	..	#15.07	Flophen CS
					Floxapen BR
Injection 250mg (solvent required)	5	..	..	10.80	Flophen CS
Injection 500mg (solvent required)	5	..	..	16.30	Flophen CS
					Floxapen BR
Injection 1g (solvent required)	5	..	..	24.10	Flophen CS
					Floxapen BR

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
FLUCYTOSINE <i>Invasive or systemic fungal infections such as candidiasis, cryptococcosis and chromoblastomycosis.</i>					
Tablet 500mg	100	..	..	187.08	Ancotil RO
FLUDROCORTISONE ACETATE Tablet 100 micrograms	200	1	..	11.83	Florinef SQ
FLUMETHASONE PIVALATE with CLIQUINOL Ear Drops 200 micro- grams-10mg per mL (0.02%-1%), 7.5mL	±1	..	..	4.75	Locacorten Vioform CG
FLUOCORTOLONE ESTERS Cream 2mg per g (0.2%), 15g	±1	1	..	4.15	Ultralan-D SC
Ointment 2mg per g (0.2%), 15g	±1	1	..	4.15	Ultralan-D SC
Ointment (anhydrous) 2mg per g (0.2%), 15g	±1	1	..	4.15	Ultralan-D Fatty SC
FLUOROMETHOLONE Eye Drops 1mg per mL (0.1%), 5mL	±1	5	..	5.87	Flucon AQ FML Liquifilm AG
FLUOROMETHOLONE ACETATE Eye Drops 1mg per mL (0.1%), 5mL	±1	2	..	5.87	Flarex AQ
FLUOROURACIL Injection 250mg in 10mL	20	..	..	73.33	BL, RO
Injection 500mg in 10mL	10	..	..	67.03	Fluroblastin FE BL

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
FLUOXYMESTERONE Authority required. <i>Aplastic anaemias, proven; Carcinoma of the breast; Hypogonadism; Osteoporosis.</i> NOTE: An authority for six months' treatment of osteo- porosis will be limited to the maximum quantity and repeats shown in this schedule.					
Tablet 5mg	100	3	..	20.47	Halotestin UP
FLUPHENAZINE DECANOATE <i>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.</i>					
Injection 12.5mg in 0.5mL	5	..	..	16.95	Modocate SQ
Injection 25mg in 1mL	5	..	..	25.00	Modocate SQ
Injection 50mg in 2mL	5	..	..	37.66	Modocate SQ
FLUPHENAZINE HYDROCHLORIDE <i>Chorea; Hyperactive states of organic or toxic delirium; Malignant neoplasia (late stage); Radiation sickness;</i>					

(continued)

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
FLUPHENAZINE HYDROCHLORIDE—cont. <i>Major psychoses including—</i> <i>Major organic psychoses</i> <i>including arteriopathic</i> <i>dementia;</i> <i>Manic-depressive disorder—</i> <i>manic phase;</i> <i>Paranoid states;</i> <i>Schizophrenia;</i> <i>Senile dementia.</i>					
<i>Tablet 1mg</i>	100	1	..	6.42	Anatensol SQ
<i>Tablet 2.5mg</i>	100	1	..	8.06	Anatensol SQ
<i>Tablet 5mg</i>	100	1	..	10.67	Anatensol SQ
FOLIC ACID					
Tablet 500 micrograms	200	..	..	6.07	PT, SI
Tablet 5mg	200	1	..	6.07	Folasic NN Folicid US Megafol 5 AF SI
NOTE: This strength should be used in malabsorption states only.					
Injection 15mg in 1mL	10	..	..	14.53	AB
FOSFESTROL SODIUM <i>Carcinoma of the prostate.</i>					
<i>Tablet 120mg</i>	100	2	..	66.32	Honvan BC
<i>Injection 250mg in 5mL</i>	10	..	..	28.45	Honvan BC
FRAMYCETIN SULPHATE					
Eye Ointment 5mg per g (0.5%), 5g	±1	..	..	4.67	Soframycin RL
Eye and Ear Drops 5mg per mL (0.5%), 8mL	±1	2	..	5.20	Soframycin RL
FRUSEMIDE <i>Renal failure.</i>					
<i>Tablet 500mg</i>	50	3	..	21.21	Urex-Forte FM
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
FRUSEMIDE—cont. Tablet 20mg	100	1	..	6.65	Lasix-M HP Urex-M FM
Tablet 40mg	100	1		7.32 7.33	Urex FM Lasix HP Uremide AF
Oral Solution 10mg per mL, 30mL	‡1	3	..	9.97	Lasix HP
Injection 20mg in 2mL	5	..	..	5.70	Lasix AF HP
FUSIDIC ACID					
<u>Authority required.</u>					
<i>Treatment where less costly alternative therapy is inappropriate, when used in combination with another antibiotic in the treatment of proven serious staphylococcal infections.</i>					
Tablet (sodium salt) 250mg (enteric coated)	36	..	..	77.57	Fucidin SK
Oral Suspension 50mg per mL, 90mL	‡1	..	..	60.70	Fucidin SK
GAS GANGRENE ANTITOXIN— MIXED (POLYVALENT) Injection: 1 amp contain- ing 10,000 units Perfringens; 10,000 units Novyi; 5,000 units Septicum	2	1	..	247.57	CS
GENTAMICIN SULPHATE					
<i>Invasive ocular infection; Perioperative use; Suspected pseudomonal eye infection.</i>					
Eye Drops 3mg (base) per mL (0.3%), 5mL	‡1	2	..	9.25	Genoptic AG
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
GENTAMICIN SULPHATE--cont.					
Injection 40mg (base) in 1mL	5	..	..	15.62	Garamycin BL SH
Injection 60mg (base) in 1.5mL	5	..	..	18.75	Garamycin BL SH
Injection 80mg (base) in 2mL	5	..	..	8.47	Cidomycin BL RL
			0.33	8.80	Garamycin SH
GLIBENCLAMIDE					
Tablet 5mg	100	5	..	10.07	Daonil HP Euglucon SK Glimel AF
GLICLAZIDE					
Tablet 80mg	100	5	..	15.08	Diamicron SE
GLIPIZIDE					
Tablet 5mg	100	5	..	15.08	Minidiab FE
GLUCAGON HYDROCHLORIDE					
Injection 1 i.u. with diluent	1	1	..	11.95	LY
Injection set containing 1mg (1 i.u.) and 1mL solvent in disposable syringe	1	1	..	17.35	Glucagon Novo NO
GLUCOSE					
Injection 5mg in 10mL (50%)	5	..	..	7.30	AP
Injections 500mL and 1L-- See Intravenous Infusions					
GLUCOSE INDICATOR--BLOOD					
Electrode Strips, 100	#1	5	..	52.57	ExacTech FE
Reagent Strips, 50	2	5	..	40.07	Ames-BG AM BM-Test-BG BO
Reagent Strips, 50	2	5	..	44.07	Hypoguard GA HG
Reagent Strips, 50	2	5	..	48.13	BM-Test-Glycemie BO 20-800 BO Glucostix AM

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
GLUCOSE INDICATOR—URINE Test Dispenser 4m	#1	2	..	9.70	Tes-Tape LY
Reagent Strips, 100	#1	2	..	9.66	Clinistix AM
Reagent Strips, 100	#1	2	..	9.70	Diastix AM
GLUCOSE and KETONE INDICATOR—URINE Reagent Strips, 100	#1	2	..	12.77	Keto-Diastix AM
GLYCERYL TRINITRATE Tablets 600 micrograms, 100	#1	5	..	4.66	Anginine Stabilised BW
Ointment 15mg (approx.) per 2.5cm (2%), 60g	#1	5	..	13.87	Nitro-Bid FC
Transdermal Disc releasing approximately 5mg per 24 hours	30	2	..	25.21	Nitradisc SR
Transdermal Disc releasing approximately 10mg per 24 hours	30	2	..	32.71	Nitradisc SR
Transdermal Pad releasing approximately 5mg per 24 hours	30	2	..	25.21	Transiderm- Nitro 25 CG
Transdermal Pad releasing approximately 10mg per 24 hours	30	2	..	32.71	Transiderm- Nitro 50 CG
GOSERELIN <u>Authority required.</u> <i>Advanced carcinoma of the prostate.</i> <i>Subcutaneous Implant 3.6mg</i>	1	5	..	484.72	Zoladex Depot IC
GRISEOFULVIN <i>Use in recalcitrant tinea infections; Kerion.</i> <i>Tablet 125mg</i>	100	2	..	11.73	Grisovin GL
<i>Tablet 330mg</i> (continued)	28	2	..	11.71	Griseostatin SH

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
GRISEOFULVIN—cont. <i>Tablet 500mg</i>	28	2	..	11.71	<i>Fulcin 500 IC</i> <i>Grisovin 500 GL</i>
HALOPERIDOL <i>Chorea;</i> <i>Hyperactive states of organic</i> <i>or toxic delirium;</i> <i>Malignant neoplasia (late</i> <i>stage);</i> <i>Radiation sickness;</i> <i>Major psychoses including—</i> <i>Major organic psychoses</i> <i>including arteriopathic</i> <i>dementia;</i> <i>Manic-depressive disorder—</i> <i>manic phase;</i> <i>Paranoid states;</i> <i>Schizophrenia;</i> <i>Senile dementia.</i>					
<i>Tablet 1.5mg</i>	100	1	..	6.25	<i>Serenace SR</i>
<i>Tablet 5mg</i>	50	1	..	7.20	<i>Serenace SR</i>
<i>Oral Liquid 2mg per mL,</i> <i>15mL</i>	‡1	2	..	6.11	<i>Serenace SR</i>
<i>Oral Liquid 2mg per mL,</i> <i>100mL</i>	‡1	1	..	12.81	<i>Serenace SR</i>
<i>Injection 5mg in 1mL</i>	10	..	..	11.88	<i>Serenace SR</i>
HALOPERIDOL DECANOATE <i>Chorea;</i> <i>Hyperactive states of organic</i> <i>or toxic delirium;</i> <i>Malignant neoplasia (late</i> <i>stage);</i> <i>Radiation sickness;</i> <i>Major psychoses including—</i> <i>Major organic psychoses</i> <i>including arteriopathic</i> <i>dementia;</i> <i>Manic-depressive disorder—</i> <i>manic phase;</i> <i>Paranoid states;</i> <i>Schizophrenia;</i> <i>Senile dementia.</i>					
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
HALOPERIDOL DECANOATE— <i>cont.</i>					
<i>I.M. Injection equivalent to 50mg haloperidol in 1mL</i>	5	..	..	25.07	<i>Haldol decanoate</i> JC
<i>I.M. Injection equivalent to 150mg haloperidol in 3mL</i>	5	..	..	46.32	<i>Haldol decanoate</i> JC
HEPARIN CALCIUM Injection 5,000 units in 0.2mL	5	5	..	9.67	Calcihep FC Calciparine BL Caprin 5000 Forte CS
Injection 5,000 units in 0.5mL	5	5	..	9.67	Caprin 5000 CS
Injection 12,500 units in 0.5mL	2	5	..	9.07	Calciparine BL Caprin 12500 CS
Injection 25,000 units in 1mL	2	5	..	11.00	Calciparine BL
HEPARIN SODIUM Injection 5,000 units in 0.2mL	5	5	..	8.32	BL, CS, FC
Injection 5,000 units in 1mL	5	5	..	8.32	BL, CS, FC
Injection 20,000 units in 20mL	12	5	..	53.57	BL
Injection 25,000 units in 5mL	2	5	..	10.99	FC
Injection 35,000 units in 35mL	12	5	..	99.53	CS, FC
HEXAMINE HIPPURATE Tablet 1g	100	5	..	16.70	Hiprex RK
HEXAMINE MANDELATE Tablet 250mg	200	2	..	14.87	Mandelamine WW
Tablet 500mg	200	2	..	18.99	Mandelamine Hafgrams WW
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
HEXAMINE MANDELATE—cont. Tablet 1g	100	5	..	14.73	Mandelamine WW
HOMATROPINE HYDROBROMIDE Eye Drops 20mg per mL (2%), 15mL	‡1	2	..	7.78	AG, AQ
Eye Drops 50mg per mL (5%), 15mL	‡1	2	..	8.83	AG, AQ
HUMAN CHORIONIC GONADOTROPHIN <u>Authority required.</u> <i>For the treatment of anovulatory infertility in females under 41 years of age with no more than two live children by their present union.</i> NOTE: <i>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.</i> <i>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.</i> <i>Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to application for treatment.</i> <i>Patients with hyperprolactin- aemia should have had appropriate surgical or medical treatment prior to an application for treatment.</i> <i>Injection Set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1mL</i>					
	1	5	..	22.50	Pregnyl OR Profasi 500 SG
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
HUMAN CHORIONIC GONADOTROPHIN—cont.					
<i>Injection Set containing 3 ampoules powder for injection 1,000 units and 3 ampoules solvent 1mL</i>	1	5	..	29.51	<i>Profasi 1000 SG</i>
<i>containing 3 ampoules powder for injection 1,500 units and 3 ampoules solvent 1mL</i>	1	5	..	32.01	<i>Pregnyl OR</i>
<i>containing 3 ampoules powder for injection 2,000 units and 3 ampoules solvent 1mL</i>	1	5	..	34.51	<i>Profasi 2000 SG</i>
<i>containing one ampoule powder for injection 5,000 units and one ampoule solvent 1mL</i>	1	5	..	17.57	<i>Profasi 5000 SG</i>
<u>Authority required.</u>					
<i>For the treatment of infertility in males due to hypo- gonadotrophic hypogonadism; For the treatment of infertility in males associated with isolated luteinising hormone deficiency; For the treatment of males who have combined deficiency of human growth hormone and gonadotrophins and in whom the absence of second- ary sexual characteristics indicates a lag in maturation.</i>					
<u>Authority required.</u>					
<i>For the treatment of boys over the age of 16 years who show clinical evidence of hypogonadism or delayed puberty.</i>					
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	Brand Price Premium	Dispensed Price for Max. Qty.	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	..	22.50	<i>Pregnyl</i> OR <i>Profasi 500</i> SG
containing 3 ampoules powder for injection 1,000 units and 3 ampoules solvent 1mL	1	5	..	29.51	<i>Profasi 1000</i> SG
containing 3 ampoules powder for injection 1,500 units and 3 ampoules solvent 1mL	1	5	..	32.01	<i>Pregnyl</i> OR
containing 3 ampoules powder for injection 2,000 units and 3 ampoules solvent 1mL	1	5	..	34.51	<i>Profasi 2000</i> SG
HUMAN MENOPAUSAL GONADOTROPHIN					
<u>Authority required.</u> For the treatment of anovulatory infertility in females under 41 years of age with no more than two live children by their present union.					
<u>NOTE:</u> 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.					
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
HUMAN MENOPAUSAL GONADOTROPHIN—cont. NOTE—cont. <i>Patients with hyper- prolactinaemia should have had appropriate surgical or medical treatment prior to an application for treatment.</i>					
Authority required. <i>For the treatment of infertility in males due to hypo- gonadotrophic hypogonadism.</i> 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 <i>containing 10 ampoules powder for injection providing 75 units follicle stimulating hormone and 75 units lutinising hormone and 10 ampoules solvent 1mL</i>	1	5	..	249.37	Pergonal SG
<i>containing 10 ampoules powder for injection providing 150 units follicle stimulating hormone and 150 units lutinising hormone and 10 ampoules solvent 1mL</i>	1	5	..	496.13	Pergonal 150 SG
HYDRALAZINE HYDROCHLORIDE Tablet 25mg	200	2	..	9.23	Alphapress 25 AF Supres 25 PT
Tablet 50mg	200	2	..	12.25	Alphapress 50 AF Supres 50 PT
HYDROCHLOROTHIAZIDE Tablet 25mg	100	1	..	8.77	Dichlotride MK
Tablet 50mg	100	1	..	9.89	Dichlotride MK

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer	
HYDROCHLOROTHIAZIDE with AMILORIDE HYDROCHLORIDE CAUTION: Serum electrolytes should be checked regularly. Supplementary potassium may cause life-threatening hyperkalaemia.						
Tablet 50mg-5mg	100	1	..	11.93	Amizide Moduretic	AF MK
HYDROCHLOROTHIAZIDE with TRIAMTERENE CAUTION: Serum electro- lytes should be checked regularly. Supplementary potassium may cause life-threatening hyperkalaemia.						
Tablet 25mg-50mg	100	1	..	12.75	Dyazide	SK
HYDROCORTISONE Tablet 4mg	50	4	..	4.90	Hysone	PT
Tablet 20mg	60	4	..	10.01	Hysone	PT
Eye Drops 5mg per mL (0.5%), 10mL	±1	5	..	7.70	Hycor	SI
Eye Drops 10mg per mL (1%), 10mL	±1	5	..	7.98	Hycor	SI
Cream 10mg per g (1%), 50g	±1	1	..	5.21	Egocort Cream 1%	EO
HYDROCORTISONE ACETATE <i>Alopecia areata; For local intra-articular or peri-articular infiltration; Granulomata, dermal; Keloid; Lichen planus hypertrophic; Lichen simplex chronicus; Lupus erythematosus, chronic discoid.</i>						
<i>Injection 25mg in 1mL</i>	5	..	..	20.45	Hysone-A	PT
(continued)						

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer	
HYDROCORTISONE ACETATE—cont. Proctitis; Ulcerative colitis.						
Rectal Foam 125mg per applicator (10%), Aerosol 25g	2	3	..	33.17	Colifoam	SV
HYDROCORTISONE ACETATE						
Eye Ointment 5mg per g (0.5%), 3g	±1	..	..	5.20	Cortef	UP
Eye Ointment 5mg per g (0.5%), 5g	±1	..	..	6.95	Hycor	SI
Eye Ointment 10mg per g (1%), 5g	±1	..	..	7.03	Hycor	SI
Cream 10mg per g (1%), 30g	±1	1	..	4.66	Adacor	NN
					Dermacort	PD
					Hydrosone	US
					Sigmacort	SI
			0.41	5.07	Squibb-HC	SQ
					Cortef	UP
Cream 10mg per g (1%), 50g	±1	1	..	5.21	Adacor	NN
					Dermacort	PD
					Sigmacort	SI
			0.49	5.70	Squibb-HC	SQ
					Cortef	UP
Topical Ointment 10mg per g (1%), 30g	±1	1	..	4.66	Adacor	NN
					Sigmacort	SI
			0.55	5.21	Squibb-HC	SQ
					Cortef	UP
10mg per g (1%), 50g	±1	1	..	5.21	Adacor	NN
					Dermacort	"O" PD
					Sigmacort	SI
			1.11	6.32	Squibb-HC	SQ
					Cortef	UP

