



Schedule of Pharmaceutical Benefits

for Dental Practitioners

1 DECEMBER 1991

SCHEDULE OF
PHARMACEUTICAL BENEFITS

for
Dental Practitioners

OPERATIVE FROM 1 DECEMBER 1991
(ALL PREVIOUS EDITIONS CANCELLED)



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

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Section 1—Explanatory Notes

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'.

PRESCRIBING OF BENEFITS— PROCEDURE BY DENTISTS

Schedule of Pharmaceutical Benefits

1. The Schedule of Pharmaceutical 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 1 g with 2 mL sterilised water for injections'.

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

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

4. A proprietary name index of ready prepared items is included following Section 3.

5. Symbols used in the Schedule of Benefits are explained in Section 2.

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

Prescriptions

7. 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.

8. 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.

9. 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. **Code numbers must not be used when prescribing.**
- (e) Each prescription must be written legibly.
- (f) Date and sign the prescription.

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

11. 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.

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

Manner of Administration

13. 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

14. An approved pharmacist is required for each supply by him on a prescription to charge the person to whom the pharmaceutical benefit, being a pharmaceutical benefit having a dispensed price greater than \$15.70 is supplied, an amount of \$15.70 for general patients or an amount of \$2.60 for holders of a Safety Net Concession Card 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.

15. For those items supplied to general patients and having a dispensed price of \$15.70 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.

16. 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 \$15.70 for general patients, or \$2.60 for patients with a concessional entitlement, is only a prescription for the pharmaceutical benefits safety net provisions.

Minimum Pricing Arrangements

17. 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

18. Under the Pharmaceutical Benefits Scheme there are two basic maximum patient contribution rates. General beneficiaries are able to receive items on the Pharmaceutical Benefits Schedule at a maximum cost of \$15.70 (except for items where a special patient contribution or a brand price premium applies). Concessional beneficiaries and Safety Net Concession Card holders are able to receive items listed in the Pharmaceutical Benefits Schedule at a cost of \$2.60 (except for items where a special patient contribution or a brand price premium applies).

19. Concessional beneficiaries are the recipients of benefits from either the Department of Social Security or Veterans' Affairs and may be the holders of any one of the following cards:

- Pensioner Health Benefits Card Holder
- Health Benefits Card Holder
- Health Care Card Holder
- Pharmaceutical Benefits Concession Card Holder
- Dependant Treatment Entitlement Card Holder (lilac card)—for prescriptions issued under the Pharmaceutical Benefits Scheme
- Service Pensioner Benefits Card Holder (red card)—for prescriptions issued under the Pharmaceutical Benefits Scheme

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—

There are two levels of safety net for general beneficiaries. Once the threshold for the first level has been reached a Safety Net Concession Card is issued and prescriptions will cost \$2.60 until the general beneficiary reaches the 'full safety net' threshold. 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) Concessional beneficiaries—

Once the threshold for the concessional beneficiary safety net has been reached a Safety Net Entitlement Card is issued and all subsequent pharmaceutical benefit items will be free of charge.

Recording of Prescriptions

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

22. 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.

23. 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 PRF 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 or is available under the RPBS.

24. The value which can be recorded on the PRF is:

- (a) the relevant patient contribution where the PBS dispensed price is greater than the relevant patient contribution; or
- (b) the safety net value shown in the Pharmaceutical Benefits Schedule, or any lesser amount charged, where the PBS dispensed price is less than or equal to the relevant patient contribution.

Note: The safety net value 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 safety net value is \$5.50.

25. Under no circumstances should a special patient contribution or brand price premium be included in the price recorded on the PRF.

Qualifying Prescriptions

26. Where the safety net value of the last prescription, which, if included on a patient's PRF, has the effect of qualifying the patient for a Safety Net Entitlement or Concession Card, the patient may receive the last prescription at either the concessional rate or free of charge, as appropriate.

Application for Original Entitlement/Concession Card Issue

27. An Entitlement/Concession Card is issued to general beneficiaries who have satisfied the safety net threshold. The responsibility for claiming entitlement rests with the beneficiary who must complete the application and declaration on the back of the PRF.

Issue of Entitlement/Concession Card

28. When satisfied that the individual or family is entitled, the approved pharmacist should issue the next blank Entitlement/Concession Card. The following details should be entered on the Entitlement/Concession Card to be issued:

- (a) the names of family members to be covered by the entitlement. If more than 10 family members, a second card should be issued listing the card holder and the members of the family not listed on the first card. Provision has been made on the PRF to record both Entitlement/Concession Cards issued;
- (b) the two-character code to indicate the relationship to the card holder.

Applicable codes are:

- SP — spouse;
- DC — child under 16 in the care and control of the card holder; and
- DS — dependent full time student under 25.

29. The unused space provided on the Entitlement/Concession Card for listing the names of the family members to prevent the entry of additional names should be ruled through. The approved pharmacist should then copy the Entitlement/Concession Number which appears at the top of the Entitlement/Concession Card in the space provided on the PRF and 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.

Issue of Supplementary Cards

30. A card holder may be issued with a supplementary Entitlement/Concession Card for a spouse or child/student at the time of issue of an original card. When this occurs the issue of the duplicate card should be recorded in the additional box provided on the PRF.

31. All requests for the issue of supplementary Entitlement/Concession Cards at some time after the issue of the original card should be referred to the Health Insurance Commission in the State concerned. The Health Insurance Commission will issue a supplementary card when details of the original card are received.

Maximum Quantities

32. For ready prepared preparations, the allowable maximum quantity is shown in Section 2. The maximum quantity for extemporaneously prepared preparations is shown in Section 3—Prescribers' List. **Dentists may not prescribe repeats on a Pharmaceutical Benefit Prescription.**

33. 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.

34. 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. These items should be prescribed in the standard pack sizes.

35. 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.

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

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

**Establishment by Eligible
Entitlement/Concession Card Holders
and Concessional Beneficiaries
of Entitlements to Pharmaceutical
Benefit Concessions**

38. 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.

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

40. 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 (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.

41. 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 to be entered.

Urgent Cases

42. 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

43. Any enquiries regarding the Pharmaceutical Benefits Scheme or requests for publications or stationery should be made to the Pharmaceutical Branch in the relevant State Office of the Health Insurance Commission.

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

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

SOUTH AUSTRALIA

Pharmaceutical Services Branch
209 Greenhill Road
Eastwood SA 5063
Enquiries— Telephone 201 8835
Outside Adelaide metropolitan area
Telephone 008 888 333

NEW SOUTH WALES/NORTHERN TERRITORY

Pharmaceutical Benefits Branch
4th Floor
Medibank House
33 Erskine Street
Sydney NSW 2000
Enquiries— Telephone 561 2444
Stationery enquiries outside Sydney
metropolitan area—Telephone 008 228 070

WESTERN AUSTRALIA

Pharmaceutical Benefits Branch
11th Floor
R & I Tower
108 St George's Terrace
Perth WA 6000
Enquiries— Telephone 263 8035

VICTORIA

Pharmaceutical Branch
Medibank House
460 Bourke Street
Melbourne Vic 3000
Enquiries— Telephone 284 3705

QUEENSLAND

Pharmaceutical Services Branch
232 Adelaide Street
Brisbane Qld 4000
Enquiries— Telephone 864 9021

TASMANIA

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

Index of Manufacturers' Codes

<i>Codes</i>	<i>Manufacturer</i>
AB	Abbott Laboratories Pty Ltd
AF	Alphapharm Pty Ltd
AP	Astra Pharmaceuticals Pty Ltd
BW	Wellcome Australia Limited
CS	Commonwealth Serum Laboratories
FA	F. H. Faulding & Co. Ltd
GL	Glaxo Australia Pty Ltd
HP	Hoechst Australia Ltd
JC	Janssen-Cilag Pty Ltd
LE	Lederle Laboratories Division, Cyanamid Australia Pty Ltd
LY	Eli Lilly (Aust.) and Company
MB	May & Baker Pharmaceuticals
PF	Pfizer Pty Ltd
PT	CP Protea
RO	Roche Products Pty Ltd
SI	Sigma Co. Ltd
SK	SmithKline Beecham (Australia) Pty Ltd
SQ	E. R. Squibb & Sons Pty Ltd
SR	Searle Laboratories
UP	Upjohn Pty Ltd
WL	Winthrop Laboratories

Section 2

Schedule of Benefits

SYMBOLS USED IN THE SCHEDULE

A 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 dispensed price of an item indicates that the product is not preconstituted.

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).

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 250 mg	20	..	..	7.64	8.39	Amoxil Moxacin	SK CS
3301R	Capsule 250 mg	20	..	..	6.85	7.60	Alphamox 250 Amoxil Cilamox Ibiamox Moxacin	AF SK SI PT CS
3300Q	Capsule 500 mg	20	..	..	10.16	10.91	Alphamox 500 Amoxil Cilamox Ibiamox Moxacin	AF SK SI PT CS
3309E	Sachet containing oral powder 3 g	1	..	..	7.49	8.24	Amoxil Moxacin	SK CS
3302T	Powder for syrup 125 mg per 5 mL, 100 mL	‡1	..	..	#8.47	9.55	Cilamox Ibiamox Moxacin	SI PT CS
				0.77	#9.24	9.55	Amoxil	SK
3393N	Powder for syrup 250 mg per 5 mL, 100 mL	‡1	..	..	#9.85	10.93	Ibiamox Cilamox Moxacin 250	PT SI CS
				0.77	#10.62	10.93	Amoxil Forte	SK
3306B	AMPHOTERICIN Lozenge 10 mg	20	..	..	5.93	6.68	Fungilin	SQ
3308D	Ointment 30 mg per g (3%), 15 g	‡1	..	..	5.48	6.23	Fungilin	SQ
3312H	AMPICILLIN Injection 250 mg (solvent required) (codes 6903H, 6904J, 6905K apply to above item with approved solvents)	5	..	..	7.69	8.44	Austrapen	CS
3313J	Injection 500 mg (solvent required) (codes 6906L, 6907M, 6908N apply to above item with approved solvents)	5	..	..	9.63	10.38	Ampicyn Austrapen	PT CS
3314K	Injection 1 g (solvent required) (codes 6909P, 6910Q, 6911R apply to above item with approved solvents)	5	..	..	13.59	14.34	Ampicyn Austrapen	PT CS
7002M	ASPIRIN with CODEINE Mixture—See Section 3, Prescribers' List							
3397T	BENZYL PENICILLIN Injection 300 mg (solvent required) (codes 6912T, 6913W, 6914X apply to above item with approved solvents)	5	..	..	9.85	10.60	CS	

(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	
3398W	BENZYL PENICILLIN—cont. Injection 600 mg (solvent required) (codes 6915Y, 6916B, 6917C apply to above item with approved solvents)	5	..	..	10.91	11.66	CS	
3399X	Injection 3 g (solvent required) (codes 6918D, 6919E, 6920F apply to above item with approved solvents)	5	..	..	22.79	15.70	CS	
3317N	CEPHALEXIN Capsule 250 mg	20	..	.. 0.46 0.55	7.23 7.69 7.78	7.98 7.98 7.98	Ibilex 250 Keflex Ceporex	AF LY GL
3318P	Capsule 500 mg	20	..	.. 0.46 0.55	10.25 10.71 10.80	11.00 11.00 11.00	Ibilex 500 Keflex Ceporex	AF LY GL
3319Q	Granules for syrup 125 mg per 5 mL, 100 mL	‡1	..	.. 0.46 0.55	#9.68 #10.14 #10.23	10.76 10.76 10.76	Ibilex 125 Keflex Ceporex	AF LY GL
3320R	Granules for syrup 250 mg per 5 mL, 100 mL	‡1	..	.. 0.46 0.55	#11.88 #12.34 #12.43	12.96 12.96 12.96	Ibilex 250 Keflex Ceporex	AF LY GL
3376Q	CEPHALOTHIN Injection 1 g (solvent required) (codes 6951G, 6952H, 6953J apply to above item with approved solvents)	5	..	..	*20.68	15.70	Keflin Neutral	LY
3377R	Injection 2 g (solvent required) (codes 6954K, 6955L, 6956M apply to above item with approved solvents)	1	..	..	10.18	10.93	Keflin Neutral	LY
3378T	Injection 4 g (solvent required) (codes 6957N, 6958P, 6959Q apply to above item with approved solvents)	1	..	..	16.42	15.70	Keflin Neutral	LY
3315L	CODEINE PHOSPHATE with ASPIRIN Tablet 30 mg–325 mg	20	..	..	5.49	6.24	Codral Forte	BW
3316M	CODEINE PHOSPHATE with PARACETAMOL Tablet 30 mg–500 mg	20	..	..	5.58	6.33	Panadeine Forte Caplets	WL
3321T	DOXYCYCLINE Tablet 100 mg	7	..	.. 0.49	5.91 6.40	6.66 6.66	Doxilyn 100 Vibramycin	AF PF
3322W	Capsule 100 mg	7	..	0.66	6.57	6.66	Dorvix	FA

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	
3324Y	ERYTHROMYCIN Tablet 250 mg	25	..	..	6.69	7.44	EMU-V AB	UP
3329F	Capsule 125 mg	25	..	..	6.44	7.19	Eryc	FA
3326C	Capsule 175 mg	25	..	..	6.69	7.44	Eryc LD	FA
3325B	Capsule 250 mg	25	..	..	8.02	8.77	Eryc	FA
3331H	ERYTHROMYCIN ESTOLATE Paediatric oral drops 100 mg (base) per mL, 10 mL	‡1	..	..	6.39	7.14	Ilosone	LY
3335M	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	..	..	6.39	7.14	Ilosone	LY
3327D	ERYTHROMYCIN ETHYL SUCCINATE Tablet 200 mg (base)	25	..	..	6.44	7.19	E.E.S. Dulcet	AB
3336N	Tablet 400 mg (base)	25	..	..	8.02	8.77	E.E.S. 400	AB
3334L	Granules for paediatric oral suspension 200 mg (base) per 5 mL, 100 mL	‡1	..	..	#9.11	10.19	E.E.S. 200	AB
3328E	ERYTHROMYCIN STEARATE Tablet 250 mg (base)	25	..	..	6.69	7.44	Erythrocin	AB
3330G	Capsule 250 mg (base)	25	..	..	6.69	7.44	Erythrocin	AB
3332J	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	..	..	6.39	7.14	Erythrocin	AB
3333K	Oral suspension 250 mg (base) per 5 mL, 100 mL	‡1	..	..	8.46	9.21	Erythrocin	AB
3339R	METRONIDAZOLE Tablet 200 mg	21	..	.. 0.55	5.52 6.07	6.27 6.27	Metrogyl 200 Metrozine Flagyl	AF SR MB
3342X	NYSTATIN Tablet 500,000 units	25	..	..	*7.60	8.35	Mycostatin Nilstat	SQ LE
3344B	Lozenge 100,000 units	20	..	..	5.93	6.68	Nilstat	LE
3343Y	Oral suspension 100,000 units per mL, 24 mL	‡1	..	..	6.11	6.86	Mycostatin Nilstat	SQ LE
3348F	PARACETAMOL Mixture 120 mg per 5 mL, 100 mL	‡1	..	..	6.03	6.78	Dymadon Panamax	BW WL
3353L	PHENETHICILLIN Capsule 250 mg	25	..	..	6.86	7.61	Pensig	SI
3354M	Capsule 500 mg	25	..	..	7.61	8.36	Pensig	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	
3355N	PHENETHICILLIN—cont. Powder for syrup 125 mg per 5 mL, 100 mL	‡1	..	..	#7.86	8.94	Pensig 125	SI
3356P	Powder for syrup 250 mg per 5 mL, 100 mL	‡1	..	..	#8.53	9.61	Pensig 250	SI
3359T	PHENOXYMETHYLPENICILLIN Tablet 125 mg	25	..	..	6.25	7.00	Abbocillin-V	AB
3360W	Tablet 250 mg	25	..	..	6.39	7.14	Abbocillin-VK Cilicaine VK PVK	AB SI LY
3361X	Tablet 500 mg	25	..	..	7.31	8.06	Abbocillin-VK PVK	AB LY
3363B	Capsule 250 mg	25	..	..	6.39	7.14	Abbocillin-VK Cilicaine VK LPV PVK	AB SI CS LY
3364C	Capsule 500 mg	25	..	..	7.31	8.06	Cilicaine VK LPV	SI CS
3365D	Paediatric oral suspension 125 mg per 5 mL, 100 mL	‡1	..	..	5.69	6.44	Abbocillin-V Cilicaine V LPV 125	AB SI CS
3366E	Oral suspension 250 mg per 5 mL, 100 mL	‡1	..	..	6.80	7.55	Abbocillin-V Cilicaine V LPV 250	AB SI CS
3370J	PROCAINE PENICILLIN Injection 1 g	5	..	..	47.49	15.70	Cilicaine	SI
3371K	Injection 1.5 g	5	..	..	48.23	15.70	Cilicaine	SI
3383C	TETRACYCLINE HYDROCHLORIDE Capsule 250 mg	25	..	..	5.75	6.50	Achromycin	LE
3386F	TETRACYCLINE HYDROCHLORIDE (BUFFERED) Capsule 250 mg	25	..	..	5.75	6.50	Achromycin V Hostacycline P Hydracycline Mysteclin-250 Tetrex	LE HP FM SQ AP
TRIMETHOPRIM with SULPHAMETHOXAZOLE CAUTION: There is an increased risk of severe adverse reactions with this combination in the elderly.								
3389J	Tablet 80 mg-400 mg	10	..	..	6.49	7.24	Bactrim Resprim Septtrin	RO AF BW

(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
3390K	TRIMETHOPRIM with SULPHAMETHOXAZOLE—cont. Tablet 160 mg-800 mg	10	..	..	7.50	8.25	Bactrim DS Resprim Forte Septin Forte Trib DS RO AF BW PT
3391L	Oral suspension 40 mg-200 mg per 5 mL, 100 mL	‡1	..	..	7.01	7.76	Bactrim Resprim Septin Trib RO AF BW PT
3394P	WATER FOR INJECTIONS, STERILISED Injection 2 mL	5	..	..	4.82	5.57	AP,BZ
3395Q	Injection 5 mL	5	..	..	4.94	5.69	AP,BZ
3396R	Injection 10 mL	5	..	..	5.12	5.87	AP,BZ

NOTE:

For use only with an injectible
benefit which requires a solvent.

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

Part 2—Trade Names Index

PART 1—PROPRIETARY NAMES INDEX

Proprietary Name	Manufacturer	Name
Abbocillin-V	AB	Phenoxymethylpenicillin
Abbocillin-VK	AB	Phenoxymethylpenicillin
Achromycin	LE	Tetracycline Hydrochloride
Achromycin V	LE	Tetracycline Hydrochloride (Buffered)
Alphamox 250	AF	Amoxycillin
Alphamox 500	AF	Amoxycillin
Amoxil	SK	Amoxycillin
Amoxil Forte	SK	Amoxycillin
Ampicyn	PT	Ampicillin
Austrapen	CS	Ampicillin
Bactrim	RO	Trimethoprim with Sulphamethoxazole
Bactrim DS	RO	Trimethoprim with Sulphamethoxazole
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
Doryx	FA	Doxycycline
Doxylin 100	AF	Doxycycline
Dymadon	BW	Paracetamol
E.E.S. 200	AB	Erythromycin Ethyl Succinate
E.E.S. 400	AB	Erythromycin Ethyl Succinate
E.E.S. Dulcet	AB	Erythromycin Ethyl Succinate
EMU-V	UP	Erythromycin
Eryc	FA	Erythromycin
Eryc LD	FA	Erythromycin
Erythrocin	AB	Erythromycin Stearate
Flagyl	MB	Metronidazole
Fungilin	SQ	Amphotericin
Hostacycline P	HP	Tetracycline Hydrochloride (Buffered)
Hydracycline	FM	Tetracycline Hydrochloride (Buffered)
Ibiamox	PT	Amoxycillin
Ibilex 125	AF	Cephalexin
Ibilex 250	AF	Cephalexin
Ibilex 500	AF	Cephalexin
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

Proprietary Name	Manufacturer	Name
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
PVK	LY	Phenoxymethylpenicillin
Resprim	AF	Trimethoprim with Sulphamethoxazole
Resprim Forte	AF	Trimethoprim with Sulphamethoxazole
Seprin	BW	Trimethoprim with Sulphamethoxazole
Seprin Forte	BW	Trimethoprim with Sulphamethoxazole
Tetrex	AP	Tetracycline Hydrochloride (Buffered)
Trib	PT	Trimethoprim with Sulphamethoxazole
Trib DS	PT	Trimethoprim with Sulphamethoxazole
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
 Filmtabs
 Pulvules

Abbott Laboratories — Chewable tablets
 Abbott Laboratories — Coated tablets
 Eli Lilly — Capsules



Schedule of Pharmaceutical Benefits

**for Approved Pharmacists
and Medical Practitioners**

1 DECEMBER 1991

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

OPERATIVE FROM 1 DECEMBER 1991

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

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

DOCTORS ARE ADVISED THAT CODE NUMBERS SHOULD NOT BE USED WHEN
PRESCRIBING

SECTION 1—LEMON PAGES
INDEX OF MANUFACTURERS' CODES

ADD ENTRY—

DW Delta West Pty Ltd
 15 Brodie Hall Drive
 Technology Park
 Bentley WA 6102

Please note the following changes to telephone numbers for the
Australian Capital Territory—

POISONS INFORMATION CENTRES

Woden Valley Hospital
Garran Telephone (06) 285 2852

DRUG INFORMATION CENTRES

Woden Valley Hospital
Garran Telephone (06) 244 3333

SECTION 2—WHITE PAGES
NEW ITEMS

Code	Name and Form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Prop Name and Mfr	
	ALTEPLASE <i>(Recombinant tissue-type plasminogen activator)</i> <u>Authority required.</u> <i>Treatment in a hospital of acute myocardial infarction within six hours of onset of attack where the patient has received parenteral streptokinase within the preceding twelve months.</i>							
1029E	<i>Injection set containing one vial 50 mg in 2333 mg dry powder, one vial sterile water for injection 50 mL and one transfer cannula</i>	2	..	..	<i>*1878.27</i>	<i>15.70</i>	<i>Actilyse</i>	<i>BY</i>

Code	Name and Form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Prop Name and Mfr	
2919P	GLUCOSE INDICATOR—BLOOD Reagent strips, 50	2	5	..	*43.51	15.70	Accutrend Glucose	BO
ONDANSETRON Authority required. Management of nausea and vomiting associated with cytotoxic chemotherapy or radiotherapy.								
1594X	Tablet 4 mg	15	..	..	167.15	15.70	Zofran	GL
1595Y	Tablet 8 mg	15	..	..	319.10	15.70	Zofran	GL
1596B	I.V. injection 4 mg in 2 mL	5	..	..	104.51	15.70	Zofran	GL
1597C	I.V. injection 8 mg in 4 mL	5	..	..	187.25	15.70	Zofran	GL

NEW BRANDS

Code	Name and Form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Prop Name and Mfr	
AMIODARONE HYDROCHLORIDE								
2344J	Tablet 100 mg	30	5	..	20.05	15.70	Aratac 100 AF	
2343H	Tablet 200 mg	30	5	..	30.45	15.70	Aratac 200 AF	
AMOXYCILLIN								
1884E	Capsule 250 mg	20	1	..	6.85	7.60	Fisamox 250	FC
1889K	Capsule 500 mg	20	1	..	10.16	10.91	Fisamox 500	FC
1886G	Powder for syrup 125 mg per 5 mL, 100 mL	‡1	1	..	#8.47	9.55	Fisamox	FC
1887H	Powder for syrup 250 mg per 5 mL, 100 mL	‡1	..	..	#9.85	10.93	Fisamox	FC
INDAPAMIDE								
2436F	Tablet 2.5 mg	60	1	..	13.55	14.30	Dapa-Tabs	AF
METRONIDAZOLE								
1638F	I.V. infusion 500 mg in 100 mL	1	..	..	8.26	9.01	DW	

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

AMOXYCILLIN								
3301R	Capsule 250 mg	20	..	..	6.85	7.60	Fisamox 250	FC
3300Q	Capsule 500 mg	20	..	..	10.16	10.91	Fisamox 500	FC
3302T	Powder for syrup 125 mg per 5 mL, 100 mL	‡1	..	..	#8.47	9.55	Fisamox	FC
3393N	Powder for syrup 250 mg per 5 mL, 100 mL	‡1	..	..	#9.85	10.93	Fisamox	FC

PRICE ADJUSTMENTS OF SECTION 2—WHITE PAGES
SPECIAL PHARMACEUTICAL BENEFIT

Code	Name and Form	Max. Qty.	No. of Rpts	Special Patient Contribution for Max. Qty \$	Reimburse- ment Price for Max. Qty \$	Total Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$
2315W	BLEOMYCIN (Blenoxane BC) Injection 15 units bleomycin activity (solvent required)	10	..	540.17	525.86	1066.03	15.70

GENERAL PHARMACEUTICAL BENEFITS

Code	Name and Form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Prop Name and Mfr	
1038P	AMINOPHYLLINE I.V. injection 250 mg in 10 mL	5	..	..	7.96	8.71	SI	
1884E	AMOXYCILLIN Capsule 250 mg	20	1	0.32 0.34	7.17 7.19	7.60 7.60	Moxacin Amoxil	CS SK
1889K	Capsule 500 mg	20	1	0.44 0.48	10.60 10.64	10.91 10.91	Amoxil Moxacin	SK CS
1886G	Powder for syrup 125 mg per 5 mL, 100 mL	‡1	1	0.18 0.21	#8.65 #8.68	9.55 9.55	Moxacin Amoxil	CS SK
1887H	Powder for syrup 250 mg per 5 mL, 100 mL	‡1	..	0.37 0.38	#10.22 #10.23	10.93 10.93	Amoxil Forte Moxacin 250	SK CS
1081X	ATENOLOL Tablet 50 mg	30	5	.. 1.00	9.48 10.48	10.23 10.23	Noten Tenormin	AF IC
1650W	BECLOMETHASONE DIPROPIONATE Oral pressurised inhalation 50 micrograms per dose (200 doses)	‡1	5	0.26	10.17	10.66	Aldecin	SH
1105E	BENDROFLUAZIDE Tablet 2.5 mg	100	1	..	6.73	7.48	Aprinox-M	BT
1106F	Tablet 5 mg	100	1	..	6.87	7.72	Aprinox	BT
1790F	CEFTRIAXONE Injection 250 mg (solvent required)	2	..	..	*31.15	15.70	Rocephin	RO
1783W	Injection 500 mg (solvent required)	2	..	..	*43.69	15.70	Rocephin	RO
1784X	Injection 1 g (solvent required)	2	..	..	*65.91	15.70	Rocephin	RO
1785Y	Injection 2 g (solvent required)	2	..	..	*119.15	15.70	Rocephin	RO
1782T	Injection 250 mg (solvent required)	1	..	..	17.29	15.70	Rocephin	RO
3058Y	CEPHALEXIN Capsule 250 mg	20	1	0.63	7.86	7.98	Keflex	LY

(continued)

Code	Name and Form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Prop Name and Mfr	
3119E	CEPHALEXIN—cont. Capsule 500 mg	20	1	0.65	10.90	11.00	Keflex	LY
3094W	Granules for syrup 125 mg per 5 mL, 100 mL	‡1	1	0.65	#10.33	10.76	Keflex	LY
3095X	Granules for syrup 250 mg per 5 mL, 100 mL	‡1	..	0.65	#12.53	12.96	Keflex	LY
1174T	CHLORAMPHENICOL Capsule 250 mg	16	..	..	8.60	9.35	Chloromycetin	PD
2693R	Paediatric oral suspension 125 mg per 5 mL, 100 mL	‡1	..	..	8.38	9.13	Chloromycetin Palmitate	PD
1167K	Injection 1.2 g (solvent required)	3	..	..	*51.94	15.70	Chloromycetin Succinate	PD
1184H	CHLOROQUINE Tablet equivalent to 150 mg (approx.) chloroquine base	100	..	0.55	8.38	8.58	Nivaquine	MB
2786P	CHOLINE THEOPHYLLINATE Elixir 50 mg per 5 mL, 500 mL	‡1	5	..	7.05	7.80	Brondecon Elixir—PD	PD
3145M	CLONIDINE Tablet 100 micrograms	100	5	..	20.65	15.70	Catapres 100	BY
3141H	Tablet 150 micrograms	100	5	..	27.19	15.70	Catapres	BY
2621Y	COLISTIN Injection 150 mg (solvent required)	5	..	..	*158.53	15.70	Coly-Mycin	WW
1266P	CYCLOPHOSPHAMIDE Tablet 50 mg	50	2	..	24.81	15.70	Cycloblastin	FE
1265N	Injection 100 mg (solvent required)	6	..	..	40.83	15.70	Cycloblastin	FE
2381H	Injection 200 mg (solvent required)	6	..	..	43.69	15.70	Cycloblastin	FE
1079T	Injection 500 mg (solvent required)	2	..	..	*24.83	15.70	Cycloblastin	FE
1080W	Injection 1 g (solvent required)	1	..	..	22.14	15.70	Cycloblastin	FE
3068L	DIAZOXIDE Injection 300 mg in 20 mL	1	..	0.47	15.78	15.70	Hyperstat I.V.	SH
1322N	DIGOXIN Tablet 250 micrograms	100	1	..	*6.89	7.64	Lanoxin	BW
3164M	Oral solution for children 50 micrograms per mL, 100mL	‡1	3	..	15.96	15.70	Lanoxin	BW
2923W	DISOPYRAMIDE Capsule 100 mg	100	5	..	20.81	15.70	Norpace Rythmodan	SR RL
2924X	Capsule 150 mg	100	5	..	27.74	15.70	Norpace Rythmodan	SR RL

Code	Name and Form	Max. Qty	No.of Rpts	Brand Price Premium \$	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Prop Name and Mir	
DOXYCYCLINE								
2711Q	Tablet 50 mg	25	5	.. 0.60	8.11 8.71	8.86 8.86	Doxylin 50 Vibra-Tabs	AF PF
2707L	Capsule 50 mg	25	5	0.59	8.70	8.86	Doryx	FA
2702F	Tablet 100 mg	28	..	.. 2.80	*13.47 *16.27	14.22 14.22	Doxylin 100 Vibramycin	AF PF
2703G	Capsule 100 mg	28	..	2.68	*16.15	14.22	Doryx	FA
2714W	Tablet 100 mg	21	..	.. 2.10	*10.96 *13.06	11.71 11.71	Doxylin 100 Vibramycin	AF PF
2715X	Capsule 100 mg	21	..	1.46	12.42	11.71	Doryx	FA
2709N	Tablet 100 mg	7	1	.. 0.70	5.94 6.64	6.69 6.69	Doxylin 100 Vibramycin	AF PF
2708M	Capsule 100 mg	7	1	0.67	6.61	6.69	Doryx	FA
ERYTHROMYCIN								
1399P	Tablet 250 mg	25	1	0.24	6.93	7.44	AB	
1395K	I.M. injection 100 mg in 2 mL	5	..	..	14.56	15.31	Erythrocin-I.M.	AB
ERYTHROMYCIN ETHYL SUCCINATE								
2424N	Granules for paediatric oral suspension 200 mg (base) per 5 mL, 100 mL	‡1	1	..	#9.22	10.30	E.E.S. 200	AB
ERYTHROMYCIN STEARATE								
2610J	Oral suspension 250 mg (base) per 5 mL, 100 mL	‡1	..	..	8.68	9.43	Erythrocin	AB
ETHACRYNIC ACID								
2511E	Tablet 50 mg	50	3	..	17.38	15.70	Edecril	MK
ETOPOSIDE								
1396L	Capsule 50 mg	10	..	..	257.00	15.70	Vepesid	BC
1389D	Capsule 100 mg	10	..	..	434.35	15.70	Vepesid	BC
1390E	Solution for I.V. infusion 100 mg in 5 mL	5	..	..	*206.43	15.70	Vepesid	BC
FLUCLOXACILLIN								
1526H	Capsule 250 mg	24	..	0.20 0.22	10.45 10.47	11.00 11.00	Flopen Floxapen	CS SK
1527J	Capsule 500 mg	24	..	0.33 0.36	18.06 18.09	15.70 15.70	Floxapen Flopen	SK CS
FLUOROURACIL								
2521Q	Injection 250 mg in 10 mL	20	..	..	*66.79	15.70	RO,BL	
2528C	Injection 500 mg in 10 mL	10	..	..	*65.83	15.70	Fluroblastin BL	FE
FOSFESTROL SODIUM								
1353F	Tablet 120 mg	100	2	..	34.68	15.70	Honvan	BC
1352E	Injection 250 mg in 5 mL	10	..	..	18.47	15.70	Honvan	BC

Code	Name and Form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Prop Name and Mfr	
GENTAMICIN SULPHATE								
1068F	Injection 40 mg (base) in 1 mL	5	..	0.47	15.38	15.66	Garamycin	SH
1168L	Injection 60 mg (base) in 1.5 mL	5	..	0.58	18.24	15.70	Garamycin	SH
2824P	Injection 80 mg (base) in 2 mL	5	..	0.26	10.24	10.73	Garamycin	SH
GLYCERYL TRINITRATE								
1459T	Tablets 600 micrograms, 100	1	5	..	5.47	6.22	Anginine Stabilised	BW
1513P	Transdermal disc releasing approximately 5 mg per 24 hours	30	2	..	26.67	15.70	Nitradisc	SR
1514Q	Transdermal disc releasing approximately 10 mg per 24 hours	30	2	..	34.34	15.70	Nitradisc	SR
1515R	Transdermal patch releasing approximately 5 mg per 24 hours	30	2	..	26.67	15.70	Transderm- Nitro 25	CG
1516T	Transdermal patch releasing approximately 10 mg per 24 hours	30	2	..	34.34	15.70	Transderm- Nitro 50	CG
GOSERELIN								
1454M	Subcutaneous implant 3.6 mg	1	5	..	431.49	15.70	Zoladex Depot	IC
GRISEOFULVIN								
1460W	Tablet 125 mg	100	2	..	12.40	13.15	Grisovin	GL
2983B	Tablet 330 mg	28	2	..	11.59	12.34	Griseostatin	SH
2982Y	Tablet 500 mg	28	2	..	11.59	12.34	Grisovin 500	GL
				1.00	12.59	12.34	Fulcin 500	IC
HYDROCORTISONE SODIUM SUCCINATE								
1510L	Injection set containing equivalent of 100 mg hydrocortisone and 2 mL solvent	6	..	..	*21.91	15.70	Nordicort Solu-Cortef	NR UP
1501B	Injection set containing equivalent of 100 mg hydrocortisone and 2 mL solvent	2	..	..	*9.59	10.34	Nordicort Solu-Cortef	NR UP
HYDROXYCHLOROQUINE SULPHATE								
1512N	Tablet 200 mg	100	1	..	29.05	15.70	Plaquenil	WL
INDAPAMIDE								
2436F	Tablet 2.5 mg	60	1	1.82	*15.37	14.30	Natrilix	SE
INFLUENZA VACCINE								
2852D	Injection (trivalent) 0.5 mL	1	..	..	15.42	15.70	Fluvax Vaxigrip	CS PV
IPRATROPIUM BROMIDE								
1541D	Nebuliser solution 250 micrograms per mL (0.025%), 20 mL	2	2	..	*15.67	15.70	Atrovent	BY

(continued)

Code	Name and Form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Prop Name and Mfr	
1540C	IPRATROPIUM BROMIDE—cont. Oral pressurised inhalation 20 micrograms per dose (200 doses)	‡1	5	..	17.46	15.70	Atrovent	BY
1554T	ISONIAZID Tablet 100 mg	100	2	..	5.96	6.71	FM	
2587E	ISOSORBIDE DINITRATE Tablet 10 mg	200	2	..	*11.83	12.58	Isordil Isotrate	AY PD
2588F	Sublingual tablet 5 mg	200	2	..	*11.17	11.92	Isordil Sublingual Isotrate Sublingual	AY PD
2913H	LEVONORGESTREL Tablets 30 micrograms, 28	4	2	..	*13.19	13.94	Microlut 28 Microval 28	SC WY
1455N	LEVONORGESTREL with ETHINYLOESTRADIOL Tablets 125 micrograms- 50 micrograms, 21	4	2	..	*13.19	13.94	Microgynon 50	SC
1393H	Tablets 150 micrograms- 30 micrograms, 21	4	2	..	*13.19	13.94	Microgynon 30 Nordette 21	SC WY
3186Q	Tablets 250 micrograms- 50 micrograms, 21	4	2	..	*13.19	13.94	Nordiol 21	WY
1456P	Pack containing 21 tablets 125 micrograms-50 micrograms and 7 inert tablets	4	2	..	*13.19	13.94	Microgynon 50 ED Nordette 50	SC WY
1394J	Pack containing 21 tablets 150 micrograms-30 micrograms and 7 inert tablets	4	2	..	*13.19	13.94	Microgynon 30 ED Nordette 28	SC WY
3188T	Pack containing 21 tablets 250 micrograms-50 micrograms and 7 inert tablets	4	2	..	*13.19	13.94	Nordiol 28	WY
1457Q	Pack containing 11 tablets 50 micrograms-50 micrograms and 10 tablets 125 micrograms- 50 micrograms	4	2	..	*13.19	13.94	Biphasil 21	WY
1458R	Pack containing 11 tablets 50 micrograms-50 micrograms, 10 tablets 125 micrograms- 50 micrograms and 7 inert tablets	4	2	..	*13.19	13.94	Biphasil 28 Sequilar ED	WY SC

(continued)

Code	Name and Form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Prop Name and Mfr	
1391F	LEVONORGESTREL with ETHINYLOESTRADIOL—cont. Pack containing 6 tablets 50 micrograms–30 micrograms, 5 tablets 75 micrograms– 40 micrograms and 10 tablets 125 micrograms–30 micrograms	4	2	..	*13.19	13.94	Triphasil Triquilar	WY SC
1392G	Pack containing 6 tablets 50 micrograms–30 micrograms, 5 tablets 75 micrograms– 40 micrograms, 10 tablets 125 micrograms–30 micrograms and 7 inert tablets	4	2	..	*13.19	13.94	Triphasil 28 Triquilar ED	WY SC
2875H	LIGNOCAINE HYDROCHLORIDE Injection 100 mg in 5 mL	‡2	..	..	9.92	10.67	Xylocard 100	AP
2876J	Infusion 500 mg in 5 mL	5	..	..	9.92	10.67	Xylocard 500	AP
2322F	MEDROXYPROGESTERONE Injection 500 mg in 2.5 mL	7	..	..	*346.43	15.70	Farlutal	FE
2731R	MEGESTROL ACETATE Tablet 40 mg	100	2	..	44.68	15.70	Megostat	BC
2734X	Tablet 160 mg	30	2	..	72.18	15.70	Megostat	BC
1629R	METHYLDOPA Tablet 250 mg	100	5	.. 0.50	10.65 11.15	11.40 11.40	Hydopa Aldomet	AF MK
1638F	METRONIDAZOLE I.V. infusion 500 mg in 100 mL	1	..	..	8.26	9.01	Flagyl	MB
1642K	Suppositories 500 mg, 10	‡1	..	..	16.74	15.70	Flagyl	MB
1643L	Suppositories 1 g, 10	‡1	..	..	23.34	15.70	Flagyl	MB
1630T	METRONIDAZOLE BENZOATE Oral suspension 320 mg per 5 mL (equivalent to 200 mg metronidazole in 5 mL), 100 mL	‡1	..	..	10.90	11.65	Flagyl S	MB
1682M	MEXILETINE HYDROCHLORIDE Capsule 50 mg	100	5	..	21.95	15.70	Mexitil	BY
1683N	Capsule 200 mg	100	5	..	44.90	15.70	Mexitil	BY
1668T	MUSTINE HYDROCHLORIDE Injection 10 mg (solvent required)	4	..	..	*39.51	15.70	BT	
1681L	NICLOSAMIDE Tablet 500 mg	16	..	..	*13.79	14.54	Yomesan	BN
1680K	Tablet 500 mg	4	..	..	6.02	6.77	Yomesan	BN
1692C	NITROFURANTOIN Capsule 50 mg	30	1	..	8.52	9.27	Macrochantin	NW