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer	
HYDROCORTISONE SODIUM SUCCINATE <i>For use in a hospital.</i>						
<i>Injection Set containing equivalent of 100mg hydrocortisone and 2mL solvent</i>	6	..	.. 3.72	19.85 23.57	Nordicort Solu-Cortef	NR UP
<i>containing equivalent of 250mg hydrocortisone and 2mL solvent</i>	6	..	..	40.61	Solu-Cortef	UP
<i>containing equivalent of 500mg hydrocortisone and 4mL solvent</i>	2	..	..	26.57	Solu-Cortef	UP
HYDROCORTISONE SODIUM SUCCINATE <i>Injection Set containing equivalent of 100mg hydrocortisone and 2mL solvent</i>	2	..	.. 1.24	8.33 9.57	Nordicort Solu-Cortef	NR UP
<i>containing equivalent of 250mg hydrocortisone and 2mL solvent</i>	1	..	..	8.91	Solu-Cortef	UP
HYDROXOCOBALAMIN <i>Pernicious anaemia; Other proven vitamin B₁₂ deficiencies.</i>						
NOTE: <i>One injection of hydroxocobalamin 1mg every three months provides appropriate maintenance therapy in vitamin B₁₂ deficiencies.</i>						
<i>Injection 1mg in 1mL</i>	3	..	..	9.45	Neo-Cytamen	GL
HYDROXYCHLOROQUINE SULPHATE Tablet 200mg	100	1	..	24.95	Plaquenil	WL
HYDROXYUREA Capsule 500mg	100	..	..	68.52	Hydrea	SQ

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
HYPROMELLOSE					
Eye Drops 5mg per mL (0.5%), 15mL	†1	5	..	6.42	Isopto Tears AQ Lacril AG Methopt SI
Eye Drops 10mg per mL (1%), 15mL	†1	5	..	6.88	Methopt Forte SI
HYPROMELLOSE with DEXTRAN					
Eye Drops 3mg-1mg per mL (0.3%-0.1%), 15mL	†1	5	..	7.63	Tears Naturale AQ
IBUPROFEN					
Tablet 200mg	50	3	..	5.12	Brufen BT Inflam PT Rafen 200 AF
Tablet 400mg	50	3	..	6.97	Brufen BT Inflam PT
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	..	..	10.70	Stoxil SK
Topical Ointment 5mg per g (0.5%), 5g	†1	..	..	4.41	Stoxil SK
IMIPRAMINE HYDROCHLORIDE					
Tablet 10mg	50	2	..	4.40	Tofranil 10 CG
Tablet 25mg	50	2	..	5.17	Melipramine UW(N) Tofranil 25 CG
Injection I.M. 25mg in 2mL	10	..	..	16.57	Tofranil CG
INDAPAMIDE					
Tablet 2.5mg	60	1	..	14.37	Natrilix SE
INDOMETHACIN					
Capsule 25mg	50	3	..	5.57	Arthrexin AF Rheumacin PT
			0.58	6.15	Indocid MK
Suppository 100mg	40	3	..	18.59	Indocid MK

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
INFLUENZA VACCINE <i>Persons at special risk of adverse consequences from infections of the lower respiratory tract.</i>					
<i>Injection (trivalent) 0.5mL</i>	1	..	..	13.45	Fluvax Vaxigrip CS MB
INSECT ALLERGEN EXTRACT- HONEY BEE VENOM Injection Set containing 550 micrograms	1	..	..	79.51	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	..	..	96.61	Albay Wasp Venom BN
INSULIN, ACID Injection (bovine) 100 units per mL, 10mL	5	2	..	117.02	Insulin 2 NO
INSULIN ISOPHANE (N.P.H.) Injection (bovine) 100 units per mL, 10mL	5	2	..	108.77	Hypurin Isophane FC Isotard MC NO
Injection (human) 100 units per mL, 10mL	5	2	..	117.02	Humulin NPH LY Insulatard ND Human ND Protaphane HM NO
Injections (human) 100 units per mL, 1.5mL, 5	10	1	..	182.97	Protaphane HM Penfill NO
100 units per mL, 2.5mL, 5	4	2	..	122.81	Insulatard Human Nordisk 2.5mL Insuject-X ND

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
INSULIN NEUTRAL					
Injection (bovine) 100 units per mL, 10mL	5	2	..	108.77	Hypurin Neutral FC
Injection (human) 100 units per mL, 10mL	5	2	..	117.02	Actrapid HM NO Humulin R LY Velosulin Human ND
Injections (human) 100 units per mL, 1.5mL, 5	10	1	..	182.97	Actrapid HM Penfill NO
100 units per mL, 2.5mL, 5	4	2	..	122.81	Velosulin Human Nordisk 2.5mL Insject (white) ND
INSULIN NEUTRAL-INSULIN ISOPHANE (N.P.H.), (MIXED)					
Injection (human) 100 units (15 units- 85 units) per mL, 10mL	5	2	..	117.02	Mixtard 15/85 Human ND
100 units (30 units- 70 units) per mL, 10mL	5	2	..	117.02	Actraphane HM NO Mixtard 30/70 Human ND
100 units (50 units- 50 units) per mL, 10mL	5	2	..	117.02	Mixtard 50/50 Human ND
Injections (human) 100 units (15 units- 85 units) per mL, 2.5mL, 5	4	2	..	122.81	Mixtard 15/85 Human Nordisk 2.5mL Insject-X ND
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
INSULIN NEUTRAL-INSULIN ISOPHANE (N.P.H.), (MIXED)-cont. Injections (human)-cont. 100 units (30 units- 70 units) per mL, 1.5mL, 5	10	1	..	182.97	Actraphane HM Penfill NO
100 units (30 units- 70 units) per mL, 2.5mL, 5	4	2	..	122.81	Mixtard 30/70 Human Nordisk 2.5mL Insuject-X ND
100 units (50 units- 50 units) per mL, 2.5mL, 5	4	2	..	122.81	Mixtard 50/50 Human Nordisk 2.5mL Insuject-X ND
INSULIN PROTAMINE ZINC Injection (bovine) 100 units per mL, 10mL	5	2	..	117.02	Protamine Zinc Insulin MC NO
INSULIN ZINC SUSPENSION (Lente) Injection (bovine) 100 units per mL, 10mL	5	2	..	117.02	Lente MC NO
Injection (human) 100 units per mL, 10mL	5	2	..	117.02	Humulin L LY Monotard HM NO
INSULIN ZINC SUSPENSION (CRYSTALLINE) (Ultralente) Injection (bovine) 100 units per mL, 10mL	5	2	..	117.02	Ultralente MC NO
Injection (human) 100 units per mL, 10mL	5	2	..	117.02	Humulin UL LY Ultratard HM NO
IPRATROPIUM BROMIDE Oral Pressurised Inhalation, 20 micrograms per dose (200 dose) (continued)	#1	5	..	15.52	Atrovent BY

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
IPRATROPIUM BROMIDE--cont. Nebuliser Solution 250 micrograms per mL (0.025%), 20mL	2	2	..	15.19	Atrovent BY
IRON DEXTRAN Injection 2mL	5	..	..	10.15	Imferon FC
IRON POLYMALTOSE COMPLEX Tablet 40mg (iron)	100	2	..	4.41	Ferrum H SI
Injection 100mg (iron) in 2mL	5	..	..	10.15	Ferrum H SI
ISICONAZOLE NITRATE Cream 10mg per g (1%), 20g	±1	1	..	5.80	Travogen SC
Pessaries 300mg, 2	±1	..	..	6.57	Gyno- Travogen SC
ISONIAZID Tablet 100mg	100	2	..	5.22	FM
ISOSORBIDE DINITRATE Tablet 10mg	200	2	..	11.39	Isordil AY Isotrate PD
Sublingual Tablet 5mg	200	2	..	10.95	Isordil Sublingual AY Isotrate Sublingual PD
ISOTRETINOIN					
<u>Authority required.</u>					
<i>Severe cystic acne not responsive to other therapy.</i>					
<u>CAUTION:</u> <i>This drug causes birth defects. Isotretinoin has been reported to cause other frequent and potentially serious toxicity.</i>					
<u>NOTE:</u> <i>An authority will be limited to the maximum quantity and repeats shown in this schedule.</i>					
<u>NOTE:</u> <i>Care must be taken to comply with the provisions of State law when prescribing isotretinoin.</i>					
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
ISOTRETINOIN—cont.					
<i>Capsule 10mg</i>	60	3	..	109.82	Roaccutane RO
<i>Capsule 20mg</i>	60	3	..	205.45	Roaccutane RO
KETOCONAZOLE					
<u>Authority required.</u>					
<i>Systemic or deep mycoses where other forms of therapy have failed.</i>					
CAUTION: <i>Hepatotoxicity has been reported with ketoconazole.</i>					
<i>Tablet 200mg</i>	30	5	..	27.57	Nizoral JC
KETOPROFEN					
<i>Capsule 50mg</i>	50	3	..	8.47	Orudis MB
<i>Capsule 100mg</i>	50	3	..	12.25	Orudis MB
<i>Capsule 100mg (sustained release)</i>	50	3	..	13.32	Orudis SR MB
<i>Capsules 200mg (sustained release), 28</i>	‡1	3	..	14.61	Orudis SR 200 MB
<i>Suppository 100mg</i>	40	3	..	21.47	Orudis MB
LABETALOL HYDROCHLORIDE					
<i>Tablet 100mg</i>	100	5	..	13.02	Presolol 100 AF Trandate GL
<i>Tablet 200mg</i>	100	5	..	20.75	Presolol 200 AF Trandate GL
LACTULOSE					
<u>Authority required.</u>					
<i>Hepatic coma or precoma (chronic porto-systemic encephalopathy); Terminal malignant neoplasia.</i>					
<i>Mixture 3.34g per 5mL, 500mL</i>	‡1	5	..	16.76	Duphalac JC
LEUPRORELIN ACETATE					
<u>Authority required.</u>					
<i>Advanced cancer of the prostate.</i>					
<i>Injection 5mg per mL, 2.8mL</i>	2	2	..	381.17	Lucrin AB

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
LEVODOPA					
Tablet 100mg	50	5	..	11.35	Larodopa RO
Tablet 250mg	100	5	..	20.01	Larodopa RO
Tablet 500mg	250	5	..	82.20	Larodopa RO
LEVODOPA with BENSERAZIDE					
Authority required.					
<i>Parkinson's disease where fluctuations in motor function are not adequately controlled by frequent dosing with conventional formulations of levodopa with decarboxylase inhibitor.</i>					
Capsule 100mg-25mg (sustained release)	100	5	..	43.02	Madopar HBS RO
LEVODOPA with BENSERAZIDE					
Tablet 200mg-50mg	100	5	..	48.51	Madopar RO
Capsule 50mg-12.5mg	100	5	..	18.86	Madopar Q RO
Capsule 100mg-25mg	100	5	..	36.07	Madopar-M RO
Capsule 200mg-50mg	100	5	..	48.51	Madopar RO
LEVODOPA with CARBIDOPA					
Tablet 100mg-10mg	100	5	..	22.53	Sinemet M MK
Tablet 100mg-25mg	100	5	..	36.07	Sinemet 100/25 MK
Tablet 250mg-25mg	100	5	..	48.51	Sinemet MK
LEVONORGESTREL					
Tablet 30 micrograms, 28	4	2	..	11.49	Microlut 28 SC Microval 28 WY
LEVONORGESTREL with ETHINYLOESTRADIOL					
Tablet 125 micrograms-50 micro- grams, 21	4	2	..	11.49	Microgynon 50 SC
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
LEVONORGESTREL with ETHINYLOESTRADIOL-cont. Tablet 150 micrograms- 30 micrograms, 21	4	2	..	11.49	Microgynon 30 SC Nordette 21 WY
250 micrograms- 50 micrograms, 21	4	2	..	11.49	Nordiol 21 WY
Pack containing 21 tablets 125 micro- grams-50 micrograms and 7 inert tablets	4	2	..	11.49	Microgynon 50 ED SC Nordette 50 WY
Pack containing 21 tablets 150 micro- grams-30 micrograms and 7 inert tablets	4	2	..	11.49	Microgynon 30 ED SC Nordette 28 WY
Pack containing 21 tablets 250 micro- grams-50 micrograms and 7 inert tablets	4	2	..	11.49	Nordiol 28 WY
Pack containing 11 tablets 50 micro- grams-50 micrograms and 10 tablets 125 micrograms- 50 micrograms	4	2	..	11.49	Biphasil 21 WY
Pack containing 11 tablets 50 micro- grams-50 micrograms 10 tablets 125 micro- grams-50 micrograms and 7 inert tablets	4	2	..	11.49	Biphasil 28 WY Sequilar ED SC
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
LEVONORGESTREL with ETHINYLOESTRADIOL-cont. Pack containing 6 tablets 50 micrograms-30 micro- grams, 5 tablets 75 micrograms-40 micro- grams and 10 tablets 125 micrograms-30 micrograms	4	2	..	11.49	Triphasil WY Triquilar SC
Pack containing 6 tablets 50 micrograms-30 micro- grams, 5 tablets 75 micrograms-40 micro- grams, 10 tablets 125 micrograms-30 micro- grams and 7 inert tablets	4	2	..	11.49	Triphasil 28 WY Triquilar ED SC
LIGNOCAINE HYDROCHLORIDE Injection 100mg in 5mL	±2	..	..	8.82	Xylocard 100 AP
Infusion 500mg in 5mL	5	..	..	8.82	Xylocard 500 AP
LINCOMYCIN Injection 300mg in 1mL	5	..	..	14.37	Lincocin SS Paediatric UP
Injection 600mg in 2mL	5	..	..	14.37	Lincocin UP
LIOTHYRONINE Tablet 20 micrograms	100	2	..	8.20	Tertroxin GL
LITHIUM CARBONATE Tablet 250mg	200	2	..	10.23	Lithicarb PT
Tablet 400mg (sustained release)	200	1	..	20.25	Priadel PT
LOPERAMIDE HYDROCHLORIDE Capsule 2mg	12	..	..	4.46	Imodium JC
LYPRESSIN Authority required. <i>Treatment where less costly alternative therapy is inappropriate.</i>					
Nasal Spray 50 units per mL, 5mL	10	2	..	166.97	Vasopressin SZ

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer	
MEDROXYPROGESTERONE Tablet 10mg	30	5	..	12.83	Provera	UP
MEDROXYPROGESTERONE <i>Endometriosis.</i>						
<i>Tablet 10mg</i>	100	2	..	30.07	Provera	UP
<i>Advanced breast cancer.</i>						
<i>Tablet 500mg</i>	30	2	..	124.70	Farlutal Provera	FE UP
<i>Breast cancer; Endometrial cancer; Renal cell cancer.</i>						
<i>Tablet 100mg</i>	100	2	..	88.06	Farlutal Provera	FE UP
<i>Tablet 200mg</i>	60	2	..	100.27	Farlutal Provera	FE UP
<i>Tablet 250mg</i>	60	2	..	124.70	Provera	UP
<i>Oral Suspension 100mg per mL, 100mL</i>	1	2	..	88.07	Provera	UP
<i>Breast cancer; Endometrial cancer; Renal cell cancer.</i>						
<i>Injection 50mg in 1mL</i>	1	..	..	7.32	Depo-Provera	UP
<i>Injection 500mg in 2.5mL</i>	7	..	..	371.12	Farlutal	FE
<i>Breast cancer; Endometrial cancer; Endometriosis; Renal cell cancer.</i>						
<i>Injection 150mg in 1mL</i>	1	..	..	11.17	Depo-Provera	UP
MEDRYSONE Eye Drops 10mg per mL (1%), 5mL	1	5	..	5.87	HMS Liquifilm	AG

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer	
MEFENAMIC ACID <i>Dysmenorrhoea; Menorrhagia.</i> <i>Capsule 250mg</i>	50	2	..	6.68	<i>Mefic Ponstan</i>	<i>AF PD</i>
MEFRUSIDE Tablet 25mg	100	1	..	9.65	Baycaron	BN
MEGESTROL ACETATE <i>*Advanced breast cancer.</i> <i>Tablet 40mg</i>	100	2	..	94.82	<i>Megostat</i>	<i>BC</i>
<i>Tablet 160mg</i>	30	2	..	104.26	<i>Megostat</i>	<i>BC</i>
MELPHALAN Tablet 2mg	100	..	..	96.49	Alkeran	BW
Tablet 5mg	100	..	..	157.21	Alkeran	BW
MERCAPTOPYRINE Tablet 50mg	100	2	..	106.13	Purinethol	BW
MESALAZINE <u>Authority required.</u> <i>Inflammatory bowel disease involving the colon in patients with proven hyper- sensitivity to sulphonamides or sustained intolerance to sulphasalazine.</i> <i>Tablet 250mg</i>	100	5	..	67.07	<i>Mesasal</i>	<i>SK</i>
METFORMIN HYDROCHLORIDE Tablet 500mg	100	5	..	14.16	Diabex Diaformin Glucophage	FC AF LH
METHACYCLINE HYDROCHLORIDE Capsule 300mg	10	1	..	7.55	Randomycin	WW

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
METHADONE HYDROCHLORIDE <i>Severe disabling pain not responding to non-narcotic analgesics.</i> CAUTION: <i>The risk of drug dependence is high.</i> NOTE: <i>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).</i>					
Tablet 5mg	20	..	..	7.31	Physeptone BW
Tablet 10mg	20	..	..	7.71	Physeptone BW
Injection 10mg in 1mL	5	..	..	10.50	Physeptone BW
METHDILAZINE HYDROCHLORIDE <i>Prevention of migraine.</i>					
Tablet 4mg	100	2	..	7.87	Dilosyn GL
Tablet 8mg	100	2	..	11.69	Dilosyn GL
METHENOLONE ACETATE Authority required. <i>Osteoporosis; Patients on long-term treat- ment with corticosteroids.</i> NOTE: <i>An authority for six months' treatment will be limited to the maximum quantity and repeats shown in this schedule.</i>					
Tablet 5mg	100	3	..	29.57	Primobolan SC
METHOTREXATE Tablet 2.5mg	100	2	..	20.57	Ledertrexate LE Methoblastin FE BL
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
METHOTREXATE—cont.					
Tablet 10mg	50	2	..	54.37	Methoblastin FE BL
Injection 5mg in 2mL	5	..	..	49.97	Ledertrexate LE
Injection 50mg in 2mL	5	..	..	52.22	Ledertrexate LE Methoblastin FE BL
<i>METHSUXIMIDE</i>					
<u>Authority required.</u>					
<i>Treatment where less costly alternative therapy is inappropriate.</i>					
<i>Capsule 300mg</i>	200	2	..	62.32	<i>Celontin</i> <i>PD</i>
METHYLCLOTHIAZIDE					
Tablet 2.5mg	100	1	..	7.49	Enduron-M AB
Tablet 5mg	100	1	..	8.09	Enduron AB
METHYLDOPA					
Tablet 125mg	100	5	..	7.86	Aldomet-M MK
Tablet 250mg	100	5	.. 0.56	11.06 11.62	Hydopa AF Aldomet MK
<i>METHYLPHENOBARBITONE</i>					
<i>Epilepsy.</i>					
<i>Tablet 60mg</i>	200	2	..	16.32	<i>Prominal</i> <i>WL</i>
<i>Tablet 200mg</i>	200	2	..	35.41	<i>Prominal</i> <i>WL</i>
<i>METHYLPREDNISOLONE ACETATE</i>					
<i>For local intra-articular or peri-articular infiltration.</i>					
<i>Injection 40mg in 1mL</i>	5	..	..	18.82	<i>Depo-Medrol</i> <i>UP</i>
METHYLPREDNISOLONE SODIUM SUCCINATE					
Injection equivalent to 40mg methylprednisolone in 1mL	5	..	..	28.51	Solu-Medrol UP
METHYL SALICYLATE					
Liniment APF, 100mL	#1	1	..	4.23	Linsal SI Metsal RK MG, QE (NQ) NN
			0.04	4.27	

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
METRONIDAZOLE—cont. <i>Treatment of anaerobic infections.</i>					
Tablet 400mg	21	1	.. 0.07	8.13 8.20	Metrogyl 400 AF Flagyl MB
METRONIDAZOLE Tablet 200mg	21	1	..	4.95	Metrogyl 200 AF
			0.25	5.20	Metrozine SR
					Trichazole PT
Tablet 250mg	21	1	..	5.53	Flagyl MB
Tablet 400mg	5	1	..	4.82	Protostat JC
			0.25	5.07	Metrogyl 400 AF
					Flagyl MB
					Statpak MB
Tablet 500mg	4	1	..	5.11	Protostat JC
Suppositories 500mg, 10	#1	..	..	15.57	Flagyl MB
Suppositories 1g, 10	#1	..	..	21.95	Flagyl MB
METRONIDAZOLE BENZOATE Oral Suspension 320mg per 5mL (equivalent to 200mg metronidazole in 5mL), 100mL	#1	..	..	10.42	Flagyl S MB
MEXILETINE HYDROCHLORIDE Capsule 50mg	100	5	..	19.22	Mexitil BY
Capsule 200mg	100	5	..	39.82	Mexitil BY
MIANSERIN HYDROCHLORIDE Authority required. <i>Depressive illness in persons with cardiovascular disease, bladder neck dysfunction or glaucoma.</i>					
CAUTION: Neutropenia and agranulocytosis continue to be reported with this drug.					
Tablet 10mg	50	5	..	12.25	Tolvon OR
Tablet 20mg	50	5	..	20.52	Tolvon OR

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
MICONAZOLE					
Oral Gel 20mg per mL (2%), 20g	±1	1	..	5.80	Daktarin JC
Tincture 20mg per mL (2%), 20mL	±1	1	..	5.80	Daktarin JC
MICONAZOLE NITRATE					
Cream 20mg per g (2%); 20g	±1	1	..	5.80	Daktarin JP Monistat CL Derm
Lotion 20mg per mL (2%), 20g	±1	1	..	5.80	Daktarin JC
Pessaries 100mg, 7	±1	..	..	6.57	Gyno- JP Daktarin 7 Monistat 7 CL
Pessaries 200mg, 3	±1	..	..	6.57	Monistat 3 JC
Vaginal Cream 100mg per 5g (2%), 40g	±1	..	..	6.57	Gyno- JP Daktarin 7 Monistat 7 CL
MILK POWDER—LACTOSE MODIFIED					
<u>Authority required.</u> <i>Lactose intolerance.</i>					
<u>NOTE:</u> <i>An authority will be limited to the maximum quantity and repeats shown in this schedule.</i>					
<i>Lactose—Predigested Powder 500g</i>	2	20	..	17.33	<i>Digestelact SJ</i>
MILK POWDER—LOW LACTOSE FORMULA					
<i>Acute gastro-enteritis compli- cated by lactose intolerance in infants up to the age of twelve months. Age of patient to be shown on the prescription;</i>					
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
MILK POWDER—LOW LACTOSE FORMULA—cont. <i>Proven lactose intolerance in infants up to the age of twelve months. Age of patient to be shown on the prescription.</i>					
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.					
<i>Lactose—Predigested Powder Infant Formula 500g</i>	2	..	..	17.33	De-Lact Infant SJ
MINERAL MIXTURE <i>(For use with Amino Acid Formula without Phenylalanine) Phenylketonuria.</i>					
<i>Powder 250g</i>	1	5	..	43.20	Aminogran M.M. GL
MINOCYCLINE <i>Severe acne not responding to other tetracyclines.</i>					
<i>Tablet 50mg</i>	60	5	..	16.92	Minomycin-50 LE
MINOCYCLINE <i>Capsule 100mg</i>	11	..	..	7.83	Minomycin LE

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer	
MINOXIDIL						
<u>Authority required.</u>						
<i>For the continuing treatment of severe refractory hypertensive disease where treatment with minoxidil was initiated in a hospital (in-patient or out-patient);</i>						
<i>For the continuing treatment of a patient who has already received long-term (greater than six months) therapy with minoxidil for severe refractory hypertension.</i>						
Tablet 10mg	100	5	..	48.45	Loniten	UP
Tablet 25mg	100	5	..	112.48	Loniten	UP
MISOPROSTOL						
<u>Authority required.</u>						
<i>Duodenal ulcer (including pyloric and stomal ulcers), proven by current or prior x-ray, endoscopy or surgery;</i>						
<i>Gastric ulcer, proven by x-ray, endoscopy or surgery within the previous two years.</i>						
<u>NOTE:</u> Increased maximum quantities and/or repeats FOR MAINTENANCE THERAPY will not be authorised.						
<u>CAUTION:</u> Misoprostol is a prostaglandin analogue. It should not be used in pregnant women.						
Tablet 200 micrograms	120	1	..	49.57	Cytotec	SR
MITOZANTRONE						
<i>Leukaemia;</i>						
<i>Metastatic or locally advanced breast cancer;</i>						
<i>Non-Hodgkin's lymphoma.</i>						
Injection 20mg in 10mL	1	..	..	333.61	Novantrone	LE
Injection 25mg in 12.5mL	1	..	..	412.48	Novantrone	LE
Injection 30mg in 15mL	1	..	..	493.95	Novantrone	LE

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
MORPHINE SULPHATE <i>Severe disabling pain not responding to non-narcotic analgesics.</i> CAUTION: <i>The risk of drug dependence is high.</i> NOTE: <i>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).</i>					
Tablet 30mg	20	..	..	8.55	Anamorph FM
MORPHINE SULPHATE CAUTION: <i>The risk of drug dependence is high.</i>					
Injection 10mg in 1mL	5	..	.. 3.61	6.85 10.46	BL, SI AP
Injection 15mg in 1mL	5	..	.. 3.60	6.98 10.58	BL, SI AP
Injection 30mg in 1mL	5	..	..	8.48	BL
MORPHINE TARTRATE Injection 120mg in 1.5mL	5	..	..	19.63	BL
MUSTINE HYDROCHLORIDE Injection 10mg (solvent required)	4	..	..	43.09	BT
NALIDIXIC ACID <i>For use as a urinary anti- septic in patients with neurogenic bladder; Urinary tract infections where current clinical and bacteriological evidence confirms that nalidixic acid is an appropriate therapeutic agent.</i>					
Tablet 500mg	56	2	..	26.32	Negram WL

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
NALOXONE HYDROCHLORIDE Injection 40 micrograms in 2mL	5	..	..	30.91	Narcan Neonatal BT
Injection 400 micrograms in 1mL	1	..	..	11.12	Naloxone Min-I-Jet CS
Injection 800 micrograms in 2mL	1	..	..	13.80	Naloxone Min-I-Jet CS
Injection 2mg in 5mL	1	..	..	23.53	Naloxone Min-I-Jet CS
NANDROLONE DECANOATE					
<u>Authority required.</u>					
<i>Carcinoma of the breast; Osteoporosis; Patients on long-term treat- ment with corticosteroids.</i>					
<u>NOTE:</u> An authority for six months' treatment of osteo- porosis 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	..	14.37	Deca-Durabolin OR
NANDROLONE					
PHENYLPROPIONATE					
<u>Authority required.</u>					
<i>Carcinoma of the breast; Osteoporosis; Patients on long-term treat- ment with corticosteroids.</i>					
<u>NOTE:</u> An authority for six months' treatment of osteo- porosis 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	..	14.37	Durabolin OR

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
NAPHAZOLINE HYDROCHLORIDE Eye Drops 1mg per mL (0.1%), 15mL	±1	5	..	6.71	Albalon Liquifilm AG
NAPROXEN Tablet 250mg	50	3	..	8.82	Flexin Naprosyn AF SD
Tablet 500mg	50	3	..	13.20	Flexin 500 Naprosyn AF SD
Oral Suspension 125mg per 5mL, 500mL	±1	3	..	19.18	Naprosyn SD
Suppository 500mg	40	3	..	19.49	Naprosyn SD
NEOMYCIN SULPHATE <i>Acute leukaemia during induction of remission with chemotherapy; Bowel sterilisation preparatory to major surgery; Encephalopathy, hepatic.</i>					
Tablet 500mg	25	1	..	11.07	Neosulf AF
NEOMYCIN UNDECENOATE with BACITRACIN ZINC Ear Ointment 12mg (3.5mg base)-400 units per g, 10g	±1	..	..	4.58	Nemdyn HA
NEOSTIGMINE BROMIDE Tablet 15mg	200	1	..	13.57	Prostigmin RO
NICLOSAMIDE <i>Hymenolepiasis nana.</i>					
Tablet 500mg	16	..	..	14.17	Yomesan BN
NICLOSAMIDE Tablet 500mg	4	..	..	5.47	Yomesan BN
NICOTINIC ACID Tablet 100mg	100	2	..	4.40	Nikacid AU US
Tablet 250mg	200	5	..	10.83	AU

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
NIFEDIPINE <i>*Angina.</i> CAUTION: Capsule formulations of nifedipine are associated with more rapid and higher peak levels which may cause serious adverse effects.					
Capsule 5mg	100	5	..	17.57	Adalat 5 BN
Capsule 10mg	100	5	..	23.20	Adalat BN
NIFEDIPINE Tablet 20mg	60	5	..	27.32	Adalat 20 BN
NITRAZEPAM <u>Authority required.</u> Myoclonic epilepsy; Malignant neoplasia (late stage); For use by patients receiving long-term nursing care in hospitals and nursing homes, or patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved, who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.					
Tablet 5mg	50	5	..	6.13	Alodorm AF Mogadon RO
NITRAZEPAM NOTE: Authorities for increased maximum quan- tities and/or repeats will be granted only for (i) myoclonic epilepsy or malignant neoplasia (late stage); or					
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
NITRAZEPAM					
NOTE: -cont.					
(ii) use by patients receiving long-term nursing care in hospitals and nursing homes, or patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved, 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	..	..	4.35	Alodorm AF Mogadon RO
NITROFURANTOIN					
CAUTION: Nitrofurantoin may cause peripheral neuritis and severe pulmonary reactions.					
Capsule 50mg	30	1	..	8.01	Macrochantin NW
Capsule 100mg	30	1	..	10.78	Macrochantin NW
Paediatric Oral Suspension 25mg per 5mL, 200mL	†1	..	..	13.95	Furadantin NW
NORETHISTERONE					
Tablet 350 micrograms, 28	4	2	..	11.49	Micronor JC Noriday SD 28 Day
Tablet 5mg	30	5	..	11.07	Primolut N SC

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
NORETHISTERONE with ETHINYLOESTRADIOL Tablet 500 micrograms- 35 micrograms, 21	4	2	..	11.49	Brevinor SD
1mg-35 micrograms, 21	4	2	..	11.49	Brevinor-1 SD
Pack containing 21 tablets 500 micro- grams-35 micrograms and 7 inert tablets	4	2	..	11.49	Brevinor SD
Pack containing 21 tablets 1mg-35 micro- grams and 7 inert tablets	4	2	..	11.49	Brevinor-1 SD
Pack containing 12 tablets 500 micro- grams-35 micrograms and 9 tablets 1mg- 35 micrograms	4	2	..	11.49	Synphasic 21 Day SD
Pack containing 12 tablets 500 micro- grams-35 micrograms, 9 tablets 1mg-35 micro- grams and 7 inert tablets	4	2	..	11.49	Synphasic SD
NORETHISTERONE with MESTRANOL Tablet 1mg- 50 micrograms, 21	4	2	..	11.49	Norinyl-1 Ortho-Novum 1/50 SD JC
Pack containing 21 tablets 1mg-50 micrograms and 7 inert tablets	4	2	..	11.49	Norinyl-1/28 SD
NORETHISTERONE ACETATE <i>Carcinoma of the breast; Carcinoma of the prostate.</i> Tablet 10mg	100	2	..	68.08	SH420 SC

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer	
NORFLOXACIN Authority required. <i>Acute bacterial enterocolitis; Complicated urinary tract infection.</i>						
Tablet 400mg	14	1	..	21.46	Noroxin	MK
NORTRIPTYLINE HYDROCHLORIDE						
Tablet 10mg (base)	50	2	..	4.40	Allegron Nortab	DL SQ
Tablet 25mg (base)	50	2	..	5.17	Allegron Nortab	DL SQ
Paediatric Elixir 10mg (base) per 5mL, 100mL	#1	4	..	6.47	Allegron	DL
NYSTATIN						
Tablet 500,000 units	50	..	..	9.90	Mycostatin Nilstat	SQ LE
Capsule 500,000 units	50	..	..	9.90	Mycostatin Nilstat	SQ LE
Lozenge 100,000 units	20	1	..	5.41	Nilstat	LE
Oral Suspension 100,000 units per mL, 24mL	#1	1	..	5.42	Mycostatin Nilstat	SQ LE
Cream 100,000 units per g, 15g	#1	1	..	4.77	Mycostatin Nilstat	SQ LE
Gel 100,000 units per g, 15g	#1	1	..	4.77	Mycostatin	SQ
Ointment 100,000 units per g, 15g	#1	1	..	4.77	Mycostatin Nilstat	SQ LE
Pessaries 100,000 units, 15	#1	1	..	6.32	Mycostatin Nilstat	SQ LE
Cream Pessaries 100,000 units, 15	#1	1	..	6.32	Nilstat	LE
(continued)						

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
NYSTATIN—cont. Vaginal Cream 100,000 units per dose, 15 doses, 75g	#1	1	..	5.70	Mycostatin SQ Nilstat LE
OESTRADIOL VALERATE Tablets 1mg, 28	2	2	..	8.23	Progynova SC
Tablets 2mg, 28	2	2	..	10.25	Progynova SC
Injection 10mg in 1mL	3	..	..	17.33	Primogyn Depot SC
OESTRIOL Tablets 1mg, 30	2	2	..	8.63	Ovestin OR
Vaginal Cream 1mg per g (0.1%), 15g	#1	1	..	9.05	Ovestin OR
OESTROGENS—CONJUGATED Tablets 300 micrograms, 28	2	2	..	8.23	Premarin AY
Tablets 625 micrograms, 28	2	2	..	10.25	Premarin AY
OESTRONE Pessaries 100 micrograms, 12	#1	1	..	10.16	Kolpon OR
Pessaries 1mg, 12	#1	1	..	11.07	Kolpon OR
OLSALAZINE SODIUM Authority required. <i>Inflammatory bowel disease involving the colon in patients with proven hyper- sensitivity to sulphonamides or sustained intolerance to sulphasalazine.</i>					
Capsule 250mg	100	5	..	69.37	Dipentum PS

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
OMEPRAZOLE <u>Authority required.</u> <i>Refractory duodenal ulcer or refractory gastric ulcer, with proven failure to heal despite sixteen weeks of continuous therapy, the final eight weeks of treatment to include an H₂-receptor antagonist.</i> NOTE: <i>The application for omeprazole must include the date of final assessment (x-ray, endoscopy or surgery). Approval will be restricted to a single course of therapy for up to eight weeks and will not be available under the 'urgent supply' mechanisms.</i>					
Capsule 20mg	28	1	..	105.30	<i>Losec</i> AP
<u>Authority required.</u> <i>Severe refractory ulcerating oesophagitis with proven failure to heal after sixteen weeks of strict anti-reflux therapy, including treatment with other 'ulcer-healing' drugs.</i> NOTE: <i>The application must include the date of the assessment establishing failure to heal. Approval will be restricted to a single course of therapy for up to eight weeks and will not be available under the 'urgent supply' mechanisms.</i>					
Capsule 20mg	28	1	..	105.30	<i>Losec</i> AP
<u>Authority required.</u> <i>Scleroderma oesophagus, proven by endoscopy and unresponsive to other measures.</i>					

(continued)

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
OMEPRAZOLE—cont. NOTE: A maximum of two repeats will be authorised under the 'urgent supply' mechanisms.					
Capsule 20mg	28	5	..	105.30	Losec AP
Authority required. Zollinger-Ellison syndrome.					
NOTE: A maximum of two repeats will be authorised under the 'urgent supply' mechanisms.					
Capsule 20mg	56	5	..	208.03	Losec AP
ORPHENADRINE HYDROCHLORIDE Parkinsonism.					
Tablet 50mg	200	2	..	12.49	Disipal RK
OXAZEPAM Authority required. *Malignant neoplasia (late stage); *For use by patients receiving long-term nursing care in hospitals and nursing homes, or patients for whose care a Commonwealth Domiciliary Nursing Benefit is approved, who have been demonstrated, within the past six months, to be benzodiazepine depen- dent by an unsuccessful attempt at gradual withdrawal.					
Tablet 15mg	50	5	..	5.67	Alepam 15 AF
			1.12	6.79	Murelax AY
					Serepax WY
Tablet 30mg	50	5	..	6.23	Alepam 30 AF
			1.12	7.35	Murelax AY
					Serepax WY
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
OXAZEPAM-cont. NOTE: Authorities for increased maximum quantities and/or repeats will be granted only for (i) malignant neoplasia (late stage); or (ii) use by patients receiving long-term nursing care in hospitals and nursing homes, or patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved, 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	..	..	4.12	Alepam 15 AF
			0.56	4.68	Murelax AY
					Serepax WY
Tablet 30mg	25	..	..	4.40	Alepam 30 AF
			0.56	4.96	Murelax AY
					Serepax WY
OXPRENOLOL HYDROCHLORIDE					
Tablet 20mg	100	5	..	6.71	Corbeton 20 AF
Tablet 40mg	100	5	..	8.77	Corbeton 40 AF