Code	Name and Form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Prop Name and Mfr	
1967M	NORETHISTERONE Tablets 350 micrograms, 28	4	2	..	*13.19	13.94	Micronor Noriday 28 Day	JC SD
2772X	NORETHISTERONE with ETHINYLOESTRADIOL Tablets 500 micrograms- 35 micrograms, 21	4	2	..	*13.19	13.94	Brevinor	SD
2773Y	Tablets 1 mg-35 micrograms, 21	4	2	..	*13.19	13.94	Brevinor-1	SD
2774B	Pack containing 21 tablets 500 micrograms-35 micrograms and 7 inert tablets	4	2	..	*13.19	13.94	Brevinor	SD
2775C	Pack containing 21 tablets 1 mg- 35 micrograms and 7 inert tablets	4	2	..	*13.19	13.94	Brevinor-1	SD
2771W	Pack containing 12 tablets 500 micrograms-35 micrograms and 9 tablets 1 mg-35 micrograms	4	2	..	*13.19	13.94	Synphasic 21 Day	SD
2776D	Pack containing 12 tablets 500 micrograms-35 micrograms, 9 tablets 1 mg-35 micrograms and 7 inert tablets	4	2	..	*13.19	13.94	Synphasic	SD
3176E	NORETHISTERONE with MESTRANOL Tablets 1 mg-50 micrograms, 21	4	2	..	*13.19	13.94	Norinyl-1 Ortho-Novum 1/50	SD JC
3179H	Pack containing 21 tablets 1 mg- 50 micrograms and 7 inert tablets	4	2	..	*13.19	13.94	Norinyl-1/28	SD
1696G	NYSTATIN Tablet 500,000 units	50	..	0.55	10.43	10.63	Mycostatin	SG
3088M	PHENETHICILLIN Capsule 500 mg	25	1	..	7.90	8.65	Pensig	SI
3120F	Powder for syrup 125 mg per 5 mL, 100 mL	‡1	1	..	#7.90	8.98	Pensig 125	SI
1702N	PHENOXYMETHYLPENICILLIN Tablet 125 mg	50	5	..	*9.17	9.92	Abbocillin-V	AB
1703P	Tablet 250 mg	50	5	..	*9.45	10.20	Abbocillin-VK Cilicaine VK PVK	AB SI LY
1705R	Capsule 250 mg	50	5	..	*9.45	10.20	Abbocillin-VK Cilicaine VK LPV PVK	AB SI CS LY
1786B	Tablet 125 mg	25	1	..	6.30	7.05	Abbocillin-V	AB

(continued)

Code	Name and Form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Prop Name and Mfr	
1787C	PHENOXYMETHYLPENICILLIN—cont. Tablet 250 mg	25	1	..	6.44	7.19	Abbocillin-VK Cilicaine VK PVK	AB SI LY
3028J	Tablet 500 mg	25	1	..	7.90	8.65	Abbocillin-VK PVK	AB LY
1789E	Capsule 250 mg	25	1	..	6.44	7.19	Abbocillin-VK Cilicaine VK LPV PVK	AB SI CS LY
2965C	Capsule 500 mg	25	1	..	7.90	8.65	Cilicaine VK LPV	SI CS
2356B	Paediatric oral suspension 125 mg per 5 mL, 100 mL	‡1	1	.. 0.40	6.17 6.57	6.92 6.92	Abbocillin-V Cilicaine V LPV 125	AB SI CS
2354X	Oral suspension 250 mg per 5 mL, 100 mL	‡1	1	0.48	7.28	7.55	LPV 250	CS
1479W	PRAZOSIN HYDROCHLORIDE Tablet 1 mg (base)	100	5	..	11.68	12.43	Minipress	PF
1480X	Tablet 2 mg (base)	100	5	..	14.65	15.40	Minipress	PF
1478T	Tablet 5 mg (base)	100	5	..	22.57	15.70	Minipress	PF
1793J	PROCAINE PENICILLIN Injection 1 g	5	..	..	49.63	15.70	Cilicaine	SI
1794K	Injection 1.5 g	5	..	..	49.63	15.70	Cilicaine	SI
2565B	PROPRANOLOL HYDROCHLORIDE Tablet 10 mg	100	5	1.00	5.84	5.59	Inderal	IC
2566C	Tablet 40 mg	100	5	1.00	7.18	6.93	Inderal	IC
2899N	Tablet 160 mg	50	5	1.00	8.67	8.42	Inderal	IC
2830Y	Injection 1 mg in 1 mL	5	..	..	*16.84	15.70	Inderal	IC
1966L	PYRIMETHAMINE Tablet 25 mg	50	..	..	9.56	10.31	Daraprim	BW
2623C	QUINIDINE BISULPHATE Tablet 250 mg (sustained release)	100	5	..	20.92	15.70	Kinidin	AP
1098T	SALBUTAMOL SULPHATE Tablet 4 mg (base)	100	5	..	11.13	11.88	Ventolin	GL
1097R	Oral pressurised inhalation 100 micrograms (base) per dose (400 doses)	‡1	5	..	8.93	9.68	Respolin	MM
2084Q	SULPHAMETHIZOLE Tablet 500 mg	40	2	..	9.54	10.29	Urolucosil	WW
2081M	Tablet 1 g	20	2	..	9.54	10.29	Urolucosil	WW

Code	Name and Form	Max. Qty	No.of Rpts	Brand Price Premium \$	Dispensed Price for Max.Qty \$	Maximum Recordable Value for Safety Net \$	Prop Name and Mfr	
TAMOXIFEN CITRATE								
2109B	Tablet 10 mg (base)	60	5	..	*64.11	15.70	Nolvadex	IC
2110C	Tablet 20 mg (base)	60	5	..	*106.19	15.70	Nolvadex-D	IC
TERBUTALINE SULPHATE								
1028D	Tablet 5 mg	100	5	..	11.13	11.88	Bricanyl	AP
Oral pressurised inhalation								
1240G	250 micrograms per dose (400 doses)	‡1	5	..	8.93	9.68	Bricanyl	AP
TETRACYCLINE HYDROCHLORIDE (BUFFERED)								
2146Y	Capsule 250 mg	50	5	1.30	*9.37	8.82	Tetrex	AP
2145X	Capsule 250 mg	25	1	0.65	6.40	6.50	Tetrex	AP
THEOPHYLLINE								
2615P	Tablet 200 mg	100	5	..	6.73	7.48	Nuelin	MM
2613M	Elixir 80 mg per 15 mL, 500 mL	‡1	5	..	6.32	7.07	Elixophyllin	SC
2614N	Syrup 80 mg per 15 mL, 500 mL	‡1	5	..	6.32	7.07	Nuelin	MM
THIABENDAZOLE								
2947D	Tablet 500 mg	16	..	..	10.55	11.30	Mintezol	MK
VERAPAMIL HYDROCHLORIDE								
1248Q	Tablet 40 mg	100	5	..	10.21	10.96	Anpec 40 Cordilox Isoptin Verpamil	AF SC KN PT
1250T	Tablet 80 mg	100	5	..	15.46	15.70	Anpec 80 Cordilox Isoptin Verpamil	AF SC KN PT

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

AMOXYCILLIN								
3301R	Capsule 250 mg	20	..	0.32 0.34	7.17 7.19	7.60 7.60	Moxacin Amoxil	CS SK
3300Q	Capsule 500 mg	20	..	0.44 0.48	10.60 10.64	10.91 10.91	Amoxil Moxacin	SK CS
Powder for syrup 125 mg per 5 mL, 100 mL								
3302T		‡1	..	0.18 0.21	#8.65 #8.68	9.55 9.55	Moxacin Amoxil	CS SK
Powder for syrup 250 mg per 5 mL, 100 mL								
3393N		‡1	..	0.37 0.38	#10.22 #10.23	10.93 10.93	Amoxil Forte Moxacin 250	SK CS
CEPHALEXIN								
3317N	Capsule 250 mg	20	..	0.63	7.86	7.98	Keflex	LY
3318P	Capsule 500 mg	20	..	0.65	10.90	11.00	Keflex	LY

(continued)

Code	Name and Form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Prop Name and Mfr	
3319Q	CEPHALEXIN—cont. Granules for syrup 125 mg per 5 mL, 100 mL	‡1	..	0.65	#10.33	10.76	Keflex	LY
3320R	Granules for syrup 250 mg per 5 mL, 100 mL	‡1	..	0.65	#12.53	12.96	Keflex	LY
3321T	DOXYCYCLINE Tablet 100 mg	7	..	.. 0.70	5.94 6.64	6.69 6.69	Doxylin 100 Vibramycin	AF PF
3322W	Capsule 100 mg	7	..	0.67	6.61	6.69	Doryx	FA
3324Y	ERYTHROMYCIN Tablet 250 mg	25	..	0.24	6.93	7.44	AB	
3334L	ERYTHROMYCIN ETHYL SUCCINATE Granules for paediatric oral suspension 200 mg (base) per 5 mL, 100 mL	‡1	..	..	#9.22	10.30	E.E.S. 200	AB
3333K	ERYTHROMYCIN STEARATE Oral suspension 250 mg (base) per 5 mL, 100 mL	‡1	..	..	8.68	9.43	Erythrocin	AB
3342X	NYSTATIN Tablet 500,000 units	25	..	0.34	*7.94	8.35	Mycostatin	SQ
3354M	PHENETHICILLIN Capsule 500 mg	25	..	..	7.90	8.65	Pensig	SI
3355N	Powder for syrup 125 mg per 5 mL, 100 mL	‡1	..	..	#7.90	8.98	Pensig 125	SI
3359T	PHENOXYMETHYLPENICILLIN Tablet 125 mg	25	..	..	6.30	7.05	Abbocillin-V	AB
3360W	Tablet 250 mg	25	..	..	6.44	7.19	Abbocillin-VK Cilicaine VK PVK	AB SI LY
3361X	Tablet 500 mg	25	..	..	7.90	8.65	Abbocillin-VK PVK	AB LY
3363B	Capsule 250 mg	25	..	..	6.44	7.19	Abbocillin-VK Cilicaine VK LPV PVK	AB SI CS LY
3364C	Capsule 500 mg	25	..	..	7.90	8.65	Cilicaine VK LPV	SI CS
3365D	Paediatric oral suspension 125 mg per 5 mL, 100 mL	‡1	..	.. 0.40	6.17 6.57	6.92 6.92	Abbocillin-V Cilicaine V LPV 125	AB SI CS
3366E	Oral suspension 250 mg per 5 mL, 100 mL	‡1	..	0.48	7.28	7.55	LPV 250	CS

Code	Name and Form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Prop Name and Mfr	
3370J	PROCAINE PENICILLIN Injection 1 g	5	..	..	49.63	15.70	Cilicaine	SI
3371K	Injection 1.5 g	5	..	..	49.63	15.70	Cilicaine	SI
3386F	TETRACYCLINE HYDROCHLORIDE (BUFFERED) Capsule 250 mg	25	..	0.65	6.40	6.50	Tetrex	AP

PRICE ADJUSTMENTS OF SECTION 3—STANDARD PACKS AND PRICES

Code	Name and Form	Amended Price \$	
1790F	Ceftriaxone 250 mg	1 @ 13.86	RO
1783W	500 mg	1 @ 20.13	RO
1784X	1 g	1 @ 31.24	RO
1785Y	2 g	1 @ 57.86	RO
1167K	Chloramphenicol 1.2 g	1 @ 16.17	PD
2621Y	Colistin 150 mg	1 @ 31.02	WW
1079T	Cyclophosphamide 500 mg	1 @ 10.70	FE
1322N	Digoxin 250 mcg	50 @ 1.73	BW
2714W	Doxycycline 100 mg	7 @ 2.51	AF
		7 @ 3.21	PF
2702F	100 mg	7 @ 2.51	AF
		7 @ 3.21	PF
2703G	100 mg	7 @ 3.18	FA
1390E	Etoposide 100 mg in 5 mL	1 @ 40.60	BC
2521Q	Fluorouracil 250 mg in 10 mL	5 @ 15.84	BL
		10 @ 31.68	RO
2528C	500 mg in 10 mL	5 @ 31.20	BL,FE
1510L	Hydrocortisone Sodium Succinate 100 mg set	1 @ 3.08	NR,UP
1501B	100 mg set	1 @ 3.08	NR,UP
2436F	Indapamide 25 mg	30 @ 5.97	SE
1541D	Ipratropium Bromide 250 mcg per mL, 20 mL	1 @ 6.12	BY
2587E	Isosorbide Dinitrate 10 mg	100 @ 4.20	AY,PD
2588F	5 mg	100 @ 3.87	AY,PD
2913H	Levonorgestrel 30 mcg	1 @ 2.44	SC,WY
1455N	Levonorgestrel with Ethinylloestradiol 125 mcg-50 mcg	1 @ 2.44	SC
1393H	150 mcg-30 mcg	1 @ 2.44	SC,WY
3186Q	250 mcg-50 mcg	1 @ 2.44	WY
1456P	Tablet-Pack	1 @ 2.44	SC,WY
1394J	Tablet-Pack	1 @ 2.44	SC,WY
3188T	Tablet-Pack	1 @ 2.44	WY
1458R	Tablet-Pack	1 @ 2.44	SC,WY
1457Q	Tablet-Pack	1 @ 2.44	WY
1391F	Tablet-Pack	1 @ 2.44	SC,WY
1392G	Tablet-Pack	1 @ 2.44	SC,WY
2322F	Medroxyprogesterone 500 mg in 2.5 mL	1 @ 49.00	FE
1668T	Mustine Hydrochloride 10 mg	1 @ 9.02	BT
1681L	Niclosamide 500 mg	4 @ 2.59	BN
1967M	Norethisterone 350 mcg	1 @ 2.44	JC,SD
2772X	Norethisterone with Ethinylloestradiol 500 mcg-35 mcg	1 @ 2.44	SD
2773Y	1 mg-35 mcg	1 @ 2.44	SD
2774B	Tablet-Pack	1 @ 2.44	SD
2775C	Tablet-Pack	1 @ 2.44	SD
2771W	Tablet-Pack	1 @ 2.44	SD
2776D	Tablet-Pack	1 @ 2.44	SD

14/15

Code	Name and Form	Amended Price \$			
3176E	Norethisterone with Mestranol 1 mg-50 mcg	1	@	2.44	JC,SD
3179H	Tablet-Pack	1	@	2.44	SD
1702N	Phenoxymethylpenicillin 125 mg	25	@	2.87	AB
1703P	250 mg	25	@	3.01	AB,LY,SI
1705R	250 mg	25	@	3.01	AB,CS,LY,SI
2830Y	Propranolol Hydrochloride 1 mg in 1 mL	10	@	20.86	IC
2109B	Tamoxifen Citrate 10 mg (base)	30	@	30.34	IC
2110C	20 mg (base)	30	@	51.38	IC
2146Y	Tetracycline Hydrochloride (Buffered) 250 mg	25	@	2.97	AP

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

3342X	Nystatin 500,000 units	50	@	7.00	SQ
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OTHER AMENDMENTS OF SECTION 3—STANDARD PACKS AND PRICES

Code	Name and Form	Amendment
1029E	Alteplase, injection set, 1 @ 937.42, BY	Add entry
1105E	Bendrofluazide, 2.5 mg, 50 @ 1.65, BT	Delete entry
1106F	5 mg, 50 @ 1.77, BT	Delete entry
2919P	Glucose Indicator—Blood, reagent strips, 50, 1 @ 20.04 BO	Add entry

ADVANCE NOTICES

DELETIONS—ITEMS

The items listed below will be deleted from the Schedule of Pharmaceutical Benefits from 1 April 1992.

Section 2—Prescribing by medical practitioners

Items being discontinued by the manufacturer—

1026B	Aluminium Hydroxide Dried , tablet 300 mg (<i>Amphotabs</i>)
1033J	Aluminium Hydroxide and Magnesium Carbonate Co-Dried Gel , tablet 375 mg (<i>Simeco</i>)
1039Q	Aminophylline , tablet 100 mg (<i>Cardophyllin</i>)
1135R	Cephalothin , injection 2 g (solvent required) (<i>Keflin Neutral</i>)
1136T	Cephalothin , injection 4 g (solvent required) (<i>Keflin Neutral</i>)
2693R	Chloramphenicol , paediatric oral suspension 125 mg per 5 mL, 100 mL (<i>Chloromycetin Palmitate</i>)
2401J	Lypressin , nasal spray 50 units per mL, 5 mL (<i>Vasopressin</i>)
1709Y	Phenethicillin , capsule 250 mg (<i>Pensig</i>)
1838R	Phenethicillin , capsule 250 mg (<i>Pensig</i>)
3080D	Quinidine Sulphate , tablet 300 mg (sustained release) (<i>Quinidex LA</i>)
1990R	Rolitetraacycline , I.M. injection set containing 350 mg and 2 mL solvent (<i>Reverin</i>)
2031X	Semisodium Valproate , tablet 135 mg (enteric coated) (<i>Valcote</i>)
2032Y	Semisodium Valproate , tablet 269 mg (enteric coated) (<i>Valcote</i>)
2033B	Semisodium Valproate , tablet 538 mg (enteric coated) (<i>Valcote</i>)
2572J	Thiethylperazine , tablet 6.5 mg (base) (<i>Torecan</i>)
2573K	Thiethylperazine , suppositories 6.5 mg (base), 5 (<i>Torecan</i>)
1355H	Tobramycin Sulphate , injection 40 mg (base) (<i>Nebcin</i>)
2835F	Trifluoperazine Hydrochloride , injection 1 mg (base) in 1 mL (<i>Stelazine</i>)

Deletion requested by the manufacturer—

1318J	Nystatin , gel 100,000 units per g, 15 g (<i>Mycostatin</i>)
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Section 2—Prescribing by participating dental practitioners

Items being discontinued by the manufacturer—

3377R	Cephalothin , injection 2 g (solvent required) (<i>Keflin Neutral</i>)
3378T	Cephalothin , injection 4 g (solvent required) (<i>Keflin Neutral</i>)
3353L	Phenethicillin , capsule 250 mg (<i>Pensig</i>)

Section 4—Drugs available for extemporaneous Preparations

Sulphurated Potash BPC 1973
Syrup—Raspberry BP
Tar Coal Prepared BP 1973

DELETIONS—BRANDS

The brands listed below will be deleted from the Schedule of Pharmaceutical Benefits from 1 April 1992

Section 2—Prescribing by medical practitioners

Brands being discontinued by the manufacturer—

1884E	<i>Ibiamox</i> , PT— amoxycillin , capsule 250 mg
1889K	<i>Ibiamox</i> , PT— amoxycillin , capsule 500 mg
1886G	<i>Ibiamox</i> , PT— amoxycillin , powder for syrup 125 mg per 5 mL, 100 mL
1887H	<i>Ibiamox</i> , PT— amoxycillin , powder for syrup 250 mg per 5 mL, 100 mL

Section 2—Prescribing by dental practitioners

Brands being discontinued by the manufacturer—

3301R	<i>Ibiamox</i> , PT— amoxycillin , capsule 250 mg
3300Q	<i>Ibiamox</i> , PT— amoxycillin , capsule 500 mg
3302T	<i>Ibiamox</i> , PT— amoxycillin , powder for syrup 125 mg per 5 mL, 100 mL
3393N	<i>Ibiamox</i> , PT— amoxycillin , powder for syrup 250 mg per 5 mL, 100 mL

ACCESS TO UNAPPROVED DRUGS

VIA

THE SPECIAL ACCESS SCHEME (SAS)

THERAPEUTIC GOODS ADMINISTRATION

1 JANUARY 1992

From 1 January 1992 it is proposed that a new Special Access Scheme for drugs not yet registered for marketing in Australia will replace the previous arrangements for Individual Patient Usage of unapproved drugs.

The Special Access Scheme is based on recommendations for individual access to unapproved drugs in the report by Professor Peter Baume, "A Question of Balance".

The Special Access Scheme will have revised criteria for approval and a greater devolution of responsibility to hospitals and individual prescribers.

Guidelines for medical practitioners for use with the proposed SAS follow. A copy of the "Authority to Supply" form, to obtain drug supplies for Category A patients, is included in the Schedule of Pharmaceutical Benefits following Section 1 and with this brochure. The reference copies of this form may be photocopied and submitted, as an alternative to obtaining forms from the TGA.

INTRODUCTION

Three ways exist for individuals to gain access to drugs not yet registered for marketing in Australia. These are:

- importation for personal use,
- participation in a clinical trial, and
- under the SPECIAL ACCESS SCHEME (SAS).

Importation for Personal Use, except for certain classes of substance as described below, is permitted where

- the drugs are for the use of the importer or a member of the importer's immediate family;
- the quantity involved is not more than three months' supply (at the maximum dose recommended by the manufacturer); and
- if the product could be obtained in Australia only with a medical practitioner's prescription, the importer has the written authority of a registered medical practitioner.

The substances for which approval is still required generally fall into one of the categories:

- those which have the potential to cause dependence or have a propensity for abuse (narcotic drugs and psychotropic substances). Further information on the specific drugs which are controlled and the procedures can be obtained from the Drugs Monitoring Section, telephone (06) 289 7804, facsimile (06) 289 8308 or mail GPO Box 9848 Canberra ACT 2601;
- other drugs with a potential for abuse or which are dangerous (eg anabolic steroids). Further information can be obtained from the Drug Evaluation Branch, TGA, telephone (06) 289 8573, facsimile (06) 289 7724 or mail PO Box 100 Woden ACT 2606; and
- injectable drugs which contain material of human or animal origin because of the higher risk from this route of administration and the consequences of microbial contamination.

Clinical Trial requirements are set out in "Clinical Trials of Drugs in Australia", which should be read in association with the "Voluntary Code of Conduct for Clinical Trials". These publications are available from the Information Officer, TGA, telephone (06) 289 7557, facsimile (06) 289 8709 or mail PO Box 100 Woden ACT 2606.

The Special Access Scheme is the subject of this publication.

This guide describes how to obtain approval and, where necessary, the procedures for importing drugs. Medical practitioners working in an institution may also need ethical or peer review clearance prior to using a particular drug.

A company is not required to supply a drug merely because its use has been approved under the Special Access Scheme.

THE SPECIAL ACCESS SCHEME (SAS)

Arrangements for access to unapproved drugs under the Special Access Scheme vary according to the health status of the individual.

Three categories of health status are recognised:

Category A. Terminally ill patients and seriously ill patients with life-threatening conditions.

Category B. Persons suffering from a life-threatening medical condition, even if they are not critically ill.

Category C. Persons suffering from a serious, but not life-threatening illness.

CATEGORY A PATIENTS

What drugs are involved?

Patients in this category are seen as having the right, in consultation with their medical practitioner, to use any drug, except those listed in Schedule 9 of the "Standard for the Uniform Scheduling of Drugs and Poisons". Schedule 9 essentially involves drugs of abuse.

What approval is necessary?

Unlike Categories B and C there is no need to seek prior approval for the use of an unapproved drug on a Category A patient. The treating registered medical practitioner is in effect the approving authority in that he/she is prepared to prescribe the drug in question.

The practitioner is simply required—

- (a) to have reached the conclusion that the patient's condition can be categorised as terminally ill or seriously ill with a life-threatening condition (a life-threatening condition being one "in which there is reasonable likelihood that death will occur within a matter of months or in which premature death is likely without early treatment"); and
- (b) to have obtained the informed consent of the patient, or patient's legal representative, to the proposed treatment; including advising that the drug is not registered for marketing in this country. Consent should be gained in writing unless there are good reasons to the contrary.

Naturally, a medical practitioner is under no compulsion to approve any application for an unapproved drug against his/her principles.

How to obtain the drug

If the drug is available from an Australian source (sponsor company) then the sponsor company will require authorisation to release any unapproved product. As indicated above, in the case of Category A patients such authorisation may come from the treating practitioner. Attachment A to this publication is the form which should be used for this purpose. Additional copies may be obtained from the Information Officer, TGA, telephone (06) 289 7557, facsimile (06) 289 8709 or mail PO Box 100 Woden ACT 2606, or the form may be copied.

Where it is necessary to import the drug this may be undertaken—

- by the patient or by his or her immediate family (see "Importation for Personal Use" above);
- by the prescribing practitioner; or
- in cases where personal importation is not appropriate and the drug is a narcotic or psychotropic substance controlled under Customs (Prohibited Import) Regulations, by a licensed importer. (The simplest approach may be to arrange for a pharmacist to apply for the necessary licence and permit.) Information on the requirements for a licence and permit can be obtained from the Drugs Monitoring Section, telephone (06) 289 7804, facsimile (06) 289 8308 or mail GPO Box 9848 Canberra ACT 2601.

The "Authority to Supply" form is sent, by the practitioner, to the sponsor and, at the same time, a copy should be sent to the Medical Officer—SAS, TGA, PO Box 100 Woden ACT 2606. Where necessary a prescription must accompany the authority.

CATEGORY B PATIENTS

What drugs are involved?

Drugs acceptable under Category A *and* which have been the subject of at least Phase 1 trials in humans, which have been satisfactorily completed, or have an established history of safe use.

What approval is necessary?

The treating medical practitioner will need to seek the approval of a "delegate" authorised under the *Therapeutic Goods Act 1989*. Certain officers of the TGA and certain senior hospital medical personnel are authorised delegates.

Guidelines issued to authorising officers are at Attachment B and treating practitioners should believe that those guidelines are met before seeking approval. In particular, he/she should be of the view that no conventional therapy is likely to cure or control adequately the condition from which the patient is suffering.

Approval is normally given on a patient by patient basis. However, in special circumstances approval may be given by a TGA delegate for certain hospital based clinicians, and certain specialists in private practice, to use a specific drug or class of drugs without the need for prior approval in respect of each individual patient. Specialist Colleges and Societies would normally be consulted by the TGA before any authorisation was given under this arrangement and a clinician or specialist so authorised would be expected to operate in accordance with the drug sponsor's protocol.

How to obtain the drug

If the circumstances appear to conform to a Category B situation, requests should be made to—

- the delegate within the institution concerned (inquiry to the medical superintendent or chief pharmacist should establish if there is a local delegate) or, if there is no local delegate, or the drug is not on the list of drugs which can be approved by the local delegate
- a delegate within the Drug Evaluation Branch, TGA, telephone (06) 289 8573, facsimile (06) 289 7724 or mail PO Box 100 Woden ACT 2606).

If a delegate (whether TGA or institutionally based) has refused approval, it would normally be inappropriate for an approach to be made to another delegate. Final responsibility for approving the use of a drug within an institution will always rest with that institution.

In making a request the practitioner will be asked to identify the patient (initials, age or unit record number) and offer a diagnosis and supporting statements which will assist the decision maker. Where a standard approved protocol exists, stated compliance with the dose regimen, duration of dosing and patient inclusion criteria will suffice.

It may be necessary to contact the sponsor company or TGA to clarify if the drug has been previously requested. If an application is received for the first use of a drug under SAS arrangements, information will be required about the drug to establish that criteria are met and to support the proposed protocol.

If an External Delegate or the TGA has given approval for use of an unapproved drug for a Category B or C patient, the medical practitioner can seek supply from an Australian sponsor company. The protocol may also usually be obtained from the sponsor company.

Within an institution supply may be arranged by the pharmacy department. In other cases the medical practitioner should seek supply from the sponsor company and arrange for delivery of the drug to a doctor or pharmacist (to allow for labelling and any additional instructions). Where necessary a prescription must also be provided.

Arrangements for importation of the drug are the same as for Category A patients on page 3 "How to Obtain the Drug".

CATEGORY C PATIENTS

What drugs are involved?

Drugs acceptable under Category A and which, while yet to be approved for marketing, have been the subject of extensive human trials which have addressed efficacy as well as safety. It would normally be expected that all such trials (phase 3) necessary to support a marketing application would have been completed.

Where the drug is known to have already been approved for marketing in one or more designated countries with comparable regulatory systems (Canada, the Netherlands, Sweden, UK and the USA), there will be a reduced requirement to show serious clinical need and prior use of other approved drugs will be at the treating practitioner's discretion.

What approval is necessary?

Approval arrangements are the same as for Category B, except that guidelines are outlined in Attachment C.

Again, these guidelines should be considered by the medical practitioner before making any application to use an unapproved drug on a Category C patient. In particular, it will usually be necessary to demonstrate serious clinical need plus some objective evidence to support the proposed usage. Prior use of all other approved drugs will be at the discretion of the prescribing doctor.

Reduced requirements to demonstrate serious clinical need will apply if the drug is approved for marketing in designated countries.

How to obtain the drug

See under Category B

Drugs withdrawn from the Australian market

With regard to Categories B and C, where a drug concerned has been officially withdrawn from the Australian market, or refused registration, because of safety concerns it will be necessary to establish that all conventional therapy has been tried and failed, or accompanied by unacceptable adverse reactions, and that a serious clinical need exists, before any consideration will be given to an application. Applications for such drugs should be made to the TGA, as External Delegates will not be authorised to approve their use.

Other situations

In circumstances where the patient's condition does not fit one of the above categories and the treating practitioner considers there are good reasons to use an unapproved drug, the treating practitioner can contact the TGA to discuss the case.

Adverse reactions

Details of any suspected drug reactions are to be reported by the medical practitioner to the TGA, as is requested for other drugs in Australia. Serious, unexpected, unusually frequent or fatal reactions should be notified immediately (within 72 hours). Sponsor companies should also be notified of adverse reactions.

AUTHORITY TO SUPPLY

SPECIAL ACCESS SCHEME (SAS) ARRANGEMENTS FOR SERIOUSLY ILL PATIENTS WITH A LIFE-THREATENING ILLNESS

This completed document constitutes the authority for an Australian sponsor to supply the specified drug. Where necessary a prescription must accompany this authority.

The basis for these SAS arrangements is that responsibility to prescribe an unapproved drug appropriately rests with the patient's medical practitioner and the patient.

I, the undersigned, a registered medical practitioner in a State/Territory of Australia certify that:

- In my opinion the patient is seriously ill with a life-threatening condition as defined below*
- I am prepared to prescribe the drug requested
- I have obtained the informed consent of the patient, or the patient's legal representative, to the proposed treatment

PATIENT IDENTIFICATION:**

DRUG:

--

DOSAGE FORM:

--

STRENGTH:

--

ROUTE OF ADMINISTRATION:

--

DOSAGE:

--

DURATION OF TREATMENT:

--

QUANTITY TO BE SUPPLIED:

--

AUSTRALIAN SPONSOR OF DRUG:

--

OTHER RELEVANT INFORMATION (OPTIONAL):

NAME AND ADDRESS FOR SUPPLY OF DRUG (PHARMACIST OR DOCTOR):

MEDICAL PRACTITIONER'S SIGNATURE:

DATE:

NAME, POSTAL ADDRESS AND TELEPHONE NUMBER OF MEDICAL PRACTITIONER:

* A life-threatening condition being defined as "one in which there is a reasonable likelihood that death will occur within a matter of months or in which premature death is likely without early treatment".

** Patient identification, such as name and address, must be sufficient for the doctor to identify the patient if required at a later time.

NOTE: If the drug is to be imported directly an importation certificate may be required—refer to page 3 "How to obtain the drug" in "ACCESS TO UNAPPROVED DRUGS VIA THE SPECIAL ACCESS SCHEME".

INSTRUCTIONS: This form should be forwarded to the Australian Sponsor of the Drug and a copy forwarded, at the same time, to the Medical Officer—SAS, TGA, PO BOX 100 WODEN ACT 2606.

CATEGORY B PATIENTS—GUIDELINES FOR AUTHORISING OFFICERS

These guidelines specify minimum conditions relating to approval under SAS for Category B patients. These guidelines apply to authorised officers within the TGA and to authorised officers located in hospitals or other institutions (External Delegates). The latter group will also need to allow for any additional conditions which may be imposed by their institution.

On receipt of an application from a treating medical practitioner who intends to prescribe an unregistered drug, External Delegates will need to check that the drug is on the list of drugs issued by the TGA which External Delegates may approve for Category B and C patients. External Delegates have no authority to approve other unregistered drugs for such patients.

Delegates should then ascertain from the above list whether a sponsor's protocol has been approved by TGA in respect of the drug in question. If it has, then External Delegates can only approve supply for usage which complies with that protocol.

By inquiry of the applicant (a delegate cannot be an applicant), the delegate should then ascertain sufficient clinical details of the case to decide:

- (1) Whether the patient can reasonably be classified in Category B (ie, persons suffering from a life-threatening medical condition). The definition of such a condition is "one in which there is a reasonable likelihood that death will occur within a matter of months or in which premature death is likely without early treatment". Note that a patient can be so classified even when not seriously ill.

A delegate within the TGA will also have to consider whether the drug has been previously withdrawn from, or refused entry to, the Australian market because of safety concerns. If the drug has been previously withdrawn because of safety concerns, the delegate should ascertain sufficient clinical details of the case to decide:

- (2) Whether conventional therapy has been tried and failed, or has been accompanied by unacceptable adverse reactions. In other cases: whether the situation is one in which therapy with registered products alone is unlikely to cure or control adequately the condition.

If the delegate decides that the answer to (1) is "no" then approval must be refused. If the TGA delegate decides the answer to (2) is "no" then approval must be refused.

If the delegate decides the answer to (1), and if relevant (2), is "yes", then the delegate should seek the applicant's assurance of the following:

- (a) the dosage, route, frequency and duration of administration of the drug will be according to a defined regimen; and, in the case of External Delegates, if TGA has approved a treatment protocol, that usage of the drug will comply with that protocol;
- (b) the patient will be appropriately monitored while receiving the drug and for an appropriate period thereafter, utilising whatever clinical, biochemical, haematological, immunological or other techniques may be relevant to determine both the efficacy of the therapy and the occurrence and severity of any adverse reactions provoked;
- (c) the patient or his or her legal representative will have given adequately informed consent to the proposed treatment before its commencement; and
- (d) a report on the outcome, including the reasons for any discontinuation, adverse reactions and results of monitoring should be furnished to the sponsor company after three months or at the end of the treatment period (whichever is earlier). In the case of repeat approvals, further reports will be furnished

If the delegate has decided that the answer to (1), and if relevant (2), is "yes", and is satisfied that the applicant intends to fulfil the assurances (a)-(d), then the delegate may approve the application.

CATEGORY C PATIENTS—GUIDELINES FOR AUTHORISING OFFICERS

These guidelines specify minimum conditions relating to approval under SAS for Category C patients. These guidelines apply to authorised officers within the TGA (TGA Delegates) and to authorised officers located in outside institutions (External Delegates). The latter group will also need to allow for any additional conditions which may be imposed by their institution.

On receipt of an application from a treating medical practitioner who intends to prescribe an unregistered drug, External Delegates will need to check that the drug is on the list of drugs issued by the TGA which External Delegates may approve for Category B and C patients. External Delegates have no authority to approve other unregistered drugs for such patients.

A delegate should then ascertain from the above list whether a sponsor's protocol has been approved by TGA in respect of the drug in question. If it has, then External Delegates can only approve supply for usage which complies with that protocol.

By inquiry of the applicant (a delegate cannot be an applicant) the delegate should then ascertain sufficient clinical details of the case to decide the following:

- (1) Whether the patient can reasonably be classified in Category C: ie, persons suffering from a serious, but not necessarily life-threatening illness, for whom a serious clinical need has been shown.

When the delegate is aware that the drug has already been approved for marketing in one or more designated countries with a comparable regulatory system (Canada, the Netherlands, Sweden, UK and the USA), the requirement to show serious clinical need is reduced.

- (2) Whether there is some objective evidence to support the proposed usage of the product requested.

A delegate within the TGA will also have to consider whether the drug has been previously withdrawn from, or refused entry to, the Australian market because of safety concerns. If the drug has been withdrawn because of safety concerns, the delegate must ascertain sufficient clinical details of the case to decide:

- (3) Whether conventional therapy has been tried and failed, or has been accompanied by unacceptable adverse reactions. In other cases: whether the situation is one in which therapy with registered products alone is unlikely to cure or control adequately the condition.

If the delegate decides that the answer to either (1) or (2) is "no", approval must be refused. If the TGA delegate decides that the answer to (3) is "no" approval must be refused.

If it is decided that the answers to (1), (2), and if relevant (3) are "yes", then the delegate should seek the applicant's assurance of the following:

- (a) the dosage, route, frequency and duration of administration of the drug will be according to a defined regimen; and, in the case of External Delegates, if TGA has approved a treatment protocol, that usage of the drug will comply with the protocol;
- (b) the patient will be appropriately monitored while receiving the drug and for an appropriate period thereafter, utilising whatever clinical, biochemical, haematological, immunological or other techniques may be relevant to determine both the efficacy of the therapy and the occurrence and severity of any adverse reactions provoked;
- (c) the patient or his or her legal representative will have given adequately informed consent to the proposed treatment before its commencement; and
- (d) a report on the outcome, including the reasons for any discontinuation, adverse reactions and results of monitoring should be furnished to the sponsor company after three months or at the end of the treatment period (whichever is earlier). In the case of repeat approvals, further reports will be furnished.

If the delegate has decided that the answers to (1), (2), and if relevant (3), are "yes", and is satisfied that the applicant intends to fulfil the assurances (a)-(d), then the delegate may approve the application.

PHARMACEUTICAL BENEFITS

This Schedule will take effect on 1 December 1991 and all previous editions are cancelled.

The Schedule of Pharmaceutical Benefits has been combined into a single publication for use by both approved pharmacists and medical practitioners. This follows the introduction in February 1991 of combined two-monthly amendments to advise medical practitioners more regularly of changes, in particular those resulting from the minimum pricing policy.

In addition to the combining of the two books, a number of significant changes have been implemented in this Schedule for ease of reference. These are listed below.

Doctors will note the inclusion of two additional columns—'Code' and 'Maximum Recordable Value for Safety Net'. ***Code numbers are included only for the purpose of pharmacists' claims for payment and are not to be used when prescribing.***

MINIMUM PRICING POLICY SECTION

The Minimum Pricing Policy Section is not listed separately as in previous editions, but is incorporated within Section 2.

INTRAVENOUS INFUSIONS

Intravenous Infusions are now incorporated alphabetically in the main body of Section 2 of the Schedule. In addition, minor amendments have been made to the names and/or descriptions of these items.

ITEMS FOR COLOSTOMY AND ILEOSTOMY USE AND FOR USE BY PARAGLEGIC AND QUADRIPELEGIC PATIENTS

These items, previously comprising Section 3, are also listed alphabetically in Section 2 and are printed in bold italics as is the case for all restricted items.

BLUE PAGES—SECTION 3 (CONTAINER PRICES, FEES, STANDARD PACKS AND PRICES, FOR READY PREPARED PHARMACEUTICAL BENEFITS)

This information was previously contained in Section 6 of the Schedule for approved pharmacists. An asterisk against the dispensed price of an item in Section 2 refers to the corresponding entry in Section 3.

GREEN PAGES—SECTION 4

Sections 4 and 5, as previously included in the Schedule for pharmacists, now comprise Section 4 of this Schedule.

AVAILABILITY OF ITEMS

Contrary to previous advice, **Sulthiame** tablets 50 mg and 200 mg (*Ospolot*) will continue to remain available as pharmaceutical benefits. *Ibimax (PT)* brand **amoxycillin** capsules 250 mg and 500 mg and powder for syrup 125 mg per 5 mL, 100 mL, will continue to be available as pharmaceutical benefits until 1 April 1992.

Fusidic acid tablet (sodium salt) 250 mg (enteric coated) (*Fucidin*) is temporarily unavailable through usual distribution channels. Until normal marketing resumes doctors need to apply for individual patient approval with the drug being distributed direct from the manufacturer.