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
OXYCODONE <i>Severe disabling pain not responding to non-narcotic analgesics.</i> CAUTION: <i>The risk of drug dependence is high.</i> NOTE: <i>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).</i>					
<i>Suppository 30mg</i>	12	..	..	14.72	<i>Proladone BT</i>
OXYCODONE HYDROCHLORIDE <i>Severe disabling pain not responding to non-narcotic analgesics.</i> CAUTION: <i>The risk of drug dependence is high.</i> NOTE: <i>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).</i>					
<i>Tablet 5mg</i>	20	..	..	6.32	<i>Endone BT</i>
OXYMETHOLONE Authority required. <i>Aplastic anaemias, proven; Myelosclerosis.</i>					
<i>Tablet 50mg</i>	100	5	..	116.42	<i>Anapolon SD</i>
<i>Tablet 100mg</i>	100	5	..	201.32	<i>Adroyd PD</i>
OXYTOCIN					
<i>Injection 2 units in 2mL</i>	5	..	..	7.71	<i>Syntocinon SZ</i>
<i>Injection 5 units in 1mL</i>	5	..	..	6.98	<i>Syntocinon SZ</i>
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
OXYTOCIN-cont. Injection 10 units in 1mL	5	..	..	7.98	Syntocinon SZ
OXYTOCIN with ERGOMETRINE MALEATE Injection 5 units and 500 micrograms in 1mL	5	..	..	7.82	Syntometrine SZ
PANCREATIN ENZYME <i>Cystic fibrosis(mucoviscidosis); Following pancreatico- duodenectomy; Steatorrhoea, pancreatic.</i>					
<i>Tablet providing not less than 6,500 BP units of lipase activity</i>	500	10	..	40.45	Viokase RS
<i>Capsule providing not less than 6,500 BP units of lipase activity</i>	500	10	..	40.45	Viokase RS
PANCRELIPASE <i>Cystic fibrosis (mucoviscidosis); Following pancreatico- duodenectomy; Steatorrhoea, pancreatic.</i>					
<i>Capsule providing not less than 5,000 BP units of lipase activity</i>	500	10	..	120.07	Pancrease JC
<i>Capsule providing not less than 10,000 BP units of lipase activity</i>	500	10	..	179.07	Cotazym S Forte OR
PARACETAMOL Tablet 500mg	100	1	..	6.05	Dymadon BW Panamax WL Paralgin FM
Mixture 120mg per 5mL, 100mL	†1	2	..	5.52	Dymadon BW Panamax WL
PARAFFIN Compound Eye Ointment 3.5g	†1	5	..	5.98	Duratears AQ
Compound Eye Ointment 7g	†1	5	..	7.77	Lacri-Lube AG S.O.P.
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer	
PARAFFIN—cont. Cream and Ointment— Colostomy and Ileostomy—see Section 3						
PENICILLAMINE <i>Acute heavy metal intoxication; Cystinosis; Cystinuria with calculus formation; Haemoglobinuria, paroxysmal cold; Severe rheumatoid arthritis; Wilson's disease (hepato- lenticular degeneration).</i>						
Tablet 125mg	100	1	..	27.95	D-Penamine	DL
Tablet 250mg	100	1	..	45.07	D-Penamine	DL
PERHEXILINE MALEATE <u>Authority required.</u> <i>Angina not responding to other therapy.</i>						
Tablet 100mg	100	5	..	30.95	Pexid	ML
PERICYAZINE <i>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.</i>						
Tablet 2.5mg	100	1	..	6.82	Neulactil	MB
Tablet 10mg	100	1	..	11.60	Neulactil	MB

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
PETHIDINE HYDROCHLORIDE					
CAUTION: The risk of drug dependence is high.					
Injection 50mg in 1mL	5	..	.. 3.05	6.91 9.96	BL, SI AP
Injection 100mg in 2mL	5	..	.. 3.60	7.26 10.86	BL, SI AP
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					
<i>Depressive illness resistant to treatment with either tricyclic anti-depressants or electro-convulsive therapy; Phobic states.</i>					
CAUTION: This drug is a monoamine oxidase inhibitor.					
Tablet 15mg (base)	50	2	..	8.17	Nardil WW
PHENETHICILLIN					
<i>Prophylaxis of recurrent streptococcal infections (including rheumatic fever).</i>					
Capsule 250mg	50	5	..	10.37	Pensig SI
PHENETHICILLIN					
Capsule 250mg	25	1	..	6.47	Pensig SI
Capsule 500mg	25	1	..	7.32	Pensig SI
Powder for Syrup					
125mg per 5mL, 100mL	#1	1	..	#7.00	Pensig 125 SI
250mg per 5mL, 100mL	#1	..	..	#7.77	Pensig 250 SI

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
PHENINDIONE <i>Patients stabilised on phenindione for more than six months.</i>					
Tablet 10mg	100	2	..	7.95	Dindevan GL
Tablet 50mg	100	2	..	14.70	Dindevan GL
PHENOBARBITONE <i>Epilepsy.</i>					
Tablet 30mg	200	4	..	5.28	SI
PHENOBARBITONE SODIUM <i>Epilepsy.</i>					
Injection 200mg in 1mL	5	..	..	6.71	FM
PHENOXYBENZAMINE HYDROCHLORIDE <u>Authority required.</u> <i>Phaeochromocytoma; Neurogenic urinary retention.</i>					
Capsule 10mg	100	5	..	14.97	Dibenyline SK
PHENOXYMETHYLPENICILLIN <i>Prophylaxis of recurrent streptococcal infections (including rheumatic fever).</i>					
Tablet 125mg	50	5	..	8.97	Abbocillin-V AB
Tablet 250mg	50	5	..	9.29	Abbocillin-VK AB Cilicaine VK SI PVK LY
Capsule 250mg	50	5	..	9.29	Abbocillin-VK AB Cilicaine VK SI LPV CS PVK LY
PHENOXYMETHYLPENICILLIN Tablet 125mg	25	1	..	5.77	Abbocillin-V AB
Tablet 250mg	25	1	..	5.93	Abbocillin-VK AB Cilicaine VK SI PVK LY
Tablet 500mg	25	1	..	6.98	Abbocillin-VK AB PVK LY
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
PHENOXYMETHYLPENICILLIN— cont.					
Capsule 250mg	25	1	..	5.93	Abbocillin-VK AB Cilicaine VK SI LPV CS PVK LY
Capsule 500mg	25	1	..	6.98	Cilicaine VK SI LPV CS
Paediatric Oral Suspension 125mg per 5mL, 100mL	‡1	1	..	5.13	Abbocillin-V AB Cilicaine V SI LPV 125 CS
Oral Suspension 250mg per 5mL, 100mL	‡1	1	..	6.40	Abbocillin-V AB Cilicaine V SI LPV 250 CS
PHENSUXIMIDE					
<u>Authority required.</u>					
<i>Treatment where less costly alternative therapy is inappropriate.</i>					
Capsule 500mg	200	2	..	69.57	Milontin PD
PHENYLALANINE LOW CONTENT FORMULA					
Phenylketonuria.					
Powder 1 lb	5	5	..	164.22	Lofenalac MJ
PHENYLEPHRINE HYDROCHLORIDE					
Eye Drops 1.2mg per mL (0.12%), 15mL	‡1	5	..	6.71	Isopto Frin AQ
PHENYTOIN					
Tablet 50mg	200	2	..	12.58	Dilantin Infatabs PD
Paediatric Oral Suspension 30mg per 5mL, 500mL	‡1	3	..	9.51	Dilantin PD

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
PHENYTOIN SODIUM Capsule 30mg	200	2	..	12.32	Dilantin Sodium PD
Capsule 100mg	200	2	..	12.63	Dilantin Sodium PD
PILOCARPINE					
<u>Authority required.</u>					
<i>Chronic glaucoma when other miotics are not tolerated.</i>					
<i>Eye Disc 5mg (releasing 20 micrograms per hour)</i>	8	5	..	60.15	Ocusert Pilo 20 AG
<i>Eye Disc 11mg (releasing 40 micrograms per hour)</i>	8	5	..	62.15	Ocusert Pilo 40 AG
PILOCARPINE HYDROCHLORIDE Eye Drops 5mg per mL (0.5%), 15mL	±1	5	..	7.70	Isopto Carpine AQ Pilopt SI P.V. Carpine AG IQ
Eye Drops 10mg per mL (1%), 15mL	±1	5	..	7.61	Isopto Carpine AQ Pilopt SI P.V. Carpine AG IQ
Eye Drops 20mg per mL (2%), 15mL	±1	5	..	8.82	Isopto Carpine AQ Pilopt SI P.V. Carpine AG IQ
Eye Drops 30mg per mL (3%), 15mL	±1	5	..	10.96	Isopto Carpine AQ Pilopt SI P.V. Carpine AG IQ
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
PILOCARPINE HYDROCHLORIDE—cont. Eye Drops 40mg per mL (4%), 15mL	#1	5	..	11.41	Isopto Carpine AQ Pilopty SI P.V. Carpine AG IQ
Eye Drops 60mg per mL (6%), 15mL	#1	5	..	14.87	Isopto Carpine AQ Pilopty SI P.V. Carpine AG
PINDOLOL Tablet 5mg	100	5	.. 0.57	10.38 10.95	Barbloc 5 AF Visken SZ
Tablet 15mg	50	5	.. 0.55	13.82 14.37	Barbloc 15 AF Visken SZ
PIPERAZINE OESTRONE SULPHATE Tablets 730 micrograms (equivalent to 625 micrograms sodium oestrone sulphate), 28	2	2	..	8.23	Ogen .625 AB
Tablets 1.46mg (equiv- alent to 1.25mg sodium oestrone sulphate), 28	2	2	..	10.25	Ogen 1.25 AB
PIROXICAM Capsule 10mg	50	3	..	12.71	Feldene PF
Capsule 20mg	25	3	..	12.25	Feldene PF
PIZOTIFEN MALATE Tablet 500 micrograms (base)	100	2	..	15.20	Sandomigran SZ
PNEUMOCOCCAL VACCINE, POLYVALENT <i>Splenectomised persons over two years of age; Persons with Hodgkin's disease; Persons at high risk of pneumococcal infections.</i> <i>Injection 0.5mL (23 valent)</i>	1	..	..	28.82	<i>Pneumovax 23 CS</i>

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
POLYGELINE See Intravenous Infusions					
POLYMYXIN B SULPHATE with BACITRACIN and NEOMYCIN SULPHATE Eye Ointment 5,000 units-400 units-5mg per g, 4g	#1	..	..	4.81	Neosporin BW
POLYMYXIN B SULPHATE with NEOMYCIN SULPHATE and GRAMICIDIN Eye Drops 5,000 units- 2.5mg-25 micrograms per mL, 10mL	#1	2	..	5.28	Neosporin BW
POLYMYXIN B SULPHATE with NEOMYCIN SULPHATE and HYDROCORTISONE Ear Drops 10,000 units- 5mg-10mg per mL, 7mL	#1	2	..	4.75	Aerocortin BW
POLYVINYL ALCOHOL Eye Drops 14mg per mL (1.4%), 15mL	#1	5	..	6.88	Liquifilm Tears AG
Eye Drops 30mg per mL (3%), 15mL	#1	5	..	7.93	Liquifilm Forte AG
POLYVINYL ALCOHOL with POVIDONE Eye Drops 14mg-6mg per mL (1.4%-0.6%), 15mL	#1	5	..	7.63	Tears Plus AG
POTASSIUM CHLORIDE NOTE: Concomitant amiloride, triamterene or spironolactone may cause life-threatening hyperkalaemia. Tablet 600mg (sustained release)	200	1	..	8.57	KSR Slow-K Span-K AF CG FC
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
POTASSIUM CHLORIDE—cont. Effervescent Tablet 14mmol K ⁺ and 8mmol Cl ⁻	60	1	..	8.57	Chlorvescent FC
Elixir 1.5g (20mmol K ⁺ and 20mmol Cl ⁻) per 15mL, 500mL	2	1	..	8.57	Kay Ciel SC
PRALIDOXIME IODIDE Injection 500mg	5	..	..	14.82	AB
PRAZOSIN HYDROCHLORIDE Tablet 1mg (base)	100	5	..	11.17	Minipress PF
Tablet 2mg (base)	100	5	..	14.62	Minipress PF
Tablet 5mg (base)	100	5	..	23.45	Minipress PF
PREDNISOLONE Tablet 1mg	100	4	..	4.90	Panafcortelone FC
Tablet 5mg	60	4	..	5.17	Adnisolone NN Delta-Cortef UP Deltasolone US Panafcortelone FC Solone FM
Tablet 25mg	30	4	..	6.20	Panafcortelone FC Solone FM
PREDNISOLONE ACETATE Eye Drops 5mg per mL (0.5%), 5mL	‡1	2	..	5.82	Sterofrin AQ
PREDNISOLONE ACETATE with PHENYLEPHRINE HYDROCHLORIDE <i>Corneal grafts;</i> <i>Uveitis.</i>					
<i>Eye Drops 10mg-1.2mg</i> <i>per mL (1%-0.12%), 10mL</i>	‡1	2	..	9.35	<i>Prednefrin Forte</i> AG

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer	
PREDNISOLONE SODIUM PHOSPHATE <u>Authority required.</u> <i>Treatment where less costly alternative therapy is inappropriate for:</i> <i>Proctitis;</i> <i>Ulcerative colitis.</i>						
<i>Retention Enema equivalent to 20mg prednisolone in 100mL</i>	28	3	..	82.57	<i>Predsol</i>	<i>GL</i>
<i>Proctitis;</i> <i>Ulcerative colitis.</i>						
<i>Suppositories equivalent to 5mg prednisolone, 10</i>	3	3	..	21.56	<i>Predsol</i>	<i>GL</i>
PREDNISOLONE SODIUM PHOSPHATE Eye and Ear Drops 5mg per mL (0.5%), 5mL	±1	2	..	5.82	Predsol	GL
PREDNISOLONE STEAROYLGLYCOLATE Tablet 6.65mg	60	1	..	7.85	Sintisone	FE
PREDNISON Tablet 1mg	100	4	..	4.90	Panafcort	FC
Tablet 5mg	60	4	..	5.17	Adasone Deltasone Panafcort Sone	NN US FC FM
Tablet 25mg	30	4	..	6.20	Panafcort Sone	FC FM
PRIMIDONE Tablet 250mg	200	2	..	15.42	Mysoline	IC
PROBENECID Tablet 500mg	100	5	..	16.57	Benemid	FR

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer	
PROBUCOL						
<u>Authority required.</u>						
<i>Familial hypercholesterolaemia inadequately responsive to diet and a cholesterol lowering resin.</i>						
<u>NOTE:</u> <i>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.</i>						
<i>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.</i>						
<i>Tablet 250mg</i>	<i>120</i>	<i>5</i>	<i>..</i>	<i>33.86</i>	<i>Lurselle</i>	<i>ML</i>
PROCAINAMIDE HYDROCHLORIDE Capsule 250mg	200	1	..	15.07	Pronestyl	SQ
Capsule 375mg	100	2	..	11.57	Pronestyl	SQ
Injection 100mg per mL, 10mL	2	..	..	18.93	Pronestyl	SQ
PROCAINE PENICILLIN						
Injection 1g	5	..	..	45.40	Cilicaine	SI
Injection 1.5g	5	..	..	46.22	Cilicaine	SI
PROCARBAZINE HYDROCHLORIDE Capsule 50mg	100	2	..	37.20	Natulan	RO

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
PROCHLORPERAZINE Authority required. <i>Emesis associated with malignant disease.</i> CAUTION: Prochlorperazine may be associated with parkinsonism and tardive dyskinesia. Tablet 5mg	100	5	..	6.30	Compazine Stemetil SK MB
PROCHLORPERAZINE NOTE: As prochlorperazine may be associated with parkinsonism and tardive dyskinesia it should be used for short-term treatment only. However, authorities for increased quantities and/or repeats of prochlorperazine tablets will be granted for the treatment of emesis associated with malignant disease.					
Tablet 5mg	25	..	..	4.17	Compazine Stemetil SK MB
Injection 12.5mg in 1mL	10	..	..	7.38	Compazine Stemetil SK MB
Suppositories 5mg, 5	#1	2	..	6.60	Stemetil MB
Suppositories 25mg, 5	#1	2	..	7.03	Stemetil MB
PROCYCLIDINE HYDROCHLORIDE Tablet 5mg	200	2	..	13.19	Kemadrin BW
PROMETHAZINE HYDROCHLORIDE Injection 50mg in 2mL	10	..	..	12.07	BL
PROMETHAZINE THEOCLATE Tablet 25mg	30	1	..	6.66	Avomine MB
PROPANTHELINE BROMIDE <i>Chronic neurogenic incontinence of urine.</i> Tablet 15mg	200	2	..	9.93	Pro-Banthine SR

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
PROPRANOLOL HYDROCHLORIDE Tablet 10mg	100	5	.. 0.13	4.17 4.30	Cardinol PT Deralin 10 AF Inderal IC
Tablet 40mg	100	5	.. 0.11	5.70 5.81	Cardinol PT Deralin 40 AF Inderal IC
Tablet 160mg	50	5	.. 0.13	7.38 7.51	Cardinol PT Deralin 160 AF Inderal IC
Injection 1mg in 1mL	5	..	..	12.81	Inderal IC
PROPYLTHIOURACIL Tablet 50mg	200	2	..	20.57	JC
PROTAMINE SULPHATE Injection 10mg per mL (1%), 10mL	6	..	..	28.82	BT
PROTEIN HYDROLYSATE FORMULA					
Authority required.					
<i>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.</i>					
NOTE: <i>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.</i>					
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
PROTEIN HYDROLYSATE FORMULA					
NOTE—cont.					
<i>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.</i>					
<i>Age of patient to be shown on application for authority.</i>					
NOTE: <i>An authority will be limited to the maximum quantity and repeats shown in this schedule.</i>					
<i>Powder 454g</i>	2	20	..	31.53	Nutramigen MJ
<i>Powder 1kg</i>	†1	20	..	34.45	Nutramigen MJ
PROTEIN HYDROLYSATE FORMULA without PHENYLALANINE Phenylketonuria.					
<i>Powder 200g</i>	10	5	..	691.87	Albumaid XP SB
PROTEIN HYDROLYSATE FORMULA without PHENYLALANINE and TYROSINE Tyrosinaemia.					
<i>Powder 200g</i>	10	5	..	674.37	Albumaid XPXT SB
PYRANTEL EMBONATE					
Tablet 125mg (base)	6	..	..	4.46	Anthel 125 AF
Tablet 250mg (base)	6	..	..	6.11	Anthel 250 AF
PYRIDOSTIGMINE BROMIDE					
Tablet 10mg	100	2	..	12.11	Mestinon RO
Tablet 60mg	100	2	..	28.51	Mestinon RO
Tablet 180mg (sustained release)	100	1	..	82.23	Mestinon RO

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
PYRIDOXINE HYDROCHLORIDE <i>Homocystinuria; Peripheral neuritis due to isoniazid therapy, prophylaxis or treatment; Primary hyperoxaluria; Pyridoxine-responsive anaemia, proven; Pyridoxine-responsive convulsions; Radiation sickness; Sideroblastic (refractory) anaemia.</i> Tablet 25mg	100	..	..	6.07	Pydox FM PT
PYRIDOXINE HYDROCHLORIDE Injection 50mg in 1mL	5	1	..	6.51	FM
PYRIMETHAMINE Tablet 25mg	50	..	..	7.57	Daraprim BW
QUINETHAZONE Tablet 50mg	100	1	..	9.90	Aquamox LE
QUINIDINE BISULPHATE CAUTION: Severe thrombo- cytopenia has been reported with this drug. Tablet 250mg (sustained release)	100	5	..	18.82	Kinidin AP
QUINIDINE SULPHATE CAUTION: Severe thrombo- cytopenia has been reported with this drug. Tablet 300mg (sustained release)	100	5	..	23.20	Quinidex LA RS

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
QUININE BISULPHATE CAUTION: Severe thrombo- cytopenia has been reported with this drug.					
Tablet 300mg	50	2	..	9.15	Bi-Chinine AU Myoquin FM Quinbisul AF SI
			0.07	9.22	Bi-quin NN Bi-Quinate US
QUININE SULPHATE CAUTION: Severe thrombo- cytopenia has been reported with this drug.					
Tablet 300mg	50	2	..	9.15	Chinine AU Quinoctal FM Quinsul AF PT, SI
			0.07	9.22	Adaquin NN Quinate US
RANITIDINE HYDROCHLORIDE Authority required. <i>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.</i>					
Tablet 150mg (base)	60	2	..	45.32	Zantac GL
Dispersible Tablet 150mg (base)	60	2	..	45.32	Zantac Dispersible GL
Tablet 300mg (base)	30	1	..	45.32	Zantac GL
Authority required. <i>Severe symptomatic oesophagitis associated with frank ulceration of oesophageal mucosa on x-ray examination where endoscopy is contraindicated;</i>					
(continued)					

(continued)

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
RIFAMPICIN—cont.					
<i>Capsule 150mg</i>	10	..	..	7.30	<i>Rimycin 150 AF</i>
<i>Capsule 300mg</i>	10	..	..	10.83	<i>Rimycin 300 AF</i>
<u>Authority required.</u>					
<i><u>Leprosy in adults.</u></i>					
<i>Capsule 150mg</i>	100	..	..	37.98	<i>Rimycin 150 AF</i>
<i>Capsule 300mg</i>	100	..	..	75.85	<i>Rimycin 300 AF</i>
ROLITETRACYCLINE					
I.V. Injection set containing 275mg and 10mL solvent	5	..	..	29.22	Reverin HP
I.M. Injection set containing 350mg and 2mL solvent	5	..	..	29.22	Reverin HP
SALBUTAMOL					
Oral Pressurised Inhalation, 100 micro- grams per dose (200 dose)	2	5	..	10.07	Ventolin GL
SALBUTAMOL SULPHATE					
Tablet 4mg (base)	100	5	..	11.20	Ventolin GL
Syrup 2mg (base) per 5mL, 300mL	‡1	5	..	7.45	Ventolin GL
Capsule 200 micrograms (base) (oral inhalation)	100	5	..	11.07	Ventolin Rotacaps GL
Inhalation Solution for use in RESPIRATOR Single dose units 2.5mg (base) in 2.5mL, 30	‡1	5	..	17.82	Ventolin Nebules GL
Single dose units 5mg (base) in 2.5mL, 30	‡1	5	..	18.57	Ventolin Nebules GL
5mg (base) per mL (0.5%), 30mL	2	2	..	12.39	Respolin Ventolin RK GL
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
SALBUTAMOL SULPHATE—cont.					
Oral Pressurised Inhalation, 100 micro- grams (base) per dose (200 dose)	2	5	..	10.07	Respolin RK
Oral Pressurised Inhalation, 100 micro- grams (base) per dose (400 dose)	†1	5	..	8.72	Respolin RK
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	..	31.73	Valcote AB
Tablet 269mg (enteric coated)	200	2	..	48.41	Valcote AB
Tablet 538mg (enteric coated)	200	2	..	82.60	Valcote AB
SILVER SULPHADIAZINE with CHLORHEXIDINE GLUCONATE					
NOTE: Care must be taken to comply with the provisions of State law when prescribing this drug.					
<i>For prevention and treatment of infection in partial or full skin thickness loss due to burns or epidermolysis bullosa; Stasis ulcers.</i>					
<i>Cream 10mg–2mg per g (1%–0.2%), 50g</i>	†1	..	..	9.20	Silvazine SN
<i>Cream 10mg–2mg per g (1%–0.2%), 100g</i>	†1	..	..	11.18	Silvazine SN

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
SIMVASTATIN					
<u>Authority required.</u>					
<i>Hypercholesterolaemia where other treatments including diet and drug therapy have failed or are inappropriate.</i>					
<u>NOTE:</u> <i>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 simvastatin therapy.</i>					
Tablet 10mg	30	5	..	50.20	<i>Lipex 10</i> AD <i>Zocor</i> MK
Tablet 20mg	30	5	..	72.82	<i>Lipex 20</i> AD <i>Zocor</i> MK
SODIUM ACID CITRATE Mixture 5.5g per 20mL, 500mL	±1	4	..	6.50	Citralka PD
SODIUM ACID PHOSPHATE					
<u>Authority required.</u>					
<i>Familial hypophosphataemia; Hypercalcaemia; Hypophosphataemic rickets; Vitamin D-resistant rickets.</i>					
Compound Effervescent Tablet containing elemental phos- phorus 500mg, sodium 469mg (20.4mmol), potassium 123mg (3.1mmol)	100	5	..	21.77	<i>Phosphate Sandoz SZ</i>
SODIUM AUROTHIOMALATE Injection 10mg	5	..	..	25.50	Myocrisin MB
Injection 20mg	10	1	..	58.11	Myocrisin MB
Injection 50mg	10	1	..	98.10	Myocrisin MB

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
SODIUM BICARBONATE Injection 100mmol (8.4g) in 100mL	5	..	..	28.22	AB
SODIUM CELLULOSE PHOSPHATE <u>Authority required.</u> <i>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.</i>					
Oral Powder, sachet 5g	100	5	..	123.82	Calcisorb RK
SODIUM CHLORIDE Injection 9mg per mL (0.9%), 2mL	5	1	..	4.21	AP
Injection 9mg per mL (0.9%), 5mL	5	1	..	4.42	AP
Injection 9mg per mL (0.9%), 10mL	5	1	..	4.73	AP
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	..	5.35	Citravescent Sachets FC Ural Sachets AB
SODIUM CROMOGLYCATe Capsule 20mg (oral inhalation)	100	5	..	27.22	Intal Spincaps FC
Oral Pressurised Inhalation, 1mg per dose (200 dose)	‡1	5	..	24.06	Intal FC
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer	
SODIUM CROMOGLYCATE—cont. <i>Use in a power-operated nebuliser for prophylaxis of asthma in persons who are unable to use the capsule or oral pressurised inhalation.</i>						
<i>Nebuliser Solution 20mg per 2mL, ampoule</i>	120	3	..	57.35	Intal	FC
<u>Authority required.</u> <i>Vernal kerato-conjunctivitis.</i>						
<i>Eye Drops 20mg per mL (2%), 10mL</i>	‡1	5	..	11.95	Opticrom	FC
SODIUM LACTATE COMPOUND See Intravenous Infusions						
SODIUM LACTATE COMPOUND and ANHYDROUS GLUCOSE See Intravenous Infusions						
SODIUM NITROPRUSSIDE I.V. Infusion 50mg	10	..	..	53.16	Nipride BL	RO
SODIUM VALPROATE <u>CAUTION:</u> There are reports of (i) fatal hepatotoxicity, particularly in children; (ii) teratogenesis (spina bifida in humans).						
Crushable Tablet 100mg	200	2	..	30.89	Epilim	RC
Tablet 200mg (enteric coated)	200	2	..	44.85	Epilim EC	RC
Tablet 500mg (enteric coated)	200	2	..	85.63	Epilim EC	RC
Oral Liquid 200mg per 5mL, 300mL	2	2	..	34.57	Epilim Liquid	RC
Syrup 200mg per 5mL, 300mL	2	2	..	34.57	Epilim Syrup	RC

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
SOTALOL HYDROCHLORIDE <u>Authority required.</u> <i>Treatment of severe refractory cardiac arrhythmias.</i>					
Tablet 160mg	60	5	..	35.01	Sotacor AP
SPECTINOMYCIN Injection 2g with 3.2mL diluent	1	..	..	13.27	Trobicin UP
Injection 4g with 6.5mL diluent	1	..	..	20.51	Trobicin UP
SPIRONOLACTONE <i>Female hirsutism; Hyperaldosteronism.</i> <u>CAUTION: Serum electrolytes should be checked regularly. Concomitant amiloride, triarterene or supplementary potassium may cause life-threatening hyperkalaemia.</u>					
Tablet 25mg	100	5	..	10.81	Aldactone SR
STERCULIA with FRANGULA BARK <i>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; Terminal malignant neoplasia.</i>					
Granules 473mg-83mg per g (47.3%-8.3%), 250g	2	1	..	16.75	Granocol SC
STREPTOKINASE <u>Authority required.</u> <i>Treatment in a hospital of acute myocardial infarction within six hours of onset of attack.</i>					

(continued)

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
STREPTOKINASE—cont.					
<i>Injection</i>					
750,000 i.u. (solvent required)	2	..	..	224.99	Kabikinase PS Streptase HP
1,500,000 i.u. (solvent required)	1	..	..	196.53	Kabikinase PS Streptase HP
SUCRALFATE					
Tablet 1g	120	2	..	30.07	Carafate BT
SULINDAC					
Tablet 100mg	50	3	.. 0.58	8.57 9.15	Aclin AF Clinoril FR
Tablet 200mg	50	3	..	14.57	Clinoril 200 FR
SULPHACETAMIDE SODIUM					
Eye Drops 100mg per mL (10%), 15mL	±1	2	..	6.53	Acetopt SI Bleph 10 AG
Eye Drops 200mg per mL (20%), 15mL	±1	2	..	7.28	Acetopt SI
SULPHAMETHIZOLE					
Tablet 500mg	40	2	..	8.82	Urolucosil WW
Tablet 1g	20	2	..	8.82	Urolucosil WW
SULPHASALAZINE					
<i>Crohn's disease; Rheumatoid arthritis; Ulcerative colitis.</i>					
Tablet 500mg	200	5	..	39.99 40.00	Salazopyrin PS Ulcol AF
Tablet 500mg (enteric coated)	200	5	..	46.89	Salazopyrin-EN PS
SULPHINPYRAZONE					
<i>Glomerulonephritis; Gout; Renal transplantation.</i>					
Tablet 100mg	100	5	..	21.07	Anturan CG
SULTHIAME					
Tablet 50mg	200	2	..	9.50	Ospolot BN
Tablet 200mg	200	2	..	18.28	Ospolot BN

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
SURGICAL CEMENT <i>For colostomy and ileostomy use; For use by paraplegic and quadriplegic patients; For use with surgical appliances.</i>					
<i>Skin Bond Adhesive 118mL</i>	\$1	2	..	10.45	SN
<i>Solvent 237mL</i>	\$1	2	..	7.05	Unisolve SN
<i>Solvent 240mL</i>	\$1	2	..	7.12	Sacsol EG
<i>Solvent 250mL</i>	\$1	2	..	7.46	Sacsol Non Flammable EG
TAMOXIFEN CITRATE <i>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.</i>					
<i>Tablet 10mg (base)</i>	60	5	..	68.15	Nolvadex IC
<i>Tablet 20mg (base)</i>	60	5	..	113.77	Nolvadex-D IC
TEMAZEPAM <u>Authority required.</u> <i>Malignant neoplasia (late stage); For use by patients receiving long-term nursing care in hospitals and nursing homes, or patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved, who have been demonstrated, within the past six months, to be benzo- diazepine dependent by an unsuccessful attempt at gradual withdrawal.</i>					
<i>Capsule 10mg</i>	50	5	.. 0.44 1.12	6.13 6.57 7.25	Temaze 10 AF Euhypnos FE Normison WY
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
TEMAZEPAM—cont. NOTE: Authorities for increased maximum quantities and/or repeats will be granted only for (i) malignant neoplasia (late stage); or (ii) use by patients receiving long-term nursing care in hospitals and nursing homes, or patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved, 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	..	.. 0.22 0.56	4.35 4.57 4.91	Temaze 10 AF Euhypnos FE Normison WY
TENOXICAM Tablet 10mg	50	3	..	12.71	Tilcotil RO
TERBUTALINE SULPHATE Tablet 5mg	100	5	..	11.20	Bricanyl AP
Elixir 300 micrograms per mL, 300mL	41	5	..	5.68	Bricanyl AP
Injection 100 micrograms in 1mL	5	..	..	7.07	Bricanyl AP
Injection 500 micrograms in 1mL	5	..	..	7.22	Bricanyl AP
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
TERBUTALINE SULPHATE—cont. Oral Pressurised Inhalation, 250 micro- grams per dose (400 dose)	‡1	5	..	8.71	Bricanyl AP
Nebuliser Solution 10mg per mL (1%), 50mL	‡1	5	..	11.38	Bricanyl AP
TESTOSTERONE ENANTHATE <i>Hypogonadism; Klinefelter's syndrome (semi- iferous tubule dysgenesis).</i>					
<i>Injection 250mg in 1mL</i>	3	3	..	26.11	Primoteston Depot SC
TESTOSTERONE ESTERS <i>Gigantism; Hypogonadism; Klinefelter's syndrome (semi- iferous tubule dysgenesis).</i>					
<i>Injection 100mg</i>	3	3	..	13.40	Sustanon "100" OR
<i>Injection 250mg</i>	3	3	..	25.65	Sustanon "250" OR
TESTOSTERONE UNDECANOATE <i>Klinefelter's syndrome (seminiferous tubule dysgenesis); Male hypogonadism.</i>					
<i>Capsule 40mg</i>	60	5	..	25.57	Andriol OR
TETANUS VACCINE, ADSORBED Injection 0.5mL	3	..	..	14.57	CS
TETRABENAZINE <i>Chorea not adequately con- trolled by other drug therapy.</i>					
<i>Tablet 25mg</i>	100	2	..	20.07	Nitoman RO
TETRACOSACTRIN. <u>Authority required.</u> <i>Children who need long-term corticosteroid therapy but who are in danger of growth suppression as a result; Hypsarrhythmia;</i>					
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
TETRACOSACTRIN—cont. <i>Multiple sclerosis, acute, exacerbation; (An authority for up to 10 ampoules may be issued for each acute exacerbation.) Patients who are being with- drawn 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.</i>					
<i>Injection 500 micrograms in 1mL</i>	5	5	..	46.12	<i>Synacthen Depot 0.5 CG</i>
<i>Injection 1mg in 1mL</i>	5	5	..	63.12	<i>Synacthen Depot 1 CG</i>
TETRACYCLINE HYDROCHLORIDE <i>Bronchiectasis in patients over the age of eight years; Chronic bronchitis in patients over the age of eight years; Severe acne.</i>					
<i>Capsule 250mg</i>	50	5	..	7.85	<i>Achromycin LE</i>
TETRACYCLINE HYDROCHLORIDE Capsule 250mg	25	1	..	5.21	Achromycin LE
Eye Ointment 10mg per g (1%), 5g	†1	..	..	4.92	Latycin BZ
TETRACYCLINE HYDROCHLORIDE (BUFFERED) <i>Bronchiectasis in patients over the age of eight years; Chronic bronchitis in patients over the age of eight years; Severe acne.</i>					
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
TETRACYCLINE HYDROCHLORIDE (BUFFERED)—cont. Capsule 250mg	50	5	..	7.85	Achromycin V LE Hostacycline P HP Hydracycline FM Mysteclin-250 SQ Tetrex AP
TETRACYCLINE HYDROCHLORIDE (BUFFERED) Capsule 250mg	25	1	..	5.21	Achromycin V LE 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	..	4.77	Nuelin Paediatric RK
Tablet 125mg	100	5	..	5.55	Nuelin RK
Tablet 200mg	100	5	..	6.12	Nuelin RK
Tablet 200mg (sustained release)	100	5	..	8.47	Theo-Dur AP
Tablet 250mg (sustained release)	100	5	..	9.66	Nuelin-S.R. 250 RK
Tablet 300mg (sustained release)	100	5	..	11.32	Theo-Dur AP
Capsule 50mg (containing sus- tained release beads)	100	5	..	7.91	Nuelin- Sprinkle RK Slo-bid RG
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer	
THEOPHYLLINE—cont.						
Capsule						
100mg (containing sus- tained release beads)	100	5	..	9.63	Nuelin- Sprinkle Slo-bid	RK RG
100mg (containing sus- tained release pellets)	100	5	..	9.31	Austyn	FA
200mg (containing sus- tained release pellets)	100	5	..	10.65	Austyn	FA
300mg (containing sus- tained release pellets)	100	5	..	12.00	Austyn	FA
Elixir 80mg per 15mL, 500mL	†1	5	..	5.61	Elixophyllin	SC
Syrup 80mg per 15mL, 500mL	†1	5	..	5.61	Nuelin	RK
THIABENDAZOLE						
Tablet 500mg	16	..	..	9.91	Mintezol	MK
THIAMINE HYDROCHLORIDE						
Tablet 100mg	100	2	..	5.10	Betamin Invite-B	US NN
Injection 100mg in 1mL	5	1	..	6.05	Beta-Sol	FM
THIETHYLPERAZINE						
Tablet 6.5mg (base)	50	..	..	6.76	Torecan	SZ
Injection 6.5mg (base) in 1mL	10	..	..	11.07	Torecan	SZ
Suppositories 6.5mg (base), 5	†1	2	..	4.90	Torecan	SZ
THIOGUANINE						
Tablet 40mg	25	1	..	75.95	Lanvis	BW
THIORIDAZINE HYDROCHLORIDE						
<i>Chorea;</i>						
<i>Hyperactive states of organic</i>						
<i>or toxic delirium;</i>						
<i>Malignant neoplasia</i>						
<i>(late stage);</i>						
<i>Radiation sickness;</i>						
(continued)						

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer	
THIORIDAZINE						
HYDROCHLORIDE—cont.						
<i>Severe conduct disorders of children;</i>						
<i>Major psychoses including—</i>						
<i>Major organic psychoses including arteriopathic dementia;</i>						
<i>Manic-depressive disorder—manic phase;</i>						
<i>Paranoid states;</i>						
<i>Schizophrenia;</i>						
<i>Senile dementia.</i>						
Tablet 10mg	100	1	..	5.75	Aldazine 10 Melleril	AF SZ
Tablet 25mg	100	1	..	7.45	Aldazine 25 Melleril	AF SZ
Tablet 50mg	100	1	..	8.25	Aldazine 50 Melleril	AF SZ
Tablet 100mg	100	1	..	12.27	Aldazine 100 Melleril	AF SZ
Oral Solution						
30mg (base) per mL, 30mL	\$1	4	..	7.67	Melleril	SZ
THIOTEPA						
Injection 15mg (solvent required)	2	1	..	26.17	LE	
Eye Drops set containing 15mg vial, 2 x 10mL ampoules sterile water, syringe with needle and 15mL dropper bottle	#1	5	..	#21.25	LE	
THYROXINE SODIUM						
Tablet						
equivalent to 50 micrograms anhydrous thyroxine sodium	200	1	..	5.79	Oroxine	BW
equivalent to 100 micrograms anhydrous thyroxine sodium	200	1	..	6.07	Oroxine	BW
equivalent to 200 micrograms anhydrous thyroxine sodium	200	1	..	8.57	Oroxine	BW