SUMMARY OF CHANGES

ADDITIONS

Addition of Items

Flutamide, tablet 250 mg (*Eulexin*)

Glyceryl Trinitrate, buccal/sublingual pressurised spray 400 micrograms per dose (200 doses)
(*Nitrolingual Spray*)

DELETIONS

Deletion of Items

Fluocortolone Esters, ointment 2 mg per g (0.2%), 15 g (*Ultralan-D*) and ointment (anhydrous)
2 mg per g (0.2%), 15 g (*Ultralan-D Fatty*)

Miconazole, oral gel 20 mg per mL (2%), 20 g (*Daktarin*) and tincture 20 mg per mL (2%),
20 mL (*Daktarin*)

Miconazole Nitrate, lotion 20 mg per mL (2%), 20 g (*Daktarin*)

Norethisterone Acetate, tablet 10 mg (*SH420*)

Prednisolone Stearoylglycolate, tablet 6.65 mg (*Sintisone*)

Protein Hydrolysate Formula, powder 454 g (*Nutramigen*)

Deletion of Brands

BL—**metronidazole**, intravenous infusion 500 mg in 100 mL

Daktarin, JP—**miconazole nitrate**, cream 20 mg per g (2%), 20 g

Pydiox, PT—**pyridoxine hydrochloride**, tablet 25 mg

SI—**quinine bisulphate**, tablet 300 mg

SI—**quinine sulphate**, tablet 300 mg

Deletion of Differential Maximum Quantity Listing

	Max. Qty	No. of Rpts
Prochlorperazine , tablet 5 mg (<i>Compazine</i> , <i>Stemetil</i>)	100	5

ALTERATIONS

Restricted to Unrestricted

Cimetidine, tablets 200 mg, 400 mg and 800 mg (*Tagamet*), effervescent tablet 800 mg
(as hydrochloride) (*Tagamet 800 Express*)

Restriction Changes

Calcitriol, capsule 0.25 micrograms (*Rocaltrol*)
Cyproterone Acetate, tablet 50 mg (*Androcur*)
Famotidine, tablet 20 mg (*Amfamox 20*, *Pepcidine M*) and tablet 40 mg (*Amfamox 40*, *Pepcidine*)
Ranitidine Hydrochloride, tablet 150 mg (base) (*Zantac*), dispersible tablet 150 mg (base) (*Zantac Dispersible*) and tablet 300 mg (base) (*Zantac*)

Maximum Quantity

	From	To
Epirubicin Hydrochloride , powders for I.V. injection 10 mg and 20 mg (<i>Pharmorubicin</i>)	1	4
powder for I.V. injection 50 mg (<i>Pharmorubicin</i>)	1	3
Sodium Aurothiomalate , injection 10 mg (<i>Myocrisin</i>)	5	10

Number of Repeats

	From	To
Etretinate , capsules 10 mg and 25 mg (<i>Tigason</i>)	5	2
Medroxyprogesterone , tablet 10 mg (<i>Provera</i>) (unrestricted listing)	5	2
Norethisterone , tablet 5 mg (<i>Primolut N</i>)	5	2

Manufacturers' Codes

	From	To
Allopurinol , tablet 100 mg (<i>Alloremed 100</i>)	AU	MB
tablet 300 mg (<i>Alloremed 300</i>)	AU	MB
Aluminium Hydroxide , oral suspension 321 mg per 5 mL, 500 mL (<i>Amphojel</i>)	WY	WT
Aluminium Hydroxide Dried , tablet 300 mg (<i>Amphotabs</i>)	WY	WT
Aluminium Hydroxide with Kaolin , oral suspension 137 mg-1 g per 5 mL, 500 mL (<i>Kaomagma</i>)	WY	WT
Aluminium Hydroxide and Magnesium Carbonate Co-Dried Gel , tablet 375 mg (<i>Simeco</i>)	WY	WT
Aluminium Hydroxide with Magnesium Hydroxide , oral suspension 215 mg-80 mg per 5 mL, 500 mL (<i>Simeco</i>)	WY	WT
oral suspension 306 mg-97.5 mg per 5 mL, 500 mL (<i>Aludrox</i>)	AY	WT
Aluminium Hydroxide with Magnesium Hydroxide and Oxethazaine , oral suspension 306 mg-97.5 mg-10 mg per 5 mL, 500 mL (<i>Mucaine</i>)	AY	WT
Amoxycillin , chewable tablet 250 mg (<i>Amoxil</i>)	BR	SK
capsules 250 mg and 500 mg (<i>Amoxil</i>)	BR	SK
sachet containing oral powder 3 g (<i>Amoxil</i>)	BR	SK
powder for paediatric oral drops 100 mg per mL, 20 mL (<i>Amoxil</i>)	BR	SK
powder for syrup 125 mg per 5 mL, 100 mL (<i>Amoxil</i>)	BR	SK
powder for syrup 250 mg per 5 mL, 100 mL (<i>Amoxil Forte</i>)	BR	SK

	From	To
Amoxycillin with Clavulanic Acid , tablet 250 mg-125 mg (<i>Augmentin</i>)	BR	SK
tablet 500 mg-125 mg (<i>Augmentin Forte</i>)	BR	SK
powder for syrup 125 mg-31.25 mg per 5 mL, 75 mL (<i>Augmentin</i>)	BR	SK
powder for syrup 250 mg-62.5 mg per 5 mL, 75 mL (<i>Augmentin Forte</i>)	BR	SK
Ampicillin , capsules 250 mg and 500 mg (<i>Penbritin</i>)	BR	SK
Aspirin , tablet 325 mg (buffered) (<i>Bufferin</i>)	BC	MJ
Calcitonin , injection (porcine) 160 i.u. with 2 mL gelatin solvent (<i>Calcitare</i>)	RG	MB
injection (salmon) 100 i.u. in 1 mL ampoule (<i>Calsynar</i>)	RG	MB
injection (salmon) 400 i.u. in 2 mL vial (<i>Calsynar</i>)	RG	MB
Calcium , tablet (chewable) 500 mg (as carbonate) (<i>Cal-Sup</i>)	RK	MM
Charcoal, Activated , tablet 300 mg (<i>Ad-Sorb</i>)	RK	MM
Codeine Phosphate , tablet 30 mg (<i>Codate</i>)	US	MB
Flecainide Acetate , tablet 100 mg (<i>Tambacor</i>)	RK	MM
Flucloxacillin , capsules 250 mg and 500 mg (<i>Floxapen</i>)	BR	SK
powder for syrup 125 mg per 5 mL, 100 mL (<i>Floxapen</i>)	BR	SK
powder for syrup 250 mg per 5 mL, 100 mL (<i>Floxapen</i>)	BR	SK
injection 500 mg (solvent required) (<i>Floxapen</i>)	BR	SK
injection 1 g (solvent required) (<i>Floxapen</i>)	BR	SK
Folic Acid , tablet 5 mg (<i>Folicid</i>)	US	RR
Hexamine Hippurate , tablet 1 g (<i>Hiprex</i>)	RK	MM
Influenza Vaccine , injection (trivalent) 0.5 mL (<i>Vaxigrip</i>)	MB	PV
Methyl Salicylate , liniment APF, 100 mL (<i>Metsal</i>)	RK	MM
Metoclopramide Hydrochloride , tablet 10 mg (<i>Maxolon</i>)	BR	SK
syrup 5 mg per 5 mL, 100 mL (<i>Maxolon</i>)	BR	SK
injection 10 mg in 2 mL (<i>Maxolon</i>)	BR	SK
Miconazole Nitrate , cream 20 mg per g (2%), 20 g (<i>Monistat Derm</i>)	CL	JC
Nicotinic Acid , tablet 100 mg (<i>Nikacid</i>)	US	RR
tablet 100 mg	AU	MB
tablet 250 mg	AU	MB
Orphenadrine Hydrochloride , tablet 50 mg (<i>Disipal</i>)	RK	MM
Pancreatin Enzyme , tablet providing not less than 6,500 BP units of lipase activity (<i>Viokase</i>)	WT	AY
capsule providing not less than 6,500 BP units of lipase activity (<i>Viokase</i>)	WT	AY
Prednisolone , tablet 5 mg (<i>Deltasolone</i>)	US	MB
Prednisone , tablet 5 mg (<i>Deltasone</i>)	US	MB
Quinine Bisulphate , tablet 300 mg (<i>Bi-Chinine</i>)	AU	MB
and (<i>Bi-Quinate</i>)	US	RR
Quinine Sulphate , tablet 300 mg (<i>Chinine</i>)	AU	MB
and (<i>Quinate</i>)	US	RR
Salbutamol Sulphate , nebuliser solution 5 mg (base) per mL (0.5%), 30 mL (<i>Respolin</i>)	RK	MM
oral pressurised inhalation 100 micrograms (base) per dose (200 doses) (<i>Respolin</i>)	RK	MM
oral pressurised inhalation 100 micrograms (base) per dose (400 doses) (<i>Respolin</i>)	RK	MM

	From	To
Sodium Cellulose Phosphate , oral powder, sachet 5 g (<i>Calcisorb</i>)	RK	MM
Theophylline , tablet 50 mg (<i>Nuelin Paediatric</i>)	RK	MM
tablets 125 mg and 200 mg (<i>Nuelin</i>)	RK	MM
tablet 250 mg (sustained release) (<i>Nuelin-S.R. 250</i>)	RK	MM
capsule 50 mg (containing sustained release beads) (<i>Nuelin-Sprinkle</i>)	RK	MM
capsule 50 mg (containing sustained release beads) (<i>Slo-bid</i>)	RG	MB
capsule 100 mg (containing sustained release beads) (<i>Nuelin-Sprinkle</i>)	RK	MM
capsule 100 mg (containing sustained release beads) (<i>Slo-bid</i>)	RG	MB
syrup 80 mg per 15 mL, 500 mL (<i>Nuelin</i>)	RK	MM
Thiamine Hydrochloride , tablet 100 mg (<i>Betamin</i>)	US	RR
Ticarcillin , injections 1 g (solvent required) and 3 g (solvent required) (<i>Tarcil</i>)	BR	SK
Ticarcillin with Clavulanic Acid , injection 3 g-100 mg (solvent required) (<i>Timentin</i>)	BR	SK

NOTES

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

Etretinate

Isotretinoin

SCHEDULE OF PHARMACEUTICAL BENEFITS

**for
Approved Pharmacists
and
Medical Practitioners**

**OPERATIVE FROM 1 DECEMBER 1991
(ALL PREVIOUS EDITIONS CANCELLED)**



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

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Section 1—Explanatory Notes

These notes are designed for use by medical practitioners and approved pharmacists. They detail procedures under the Safety Net Scheme and charges to patients. 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 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.

OUTLINE OF THE SAFETY NET SCHEME

1. Under the Pharmaceutical Benefits Scheme there are two basic maximum patient contribution rates. General beneficiaries are able to receive items listed in the Pharmaceutical Benefits Schedule at a maximum cost of \$15.70 (except for items where a special patient contribution or a brand price premium applies). Concessional beneficiaries and Safety Net Concession Card holders are able to receive items listed in the Schedule at a cost of \$2.60 (except for items where a special patient contribution or a brand price premium applies).

2. Concessional beneficiaries are the recipients of benefits from either the Department of Social Security or Veterans' Affairs and may be the holders of any one of the following cards:

- Pensioner Health Benefits Card
- Health Benefits Card
- Pharmaceutical Benefits Concession Card
- Health Care Card
- Dependant Treatment Entitlement Card (lilac)
- Service Pensioner Benefits Card (red)
- Personal Treatment Entitlement Card (yellow)—concessional beneficiary under RPBS
- Specific Treatment Entitlement Card (white) (only regarded as concessional beneficiaries in respect of RPBS prescriptions or if they hold a separate entitlement from the Department of Social Security—otherwise they are regarded as general beneficiaries and are required to pay the general beneficiary contribution rate).

3. 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—

There are two levels of 'safety net' for general beneficiaries. Once the threshold for the first level has been reached a Safety Net Concession Card is

issued and prescriptions will cost \$2.60 until the general beneficiary reaches the "full safety net" threshold. 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) Concessional beneficiaries—

Once the threshold for the concessional beneficiary safety net has been reached a Safety Net Entitlement Card is issued and all subsequent pharmaceutical benefit items will be free of charge.

Safety Net Cross-over Arrangements

4. General beneficiaries who during the course of the year become concessional beneficiaries are able to gain a credit towards their Safety Net Entitlement Card for the expenditure incurred while they were general beneficiaries.

5. A credit of \$2.60 for each PBS prescription item purchased during the year as a general beneficiary counts towards their safety net entitlement.

6. When the concessional beneficiary reverts to the general beneficiary category (e.g. when a Health Care Card is cancelled by the Department of Social Security) the amounts originally paid for PBS prescription items as general beneficiaries are reinstated and added together with the amounts paid at the concessional rate of \$2.60. The new total amount counts towards the threshold for the issue of the Safety Net Concession Card.

7. Similar cross-over arrangements apply in respect of Department of Veterans' Affairs Specific Treatment Entitlement Card holders (STEC). These patients are regarded as either general or concessional (dependent upon whether they hold a Department of Social Security Entitlement) beneficiaries under the Pharmaceutical Benefits Scheme unless they are being treated for a specific disability which has been recognised by the Department of Veterans' Affairs. In this case they are supplied with items under the Repatriation Schedule of Pharmaceutical Benefits on RPBS prescription forms and are treated as concessional beneficiaries.

8. As general beneficiaries, STEC holders receive items on the Pharmaceutical Benefits Schedule at a maximum cost of \$15.70 and general beneficiary safety net thresholds apply. As concessional beneficiaries, STEC holders receive RPBS items at a maximum cost of \$2.60 and work towards the safety net thresholds which apply to concessional patients. They therefore need to maintain both a general and concessional prescription record form.

9. However the STEC holder may choose at any time during the year to count their contributions made at the general level towards the concessional beneficiary safety net threshold. The patient receives a credit of \$2.60 for each PBS prescription item purchased. If the card holder decides to count his/her contributions at the concessional level towards the general beneficiary safety net, the patient receives a credit of \$2.60 for each RPBS prescription purchased.

10. These cross-over arrangements will not apply to Department of Veterans' Affairs Personal Treatment Entitlement Card holders (PTEC) because they receive all of their drugs, under the Repatriation Schedule of Pharmaceutical Benefits on RPBS prescription forms.

11. The dependants of both STEC and PTEC holders are treated separately and may be regarded as general beneficiaries or concessional beneficiaries depending on the status accorded them by the Department of Social Security. Prescriptions purchased by dependants may be included in the cross-over arrangements.

12. The value of PBS prescriptions purchased by the dependants of STEC and PTEC holders may be included in the cross-over arrangements discussed in the preceding paragraphs. Both RPBS and PBS prescriptions can be counted towards the Safety Net limit(s). However different Prescription Record Forms should be used to record concessional or general prescriptions.

Recording of Prescriptions

13. Each person (or family) presenting a PBS or RPBS 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. It is the responsibility of the applicant to enter his/her Department of Social Security, Department of Veterans' Affairs or Safety Net Concession Card Number in the box provided on the front of the PRF. The Medicare number of the applicant and other family members (where appropriate) should also be recorded on the front of the PRF.

14. 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.

15. 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.

16. 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 PRF 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 or is available under the RPBS.

17. The value which can be recorded on the PRF is:

- the relevant patient contribution where the PBS dispensed price is greater than the relevant patient contribution; or
- the safety net value shown in this Schedule, or any lesser amount charged, where the PBS dispensed price is less than or equal to the relevant patient contribution.

Note: The safety net value 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 safety net value is \$5.50.

18. Under no circumstances should a special patient contribution or brand price premium be included in the price recorded on the PRF.

19. Pharmaceutical benefit items and authority items can only be counted towards the safety net limit when prescribed as a pharmaceutical benefit.

20. The details to be listed are the date of supply, the PBS or RPBS code number of the item supplied, the safety net value of the item supplied and the pharmacy approval number. The pharmacist (or a person authorised by the approved pharmacist) must then sign the entry.

21. Some computer software suppliers provide this service as a software option by printing a special label for use as a record on the PRF.

22. Some suppliers also provide the facility for a computer printout which is an acceptable replacement for the PRF.

23. 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 PRF.

Multi-item Forms

24. If the patient submits a multi-item prescription form which raises the value of items entered on the PRF 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.

25. 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.

Qualifying Prescriptions

26. Where the safety net value of the last prescription, which if included on a patient's PRF, has the effect of qualifying the patient for a Safety Net Entitlement or Concession Card, the patient may receive the last prescription at either the concessional rate or free of charge, as appropriate.

Lost Pharmaceutical Benefits Prescription Record Forms

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

Retrospective Entitlement

28. 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 207).

Application for Original Entitlement/Concession Card Issue

29. An Entitlement/Concession Card is issued to general beneficiaries who have satisfied the safety net threshold. The responsibility for claiming entitlement rests with the beneficiary who must complete the application and declaration on the back of the PRF.

30. When presented with a completed application and declaration for the issue of an Entitlement/Concession Card, it is important for the approved pharmacist to confirm that—

- (a) the relevant safety net threshold has been reached;
- (b) only eligible family members are recorded on the Entitlement/Concession Card. Primary responsibility for nominating the family members who are eligible to be covered on the Entitlement/Concession Card rests with the applicant. Eligible family members are the primary card holder and spouse (or de facto spouse) and family members who, at any time during the year, were either children under 16 in the card holder's care and control or dependent full-time students under 25;

(Eligible family members whose names do not appear on the front of the Prescription Record Form(s) may be covered by the Entitlement/Concession Card. However, all persons named on the PRF will not necessarily

be included on the Entitlement/Concession Card 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.

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 PRF 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/Prescription Record Form(s) to the Health Insurance Commission in the relevant State capital.

31. 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

32. When satisfied that the individual or family is entitled, the approved pharmacist should issue the next blank Entitlement/Concession Card. The following details should be entered on 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, a second card should be issued listing the card holder and the members of the family not listed on the first card. Provision has been made on the PRF to record both Entitlement/Concession Cards issued;
- (b) the two character code to indicate the relationship to the card holder. Applicable codes are:

SP—spouse

DC—child under 16 in the care and control of the card holder; and

DS—dependent full time student under 25.

33. The unused space provided on the Entitlement/Concession Card for listing the names of family members to prevent the entry of additional names should be ruled through. The approved pharmacist should then copy the Entitlement/Concession Number which appears at

the top of the Entitlement/Concession Card in the space provided on the PRF and 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.

Issue of Supplementary Cards

34. A card holder may be issued with a supplementary Entitlement/Concession Card for a spouse or child/student at the time of issue of an original card. When this occurs the issue of the duplicate card should be recorded in the additional box provided on the PRF.

35. All requests for the issue of supplementary Entitlement/Concession Cards at some time after the issue of the original card should be referred to the Health Insurance Commission in the State concerned. The Health Insurance Commission will issue a supplementary card when details of the original card are received.

36. All requests to add a new family member(s) e.g. newborn or adopted children, not covered by the original card should be referred to the Health Insurance Commission in the State concerned.

Notification to Commission and Claim for Payment

37. 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 relevant State Office of the Health Insurance Commission as soon as possible but no later than one month after 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 and all cancelled or void Entitlement/Concession Cards).

Lost Entitlement/Concession Cards

38. Where an Entitlement/Concession Card has been lost, damaged, stolen or destroyed, the original card holder (or spouse) should apply in writing to the relevant State Office of the Health Insurance Commission for the issue of a replacement card.

39. It should be noted that replacement cards can only be issued by the Health Insurance Commission.

Death of Prescription Record Form Holder

40. 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

41. 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

42. Before supplying a prescription item which attracts a pharmaceutical benefit for use by an Entitlement/Concession Card holder, the approved pharmacist must check that an Entitlement/Concession Number has been entered, and a cross entered in the appropriate box on the prescription form. On supplying the pharmaceutical benefit, the recipient is to sign the prescription form.

43. A holder of a Safety Net Entitlement Card who is also the holder of a Concessional Card issued by the Department of Social Security or the Department of Veterans' Affairs must quote the Entitlement Number (not the Concessional Beneficiary Number) to obtain the benefit free of charge.

44. 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.

CHARGES TO PATIENTS

Patient Contribution

45. 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 is supplied, being a pharmaceutical benefit having a dispensed price greater than \$15.70, an amount of \$15.70 for general patients or an amount of \$2.60 for 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 62 apply.

46. For those items supplied to general patients with a dispensed price of \$15.70 or less the maximum price that an approved pharmacist can include on the PRF for safety net purposes is shown in the 'Safety Net Value' column. The approved pharmacist may discount the price for these items.

47. 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.

48. Where a medical practitioner has endorsed a prescription 'Regulation 24' (see paragraphs 97 and 116) 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 \$47.10 should be made to a general patient, or \$7.80 to a patient with a concessional

entitlement plus the special patient contribution or brand price premium where applicable.

49. 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 \$15.70 for general patients, or \$2.60 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 46.

Special Patient Contribution

50. 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 45. All patients, including concessional beneficiaries 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

51. 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.

52. The special patient contributions and brand price premiums shown in this Schedule are those which apply to the supply of the maximum quantity. When a quantity other than the maximum quantity is prescribed and supplied (including the supply of an increased quantity on authority), the special patient contribution or brand price premium is the difference between the relevant dispensed price for that quantity, using standard pricing rules.

Establishment by Eligible Entitlement/Concession Card Holders and Concessional Beneficiaries of Entitlements to Pharmaceutical Benefit Concessions

53. Any person may enter the relevant information to establish the patient as an eligible 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.

54. Concessional beneficiaries who will be the holders of a Concession Card will possess a:

- Pensioner Health Benefits Card
- Health Benefits Card
- Pharmaceutical Benefits Concession Card
- Health Care Card
- Dependant Treatment Entitlement Card (lilac)
- Service Pensioner Benefits Card (red)
- Personal Treatment Entitlement Card (yellow)—concessional beneficiary under RPBS
- Specific Treatment Entitlement Card (white) (only regarded as concessional beneficiaries in respect of RPBS prescriptions or if they hold a separate entitlement from the Department of Social Security—otherwise they are regarded as general beneficiaries and are required to pay the general beneficiary contribution rate).

55. 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 RPBS. It should be noted that the entitlement number on these cards contains fewer digits than those allowed for on the prescription form.

56. 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 128-129), 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 written, 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.

57. 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.

58. In those cases where the patient obtains an Entitlement/Concession Card or becomes a 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

59. 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

60. 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

61. 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

62. 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 an 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.

THE SCHEDULE OF PHARMACEUTICAL BENEFITS

63. Pharmaceutical benefits which may be prescribed by medical practitioners are listed in this book, *Schedule of Pharmaceutical Benefits for Approved Pharmacists and Medical Practitioners*, referred to throughout as 'the Schedule'. 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 separately at the end of Section 2.

64. Ready prepared items are listed in Section 2 of the Schedule. Restrictions apply to the prescribing of certain items in Section 2. All restricted items are printed in **bold italics**.

65. 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 should write such pharmaceutical benefits as one prescription, e.g., 'Ampicillin, Injection 1 g with 2 mL sterilised water for injections'.

66. The maximum quantity and maximum number of repeats allowable for each item are also shown in Section 2 of the Schedule.

67. Container prices, fees, standard packs and prices for ready prepared preparations are listed in Section 3.

68. 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.

69. Formulae in common use are listed in Section 4—Prescribers' List

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

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

72. Price changes and other alterations are advised by amendment so that the information in the Schedule may be updated.

73. 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

74. 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.

75. 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.

CONDITIONS UNDER WHICH PHARMACEUTICAL BENEFITS MAY BE PRESCRIBED AND DISPENSED

76. 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.

With regard to DRUGS OF ADDICTION, notification to or approval from 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.

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

Prescriptions

77. 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.

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

79. 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. 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. **Code numbers must not be used when prescribing.**
- (e) if the pharmaceutical benefit is a single drug, the manner of administration must be indicated;
- (f) restricted pharmaceutical benefits 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 82;
- (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 97 and 116;
- (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.

80. 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, subject to State law;
- (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.

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

81. 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

82. 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 Section 2 of the Schedule. It is only necessary for the patient's condition to be identified when completing an Authority Prescription form (PB86).

Maximum Quantities and Repeats

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

84. 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.

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

86. A pharmaceutical benefit may not be supplied to the same person more than once in any four days (see paragraph 106). A medical practitioner may direct, however, that 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.

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

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

89. 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.

90. 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.

91. 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.

92. 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.

93. For drugs which require the written authority of the State Manager, the provisions of paragraphs 94-96 apply.

Authority Prescriptions

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

- (a) restricted drugs; or
- (b) increased maximum quantities; and/or
- (c) increased number of repeats

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.

95. 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 104. 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.

96. Where the authority of the State Manager is required to prescribe restricted drugs (see paragraph 104) medical practitioners may—

- (a) seek the written authority of the State Manager in the normal manner;
- (b) seek, in urgent cases, telephone approval; 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 94 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.

Regulation 24

97. 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 all of the following circumstances apply—

- (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; and
- (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 medical practitioner must endorse the prescription 'Regulation 24', as certification that all the above conditions have been satisfied.

98. 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 supply, 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.

Emergency Drug (Doctor's Bag) Supplies

99. 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/her 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.

100. 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.)

101. 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.

102. 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.

Urgent Cases

103. In cases of urgency and where State law allows, a medical practitioner or participating dental practitioner may communicate a prescription to an approved pharmacist by telephone or other means. *In such cases the medical practitioner or participating dental practitioner who communicated the prescription must write the prescription and forward it within 24 hours of such communication to the approved pharmacist who made the supply.*

104. 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.....'. *The medical practitioner must subsequently submit the completed Form PB86 within 24 hours to the approved pharmacist who supplied the pharmaceutical benefit.*

SUPPLY OF PHARMACEUTICAL BENEFITS— PROCEDURE BY APPROVED PHARMACISTS

Prescriptions

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

- a valid prescription, dated within twelve months before the date of its presentation; or
- 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
- a repeat authorisation presented with a duplicate prescription within twelve months of the date of the prescription.

106. 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 97).

107. 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.

108. Prescriptions for items deleted from the Schedule may not be dispensed as benefits as from the date of effect of deletion (see also paragraph 120).

109. 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.

110. 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 alteration may be dispensed.

111. 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.

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

113. 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—

- where prior to supply the prescriber has given approval for supply of a listed brand different from that specified in the prescription; or
- 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—
 - the approved pharmacist was unable, after a conscientious attempt, to obtain approval from the prescribing medical practitioner to supply an alternative listed brand; and
 - 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

114. 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 130.

Procedure before Supply of Pharmaceutical Benefit

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

- endorse the prescription form and duplicate with the approved pharmacist's name and approval number;
- allot a prescription identifying number (see paragraphs 134 and 135) which will identify the prescription item and mark that number on the form and duplicate; and
- if more than one item has been written on the one form allot a separate prescription identifying number to each prescription item.

Regulation 24

116. Where a prescription is endorsed 'Regulation 24' (see paragraph 97), 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 122). An amount equivalent to one professional fee and, where applicable, one dangerous drug fee is payable for the total supply.

Deferred Supply

117. 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 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

118. 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.

119. 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.

120. 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.

121. However, where changes to restrictions, maximum quantities and/or number of repeats occur (as for original prescriptions, paragraphs 109-110), Repeat Authorisations which relate to valid prescriptions written before the date of effect of the alterations, may be dispensed as pharmaceutical benefits.

122. 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

123. The Repeat Authorisation Form shall show—

- the category of benefit (either PBS General, PBS Concessional, Entitlement/Concession Card holder, or RPBS)—by placing a cross (x) in the relevant box;
- the patient's name and full address;
- if the prescription is for a 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;
- in the case of repeats authorised on Authority Prescriptions, the authority number;
- the transcription of the original prescription stating the item, form, strength, quantity and directions;
- 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 134);
- 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;
- the number of times the pharmaceutical benefit has been directed to be repeated and the number of times supply has been made; and
- 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

124. 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

125. 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) 'O' is to be inserted in the space for 'No. of times already dispensed';
- (b) if no repeats are ordered, 'O' 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.

126. 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

127. 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

128. 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.

129. 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 103, 104 and 133) 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

130. 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.

131. 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.

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

Urgent Cases

133. 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 write the prescription 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 35 in urgent cases.

Prescription Identifying Numbers

134. In addition to a serial number (see paragraph 144), 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.

135. 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.

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

136. 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.

137. 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.

138. 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 program of prompt and satisfactory payments.

PROVISION OF INFORMATION BY AN APPROVED PHARMACIST

Entering of Information

139. 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

140. 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 benefit 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.

141. 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.

142. Approved pharmacists are asked to avoid stamping or writing over the prescriber number pre-printed on the PBS prescription forms supplied to medical practitioners or over the 'DP No.' box on PBS dental prescription forms supplied to participating dental practitioners by the Health Insurance Commission.

Information to be Entered in Prescription Identification Stamp

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

'S'—Serial Number (see paragraphs 144-149)

'A'—(a) To indicate the price claimed for pricing elect prescriptions (see paragraph 153), exceptional priced prescriptions (see paragraph 152) and Repatriation non-scheduled prescriptions (see paragraph 154).

(b) To confirm the prescription is endorsed 'Regulation 24' (see paragraph 97).

(c) To claim for a glass dropper bottle where applicable (see paragraph 150).

(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

144. 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 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.

145. 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.

146. 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

147. 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

148. 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

149. Where a benefit is supplied on a Repeat Authorisation which has been prepared for deferred supply, the serial number allotted must be prefixed with the letter 'D' in the case of a general benefit, the letters 'DC' in the case of a concessional benefit 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

150. 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

151. 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 194) or the claimants may elect to calculate the cost of ingredients, containers and professional fee manually (see paragraphs 192-198). These arrangements have been agreed between the Department of Health, Housing and Community Services and the Pharmacy Guild of Australia.

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

152. —

- (a) Where a prescription is to be reimbursed on an average price basis, the prescription identification stamp should be completed as outlined in paragraph 143.
- (b) Where a prescription is to be claimed as an exceptional prescription, as defined in paragraph 194, 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 180-191 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

153. 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 180-191 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 RPBS Schedule of Pharmaceutical Benefits

154. 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 RPBS are set out in the booklet 'Notes for Pharmacists' issued by the Department of Veterans' Affairs.

Action by an Approved Pharmacist Dispensing a Repeat Authorisation

155. 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.

SUBMISSION OF CLAIMS

Documents to be Submitted

156. 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;
- (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 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.

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

158. 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

159. 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.

160. 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 1992 should bear a claimant's reference of 9206.

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

162. 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.

163. 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

164. Claims for pharmaceutical benefits may be lodged at any time during the month at the relevant State 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 State 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.

165. 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 State office of the Health Insurance Commission for instructions regarding the preparation of such claims.

STATEMENT OF ACCOUNT

166. 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.

167. 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.

168. 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.

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

170. 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.

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

PROVISIONS GOVERNING PAYMENTS TO APPROVED PHARMACISTS FOR PBS DISPENSING

READY PREPARED BENEFITS

Price where Maximum Quantity Prescribed (Ready Prepared Items)

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

173. 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 178, 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 3 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)

174. —

- (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, 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;
 - (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 3 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;
 - (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

175. 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 (§)

176. 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

177. The Wastage Factor Table shown below is used in ascertaining the price payable for quantities dispensed from the standard pack. (Refer paragraph 174 (b) and (c).)

178. The appropriate wastage table percentage is ascertained as follows:

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

For example, suppose that 24 tablets are supplied and that the number in the standard pack is 100. Thus 24% of the number contained in the standard pack is supplied. As this percentage does not appear in Column A the next higher (i.e. 25%) is used. Reading down from 25% to Column B, the wastage table percentage is found to be 38%.

Wastage Factor Table

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

EXTEMPORANEOUSLY PREPARED PHARMACEUTICAL BENEFITS

Prescribers' List Items

179. 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

180. 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.

181. The amount payable is ascertained as the sum of—

- the recovery price of each ingredient as shown in the Drug Tariff;
- the price of the appropriate container as shown in the price section; and
- a dispensing fee as shown in the price section.

Pricing of Ingredients

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

- determine the basic pricing unit relative to the quantity by reference to the following table:

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

- 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—
 100 g price is 500 g price divided by 5 or 1 kg price divided by 10
 10 g price is 100 g price plus 12.5% divided by 10
 1 g price is 10 g price plus 25% divided by 10
 100 mg price is 1 g price plus 25% divided by 10
- 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.
- for pricing purposes the quantity is to be taken to the next upward 50 milligrams or 0.05 millilitres.

Miscellaneous Pricing Rules

183. —

- The minimum recovery price for any ingredient is 1 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

184. 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 185-188.

185. 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 182.

186. 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 182; and
- (b) the recovery price of the quantity of the vehicle calculated in accordance with paragraph 182.

187. 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 182; and
- (b) the recovery price of each ingredient of the vehicle calculated in accordance with paragraph 182.

188. 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 182; 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 178.

Containers

189. Separate container rates are payable in each State.

190. 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.

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

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

192. 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.

193. 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 10 g/mL rate applied to the category of preparation concerned, i.e. the price will be ascertained by multiplying the appropriate 10 g/mL rate by the number of 10 g/mL units supplied and adding container and dispensing fees. For example, an 80 mL mixture would be priced at eight times the average 10 mL 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.

194. The average 10 g/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.

195. By agreement with the Pharmacy Guild of Australia the average 10 g/mL rate is determined as in paragraph 192.

196. Each month the total number of 10 g/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. Based on these statistics an average 10 g/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.

197. —

- (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.

198. 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.

GENERAL

Pricing Principles

199. Identical pricing principles apply to all PBS prescriptions, whether written for general patients, concessional beneficiaries or Entitlement/Concession Card holders.

200. 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 the dispensing of extemporaneously prepared benefits listed in Section 4.

201. 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 4. 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

202. The amounts payable by way of dispensing fee, dangerous drug fee and container charges for ready prepared preparations are set out in Section 3 of the Schedule. The dispensing fee and container charges for extemporaneously prepared preparations are set out in Section 4 of the Schedule.

Pricing Dates

203. 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

204. 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

205. 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.

206. 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

207. 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

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

Isolated Pharmacy Allowance (IPA)

209. 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.

210. 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

20 mountain range, no roads) and where economic need can be demonstrated.

Standards

211. 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

212. 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

213. 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

214. 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

215. 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

216. 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.

217. 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

218. 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

219. 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

220. 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.

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, concessional benefit.

S	C54
A	Reg 24
No.	12345679

Example 3: Item prescribed under Regulation 24 where the quantity prescribed for the original differs from the quantity for any of the repeats e.g. quantity of 50 for the original and 100 for each of 2 repeats, concessional benefit.

S	C55
A	250 Reg 24
No.	12345680

Example 4: Item ordered as a synonym where it is considered that the synonym would not be readily known.

S	56
A	Common name of item
No.	12345681

Example 5: Injectible item prescribed with required solvent e.g.—
Ampicillin Injection 250 mg
mitte: 5 ampoules
Water for Injection 2 mL
mitte: 5 ampoules

S	57
A	
No.	12345682

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

EXTEMPOREANEOUSLY 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

REPATRIATION SCHEDULE ITEM

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

S	R2
A	
No.	12345689

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

Addresses—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

Pharmaceutical Benefits Branch
Health Insurance Commission
134 Reed Street
Tuggeranong ACT 2901
General enquiries—

Telephone 293 6333

QUEENSLAND

Pharmaceutical Services Branch
232 Adelaide Street
Brisbane Qld 4000
Enquiries—

Telephone 864 8000

NEW SOUTH WALES/NORTHERN TERRITORY

Pharmaceutical Benefits Branch
4th Floor Medibank House
33 Erskine Street
Sydney NSW 2000
Enquiries—

Telephone 561 2111

**Stationery enquiries outside Sydney
metropolitan area—Telephone 008 226 070**

SOUTH AUSTRALIA

Pharmaceutical Services Branch
209 Greenhill Road
Eastwood SA 5063
Enquiries—

Telephone 201 8844

**Outside Adelaide metropolitan area
Telephone 008 888 333**

Blacktown Processing Centre
Westpoint Tower
Level 5, 17 Patrick Street
Blacktown NSW 2148

**General enquiries— Telephone 831 6444
Stationery enquiries— Telephone 831 1682**

WESTERN AUSTRALIA

Pharmaceutical Benefits Branch
11th Floor R & I Tower
108 St George's Terrace
Perth WA 6000
Enquiries—

Telephone 263 8000

Gosford Processing Centre
Level 2, 107-109 Mann Street
Gosford NSW 2250

**General enquiries— Telephone 043 23 3011
Enquiries outside Gosford
metropolitan area— Telephone 008 043 338**

TASMANIA

Pharmaceutical Branch
15th Floor Trafalgar Building
Collins Street
Hobart Tas 7000
Enquiries—

Telephone 34 7999

VICTORIA

Pharmaceutical Branch
Medibank House
460 Bourke Street
Melbourne Vic 3000
Enquiries—

Telephone 284 3888

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 2406, 831 6358, 831 6359

Gosford: (043) 23 4052, (043) 23 4053

Vic: 284 3707, 284 3791, 284 3792

Qld: 864 9362, 864 9363; toll free 008 177 893

SA: 201 8855, 201 8856, 201 8857; toll free 008 888 333

NT: Toll free 008 888 333

WA: 263 8122, 263 8130

Tas: 347 454; toll free 008 001 126

ACT: 293 6884

Telephone—After hours (6 p.m.-8 a.m.) and weekends:

008 033 200 (Australia-wide)

Poisons Information Centres

NEW SOUTH WALES

Royal Alexandra Hospital for Children
Pyrmont Bridge Road
Camperdown
Telephone (02) 519 0466
Country Areas 008 251 525

VICTORIA

Royal Children's Hospital
Flemington Road
Parkville
Telephone (03) 345 5678
Country Areas 008 133 890

QUEENSLAND

Pharmacy Department
Royal Children's Hospital
Herston Road
Herston
Telephone (07) 253 8233
Country Areas 008 177 333

SOUTH AUSTRALIA

Adelaide Children's Hospital (Incorporated)
King William Road
North Adelaide
Telephone (08) 204 6117
Country Areas and Broken Hill 008 182 111

WESTERN AUSTRALIA

Princess Margaret Hospital for Children
Roberts Road
Subiaco
Telephone (09) 381 1177
Country Areas 008 119 244

TASMANIA

Royal Hobart Hospital
Liverpool Street
Hobart
Telephone (002) 38 8485
Country Areas 008 001 400

NORTHERN TERRITORY

Royal Darwin Hospital
Rocklands Drive
Casuarina
Telephone (089) 228 842

AUSTRALIAN CAPITAL TERRITORY

Woden Valley Hospital
Garran
Telephone (06) 244 2121

Drug Information Centres

AUSTRALIAN CAPITAL TERRITORY

Drug Information Pharmacist
Woden Valley Hospital
Garran ACT 2605
Telephone (06) 244 2121

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

Drug Information Pharmacist
New South Wales Therapeutic
Medicines Information Centre
PO Box 766
Darlinghurst NSW 2010
Telephone (02) 361 3011

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
(07) 253 7599

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
Casuarina NT 0811
Telephone (089) 228 424

TASMANIA

Drug Information 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

Therapeutic Goods Administration
Department of Health, Housing and
Community Services
(Compliance Branch)
PO Box 100
Woden ACT 2606

Mr L. R. Murray(06) 286 0244

Australian Capital Territory

ACT Board of Health
GPO Box 825
Canberra ACT 2601

Drugs—

Mr V. Bugler(06) 245 4314

Therapeutic Devices—

Mr K. Wyatt(06) 244 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) 892 986

Mr J. Gorrell(089) 227 341

Queensland

Queensland Department of Health
GPO Box 48
Brisbane Qld 4001

Drugs—

Mr R. Lowry(07) 234 0960

Mr T.J. Lunney(07) 234 0961

Therapeutic Devices—

Mr D. F. Mines(07) 252 5446

Mr R. Lowry(07) 234 0960

South Australia

South Australian Health Commission
PO Box 65
Rundle Mall
SA 5000

Drugs—

Mr K.G. McKellar(08) 226 6393

Mr R. J. Grant(08) 226 6406

Therapeutic Devices—

Mr R. Eden(08) 226 6311

Mr M. Essex(08) 372 1123

Tasmania

Department of Health
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

Mrs M. Collins(002) 30 6337

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 R. Moyle(09) 222 4985

Mr M. Patterson(09) 222 4980

Index of Manufacturers' Codes

<i>Codes</i>	<i>Manufacturer</i>
AB	Abbott Laboratories Pty Ltd Captain Cook Drive Kurnell NSW 2231
AC	Alberto Culver Company 14 Loyalty Road North Rocks NSW 2113
AD	Amrad Pharmaceuticals Pty Ltd 17-27 Cotham Road Kew Vic 3101
AF	Alphapharm Pty Ltd 12 Crown Street Glebe NSW 2037
AG	Allergan Australia Pty Ltd 5 George Place Artarmon NSW 2064
AM	Ames Product Group Division of Bayer Diagnostics Aust. Pty Limited 500 Wellington Road Mulgrave Vic 3170
AP	Astra Pharmaceuticals Pty Ltd 10-14 Khartoum Road North Ryde NSW 2113
AQ	Alcon Laboratories (Australia) Pty Ltd Allambie Grove Park 25 Frenchs Forest Road Frenchs Forest NSW 2086
AY	Ayerst Laboratories Pty Ltd Gregory Place Parramatta NSW 2150
BC	Bristol Laboratories Pty Ltd 320 Victoria Road Rydalmere NSW 2116
BE	BDF Australia Ltd 424 Lane Cove Rd North Ryde NSW 2113
BF	Barnes-Hind Pty Limited 7 Dickson Avenue Artarmon NSW 2064
BK	Becton Dickinson (USA) 100 Miller St North Sydney NSW 2060
BL	David Bull Laboratories 11-15 Lexia Place Mulgrave Vic. 3170

<i>Codes</i>	<i>Manufacturer</i>
BN	Bayer Australia Limited 875 Pacific Highway Pymble NSW 2073
BO	Boehringer Mannheim Australia Pty Ltd 31 Victoria Avenue Castle Hill NSW 2154
BS	Sancella Pty Limited 15 Ellingworth Parade Box Hill Vic 3128
BT	The Boots Company (Australia) Pty Ltd Loyalty Road North Rocks NSW 2151
BW	Wellcome Australia Limited 53 Phillips Street Cabarita NSW 2137
BX	Baxter Healthcare Pty Ltd Oakes Road Old Toongabbie NSW 2146
BY	Boehringer Ingelheim Pty Ltd 50 Broughton Road Artarmon NSW 2064
BZ	Boucher & Muir Pty Ltd 118-124 Willoughby Road Crows Nest NSW 2065
CG	Ciba-Geigy Australia Limited 140 Bungaree Road Pendle Hill NSW 2145
CL	Cilag Pty Limited Unit 3, 706 Mowbray Road West Lane Cove NSW 2066
CS	Commonwealth Serum Laboratories 45 Poplar Road Parkville Vic 3052
DL	Dista Products (Australia) & Company Waratah Street and Wharf Road Ermington NSW 2115
DM	Dermacare Pty Ltd 1 Wirega Avenue Kingsgrove NSW 2208
EG	Eagle Pharmaceuticals Pty Ltd 26 Winchcombe Place Castle Hill NSW 2154
EO	Ego Pharmaceuticals Pty Ltd 21-31 Malcolm Road Braeside Vic 3195