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
TICARCILLIN <u>Authority required.</u> <i>Treatment where less costly alternative therapy is inappropriate for:</i> <i>Infections where positive bacteriological evidence confirms that ticarcillin is an appropriate therapeutic agent;</i> <i>Septicaemia, suspected or proven.</i>					
<i>Injection 1g (solvent required)</i>	10	..	..	65.63	<i>Tarcil Ticillin</i> BR CS
<i>Injection 3g (solvent required)</i>	10	..	..	142.55	<i>Tarcil Ticillin</i> BR CS
TICARCILLIN with CLAVULANIC ACID <u>Authority required.</u> <i>Treatment where less costly alternative therapy is inappropriate for:</i> <i>Infections where positive bacteriological evidence confirms that ticarcillin with clavulanic acid is an appropriate therapeutic agent;</i> <i>Septicaemia, suspected or proven.</i>					
<i>Injection 3g-100mg (solvent required)</i>	10	..	..	170.03	<i>Timentin</i> BR
TIMOLOL MALEATE <u>CAUTION:</u> Timolol eye drops may precipitate bronchospasm in susceptible patients.					
Tablet 5mg	100	5	..	10.63	Blocadren FR
Eye Drops 2.5mg (base) per mL (0.25%), 5mL	±1	5	..	9.66	Tenopt Timoptol SI FR
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer	
TIMOLOL MALEATE—cont. Eye Drops 5mg (base) per mL (0.5%), 5mL	‡1	5	..	10.55	Tenopt Timoptol	SI FR
TINIDAZOLE Tablet 500mg	4	..	..	5.77	Fasigyn	PF
TOBRAMYCIN <i>Invasive ocular infection; Perioperative use; Suspected pseudomonal eye infection.</i>						
Eye Drops 3mg per mL (0.3%), 5mL	‡1	2	..	9.25	Tobrex	AQ
Eye Ointment 3mg per g (0.3%), 3.5g	‡1	..	..	9.25	Tobrex	AQ
TOBRAMYCIN SULPHATE <u>Authority required.</u> <i>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.</i>						
Injection 40mg (base)	5	..	..	26.22	Nebcin	LY
Injection 80mg (base)	5	..	..	38.02	Nebcin	LY
TOLAZAMIDE Tablet 250mg	100	5	..	12.95	Tolinase	UP
TOLBUTAMIDE Tablet 500mg	200	2	..	11.57	Rastinon	HP
Tablet 1g	100	5	..	11.82	Rastinon	HP
TRANEXAMIC ACID <i>Hereditary angio-oedema.</i>						
Tablet 500mg	100	2	..	48.32	Cyklokapron	PS

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer	
TRANLYCYPROMINE SULPHATE <i>Depressive illness resistant to treatment with either tricyclic anti-depressants or electro- convulsive therapy; Phobic states.</i> CAUTION: This drug is a monoamine oxidase inhibitor.						
<i>Tablet 10mg (base)</i>	50	2	..	8.17	<i>Parnate</i>	<i>SK</i>
TRIAMCINOLONE ACETONIDE <i>Alopecia areata; For local intra-articular or peri-articular infiltration; Granulomata, dermal; Keloid; Lichen planus hypertrophic; Lichen simplex chronicus; Lupus erythematosus, chronic discoïd; Necrobiosis lipoidica; Psoriasis.</i>						
<i>Injection 10mg in 1mL</i>	5	..	..	19.93	<i>Kenacort-A10</i>	<i>SQ</i>
TRIAMCINOLONE ACETONIDE Cream						
200 micrograms per g (0.02%), 45g	±1	..	..	4.50	Kenalone 0.02%	SQ
200 micrograms per g (0.02%), 100g	2	..	..	7.67	Aristocort 0.02% Kenalone 0.02%	LE SQ
500 micrograms per g (0.05%), 15g	±1	1	..	4.15	Aristocort 0.05% Kenalone	LE SQ
Ointment						
200 micrograms per g (0.02%), 45g	±1	..	..	4.50	Kenalone 0.02%	SQ
(continued)						

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
TRIAMCINOLONE ACETONIDE- cont. Ointment 200 micrograms per g (0.02%), 100g	2	..	..	7.67	Aristocort 0.02% LE Kenalone 0.02% SQ
500 micrograms per g (0.05%), 15g	±1	1	..	4.15	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	..	4.75	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	..	4.50	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	..	4.50	Kenacomb Otic SQ
TRIAMTERENE CAUTION: Serum electro- lytes should be checked regularly. Supplementary potassium may cause life-threatening hyperkalaemia.					
Tablet 100mg	100	1	..	11.07	Dytac SK

Name, Restriction, Manner of Administration and Form	Max. Qty.	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
TRIFLUOPERAZINE HYDROCHLORIDE <i>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.</i>					
<i>Tablet 1mg (base)</i>	100	1	..	5.85	<i>Calmazine PT Stelazine SK</i>
<i>Tablet 2mg (base)</i>	100	1	..	6.50	<i>Calmazine PT Stelazine SK</i>
<i>Tablet 5mg (base)</i>	100	1	..	6.70	<i>Calmazine PT Stelazine SK</i>
<i>Injection 1mg (base) in 1mL</i>	10	..	..	9.56	<i>Stelazine SK</i>
TRIGLYCERIDES, MEDIUM CHAIN <u>Authority required.</u> <i>Chyloascites; Chylothorax; Patients requiring a ketogenic diet for intractable childhood epilepsy; Proven malabsorption.</i>					
<u>NOTE:</u> <i>Authorities will be limited to the maximum quantity (2 packs) and repeats (20) shown in this schedule.</i>					
<i>Compound Powder 450g</i>	2	20	..	29.47	<i>Portagen MJ</i>
(continued)					

Name, Restriction, Manner of Administration and Form	Max. Qty.	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
TRIGLYCERIDES, MEDIUM CHAIN—cont. <u>Authority required.</u> <i>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.</i> <u>NOTE:</u> <i>Authorities will be limited to the maximum quantity (2 packs) and repeats (20) shown in this schedule.</i>					
<i>Lactalbumin Demineralised Powder 400g</i>	2	20	..	29.55	<i>Alfaré NT</i>
<i>Protein Hydrolysate Compound Powder 454g</i>	2	20	..	40.07	<i>Pregestimil MJ</i>
<u>Authority required.</u> <i>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.</i> <u>NOTE:</u> <i>An authority will be limited to the maximum quantity and repeats shown in this schedule.</i> <u>NOTE:</u> <i>Not more than one authority may be granted for short-term nutritional support in severe steatorrhoea.</i>					
<i>Oil 1L</i>	41	5	..	40.07	<i>MCT Oil MJ</i>
TRIMETHOPRIM <i>Tablet 300mg</i>	7	1	..	5.18	<i>Alprim AF Triprim BW</i>

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
TRIMETHOPRIM with SULPHAMETHOXAZOLE CAUTION: There is an increased risk of severe adverse reactions with this combination in the elderly.					
Tablet 80mg-400mg	10	..	..	5.60	Bactrim RO Resprim AF Septrin BW
Tablet 160mg-800mg	10	..	..	7.20	Bactrim DS RO Resprim Forte AF Septrin Forte BW Trib DS PT
Oral Suspension 40mg-200mg per 5mL, 100mL	#1	1	..	6.63	Bactrim RO Resprim AF Septrin BW Trib PT
TRIMIPRAMINE MALEATE					
Tablet 25mg (base)	50	2	..	5.17	Surmontil MB
Capsule 50mg (base)	50	2	..	5.77	Surmontil MB
TRIOXYSALEN <i>Vitiligo.</i>					
Tablet 5mg	100	2	..	29.71	Trisoralen PT
TRIPLE ANTIGEN See Diphtheria, Tetanus and Pertussis Vaccine, Adsorbed					
UREA Cream 100mg per g (10%), 100g	#1	2	..	6.58	Nutraplus OL Urederm HA
			0.20	6.78	Aquacare H.P. AG Calmurid PS
			1.37	7.95	Aquadrate NW

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
UROFOLLITROPHIN Authority required. <i>For the treatment of anovulatory infertility in females under 41 years of age with no more than two live children by their present union.</i> NOTE: <i>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.</i> <i>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.</i> <i>Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to application for treatment.</i> <i>Patients with hyper- prolactinaemia should have had appropriate surgical or medical treatment prior to an application for treatment.</i> <i>Injection Set containing 10 ampoules powder for injection providing 75 units follicle stimulating hormone and 10 ampoules solvent 1mL</i>	1	5	..	249.36	Metrodin 75 SG
VANCOMYCIN Authority required. <i>Treatment where less costly alternative therapy is inappropriate for antibiotic associated colitis.</i> <i>Capsule 125mg (125,000 i.u.) vancomycin activity</i>	40	..	..	304.29	Vancocin LY

(continued)

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
VANCOMYCIN—cont. <i>Capsule 250mg (250,000 i.u.) vancomycin activity</i>	40	..	..	606.03	Vancocin LY
Authority required. <i>Treatment where less costly alternative therapy is inappropriate for: Endophthalmitis; Use in a hospital.</i>					
<i>Injection 500mg (500,000 i.u.) vancomycin activity (solvent required)</i>	5	..	..	153.47	Vancocin LY
VERAPAMIL HYDROCHLORIDE CAUTION: The myocardial depressant effects of this drug and of beta- blocking drugs are additive.					
Tablet 40mg	100	5	..	11.07	Anpec 40 AF Cordilox SC Isoptin KN Verpamil PT
Tablet 80mg	100	5	..	17.03	Anpec 80 AF Cordilox SC Isoptin KN Verpamil PT
Tablet 120mg	100	5	..	23.75	Cordilox SC Isoptin KN Verpamil 120 PT
Tablet 160mg	60	5	..	20.76	Cordilox SC Isoptin KN
Tablet 240mg (sustained release)	30	5	..	17.28	Cordilox SR SC Isoptin SR KN
Capsule 160mg (sustained release)	60	5	..	20.76	Veracaps SR SI
Capsule 240mg (sustained release)	30	5	..	17.28	Veracaps SR SI
Injection 5mg in 2mL	5	..	..	7.26	Cordilox SC Isoptin KN

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer	
VIDARABINE <i>Eye infections caused by herpes simplex virus.</i> <i>Eye Ointment 30mg per g (3%), 3.5g</i>	#1	..	..	17.70	Vira A	PD
VINBLASTINE SULPHATE Injection 10mg (solvent required)	2	..	..	45.43	Velbe	LY
Injection set containing 10mg and 10mL solvent	2	..	..	49.27	BL	
VINCRISTINE SULPHATE Injection set containing 1mg and 10mL solvent	10	..	..	195.57	BL Oncovin	LY
5mg and 10mL solvent	1	..	..	84.28	BL	
WARFARIN Tablet 1mg	50	2	..	5.80	Coumadin Marevan	BT GL
Tablet 2mg	50	2	..	6.00	Coumadin	BT
Tablet 2.5mg	50	2	..	6.12	Coumadin	BT
Tablet 3mg	50	2	..	6.18	Marevan	GL
Tablet 5mg	50	2	..	6.18	Coumadin Marevan	BT GL
Tablet 7.5mg	50	2	..	6.95	Coumadin	BT
Tablet 10mg	50	2	..	8.06	Coumadin	BT
WATER FOR INJECTIONS Injection 2mL	5	3	..	4.15	AP, BZ	
Injection 5mL	5	3	..	4.28	AP, BZ	
Injection 10mL	5	3	..	4.50	AP, BZ	
WOOL ALCOHOLS Ointment 100g	#1	1	..	5.07	Eucerin	SN
ZINC OXIDE Compound Ointment 50g	#1	1	..	7.45	Anusol	WW
Compound Suppositories, 12	#1	1	..	6.82	Anusol	WW

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
ZINC SULPHATE with PHENYLEPHRINE HYDROCHLORIDE Eye Drops 2.5mg-1.2mg per mL (0.25%-0.12%), 15mL	±1	5	..	6.58	Prefrin-Z Zincfrin
					AG AQ

INTRAVENOUS INFUSIONS

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
DEXTRAN 40					
100mg per mL with 139mmol per 500mL glucose (10%-5%), 500mL	3	..	..	61.27	Rheomacrodex PS
100mg per mL with 77mmol per 500mL sodium chloride (10%-0.9%), 500mL	3	..	..	61.27	Rheomacrodex PS
DEXTRAN 70					
60mg per mL with 139mmol per 500mL glucose (6%-5%), 500mL	3	..	..	40.68	Macrodex PS
60mg per mL with 77mmol per 500mL sodium chloride (6%-0.9%), 500mL	3	..	..	40.68	Macrodex PS
ELECTROLYTE REPLACEMENT SOLUTION					
1L	2	1	..	9.59	Normosol R AB Plasma-Lyte BX 148
GLUCOSE					
278mmol per L (5%), 1L	5	1	..	13.22	AB, BX
555mmol per L (10%), 1L	5	1	..	19.22	AB, BX
1110mmol per L (20%), 1L	2	1	..	9.59	AB
1387mmol per L (25%), 1L	2	1	..	9.59	AB, BX
1387mmol per 500mL (50%), 500mL	2	1	..	8.39	AB
POLYGELINE					
17.5g per 500mL (3.5%) with electrolytes, 500mL	3	..	..	49.49	Haemaccel HP
SODIUM CHLORIDE					
154mmol per L (0.9%), 1L	5	1	..	13.22	AB, BX
513mmol per L (3%), 1L	2	1	..	9.59	BX
SODIUM CHLORIDE COMPOUND					
1L	4	1	..	16.09	AB, BX

INTRAVENOUS INFUSIONS

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Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Brand Price Premium	Dispensed Price for Max. Qty.	Proprietary Name and Manufacturer
SODIUM CHLORIDE and GLUCOSE 154mmol-278mmol per L (0.9%-5%), 1L	2	1	..	9.59	AB, BX
39mmol-69mmol per 500mL (0.45%-2.5%), 500mL	5	1	..	17.07	AB, BX
19mmol-104mmol per 500mL (0.225%-3.75%), 500mL	5	1	..	17.07	AB, BX
31mmol-222mmol per L (0.18%-4%), 1L	5	1	..	13.22	AB, BX
SODIUM LACTATE COMPOUND 1L	5	1	..	13.22	AB, BX
SODIUM LACTATE COMPOUND and ANHYDROUS GLUCOSE 278mmol per L (5%), 1L	2	1	..	9.59	AB, BX

SECTION 3

WHITE PAGES

**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 <i>Solution 125g Aerosol Spray</i>	‡1	..	14.48	<i>Nobecutane</i> AP
BENZOIN <i>Compound Tincture 3.5mL per 10mL (35%), 167mL Aerosol Spray</i>	‡1	..	10.00	EG
BUTYL MONOESTER POLYMER with ETHANOL <i>Paste 60g</i>	‡1	..	13.05	<i>Stomahesive</i> SQ
BUTYL MONOESTER POLYMER with ISOPROPYL ALCOHOL <i>Protective Dressing Aerosol 120g</i>	‡1	..	16.38	<i>Skin-Prep</i> SN
<i>Protective Dressing Solution 59mL</i>	‡1	..	12.87	<i>Skin-Prep</i> SN
<i>Protective Dressing Wipes, 50</i>	‡1	..	15.87	<i>Skin-Prep</i> SN <i>Uro-Prep</i> SA
CARMELLOSE SODIUM with PECTIN and GELATIN <i>Paste 167mg-167mg-167mg per g (16.7%-16.7%-16.7%), 15g</i>	‡1	..	5.32	<i>Orabase</i> SQ
<i>Powder 333mg-333mg-333mg per g (33.3%-33.3%-33.3%), 15g</i>	‡1	..	6.76	<i>Orahesive</i> SQ
CHARCOAL, ACTIVATED <i>Tablet 300mg</i>	500	1	25.70	<i>Ad-sorb</i> RK <i>Karbons</i> EG <i>QE(NQ)</i>
DEODORANT CONCENTRATE <i>Liquid 7.5mL</i>	‡1	..	5.90	<i>Super Banish</i> SN
<i>Liquid 15mL</i>	‡1	..	5.13	<i>Banish</i> SN <i>Odorgon</i> LA
DIMETHICONE <i>Solution 100mg per mL (10%), 180mL Aerosol Spray</i>	‡1	..	8.07	<i>Silicon Skin</i> <i>Spray</i> EG
ISOPROPYL MONOESTER POLYMER with ISOPROPYL ALCOHOL <i>Adhesive Protective Gel 28.35g</i>	‡1	..	7.57	<i>Skin Gel</i> HO
OCTOXINOL <i>Compound Cleansing Solution 20mg per g (2%), 240mL</i>	‡1	..	10.65	<i>Uni Wash</i> SN

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
PARAFFIN				
Compound Cream 85g	‡1	..	10.32	Uni Derm SN
Compound Ointment 70g	‡1	..	10.77	Uni Salve SN
POLYISOBUTYLENE				
Compound Adhesive Wafers, 5	‡1	5	15.92	Hollihesive Skin Barrier HO Soft Guard XL Skin Barrier SN
Compound Adhesive Wafers with Adhesive Discs, 5	‡1	5	15.67	Stomahesive Set SQ
POLYVINYLPIRROLIDONE and VINYL ACETATE COPOLYMER				
Aerosol Spray 60mg per mL (6%), 121mL	‡1	..	8.01	Spray-On Bande EG
STERCULIA				
(Indian Tragacanth; Gum Karaya)				
Paste 127.6g	‡1	..	12.20	Karaya Paste HO
Powder 71g	‡1	..	10.22	SN
SURGICAL CEMENT				
Skin Bond Adhesive 118mL				
Solvent 237mL				
Solvent 240mL				
Solvent 250mL				
See Section 2				

PREPARATIONS AVAILABLE FOR USE BY PARAPLEGIC AND QUADRIPLEGIC PATIENTS

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
ACRYLIC RESIN <i>Solution 125g Aerosol Spray</i>	‡1	..	14.48	<i>Nobecutane</i> AP
BISACODYL <i>Enema 10mg in 5mL, 25</i>	‡1	2	35.57	<i>Bisalax</i> FC
<i>Tablet 5mg</i>				
<i>Suppositories 10mg, 10</i>				
<i>See Section 2</i>				
DOCUSATE SODIUM with BISACODYL <i>Suppositories 100mg-10mg, 5</i>				
<i>See Section 2</i>				
STERCULIA with FRANGULA BARK <i>Granules 473mg-83mg per g (47.3%-8.3%), 250g</i>				
<i>See Section 2</i>				
SURGICAL CEMENT <i>Skin Bond Adhesive 118mL</i>				
<i>Solvent 237mL</i>				
<i>Solvent 240mL</i>				
<i>Solvent 250mL</i>				
<i>See Section 2</i>				

SECTION 4

**DRUGS AVAILABLE FOR EXTEMPORANEOUS
PREPARATIONS**

Drug	Drug
Acacia Powdered BP	Chlorbutol BP
Acetone BP	Chlorhexidine Acetate BP
(use as additive only)	(use as additive only)
ACIDS	Chlorinated Lime BP
Acetic (6 per cent) BP	Chlorocresol BP
Acetic (33 per cent) BP	Chloroform BP
Ascorbic BP	(use as additive only)
α (use as ingredient of Mixtures	Clioquinol BP
of Ferrous Sulphate APF and	Cocaine Hydrochloride BP
PL)	Codeine Phosphate BP
Benzoic BP	Collodion Flexible BP
Boric BP	CREAMS
(use as additive only)	Aqueous APF
Citric Monohydrate BP	Aqueous BP
Hydrochloric BP	Calamine Oily APF
Hydrochloric Dilute BP	Cetomacrogol Aqueous APF
Lactic BP	Cetrimide 0.5% BP
Oleic BP	Cetrimide Aqueous APF
Salicylic BP	Chlorhexidine Aqueous APF
Trichloroacetic BP 1980	Oily APF
Acriflavine BPC 1963	Zinc BP
Adrenaline BP	Zinc Oily APF
(may only be prescribed in eye	
drops)	Dithranol BP
Alum BP	
Aminophylline BP	Emulsifying Wax BP
Ammoniated Mercury BP 1973	Ephedrine Hydrochloride BP
Aspirin BP	(may only be prescribed in
Atropine Sulphate BP	nasal instillations)
	Ethanol (90 per cent) BP
Beeswax White BP	(use as additive only)
Bentonite BP	Ethanol (96 per cent) BP
Benzocaine BP	(use as additive only)
Borax BP	Ether Solvent BP
(use as additive only)	(use as additive only)
Calamine BP	EXTRACTS
Calcium Hydroxide BP	Hyoscyamus Liquid BPC 1973
Cetomacrogol Emulsifying Wax	Liquorice Liquid BP
BP	
Cetostearyl Alcohol BP	Ferrous Sulphate BP
Cetrimide BP	Ferrous Sulphate Dried BP

Drug	Drug
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 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 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

Drug	Drug
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 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	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 Etheral 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	Number 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	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

 PRESCRIPTION

 CREAMS—*continued*

ICHTHAMMOL and ZINC, OILY (APF)

Ichthammol.....	5	g
Wool Fat.....	15	g
Zinc Cream Oily, APF.....	80	g

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 (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

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

 PRESCRIPTION

MIXTURES—continued**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

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

PRESCRIPTION

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

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

 PRESCRIPTION

OINTMENTS—continued

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

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

 PRESCRIPTION

 PASTES—*continued*

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

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

CHILDREN'S SECTION



Commonwealth Department of
Veterans' Affairs

REPATRIATION SCHEDULE OF PHARMACEUTICAL BENEFITS

DECEMBER 1990

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)

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

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.

**DEPARTMENT OF VETERANS' AFFAIRS
STATE BRANCH OFFICES
PHARMACEUTICAL BENEFIT ENQUIRIES ONLY**

NEW SOUTH WALES and AUSTRALIAN CAPITAL TERRITORY

Department of Veterans' Affairs
GPO Box 3994
Sydney NSW 2001

Telephone (008) 113 304
Ext. 7540
(02) 213 7350
(02) 213 7540

VICTORIA

Department of Veterans' Affairs
GPO Box 87A
Melbourne Vic. 3001

Telephone (008) 113 304
Ext. 6442
(03) 868 6442
(03) 868 6188

QUEENSLAND

Department of Veterans' Affairs
GPO Box 651
Brisbane Qld 4001

Telephone (008) 777 634
Ext. 8652
(07) 223 8652
(07) 223 8804

SOUTH AUSTRALIA and NORTHERN TERRITORY

Department of Veterans' Affairs
GPO Box 1652
Adelaide SA 5001

Telephone (008) 113 304
Ext. 2448
(08) 213 2448

WESTERN AUSTRALIA

Department of Veterans' Affairs
GPO Box F352
Perth WA 6001

Telephone (008) 113 304
Ext. 8424
(09) 425 8424

TASMANIA

Department of Veterans' Affairs
GPO Box 481E
Hobart Tas. 7001

Telephone (002) 20 5401

CENTRAL OFFICE

Department of Veterans' Affairs
Pharmaceutical Services Section
PO Box 21
Woden ACT 2606

Telephone (06) 289 6084

REPATRIATION PHARMACEUTICAL BENEFITS

Explanatory Circular regarding the December 1990 edition of the Repatriation Schedule of Pharmaceutical Benefits.

This reprint of the Schedule will take effect on 1 December 1990 and all previous editions of the Schedule are cancelled.

SUMMARY OF CHANGES

ADDITIONS

Items

Section 1

Salicylic Acid, Benzalkonium Chloride, Alcohol, Coal Tar and Polyoxyethylene Ethers, scalp cleanser 250mL (*Ionil-T*) (replacing the 125mL pack)

Brands

Section 1

Lorazepam, tablets 1mg (*Emoten 1*) and 2.5mg (*Emoten 2.5*)

DELETIONS

Items

Section 1

Bromhexine Hydrochloride, tablet 8mg (*Bisolvon*)

Oxytetracycline Hydrochloride, ointment 30mg per g (3%), 15g (*Terramycin*)

Pheniramine Aminosalicylate, tablet 10mg (*Fenamine-M*)

Triamcinolone Acetonide, cream 500 micrograms per g (0.05%), 30g and ointment 500 micrograms per g (0.05%), 30g (*Kenalone*)

Salicylic Acid, Benzalkonium Chloride, Alcohol, Coal Tar and Polyoxyethylene Ethers, scalp cleanser 125mL (*Ionil-T*) (to be replaced by the 250mL pack)

The following items have been discontinued by the manufacturers and are no longer available through full line wholesalers. The items are to be deleted on 1 December 1990 without advance notice.

Coal Tar Extract, shampoo 50mg per g (5%), 50g (*Alphosyl*)

Pine Tar, Coal Tar Solution, Juniper Tar and Phenol, solution

20mg-5mg-1mg-5mg per mL (2%-0.5%-0.1%-0.5%), 500mL (*Pixol*)

Skin Cleanser, lotion 500mL (*Sopol*)

ALTERATIONS

Section 1

Manufacturers' Codes

	From	To
Pholcodine, linctus 1mg per mL (0.1%), 100mL (<i>Pholcolin Red</i>)	AU	MB
Senega and Ammonia, mixture 200mL (<i>Senamon</i>)	AU	MB
Sodium Bicarbonate, capsule 840mg (<i>Sodibic</i>)	PT	FC
Sunscreens, cream 100g (<i>Aquasun Blockout Cream 15+</i>) and lotion non-alcoholic 125mL (<i>Aquasun Blockout Lotion 15+</i>)	PY	RO

Section 3

Pack Size and Proprietary Name

From	To
Absorbent Napkins, pack of 8 (<i>Depend Undergarments 1650</i>)	Absorbent Napkins, pack of 10 (<i>Depend Undergarments 1651</i>)

SECTION 1

**DRUGS, MEDICINES AND
DIAGNOSTIC REAGENTS**

REPATRIATION

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	Egoderma Cream 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 Rikoderma RK
BECLOMETHASONE DIPROPIONATE Aqueous suspension in metered dose atomising pump, 50 micrograms per dose (200 dose)	#1	2	Aldecin Aqueous 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
BENZTROPINE MESYLATE Tablet 0.5mg	100	2	Cogentin MK

REPATRIATION

3

Name, Manner of Administration and Form	Max Qty	No. of Rpts	Proprietary Name and Manufacturer
BENZYLAMINE HYDROCHLORIDE Solution 1.5mg per mL (0.15%), 200mL	#1	..	Diffiam 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%), 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%), 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
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
Tablet 6mg	50	..	Lexotan RO
Tablet 12mg	50	..	Lexotan RO

REPATRIATION

Name, Manner of Administration and Form	Max Qty	No. of Rpts	Proprietary Name and Manufacturer
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
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
Mouth Wash 2mg per mL (0.2%), 250mL	±1	..	Plaqacide OB Savacol Mouth and Throat Rinse IC
CHLORTETRACYCLINE HYDROCHLORIDE Cream 30mg per g (3%), 15g	±1	..	Aureomycin LE
Ointment 30mg per g (3%), 15g	±1	..	Aureomycin LE

REPATRIATION

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Name, Manner of Administration and Form	Max Qty	No. of Rpts	Proprietary Name and Manufacturer	
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
Capsule 15mg	30	..	Tranxene	GL
CODEINE PHOSPHATE with ASPIRIN Tablet Soluble 8mg-300mg	50	2	Aspalgin	FM
Tablet Soluble 8mg-500mg	50	2	Solcode	RC
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, CHLOROBUTOL 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 <i>For colostomy and ileostomy use; For use by paraplegic and quadriplegic patients; For use with surgical appliances.</i>				
<i>Cream 150mg-20mg per g (15%-2%), 75g</i>	#1	..	Silic 15	EO
<i>Cream 150mg-20mg per g (15%-2%), 600g</i>	#1	..	Silic 15	EO

REPATRIATION

Name, Manner of Administration and Form	Max Qty	No. of Rpts	Proprietary Name and Manufacturer
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
DOCUSATE SODIUM Tablet 50mg	100	2	Coloxyl 50 FM
Tablet 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
Tablet 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 AF Rohypnol RO

REPATRIATION

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Name, Manner of Administration and Form	Max Qty	No. of Rpts	Proprietary Name and Manufacturer
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
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
Ointment 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
Capsule 30mg	30	..	Dalmane RO
GLUCOSE INDICATOR-BLOOD			
Reagent Strips, 50	2	5	Dextrostix AM
GLYCEROL			
Suppositories adult size 2.7g, 12	#1	1	PD

REPATRIATION

Name, Manner of Administration and Form	Max Qty	No. of Rpts	Proprietary Name and Manufacturer
HALOPERIDOL 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 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

REPATRIATION

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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
HYDROXYETHYL RUTOSIDES			
Capsule 250mg	100	1	Paroven ZY
HYDROXYZINE PAMOATE			
Capsule 25mg	50	2	Atarax PF
Capsule 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 Emoten 1 AF
Tablet 2.5mg	50	..	Ativan AY Emoten 2.5 AF
LUBRICATING AGENT			
Jelly 60g	#1	..	Lubafax BW
MAGNESIUM ASPARTATE			
Tablet 500mg	50	..	Magmin VS
MEBENDAZOLE			
Tablet 100mg	6	..	Vermox JC
MEBEVERINE HYDROCHLORIDE			
Tablet 135mg	90	..	Colofac JC

REPATRIATION

Name, Manner of Administration and Form	Max Qty	No. of Rpts	Proprietary Name and Manufacturer
MECLOZINE HYDROCHLORIDE Tablet 25mg	50	2	Ancolan GL
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
PHENAZOPYRIDINE HYDROCHLORIDE Tablet 100mg	50	1	Pyridium WW
PHENIRAMINE AMINOSALICYLATE Tablet 50mg	50	2	Avil HP Fenamine FM
PHOLCODINE Linctus 1mg per mL (0.1%), 100mL	#1	2	Actuss SI Duro-Tuss RK Pholcolin Red MB Pholtrate MG
PINE TAR and TRIETHANOLAMINE LAURYL SULPHATE Solution 23mg-60mg per mL (2.3%-6%), 500mL	#1	2	Dermatar HA Pinetarsol EO
POLYMYXIN B SULPHATE, ZINC BACITRACIN and NEOMYCIN SULPHATE <u>NOTE:</u> 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

REPATRIATION

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Name, Manner of Administration and Form	Max Qty	No. of Rpts	Proprietary Name and Manufacturer
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 (0.1%-0.5%-1%), 10g	#1	2	Scheriproct SC
Ointment 1.9mg-5mg-10mg per g (0.1%-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
Tablet 25mg	50	2	Phenergan MB
PSEUDOEPHEDRINE HYDROCHLORIDE Tablet 60mg	30	..	Sudafed BW
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 250mL	#1	2	Ionil-T AQ

REPATRIATION

Name, Manner of Administration and Form	Max Qty	No. of Rpts	Proprietary Name and Manufacturer
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 SI MB
SENNA STANDARDISED Tablet 7.5mg	100	1	Senokot RC
SKIN CLEANSER Lotion 500mL	#1	2	Hamilton Bodywash HA
SODIUM BICARBONATE CAUTION: For use in the treatment of renal disease.			
Capsule 840mg	100	2	Sodibic FC
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

REPATRIATION

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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.			
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	2	Aquasun Blockout Cream 15+ RO Hamilton Sunscreen Broad Spectrum Cream 15+ HA SunSense Cream 15+ EO
Lotion (Alcoholic) 125ml	#1	2	SunSense Lotion 15+ EO
Lotion (Non-Alcoholic) 125mL	#1	2	Aquasun Blockout Lotion 15+ RO Hamilton Broad Spectrum Milky Lotion 15+ HA SunSense Milk 15+ EO
Solid Stick 5g	#1	2	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%), 100g	#1	..	Tinaderm SH

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.			
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
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 LE Kenacomb 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

REPATRIATION

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 00494 BS
Pack of 2, medium size	3	..	Softeze Stretch Pants 00495 BS
Pack of 2, large size	3	..	Softeze Stretch Pants 00496 BS
INHALATION DEVICE			
Device	#1	..	Bricanyl Nebuhaler 2022 Volumatic 10359 AP GL
INHALATION LEVER DEVICE FOR METERED AEROSOL			
Device	#1	..	Haleraid GL
INJECTION SITE PREPARATION SWAB			
Isopropyl Alcohol 0.7mL per mL (70%), pack of 100	#1	1	Medi Swab 1000H SN
NASAL INSUFFLATOR			
Nasal insufflator	#1	..	Rynacrom FC
ROTAHALERS			
Rotahaler	#1	..	Becotide GL
Rotahaler	#1	..	Ventolin GL
SPINHALER			
Spinhaler	#1	..	Intal FC

SECTION 3

DRESSINGS

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

REPATRIATION

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 00218 BS
Pack of 20	#1	10	Softeze Absorbent Pad Regular 00217 BS
Pack of 10	#1	10	Depend Undergarments 1651 KC
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
(continued)			

REPATRIATION

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Item	Max Qty	No. of Rpts	Proprietary Name and Manufacturer
BANDAGE COTTON CONFORMING-cont.			
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 2.75m	#1	..	Elastoplast 186101 SN
7.5cm x 2.75m	#1	..	Elastoplast 186001 SN
10cm x 2.5m	#1	..	Elastoplast 1004 SN
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

REPATRIATION

Item	Max Qty	No. of Rpts	Proprietary Name and Manufacturer
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
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
(continued)			

REPATRIATION

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Item	Max Qty	No. of Rpts	Proprietary Name and Manufacturer
BANDAGE WRINKLED COTTON CREPE-cont. 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
Sterile single sachet, 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
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 SN Clorhexitulle RL
(continued)			

REPATRIATION

Item	Max Qty	No. of Rpts	Proprietary Name and Manufacturer
DRESSING PARAFFIN GAUZE with CHLORHEXIDINE ACETATE-cont. 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
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

REPATRIATION

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Item	Max Qty	No. of Rpts	Proprietary Name and Manufacturer
GLOVES PLASTIC (DISPOSABLE)			
<u>NOTE:</u> 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
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
(continued)			

REPATRIATION

Item	Max Qty	No. of Rpts	Proprietary Name and Manufacturer
SELF ADHESIVE PLASTER HYPOALLERGENIC-- cont.			
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
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

Item	Max Qty	No. of Rpts	Proprietary Name and Manufacturer
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
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

PBS and Repatriation Proprietary Names

Proprietary Name	Mfr	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)
Aci-Jel	JC	Ricinoleic Acid, Acetic Acid and Hydroxyquinoline Sulphate (RPBS)
Acilin	AF	Sulindac
Acoband	AU	Bandage Zinc Paste (RPBS)
Actraphane HM	NO	Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed)
Actraphane HM Penfill	NO	Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed)
Actrapid HM	NO	Insulin Neutral
Actrapid HM Penfill	NO	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
Adriamycin Solution	FE	Doxorubicin Hydrochloride
Adroyd	PD	Oxymetholone
Ad-sorb	RK	Charcoal, Activated (C & I)
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)

Proprietary Name	Mfr	Name
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 Aqueous	SH	Beclomethasone Dipropionate (RPBS)
Aldomet	MK	Methyldopa
Aldomet-M	MK	Methyldopa
Alepam 15	AF	Oxazepam
Alepam 30	AF	Oxazepam
Alfaré	NT	Triglycerides, Medium Chain
Alkeran	BW	Melphalan
Allegron	DL	Nortriptyline Hydrochloride
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)
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	AF	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

Proprietary Name	Mfr	Name
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
Andriol	OR	Testosterone Undecanoate
Androcur	SC	Cyproterone Acetate
Anginine Stabilised	BW	Glyceril 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
Aquamox	LE	Quinethazone
Aquasun Blockout Cream 15+	RO	Sunscreens (RPBS)
Aquasun Blockout Lotion 15+	RO	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	Dihydrotychsterol
Atarax	PF	Hydroxyzine Pamoate (RPBS)
Ativan	AY	Lorazepam (RPBS)

Proprietary Name	Mfr	Name
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)
Austrapen	CS	Ampicillin
Austyn	FA	Theophylline
Avil	HP	Pheniramine Aminosalicylate (RPBS)
Avomine	MB	Promethazine Theoclate
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
Betadine	FA	Povidone-Iodine Gauze Pad (RPBS)
Betadine Antiseptic Liquid	FA	Povidone-Iodine (RPBS)
Betaloc	AP	Metoprolol Tartrate
Betamin	US	Thiamine Hydrochloride
Beta-Sol	FM	Thiamine Hydrochloride
Betnovate	GL	Betamethasone Valerate (RPBS)
Betnovate 1/5	GL	Betamethasone Valerate
Betnovate 1/2	GL	Betamethasone Valerate (PBS & RPBS)
Betoptic	AQ	Betaxolol Hydrochloride
B.F.I.	MK	Bismuth Formic Iodide (RPBS)

Proprietary Name	Mfr	Name
Bi-Chinine	AU	Quinine Bisulphate
Bicillin All-Purpose	WY	Benzathine Penicillin with Procaine Penicillin and Benzylpenicillin Potassium
Bicillin L-A	WY	Benzathine Penicillin
Biocclusive 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	FC	Bisacodyl
Blenoxane	BC	Bleomycin
Bleph 10	AG	Sulphacetamide Sodium
Blocadren	FR	Timolol Maleate
BM-Test-BG	BO	Glucose Indicator—Blood
BM-Test-Glycemic 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)
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 S	SZ	Ergotamine Tartrate with Caffeine
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

Proprietary Name	Mfr	Name
Canesten 3	BN	Clotrimazole
Capoten	SQ	Captopril
Caprin 5000	CS	Heparin Calcium
Caprin 5000 Forte	CS	Heparin Calcium
Caprin 12500	CS	Heparin Calcium
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
Cecloclor	LY	Cefaclor
Cefamezin	SI	Cephazolin
Celestone	SH	Betamethasone
Celestone	SH	Betamethasone Acetate with Betamethasone Sodium Phosphate
Chronodose		
Celestone-M	SH	Betamethasone Valerate
Celestone-V	SH	Betamethasone Valerate (PBS & RPBS)
Half Strength		
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	PD	Chloramphenicol
Palmitate		
Chloromycetin	PD	Chloramphenicol
Succinate		
Chloromyxin	PD	Chloramphenicol with Polymyxin B Sulphate
Chloroptic	AG	Chloramphenicol
Chlorquin	FC	Chloroquine
Chlorsig	SI	Chloramphenicol
Chlorvescent	FC	Potassium Chloride
Chlotride	AD	Chlorothiazide
Choledyl	WW	Choline Theophyllinate