<i>Codes</i>	<i>Manufacturer</i>
FA	F. H. Faulding & Co. Ltd 62 Dew Street Thebarton SA 5031
FC	Fisons Pty Ltd 7 Gladstone Road Castle Hill NSW 2154
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 Australia Pty Ltd 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

<i>Codes</i>	<i>Manufacturer</i>
JC	Janssen-Cilag Pty Ltd Unit 3, 706 Mowbray Road West Lane Cove NSW 2066
JJ	Johnson & Johnson (Australia) Pty Ltd 154 Pacific Highway St Leonards NSW 2065
JP	Janssen Pharmaceutica Pty Ltd Unit 3, 706 Mowbray Road West Lane Cove NSW 2066
KC	Kimberly-Clark Australia Pty Ltd 20 Alfred South Street Milsons Pt NSW 2061
KE	Kendall Australasia Pty Ltd Unit C, 6 Lyon Park Road 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 30 Richmond Road Kewswick SA 5035
LE	Lederle Laboratories Division Cyanamid Australia Pty Ltd 5 Gibbon Road Baulkham Hills NSW 2153
LH	Lipha Pharmaceuticals, London, U.K. Australian Distributor 3M Pharmaceuticals Pty Ltd
LY	Eli Lilly (Aust.) and Company Wharf Road West Ryde NSW 2114
MB	May & Baker Division of Rhône-Poulenc Rorer Australia Pty Ltd 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

<i>Codes</i>	<i>Manufacturer</i>
ML	Marion Merrell Dow Australia Pty Limited 26 Rodborough Road Frenchs Forest NSW 2086
MM	3M Pharmaceuticals Pty Ltd 9-15 Chilvers Road Thornleigh NSW 2120
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
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	Colgate-Orapharm 195 Forster Road Mt Waverly Vic 3149
OR	Organon (Australia) Pty Ltd 31-33 Sirius Road Lane Cove NSW 2066

<i>Codes</i>	<i>Manufacturer</i>
PD	Parke, Davis Pty Ltd 32 Cawarra Road Caringbah NSW 2229
PF	Pfizer Pty Ltd Wharf Road West Ryde NSW 2114
PP	Petrus Pharmaceuticals 1360 Viveash Road Swan View WA 6056
PS	Pharmacia (Australia) Pty Ltd 4 Byfield Street North Ryde NSW 2113
PT	CP Protea 6 Chilvers Road Thornleigh NSW 2120
PV	Pasteur Mérieux Sérums & Vaccins Division of Rhône-Poulenc Rorer Australia Pty Ltd 19-23 Paramount Road West Footscray Vic 3012
PY	Proctor & Gamble Australia Pty Ltd 99 Phillip Street Parramatta NSW 2150
QE	Queensland Ethicals 100 Antimony Street Carole Park Qld 4300
RC	Reckitts Pty Ltd 44 Wharf Road West Ryde NSW 2114
RK	3M Pharmaceuticals Pty Ltd 9-15 Chilvers Road Thornleigh NSW 2120
RL	Roussel Uclaf Australia Pty Limited Level 8 423 Pennant Hills Road Pennant Hills NSW 2120
RO	Roche Products Pty Ltd Inman Road Dee Why NSW 2099
RR	Rorer Consumer Division of Rhône-Poulenc Rorer Australia Pty Ltd 19-23 Paramount Road West Footscray Vic 3012
SA	Sayco Pty Ltd Unit 5 260-264 Wickham Road Moorabbin Vic 3189

<i>Codes</i>	<i>Manufacturer</i>
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 Servier House 13 Cato Street Hawthorn Vic 3122
SG	Serono Australia Pty Ltd Unit 4, Allambie Grove Business Park 25 Frenchs Forest Road East Frenchs Forest NSW 2086
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	SmithKline Beecham (Australia) Pty Ltd 300 Frankston Road Dandenong Vic 3175
SN	Smith & Nephew (Aust.) Pty Ltd Wellington Road Clayton Vic 3168
SO	Scholl International (ANZ) Pty Ltd 255A Boundary Road Braeside Vic 3195
SG	E. R. Squibb & Sons Pty Ltd Princes Highway Noble Park Vic 3174

<i>Codes</i>	<i>Manufacturer</i>
SR	Searle Laboratories 20 Clarke Street Crows Nest NSW 2065
SU	Sauter Laboratories (Aust.) Pty Ltd 60 Campbell Avenue Dee Why NSW 2099
SV	Stafford-Miller Limited 5-9 Enterprise Avenue Padstow NSW 2211
SX	Stiefel Laboratories Pty Limited Suite 2, 11 Bridge Street Epping NSW 2121
SZ	Sandoz Australia Pty Ltd 54 Waterloo Road North Ryde NSW 2113
UP	Upjohn Pty Ltd 55-73 Kirby Street Rydalmere NSW 2116
UW	United Works of Pharmaceutical and Dietetic Products, Hungary Australian Distributor Boucher & Muir Pty Ltd
VG	Vita Glow Pty Ltd 6 Hayes Street Balgowlah NSW 2093
WL	Winthrop Laboratories 75-89 Atkins Road Ermington NSW 2115
WT	Whitehall Laboratories Pty Limited 102 Bonds Road Punchbowl NSW 2196
WW	Wm R. Warner 32 Cawarra Road Caringbah NSW 2229
WY	Wyeth Pharmaceuticals Pty Ltd Gregory Place Parramatta NSW 2150
ZY	Zyma Pharmaceuticals 140 Bungaree Road Pendle Hill NSW 2145

Emergency Drug (Doctor's Bag) Supplies

Code	Name of Pharmaceutical Benefit	Form, Strength and Volume	Maximum Quantity
3451P	Adrenaline	Injection 1 mg in 1 mL (1 in 1 000)	5
3452Q	Aminophylline	I.V. injection 250 mg in 10 mL	5
3453R	Atropine Sulphate	Injection 600 micrograms in 1 mL	5
3455W	Chlorpromazine Hydrochloride	Injection 50 mg in 2 mL	10
or	or		
3456X	Haloperidol	Injection 5 mg in 1 mL	10
3458B	Diazepam	Injection 10 mg in 2 mL	5
3459C	Digoxin	Injection 500 micrograms in 2 mL	5
3461E	Diphtheria and Tetanus Vaccine, Adsorbed	Injection 0.5 mL	10
3462F	Diphtheria and Tetanus Vaccine, Adsorbed, Diluted for Adult Use	Injection 0.5 mL	10
3464H	Ergometrine Maleate	Injection 250 micrograms in 1 mL	5
3465J	Erythromycin	I.M. injection 100 mg in 2 mL	5
3466K	Furosemide	Injection 20 mg in 2 mL	5
3467L	Glucagon Hydrochloride	Injection set containing 1 mg (1 i.u.) and 1 mL solvent in disposable syringe	1 set
3468M	Glucose	Injection 5 g in 10 mL (50%)	5
3470P	Hydrocortisone Sodium Succinate	Injection set containing equivalent of 100 mg hydrocortisone and 2 mL solvent	2 sets
or	or		
3471Q	Hydrocortisone Sodium Succinate	Injection set containing equivalent of 250 mg hydrocortisone and 2 mL solvent	1 set
or	or		
3472R	Dexamethasone	Injection 4 mg in 1 mL	5
3474W	Lignocaine Hydrochloride	Injection 100 mg in 5 mL	4
3476Y	Metoclopramide Hydrochloride	Injection 10 mg in 2 mL	10
or	or		
3477B	Prochlorperazine	Injection 12.5 mg in 1 mL	10
3479D	Morphine Sulphate	Injection 15 mg in 1 mL	5
or	or		
3480E	Morphine Sulphate	Injection 30 mg in 1 mL	5
3482G	Naloxone Hydrochloride	Injection (pre-filled syringe) 2 mg in 5 mL	2
3483H	Pethidine Hydrochloride	Injection 100 mg in 2 mL	5
3485K	Procaine Penicillin	Injection (pre-filled syringe) 1.5 g	10
or	or		
6999J	Benzylpenicillin	Injection 600 mg (with sterilised Water for Injections 2 mL)	10
3488N	Promethazine Hydrochloride	Injection 50 mg in 2 mL	10
3696B	Salbutamol Sulphate (base) in 2.5 mL, 30	Nebuliser solution, single dose units 2.5 mg	1 pack of 30
3497C	Salbutamol Sulphate (base) in 2.5 mL, 30	Nebuliser solution, single dose units 5 mg	1 pack of 30
3490Q	Terbutaline Sulphate	Injection 100 micrograms in 1 mL	5
or	or		
3491R	Terbutaline Sulphate	Injection 500 micrograms in 1 mL	5
3493W	Tetanus Vaccine, Adsorbed	Injection 0.5 mL	10
3494X	Verapamil Hydrochloride	Injection 5 mg in 2 mL	5

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

AUTHORITY TO SUPPLY

SPECIAL ACCESS SCHEME (SAS) ARRANGEMENTS FOR SERIOUSLY ILL PATIENTS WITH A LIFE-THREATENING ILLNESS

This completed document constitutes the authority for an Australian sponsor to supply the specified drug. Where necessary a prescription must accompany this authority.

The basis for these SAS arrangements is that responsibility to prescribe an unapproved drug appropriately rests with the patient's medical practitioner and the patient.

I, the undersigned, a registered medical practitioner in a State/Territory of Australia certify that:

- In my opinion the patient is seriously ill with a life-threatening condition as defined below*
- I am prepared to prescribe the drug requested
- I have obtained the informed consent of the patient, or the patient's legal representative, to the proposed treatment

PATIENT IDENTIFICATION:**

DRUG:

DOSAGE FORM:

STRENGTH:

ROUTE OF ADMINISTRATION:

DOSAGE:

DURATION OF TREATMENT:

QUANTITY TO BE SUPPLIED:

AUSTRALIAN SPONSOR OF DRUG:

OTHER RELEVANT INFORMATION (OPTIONAL):

NAME AND ADDRESS FOR SUPPLY OF DRUG (PHARMACIST OR DOCTOR):

MEDICAL PRACTITIONER'S SIGNATURE:

DATE:

NAME, POSTAL ADDRESS AND TELEPHONE NUMBER OF MEDICAL PRACTITIONER:

* A life-threatening condition being defined as "one in which there is a reasonable likelihood that death will occur within a matter of months or in which premature death is likely without early treatment".

** Patient identification, such as name and address, must be sufficient for the doctor to identify the patient if required at a later time.

NOTE: If the drug is to be imported directly an importation certificate may be required—refer to page 3 "How to obtain the drug" in "ACCESS TO UNAPPROVED DRUGS VIA THE SPECIAL ACCESS SCHEME".

INSTRUCTIONS: This form should be forwarded to the Australian Sponsor of the Drug and a copy forwarded, at the same time, to the Medical Officer—SAS, TGA, PO BOX 100 WODEN ACT 2606.

Section 2

Special Pharmaceutical Benefits

General, Pensioner and Restricted Benefits

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

SYMBOLS USED IN THE SCHEDULE

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

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 prescribed/supplied. For any item where a maximum quantity greater than 1 is marked with a double dagger (‡), that maximum quantity should be prescribed/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.

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).

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 General 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 89 of Section 1—Explanatory Notes (Lemon Pages).) Payment will be made on the basis of the price shown for that item in the Schedule.

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 2 mL sterilised water for injections

Second code is for the injectible with 5 mL sterilised water for injections

Third code is for the injectible with 10 mL sterilised water for injections

Fourth code is for the injectible with 2 mL sodium chloride injection 9 mg per mL (0.9%)

Fifth code is for the injectible with 5 mL sodium chloride injection 9 mg per mL (0.9%)

Sixth code is for the injectible with 10 mL sodium chloride injection 9 mg per mL (0.9%)

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

SPECIAL PHARMACEUTICAL BENEFITS

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

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Special Patient Contribution for Max. Qty	Reimburse- ment Price for Max. Qty	Total Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net
				\$	\$	\$	\$
	BLEOMYCIN (Blenoxane BC) CAUTION: <i>Bleomycin can cause irreversible pulmonary fibrosis.</i> <i>Germ cell neoplasms;</i> <i>Lymphoma;</i> <i>Squamous cell carcinoma.</i>						
2315W	Injection 15 units bleomycin activity (solvent required) (codes 6891Q, 6892R, 6893T, 6894W, 6895X, 6896Y apply to above item with approved solvents)	10	..	540.17	631.10	1171.27	15.70
	CLOMIPHENE CITRATE (Clomid ML) Anovulatory infertility; Patients undergoing in-vitro fertilisation. NOTE: <i>Care must be taken to comply with the provisions of State law when prescribing clomiphene citrate.</i>						
1211R	Tablet 50 mg	10	5	32.14	*28.51	*60.65	15.70
2334W	POLYGELINE (Haemaccel HP) I.V. infusion 17.5 g per 500 mL (3.5%) with electrolytes, 500 mL	3	..	7.20	*48.49	*55.69	15.70

GENERAL, PENSIONER AND RESTRICTED BENEFITS

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 250 mg	100	3	..	13.46	14.21	Diamox	LE
2376C	Capsule 500 mg (sustained release)	50	3	..	14.34	15.09	Diamox	LE
1005X	Injection 500 mg (solvent required) (codes 6501E, 6502F, 6503G, 6504H, 6505J, 6506K apply to above item with approved solvents)	1	..	..	9.67	10.42	Diamox	LE
	ACETYLCYSTEINE <i>Bronchiectasis; Cystic fibrosis (mucoviscidosis).</i>							
2630K	Solution for inhalation 200 mg per mL (20%), 10 mL	5	3	..	32.47	15.70	Mucomyst	AP
	ACRYLIC RESIN <i>For colostomy and ileostomy use; For use by paraplegic and quadriplegic patients.</i>							
2223B	Solution 125 g aerosol spray	#1	..	..	13.91	14.66	Nobecutane	AP
	ACYCLOVIR <u>Authority required.</u> <i>Moderate or severe initial genital herpes. Microbiological confirmation of diagnosis is desirable but need not delay treatment.</i>							
1003T	Tablet 200 mg	50	..	..	*104.45	15.70	Zovirax 200 mg BW	
	<u>Authority required.</u> <i>Moderate to severe recurrent genital herpes (more than ten attacks per year). Microbiological confirmation of diagnosis is required prior to issue of authority.</i>							
1007B	Tablets 200 mg, 90	#1	2	..	178.77	15.70	Zovirax 200 mg BW	
	<u>Authority required.</u> <i>Suppression of genital herpes in severely immunocompromised patients.</i>							
1009D	Tablets 200 mg, 90	#1	5	..	178.77	15.70	Zovirax 200 mg BW	

(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
ACYCLOVIR—cont.							
Authority required.							
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.							
NOTE:							
No repeats will be issued.							
1101Y	Tablets 400 mg, 70	‡1	..	..	252.46	15.70	Zovirax 400 mg BW
Eye infections caused by herpes simplex virus.							
1002R	Eye ointment 30 mg per g (3%), 4.5 g	‡1	..	..	21.14	15.70	Zovirax BW
ADRENALINE							
1016L	Injection 1 mg in 1 mL (1 in 1,000)	5	1	..	6.90	7.65	AP
2434D	Eye drops 5 mg per mL (0.5%), 7.5 mL	‡1	5	..	6.96	7.71	Eppy/N BF
3031M	Eye drops 5 mg per mL (0.5%), 10 mL	‡1	5	..	9.30	10.05	Epifrin AG
1014J	Eye drops 10 mg per mL (1%), 7.5 mL	‡1	5	..	7.32	8.07	Eppy/N BF
2955M	Eye drops 10 mg per mL (1%), 10 mL	‡1	5	..	9.55	10.30	Epifrin AG
1015K	Eye drops 20 mg per mL (2%), 10 mL	‡1	5	..	13.30	14.05	Epifrin AG
ALLOPURINOL							
2600W	Tablet 100 mg	200	2	..	*12.71	13.46	Alloremed 100 Progout 100 Zyloprim MB AF BW
2604C	Tablet 300 mg	60	2	..	*9.53	10.28	Alloremed 300 Progout 300 Zyloprim MB AF BW
2601X	Capsule 100 mg	200	2	..	*12.71	13.46	Capurate-100 FM
2603B	Capsule 300 mg	60	2	..	*9.53	10.28	Capurate-300 FM
ALPRENOLOL HYDROCHLORIDE							
2991K	Tablet 100 mg	100	5	..	10.53	11.28	Aptin AP
ALUMINIUM HYDROXIDE							
2153H	Oral suspension 321 mg per 5 mL, 500 mL	2	5	0.58	*10.29	10.46	Amphojel WT
ALUMINIUM HYDROXIDE DRIED							
1026B	Tablet 300 mg	200	5	0.58	*10.29	10.46	Amphotabs WT
ALUMINIUM HYDROXIDE with KAOLIN							
2552H	Oral suspension 137 mg-1 g per 5 mL, 500 mL	‡1	2	..	6.62	7.37	Kaomagma WT
ALUMINIUM HYDROXIDE and MAGNESIUM CARBONATE CO-DRIED GEL							
1033J	Tablet 375 mg	200	5	0.58	*10.29	10.46	Simeco WT

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	
2576N	ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE Tablet 200 mg-200 mg	200	5	..	*9.71	10.46	Gelusil Mylanta	WW PD
2156L	Oral suspension 215 mg-80 mg per 5 mL, 500 mL	2	5	0.58	*10.29	10.46	Simeco	WT
2157M	Oral suspension 200 mg-200 mg per 5 mL, 500 mL	2	5	..	*9.71	10.46	Gelusil Mylanta Sodexol	WW PD SC
2155K	Oral suspension 306 mg-97.5 mg per 5 mL, 500 mL	2	5	0.58	*10.29	10.46	Aludrox	WT
2158N	ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE and OXETHAZAINE Oral suspension 306 mg-97.5 mg- 10 mg per 5 mL, 500 mL	2	5	0.58	*10.29	10.46	Mucaine	WT
1032H	ALUMINIUM HYDROXIDE with MAGNESIUM TRISILICATE and MAGNESIUM HYDROXIDE Tablet 250 mg-120 mg-120 mg	200	5	..	*9.71	10.46	Gastrogel	FM
2159P	Oral suspension 250 mg-120 mg- 120 mg per 5 mL, 500 mL	2	5	..	*9.71	10.46	Gastrogel	FM
3016R	AMANTADINE HYDROCHLORIDE <i>Parkinson's disease which is not drug induced.</i> Capsule 100 mg	100	5	.. 0.99	24.77 25.76	15.70 15.70	Antadine Symmetrel	BT CG
3109P	AMILORIDE HYDROCHLORIDE CAUTION: Serum electrolytes should be checked regularly. Supplementary potassium may cause life- threatening hyperkalaemia. Tablet 5 mg	100	1	.. 0.48	*8.93 *9.41	9.68 9.68	Kalurit Midamor	AF MK
1035L	AMINACRINE HYDROCHLORIDE Eye drops 3 mg in 15 mL	1	2	..	7.21	7.96	Aminopt	SI
3077Y	AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE <i>Pyridoxine non-responsive homocystinuria.</i> Powder 200 g	5	5	..	*268.23	15.70	Maxamaid RVHB	SB

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	
AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE Phenylketonuria.								
3073R	Powder 200 g	5	5	..	*236.13	15.70	Maxamaid XP	SB
3076X	Powder 200 g	5	5	..	*356.43	15.70	Maxamum XP	SB
AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE and TYROSINE Tyrosinaemia.								
3078B	Powder 200 g	10	5	..	*815.43	15.70	Maxamum XPhen, Tyr	SB
AMINO ACID FORMULA with VITAMINS and MINERALS without VALINE, LEUCINE and ISOLEUCINE Maple syrup urine disease.								
3075W	Powder 200 g	5	5	..	*549.43	15.70	M.S.U.D. AID	SB
1045B	Powder 200 g	10	5	..	*521.73	15.70	Maxamaid M.S.U.D.	SB
AMINO ACID FORMULA without PHENYLALANINE Phenylketonuria.								
3071P	Powder 250 g	2	5	..	*210.31	15.70	PK AID I	SB
3072Q	Powder 250 g	2	5	..	*249.43	15.70	PK AID II	SB
1450H	Food supplement powder 500 g	±1	5	..	186.33	15.70	Aminogran F.S.	GL
AMINOGLUTETHIMIDE Authority required. Post-menopausal metastatic breast cancer in patients who have failed to respond adequately to endocrine manipulation; Cushing's syndrome. NOTE: Replacement therapy with a corticosteroid is essential.								
1036M	Tablet 250 mg	100	5	..	143.22	15.70	Cytadren	CG
1039Q	AMINOPHYLLINE Tablet 100 mg	100	5	..	5.96	6.71	Cardophyllin	HA
1038P	I.V. injection 250 mg in 10 mL	5	..	..	7.71	8.46	SI	

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	
AMIODARONE HYDROCHLORIDE								
CAUTION:								
<i>Amiodarone hydrochloride has been reported to cause frequent and potentially serious toxicity.</i>								
Authority required.								
<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>								
2344J	Tablet 100 mg	30	5	..	20.05	15.70	Cordarone X 100	RC
2343H	Tablet 200 mg	30	5	..	30.45	15.70	Cordarone X 200	RC
AMITRIPTYLINE HYDROCHLORIDE								
2417F	Tablet 10 mg	50	2	.. 0.51	4.57 5.08	5.50 5.50	Endep 10 Tryptanol	AF MK
2418G	Tablet 25 mg	50	2	.. 0.51	5.09 5.60	5.84 5.84	Endep 25 Tryptanol	AF MK
2429W	Tablet 50 mg	50	2	..	6.25	7.00	Endep 50	AF
AMMONIUM CHLORIDE								
1044Y	Tablet 500 mg	100	5	..	9.55	10.30	FM	
AMOXYCILLIN								
1883D	Chewable tablet 250 mg	20	1	..	7.64	8.39	Amoxil Moxacin	SK CS
1884E	Capsule 250 mg	20	1	..	6.85	7.60	Alphamox 250 Amoxil Cilamox Ibiamox Moxacin	AF SK SI PT CS
1889K	Capsule 500 mg	20	1	..	10.16	10.91	Alphamox 500 Amoxil Cilamox Ibiamox Moxacin	AF SK SI PT CS
1878W	Sachet containing oral powder 3 g	1	..	..	7.49	8.24	Amoxil Moxacin	SK CS
1888J	Powder for paediatric oral drops 100 mg per mL, 20 mL	‡1	1	..	#9.95	11.03	Amoxil	SK
1886G	Powder for syrup 125 mg per 5 mL, 100 mL	‡1	1	..	#8.47	9.55	Cilamox Ibiamox Moxacin	SI PT CS
				0.77	#9.24	9.55	Amoxil	SK
1887H	Powder for syrup 250 mg per 5 mL, 100 mL	‡1	..	..	#9.85	10.93	Cilamox Ibiamox Moxacin 250 Amoxil Forte	SI PT CS SK
				0.77	#10.62	10.93		
1877T	Injection 1 g with 4 mL solvent	5	1	..	*15.63	15.70	Ibiamox	PT

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AMOXYCILLIN with CLAVULANIC ACID								
NOTE:								
This combination should not be used in preference to amoxycillin unless resistance to amoxycillin is suspected or proven.								
1890L	Tablet 250 mg-125 mg	15	1	..	12.15	12.90	Augmentin	SK
1891M	Tablet 500 mg-125 mg	15	1	..	15.86	15.70	Augmentin Forte	SK
1892N	Powder for syrup 125 mg-31.25 mg per 5 mL, 75 mL	‡1	1	..	#10.52	11.60	Augmentin	SK
1893P	Powder for syrup 250 mg-62.5 mg per 5 mL, 75 mL	‡1	..	..	#12.82	13.90	Augmentin Forte	SK
AMPHOTERICIN								
2931G	Lozenge 10 mg	20	1	..	5.93	6.68	Fungilin	SQ
1047D	Injection 50 mg (solvent required) (codes 6507L, 6508M, 6509N, 6510P, 6511Q, 6512R apply to above item with approved solvents)	1	..	..	20.08	15.70	Fungizone	SQ
2927C	Cream 30 mg per g (3%), 15 g	‡1	1	..	5.48	6.23	Fungilin	SQ
2929E	Ointment 30 mg per g (3%), 15 g	‡1	1	..	5.48	6.23	Fungilin	SQ
AMPICILLIN								
1048E	Capsule 250 mg	24	1	.. 2.82	7.39 10.21	8.14 8.14	Alphacin 250 Penbritin	AF SK
2671N	Capsule 500 mg	24	..	.. 2.42	10.86 13.28	11.61 11.61	Alphacin 500 Penbritin	AF SK
2389R	Injection 250 mg (solvent required) (codes 6519D, 6520E, 6521F, 6522G, 6523H, 6524J apply to above item with approved solvents)	5	1	..	7.69	8.44	Austrapen	CS
2390T	Injection 500 mg (solvent required) (codes 6525K, 6526L, 6527M, 6528N, 6529P, 6530Q apply to above item with approved solvents)	5	1	..	9.63	10.38	Ampicyn Austrapen	PT CS
2977Q	Injection 1 g (solvent required) (codes 6531R, 6532T, 6533W, 6534X, 6535Y, 6536B apply to above item with approved solvents)	5	1	..	13.59	14.34	Ampicyn Austrapen	PT CS
AMYLOBARBITONE SODIUM								
Epilepsy.								
1059R	Injection 500 mg (solvent required) (codes 6543J, 6544K, 6545L, 6546M, 6547N, 6548P apply to above item with approved solvents)	2	..	..	*10.21	10.96	Amytal Sodium	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	
1075N	ANTAZOLINE with NAPHAZOLINE Eye drops 5 mg (sulphate)- 250 micrograms (nitrate) per mL (0.5%-0.025%), 10 mL	‡1	5	..	6.47	7.22	Antistine-Privine	ZY
1077Q	Eye drops 5 mg (phosphate)- 500 micrograms (hydrochloride) per mL (0.5%-0.05%), 15 mL	‡1	5	..	7.72	8.47	Albalon-A	AG
1980F	ANTIVENOM—RED BACK SPIDER Injection 500 units	2	..	..	*169.35	15.70	CS	
1008C	ASPIRIN Tablet 300 mg	100	1	..	4.99	5.74	Spren	SI
1010E	Tablet 300 mg (dispersible)	100	1	..	5.06	5.81	Solprin	RC
3110Q	Tablet 325 mg (buffered)	100	1	..	5.74	6.49	Bufferin	MJ
1230R	Tablet 650 mg (enteric coated)	100	2	..	8.27	9.02	Ecotrin	SK
1231T	Tablet 650 mg (sustained release)	100	2	..	8.27	9.02	S.R.A.	BT
1081X	ATENOLOL Tablet 50 mg	30	5	.. 0.73	9.21 9.94	9.96 9.96	Noten Tenormin	AF IC
2704H	ATROPINE SULPHATE Tablet 600 micrograms	100	2	..	8.55	9.30	FM	
1089H	Injection 600 micrograms in 1 mL	5	1	..	4.93	5.68	AP	
1091K	Injection 1.2 mg in 1 mL	5	1	..	4.95	5.70	AP	
1092L	Eye drops 5 mg per mL (0.5%), 15 mL	‡1	2	..	7.13	7.88	Atropt	SI
1093M	Eye drops 10 mg per mL (1%), 15 mL	‡1	2	..	7.13	7.88	Atropt	SI
1094N	Eye ointment 10 mg per g (1%), 4 g	‡1	..	..	8.66	9.41	PD	
	AURANOFIN CAUTION: Regular blood and urine checks are essential.							
1095P	Tablet 3 mg	60	5	..	46.02	15.70	Ridaura	SK
2021J	AUROTHIOGLUCOSE Injection 50 mg per mL, 10 mL	1	..	..	87.44	15.70	Gold-50	SH
2687K	AZATHIOPRINE Tablet 50 mg	100	2	..	75.22	15.70	Imuran Thioprine	BW AF
2729P	BACLOFEN Tablet 10 mg	100	5	..	40.72	15.70	Lioresal 10	CG
2730Q	Tablet 25 mg	100	5	..	82.32	15.70	Lioresal 25	CG

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BECLOMETHASONE DIPROPIONATE								
1649T	Capsule 100 micrograms (oral inhalation)	100	5	..	14.86	15.61	Becotide Rotacaps	GL
1650W	Oral pressurised inhalation 50 micrograms per dose (200 doses)	‡1	5	..	9.91	10.66	Aldecin Becotide	SH GL
1651X	Oral pressurised inhalation 100 micrograms per dose (200 doses)	‡1	5	..	16.38	15.70	Becotide 100	GL
1652Y	Oral pressurised inhalation 250 micrograms per dose (200 doses)	‡1	5	..	30.66	15.70	Becloforte	GL
CAUTION: Higher doses of inhaled beclomethasone may suppress the hypothalamic-pituitary-adrenal axis.								
BELLADONNA ALKALOIDS Hyoscyamine Hydrobromide, Atropine Sulphate and Hyoscine Hydrobromide								
2705J	Tablet 92.5 micrograms-13.5 micrograms-9.9 micrograms	100	2	..	5.11	5.86	Atrobel	FM
2706K	Tablet 138.7 micrograms-20.3 micrograms-14.8 micrograms	100	2	..	5.20	5.95	Atrobel Forte	FM
BELLADONNA ALKALOIDS Hyoscyamine Sulphate, Atropine Sulphate and Hyoscine Hydrobromide								
2916L	Tablet 103.7 micrograms-19.4 micrograms-6.5 micrograms	100	2	..	5.25	6.00	Donnatab	WT
BENDROFLUAZIDE								
1105E	Tablet 2.5 mg	100	1	..	*6.73	7.48	Aprinox-M	BT
1106F	Tablet 5 mg	100	1	..	*6.97	7.72	Aprinox	BT
BENZATHINE PENICILLIN								
1766Y	Injection 1.8 g in 4 mL, disposable syringe	1	..	..	20.90	15.70	Bicillin L-A	WY
BENZATHINE PENICILLIN with PROCAINE PENICILLIN and BENZYL PENICILLIN POTASSIUM								
1767B	Injection set 450 mg-300 mg- 187 mg containing 1 vial and 2 mL sterilised water for injections	1	..	..	12.21	12.96	Bicillin All-Purpose	WY
BENZHEXOL HYDROCHLORIDE								
1109J	Tablet 2 mg	200	2	..	7.90	8.65	Artane	LE
1110K	Tablet 5 mg	200	1	..	9.79	10.54	Artane	LE

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BENZOIN For colostomy and ileostomy use.								
2683F	Compound tincture 3.5 mL per 10 mL (35%), 167 mL aerosol spray	‡1	..	..	9.96	10.71	EG	
2362H	BENZTROPINE MESYLATE Tablet 2 mg	60	2	..	*6.54	7.29	Cogentin	MK
3038X	Injection 2 mg in 2 mL	5	..	..	12.86	13.61	Cogentin	MK
1114P	BENZYL BENZOATE Application 50 g in 200 mL (25%)	‡1	2	..	5.64	6.39	Benzemul	MG
1774J	BENZYL PENICILLIN Injection 300 mg (solvent required) (codes 6555B, 6556C, 6557D, 6558E, 6559F, 6560G apply to above item with approved solvents)	5	1	..	9.85	10.60	CS	
1775K	Injection 600 mg (solvent required) (codes 6561H, 6562J, 6563K, 6564L, 6565M, 6566N apply to above item with approved solvents)	5	1	..	10.91	11.66	CS	
2647H	Injection 3 g (solvent required) (codes 6567P, 6568Q, 6569R, 6570T, 6571W, 6572X apply to above item with approved solvents)	10	..	..	*42.15	15.70	CS	
1117T	BETAMETHASONE Tablet 500 micrograms	30	4	..	5.85	6.60	Celestone	SH
BETAMETHASONE ACETATE with BETAMETHASONE SODIUM PHOSPHATE Alopecia areata; For local intra-articular or peri-articular infiltration; Granulomata dermal; Keloid; Lichen planus hypertrophic; Lichen simplex chronicus; Lupus erythematosus, chronic discoid; Necrobiosis lipoidica; Uveitis								
2694T	Injection 3 mg-3.9 mg (equivalent to 5.7 mg betamethasone) in 1 mL	5	..	..	18.71	15.70	Celestone Chronodose	SH
1115Q	BETAMETHASONE DIPROPIONATE Cream 500 micrograms per g (0.05%), 15 g	‡1	1	..	5.32	6.07	Diprosone	SH
1119X	Ointment 500 micrograms per g (0.05%), 15 g	‡1	1	..	5.32	6.07	Diprosone	SH
1118W	Scalp lotion 500 micrograms per mL (0.05%), 30 mL	‡1	..	..	8.27	9.02	Diprosone	SH

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BROMOCRIPTINE MESYLATE								
Authority required.								
<i>Acromegaly; Parkinson's disease; Pathological hyperprolactinaemia where appropriate surgery or radiotherapy is not indicated or has already been used with incomplete resolution.</i>								
1443Y	Tablet 2.5 mg	60	5	..	36.18	15.70	Parlodel	SZ
1446D	Capsule 5 mg	60	5	..	66.75	15.70	Parlodel	SZ
1445C	Capsule 10 mg	100	5	..	232.49	15.70	Parlodel	SZ
Urgent suppression of physiological lactation.								
1444B	Tablet 2.5 mg	30	..	..	20.08	15.70	Parlodel	SZ
BUDESONIDE								
Authority required.								
<i>Severe chronic asthma in patients who require long-term steroid therapy and who are unable to use other forms of inhaled steroid therapy.</i>								
2065Q	Nebuliser suspension single dose units 500 micrograms in 2 mL, 30	‡1	5	..	30.99	15.70	Pulmicort Respules	AP
2066R	Nebuliser suspension single dose units 1 mg in 2 mL, 30	‡1	5	..	41.84	15.70	Pulmicort Respules	AP
BUDESONIDE								
2067T	Oral pressurised inhalation 50 micrograms per dose (200 doses)	‡1	5	..	10.73	11.48	Pulmicort	AP
2068W	Oral pressurised inhalation 100 micrograms per dose (200 doses)	‡1	5	..	15.86	15.70	Pulmicort	AP
2069X	Oral pressurised inhalation 200 micrograms per dose (200 doses)	‡1	5	..	24.21	15.70	Pulmicort	AP
2070Y	Powder for oral inhalation in breath actuated device 100 micrograms per dose (200 doses)	‡1	5	..	20.19	15.70	Pulmicort Turbuhaler	AP
2071B	Powder for oral inhalation in breath actuated device 200 micrograms per dose (200 doses)	‡1	5	..	27.87	15.70	Pulmicort Turbuhaler	AP
2072C	Powder for oral inhalation in breath actuated device 400 micrograms per dose (200 doses)	‡1	5	..	43.24	15.70	Pulmicort Turbuhaler	AP

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	
1130L	BUMETANIDE Tablet 1 mg	100	1	..	9.35	10.10	Burinex	AP
1128J	BUSULPHAN Tablet 2 mg	100	..	..	34.34	15.70	Myleran	BW
	BUTYL MONOESTER POLYMER with ETHANOL For colostomy and ileostomy use.							
2680C	Paste 60 g	#1	..	..	12.89	13.64	Stomahesive Paste	SG
	BUTYL MONOESTER POLYMER with ISOPROPYL ALCOHOL For colostomy and ileostomy use.							
2503R	Protective dressing aerosol 120 g	#1	..	..	15.59	15.70	Skin-Prep	SN
2504T	Protective dressing solution 59 mL	#1	..	..	12.49	13.24	Skin-Prep	SN
2510D	Protective dressing wipes, 50	#1	..	..	15.13	15.70	Skin-Prep Uro-Prep	SN SA
	CALCITONIN							
	NOTE: <i>The maximum quantities for calcitonin shown represent the number of individual ampoules/vials and NOT multiples of the manufacturers' packs.</i>							
	Authority required. <i>Proven active Paget's disease of bone causing pain or disability; Treatment initiated in a hospital (in-patient or out-patient) of hypercalcaemia; For the continuation of treatment of patients already established on calcitonin under section 100 arrangements.</i>							
	NOTE: <i>Application for initial authority for use in Paget's disease in patients not already established on calcitonin under section 100 arrangements must state the date and details of radiological and biochemical tests confirming the presence of this disease.</i>							
2994N	Injection (porcine) 160 i.u. with 2 mL gelatin solvent	20	5	..	*339.83	15.70	Calcitare	MB
	NOTE: <i>Manufacturer's pack is 10 vials plus 10 vials solvent</i>							

(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	
CALCITONIN—cont.								
2995P	Injection (salmon) 50 i.u. in 1 mL ampoule NOTE: <i>Manufacturer's pack is 5 ampoules</i>	30	5	..	*145.75	15.70	Miacalcic	SZ
2996Q	Injection (salmon) 80 i.u. in 0.8 mL ampoule NOTE: <i>Manufacturer's pack is 5 ampoules</i>	15	5	..	*104.53	15.70	Miacalcic	SZ
2997R	Injection (salmon) 100 i.u. in 1 mL ampoule NOTE: <i>Manufacturer's pack is 5 ampoules</i>	15	5	..	*117.64	15.70	Calsynar Miacalcic	MB SZ
2998T	Injection (salmon) 400 i.u. in 2 mL vial NOTE: <i>Manufacturer's pack is a single vial</i>	4	5	..	*106.79	15.70	Calsynar	MB
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>								
2999W	Injection (synthetic human) 0.5 mg with 1 mL solvent NOTE: <i>Manufacturer's pack is 5 ampoules plus 5 ampoules solvent</i>	15	5	..	*184.93	15.70	Cibacalcin	CG
CALCITRIOL Authority required. ➤ <i>Established post menopausal osteoporosis with one or more non-traumatic vertebral compression fractures on x-ray; Hypocalcaemia due to renal disease; Hypoparathyroidism; Hypophosphataemic rickets; Vitamin D-resistant rickets.</i>								
2502Q	Capsule 0.25 micrograms CALCIUM <i>Hyperphosphataemia in chronic renal failure; Hypocalcaemia; Osteoporosis; Proven malabsorption.</i>	100	5	..	55.11	15.70	Rocaltrol	RO
3116B	Tablet (chewable) 500 mg (as carbonate)	120	1	..	*11.41	12.16	Cal-Sup	MM

(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	
	CALCIUM—cont.							
3117C	Tablet 600 mg (as carbonate)	120	1	..	*11.63	12.38	Caltrate	LE
3122H	Compound effervescent tablet equivalent to 1 g (25 mmol) Ca ²⁺	60	1	..	*13.91	14.66	Sandocal 1000 SZ	
	NOTE: Each 'Sandocal 1000' tablet also contains 18 mmol Na ⁺ .							
	CALCIUM FOLINATE Antidote to folic acid antagonists.							
2308L	Tablet equivalent to 15 mg folinic acid	10	..	..	97.96	15.70	Leucovorin	LE
	NOTE: Increased quantities may be authorised up to a maximum of 20 tablets. Repeats will not be authorised.							
2309M	Injection equivalent to 3 mg folinic acid in 1 mL	5	..	..	15.11	15.70	BL	
1146H	CALCIUM GLUCONATE Injection 1 g in 10 mL (10%)	5	1	..	13.15	13.90	Calcium-Sandoz	SZ
	CAPTOPRIL Authority required. Treatment where less costly alternative therapy is inappropriate for: Cardiac failure; Hypertension.							
1147J	Tablet 12.5 mg	90	5	..	28.88	15.70	Capoten	SG
1148K	Tablet 25 mg	90	5	..	40.62	15.70	Capoten	SG
1149L	Tablet 50 mg	90	5	..	73.83	15.70	Capoten	SG
	CARBACHOL							
2535K	Eye drops 15 mg per mL (1.5%), 15 mL	‡1	5	..	9.91	10.66	AQ	
2536L	Eye drops 30 mg per mL (3%), 15 mL	‡1	5	..	10.03	10.78	AQ	
	CARBAMAZEPINE							
2422L	Tablet 100 mg	200	2	..	18.64	15.70	Tegretol 100	CG
2419H	Tablet 200 mg	200	2	.. 0.55	32.42 32.97	15.70 15.70	Teril Tegretol 200	AF CG
2427R	Oral suspension 100 mg per 5 mL, 300 mL	‡1	5	..	18.34	15.70	Tegretol	CG
	CARBIMAZOLE							
1153Q	Tablet 5 mg	200	2	..	*10.53	11.28	Neo-Mercazole	NS

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CARBOPLATIN								
<i>Advanced stage ovarian carcinoma.</i>								
1160C	Solution for I.V. injection 50 mg in 5 mL	2	..	..	*107.31	15.70	Paraplatin BL	BC
1161D	Solution for I.V. injection 150 mg in 15 mL	6	..	..	*717.43	15.70	Paraplatin BL	BC
1162E	Solution for I.V. injection 450 mg in 45 mL	2	..	..	*519.11	15.70	Paraplatin BL	BC
CARMELLOSE SODIUM with PECTIN and GELATIN <i>For colostomy and ileostomy use.</i>								
2326K	Paste 167 mg-167 mg-167 mg per g (16.7%-16.7%-16.7%), 15 g	#1	..	..	5.85	6.60	Orabase	SG
2327L	Powder 333 mg-333 mg-333 mg per g (33.3%-33.3%-33.3%), 28.3 g	#1	..	..	10.58	11.33	Stomahesive Powder	SG
CEFACLOR								
1155T	Capsule 250 mg	15	1	..	12.15	12.90	Ceclor	LY
2460L	Powder for oral suspension 125 mg per 5 mL, 100 mL	#1	1	..	#12.29	13.37	Ceclor	LY
2461M	Powder for oral suspension 250 mg per 5 mL, 75 mL	#1	..	..	#12.82	13.90	Ceclor	LY
CEFOTAXIME Authority required. Treatment where less costly alternative therapy is inappropriate for: Infections where positive bacteriological evidence confirms that cefotaxime is an appropriate therapeutic agent; Septicaemia, suspected or proven.								
1085D	Injection 1 g (solvent required) (codes 6591X, 6592Y, 6593B, 6594C, 6595D, 6596E apply to above item with approved solvents)	5	..	..	*57.98	15.70	Claforan	RL
1086E	Injection 2 g (solvent required) (codes 6597F, 6598G, 6599H, 6600J, 6601K, 6602L apply to above item with approved solvents)	5	..	..	*107.33	15.70	Claforan	RL

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	
CEFTRIAXONE								
Authority required.								
Treatment where less costly alternative therapy is inappropriate for:								
Infections where positive bacteriological evidence confirms that ceftriaxone is an appropriate therapeutic agent; Septicaemia, suspected or proven.								
1790F	Injection 250 mg (solvent required) (codes 6885J, 6886K, 6887L, 6888M, 6889N, 6890P apply to above item with approved solvents)	2	..	..	*29.09	15.70	Rocephin	RO
1783W	Injection 500 mg (solvent required) (codes 6861D, 6862E, 6863F, 6864G, 6865H, 6866J apply to above item with approved solvents)	2	..	..	*38.63	15.70	Rocephin	RO
1784X	Injection 1 g (solvent required) (codes 6867K, 6868L, 6869M, 6870N, 6871P, 6872Q apply to above item with approved solvents)	2	..	..	*62.53	15.70	Rocephin	RO
1785Y	Injection 2 g (solvent required) (codes 6873R, 6874T, 6875W, 6876X, 6877Y, 6878B apply to above item with approved solvents)	2	..	..	*115.01	15.70	Rocephin	RO
Gonorrhea.								
1782T	Injection 250 mg (solvent required) (codes 6855T, 6856W, 6857X, 6858Y, 6859B, 6860C apply to above item with approved solvents)	1	..	..	16.26	15.70	Rocephin	RO
CEPHALEXIN								
3058Y	Capsule 250 mg	20	1	.. 0.46 0.55	7.23 7.69 7.78	7.98 7.98 7.98	Ibilex 250 Keflex Ceporex	AF LY GL
3119E	Capsule 500 mg	20	1	.. 0.46 0.55	10.25 10.71 10.80	11.00 11.00 11.00	Ibilex 500 Keflex Ceporex	AF LY GL
3094W	Granules for syrup 125 mg per 5 mL, 100 mL	‡1	1	.. 0.46 0.55	#9.68 #10.14 #10.23	10.76 10.76 10.76	Ibilex 125 Keflex Ceporex	AF LY GL
3095X	Granules for syrup 250 mg per 5 mL, 100 mL	‡1	..	.. 0.46 0.55	#11.88 #12.34 #12.43	12.96 12.96 12.96	Ibilex 250 Keflex Ceporex	AF LY GL

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	
CEPHALOTHIN								
2964B	Injection 1 g (solvent required) (codes 6609W, 6610X, 6611Y, 6612B, 6613C, 6614D apply to above item with approved solvents)	5	..	..	*20.68	15.70	Keflin Neutral	LY
1135R	Injection 2 g (solvent required) (codes 6615E, 6616F, 6617G, 6618H, 6619J, 6620K apply to above item with approved solvents)	1	..	..	10.18	10.93	Keflin Neutral	LY
1136T	Injection 4 g (solvent required) (codes 6621L, 6622M, 6623N, 6624P, 6625Q, 6626R apply to above item with approved solvents)	1	..	..	16.42	15.70	Keflin Neutral	LY
CEPHAZOLIN								
Authority required.								
Treatment where less costly alternative therapy is inappropriate for:								
Infections where positive bacteriological evidence confirms that cephalazolin is an appropriate therapeutic agent; Septicaemia, suspected or proven.								
1256D	Injection 500 mg (solvent required) (codes 6627T, 6628W, 6629X, 6630Y, 6631B, 6632C apply to above item with approved solvents)	5	..	..	20.81 *20.83	15.70 15.70	Cefamezin Kefzol	SI LY
1257E	Injection 1 g (solvent required) (codes 6633D, 6634E, 6635F, 6636G, 6637H, 6638J apply to above item with approved solvents)	5	..	..	*36.43 36.43	15.70 15.70	Kefzol Cefamezin	LY SI
CHARCOAL, ACTIVATED								
For colostomy and ileostomy use.								
2718C	Tablet 300 mg	500	1	..	23.78	15.70	Ad-Sorb Karbons GE (NG)	MM EG
CHLORAMBUCIL								
1163F	Tablet 2 mg	100	2	..	*70.75	15.70	Leukeran	BW
1164G	Tablet 5 mg	100	2	..	*84.75	15.70	Leukeran	BW
CHLORAMPHENICOL								
Bacterial meningitis; Intracranial bacterial infections; Intraocular infections; Rickettsioses; Typhoid; Other serious infections where positive bacteriological evidence confirms that chloramphenicol is the ONLY appropriate antibiotic.								

(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
CHLORAMPHENICOL—cont.							
CAUTION: <i>Chloramphenicol may cause aplastic anaemia.</i>							
1174T	Capsule 250 mg	16	..	..	8.38	9.13	Chloromycetin PD
2693R	Paediatric oral suspension 125 mg per 5 mL, 100 mL	‡1	..	..	8.16	8.91	Chloromycetin Palmitate PD
1167K	Injection 1.2 g (solvent required) (codes 6651C, 6652D, 6653E, 6654F, 6655G, 6656H apply to above item with approved solvents)	3	..	..	*49.30	15.70	Chloromycetin Succinate PD
1172Q	CHLORAMPHENICOL Ear drops (aqueous) 5 mg per mL (0.5%), 5 mL	‡1	2	..	6.63	7.38	Chloromycetin PD
2360F	Eye drops 5 mg per mL (0.5%), 10 mL	‡1	2	..	5.96	6.71	Chloromycetin PD Chloroptic AG Chlorsig SI
1171P	Eye ointment 10 mg per g (1%), 4 g	‡1	..	..	5.43	6.18	Chloromycetin PD Chlorsig SI
CAUTION: Topical chloramphenicol may cause aplastic anaemia.							
1181E	CHLORAMPHENICOL with POLYMYXIN B SULPHATE Eye drops 5 mg (0.5%)— 5,000 units per mL, 10 mL	‡1	2	..	6.00	6.75	Chloromycin PD
1177Y	Eye ointment 10 mg (1%)— 5,000 units per g, 4 g	‡1	..	..	5.56	6.31	Chloromycin PD
CAUTION: Topical chloramphenicol may cause aplastic anaemia.							
1066D	CHLORHEXIDINE GLUCONATE Solution 50 mg per mL (5%), 200 mL	‡1	1	..	8.15	8.90	Hibitane Concentrate IC
CHLORMETHIAZOLE EDISYLATE <i>Status epilepticus.</i>							
1409E	I.V. infusion 8 mg per mL (0.8%), 500 mL	1	..	..	21.65	15.70	Hemineurin AP
1184H	CHLOROQUINE Tablet equivalent to 150 mg (approx.) chloroquine base	100	..	..	7.83	8.58	Chlorquin Nivaquine FC MB
1187L	CHLOROTHIAZIDE Tablet 500 mg	100	1	..	*9.65	10.40	Chlotride AD

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CHLORPROMAZINE HYDROCHLORIDE Chorea; Hyperactive states of organic or toxic delirium; Malignant neoplasia (late stage); Radiation sickness; Severe conduct disorders of children; Major psychoses including— Major organic psychoses including arteriopathic dementia; Manic-depressive disorder—manic phase; Paranoid states; Schizophrenia; Senile dementia.								
1196Y	Tablet 10 mg	100	1	..	6.22	6.97	Largactil	MB
1197B	Tablet 25 mg	100	1	..	7.72	8.47	Largactil	MB
1199D	Tablet 100 mg	100	1	..	11.87	12.62	Largactil	MB
1201F	Mixture 25 mg per 5 mL, 100 mL	#1	4	..	6.54	7.29	Largactil,	MB
1195X	Injection 50 mg in 2 mL	10	..	..	10.29	11.04	Largactil	MB
1202G	CHLORPROPAMIDE Tablet 250 mg	100	5	..	11.13	11.88	Diabinese	PF
1585K	CHLORTHALIDONE Tablet 25 mg	100	1	..	*9.65	10.40	Hygroton	CG
CHOLESTYRAMINE Bile salt malabsorption; Pruritus associated with partial biliary obstruction not responding to other therapy; Severe diarrhoea associated with pelvic irradiation; Hypercholesterolaemia. NOTE: Hypercholesterolaemia means an initial fasting serum cholesterol level of at least 6.5 mmol per L (5.5 mmol 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.								
2967E	Sachets 4.7 g (equivalent to 4 g cholestyramine), 50	2	5	..	*51.83	15.70	Questran Lite	AP
2978R	Sachets 9.4 g (equivalent to 8 g cholestyramine), 50	#1	5	..	48.96	15.70	Questran Lite	AP

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2789T	CHOLINE THEOPHYLLINATE Tablet 200 mg	100	5	..	6.44	7.19	Brondecon-PD Choledyl	PD WW
2786P	Elixir 50 mg per 5 mL, 500 mL	‡1	5	..	6.77	7.52	Brondecon Elixir-PD	PD
1157X	CIMETIDINE Tablet 200 mg	120	2	..	29.98	15.70	Tagamet	SK
1158Y	Tablet 400 mg	60	2	..	29.98	15.70	Tagamet	SK
1159B	Tablet 800 mg	30	1	..	29.98	15.70	Tagamet	SK
1156W	Effervescent tablet 800 mg (as hydrochloride)	30	1	..	29.98	15.70	Tagamet 800 Express	SK
CIPROFLOXACIN Authority required. <i>Serious infections for which no other oral antimicrobial agent is appropriate.</i>								
1208N	Tablet 250 mg	14	..	..	35.33	15.70	Ciproxin 250	BN
1209P	Tablet 500 mg	14	..	..	63.93	15.70	Ciproxin 500	BN
1210Q	Tablet 750 mg	14	..	..	93.63	15.70	Ciproxin 750	BN
CISAPRIDE Authority required. <i>Gastroparesis; Severe reflux oesophagitis unresponsive to other measures.</i>								
1188M	Tablet 5 mg	90	5	..	22.63	15.70	Prepulsid	JC
1189N	Tablet 10 mg	90	5	..	34.23	15.70	Prepulsid	JC
1190P	Oral suspension 1 mg per mL, 200 mL	‡1	5	..	21.03	15.70	Prepulsid	JC
CISPLATIN <i>Treatment in a hospital of bladder carcinoma, germ cell carcinoma, ovarian carcinoma, carcinoma of the head and neck.</i>								
2578Q	I.V. injection 10 mg in 10 mL	1	..	..	15.53	15.70	BL	
2583Y	I.V. injection 10 mg in 20 mL	1	..	..	15.53	15.70	Platinol	BC
2585C	I.V. injection 25 mg in 50 mL	1	..	..	28.18	15.70	Platinol	BC
2579R	I.V. injection 50 mg in 50 mL	1	..	..	39.73	15.70	BL	
2561T	I.V. injection 50 mg in 100 mL	1	..	..	39.73	15.70	Platinol	BC
2580T	I.V. injection 100 mg in 100 mL	1	..	..	68.33	15.70	BL	
2581W	Powder for I.V. injection 10 mg	1	..	..	15.53	15.70	Platamine	FE
2582X	Powder for I.V. injection 50 mg	1	..	..	39.73	15.70	Platamine	FE

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CLINDAMYCIN <i>Gram-positive coccal infections where these cannot be safely and effectively treated with a penicillin.</i>								
3137D	Capsule 75 mg	25	..	..	10.03	10.78	Dalacin C	UP
3138E	Capsule 150 mg	25	..	..	12.05	12.80	Dalacin C	UP
3139F	Granules for syrup 75 mg per 5 mL, 100 mL	‡1	..	..	#20.15	15.70	Dalacin C	UP
CLIOQUINOL								
3030L	Cream 10 mg per g (1%), 30 g	‡1	..	..	5.56	6.31	Vioform	SI
CLOFIBRATE <i>Authority required. Laboratory proven dysbeta lipoproteinaemia (type III hyperlipidaemia) that does not respond adequately to dietary therapy; Adults with type IV or V hyper- lipidaemia with fasting triglyceride levels in excess of 8.5 mmol per litre and who have not responded to three months of dietary therapy; Patients already receiving this drug as a pharmaceutical benefit.</i>								
2892F	Capsule 500 mg	100	5	.. 0.20	13.00 13.20	13.75 13.75	Col Atromid-S	AF IC
CLOMIPHENE CITRATE <i>See Special Pharmaceutical Benefits</i>								
CLOMIPRAMINE HYDROCHLORIDE <i>Cataplexy associated with narcolepsy; Obsessive compulsive disorders; Phobic disorders in adults.</i>								
1561E	Tablet 25 mg	50	2	..	17.33	15.70	Anafranil	CG
CLONAZEPAM <i>Epilepsy.</i>								
1805B	Tablet 500 micrograms	200	2	..	15.53	15.70	Rivotril	RO
1806C	Tablet 2 mg	200	2	..	24.84	15.70	Rivotril	RO
1808E	Paediatric oral drops 2.5 mg in 1 mL, 10 mL	2	..	..	*9.81	10.56	Rivotril	RO
1807D	Injection 1 mg in 2 mL (set containing solution 1 mg in 1 mL and 1 mL diluent)	5	..	..	8.30	9.05	Rivotril	RO
CLONIDINE								
3145M	Tablet 100 micrograms	100	5	..	19.37	15.70	Catapres 100	BY
3141H	Tablet 150 micrograms	100	5	..	25.43	15.70	Catapres	BY
CLOTRIMAZOLE								
1017M	Cream 10 mg per g (1%), 20 g	‡1	1	.. 0.48 0.63	5.63 6.11 6.26	6.38 6.38 6.38	Clonea Canesten Lotremin	AF BN SH

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1027C	CLOTRIMAZOLE—cont. Lotion 10 mg per mL (1%), 20 mL	‡1	1	..	6.27	7.02	Canesten Lotremim	BN SH
1018N	Pessaries 100 mg, 6	‡1	..	..	7.30	8.05	Canesten Gyne-Lotremim	BN SH
1020Q	Pessary 500 mg	1	..	..	7.30	8.05	Canesten 1	BN
1019P	Vaginal cream 50 mg per 5 g (1%), 35 g	‡1	..	..	7.27	8.02	Canesten Gyne-Lotremim	BN SH
1006Y	Vaginal cream 100 mg per 5 g (2%), 20 g	‡1	..	..	7.27	8.02	Canesten 3	BN
2300C	CLOXACILLIN Capsule 250 mg	24	..	..	11.13	11.88	Alclox 250	AF
1120Y	Capsule 500 mg	24	..	..	18.83	15.70	Alclox 500	AF
1214X	CODEINE PHOSPHATE Tablet 30 mg	20	..	.. 0.27	7.89 8.16	8.64 8.64	FA, FM Codate	MB
1222H	CODEINE PHOSPHATE with ASPIRIN Tablet 30 mg-325 mg NOTE: Authorities for increased maximum quantities and/or repeats will be granted only for severe disabling pain not responding to non-narcotic analgesics.	20	..	..	5.49	6.24	Codral Forte	BW
1215Y	CODEINE PHOSPHATE with PARACETAMOL Tablet 30 mg-500 mg NOTE: Authorities for increased maximum quantities and/or repeats will be granted only for severe disabling pain not responding to non-narcotic analgesics.	20	..	..	5.58	6.33	Panadeine Forte Caplets	WL
1227N	COLCHICINE Tablet 500 micrograms	100	2	..	6.04	6.79	Colgout	FC
1224K	COLESTIPOL HYDROCHLORIDE <i>Hypercholesterolaemia.</i> NOTE: <i>Hypercholesterolaemia means an initial fasting serum cholesterol level of at least 6.5 mmol per L (5.5 mmol per L in persons under the age of 16 years) following dietary therapy for three months. A second or subsequent course of treatment for hypercholesterol- aemia should be considered only where there is a fall in serum cholesterol since commencement of colestipol therapy.</i>	‡1	5	..	59.53	15.70	Colestid	UP

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2621Y	COLISTIN Injection 150 mg (solvent required) (codes 6681P, 6682Q, 6683R, 6684T, 6685W, 6686X apply to above item with approved solvents)	5	..	..	*143.78	15.70	Coly-Mycin	WW
2756C	COLISTIN with NEOMYCIN Ear drops 3 mg-3.3 mg per mL, 10 mL	‡1	2	..	8.09	8.84	Coly-Mycin	WW
1228P	COPPER SULPHATE Diagnostic compound tablets, 36	2	3	..	*14.27	15.02	Clinitest	AM
1246N	CORTISONE ACETATE Tablet 5 mg	50	4	..	10.36	11.11	Cortate	FC
1247P	Tablet 25 mg	60	4	..	10.42	11.17	Cortate	FC
1264M	CYCLOPENTHIAZIDE Tablet 500 micrograms	100	1	..	*9.87	10.62	Navidrex	CG
1266P	CYCLOPHOSPHAMIDE Tablet 50 mg	50	2	..	20.55	15.70	Cycloblastin	FE
1265N	Injection 100 mg (solvent required) (codes 6687Y, 6688B, 6689C, 6690D, 6691E, 6692F apply to above item with approved solvents)	6	..	..	34.82	15.70	Cycloblastin	FE
2381H	Injection 200 mg (solvent required) (codes 6693G, 6694H, 6695J, 6696K, 6697L, 6698M apply to above item with approved solvents)	6	..	..	36.94	15.70	Cycloblastin	FE
1079T	Injection 500 mg (solvent required) (codes 6699N, 6700P, 6701Q, 6702R, 6703T, 6704W apply to above item with approved solvents)	2	..	..	*20.57	15.70	Cycloblastin	FE
1080W	Injection 1 g (solvent required) (codes 6705X, 6706Y, 6707B, 6708C, 6709D, 6710E apply to above item with approved solvents)	1	..	..	18.40	15.70	Cycloblastin	FE
	CYPROHEPTADINE HYDROCHLORIDE <i>Prevention of migraine.</i>							
1798P	Tablet 4 mg	100	2	..	*8.09	8.84	Periactin	FR
	CYPROTERONE ACETATE Authority required. Idiopathic precocious puberty; ➤ Moderate to severe androgenisation in non-pregnant women (acne alone is not a sufficient indication of androgenisation). CAUTION: This drug should not be used during pregnancy as it may result in feminisation of the male foetus.							
1269T	Tablet 50 mg	20	5	..	64.68	15.70	Androcur	SC

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CYPROTERONE ACETATE—cont.								
Authority required.								
<i>Inoperable carcinoma of the prostate; Reduction of drive in sexual deviations in males.</i>								
1270W	Tablet 50 mg	50	5	..	140.60	15.70	Androcur	SC
CYTARABINE								
2910E	Injection set containing 100 mg and 5 mL solvent	10	1	..	*72.33	15.70	Cytosar-U BL	UP
2904W	Injection set containing 500 mg and 10 mL solvent	2	1	..	*72.23	15.70	BL	
DANAZOL								
CAUTION:								
<i>Pregnancy must be excluded prior to administration of this drug.</i>								
Authority required.								
<i>Endometriosis, visually proven; Hereditary angio-oedema; Menorrhagia, intractable primary.</i>								
NOTE:								
<i>Not more than six months' therapy will be authorised for use in intractable primary menorrhagia.</i>								
1285P	Capsule 100 mg	100	5	..	88.49	15.70	Azol 100 Danocrine	AF WL
1287R	Capsule 200 mg	100	5	..	122.53	15.70	Azol 200 Danocrine	AF WL
DANTROLENE SODIUM								
<i>Treatment of chronic spasticity.</i>								
1779P	Capsule 25 mg	100	2	..	22.24	15.70	Dantrium	NW
1780Q	Capsule 50 mg	100	2	..	35.99	15.70	Dantrium	NW
DEMECLOCYCLINE								
HYDROCHLORIDE								
<i>Syndrome of inappropriate anti-diuretic hormone secretion, which is not drug induced.</i>								
2854F	Capsule 150 mg	100	3	..	33.99	15.70	Ledermycin	LE
DEODORANT CONCENTRATE								
<i>For colostomy and ileostomy use.</i>								
3115Y	Liquid 7.5 mL	‡1	..	..	6.36	7.11	Super Banish	SN
3125L	Liquid 15 mL	‡1	..	..	5.69	6.44	Banish Odorgon	SN LA
DESIPRAMINE HYDROCHLORIDE								
2972K	Tablet 25 mg	50	2	..	6.51	7.26	Pertofran	CG

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2129C	DESMOPRESSIN Intranasal solution 100 micrograms per mL, 2.5 mL	5	2	..	*134.38	15.70	Minirin	FC
	DEXAMETHASONE <i>For use in a hospital.</i>							
2508B	Injection 120 mg in 5 mL	1	..	..	30.05	15.70	Decadron Shock Pak	MK
1292B	DEXAMETHASONE Tablet 500 micrograms	30	4	..	5.66	6.41	Dexamethsone Oradexon	FC OR
2507Y	Tablet 4 mg	30	4	..	9.12	9.87	Dexamethsone	FC
1288T	Eye drops 1 mg per mL (0.1%), 5 mL	‡1	2	..	6.80	7.55	Maxidex	AQ
2509C	Injection 4 mg in 1 mL	5	..	..	12.26	13.01	Decadron	MK
1290X	Injection 5 mg in 1 mL	5	..	..	13.86	14.61	Oradexon	OR
1291Y	Injection 8 mg in 2 mL	5	..	..	19.38	15.70	Decadron	MK
2781J	DEXAMETHASONE with FRAMYCETIN SULPHATE and GRAMICIDIN Ear drops 500 micrograms-5 mg- 50 micrograms per mL, 8 mL	‡1	2	..	5.34	6.09	Sofradex	RL
2759F	Ear ointment 500 micrograms- 5 mg-50 micrograms per g, 5 g	‡1	2	..	5.12	5.87	Sofradex	RL
	DEXAMPHEAMINE SULPHATE Authority required. Attention deficit and hyper- activity disorder in children; Narcolepsy. NOTE: Care must be taken to comply with the provisions of State law when prescribing dexamphetamine.							
1165H	Tablet 5 mg	100	5	..	10.89	11.64	SI	
2304G	DEXTRAN 40 with GLUCOSE I.V. infusion 100 mg per mL- 139 mmol (anhydrous) per 500 mL (10%-5%), 500 mL	3	..	..	63.93	15.70	Rheomacrodex	PS
2306J	DEXTRAN 40 with SODIUM CHLORIDE I.V. infusion 100 mg per mL- 77 mmol per 500 mL (10%-0.9%), 500 mL	3	..	..	63.93	15.70	Rheomacrodex	PS
3081E	DEXTRAN 70 with GLUCOSE I.V. infusion 60 mg per mL- 139 mmol (anhydrous) per 500 mL (6%-5%), 500 mL	3	..	..	61.73	15.70	Macrodex	PS
3011L	DEXTRAN 70 with SODIUM CHLORIDE I.V. infusion 60 mg per mL- 77 mmol per 500 mL (6%-0.9%), 500 mL	3	..	..	61.73	15.70	Macrodex	PS

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DIAZEPAM								
NOTE:								
Authorities for increased maximum quantities and/or repeats for the oral forms of diazepam will be granted only for the treatment of disabling spasticity, malignant neoplasia (late stage) or for use by patients receiving long-term nursing care in hospitals and nursing homes who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal. Up to six months' treatment (i.e. one month's treatment with five repeats) may be requested.								
3161J	Tablet 2 mg	50	..	.. 0.25 0.50	5.22 5.47 5.72	5.97 5.97 5.97	Antenex 2 Ducene Valium	AF SU RO
3162K	Tablet 5 mg	50	..	.. 0.24 0.51	5.51 5.75 6.02	6.26 6.26 6.26	Antenex 5 Ducene Valium	AF SU RO
2558P	Injection 10 mg in 2 mL	5	..	..	6.20	6.95	BL	
DIAZOXIDE								
3068L	Injection 300 mg in 20 mL	1	..	.. 0.12	15.31 15.43	15.70 15.70	BL Hyperstat I.V.	SH
DICHLORPHENAMIDE								
1303N	Tablet 50 mg	50	6	..	11.75	12.50	Daranide	SI
DICLOFENAC SODIUM								
1299J	Tablet 25 mg (enteric coated)	50	3	..	8.53	9.28	Voltaren	CG
1300K	Tablet 50 mg (enteric coated)	50	3	..	9.78	10.53	Voltaren 50	CG
DIENOESTROL								
1310Y	Cream 500 micrograms per 5 g (0.01%), 85 g	‡1	1	..	7.17	7.92	JC	
DIFLUNISAL								
1319K	Tablet 250 mg	50	3	..	8.70	9.45	Dolobid	MK
1320L	Tablet 500 mg	50	3	..	13.66	14.41	Dolobid	MK
DIGOXIN								
2605D	Tablet 62.5 micrograms	200	1	..	7.19	7.94	Lanoxin-PG	BW
1322N	Tablet 250 micrograms	100	1	..	*6.75	7.50	Lanoxin	BW
3164M	Oral solution for children 50 micrograms per mL, 100 mL	‡1	3	..	14.32	15.07	Lanoxin	BW
1321M	Injection 500 micrograms in 2 mL	5	1	..	9.15	9.90	Lanoxin	BW
DIHYDROERGOTAMINE MESYLATE								
1323P	Injection 1 mg in 1 mL	5	..	..	8.40	9.15	Dihydergot	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	
	DIHYDROTACHYSTEROL Authority required. Hypoparathyroidism; Osteomalacia following gastrectomy, severe steatorrhoea or renal failure; Vitamin D-resistant rickets.							
1483C	Capsule 125 micrograms	100	5	..	42.32	15.70	A.T.10	WL
	DILTIAZEM HYDROCHLORIDE CAUTION: The myocardial depressant effects of this drug and of beta-blocking drugs are additive. Authority required. Treatment of angina where less costly alternative therapy is inappropriate.							
1335G	Tablet 60 mg	100	5	..	34.23	15.70	Cardizem	IC
1334F	DIMERCAPROL Injection 100 mg in 2 mL	12	..	..	67.35	15.70	B.A.L.	BT
	DIMETHICONE For colostomy and ileostomy use.							
2617R	Solution 100 mg per mL (10%), 180 mL aerosol spray	#1	..	..	8.27	9.02	Silicon Skin Spray	EG
	DIPHENOXYLATE HYDROCHLORIDE with ATROPINE SULPHATE							
2501P	Tablet 2.5 mg-25 micrograms	20	..	..	5.09	5.84	Lomotil	SR
1344R	DIPHThERIA ANTITOXIN Injection 10,000 units	2	1	..	*152.53	15.70	CS	
	DIPHThERIA and TETANUS VACCINE, ADSORBED NOTE: For immunisation of children up to the age of eight years.							
1341N	Injection 0.5 mL	3	..	..	*16.30	15.70	CS	
	DIPHThERIA and TETANUS VACCINE, ADSORBED, DILUTED FOR ADULT USE NOTE: For immunisation of adults and children over the age of eight years.							
3019X	Injection 0.5 mL	3	..	..	*16.63	15.70	CS	
1346W	DIPHThERIA, TETANUS and PERTUSSIS VACCINE, ADSORBED Injection 0.5 mL	3	..	..	*18.28	15.70	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	
DIPHTHERIA VACCINE, ADSORBED								
NOTE:								
For immunisation of children up to the age of eight years.								
1348Y	Injection 0.5 mL	2	1	..	*13.11	13.86	CS	
DIPHTHERIA VACCINE, ADSORBED, DILUTED FOR ADULT USE								
NOTE:								
For immunisation of adults and children over the age of eight years.								
3020Y	Injection 0.5 mL	2	..	..	*13.11	13.86	CS	
DIPIVEFRINE HYDROCHLORIDE								
1351D	Eye drops 1 mg per mL (0.1%), 10 mL	1	5	..	13.02	13.77	Propine	AG
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>								
2920Q	Tablet 200 mg	60	5	..	97.22	15.70	Didronel	NW
DISOPYRAMIDE								
2923W	Capsule 100 mg	100	5	..	20.02	15.70	Norpace Rythmodan	SR RL
2924X	Capsule 150 mg	100	5	..	26.64	15.70	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>								
1125F	Suppositories 100 mg-10 mg, 5	6	5	..	*17.17	15.70	Coloxyl	FM
DOMPERIDONE								
1347X	Tablet 10 mg	25	..	..	5.87	6.62	Motilium	JC
DOTHIEPIN HYDROCHLORIDE								
1357K	Capsule 25 mg	50	2	..	6.14	6.89	Prothiaden	BT
1358L	Tablet 75 mg	30	2	..	6.44	7.19	Prothiaden	BT
DOXEPIN HYDROCHLORIDE								
1012G	Tablet 50 mg (base)	50	2	..	6.44	7.19	Deptran 50	AF
1011F	Capsule 10 mg (base)	50	2	..	5.05	5.80	Deptran 10	AF
				0.50	5.55	5.80	Sinequan	PF

(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	
1013H	DOXEPIN HYDROCHLORIDE—cont. Capsule 25 mg (base)	50	2	.. 0.52	5.09 5.61	5.84 5.84	Deptran 25 Sinequan	AF PF
1336H	DOXORUBICIN HYDROCHLORIDE Solution for I.V. injection or intravesical administration 10 mg in 5 mL	4	..	..	*216.19	15.70	Adriamycin Solution	FE
1340M	Solution for I.V. injection or intravesical administration 20 mg in 10 mL	4	..	..	*387.31	15.70	Adriamycin Solution	FE
1342P	Solution for I.V. injection or intravesical administration 50 mg in 25 mL	3	..	..	*703.78	15.70	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>							
2711G	Tablet 50 mg	25	5	.. 0.52	7.83 8.35	8.58 8.58	Doxylin 50 Vibra-Tabs	AF PF
2707L	Capsule 50 mg	25	5	0.59	8.42	8.58	Doryx	FA
	Pelvic inflammatory disease.							
2702F	Tablet 100 mg	28	..	.. 1.96	*13.35 *15.31	14.10 14.10	Doxylin 100 Vibramycin	AF PF
2703G	Capsule 100 mg	28	..	2.64	*15.99	14.10	Doryx	FA
	Urethritis.							
2714W	Tablet 100 mg	21	..	.. 1.47	*10.87 *12.34	11.62 11.62	Doxylin 100 Vibramycin	AF PF
2715X	Capsule 100 mg	21	..	1.45	12.32	11.62	Doryx	FA
2709N	DOXYCYCLINE Tablet 100 mg	7	1	.. 0.49	5.91 6.40	6.66 6.66	Doxylin 100 Vibramycin	AF PF
2708M	Capsule 100 mg	7	1	0.66	6.57	6.66	Doryx	FA
	DYDROGESTERONE Authority required. <i>Endometriosis, visually proven.</i>							
1350C	Tablet 10 mg	50	5	..	28.51	15.70	Duphaston	JC

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ECONAZOLE NITRATE								
1364T	Cream 10 mg per g (1%), 20 g	‡1	1	.. 0.08	6.27 6.35	7.02 7.02	Ecostatín Pevaryl	SQ SK
1365W	Lotion 10 mg per mL (1%), 20 mL	‡1	1	..	6.27	7.02	Ecostatín Pevaryl	SQ SK
1366X	Pessaries 150 mg, 3	‡1	..	..	7.30	8.05	Ecostatín Pevaryl	SQ SK
1367Y	Vaginal cream 75 mg per 5 g (1.5%), 35 g	‡1	..	..	7.27	8.02	Ecostatín	SQ
ECOTHIOPATE IODIDE								
1359M	Eye drops 300 micrograms per mL (0.03%), 1.5 mg and 5 mL solvent	‡1	5	..	#18.60	15.70	Phospholine Iodide	AY
2405N	Eye drops 600 micrograms per mL (0.06%), 3 mg and 5 mL solvent	‡1	5	..	#18.60	15.70	Phospholine Iodide	AY
1360N	Eye drops 1.25 mg per mL (0.125%), 6.25 mg and 5 mL solvent	‡1	5	..	#18.60	15.70	Phospholine Iodide	AY
1361P	Eye drops 2.5 mg per mL (0.25%), 12.5 mg and 5 mL solvent	‡1	5	..	#19.02	15.70	Phospholine Iodide	AY
ELECTROLYTE REPLACEMENT SOLUTION								
3199J	I.V. infusion 1 L	2	1	..	*9.61	10.36	Normosol R Plasma-Lyte 148	AB BX
ENALAPRIL MALEATE								
Authority required.								
Treatment where less costly alternative therapy is inappropriate for:								
Cardiac failure; Hypertension.								
1370D	Tablet 5 mg	30	5	..	22.44	15.70	Amprace 5 Renitec M	AD MK
1368B	Tablet 10 mg	30	5	..	31.18	15.70	Amprace 10 Renitec	AD MK
1369C	Tablet 20 mg	30	5	..	38.05	15.70	Amprace 20 Renitec 20	AD MK
EPIRUBICIN HYDROCHLORIDE								
Authority required.								
Advanced breast cancer.								
1372F	Powder for I.V. injection 10 mg	4	..	..	*208.71	15.70	Pharmorubicin	FE
1373G	Powder for I.V. injection 20 mg	4	..	..	*382.87	15.70	Pharmorubicin	FE
1374H	Powder for I.V. injection 50 mg	3	..	..	*707.47	15.70	Pharmorubicin	FE

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ERGOCALCIFEROL Hypocalcaemia; Hypoparathyroidism; Osteomalacia following gastrectomy, severe steatorrhoea or renal failure; Vitamin D-resistant rickets.								
2498L	Tablet 250 micrograms	100	5	..	19.67	15.70	Ostelin	BT
1378M	ERGOMETRINE MALEATE Injection 250 micrograms in 1 mL	5	..	..	6.73	7.48	BL	
1383T	ERGOTAMINE TARTRATE Capsule 1 mg	50	2	..	8.38	9.13	Ergodryl Mono	PD
1386Y	ERGOTAMINE TARTRATE with CAFFEINE Suppositories 2 mg-100 mg, 5	‡1	2	..	6.66	7.41	Cafergot S	SZ
1399P	ERYTHROMYCIN Tablet 250 mg	25	1	..	6.69	7.44	EMU-V AB	UP
1402T	Capsule 125 mg	25	1	..	6.44	7.19	Eryc	FA
1400Q	Capsule 175 mg	25	1	..	6.69	7.44	Eryc LD	FA
1404X	Capsule 250 mg	25	1	..	8.02	8.77	Eryc	FA
1395K	I.M. injection 100 mg in 2 mL	5	..	..	11.56	12.31	Erythrocin-I.M.	AB
2499M	ERYTHROMYCIN ESTOLATE Paediatric oral drops 100 mg (base) per mL, 10 mL	‡1	1	..	6.39	7.14	Ilosone	LY
2423M	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	1	..	6.39	7.14	Ilosone	LY
2749Q	ERYTHROMYCIN ETHYL SUCCINATE Tablet 200 mg (base)	25	1	..	6.44	7.19	E.E.S. Dulcet	AB
2750R	Tablet 400 mg (base)	25	1	..	8.02	8.77	E.E.S. 400	AB
2424N	Granules for paediatric oral suspension 200 mg (base) per 5 mL, 100 mL	‡1	1	..	#9.11	10.19	E.E.S. 200	AB
1398N	ERYTHROMYCIN LACTOBIONATE I.V. infusion 300 mg (base)	5	..	..	*24.73	15.70	Erythrocin	AB
1397M	I.V. infusion 1 g (base)	1	..	..	13.65	14.40	Erythrocin	AB
1401R	ERYTHROMYCIN STEARATE Tablet 250 mg (base)	25	1	..	6.69	7.44	Erythrocin	AB
1403W	Capsule 250 mg (base)	25	1	..	6.69	7.44	Erythrocin	AB
2425P	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	1	..	6.39	7.14	Erythrocin	AB
2610J	Oral suspension 250 mg (base) per 5 mL, 100 mL	‡1	..	..	8.46	9.21	Erythrocin	AB

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ETHACRYNIC ACID <i>Patients hypersensitive to other oral diuretics.</i>								
2511E	Tablet 50 mg	50	3	..	15.75	15.70	Edecril	MK
1405Y	ETHINYLOESTRADIOL Tablet 10 micrograms	200	1	..	*7.01	7.76	Estigyn	GL
1406B	Tablet 20 micrograms	200	1	..	*7.31	8.06	Estigyn	GL
1407C	Tablet 50 micrograms	200	1	..	*8.55	9.30	Estigyn	GL
1413J	ETHOSUXIMIDE Capsule 250 mg	200	2	..	26.64	15.70	Zarontin	PD
1414K	Paediatric syrup 250 mg per 5 mL, 250 mL	‡1	4	..	14.54	15.29	Zarontin	PD
3166P	ETHYNODIOL DIACETATE with ETHINYLOESTRADIOL Tablets 500 micrograms- 50 micrograms, 21	4	2	..	*11.27	12.02	Ovulen 0.5/50	SR
3167Q	Tablets 1 mg-50 micrograms, 21	4	2	..	*11.27	12.02	Ovulen 1/50	SR
2447T	Pack containing 21 tablets 500 micrograms-50 micrograms and 7 inert tablets	4	2	..	*11.27	12.02	Ovulen 0.5/50-28	SR
3168R	Pack containing 21 tablets 1 mg- 50 micrograms and 7 inert tablets	4	2	..	*11.27	12.02	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>								
1396L	Capsule 50 mg	10	..	..	298.86	15.70	Vepesid	BC
1389D	Capsule 100 mg	10	..	..	510.93	15.70	Vepesid	BC
1390E	Solution for I.V. infusion 100 mg in 5 mL	5	..	..	*271.43	15.70	Vepesid	BC

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ETRETINATE								
CAUTION:								
<i>This drug is a potent teratogen—pregnancy should be avoided for at least two years after cessation of therapy.</i>								
<u>Authority required.</u>								
<i>Acantholytic dermatosis; Darier's disease; Erythrokeratoderma; Pityriasis rubra pilaris; Severe congenital ichthyosis (lamellar, bullous and sex linked); Severe intractable psoriasis; Severe lichen planus; Severe palmo-plantar keratoderma.</i>								
<u>NOTE:</u>								
<i>Care must be taken to comply with the provisions of State law when prescribing etretinate.</i>								
<u>NOTE:</u>								
<i>Etretinate is not available under the 'urgent supply' mechanisms.</i>								
1421T	Capsule 10 mg	100	2	..	160.75	15.70	Tigason	RO
1422W	Capsule 25 mg	100	2	..	319.41	15.70	Tigason	RO
FAMOTIDINE								
<u>Authority required.</u>								
➤ <i>Treatment where less costly alternative therapy is inappropriate.</i>								
2487X	Tablet 20 mg	60	2	..	41.05	15.70	Amfamox 20 Pepcidine M	AD MK
2488Y	Tablet 40 mg	30	1	..	41.05	15.70	Amfamox 40 Pepcidine	AD MK
FELODIPINE								
2364K	Tablet 5 mg	60	5	..	27.58	15.70	Agon Plendil	HP AP
2366M	Tablet 5 mg (extended release)	30	5	..	19.16	15.70	Agon SR Plendil ER	HP AP
2367N	Tablet 10 mg (extended release)	30	5	..	30.00	15.70	Agon SR Plendil ER	HP AP
FERROUS AMINOACETOSULPHATE								
2465R	Paediatric syrup 100 mL	‡1	4	..	6.38	7.13	Plesmet	NN
FERROUS GLUCONATE								
2726L	Paediatric elixir 300 mg per 5 mL (6%), 100 mL	‡1	4	..	6.38	7.13	Fergon	WL