Proprietary Name	Mfr	Name
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
Citraalka	PD	Sodium Acid Citrate
Citravescent Sachets	FC	Sodium Citro-Tartrate
Claforan	RL	Cefotaxime
Clinistix	AM	Glucose Indicator—Urine
Clinitest	AM	Copper Sulphate
Clinoril	FR	Sulindac
Clinoril 200	FR	Sulindac
Clomid	ML	Clomiphene Citrate
Clonea	AF	Clotrimazole
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	FC	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	WW	Colistin with Neomycin
Ear Drops		
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

Proprietary Name	Mfr	Name
Cordilox	SC	Verapamil Hydrochloride
Cordilox SR	SC	Verapamil Hydrochloride
Cortate	FC	Cortisone Acetate
Cortef	UP	Hydrocortisone Acetate
Cotazym S Forte	OR	Pancrelipase
Coumadin	BT	Warfarin
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)
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
Decadron	MK	Dexamethasone
Decadron Shock Pak	MK	Dexamethasone
Deca-Durabolin	OR	Nandrolone Decanoate
Declinax	RO	Debrisoquine

Proprietary Name	Mfr	Name
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	KC	Absorbent Napkins (RPBS)
Undergarments 1651		
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
Dexamethsone	FC	Dexamethasone
Dextrostix	AM	Glucose Indicator—Blood (RPBS)
Diabex	FC	Metformin Hydrochloride
Diabinese	PF	Chlorpropamide
Diaformin	AF	Metformin Hydrochloride
Diamicon	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	Mfr	Name
Diprosone	SH	Betamethasone Dipropionate (PBS & RPBS)
Disipal	RK	Orphenadrine Hydrochloride
Diulo	SR	Metolazone
Dolobid	MK	Diffunisal
Doloxene	LY	Dextropropoxyphene Napsylate (RPBS)
Donnatab	RS	Belladonna Alkaloids
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
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
Ecostat	SQ	Econazole Nitrate
Ecotrin	SK	Aspirin
Edecil	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 Cream 1%	EO	Hydrocortisone
Egoderma 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)

Proprietary Name	Mfr	Name
Elastoplast 186101/ 186001/1004	SN	Bandage Elastic Adhesive (RPBS)
Elastoplast 4025	SN	Dressing Elastic Adhesive (RPBS)
Elixophyllin	SC	Theophylline
Emoten 1	AF	Lorazepam (RPBS)
Emoten 2.5	AF	Lorazepam (RPBS)
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
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
Eryc	FA	Erythromycin
Eryc LD	FA	Erythromycin
Erythrocin	AB	Erythromycin Ethyl Succinate
Erythrocin	AB	Erythromycin Lactobionate
Erythrocin	AB	Erythromycin Stearate
Estigyn	GL	Ethinylloestradiol
Eucerin	SN	Wool Alcohols
Euglucon	SK	Glibenclamide
Euhypnos	FE	Temazepam
ExacTech	FE	Glucose Indicator—Blood
Farlutal	FE	Medroxyprogesterone
Fasigyn	PF	Tinidazole
Fefol	SK	Ferrous Sulphate Dried with Folic Acid
Feldene	PF	Piroxicam
Fenamine	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

Proprietary Name	Mfr	Name
Flagyl	MB	Metronidazole
Flagyl S	MB	Metronidazole Benzoate
Flagyl Statpak	MB	Metronidazole
Flarex	AQ	Fluorometholone Acetate
Flexin	AF	Naproxen
Flexin 500	AF	Naproxen
Flophen	CS	Flucloxacillin
Florinef	SQ	Fludrocortisone Acetate
Floxapen	BR	Flucloxacillin
Flucil 250	FC	Flucloxacillin
Flucil 500	FC	Flucloxacillin
Flucon	AQ	Fluorometholone
Fluoroplex	AG	Fluorouracil (RPBS)
Fluoroblastin	FE	Fluorouracil
Fluvax	CS	Influenza Vaccine
FML Liquifilm	AG	Fluorometholone
Folasic	NN	Folic Acid
Folicid	US	Folic Acid
Fucidin	SK	Fusidic Acid
Fulcin 500	IC	Griseofulvin
Fungilin	SQ	Amphotericin
Fungizone	SQ	Amphotericin
Furadantin	NW	Nitrofurantoin
Fybogel	RC	Ispaghula Husk (RPBS)
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	NO	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

Proprietary Name	Mfr	Name
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
Haldol decanoate	JC	Haloperidol Decanoate
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
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)

Proprietary Name	Mfr	Name
HMS Liquifilm	AG	Medrysone
Hollihesive Skin Barrier	HO	Polyisobutylene (C & I)
Honvan	BC	Fosfestrol Sodium
Hostacycline P	HP	Tetracycline Hydrochloride (Buffered)
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	HG	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)
Ilosone	LY	Erythromycin Estolate
Imferon	FC	Iron Dextran
Imodium	JC	Loperamide Hydrochloride
Imuran	BW	Azathioprine
Inderal	IC	Propranolol Hydrochloride
Indocid	MK	Indomethacin
Inflam	PT	Ibuprofen
Insulatard Human	ND	Insulin Isophane (N.P.H.)
Insulatard Human Nordisk 2.5mL	ND	Insulin Isophane (N.P.H.)
Insuject-X		
Insulin 2	NO	Insulin, Acid

Proprietary Name	Mfr	Name
Intal	FC	Sodium Cromoglycate
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
Isoptin SR	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	NO	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
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
Kenalone 0.02%	SQ	Triamcinolone Acetonide

Proprietary Name	Mfr	Name
Kerlix 6715	KE	Absorbent Cotton Gauze (RPBS)
Keto-Diastix	AM	Glucose and Ketone Indicator—Urine
Kinidin	AP	Quinidine Bisulphate
Kolpon	OR	Oestrone
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
Lasix	HP	Fruzemide
Lasix-M	HP	Fruzemide
Latycin	BZ	Tetracycline Hydrochloride
Ledermycin	LE	Demeclocycline Hydrochloride
Ledertrexate	LE	Methotrexate
Lente MC	NO	Insulin Zinc Suspension
Leucovorin	LE	Calcium Folate
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
Lipex 10	AD	Simvastatin
Lipex 20	AD	Simvastatin
Liquifilm Forte	AG	Polyvinyl Alcohol
Liquifilm Tears	AG	Polyvinyl Alcohol

Proprietary Name	Mfr	Name
Lithicarb	PT	Lithium Carbonate
Locacorten Vioform	CG	Flumethasone Pivalate with Clioquinol
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
Losec	AP	Omeprazole
Lotremin	SH	Clotrimazole
LPV	CS	Phenoxymethylpenicillin
LPV 125	CS	Phenoxymethylpenicillin
LPV 250	CS	Phenoxymethylpenicillin
Lubafax	BW	Lubricating Agent (RPBS)
Lucrin	AB	Leuporelin Acetate
Lurselle	ML	Probuco
Lyspafen	PT	Difenoxin Hydrochloride with Atropine Sulphate
Macrochantin	NW	Nitrofurantoin
Macrodex	PS	Dextran 70
Madopar	RO	Levodopa with Benserazide
Madopar HBS	RO	Levodopa with Benserazide
Madopar-M	RO	Levodopa with Benserazide
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
MCT Oil	MJ	Triglycerides, Medium Chain
Medi Swab 1000H	SN	Injection Site Preparation Swab (RPBS)
Mefic	AF	Mefenamic Acid
Megafol 5	AF	Folic Acid
Megostat	BC	Megestrol Acetate

Proprietary Name	Mfr	Name
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
Metrodin 75	SG	Urofollitrophin
Metrogyl 200	AF	Metronidazole
Metrogyl 400	AF	Metronidazole
Metrozine	SR	Metronidazole
Metsal	RK	Methyl Salicylate
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)
Microval 28	WY	Levonorgestrel
Midamor	MK	Amiloride Hydrochloride

Proprietary Name	Mfr	Name
Milontin	PD	Phensuximide
Minidiab	FE	Glipizide
Minipress	PF	Prazosin Hydrochloride
Minirin	FC	Desmopressin
Minomycin	LE	Minocycline
Minomycin-50	LE	Minocycline
Mintezol	MK	Thiabendazole
Mixtard 15/85 Human (Mixed)	ND	Insulin Neutral—Insulin Isophane (N.P.H.),
Mixtard 15/85 Human (Mixed)	ND	Insulin Neutral—Insulin Isophane (N.P.H.),
Nordisk 2.5mL Insuject-X		
Mixtard 30/70 Human (Mixed)	ND	Insulin Neutral—Insulin Isophane (N.P.H.),
Mixtard 30/70 Human (Mixed)	ND	Insulin Neutral—Insulin Isophane (N.P.H.),
Nordisk 2.5mL Insuject-X		
Mixtard 50/50 Human (Mixed)	ND	Insulin Neutral—Insulin Isophane (N.P.H.),
Mixtard 50/50 Human (Mixed)	ND	Insulin Neutral—Insulin Isophane (N.P.H.),
Nordisk 2.5mL Insuject-X		
Moderate	SQ	Fluphenazine Decanoate
Moduretic	MK	Hydrochlorothiazide with Amiloride Hydrochloride
Mogadon	RO	Nitrazepam
Monistat 3	JC	Miconazole Nitrate
Monistat 7	CL	Miconazole Nitrate
Monistat Derm	CL	Miconazole Nitrate
Monotard HM	NO	Insulin Zinc Suspension
Motilium	JC	Domperidone
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

Proprietary Name	Mfr	Name
Multi-B Forte	GP	Vitamin B Group Complex Strong with Ascorbic Acid (RPBS)
Murelax	AY	Oxazepam
Myambutol	LE	Ethambutol Hydrochloride (RPBS)
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)
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
Navidrex	CG	Cyclopenthiiazide
Nebcin	LY	Tobramycin Sulphate
Negram	WL	Nalidixic Acid
Nemdyn	HA	Neomycin Undecenoate with Bacitracin Zinc
Neo-Cytamen	GL	Hydroxocobalamin
Neo-Mercazole	NS	Carbimazole
Neosporin	BW	Polymyxin B Sulphate with Neomycin
Eye Drops		Sulphate and Gramicidin
Neosporin	BW	Polymyxin B Sulphate with Bacitracin and
Eye Ointment		Neomycin Sulphate
Neosulf	AF	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)
Nolvadex	IC	Tamoxifen Citrate

Proprietary Name	Mfr	Name
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
Odorgon	LA	Deodorant Concentrate (C & I)
Ogen .625	AB	Piperazine Oestrone Sulphate
Ogen 1.25	AB	Piperazine Oestrone Sulphate
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)
Oroxine	BW	Thyroxine Sodium
Ortho-Novum 1/50	JC	Norethisterone with Mestranol
Orudis	MB	Ketoprofen
Orudis SR	MB	Ketoprofen

Proprietary Name	Mfr	Name
Orudis SR 200	MB	Ketoprofen
Ospolot	BN	Sulthiame
Ostelin	BT	Ergocalciferol
Ovestin	OR	Oestriol
Ovulen 0.5/50	SR	Ethinodiol Diacetate with Ethinyloestradiol
Ovulen 0.5/50-28	SR	Ethinodiol Diacetate with Ethinyloestradiol
Ovulen 1/50	SR	Ethinodiol Diacetate with Ethinyloestradiol
Ovulen 1/50-28	SR	Ethinodiol Diacetate with Ethinyloestradiol
Panadeine Forte Caplets	WL	Codeine Phosphate with Paracetamol
Panafcort	FC	Prednisone
Panafcortelone	FC	Prednisolone
Panamax	WL	Paracetamol
Pancrease	JC	Pancrelipase
Paralgin	FM	Paracetamol
Paraplatin	BC	Carboplatin
Parlodel	SZ	Bromocriptine Mesylate
Parnate	SK	Tranylecypromine Sulphate
Paroven	ZY	Hydroxyethylrutosides (RPBS)
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
Pensig	SI	Phenethicillin
Pensig 125	SI	Phenethicillin
Pensig 250	SI	Phenethicillin
Pepcidine	MK	Famotidine
Pepcidine M	MK	Famotidine
Pergonal	SG	Human Menopausal Gonadotrophin
Pergonal 150	SG	Human Menopausal Gonadotrophin
Periactin	FR	Cyproheptadine Hydrochloride
Pertofran	CG	Desipramine Hydrochloride
Pevaryl	SK	Econazole Nitrate
Pexid	ML	Perhexiline Maleate
Pharmorubicin	FE	Epirubicin Hydrochloride
Phenergan	MB	Promethazine Hydrochloride (RPBS)
Pholcolin Red	MB	Pholcodine (RPBS)
Pholtrate	MG	Pholcodine (RPBS)
Phosphate Sandoz	SZ	Sodium Acid Phosphate
Phospholine Iodide	AY	Ecothiopate Iodide

Proprietary Name	Mfr	Name
Physeptone	BW	Methadone Hydrochloride
Pilopt	SI	Pilocarpine Hydrochloride
Pinetarsol	EO	Pine Tar and Triethanolamine Lauryl Sulphate (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
Platinol	BC	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	Diphenamil 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
Prepulsid	JC	Cisapride
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	SG	Human Chorionic Gonadotrophin
Profasi 1000	SG	Human Chorionic Gonadotrophin

Proprietary Name	Mfr	Name
Profasi 2000	SG	Human Chorionic Gonadotrophin
Profasi 5000	SG	Human Chorionic Gonadotrophin
Progout	PT	Allopurinol
Progout 300	AF	Allopurinol
Progynova	SC	Oestradiol Valerate
Proladone	BT	Oxycodone
Prominal	WL	Methylphenobarbitone
Pronestyl	SQ	Procainamide Hydrochloride
Pro-Pam	PT	Diazepam
Propine	AG	Dipivefrine Hydrochloride
Prostigmin Tablet	RO	Neostigmine Bromide
Protamine Zinc Insulin MC	NO	Insulin Protamine Zinc
Protaphane HM	NO	Insulin Isophane (N.P.H.)
Protaphane HM Penfill	NO	Insulin Isophane (N.P.H.)
Prothiaden	BT	Dothiepin Hydrochloride
Protostat	JC	Metronidazole
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
Quinocet	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

Proprietary Name	Mfr	Name
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)
Randomycin	WW	Methacycline Hydrochloride
Rynacrom	FC	Sodium Cromoglycate (RPBS)
Rynacrom	FC	Nasal Insufflator (RPBS)
Rythmodan	RL	Disopyramide
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)

Proprietary Name	Mfr	Name
Senamon	MB	Senega and Ammonia (RPBS)
Senokot	RC	Senna Standardised (RPBS)
Septin	BW	Trimethoprim with Sulphamethoxazole
Septin 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-K	CG	Potassium Chloride
SN 121054A	SN	Gauze and Cotton Tissue (Combine Roll) (RPBS)
Sodexol	SC	Aluminium Hydroxide with Magnesium Hydroxide
Sodibic	FC	Sodium Bicarbonate (RPBS)
Sofradex	RL	Dexamethasone with Framycetin Sulphate and Gramicidin
Soframycin	RL	Framycetin Sulphate
Softeze Absorbent Pad Mini 00218	BS	Absorbent Napkins (RPBS)
Softeze Absorbent Pad Regular 00217	BS	Absorbent Napkins (RPBS)
Softeze Stretch Pants 00494/00495/00496	BS	Absorbent Napkins Pants (RPBS)

Proprietary Name	Mfr	Name
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
Sone	FM	Prednisone
Sotacor	AP	Sotalol Hydrochloride
Span-K	FC	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
Synphasic 21 Day	SD	Norethisterone with Ethinyloestradiol
Syntocinon	SZ	Oxytocin
Syntometrine	SZ	Oxytocin with Ergometrine Maleate

Proprietary Name	Mfr	Name
Tagamet	SK	Cimetidine
Tagamet 800 Express	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	KE	Self Adhesive Plaster Hypoallergenic (RPBS)
Tenopt	SI	Timolol Maleate
Tenormin	IC	Atenolol
Teril	AF	Carbamazepine
Tertroxin	GL	Liothyronine
Tes-Tape	LY	Glucose Indicator—Urine
Testomet	PT	Methyltestosterone
Testomet 25	AF	Methyltestosterone
Testomet 50	AF	Methyltestosterone
Tetrex	AP	Tetracycline Hydrochloride (Buffered)
Theo-Dur	AP	Theophylline
Thioprine	AF	Azathioprine
Thiotepa	LE	Thiotepa
Ticillin	CS	Ticarcillin
Tigason	RO	Etretinate
Tilcotil	RO	Tenoxicam
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	Fluoclorolone Acetonide (PBS & RPBS)
Torecan	SZ	Thiethylperazine
Trandate	GL	Labetalol Hydrochloride
Transiderm-Nitro 25	CG	Glyceryl Trinitrate

Proprietary Name	Mfr	Name
Transiderm-Nitro 50	CG	Glyceryl Trinitrate
Tranxene	GL	Clorazepate Dipotassium (RPBS)
Travogen	SC	Isoconazole Nitrate
Trib	PT	Trimethoprim with Sulphamethoxazole
Trib DS	PT	Trimethoprim with Sulphamethoxazole
Trichozole	PT	Metronidazole
Triphasil	WY	Levonorgestrel with Ethinyloestradiol
Triphasil 28	WY	Levonorgestrel with Ethinyloestradiol
Triprim	BW	Trimethoprim
Triquilar	SC	Levonorgestrel with Ethinyloestradiol
Triquilar ED	SC	Levonorgestrel with Ethinyloestradiol
Trisoralen	PT	Trioxysalen
Trobicin	UP	Spectinomycin
Tryptanol	MK	Amitriptyline 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	NO	Insulin Zinc Suspension (Crystalline)
Ultraproct	SC	Fluocortolone Pivalate, Fluocortolone Hexanoate, Clemizole Undecylenate and Cinchocaine Hydrochloride (RPBS)
Ultratard HM	NO	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	Octoxinol (C & I)
Ural Sachets	AB	Sodium Citro-Tartrate
Urecholine	MK	Bethanechol Chloride
Urederm	HA	Urea
Uremide	AF	Frusemide
Urex	FM	Frusemide
Urex-Forte	FM	Frusemide

Proprietary Name	Mfr	Name
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	ND	Insulin Neutral
Velosulin Human Nordisk 2.5mL	ND	Insulin Neutral
Insuject (white)		
Ventolin	GL	Salbutamol
Ventolin	GL	Salbutamol Sulphate
Ventolin Nebules	GL	Salbutamol Sulphate
Ventolin Rotacaps	GL	Salbutamol Sulphate
Ventolin Rotahaler	GL	Rotahalers (RPBS)
Vepesid	BC	Etoposide
Veracaps SR	SI	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

Proprietary Name	Mfr	Name
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
Zocor	MK	Simvastatin
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
Siguent	Sigma—Ointment preparations
Spansules	Smith, Kline & French—Delayed release capsules
Sustets	Lederle—Sustained release capsules
Tabloid	Wellcome Australia Limited—Tablet preparations
Venosol	Abbott A'asia—Intravenous infusions
Viaflex	Baxter Healthcare Pty Ltd—Intravenous infusions
Wellcome	Wellcome Australia Limited—Preparations