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2689M	FERROUS SULPHATE DRIED Tablet 350 mg (sustained release)	30	2	..	5.05	5.80	Ferro- Gradumets	AB
3100E	Capsule 320 mg (delayed release)	30	2	..	5.05	5.80	Fespan	SK
3160H	FERROUS SULPHATE DRIED with FOLIC ACID Tablet 270 mg-300 micrograms (sustained release)	30	2	..	5.09	5.84	F.G.F.	AB
3149R	Capsule 270 mg-300 micrograms (delayed release)	30	2	..	5.09	5.84	Fefol	SK
FLECAINIDE ACETATE								
CAUTION:								
<i>Flecainide acetate should be avoided in patients with poor cardiac function.</i>								
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>								
1090J	Tablet 100 mg	60	5	..	41.05	15.70	Tambocor	MM
1363R	FLUCLOROLONE ACETONIDE Cream 250 micrograms per g (0.025%), 15 g	‡1	1	..	5.27	6.02	Topilar	SD
FLUCLOXACILLIN								
CAUTION:								
Severe cholestatic hepatitis may result with this drug.								
1526H	Capsule 250 mg	24	..	..	10.25	11.00	Flopen Flucil 250 Staphylex 250	CS FC AF
				0.70	10.95	11.00	Floxapen	SK
1527J	Capsule 500 mg	24	..	..	17.73	15.70	Flopen Flucil 500 Staphylex 500	CS FC AF
				0.70	18.43	15.70	Floxapen	SK
1528K	Powder for syrup 125 mg per 5 mL, 100 mL	‡1	..	..	#11.18	12.26	Flopen Floxapen	CS SK
1529L	Powder for syrup 250 mg per 5 mL, 100 mL	‡1	..	..	#14.95	15.70	Flopen Floxapen	CS SK
1523E	Injection 250 mg (solvent required) (codes 6717M, 6718N, 6719P, 6720Q, 6721R, 6722T apply to above item with approved solvents)	5	..	..	10.67	11.42	Flopen	CS

(continued)

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1524F	FLUCLOXACILLIN—cont. Injection 500 mg (solvent required) (codes 6723W, 6724X, 6725Y, 6726B, 6727C, 6728D apply to above item with approved solvents)	5	..	..	15.51	15.70	Flopen Floxacpen	CS SK
1525G	Injection 1 g (solvent required) (codes 6729E, 6730F, 6731G, 6732H, 6733J, 6734K apply to above item with approved solvents)	5	..	..	22.37	15.70	Flopen Floxacpen	CS SK
1433K	FLUDROCORTISONE ACETATE Tablet 100 micrograms	200	1	..	*11.57	12.32	Florinef	SG
2823N	FLUMETHASONE PIVALATE with CLIOQUINOL Ear drops 200 micrograms–10 mg per mL (0.02%–1%), 7.5 mL	‡1	..	..	5.34	6.09	Locacorten Vioform	CG
1305Q	FLUOCORTOLONE ESTERS Cream 2 mg per g (0.2%), 15 g	‡1	1	..	5.27	6.02	Ultralan–D	SC
1204J	FLUOROMETHOLONE Eye drops 1 mg per mL (0.1%), 5 mL	‡1	5	..	6.80	7.55	Flucon FML Liquifilm	AG AG
1438Q	FLUOROMETHOLONE ACETATE Eye drops 1 mg per mL (0.1%), 5 mL	‡1	2	..	6.80	7.55	Flarex	AG
2521Q	FLUOROURACIL Injection 250 mg in 10 mL	20	..	..	*63.63	15.70	BL,RO	
2528C	Injection 500 mg in 10 mL	10	..	..	*58.25	15.70	Fluroblastin BL	FE
	FLUOXETINE HYDROCHLORIDE <u>Authority required.</u> <i>Treatment of major depressive disorders where other therapy has failed or is inappropriate.</i>							
1434L	Capsule 20 mg (base)	28	2	..	51.38	15.70	Prozac 20	LY
	FLUOXYMESTERONE <u>Authority required.</u> <i>Aplastic anaemias, proven; Carcinoma of the breast; Hypogonadism; Osteoporosis.</i> <u>NOTE:</u> <i>An authority for six months' treatment of osteoporosis will be limited to the maximum quantity and repeats shown in this schedule.</i>							
1435M	Tablet 5 mg	100	3	..	19.18	15.70	Halotestin	UP

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FLUPHENAZINE DECANOATE								
Chorea; Hyperactive states of organic or toxic delirium; Malignant neoplasia (late stage); Radiation sickness; Major psychoses including— Major organic psychoses including arteriopathic dementia; Manic-depressive disorder— manic phase; Paranoid states; Schizophrenia; Senile dementia.								
1046C	Injection 12.5 mg in 0.5 mL	5	..	..	16.08	15.70	Modecate	SG
3098C	Injection 25 mg in 1 mL	5	..	..	23.16	15.70	Modecate	SG
1001G	Injection 50 mg in 2 mL	5	..	..	34.31	15.70	Modecate	SG
FLUPHENAZINE HYDROCHLORIDE								
Chorea; Hyperactive states of organic or toxic delirium; Malignant neoplasia (late stage); Radiation sickness; Major psychoses including— Major organic psychoses including arteriopathic dementia; Manic-depressive disorder— manic phase; Paranoid states; Schizophrenia; Senile dementia.								
2659Y	Tablet 1 mg	100	1	..	6.82	7.57	Anatensol	SG
2660B	Tablet 2.5 mg	100	1	..	8.26	9.01	Anatensol	SG
2661C	Tablet 5 mg	100	1	..	10.56	11.31	Anatensol	SG
FLUTAMIDE								
Authority required. For use in conjunction with LHRH agonists for the treatment of advanced prostatic carcinoma.								
1417N	Tablet 250 mg	100	..	..	214.76	15.70	Eulexin	SH
FOLIC ACID								
2958Q	Tablet 500 micrograms	200	..	..	*6.51	7.26	Megafo1 0.5 SI	AF
1437P	Tablet 5 mg	200	1	..	*6.51	7.26	Folasic Megafo1 5 SI	NN AF
NOTE: This strength should be used in malabsorption states only.								
				0.16	*6.67	7.26	Folicid	RR
1436N	Injection 15 mg in 1 mL	10	..	..	*15.71	15.70	AB	

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FOSFESTROL SODIUM Carcinoma of the prostate.								
1353F	Tablet 120 mg	100	2	..	57.66	15.70	Honvan	BC
1352E	Injection 250 mg in 5 mL	10	..	..	26.20	15.70	Honvan	BC
1439R	FRAMYCETIN SULPHATE Eye ointment 5 mg per g (0.5%), 5 g	‡1	..	..	5.43	6.18	Soframycin	RL
1440T	Eye and ear drops 5 mg per mL (0.5%), 8 mL	‡1	2	..	5.96	6.71	Soframycin	RL
FRUSEMIDE Renal failure.								
2415D	Tablet 500 mg	50	3	.. 3.46	19.83 23.29	15.70 15.70	Urex-Forte Lasix	FM HP
2414C	FRUSEMIDE Tablet 20 mg	100	1	..	*7.01	7.76	Lasix-M Urex-M	HP FM
2412Y	Tablet 40 mg	100	1		*7.61 7.61	8.36 8.36	Uremide Lasix Urex	AF HP FM
2411X	Oral solution 10 mg per mL, 30 mL	‡1	3	..	9.94	10.69	Lasix	HP
2413B	Injection 20 mg in 2 mL	5	..	..	6.18	6.93	Lasix AF	HP
FUSIDIC ACID Authority required. Treatment where less costly alternative therapy is inappropriate, when used in combination with another antibiotic in the treatment of proven serious staphylococcal infections. Clinical diagnosis to be specified.								
2312Q	Tablet (sodium salt) 250 mg (enteric coated) NOTE: <i>Fusidic acid tablet is temporarily unavailable through usual distribution channels. Until normal marketing resumes doctors need to apply for individual patient approval with the drug being distributed direct from the manufacturer.</i>	36	..	..	67.23	15.70	Fucidin	CS
2311P	Oral suspension 50 mg per mL, 90 mL	‡1	..	..	52.89	15.70	Fucidin	CS
2699C	GAS GANGRENE ANTITOXIN— MIXED (POLYVALENT) Injection: 1 ampoule containing 10,000 units Perfringens; 10,000 units Novyi; 5,000 units Septicum	2	1	..	*240.87	15.70	CS	

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GEMFIBROZIL								
Authority required.								
Hypercholesterolaemia.								
NOTE:								
<i>Hypercholesterolaemia means an initial fasting serum cholesterol level of at least 6.5 mmol per L (5.5 mmol 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 gemfibrozil therapy.</i>								
Authority required.								
Hypertriglyceridaemia.								
NOTE:								
<i>Hypertriglyceridaemia means a fasting serum triglyceride level in excess of 4 mmol per L where response to three months of dietary therapy is inadequate.</i>								
1453L	Tablet 600 mg	60	5	..	43.03	15.70	Lopid	PD
GENTAMICIN SULPHATE								
<i>Invasive ocular infection; Perioperative use; Suspected pseudomonal eye infection.</i>								
1441W	Eye drops 3 mg (base) per mL (0.3%), 5 mL	1	2	..	11.37	12.12	Genoptic	AG
GENTAMICIN SULPHATE								
1068F	Injection 40 mg (base) in 1 mL	5	..	..	14.91	15.66	Garamycin BL	SH
1168L	Injection 60 mg (base) in 1.5 mL	5	..	..	17.66	15.70	Garamycin BL	SH
2824P	Injection 80 mg (base) in 2 mL	5	..	..	9.98	10.73	Cidomycin Garamycin BL	RL SH
GLIBENCLAMIDE								
2939Q	Tablet 5 mg	100	5	..	9.37	10.12	Euglucon	SK
				0.48	9.85	10.12	Glimel Daonil	AF HP
GLICLAZIDE								
2449X	Tablet 80 mg	100	5	..	14.44	15.19	Diamicron	SE
GLIPIZIDE								
2440K	Tablet 5 mg	100	5	..	14.44	15.19	Minidiab	FE

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1447E	GLUCAGON HYDROCHLORIDE Injection 1 i.u. with diluent	1	1	..	11.68	12.43	LY	
1449G	Injection set containing 1 mg (1 i.u.) and 1 mL solvent in disposable syringe	1	1	..	16.83	15.70	Glucagon Novo	NO
3040B	GLUCOSE Injection 5 g in 10 mL (50%)	5	..	..	7.59	8.34	AP	
2245E	I.V. infusion 278 mmol (anhydrous) per L (5%), 1 L	5	1	..	*12.78	13.53	AB,BX	
2247G	I.V. infusion 555 mmol (anhydrous) per L (10%), 1 L	5	1	..	*18.18	15.70	AB,BX	
2249J	I.V. infusion 1110 mmol (anhydrous) per L (20%), 1 L	2	1	..	*9.61	10.36	AB	
2251L	I.V. infusion 1387 mmol (anhydrous) per L (25%), 1 L	2	1	..	*9.61	10.36	AB,BX	
2252M	I.V. infusion 1387 mmol (anhydrous) per 500 mL (50%), 500 mL	2	1	..	*9.61	10.36	AB	
2915K	GLUCOSE INDICATOR—BLOOD Electrode strips, 100	‡1	5	..	47.43	15.70	ExacTech	FE
2909D	Reagent strips, 50	2	5	..	*36.43	15.70	Ames-BG	AM
2912G	Reagent strips, 50	2	5	..	*36.43	15.70	BM-Test-BG	BO
2908C	Reagent strips, 50	2	5	..	*41.93	15.70	Hypoguard GA	HG
2914J	Reagent strips, 50	2	5	..	*43.51	15.70	BM-Test-Glycemie 20-800	BO
2917M	Reagent strips, 50	2	5	..	*43.51	15.70	Glucostix	AM
1448F	GLUCOSE INDICATOR—URINE Test dispenser 4m	‡1	2	..	9.70	10.45	Tes-Tape	LY
2352T	Reagent strips, 100	‡1	2	..	9.67	10.42	Clinistix	AM
3104J	Reagent strips, 100	‡1	2	..	9.70	10.45	Diastix	AM
3107M	GLUCOSE and KETONE INDICATOR—URINE Reagent strips, 100	‡1	2	..	13.67	14.42	Keto-Diastix	AM
2555L	GLYCEROL For use by paraplegic and quadriplegic patients; For use by patients who are receiving long-term nursing care in hospitals and nursing homes; For use by patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved. Suppositories 700 mg (for infants), 12	3	5	..	*12.01	12.76	PP	
2556M	Suppositories 1.4 g (for children), 12	3	5	..	*12.34	13.09	PP	

(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	
GLYCEROL—cont.								
2557N	Suppositories 2.8 g (for adults), 12	3	5	..	*12.67	13.42	PP	
1459T	GLYCERYL TRINITRATE Tablets 600 micrograms, 100	‡1	5	..	5.38	6.13	Anginine Stabilised	BW
1470J	Buccal/sublingual pressurised spray 400 micrograms per dose (200 doses) NOTE: The spray should not be inhaled.	‡1	5	..	13.33	14.08	Nitrolingual Spray	FC
1452K	Ointment 15 mg (approx.) per 2.5 cm (2%), 60 g	‡1	5	..	14.54	15.29	Nitro-Bid	FC
1513P	Transdermal disc releasing approximately 5 mg per 24 hours	30	2	..	25.55	15.70	Nitradisc	SR
1514Q	Transdermal disc releasing approximately 10 mg per 24 hours	30	2	..	32.89	15.70	Nitradisc	SR
1515R	Transdermal patch releasing approximately 5 mg per 24 hours	30	2	..	25.55	15.70	Transiderm- Nitro 25	CG
1516T	Transdermal patch releasing approximately 10 mg per 24 hours	30	2	..	32.89	15.70	Transiderm- Nitro 50	CG
GOSERELIN								
Authority required.								
Advanced carcinoma of the prostate.								
1454M	Subcutaneous implant 3.6 mg	1	5	..	405.17	15.70	Zoladex Depot	IC
GRISEOFULVIN								
Use in recalcitrant tinea infections; Kerion.								
1460W	Tablet 125 mg	100	2	..	12.12	12.87	Grisovin	GL
2983B	Tablet 330 mg	28	2	..	11.53	12.28	Griseostatin	SH
2982Y	Tablet 500 mg	28	2	.. 1.00	11.53 12.53	12.28 12.28	Grisovin 500 Fulcin 500	GL IC
HALOPERIDOL								
Chorea; Hyperactive states of organic or toxic delirium; Malignant neoplasia (late stage); Radiation sickness; Major psychoses including— Major organic psychoses including arteriopathic dementia; Manic-depressive disorder— manic phase; Paranoid states; Schizophrenia; Senile dementia.								
2767P	Tablet 1.5 mg	100	1	..	6.66	7.41	Serenace	SR

(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	
HALOPERIDOL—cont.								
2770T	Tablet 5 mg	50	1	..	7.50	8.25	Serenace	SR
2762J	Oral liquid 2 mg per mL, 15 mL	#1	2	..	6.54	7.29	Serenace	SR
2763K	Oral liquid 2 mg per mL, 100 mL	#1	1	..	12.44	13.19	Serenace	SR
2768g	Injection 5 mg in 1 mL	10	..	..	11.63	12.38	Serenace	SR
HALOPERIDOL DECANOATE								
Chorea; Hyperactive states of organic or toxic delirium; Malignant neoplasia (late stage); Radiation sickness; Major psychoses including— Major organic psychoses including arteriopathic dementia; Manic-depressive disorder— manic phase; Paranoid states; Schizophrenia; Senile dementia.								
2765M	I.M. injection equivalent to 50 mg haloperidol in 1 mL	5	..	..	23.23	15.70	Haldol decanoate	JC
2766N	I.M. injection equivalent to 150 mg haloperidol in 3 mL	5	..	..	41.93	15.70	Haldol decanoate	JC
HEPARIN CALCIUM								
1234Y	Injection 5,000 units in 0.2 mL	5	5	..	9.68	10.43	Calcihep Calciparine Caprin 5000 Forte	FC BL CS
1235B	Injection 5,000 units in 0.5 mL	5	5	..	9.68	10.43	Caprin 5000	CS
1053K	Injection 12,500 units in 0.5 mL	2	5	..	*9.15 9.15	9.90 9.90	Caprin 12500 Calciparine	CS BL
1054L	Injection 25,000 units in 1 mL	2	5	..	10.84	11.59	Calciparine	BL
HEPARIN SODIUM								
1466E	Injection 5,000 units in 0.2 mL	5	5	..	8.49	9.24	BL,CS,FC	
1467F	Injection 5,000 units in 1 mL	5	5	..	8.49	9.24	BL,CS,FC	
1469H	Injection 20,000 units in 20 mL	12	5	..	48.31	15.70	BL	
1468G	Injection 25,000 units in 5 mL	2	5	..	*10.85	11.60	FC	
1076P	Injection 35,000 units in 35 mL	12	5	..	*85.75	15.70	CS,FC	
HEXAMINE HIPPURATE								
3124K	Tablet 1 g	100	5	..	16.74	15.70	Hiprex	MM
HEXAMINE MANDELATE								
1617D	Tablet 250 mg	200	2	..	*14.25	15.00	Mandelamine	WW
1618E	Tablet 500 mg	200	2	..	*17.89	15.70	Mandelamine Hafgrams	WW
2690N	Tablet 1 g	100	5	..	14.13	14.88	Mandelamine	WW

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2541R	HOMATROPINE HYDROBROMIDE Eye drops 20 mg per mL (2%), 15 mL	‡1	2	..	8.71	9.46	AG
2542T	Eye drops 50 mg per mL (5%), 15 mL	‡1	2	..	10.10	10.85	AG
HUMAN CHORIONIC GONADOTROPHIN							
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 hyperprolactin- aemia should have had appro- priate surgical or medical treatment prior to an application for treatment.</i>							
1579D	Injection set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1 mL	1	5	..	20.96	15.70	Pregnyl Profasi 500 OR SG
1580E	Injection set containing 3 ampoules powder for injection 1,000 units and 3 ampoules solvent 1 mL	1	5	..	27.14	15.70	Profasi 1000 SG
1581F	Injection set containing 3 ampoules powder for injection 1,500 units and 3 ampoules solvent 1 mL	1	5	..	29.34	15.70	Pregnyl OR
1582G	Injection set containing 3 ampoules powder for injection 2,000 units and 3 ampoules solvent 1 mL	1	5	..	31.54	15.70	Profasi 2000 SG
1477R	Injection set containing one ampoule powder for injection 5,000 units and one ampoule solvent 1 mL	1	5	..	16.63	15.70	Profasi 5000 SG

(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
HUMAN CHORIONIC GONADOTROPHIN—cont.							
Authority required.							
<i>For the treatment of infertility in males due to hypogonadotropic hypogonadism;</i>							
<i>For the treatment of infertility in males associated with isolated luteinising hormone deficiency;</i>							
<i>For the treatment of males who have combined deficiency of human growth hormone and gonadotrophins and in whom the absence of secondary sexual characteristics indicates a lag in maturation.</i>							
Authority required.							
<i>For the treatment of boys over the age of 16 years who show clinical evidence of hypogonadism or delayed puberty.</i>							
NOTE:							
<i>A maximum of six months' treatment for this indication will be authorised.</i>							
1579D	Injection set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1 mL	1	5	..	20.96	15.70	Pregnyl Profasi 500 OR SG
1580E	Injection set containing 3 ampoules powder for injection 1,000 units and 3 ampoules solvent 1 mL	1	5	..	27.14	15.70	Profasi 1000 SG
1581F	Injection set containing 3 ampoules powder for injection 1,500 units and 3 ampoules solvent 1 mL	1	5	..	29.34	15.70	Pregnyl OR
1582G	Injection set containing 3 ampoules powder for injection 2,000 units and 3 ampoules solvent 1 mL	1	5	..	31.54	15.70	Profasi 2000 SG
HUMAN MENOPAUSAL GONADOTROPHIN							
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>							

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
HUMAN MENOPAUSAL GONADOTROPHIN—cont.							
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 hyperprolactinaemia 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 hypogonadotrophic hypogonadism.</i>							
NOTE:							
<i>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.</i>							
1599E	Injection set containing 10 ampoules powder for injection providing 75 units follicle stimulating hormone and 75 units luteinising hormone and 10 ampoules solvent 1 mL	1	5	..	212.27	15.70	Pergonal SG
1600F	Injection set containing 10 ampoules powder for injection providing 150 units follicle stimulating hormone and 150 units luteinising hormone and 10 ampoules solvent 1 mL	1	5	..	404.20	15.70	Pergonal 150 SG
HYDRALAZINE HYDROCHLORIDE							
1640H	Tablet 25 mg	200	2	..	*9.29	10.04	Alphapress 25 AF
1639G	Tablet 50 mg	200	2	..	*11.95	12.70	Alphapress 50 AF
HYDROCHLOROTHIAZIDE							
1484D	Tablet 25 mg	100	1	..	*8.89	9.64	Dichlotride MK
1485E	Tablet 50 mg	100	1	..	*9.87	10.62	Dichlotride MK

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	
	HYDROCHLOROTHIAZIDE with AMILORIDE HYDROCHLORIDE							
	CAUTION: Serum electrolytes should be checked regularly. Supplementary potassium may cause life-threatening hyperkalaemia.							
1486F	Tablet 50 mg-5 mg	100	1	..	*11.65	12.40	Amizide Moduretic	AF MK
	HYDROCHLOROTHIAZIDE with TRIAMTERENE							
	CAUTION: Serum electrolytes should be checked regularly. Supplementary potassium may cause life-threatening hyperkalaemia.							
1280J	Tablet 25 mg-50 mg	100	1	..	*12.39	13.14	Dyazide	SK
	HYDROCORTISONE							
1499X	Tablet 4 mg	50	4	..	8.38	9.13	Hysone 4	AF
1500Y	Tablet 20 mg	60	4	..	12.18	12.93	Hysone 20	AF
1489J	Eye drops 5 mg per mL (0.5%), 10 mL	‡1	5	..	8.47	9.22	Hycor	SI
1492M	Eye drops 10 mg per mL (1%), 10 mL	‡1	5	..	8.66	9.41	Hycor	SI
1495Q	Cream 10 mg per g (1%), 50 g	‡1	1	..	5.75	6.50	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 discoïd.</i>							
1498W	Injection 25 mg in 1 mL	5	..	..	19.16	15.70	Hysone-A	PT
	Proctitis; Ulcerative colitis.							
1502C	Rectal foam 125 mg per applicator (10%), aerosol 25 g	2	3	..	*30.35	15.70	Colifoam	SV
	HYDROCORTISONE ACETATE							
1496R	Eye ointment 5 mg per g (0.5%), 3 g	‡1	..	..	5.87	6.62	Cortef	UP
1497T	Eye ointment 5 mg per g (0.5%), 5 g	‡1	..	..	7.50	8.25	Hycor	SI
2441L	Eye ointment 10 mg per g (1%), 5 g	‡1	..	..	7.59	8.34	Hycor	SI

(continued)

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2887Y	HYDROCORTISONE ACETATE—cont. Cream 10 mg per g (1%), 30 g	‡1	1	..	5.27	6.02	Adacor Dermacort Sigmacort Squibb-HC Cortef	NN PD SI SQ UP
2881P	Cream 10 mg per g (1%), 50 g	‡1	1	..	5.75	6.50	Adacor Dermacort Sigmacort Squibb-HC Cortef	NN PD SI SQ UP
2888B	Topical ointment 10 mg per g (1%), 30 g	‡1	1	..	5.27	6.02	Adacor Sigmacort Squibb-HC Cortef	NN SI SQ UP
2882Q	Topical ointment 10 mg per g (1%), 50 g	‡1	1	..	5.75	6.50	Adacor Dermacort "O" Sigmacort Squibb-HC Cortef	NN PD SI SQ UP
	HYDROCORTISONE SODIUM SUCCINATE <i>For use in a hospital.</i>							
1510L	<i>Injection set containing equivalent of 100 mg hydrocortisone and 2 mL solvent</i>	6	..	.. 3.30	*18.61 *21.91	15.70 15.70	Nordicort Solu-Cortef	NR UP
1511M	<i>Injection set containing equivalent of 250 mg hydrocortisone and 2 mL solvent</i>	6	..	..	*36.91	15.70	Solu-Cortef	UP
3097B	<i>Injection set containing equivalent of 500 mg hydrocortisone and 4 mL solvent</i>	2	..	..	*24.55	15.70	Solu-Cortef	UP
	HYDROCORTISONE SODIUM SUCCINATE							
1501B	Injection set containing equivalent of 100 mg hydrocortisone and 2 mL solvent	2	..	.. 1.10	*8.49 *9.59	9.24 9.24	Nordicort Solu-Cortef	NR UP
3096Y	Injection set containing equivalent of 250 mg hydrocortisone and 2 mL solvent	1	..	..	9.01	9.76	Solu-Cortef	UP
	HYDROXOCOBALAMIN <i>Pernicious anaemia; Other proven vitamin B₁₂ deficiencies.</i>							
1508J	<i>Injection 1 mg in 1 mL</i> NOTE: <i>One injection of hydroxocobalamin 1 mg every three months provides appropriate maintenance therapy in vitamin B₁₂ deficiencies.</i>	3	..	..	10.03	10.78	Neo-Cytamen	GL

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1512N	HYDROXYCHLOROQUINE SULPHATE Tablet 200 mg	100	1	..	26.31	15.70	Plaquenil	WL
3093T	HYDROXYUREA Capsule 500 mg	100	..	..	59.53	15.70	Hydrea	SQ
2956N	HYPROMELLOSE Eye drops 5 mg per mL (0.5%), 15 mL	‡1	5	..	7.19	7.94	Isopto Tears Lacril Methopt	AQ AG SI
2952J	Eye drops 10 mg per mL (1%), 15 mL	‡1	5	..	7.61	8.36	Methopt Forte	SI
1509K	HYPROMELLOSE with DEXTRAN Eye drops 3 mg-1 mg per mL (0.3%-0.1%), 15 mL	‡1	5	..	9.21	9.96	Tears Naturale	AQ
3198H	IBUPROFEN Tablet 200 mg	50	3	..	5.67	6.42	Inflam Rafen 200	PT AF
3190X	Tablet 400 mg	50	3	..	7.30	8.05	Brufen	BT
2442M	IDOXURIDINE Eye drops 1 mg per mL (0.1%), 15 mL	‡1	2	.. 0.93	8.74 9.67	9.49 9.49	Stoxil Herplex	SK AG
2569F	Eye ointment 5 mg per g (0.5%), 5 g	‡1	..	..	11.10	11.85	Stoxil	SK
2567D	Topical ointment 5 mg per g (0.5%), 5 g	‡1	..	..	5.05	5.80	Stoxil	SK
2420J	IMIPRAMINE HYDROCHLORIDE Tablet 10 mg	50	2	..	5.04	5.79	Tofranil 10	CG
2421K	Tablet 25 mg	50	2	..	5.72	6.47	Melipramine Tofranil 25	UW(N) CG
2719D	I.M. injection 25 mg in 2 mL	10	..	..	17.37	15.70	Tofranil	CG
2436F	INDAPAMIDE Tablet 2.5 mg	60	1	..	*14.73	15.48	Natrilix	SE
2454E	INDOMETHACIN Capsule 25 mg	50	3	.. 0.51	5.85 6.36	6.60 6.60	Arthrexin Indocid	AF MK
2757D	Suppository 100 mg	40	3	..	*17.53	15.70	Indocid	MK
INFLUENZA VACCINE <i>Persons at special risk of adverse consequences from infections of the lower respiratory tract.</i>								
2852D	Injection (trivalent) 0.5 mL	1	..	..	13.00	13.75	Fluvax Vaxigrip	CS PV

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2886X	INSECT ALLERGEN EXTRACT— HONEY BEE VENOM Injection set containing 550 micrograms	1	..	..	68.88	15.70	Albay Bee Venom	BN
2918N	INSECT ALLERGEN EXTRACT— PAPER WASP VENOM NOTE: Paper wasp venom is not European wasp venom. Injection set containing 550 micrograms	1	..	..	83.42	15.70	Albay Wasp Venom	BN
1710B	INSULIN, ACID Injection (bovine) 100 units per mL, 10 mL	5	2	..	*105.53	15.70	Insulin 2	NO
1711C	INSULIN ISOPHANE (N.P.H.) Injection (bovine) 100 units per mL, 10 mL	5	2	..	*99.13	15.70	Hypurin Isophane Isotard MC	FC NO
1533Q	Injection (human) 100 units per mL, 10 mL	5	2	..	*105.53	15.70	Humulin NPH Insulatard Human Protaphane HM	LY ND NO
1534R	Injections (human) 100 units per mL, 1.5 mL, 5	10	1	..	*171.83	15.70	Protaphane HM Penfill	NO
1535T	Injections (human) 100 units per mL, 2.5 mL, 5	6	1	..	*171.85	15.70	Insulatard Human Nordisk 2.5 mL Insuject-X	ND
1713E	INSULIN NEUTRAL Injection (bovine) 100 units per mL, 10 mL	5	2	..	*99.13	15.70	Hypurin Neutral	FC
1531N	Injection (human) 100 units per mL, 10 mL	5	2	..	*105.53	15.70	Actrapid HM Humulin R Velosulin Human	NO LY ND
1532P	Injections (human) 100 units per mL, 1.5 mL, 5	10	1	..	*171.83	15.70	Actrapid HM Penfill	NO
1537X	Injections (human) 100 units per mL, 2.5 mL, 5	6	1	..	*171.85	15.70	Velosulin Human Nordisk 2.5 mL Insuject (white)	ND

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1431H	INSULIN NEUTRAL—INSULIN ISOPHANE (N.P.H.), (MIXED) Injection (human) 100 units (15 units–85 units) per mL, 10 mL	5	2	..	*105.53	15.70	Mixtard 15/85 Human ND
1426C	Injection (human) 100 units (30 units– 70 units) per mL, 10 mL	5	2	..	*105.53	15.70	Actraphane HM Mixtard 30/70 Human NO ND
1425B	Injection (human) 100 units (50 units– 50 units) per mL, 10 mL	5	2	..	*105.53	15.70	Mixtard 50/50 Human ND
1461X	Injections (human) 100 units (15 units– 85 units) per mL, 2.5 mL, 5	6	1	..	*171.85	15.70	Mixtard 15/85 Human Nordisk 2.5 mL Insuject-X ND
1429F	Injections (human) 100 units (30 units– 70 units) per mL, 1.5 mL, 5	10	1	..	*171.83	15.70	Actraphane HM Penfill NO
1430G	Injections (human) 100 units (30 units– 70 units) per mL, 2.5 mL, 5	6	1	..	*171.85	15.70	Mixtard 30/70 Human Nordisk 2.5 mL Insuject-X ND
1462Y	Injections (human) 100 units (50 units– 50 units) per mL, 2.5 mL, 5	6	1	..	*171.85	15.70	Mixtard 50/50 Human Nordisk 2.5 mL Insuject-X ND
1715G	INSULIN PROTAMINE ZINC Injection (bovine) 100 units per mL, 10 mL	5	2	..	*105.53	15.70	Protamine Zinc Insulin MC NO
1716H	INSULIN ZINC SUSPENSION (Lente) Injection (bovine) 100 units per mL, 10 mL	5	2	..	*105.53	15.70	Lente MC NO
1718K	Injection (human) 100 units per mL, 10 mL	5	2	..	*105.53	15.70	Humulin L Monotard HM LY NO
1721N	INSULIN ZINC SUSPENSION (CRYSTALLINE) (Ultralente) Injection (bovine) 100 units per mL, 10 mL	5	2	..	*105.53	15.70	Ultralente MC NO
1722P	Injection (human) 100 units per mL, 10 mL	5	2	..	*105.53	15.70	Humulin UL Ultratard HM LY NO
1542E	IPRATROPIUM BROMIDE Nebuliser solution single dose units 250 micrograms in 1 mL, 30	‡1	5	..	30.64	15.70	Atrovent BY
1543F	Nebuliser solution single dose units 500 micrograms in 2 mL, 30	‡1	5	..	35.32	15.70	Atrovent BY

(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	
1541D	IPRATROPIUM BROMIDE—cont. Nebuliser solution 250 micrograms per mL (0.025%), 20 mL	2	2	..	*15.49	15.70	Atrovent	BY
1540C	Oral pressurised inhalation 20 micrograms per dose (200 doses)	†1	5	..	15.49	15.70	Atrovent	BY
1298H	IRON DEXTRAN Injection 2 mL	5	..	..	11.39	12.14	Imferon	FC
2764L	IRON POLYMALTOSE COMPLEX Tablet 40 mg (iron)	100	2	..	5.59	6.34	Ferrum H	SI
2593L	Injection 100 mg (iron) in 2 mL	5	..	..	11.39	12.14	Ferrum H	SI
1550N	ISOCONAZOLE NITRATE Cream 10 mg per g (1%), 20 g	†1	1	..	6.27	7.02	Travogen	SC
1551P	Pessaries 300 mg, 2	†1	..	..	7.30	8.05	Gyno-Travogen	SC
1554T	ISONIAZID Tablet 100 mg	100	2	..	5.91	6.66	FM	
	ISOPROPYL MONOESTER POLYMER with ISOPROPYL ALCOHOL For colostomy and ileostomy use.							
2505W	Adhesive protective gel 28.35 g	†1	..	..	8.05	8.80	Skin Gel	HO
2587E	ISOSORBIDE DINITRATE Tablet 10 mg	200	2	..	*11.19	11.94	Isordil Isotrate	AY PD
2588F	Sublingual tablet 5 mg	200	2	..	*10.81	11.56	Isordil Sublingual Isotrate Sublingual	AY PD
	ISOTRETINOIN							
	CAUTION:							
	<i>This drug causes birth defects. Isotretinoin has been reported to cause other frequent and potentially serious toxicity.</i>							
	Authority required.							
	<i>Severe cystic acne not responsive to other therapy.</i>							
	NOTE:							
	<i>Care must be taken to comply with the provisions of State law when prescribing isotretinoin.</i>							
	NOTE:							
	<i>An authority will be limited to the maximum quantity and repeats shown in this schedule.</i>							
	NOTE:							
	<i>Isotretinoin is not available under the 'urgent supply' mechanisms.</i>							
2591J	Capsule 10 mg	60	3	..	100.20	15.70	Roaccutane	RO
2592K	Capsule 20 mg	60	3	..	187.38	15.70	Roaccutane	RO

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	
KETOCONAZOLE								
CAUTION:								
<i>Hepatotoxicity has been reported with ketoconazole.</i>								
Authority required.								
<i>Systemic or deep mycoses where other forms of therapy have failed.</i>								
1572R	Tablet 200 mg	30	5	..	25.43	15.70	Nizoral	JC
KETOPROFEN								
1586L	Capsule 50 mg	50	3	..	8.62	9.37	Orudis	MB
1587M	Capsule 100 mg	50	3	..	11.94	12.69	Orudis	MB
1589P	Capsule 100 mg (sustained release)	50	3	..	12.89	13.64	Orudis SR	MB
1590Q	Capsules 200 mg (sustained release), 28	‡1	3	..	14.02	14.77	Orudis SR 200	MB
1588N	Suppository 100 mg	40	3	..	*20.07	15.70	Orudis	MB
LABETALOL HYDROCHLORIDE								
1566K	Tablet 100 mg	100	5	.. 0.22	12.63 12.85	13.38 13.38	Presolol 100 Trandate	AF GL
1567L	Tablet 200 mg	100	5	.. 0.22	19.42 19.64	15.70 15.70	Presolol 200 Trandate	AF GL
LACTULOSE								
Authority required.								
<i>Hepatic coma or precoma (chronic porto-systemic encephalopathy); Patients with malignant neoplasia who are constipated due to narcotic analgesics.</i>								
3064G	Mixture 3.34 g per 5 mL, 500 mL	‡1	5	..	15.92	15.70	Duphalac	JC
LEUPRORELIN ACETATE								
Authority required.								
<i>Advanced cancer of the prostate.</i>								
1568M	Injection 5 mg per mL, 2.8 mL	2	2	..	*314.21	15.70	Lucrin	AB
LEVODOPA								
3143K	Tablet 100 mg	50	5	..	11.57	12.32	Larodopa	RO
3144L	Tablet 250 mg	100	5	..	19.60	15.70	Larodopa	RO
3014P	Tablet 500 mg	250	5	..	71.17	15.70	Larodopa	RO

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LEVODOPA with BENSERAZIDE Authority required. Parkinson's disease where fluctuations in motor function are not adequately controlled by frequent dosing with conventional formulations of levodopa with decarboxylase inhibitor.								
2231K	Capsule 100 mg-25 mg (sustained release)	100	5	..	39.95	15.70	Madopar HBS	RO
2228G	LEVODOPA with BENSERAZIDE Tablet 200 mg-50 mg	100	5	..	43.86	15.70	Madopar	RO
2227F	Capsule 50 mg-12.5 mg	100	5	..	18.67	15.70	Madopar Q	RO
2225D	Capsule 100 mg-25 mg	100	5	..	33.68	15.70	Madopar-M	RO
2226E	Capsule 200 mg-50 mg	100	5	..	43.86	15.70	Madopar	RO
1244L	LEVODOPA with CARBIDOPA Tablet 100 mg-10 mg	100	5	..	21.00	15.70	Sinemet M	MK
1242J	Tablet 100 mg-25 mg	100	5	..	33.68	15.70	Sinemet 100/25	MK
1245M	Tablet 250 mg-25 mg	100	5	..	43.86	15.70	Sinemet	MK
2913H	LEVONORGESTREL Tablets 30 micrograms, 28	4	2	..	*12.27	13.02	Microlut 28 Microval 28	SC WY
1455N	LEVONORGESTREL with ETHINYLOESTRADIOL Tablets 125 micrograms- 50 micrograms, 21	4	2	..	*12.27	13.02	Microgynon 50	SC
1393H	Tablets 150 micrograms- 30 micrograms, 21	4	2	..	*12.27	13.02	Microgynon 30 Nordette 21	SC WY
3186Q	Tablets 250 micrograms- 50 micrograms, 21	4	2	..	*12.27	13.02	Nordiol 21	WY
1456P	Pack containing 21 tablets 125 micrograms-50 micrograms and 7 inert tablets	4	2	..	*12.27	13.02	Microgynon 50 ED Nordette 50	SC WY
1394J	Pack containing 21 tablets 150 micrograms-30 micrograms and 7 inert tablets	4	2	..	*12.27	13.02	Microgynon 30 ED Nordette 28	SC WY

(continued)

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3188T	LEVONORGESTREL with ETHINYLOESTRADIOL—cont. Pack containing 21 tablets 250 micrograms–50 micrograms and 7 inert tablets	4	2	..	*12.27	13.02	Nordiol 28	WY
1457Q	Pack containing 11 tablets 50 micrograms–50 micrograms and 10 tablets 125 micrograms– 50 micrograms	4	2	..	*12.27	13.02	Biphasil 21	WY
1458R	Pack containing 11 tablets 50 micrograms–50 micrograms, 10 tablets 125 micrograms– 50 micrograms and 7 inert tablets	4	2	..	*12.27	13.02	Biphasil 28 Sequilar ED	WY SC
1391F	Pack containing 6 tablets 50 micrograms–30 micrograms, 5 tablets 75 micrograms– 40 micrograms and 10 tablets 125 micrograms–30 micrograms	4	2	..	*12.27	13.02	Triphasil Triquilar	WY SC
1392G	Pack containing 6 tablets 50 micrograms–30 micrograms, 5 tablets 75 micrograms– 40 micrograms, 10 tablets 125 micrograms–30 micrograms and 7 inert tablets	4	2	..	*12.27	13.02	Triphasil 28 Triquilar ED	WY SC
2875H	LIGNOCAINE HYDROCHLORIDE Injection 100 mg in 5 mL	42	..	..	9.15	9.90	Xylocard 100	AP
2876J	Infusion 500 mg in 5 mL	5	..	..	8.93	9.68	Xylocard 500	AP
3084H	LINCOMYCIN Injection 300 mg in 1 mL	5	..	..	13.81	14.56	Lincocin SS Paediatric	UP
2530E	Injection 600 mg in 2 mL	5	..	..	13.81	14.56	Lincocin	UP
2318B	LIOTHYRONINE Tablet 20 micrograms	100	2	..	11.57	12.32	Tertroxin	GL
3059B	LITHIUM CARBONATE Tablet 250 mg	200	2	..	*10.17	10.92	Lithicarb	PT
3060C	Tablet 400 mg (sustained release)	200	1	..	*18.99	15.70	Priadel	PT
1571Q	LOPERAMIDE HYDROCHLORIDE Capsule 2 mg	12	..	..	5.09	5.84	Imodium	JC
	<u>LYPRESSIN</u> Authority required. Treatment where less costly alternative therapy is inappropriate.							
2401J	Nasal spray 50 units per mL, 5 mL	10	2	..	*160.83	15.70	Vasopressin	SZ

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MEDROXYPROGESTERONE Endometriosis.								
2722G	Tablet 10 mg	100	2	..	27.63	15.70	Provera	UP
Advanced breast cancer.								
2728N	Tablet 500 mg	30	2	..	107.31	15.70	Farlutal Provera	FE UP
Breast cancer; Endometrial cancer; Renal cell cancer.								
2725K	Tablet 100 mg	100	2	..	76.15	15.70	Farlutal Provera	FE UP
2316X	Tablet 200 mg	60	2	..	86.55	15.70	Farlutal Provera	FE UP
2727M	Tablet 250 mg	60	2	..	107.31	15.70	Provera	UP
2317Y	Oral suspension 100 mg per mL, 100 mL	‡1	2	..	76.15	15.70	Provera	UP
2319C	Injection 50 mg in 1 mL	1	..	..	7.61	8.36	Depo-Provera	UP
2322F	Injection 500 mg in 2.5 mL	7	..	..	*320.60	15.70	Farlutal	FE
Breast cancer; Endometrial cancer; Endometriosis; Renal cell cancer.								
3118D	Injection 150 mg in 1 mL	1	..	..	11.00	11.75	Depo-Provera	UP
MEDROXYPROGESTERONE								
2321E	Tablet 10 mg	30	2	..	12.46	13.21	Provera	UP
MEDRYSONE								
3197G	Eye drops 10 mg per mL (1%), 5 mL	‡1	5	..	6.80	7.55	HMS Liquifilm	AG
MEFENAMIC ACID Dysmenorrhoea; Menorrhagia.								
1824B	Capsule 250 mg	50	2	..	7.05	7.80	Mefic Ponstan	AF PD
MEGESTROL ACETATE Advanced breast cancer.								
2731R	Tablet 40 mg	100	2	..	81.90	15.70	Megostat	BC
2734X	Tablet 160 mg	30	2	..	89.92	15.70	Megostat	BC
MELPHALAN								
2547C	Tablet 2 mg	100	..	..	*91.31	15.70	Alkeran	BW
2548D	Tablet 5 mg	100	..	..	*148.15	15.70	Alkeran	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	
1598D	MERCAPTOPURINE Tablet 50 mg	100	2	..	*100.31	15.70	Purinethol	BW
	MESALAZINE Authority required. Inflammatory bowel disease involving the colon in patients with proven hyper- sensitivity to sulphonamides or sustained intolerance to sulphasalazine.							
1611T	Tablet 250 mg	100	5	..	61.06	15.70	Mesasal	SK
2430X	METFORMIN HYDROCHLORIDE Tablet 500 mg	100	5	..	14.32	15.07	Diabex Diaformin Glucophage	FC AF LH
2901Q	METHACYCLINE HYDROCHLORIDE Capsule 300 mg	10	1	..	7.81	8.56	Randomycin	WW
	METHADONE HYDROCHLORIDE CAUTION: The risk of drug dependence is high. Severe disabling pain not responding to non-narcotic analgesics. NOTE: Authorities for increased maximum quantities and/or repeats will be granted only for severe disabling pain associated with proven malignant neoplasia or severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).							
1608P	Tablet 5 mg	20	..	..	8.07	8.82	Physeptone	BW
1609Q	Tablet 10 mg	20	..	..	8.28	9.03	Physeptone	BW
1606M	Injection 10 mg in 1 mL	5	..	..	10.62	11.37	Physeptone	BW
	METHDILAZINE HYDROCHLORIDE Prevention of migraine.							
1612W	Tablet 4 mg	100	2	..	*8.09	8.84	Dilosyn	GL
1613X	Tablet 8 mg	100	2	..	*12.57	13.32	Dilosyn	GL
	METHENOLONE ACETATE Authority required. Osteoporosis; Patients on long-term treatment with corticosteroids. NOTE: An authority for six months' treatment will be limited to the maximum quantity and repeats shown in this schedule.							
1620G	Tablet 5 mg	100	3	..	*30.27	15.70	Primobolan	SC

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	
1622J	METHOTREXATE Tablet 2.5 mg	100	2	..	19.27	15.70	Ledertrexate Methoblastin BL	LE FE
1623K	Tablet 10 mg	50	2	..	*49.02	15.70	Methoblastin	FE
2396D	Injection 5 mg in 2 mL	5	..	..	*45.13	15.70	Ledertrexate	LE
2395C	Injection 50 mg in 2 mL	5	..	..	*47.08 47.10	15.70 15.70	Ledertrexate Methoblastin BL	LE FE
METHSUXIMIDE Authority required. Treatment where less costly alternative therapy is inappropriate.								
2398F	Capsule 300 mg	200	2	..	58.30	15.70	Celontin	PD
1624L	METHYLCLOTHIAZIDE Tablet 2.5 mg	100	1	..	*7.77	8.52	Enduron-M	AB
1625M	Tablet 5 mg	100	1	..	*8.29	9.04	Enduron	AB
3194D	METHYLDOPA Tablet 125 mg	100	5	..	8.08	8.83	Aldomet-M	MK
1629R	Tablet 250 mg	100	5	.. 0.49	10.90 11.39	11.65 11.65	Hydopa Aldomet	AF MK
METHYLPHENOBARBITONE Epilepsy.								
1634B	Tablet 60 mg	200	2	..	16.50	15.70	Prominal	WL
1635C	Tablet 200 mg	200	2	..	34.35	15.70	Prominal	WL
METHYLPREDNISOLONE ACETATE For local intra-articular or peri-articular infiltration.								
1928L	Injection 40 mg in 1 mL	5	..	..	17.73	15.70	Depo-Medrol	UP
2981X	METHYLPREDNISOLONE SODIUM SUCCINATE Injection equivalent to 40 mg methylprednisolone in 1 mL	5	..	..	27.19	15.70	Solu-Medrol	UP
1641J	METHYL SALICYLATE Liniment APF, 100 mL	‡1	1	..	4.89	5.64	Linsal Metsal MG,NN,QE (NQ)	SI MM
METHYLTESTOSTERONE Hypogonadism in children.								
3151W	Tablet 5 mg	100	2	..	8.55	9.30	Testomet 5	AF

(continued)

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METHYLTESTOSTERONE—cont. <i>Carcinoma of the breast; Hypogonadism; Klinefelter's syndrome (seminiferous tubule dysgenesis).</i>								
2112E	Tablet 25 mg	100	2	..	11.08	11.83	Testomet 25	AF
2113F	Tablet 50 mg	100	2	..	14.87	15.62	Testomet 50	AF
2826R	METHYSERGIDE Tablet 1 mg	100	2	..	28.20	15.70	Deseril	SZ
1207M	METOCLOPRAMIDE HYDROCHLORIDE Tablet 10 mg	25	..	.. 1.32	5.09 6.41	5.84 5.84	Pramin Maxolon	AF SK
1205K	Syrup 5 mg per 5 mL, 100 mL	‡1	..	..	5.63	6.38	Maxolon	SK
1206L	Injection 10 mg in 2 mL	10	..	..	8.88	9.63	Maxolon	SK
1203H	METOLAZONE Tablet 2.5 mg	100	1	..	7.98	8.73	Diulo	SR
1324Q	METOPROLOL TARTRATE Tablet 50 mg	100	5	.. 0.46	11.72 12.18	12.47 12.47	Betaloc Lopresor 50	AP CG
1325R	Tablet 100 mg	60	5	.. 0.49	13.39 13.88	14.14 14.14	Betaloc Lopresor 100	AP CG
METRONIDAZOLE <i>Prophylaxis in large bowel surgery; Treatment in a hospital of acute anaerobic sepsis.</i>								
1638F	I.V. infusion 500 mg in 100 mL	1	..	..	9.15	9.90	Flagyl	MB
Treatment of anaerobic infections.								
1621H	Tablet 400 mg	21	1	.. 0.55	8.33 8.88	9.08 9.08	Metrogyl 400 Flagyl	AF MB
1636D	METRONIDAZOLE Tablet 200 mg	21	1	.. 0.55	5.52 6.07	6.27 6.27	Metrogyl 200 Metrozine Flagyl	AF SR MB
1626N	Tablet 400 mg	5	2	.. 0.55	5.41 5.96	6.16 6.16	Metrogyl 400 Flagyl Statpak	AF MB
1642K	Suppositories 500 mg, 10	‡1	..	..	15.42	15.70	Flagyl	MB
1643L	Suppositories 1 g, 10	‡1	..	..	21.25	15.70	Flagyl	MB

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1630T	METRONIDAZOLE BENZOATE Oral suspension 320 mg per 5 mL (equivalent to 200 mg metronidazole in 5 mL), 100 mL	‡1	..	..	10.62	11.37	Flagyl S	MB
1682M	MEXILETINE HYDROCHLORIDE Capsule 50 mg	100	5	..	19.30	15.70	Mexitil	BY
1683N	Capsule 200 mg	100	5	..	38.96	15.70	Mexitil	BY
MIANSERIN HYDROCHLORIDE								
CAUTION:								
<i>Neutropenia and agranulocytosis are more frequent in the elderly, especially in the early months of therapy.</i>								
<u>Authority required.</u>								
<u>Severe depression.</u>								
1627P	Tablet 10 mg	50	5	..	12.27	13.02	Tolvon	OR
1628Q	Tablet 20 mg	50	5	..	20.95	15.70	Tolvon	OR
1276E	MICONAZOLE NITRATE Cream 20 mg per g (2%), 20 g	‡1	1	..	6.27	7.02	Monistat Derm	JC
1277F	Pessaries 100 mg, 7	‡1	..	.. 1.84	7.30 9.14	8.05 8.05	Monistat 7 Gyno-Daktarin 7	CL JP
1275D	Pessaries 200 mg, 3	‡1	..	..	7.30	8.05	Monistat 3	JC
1273B	Vaginal cream 100 mg per 5 g (2%), 40 g	‡1	..	.. 1.84	7.21 9.05	7.96 7.96	Monistat 7 Gyno-Daktarin 7	CL JP
MILK POWDER—LACTOSE MODIFIED								
<u>Authority required.</u>								
<u>Lactose intolerance.</u>								
NOTE:								
<i>An authority will be limited to the maximum quantity and repeats shown in this schedule.</i>								
1284N	Lactose-predigested powder 500 g	2	20	..	*17.05	15.70	Digestelact	SJ

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MILK POWDER—LOW LACTOSE FORMULA							
<i>Acute gastro-enteritis complicated by lactose intolerance in infants up to the age of twelve months. Age of patient to be shown on the prescription;</i> <i>Proven lactose intolerance in infants up to the age of twelve months. Age of patient to be shown on the prescription.</i> NOTE: <i>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>							
1283M	Lactose-predigested powder infant formula 500 g	2	..	..	*17.05	15.70	De-Lact Infant SJ
MINERAL MIXTURE							
<i>Phenylketonuria.</i> NOTE: <i>For use with amino acid formula without phenylalanine.</i>							
1451J	Powder 250 g	‡1	5	..	39.18	15.70	Aminogran M.M. GL
MINOCYCLINE							
CAUTION: <i>There are concerns about the incidence of benign intracranial hypertension associated with this drug.</i> <i>Severe acne not responding to other tetracyclines.</i>							
1616C	Tablet 50 mg	60	5	..	16.06	15.70	Minomycin-50 LE
MINOCYCLINE							
CAUTION: <i>There are concerns about the incidence of benign intracranial hypertension associated with this drug.</i>							
3037W	Capsule 100 mg	11	..	..	8.06	8.81	Minomycin LE

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MINOXIDIL								
Authority required.								
<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>								
2313R	Tablet 10 mg	100	5	..	43.80	15.70	Loniten	UP
2314T	Tablet 25 mg	100	5	..	96.93	15.70	Loniten	UP
MISOPROSTOL								
CAUTION:								
<i>Misoprostol is a prostaglandin analogue. It should not be used in pregnant women.</i>								
Authority required.								
<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>								
NOTE:								
<i>Increased maximum quantities and/or repeats FOR MAINTENANCE THERAPY will not be authorised.</i>								
1648R	Tablet 200 micrograms	120	1	..	44.79	15.70	Cytotec	SR
MITOZANTRONE								
<i>Leukaemia;</i>								
<i>Metastatic or locally advanced breast cancer;</i>								
<i>Non-Hodgkin's lymphoma.</i>								
1929M	Injection 20 mg in 10 mL	1	..	..	277.43	15.70	Novantrone	LE
1930N	Injection 25 mg in 12.5 mL	1	..	..	338.43	15.70	Novantrone	LE
1931P	Injection 30 mg in 15 mL	1	..	..	402.43	15.70	Novantrone	LE
MORPHINE SULPHATE								
CAUTION:								
<i>The risk of drug dependence is high.</i>								
<i>Severe disabling pain not responding to non-narcotic analgesics.</i>								

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	
MORPHINE SULPHATE—cont.								
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>								
1646P	Tablet 30 mg	20	..	..	9.15	9.90	Anamorph	FM
Chronic severe disabling pain not responding to non-narcotic analgesics.								
NOTE:								
<i>Authorities for increased maximum quantities and/or repeats will be granted only for chronic severe disabling pain associated with proven malignant neoplasia or chronic severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).</i>								
1653B	Tablet 10 mg (controlled release)	20	..	..	13.13	13.88	MS Contin	PS
1654C	Tablet 30 mg (controlled release)	20	..	..	24.35	15.70	MS Contin	PS
1655D	Tablet 60 mg (controlled release)	20	..	..	40.41	15.70	MS Contin	PS
1656E	Tablet 100 mg (controlled release)	20	..	..	59.44	15.70	MS Contin	PS
MORPHINE SULPHATE								
CAUTION:								
The risk of drug dependence is high.								
1644M	Injection 10 mg in 1 mL	5	..	.. 2.57	8.02 10.59	8.77 8.77	BL, SI AP	
1645N	Injection 15 mg in 1 mL	5	..	.. 2.62	8.07 10.69	8.82 8.82	BL, SI AP	
1647Q	Injection 30 mg in 1 mL	5	..	..	10.45	11.20	BL	
MORPHINE TARTRATE								
CAUTION:								
The risk of drug dependence is high.								
1607N	Injection 120 mg in 1.5 mL	5	..	..	18.65	15.70	BL	
1668T	MUSTINE HYDROCHLORIDE Injection 10 mg (solvent required) (codes 6759R, 6760T, 6761W, 6762X, 6763Y, 6764B apply to above item with approved solvents)	4	..	..	*39.07	15.70	BT	

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	NALIDIXIC ACID <i>For use as a urinary antiseptic in patients with neurogenic bladder; Urinary tract infections where current clinical and bacterio- logical evidence confirms that nalidixic acid is an appropriate therapeutic agent.</i>							
2451B	Tablet 500 mg	56	2	..	24.33	15.70	Negram	WL
1670X	NALOXONE HYDROCHLORIDE Injection 40 micrograms in 2 mL	5	..	..	28.37	15.70	Narcan Neonatal	BT
1751E	Injection 400 micrograms in 1 mL	1	..	..	10.95	11.70	Naloxone Min-I-Jet	CS
1752F	Injection 800 micrograms in 2 mL	1	..	..	13.31	14.06	Naloxone Min-I-Jet	CS
1753G	Injection 2 mg in 5 mL	1	..	..	21.88	15.70	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> <i>An authority for six months' treatment of osteoporosis and of patients on long-term treatment with corticosteroids will be limited to the maximum quantity and repeats shown in this schedule.</i>							
1671Y	Injection 50 mg in 1 mL, disposable syringe	1	3	..	13.81	14.56	Deca-Durabolin	OR
	NANDROLONE PHENYLPROPIONATE <u>Authority required.</u> <i>Carcinoma of the breast; Osteoporosis; Patients on long-term treatment with corticosteroids.</i> <u>NOTE:</u> <i>An authority for six months' treatment of osteoporosis and of patients on long-term treatment with corticosteroids will be limited to the maximum quantity and repeats shown in this schedule.</i>							
1672B	Injection 25 mg in 1 mL	3	3	..	13.81	14.56	Durabolin	OR
1317H	NAPHAZOLINE HYDROCHLORIDE Eye drops 1 mg per mL (0.1%), 15 mL	‡1	5	..	7.72	8.47	Albalon Liquifilm	AG

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	
NAPROXEN								
1674D	Tablet 250 mg	50	3	..	8.93	9.68	Flexin Naprosyn	AF SD
1659H	Tablet 500 mg	50	3	..	12.78	13.53	Flexin 500 Naprosyn	AF SD
1614Y	Tablets 750 mg (sustained release), 28	‡1	3	..	11.28	12.03	Naprosyn SR750	SD
1615B	Tablets 1 g (sustained release), 28	‡1	3	..	13.90	14.65	Naprosyn SR	SD
1658G	Oral suspension 125 mg per 5 mL, 500 mL	‡1	3	..	18.05	15.70	Naprosyn	SD
1662L	Suppository 500 mg	40	3	..	*18.33	15.70	Naprosyn	SD
NEOMYCIN SULPHATE <i>Acute leukaemia during induction of remission with chemotherapy; Bowel sterilisation preparatory to major surgery; Encephalopathy, hepatic.</i>								
2325J	Tablet 500 mg	25	1	..	10.91	11.66	Neosulf	AF
NEOMYCIN UNDECENOATE with BACITRACIN ZINC								
2296W	Ear ointment 12 mg (3.5 mg base)- 400 units per g, 10 g	‡1	..	..	5.20	5.95	Nemdyn	HA
NEOSTIGMINE BROMIDE								
1675E	Tablet 15 mg	200	1	..	*13.83	14.58	Prostigmin	RO
NICLOSAMIDE <i>Hymenolepiasis nana.</i>								
1681L	Tablet 500 mg	16	..	..	*13.63	14.38	Yomesan	BN
NICLOSAMIDE								
1680K	Tablet 500 mg	4	..	..	5.98	6.73	Yomesan	BN
NICOTINIC ACID								
1686R	Tablet 100 mg	100	2	..	5.72	6.47	Nikacid MB	RR
1687T	Tablet 250 mg	200	5	..	*11.35	12.10	MB	
NIFEDIPINE <i>Angina.</i>								
1678H	Capsule 5 mg	100	5	..	16.63	15.70	Adalat 5	BN
1688W	Capsule 10 mg	100	5	..	18.28	15.70	Anpine	AF
				0.45	18.73	15.70	Adalat	BN

CAUTION:

*Capsule formulations of
nifedipine are associated with
more rapid and higher peak
levels which may cause serious
adverse effects.*

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	
1695F	NIFEDIPINE—cont. Tablet 20 mg	60	5	..	25.21	15.70	Adalat 20	BN
NITRAZEPAM								
Authority required.								
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.								
2732T	Tablet 5 mg	50	5	.. 1.00	*6.55 *7.55	7.30 7.30	Alodorm Mogadon	AF RO
2723H	NITRAZEPAM Tablet 5 mg NOTE: Authorities for increased maximum quantities and/or repeats will be granted only for (i) myoclonic epilepsy or 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.	25	..	.. 0.50	4.99 5.49	5.74 5.74	Alodorm Mogadon	AF RO
NITROFURANTOIN								
CAUTION:								
Nitrofurantoin may cause peripheral neuritis and severe pulmonary reactions.								
1692C	Capsule 50 mg	30	1	..	8.33	9.08	Macrochantin	NW
1693D	Capsule 100 mg	30	1	..	10.75	11.50	Macrochantin	NW
1691B	Paediatric oral suspension 25 mg per 5 mL, 200 mL	‡1	..	..	14.43	15.18	Furadantin	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	
1967M	NORETHISTERONE Tablets 350 micrograms, 28	4	2	..	*12.27	13.02	Micronor Noriday 28 Day	JC SD
2993M	Tablet 5 mg	30	2	..	11.88	12.63	Primolut N	SC
2772X	NORETHISTERONE with ETHINYLOESTRADIOL Tablets 500 micrograms- 35 micrograms, 21	4	2	..	*12.27	13.02	Brevinor	SD
2773Y	Tablets 1 mg-35 micrograms, 21	4	2	..	*12.27	13.02	Brevinor-1	SD
2774B	Pack containing 21 tablets 500 micrograms-35 micrograms and 7 inert tablets	4	2	..	*12.27	13.02	Brevinor	SD
2775C	Pack containing 21 tablets 1 mg- 35 micrograms and 7 inert tablets	4	2	..	*12.27	13.02	Brevinor-1	SD
2771W	Pack containing 12 tablets 500 micrograms-35 micrograms and 9 tablets 1 mg-35 micrograms	4	2	..	*12.27	13.02	Synphasic 21 Day	SD
2776D	Pack containing 12 tablets 500 micrograms-35 micrograms, 9 tablets 1 mg-35 micrograms and 7 inert tablets	4	2	..	*12.27	13.02	Synphasic	SD
3176E	NORETHISTERONE with MESTRANOL Tablets 1 mg-50 micrograms, 21	4	2	..	*12.27	13.02	Norinyl-1 Ortho-Novum 1/50	SD JC
3179H	Pack containing 21 tablets 1 mg- 50 micrograms and 7 inert tablets	4	2	..	*12.27	13.02	Norinyl-1/28	SD
3010K	<i>NORFLOXACIN</i> <i>Authority required.</i> <i>Acute bacterial enterocolitis;</i> <i>Complicated urinary tract</i> <i>infection.</i> Tablet 400 mg	14	1	..	20.05	15.70	Noroxin	MK
2522R	NORTRIPTYLINE HYDROCHLORIDE Tablet 10 mg (base)	50	2	..	5.04	5.79	Allegron	DL
2523T	Tablet 25 mg (base)	50	2	..	5.72	6.47	Allegron Nortab	DL SQ
2524W	Paediatric elixir 10 mg (base) per 5 mL, 100 mL	‡1	4	..	6.86	7.61	Allegron	DL
1696G	NYSTATIN Tablet 500,000 units	50	..	..	9.88	10.63	Mycostatin Nilstat	SQ LE
1699K	Capsule 500,000 units	50	..	..	9.88	10.63	Mycostatin Nilstat	SQ LE

(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	
3032N	NYSTATIN—cont. Lozenge 100,000 units	20	1	..	5.93	6.68	Nilstat	LE
3033P	Oral suspension 100,000 units per mL, 24 mL	‡1	1	..	6.11	6.86	Mycostatin Nilstat	SQ LE
1698J	Cream 100,000 units per g, 15 g	‡1	1	..	5.37	6.12	Mycostatin Nilstat	SQ LE
1318J	Gel 100,000 units per g, 15 g	‡1	1	..	5.37	6.12	Mycostatin	SQ
1179C	Ointment 100,000 units per g, 15 g	‡1	1	..	5.37	6.12	Mycostatin Nilstat	SQ LE
1697H	Pessaries 100,000 units, 15	‡1	1	..	7.15	7.90	Mycostatin Nilstat	SQ LE
1660J	Cream pessaries 100,000 units, 15	‡1	1	..	7.15	7.90	Nilstat	LE
3102G	Vaginal cream 100,000 units per dose, 15 doses, 75 g	‡1	1	..	7.15	7.90	Mycostatin Nilstat	SQ LE
OCTOXINOL								
<i>For colostomy and ileostomy use.</i>								
1569N	Compound cleansing solution 20 mg per g (2%), 240 mL	‡1	..	..	10.54	11.29	Uni Wash	SN
1663M	OESTRADIOL VALERATE Tablets 1 mg, 28	2	2	..	*8.41	9.16	Progynova	SC
1664N	Tablets 2 mg, 28	2	2	..	*10.19	10.94	Progynova	SC
1061W	Injection 10 mg in 1 mL	3	..	..	16.96	15.70	Primogyn Depot	SC
1776L	OESTRIOL Tablets 1 mg, 30	2	2	..	*8.75	9.50	Ovestin	OR
1781R	Vaginal cream 1 mg per g (0.1%), 15 g	‡1	1	..	9.82	10.57	Ovestin	OR
1733F	OESTROGENS—CONJUGATED Tablets 300 micrograms, 28	2	2	..	*8.41	9.16	Premarin	AY
1734G	Tablets 625 micrograms, 28	2	2	..	*10.19	10.94	Premarin	AY
1700L	OESTRONE Pessaries 100 micrograms, 12	‡1	2	..	10.86	11.61	Kolpon	OR
1701M	Pessaries 1 mg, 12	‡1	2	..	11.76	12.51	Kolpon	OR
OLSALAZINE SODIUM								
Authority required.								
<i>Inflammatory bowel disease involving the colon in patients with proven hypersensitivity to sulphonamides or sustained intolerance to sulphasalazine.</i>								
1728Y	Capsule 250 mg	100	5	..	60.26	15.70	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								
NOTE:								
<i>Omeprazole is not available under the 'urgent supply' mechanisms.</i>								
Authority required.								
<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.</i>								
1326T	Capsule 20 mg	28	1	..	90.81	15.70	Losec	AP
Authority required.								
<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. The initial authority will not exceed 28 capsules and one repeat.</i>								
<i>A subsequent authority, for up to six months' therapy, will be strictly limited to patients with proven refractory ulcerating oesophagitis in whom other treatment options have failed and in whom anti-reflux surgery is inappropriate. The application must include a statement as to why other therapy is inappropriate.</i>								
<i>Each request for a further authority must be accompanied by a letter stating that omeprazole remains essential therapy and that all other treatment options have failed and that anti-reflux surgery is inappropriate. Authorities will be limited to six months' supply.</i>								
1327W	Capsule 20 mg	28	1	..	90.81	15.70	Losec	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	
OMEPRAZOLE—cont.								
Authority required.								
Scleroderma oesophagus, proven by endoscopy and unresponsive to other measures.								
1328X	Capsule 20 mg	28	5	..	90.81	15.70	Losec	AP
Authority required.								
Zollinger-Ellison syndrome.								
1329Y	Capsule 20 mg	56	5	..	*178.19	15.70	Losec	AP
ORPHENADRINE HYDROCHLORIDE								
Parkinsonism.								
2627G	Tablet 50 mg	200	2	..	*17.15	15.70	Disipal	MM
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 Care Benefit is approved, who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.								
3134Y	Tablet 15 mg	50	5	..	*6.15	6.90	Alepam 15	AF
				1.22	*7.37	6.90	Murelax	AY
							Serepax	WY
3135B	Tablet 30 mg	50	5	..	*6.65	7.40	Alepam 30	AF
				1.20	*7.85	7.40	Murelax	AY
							Serepax	WY
OXAZEPAM								
3132W	Tablet 15 mg	25	..	..	4.79	5.54	Alepam 15	AF
				0.61	5.40	5.54	Murelax	AY
							Serepax	WY
3133X	Tablet 30 mg	25	..	..	5.04	5.79	Alepam 30	AF
				0.60	5.64	5.79	Murelax	AY
							Serepax	WY

NOTE:

Authorities for increased maximum quantities and/or repeats will be granted only for

- (i) malignant neoplasia (late stage); or

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		
	OXAZEPAM—cont.								
	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.								
2942W	OXPRENOLOL HYDROCHLORIDE Tablet 20 mg	100	5	..	7.07	7.82	Corbeton 20	AF	
2961W	Tablet 40 mg	100	5	..	8.89	9.64	Corbeton 40	AF	
	OXYCODONE								
	CAUTION:								
	<i>The risk of drug dependence is high.</i>								
	<i>Severe disabling pain not responding to non-narcotic analgesics.</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>								
2481N	Suppository 30 mg	12	..	..	14.71	15.46	Proladone	BT	
	OXYCODONE HYDROCHLORIDE								
	CAUTION:								
	<i>The risk of drug dependence is high.</i>								
	<i>Severe disabling pain not responding to non-narcotic analgesics.</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>								
2622B	Tablet 5 mg	20	..	..	7.42	8.17	Endone	BT	

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	
OXYMETHOLONE Authority required. Aplastic anaemias, proven; Myelosclerosis.								
2902R	Tablet 50 mg	100	5	..	100.27	15.70	Anapolon	SD
2903T	Tablet 100 mg	100	5	..	186.33	15.70	Adroyd	PD
OXYTOCIN								
1727X	Injection 2 units in 2 mL	5	..	..	8.16	8.91	Syntocinon	SZ
1729B	Injection 5 units in 1 mL	5	..	..	7.56	8.31	Syntocinon	SZ
1730C	Injection 10 units in 1 mL	5	..	..	8.19	8.94	Syntocinon	SZ
OXYTOCIN with ERGOMETRINE MALEATE								
2400H	Injection 5 units-500 micrograms in 1 mL	5	..	..	8.38	9.13	Syntometrine	SZ
PANCREATIN ENZYME Cystic fibrosis (mucoviscidosis); Following pancreatico- duodenectomy; Steatorrhoea, pancreatic.								
1735H	Tablet providing not less than 6,500 BP units of lipase activity	500	10	..	36.76	15.70	Viokase	AY
1737K	Capsule providing not less than 6,500 BP units of lipase activity	500	10	..	36.76	15.70	Viokase	AY
PANCRELIPASE Cystic fibrosis (mucoviscidosis); Following pancreatico- duodenectomy; Steatorrhoea, pancreatic.								
2496J	Capsule providing not less than 5,000 BP units of lipase activity	500	10	..	108.49	15.70	Pancrease	JC
2495H	Capsule providing not less than 10,000 BP units of lipase activity	500	10	..	*166.19	15.70	Cotazym S Forte	OR
PARACETAMOL								
1746X	Tablet 500 mg	100	1	..	6.49	7.24	Dymadon P Panamax Paralgin	BW WL FM
1747Y	Mixture 120 mg per 5 mL, 100 mL	‡1	2	..	6.03	6.78	Dymadon Panamax	BW WL
PARAFFIN For colostomy and ileostomy use.								
1748B	Compound cream 85 g	‡1	..	..	10.50	11.25	Uni Derm	SN
1749C	Compound ointment 70 g	‡1	..	..	10.65	11.40	Uni Salve	SN

(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	
	PARAFFIN—cont.							
1754H	Compound eye ointment 3.5 g	‡1	5	..	7.62	8.37	Duratears	AQ
1750D	Compound eye ointment 7 g	‡1	5	..	9.82	10.57	Lacri-Lube S.O.P.	AG
	PENICILLAMINE <i>Acute heavy metal intoxication; Cystinosis; Cystinuria with calculus formation; Haemoglobinuria, paroxysmal cold; Severe rheumatoid arthritis; Wilson's disease (hepato- lenticular degeneration).</i>							
2721F	Tablet 125 mg	100	1	..	25.76	15.70	D-Penamine	DL
2838J	Tablet 250 mg	100	1	..	40.83	15.70	D-Penamine	DL
	PERHEXILINE MALEATE <u>Authority required.</u> <i>Angina not responding to other therapy.</i> NOTE: <i>Perhexiline maleate tablet 100 mg (Pexid) is still temporarily unavailable through usual distribution channels. Until normal marketing resumes doctors need to apply for individual patient approval with the drug being distributed direct from the manufacturer.</i>							
1822X	Tablet 100 mg	100	5	..	28.62	15.70	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>							
3052P	Tablet 2.5 mg	100	1	..	7.17	7.92	Neulactil	MB
3053Q	Tablet 10 mg	100	1	..	11.37	12.12	Neulactil	MB

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	
PETHIDINE HYDROCHLORIDE								
CAUTION:								
The risk of drug dependence is high.								
1828F	Injection 50 mg in 1 mL	5	..	.. 2.52	7.63 10.15	8.38 8.38	BL, SI AP	
1829G	Injection 100 mg in 2 mL	5	..	.. 2.98	7.96 10.94	8.71 8.71	BL, SI AP	
NOTE:								
Authorities for increased maximum quantities and/or repeats for these items 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).								
PHENELZINE SULPHATE								
CAUTION:								
<i>This drug is a monoamine oxidase inhibitor.</i>								
<i>Depressive illness resistant to treatment with either tricyclic anti-depressants or electro-convulsive therapy; Phobic states.</i>								
2856H	Tablet 15 mg (base)	50	2	..	8.36	9.11	Nardil	WW
PHENETHICILLIN								
<i>Prophylaxis of recurrent streptococcal infections (including rheumatic fever).</i>								
1709Y	Capsule 250 mg	50	5	..	*10.29	11.04	Pensig	SI
1838R	PHENETHICILLIN Capsule 250 mg	25	1	..	6.86	7.61	Pensig	SI
3088M	Capsule 500 mg	25	1	..	7.61	8.36	Pensig	SI
3120F	Powder for syrup 125 mg per 5 mL, 100 mL	‡1	1	..	#7.86	8.94	Pensig 125	SI
3121G	Powder for syrup 250 mg per 5 mL, 100 mL	‡1	..	..	#8.53	9.61	Pensig 250	SI
PHENINDIONE								
<i>Patients stabilised on phenindione for more than six months.</i>								
1843B	Tablet 10 mg	100	2	..	10.80	11.55	Dindevan	GL
1844C	Tablet 50 mg	100	2	..	15.86	15.70	Dindevan	GL
PHENOBARBITONE								
<i>Epilepsy.</i>								
1850J	Tablet 30 mg	200	4	..	6.38	7.13	SI	

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	
PHENOBARBITONE SODIUM Epilepsy.								
1853M	Injection 200 mg in 1 mL	5	..	..	7.61	8.36	FM	
PHENOXYBENZAMINE HYDROCHLORIDE Authority required. Phaeochromocytoma; Neurogenic urinary retention.								
1862B	Capsule 10 mg	100	5	..	14.34	15.09	Dibenzyline	SK
PHENOXYMETHYLPENICILLIN Prophylaxis of recurrent streptococcal infections (including rheumatic fever).								
1702N	Tablet 125 mg	50	5	..	*9.07	9.82	Abbocillin-V	AB
1703P	Tablet 250 mg	50	5	..	*9.35	10.10	Abbocillin-VK Cilicaine VK PVK	AB SI LY
1705R	Capsule 250 mg	50	5	..	*9.35	10.10	Abbocillin-VK Cilicaine VK LPV PVK	AB SI CS LY
1786B	PHENOXYMETHYLPENICILLIN Tablet 125 mg	25	1	..	6.25	7.00	Abbocillin-V	AB
1787C	Tablet 250 mg	25	1	..	6.39	7.14	Abbocillin-VK Cilicaine VK PVK	AB SI LY
3028J	Tablet 500 mg	25	1	..	7.31	8.06	Abbocillin-VK PVK	AB LY
1789E	Capsule 250 mg	25	1	..	6.39	7.14	Abbocillin-VK Cilicaine VK LPV PVK	AB SI CS LY
2965C	Capsule 500 mg	25	1	..	7.31	8.06	Cilicaine VK LPV	SI CS
2356B	Paediatric oral suspension 125 mg per 5 mL, 100 mL	‡1	1	..	5.69	6.44	Abbocillin-V Cilicaine V LPV 125	AB SI CS
2354X	Oral suspension 250 mg per 5 mL, 100 mL	‡1	1	..	6.80	7.55	Abbocillin-V Cilicaine V LPV 250	AB SI CS
PHENSUXIMIDE Authority required. Treatment where less costly alternative therapy is inappropriate.								
1863C	Capsule 500 mg	200	2	..	64.04	15.70	Milontin	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	
PHENYLALANINE LOW CONTENT FORMULA								
Phenylketonuria.								
1865E	Powder 1 lb	5	5	..	*140.93	15.70	Lofenalac	MJ
2829X	PHENYLEPHRINE HYDROCHLORIDE Eye drops 1.2 mg per mL (0.12%), 15 mL	‡1	5	..	7.72	8.47	Isopto Frin	AG
1249R	PHENYTOIN Tablet 50 mg	200	2	..	13.48	14.23	Dilantin Infatabs	PD
2692Q	Paediatric oral suspension 30 mg per 5 mL, 500 mL	‡1	3	..	9.98	10.73	Dilantin	PD
1873N	PHENYTOIN SODIUM Capsule 30 mg	200	2	..	13.11	13.86	Dilantin Sodium	PD
1874P	Capsule 100 mg	200	2	..	13.55	14.30	Dilantin Sodium	PD
PILOCARPINE								
Authority required.								
Chronic glaucoma when other miotics are not tolerated.								
2777E	Eye disc 5 mg (releasing 20 micrograms per hour)	8	5	..	65.24	15.70	Ocusert Pilo 20	AG
2782K	Eye disc 11 mg (releasing 40 micrograms per hour)	8	5	..	66.55	15.70	Ocusert Pilo 40	AG
2778F	PILOCARPINE HYDROCHLORIDE Eye drops 5 mg per mL (0.5%), 15 mL	‡1	5	..	8.16	8.91	Isopto Carpine Pilopt P.V. Carpine IQ	AG SI AG
2595N	Eye drops 10 mg per mL (1%), 15 mL	‡1	5	..	8.16	8.91	Isopto Carpine Pilopt P.V. Carpine IQ	AG SI AG
2596P	Eye drops 20 mg per mL (2%), 15 mL	‡1	5	..	9.19	9.94	Isopto Carpine Pilopt P.V. Carpine IQ	AG SI AG
2597Q	Eye drops 30 mg per mL (3%), 15 mL	‡1	5	..	11.13	11.88	Isopto Carpine Pilopt P.V. Carpine IQ	AG SI AG

(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	
2598R	PILOCARPINE HYDROCHLORIDE—cont. Eye drops 40 mg per mL (4%), 15 mL	‡1	5	..	11.21	11.96	Isopto Carpine Piloft P.V. Carpine IQ	AG SI AG
2779G	Eye drops 60 mg per mL (6%), 15 mL	‡1	5	..	14.56	15.31	Isopto Carpine Piloft P.V. Carpine	AG SI AG
3062E	PINDOLOL Tablet 5 mg	100	5	.. 0.49	10.31 10.80	11.06 11.06	Barbloc 5 Visken	AF SZ
3065H	Tablet 15 mg	50	5	.. 0.48	13.33 13.81	14.08 14.08	Barbloc 15 Visken	AF SZ
1777M	PIPERAZINE OESTRONE SULPHATE Tablets 730 micrograms (equivalent to 625 micrograms sodium oestrone sulphate), 28	2	2	..	*8.41	9.16	Ogen .625	AB
1778N	Tablets 1.46 mg (equivalent to 1.25 mg sodium oestrone sulphate), 28	2	2	..	*10.19	10.94	Ogen 1.25	AB
1897W	PIROXICAM Capsule 10 mg	50	3	..	12.35	13.10	Feldene	PF
1898X	Capsule 20 mg	25	3	..	11.94	12.69	Feldene	PF
3074T	PIZOTIFEN MALATE Tablet 500 micrograms (base)	100	2	..	15.05	15.70	Sandomigran	SZ
1903E	PNEUMOCOCCAL VACCINE, POLYVALENT <i>Splenectomised persons over two years of age; Persons with Hodgkin's disease; Persons at high risk of pneumococcal infections.</i> Injection 0.5 mL (23 valent)	1	..	..	26.53	15.70	Pneumovax 23	CS
	POLYGELINE See Special Pharmaceutical Benefits							
3146N	POLYISOBUTYLENE <i>For colostomy and ileostomy use.</i> Compound adhesive wafers, 5	‡1	5	..	15.18	15.70	Hollihesive Skin Barrier Soft Guard XL Skin Barrier	HO SN
3148Q	Compound adhesive wafers with adhesive discs, 5	‡1	5	..	15.18	15.70	Stomahesive Set	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	
1910M	POLYMYXIN B SULPHATE with BACITRACIN and NEOMYCIN SULPHATE Eye ointment 5,000 units- 400 units-5 mg per g, 4 g	‡1	..	..	5.56	6.31	Neosporin	BW
1911N	POLYMYXIN B SULPHATE with NEOMYCIN SULPHATE and GRAMICIDIN Eye drops 5,000 units-2.5 mg- 25 micrograms per mL, 10 mL	‡1	2	..	6.05	6.80	Neosporin	BW
2682E	POLYVINYL ALCOHOL Eye drops 14 mg per mL (1.4%), 15 mL	‡1	5	..	7.61	8.36	Liquifilm Tears	AG
2681D	Eye drops 30 mg per mL (3%), 15 mL	‡1	5	..	9.24	9.99	Liquifilm Forte	AG
2675T	POLYVINYL ALCOHOL with POVIDONE Eye drops 14 mg-6 mg per mL (1.4%-0.6%), 15 mL	‡1	5	..	9.21	9.96	Tears Plus	AG
2950G	POLYVINYLPIRROLIDONE and VINYL ACETATE COPOLYMER <i>For colostomy and ileostomy use.</i> Aerosol spray 60 mg per mL (6%), 121 mL	‡1	..	..	8.22	8.97	Spray-On Bande	EG
2642C	POTASSIUM CHLORIDE NOTE: Concomitant amiloride, triarterene or spirinolactone may cause life-threatening hyperkalaemia. Tablet 600 mg (sustained release)	200	1	..	*9.15	9.90	KSR Slow-K Span-K	AF CG FC
3012M	Effervescent tablet 14 mmol K ⁺ and 8 mmol Cl ⁻	60	1	..	*9.15	9.90	Chlorvescent	FC
2625E	Elixir 1.5 g (20 mmol K ⁺ and 20 mmol Cl ⁻) per 15 mL, 500 mL	2	1	..	*9.15	9.90	Kay Ciel	SC
2336Y	PRALIDOXIME IODIDE Injection 500 mg	5	..	..	22.79	15.70	AB	
1479W	PRazosin Hydrochloride Tablet 1 mg (base)	100	5	..	11.35	12.10	Minipress	PF
1480X	Tablet 2 mg (base)	100	5	..	14.27	15.02	Minipress	PF
1478T	Tablet 5 mg (base)	100	5	..	21.97	15.70	Minipress	PF

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3152X	PREDNISOLONE Tablet 1 mg	100	4	..	5.48	6.23	Panafcortelone FC
1917X	Tablet 5 mg	60	4	..	5.72	6.47	Adnisolone NN Delta-Cortef UP Panafcortelone FC Solone FM Deltasolone MB
1916W	Tablet 25 mg	30	4	..	6.79	7.54	Panafcortelone FC Solone FM
2684G	PREDNISOLONE ACETATE Eye drops 5 mg per mL (0.5%), 5 mL	‡1	2	..	6.80	7.55	Sterofrin AQ
3112T	PREDNISOLONE ACETATE with PHENYLEPHRINE HYDROCHLORIDE <i>Corneal grafts; Uveitis.</i> Eye drops 10 mg-1.2 mg per mL (1%-0.12%), 10 mL	‡1	2	..	10.83	11.58	Prednefrin Forte AG
1920C	PREDNISOLONE SODIUM PHOSPHATE Authority required. <i>Treatment where less costly alternative therapy is inappropriate for: Proctitis; Ulcerative colitis.</i> Retention enema equivalent to 20 mg prednisolone in 100 mL	28	3	..	*71.51	15.70	Predsol GL
2554K	Suppositories equivalent to 5 mg prednisolone, 10	3	3	..	*20.14	15.70	Predsol GL
1922E	PREDNISOLONE SODIUM PHOSPHATE Eye and ear drops 5 mg per mL (0.5%), 5 mL	‡1	2	..	6.80	7.55	Predsol GL
1934T	PREDNISONE Tablet 1 mg	100	4	..	5.48	6.23	Panafcort FC
1935W	Tablet 5 mg	60	4	..	5.72	6.47	Adasone NN Panafcort FC Sone FM Deltasone MB
1936X	Tablet 25 mg	30	4	..	6.79	7.54	Panafcort FC Sone FM
1939C	PRIMIDONE Tablet 250 mg	200	2	..	15.08	15.70	Mysoline IC
1940D	PROBENECID Tablet 500 mg	100	5	..	16.96	15.70	Benemid FR

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PROBUCOL								
Authority required.								
Familial hypercholesterolaemia inadequately responsive to diet and a cholesterol lowering resin.								
NOTE:								
An authority will be granted only if the initial fasting serum cholesterol level is at least 8 mmol per L after a period of dietary therapy and the patient cannot be managed adequately with a cholesterol lowering resin.								
An authority for a second course of treatment with probucol may be granted where there is a fall in serum cholesterol since commencement of probucol therapy.								
1942F	Tablet 250 mg	120	5	..	30.96	15.70	Lurselle	ML
2653P	PROCAINAMIDE HYDROCHLORIDE Capsule 250 mg	200	1	..	*15.61	15.70	Pronestyl	SQ
1074M	Capsule 375 mg	100	2	..	12.23	12.98	Pronestyl	SQ
1941E	Injection 100 mg per mL, 10 mL	2	..	..	*17.81	15.70	Pronestyl	SQ
1793J	PROCAINE PENICILLIN Injection 1 g	5	..	..	47.49	15.70	Cilicaine	SI
1794K	Injection 1.5 g	5	..	..	48.23	15.70	Cilicaine	SI
PROCHLORPERAZINE								
CAUTION:								
Prochlorperazine may be associated with parkinsonism and tardive dyskinesia.								
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.								
2893G	Tablet 5 mg	25	..	..	*5.28	6.03	Compazine Stemetil	SK MB
2369Q	Injection 12.5 mg in 1 mL	10	..	.. 1.74	7.67 9.41	8.42 8.42	Compazine Stemetil	SK MB
2894H	Suppositories 5 mg, 5	‡1	2	..	7.81	8.56	Stemetil	MB
2895J	Suppositories 25 mg, 5	‡1	2	..	8.25	9.00	Stemetil	MB
1943G	PROCYCLIDINE HYDROCHLORIDE Tablet 5 mg	200	2	..	*13.11	13.86	Kemadrin	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	
1948M	PROMETHAZINE HYDROCHLORIDE Injection 50 mg in 2 mL	10	..	..	*11.79	12.54	BL	
3049L	PROMETHAZINE THEOCLATE Tablet 25 mg	30	1	..	7.37	8.12	Avomine	MB
	PROPANTHELINE BROMIDE <i>Chronic neurogenic incontinence of urine.</i>							
1953T	Tablet 15 mg	200	2	..	*9.89	10.64	Pro-Banthine	SR
2565B	PROPRANOLOL HYDROCHLORIDE Tablet 10 mg	100	5	.. 0.11	4.84 4.95	5.59 5.59	Deralin 10 Inderal	AF IC
2566C	Tablet 40 mg	100	5	.. 0.10	6.18 6.28	6.93 6.93	Deralin 40 Inderal	AF IC
2899N	Tablet 160 mg	50	5	.. 0.11	7.67 7.78	8.42 8.42	Deralin 160 Inderal	AF IC
2830Y	Injection 1 mg in 1 mL	5	..	..	*16.23	15.70	Inderal	IC
1955X	PROPYLTHIOURACIL Tablet 50 mg	200	2	..	*21.31	15.70	JC	
1957B	PROTAMINE SULPHATE Injection 10 mg per mL (1%), 10 mL	6	..	..	26.75	15.70	BT	

PROTEIN HYDROLYSATE**FORMULA****NOTE:**

*An authority will be limited to
the maximum quantity and
repeats shown in this schedule.*

Authority required.

*Allergy to both cows' milk and
soy protein in children under
the age of two years;
Cystic fibrosis (mucoviscidosis);
Galactosaemia;
Glycogen storage disease due
to glucose-6-phosphatase
deficiency in children under
the age of two years;
Homocystinuria;
Lactose intolerance.*

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	
PROTEIN HYDROLYSATE FORMULA—cont.								
NOTE:								
<i>Allergy to cows' milk and soy protein means eczema, asthma or severe gastro- intestinal upset (not including simple infant colic), demonstrated to be due to both cows' milk and to soy milk substitutes by relief on withdrawal of each for one week and recurrence on subsequent feeding. Since cows' milk/soy protein allergies and lactose intolerance are not always permanent, a further challenge with cows' milk/soy milk substitute should be made each three months. Age of patient to be shown on application for authority.</i>								
2564Y	Powder 1 kg	#1	20	..	36.32	15.70	Nutramigen	MJ
PROTEIN HYDROLYSATE FORMULA without PHENYLALANINE Phenylketonuria.								
3056W	Powder 200 g	10	5	..	*563.13	15.70	Albumaid XP	SB
PROTEIN HYDROLYSATE FORMULA without PHENYLALANINE and TYROSINE Tyrosinaemia.								
3057X	Powder 200 g	10	5	..	*548.83	15.70	Albumaid XPXT	SB
PYRANTEL EMBONATE								
3047J	Tablet 125 mg (base)	6	..	..	5.09	5.84	Anthel 125	AF
3048K	Tablet 250 mg (base)	6	..	..	6.54	7.29	Anthel 250	AF
PYRIDOSTIGMINE BROMIDE								
2724J	Tablet 10 mg	100	2	..	12.37	13.12	Mestinon	RO
1959D	Tablet 60 mg	100	2	..	28.02	15.70	Mestinon	RO
2608G	Tablet 180 mg (sustained release)	100	1	..	75.94	15.70	Mestinon	RO

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RANITIDINE HYDROCHLORIDE								
Authority required.								
➤ Treatment where less costly alternative therapy is inappropriate.								
1978D	Tablet 150 mg (base)	60	2	..	41.05	15.70	Zantac	GL
1979E	Dispersible tablet 150 mg (base)	60	2	..	41.05	15.70	Zantac Dispersible	GL
1977C	Tablet 300 mg (base)	30	1	..	41.05	15.70	Zantac	GL
RIFAMPICIN								
Authority required.								
Leprosy in adults.								
1982H	Capsule 150 mg	100	..	..	34.59	15.70	Rimycin 150	AF
1983J	Capsule 300 mg	100	..	..	65.77	15.70	Rimycin 300	AF
Prophylactic treatment of contacts of patients with Haemophilus influenzae type B; Prophylaxis of meningococcal disease in close contacts and carriers.								
1981G	Capsule 150 mg	10	..	..	7.59	8.34	Rimycin 150	AF
1984K	Capsule 300 mg	10	..	..	10.70	11.45	Rimycin 300	AF
ROLITETRACYCLINE								
1987N	I.V. injection set containing 275 mg and 10 mL solvent	5	..	..	*27.08	15.70	Reverin	HP
1990R	I.M. injection set containing 350 mg and 2 mL solvent	5	..	..	*27.08	15.70	Reverin	HP
SALBUTAMOL								
3087L	Oral pressurised inhalation 100 micrograms per dose (200 doses)	2	5	..	*10.03	10.78	Ventolin	GL
SALBUTAMOL SULPHATE								
1098T	Tablet 4 mg (base)	100	5	..	11.02	11.77	Ventolin	GL
1103C	Syrup 2 mg (base) per 5 mL, 300 mL	‡1	5	..	8.60	9.35	Ventolin	GL
1099W	Capsule 200 micrograms (base) (oral inhalation)	100	5	..	11.05	11.80	Ventolin Rotacaps	GL
2000G	Nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30	‡1	5	..	16.85	15.70	Ventolin Nebules	GL
2001H	Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30	‡1	5	..	17.51	15.70	Ventolin Nebules	GL

(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	
2003K	SALBUTAMOL SULPHATE—cont. Nebuliser solution 5 mg (base) per mL (0.5%), 30 mL	2	2	.. 1.10	*12.07 *13.17	12.82 12.82	Respolin Ventolin	MM GL
1096Q	Oral pressurised inhalation 100 micrograms (base) per dose (200 doses)	2	5	..	*10.03	10.78	Respolin	MM
1097R	Oral pressurised inhalation 100 micrograms (base) per dose (400 doses)	‡1	5	..	8.84	9.59	Respolin	MM
	SEMISODIUM VALPROATE CAUTION: There are reports of (i) fatal hepatotoxicity, particularly in children; (ii) teratogenesis (spina bifida in humans).							
2031X	Tablet 135 mg (enteric coated)	200	2	..	29.09	15.70	Valcote	AB
2032Y	Tablet 269 mg (enteric coated)	200	2	..	43.77	15.70	Valcote	AB
2033B	Tablet 538 mg (enteric coated)	200	2	..	71.51	15.70	Valcote	AB
	SILVER SULPHADIAZINE with CHLORHEXIDINE GLUCONATE <i>For prevention and treatment of infection in partial or full skin thickness loss due to burns or epidermolysis bullosa; Stasis ulcers.</i> NOTE: <i>Care must be taken to comply with the provisions of State law when prescribing this drug.</i>							
1996C	Cream 10 mg-2 mg per g (1%-0.2%), 50 g	‡1	..	..	9.81	10.56	Silvazine	SN
1997D	Cream 10 mg-2 mg per g (1%-0.2%), 100 g	‡1	..	..	11.79	12.54	Silvazine	SN

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SIMVASTATIN								
Authority required.								
<i>Hypercholesterolaemia where other treatments including diet and drug therapy have failed or are inappropriate.</i>								
NOTE:								
<i>Hypercholesterolaemia means an initial fasting serum cholesterol level of at least 6.5 mmol per L (5.5 mmol 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>								
2011W	Tablet 10 mg	30	5	..	45.34	15.70	Lipex 10 Zocor	AD MK
2012X	Tablet 20 mg	30	5	..	63.18	15.70	Lipex 20 Zocor	AD MK
2945B	SODIUM ACID CITRATE Mixture 5.5 g per 20 mL, 500 mL	‡1	4	..	7.12	7.87	Citralka	PD
SODIUM ACID PHOSPHATE								
Authority required.								
<i>Familial hypophosphataemia; Hypercalcaemia; Hypophosphataemic rickets; Vitamin D-resistant rickets.</i>								
2946C	Compound effervescent tablet containing elemental phosphorus 500 mg, sodium 469 mg (20.4 mmol), potassium 123 mg (3.1 mmol)	100	5	..	21.66	15.70	Phosphate Sandoz	SZ
SODIUM AUROTHIOMALATE								
2016D	Injection 10 mg	10	..	..	38.63	15.70	Myocrisin	MB
2017E	Injection 20 mg	10	1	..	57.66	15.70	Myocrisin	MB
2018F	Injection 50 mg	10	1	..	87.44	15.70	Myocrisin	MB
SODIUM BICARBONATE								
3015Q	Injection 100 mmol (8.4 g) in 100 mL	5	..	..	*42.33	15.70	AB	
SODIUM CELLULOSE PHOSPHATE								
Authority required.								
<i>Treatment of recurrent renal calculi in patients with urine calcium in excess of 8 mmol per 24 hours who are unresponsive to dietary measures and thiazides.</i>								
2948E	Oral powder, sachet 5 g	100	5	..	125.72	15.70	Calcisorb	MM

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SODIUM CHLORIDE								
2024M	Injection 9 mg per mL (0.9%), 2 mL	5	1	..	4.87	5.62	AP	
2025N	Injection 9 mg per mL (0.9%), 5 mL	5	1	..	5.06	5.81	AP	
2026P	Injection 9 mg per mL (0.9%), 10 mL	5	1	..	5.33	6.08	AP	
2264E	I.V. infusion 154 mmol per L (0.9%), 1 L	5	1	..	*12.78	13.53	AB,BX	
2260Y	I.V. infusion 513 mmol per L (3%), 1 L	2	1	..	*9.61	10.36	BX	
SODIUM CHLORIDE with GLUCOSE								
2281C	I.V. infusion 31 mmol-222 mmol (anhydrous) per L (0.18%-4%), 1 L	5	1	..	*12.78	13.53	AB,BX	
2279Y	I.V. infusion 19 mmol-104 mmol (anhydrous) per 500 mL (0.225%-3.75%), 500 mL	5	1	..	*16.18	15.70	AB,BX	
2278X	I.V. infusion 39 mmol-69 mmol (anhydrous) per 500 mL (0.45%-2.5%), 500 mL	5	1	..	*16.18	15.70	AB,BX	
2271M	I.V. infusion 154 mmol-278 mmol (anhydrous) per L (0.9%-5%), 1 L	2	1	..	*9.61	10.36	AB,BX	
SODIUM CHLORIDE COMPOUND								
2266G	I.V. infusion 1 L	4	1	..	*15.31	15.70	AB,BX	
SODIUM CITRO-TARTRATE								
2657W	Effervescent granules 100 g	‡1	4	..	6.03	6.78	Citravescent Sachets Ural Sachets	FC AB
SODIUM CROMOGLYCATE								
Authority required.								
Vernal kerato-conjunctivitis.								
1127H	Eye drops 20 mg per mL (2%), 10 mL	‡1	5	..	11.68	12.43	Opticrom	FC
Use in a power-operated nebuliser for prophylaxis of asthma in persons who are unable to use the capsule or oral pressurised inhalation.								
1124E	Nebuliser solution 20 mg per 2 mL, ampoule	120	3	..	*54.67	15.70	Intal	FC
SODIUM CROMOGLYCATE								
2878L	Capsule 20 mg (oral inhalation)	100	5	..	25.12	15.70	Intal Spincaps	FC
2872E	Oral pressurised inhalation 1 mg per dose (200 doses)	‡1	5	..	22.34	15.70	Intal	FC
2871D	Oral pressurised inhalation 5 mg per dose (112 doses)	‡1	5	..	24.61	15.70	Intal Forte	FC
SODIUM LACTATE COMPOUND								
2286H	I.V. infusion 1 L	5	1	..	*12.78	13.53	AB,BX	

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2288K	SODIUM LACTATE COMPOUND with ANHYDROUS GLUCOSE I.V. infusion with 278 mmol per L (5%), 1 L	2	1	..	*9.61	10.36	AB,BX	
1100X	SODIUM NITROPRUSSIDE I.V. infusion 50 mg	10	..	..	47.95	15.70	BL	
	SODIUM VALPROATE CAUTION: There are reports of (i) fatal hepatotoxicity, particularly in children; (ii) teratogenesis (spina bifida in humans).							
2294R	Crushable tablet 100 mg	200	2	..	*28.35	15.70	Epilim	RC
2289L	Tablet 200 mg (enteric coated)	200	2	..	*40.63	15.70	Epilim EC	RC
2290M	Tablet 500 mg (enteric coated)	200	2	..	*74.07	15.70	Epilim EC	RC
2293Q	Oral liquid 200 mg per 5 mL, 300 mL	2	2	..	*31.59	15.70	Epilim Liquid	RC
2295T	Syrup 200 mg per 5 mL, 300 mL	2	2	..	*31.59	15.70	Epilim Syrup	RC
	SOTALOL HYDROCHLORIDE Authority required. Treatment of severe refractory cardiac arrhythmias.							
2043M	Tablet 160 mg	60	5	..	31.98	15.70	Sotacor	AP
3090P	SPECTINOMYCIN Injection 2 g with 3.2 mL diluent	1	..	..	12.85	13.60	Trobicin	UP
3091Q	Injection 4 g with 6.5 mL diluent	1	..	..	19.22	15.70	Trobicln	UP
	SPIRONOLACTONE CAUTION: Serum electrolytes should be checked regularly. Concomitant amiloride, triamterene or supplementary potassium may cause life- threatening hyperkalaemia. Hyperaldosteronism; Female hirsutism. CAUTION: Treatment of hirsutism with spironolactone should be considered only after all avenues of non-drug therapy have been explored. Appropriate contraceptive measures should be taken by women of child-bearing age in whom spironolactone therapy has been initiated.							
2339D	Tablet 25 mg	100	5	..	10.68	11.43	Aldactone	SR

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STERCULIA (Indian Tragacanth; Gum Karaya) For colostomy and ileostomy use.								
2258W	Paste 127.6 g	#1	..	..	12.67	13.42	Karaya Paste	HO
2259X	Powder 71 g	#1	..	..	10.16	10.91	SN	
STERCULIA with FRANGULA BARK For use by paraplegic and quadriplegic patients; For use by patients who are receiving long-term nursing care in hospitals and nursing homes; For use by patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved; Terminal malignant neoplasia.								
1102B	Granules 473 mg-83 mg per g (47.3%-8.3%), 250 g	2	1	..	*17.23	15.70	Granocol	SC
STREPTOKINASE Authority required. Treatment in a hospital of acute myocardial infarction within six hours of onset of attack.								
2907B	Injection 750,000 i.u. (solvent required) (codes 6807G, 6808H, 6809J, 6810K, 6811L, 6812M apply to above item with approved solvents)	2	..	..	*192.63	15.70	Kabikinase Streptase	PS HP
2905X	Injection 1,500,000 i.u. (solvent required) (codes 6819X, 6820Y, 6821B, 6822C, 6823D, 6824E apply to above item with approved solvents)	1	..	..	168.43	15.70	Kabikinase Streptase	PS HP
2055E	SUCRALFATE Tablet 1 g	120	2	..	29.13	15.70	Carafate	BT
2047R	SULINDAC Tablet 100 mg	50	3	.. 0.51	8.49 9.00	9.24 9.24	Aclin Clinoril	AF FR
2048T	Tablet 200 mg	50	3	..	13.99	14.74	Aclin 200 Clinoril 200	AF FR
2063N	SULPHACETAMIDE SODIUM Eye drops 100 mg per mL (10%), 15 mL	#1	2	.. 0.79	7.21 8.00	7.96 7.96	Acetopt Bleph 10	SI AG
2064P	Eye drops 200 mg per mL (20%), 15 mL	#1	2	..	7.98	8.73	Acetopt	SI

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	
2084Q	SULPHAMETHIZOLE Tablet 500 mg	40	2	..	9.26	10.01	Urolucosil	WW
2081M	Tablet 1 g	20	2	..	9.26	10.01	Urolucosil	WW
	SULPHASALAZINE <i>Crohn's disease; Rheumatoid arthritis; Ulcerative colitis.</i>							
2093E	Tablet 500 mg	200	5	..	36.36	15.70	Ulcol	AF
				..	*36.37	15.70	Salazopyrin	PS
2096H	Tablet 500 mg (enteric coated)	200	5	..	*42.43	15.70	Salazopyrin-EN	PS
	SULPHINPYRAZONE <i>Glomerulonephritis; Gout; Renal transplantation.</i>							
2094F	Tablet 100 mg	100	5	..	26.41	15.70	Anturan	CG
	SULTHIAME							
2099L	Tablet 50 mg	200	2	..	16.92	15.70	Ospolot	BN
2100M	Tablet 200 mg	200	2	..	35.41	15.70	Ospolot	BN
	SURGICAL CEMENT <i>For colostomy and ileostomy use; For use by paraplegic and quadriplegic patients; For use with surgical appliances.</i>							
2238T	Skin bond adhesive 118 mL	#1	2	..	10.80	11.55	SN	
2467W	Solvent 237 mL	#1	2	..	7.61	8.36	Unisolve	SN
2469Y	Solvent 240 mL	#1	2	..	7.68	8.43	Sacsol	EG
2472D	Solvent 250 mL	#1	2	..	8.00	8.75	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>							
2109B	Tablet 10 mg (base)	60	5	..	*59.23	15.70	Nolvadex	IC
2110C	Tablet 20 mg (base)	60	5	..	*98.03	15.70	Nolvadex-D	IC

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TEMAZEPAM								
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 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.								
2105T	Capsule 10 mg	50	5	.. 0.62 1.22	*6.55 *7.17 *7.77	7.30 7.30 7.30	Temaze 10 Euhypnos Normison	AF FE WY
TEMAZEPAM								
2108Y	Capsule 10 mg	25	..	.. 0.31 0.61	4.99 5.30 5.60	5.74 5.74 5.74	Temaze 10 Euhypnos Normison	AF FE WY
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.								
2104R	TENOXICAM Tablet 10 mg	50	3	..	12.35	13.10	Tilcotil	RO
1028D	TERBUTALINE SULPHATE Tablet 5 mg	100	5	..	11.02	11.77	Bricanyl	AP
1030F	Elixir 300 micrograms per mL, 300 mL	‡1	5	..	6.53	7.28	Bricanyl	AP
1239F	Injection 100 micrograms in 1 mL	5	..	..	7.39	8.14	Bricanyl	AP
1034K	Injection 500 micrograms in 1 mL	5	..	..	7.52	8.27	Bricanyl	AP
1251W	Nebuliser solution single dose units 5 mg in 2 mL, 30	‡1	5	..	16.52	15.70	Bricanyl Respules	AP
1243K	Nebuliser solution 10 mg per mL (1%), 50 mL	‡1	5	..	11.19	11.94	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 doses)	‡1	5	..	8.84	9.59	Bricanyl	AP
1252X	Powder for oral inhalation in breath actuated device 500 micrograms per dose (200 doses)	‡1	5	..	14.27	15.02	Bricanyl Turbuhaler	AP
TESTOSTERONE ENANTHATE <i>Hypogonadism; Klinefelter's syndrome (seminiferous tubule dysgenesis).</i>								
2114G	Injection 250 mg in 1 mL	3	3	..	24.14	15.70	Primoteston Depot	SC
TESTOSTERONE ESTERS <i>Gigantism; Hypogonadism; Klinefelter's syndrome (seminiferous tubule dysgenesis).</i>								
2670M	Injection 100 mg	3	3	..	12.96	13.71	Sustanon "100"	OR
2101N	Injection 250 mg	3	3	..	23.74	15.70	Sustanon "250"	OR
TESTOSTERONE UNDECANOATE <i>Klinefelter's syndrome (seminiferous tubule dysgenesis); Male hypogonadism.</i>								
2115H	Capsule 40 mg	60	5	..	26.02	15.70	Andriol	OR
2127Y	TETANUS VACCINE, ADSORBED Injection 0.5 mL	3	..	..	*14.50	15.25	CS	
TETRABENAZINE <i>Chorea not adequately controlled by other drug therapy.</i>								
1330B	Tablet 25 mg	100	2	..	20.37	15.70	Nitoman	RO

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TETRACOSACTRIN								
Authority required.								
<i>Children who need long-term corticosteroid therapy but who are in danger of growth suppression as a result;</i>								
<i>Hypsarrhythmia;</i>								
<i>Multiple sclerosis, acute exacerbation;</i>								
<i>(An authority for up to 10 ampoules may be issued for each acute exacerbation.)</i>								
<i>Patients who are being withdrawn from long-term corticosteroid therapy;</i>								
<i>(An authority for up to 5 ampoules may be issued for this purpose.)</i>								
<i>Ulcerative colitis, proven, not responding to parenteral corticosteroids.</i>								
2632C	Injection 1 mg in 1 mL	5	5	..	*64.13	15.70	Synacthen Depot 1	CG
TETRACYCLINE HYDROCHLORIDE								
<i>Bronchiectasis in patients over the age of eight years;</i>								
<i>Chronic bronchitis in patients over the age of eight years;</i>								
<i>Severe acne.</i>								
2135J	Capsule 250 mg	50	5	..	8.07	8.82	Achromycin	LE
TETRACYCLINE HYDROCHLORIDE								
2134H	Capsule 250 mg	25	1	..	5.75	6.50	Achromycin	LE
2143T	Eye ointment 10 mg per g (1%), 5 g	‡1	..	..	5.50	6.25	Latycin	BZ
TETRACYCLINE HYDROCHLORIDE (BUFFERED)								
<i>Bronchiectasis in patients over the age of eight years;</i>								
<i>Chronic bronchitis in patients over the age of eight years;</i>								
<i>Severe acne.</i>								
2146Y	Capsule 250 mg	50	5	..	*8.07	8.82	Hostacycline P Hydracycline FM Mysteclin-250 SQ Tetrex AP Achromycin V LE	HP FM SQ AP LE
TETRACYCLINE HYDROCHLORIDE (BUFFERED)								
2145X	Capsule 250 mg	25	1	..	5.75	6.50	Achromycin V Hostacycline P Hydracycline FM Mysteclin-250 SQ Tetrex AP	LE HP FM SQ AP

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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 50 mg	100	5	..	5.37	6.12	Nuelin Paediatric MM
1143E	Tablet 125 mg	100	5	..	6.05	6.80	Nuelin MM
2615P	Tablet 200 mg	100	5	..	6.55	7.30	Nuelin MM
2632M	Tablet 200 mg (sustained release)	100	5	..	8.62	9.37	Theo-Dur AP
2634P	Tablet 250 mg (sustained release)	100	5	..	9.67	10.42	Nuelin-S.R. 250 MM
2633N	Tablet 300 mg (sustained release)	100	5	..	11.13	11.88	Theo-Dur AP
2619W	Capsule 50 mg (containing sustained release beads)	100	5	..	8.66	9.41	Nuelin-Sprinkle Slo-bid MM MB
2620X	Capsule 100 mg (containing sustained release beads)	100	5	..	10.69	11.44	Nuelin-Sprinkle Slo-bid MM MB
2538N	Capsule 100 mg (containing sustained release pellets)	100	5	..	10.36	11.11	Austyn FA
2539P	Capsule 200 mg (containing sustained release pellets)	100	5	..	11.63	12.38	Austyn FA
2540Q	Capsule 300 mg (containing sustained release pellets)	100	5	..	12.56	13.31	Austyn FA
2613M	Elixir 80 mg per 15 mL, 500 mL	‡1	5	..	6.10	6.85	Elixophyllin SC
2614N	Syrup 80 mg per 15 mL, 500 mL	‡1	5	..	6.10	6.85	Nuelin MM
2947D	THIABENDAZOLE Tablet 500 mg	16	..	..	10.25	11.00	Mintezol MK
1070H	THIAMINE HYDROCHLORIDE Tablet 100 mg	100	2	..	6.05	6.80	Betamin Invite-B RR NN
1065C	Injection 100 mg in 1 mL	5	1	..	6.73	7.48	Beta-Sol FM
2572J	THIETHYLPERAZINE Tablet 6.5 mg (base)	50	..	..	7.53	8.28	Torecan SZ
2368P	Injection 6.5 mg (base) in 1 mL	10	..	..	*11.91	12.66	Torecan SZ
2573K	Suppositories 6.5 mg (base), 5	‡1	2	..	5.48	6.23	Torecan SZ
1233X	THIOGUANINE Tablet 40 mg	25	1	..	72.09	15.70	Lanvis BW

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THIORIDAZINE HYDROCHLORIDE Chorea; Hyperactive states of organic or toxic delirium; Malignant neoplasia (late stage); Radiation sickness; Severe conduct disorders of children; Major psychoses including— Major organic psychoses including arteriopathic dementia; Manic-depressive disorder— manic phase; Paranoid states; Schizophrenia; Senile dementia.								
2163W	Tablet 10 mg	100	1	..	6.22	6.97	Aldazine 10 Melleril	AF SZ
2359E	Tablet 25 mg	100	1	..	7.72	8.47	Aldazine 25 Melleril	AF SZ
2164X	Tablet 50 mg	100	1	..	8.42	9.17	Aldazine 50 Melleril	AF SZ
2165Y	Tablet 100 mg	100	1	..	11.97	12.72	Aldazine 100 Melleril	AF SZ
2402K	Oral solution 30 mg (base) per mL, 30 mL	‡1	4	..	8.18	8.93	Melleril	SZ
THIOTEPA								
2345K	Injection 15 mg (solvent required) (codes 6825F, 6826G, 6827H, 6828J, 6829K, 6830L apply to above item with approved solvents)	2	1	..	*24.19	15.70	LE	
2858K	Eye drops set containing 15 mg vial, 2 × 10 mL ampoules sterile water, syringe with needle and 15 mL dropper bottle	‡1	5	..	#20.38	15.70	LE	
THYROXINE SODIUM								
2174K	Tablet equivalent to 50 micrograms anhydrous thyroxine sodium	200	1	..	6.27	7.02	Oroxine	BW
2175L	Tablet equivalent to 100 micrograms anhydrous thyroxine sodium	200	1	..	6.51	7.26	Oroxine	BW
2173J	Tablet equivalent to 200 micrograms anhydrous thyroxine sodium	200	1	..	8.71	9.46	Oroxine	BW
TIAPROFENIC ACID								
NOTE: The recommended maximum dose is 600 mg per day.								
2102P	Tablet 200 mg	50	3	..	9.17	9.92	Surgam	RL
2103Q	Tablet 300 mg	50	3	..	12.62	13.37	Surgam	RL

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TICARCILLIN								
Authority required.								
Treatment where less costly alternative therapy is inappropriate for:								
Infections where positive bacteriological evidence confirms that ticarcillin is an appropriate therapeutic agent;								
Septicaemia, suspected or proven.								
2177N	Injection 1 g (solvent required) (codes 6849L, 6850M, 6851N, 6852P, 6853Q, 6854R apply to above item with approved solvents)	10	..	..	*57.07	15.70	Tarcil Ticillin	SK CS
2176M	Injection 3 g (solvent required) (codes 6831M, 6832N, 6833P, 6834Q, 6835R, 6836T apply to above item with approved solvents)	10	..	..	*122.49	15.70	Tarcil Ticillin	SK CS
TICARCILLIN with CLAVULANIC ACID								
Authority required.								
Treatment where less costly alternative therapy is inappropriate for:								
Infections where positive bacteriological evidence confirms that ticarcillin with clavulanic acid is an appropriate therapeutic agent;								
Septicaemia, suspected or proven.								
2179Q	Injection 3 g-100 mg (solvent required) (codes 6879C, 6880D, 6881E, 6882F, 6883G, 6884H apply to above item with approved solvents)	10	..	..	145.88	15.70	Timentin	SK
TIMOLOL MALEATE								
CAUTION:								
Timolol eye drops may precipitate bronchospasm in susceptible patients.								
1281K	Tablet 5 mg	100	5	..	10.53	11.28	Blocadren	FR
1278G	Eye drops 2.5 mg (base) per mL (0.25%), 5 mL	‡1	5	..	9.67	10.42	Tenopt Timoptol	SI FR
1279H	Eye drops 5 mg (base) per mL (0.5%), 5 mL	‡1	5	..	10.45	11.20	Tenopt Timoptol	SI FR

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1465D	TINIDAZOLE Tablet 500 mg	4	..	..	6.25	7.00	Fasigyn	PF
	TOBRAMYCIN <i>Invasive ocular infection; Perioperative use; Suspected pseudomonal eye infection.</i>							
2328M	Eye drops 3 mg per mL (0.3%), 5 mL	#1	2	..	11.37	12.12	Tobrex	AQ
2329N	Eye ointment 3 mg per g (0.3%), 3.5 g	#1	..	..	11.37	12.12	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>							
1355H	Injection 40 mg (base)	5	..	..	*24.23	15.70	Nebcin	LY
1356J	Injection 80 mg (base)	5	..	..	*34.63	15.70	Nebcin	LY
2720E	TOLAZAMIDE Tablet 250 mg	100	5	..	12.56	13.31	Tolinase	UP
2178P	TOLBUTAMIDE Tablet 500 mg	200	2	..	*11.57	12.32	Rastinon	HP
2607F	Tablet 1 g	100	5	..	11.57	12.32	Rastinon	HP
	TRANEXAMIC ACID <i>Hereditary angio-oedema.</i>							
2180R	Tablet 500 mg	100	2	..	43.69	15.70	Cyklokapron	PS
	TRANLYCYPROMINE SULPHATE <u>CAUTION:</u> <i>This drug is a monoamine oxidase inhibitor.</i> <i>Depressive illness resistant to treatment with either tricyclic anti-depressants or electro- convulsive therapy; Phobic states.</i>							
2444P	Tablet 10 mg (base)	50	2	..	8.36	9.11	Parnate	SK

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	TRIAMCINOLONE ACETONIDE Alopecia areata; For local intra-articular or peri-articular infiltration; Granulomata, dermal; Keloid; Lichen planus hypertrophic; Lichen simplex chronicus; Lupus erythematosus, chronic discoid; Necrobiosis lipoidica; Psoriasis.							
2990J	Injection 10 mg in 1 mL	5	..	..	18.71	15.70	Kenacort-A10	SQ
2117K	TRIAMCINOLONE ACETONIDE Cream 200 micrograms per g (0.02%), 100 g	2	..	..	*8.21	8.96	Aristocort 0.02% Kenalone 0.02%	LE SQ
2125W	Cream 500 micrograms per g (0.05%), 15 g	‡1	1	..	5.27	6.02	Aristocort 0.05% Kenalone	LE SQ
2118L	Ointment 200 micrograms per g (0.02%), 100 g	2	..	..	*8.21	8.96	Aristocort 0.02% Kenalone 0.02%	LE SQ
2126X	Ointment 500 micrograms per g (0.05%), 15 g	‡1	1	..	5.27	6.02	Aristocort 0.05% Kenalone	LE SQ
2971J	TRIAMCINOLONE ACETONIDE with NEOMYCIN SULPHATE, GRAMICIDIN and NYSTATIN Ear drops 1 mg-2.5 mg (base)- 250 micrograms-100,000 units per g (0.1%-0.25%-0.025%- 100,000 units per g), 7.5 mL	‡1	2	..	5.34	6.09	Kenacomb Otic	SQ
2973L	Ear cream 1 mg-2.5 mg (base)- 250 micrograms-100,000 units per g (0.1%-0.25%-0.025%- 100,000 units per g), 5 g	‡1	2	..	5.12	5.87	Kenacomb Otic	SQ
2974M	Ear ointment 1 mg-2.5 mg (base)- 250 micrograms-100,000 units per g (0.1%-0.25%-0.025%- 100,000 units per g), 5 g	‡1	2	..	5.12	5.87	Kenacomb Otic	SQ

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TRIAMTERENE								
CAUTION:								
Serum electrolytes should be checked regularly. Supplementary potassium may cause life-threatening hyperkalaemia.								
2342G	Tablet 100 mg	100	1	..	*10.91	11.66	Dytac	SK
TRIFLUOPERAZINE HYDROCHLORIDE								
Chorea;								
<i>Hyperactive states of organic or toxic delirium;</i>								
<i>Malignant neoplasia (late stage);</i>								
<i>Radiation sickness;</i>								
<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>								
2185B	Tablet 1 mg (base)	100	1	..	6.62	7.37	Stelazine	SK
2386N	Tablet 2 mg (base)	100	1	..	6.88	7.63	Stelazine	SK
2186C	Tablet 5 mg (base)	100	1	..	7.28	8.03	Stelazine	SK
2635F	Injection 1 mg (base) in 1 mL	10	..	..	10.03	10.78	Stelazine	SK
TRIGLYCERIDES, MEDIUM CHAIN								
Authority required.								
Chyloascites;								
Chylothorax;								
<i>Patients requiring a ketogenic diet for intractable childhood epilepsy;</i>								
<i>Proven malabsorption.</i>								
2686J	Compound powder 450 g	2	20	..	*27.11	15.70	Portagen	MJ
NOTE:								
Authorities will be limited to the maximum quantity (2 packs) and repeats (20) shown in this schedule.								
Authority required.								
Biliary atresia;								
Chyloascites;								
Chylothorax;								
Cystic fibrosis;								
Enterokinase deficiency;								
Intolerance to both milk protein and soya protein;								
Severe diarrhoea of greater than two weeks duration in infants under the age of four months.								

(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	
TRIGLYCERIDES, MEDIUM CHAIN—cont.								
2676W	Lactalbumin demineralised powder 400 g	2	20	..	*27.17	15.70	Alfaré	NT
2679B	Protein hydrolysate compound powder 454 g	2	20	..	*36.43	15.70	Pregestimil	MJ
NOTE: Authorities will be limited to the maximum quantity (2 packs) and repeats (20) shown in this schedule.								
Authority required. Abetalipoproteinaemia; Chyloascites; Chylothorax; Intestinal lymphangiectasia; Intractable childhood epilepsy requiring a ketogenic diet; Short-term nutritional support in severe steatorrhoea; Steatorrhoea due to distal small bowel resection.								
NOTE: Not more than one authority may be granted for short-term nutritional support in severe steatorrhoea.								
3129Q	Oil 1 L	#1	5	..	36.43	15.70	MCT Oil	MJ
NOTE: An authority will be limited to the maximum quantity and repeats shown in this schedule.								
2922T	TRIMETHOPRIM Tablet 300 mg	7	1	.. 0.45	5.73 6.18	6.48 6.48	Alprim Triprim	AF BW
TRIMETHOPRIM with SULPHAMETHOXAZOLE CAUTION: There is an increased risk of severe adverse reactions with this combination in the elderly.								
2949F	Tablet 80 mg–400 mg	10	..	..	6.49	7.24	Bactrim Resprim Septrin	RO AF BW
2951H	Tablet 160 mg–800 mg	10	..	..	7.50	8.25	Bactrim DS Resprim Forte Septrin Forte Trib DS	RO AF BW PT

(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	
3103H	TRIMETHOPRIM with SULPHAMETHOXAZOLE—cont. Oral suspension 40 mg-200 mg per 5 mL, 100 mL	‡1	1	..	7.01	7.76	Bactrim Resprim Septrin Trib	RO AF BW PT
2970H	TRIMIPRAMINE MALEATE Tablet 25 mg (base)	50	2	..	5.72	6.47	Surmontil	MB
2969G	Capsule 50 mg (base)	50	2	..	6.25	7.00	Surmontil	MB
	TRIOXYSALEN Vitiligo.							
1570P	Tablet 5 mg	100	2	..	27.31	15.70	Trisoralen	PT
	TRIPLE ANTIGEN See Diphtheria, Tetanus and Pertussis Vaccine, Adsorbed							
1293C	UREA Cream 100 mg per g (10%), 100 g	‡1	2	..	6.96	7.71	Aquacare H.P. Nutraplus Urederm Calmurid Aquadrade	AG OL HA PS NW
				0.18 1.20	7.14 8.16	7.71 7.71		
	UROFOLLITROPHIN Authority required. For the treatment of anovulatory infertility in females under 41 years of age with no more than two live children by their present union. NOTE: Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomiphene citrate and/or gonadorelin and failed to have conceived. Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception. Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to application for treatment. Patients with hyperprolactin- aemia should have had appropriate surgical or medical treatment prior to an application for treatment.							
1601G	Injection set containing 10 ampoules powder for injection providing 75 units follicle stimulating hormone and 10 ampoules solvent 1 mL	1	5	..	212.27	15.70	Metrodin 75	SG

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VANCOMYCIN								
Authority required.								
<i>Treatment where less costly alternative therapy is inappropriate for antibiotic associated colitis.</i>								
3113W	Capsule 125 mg (125,000 i.u.) vancomycin activity	40	..	..	*254.77	15.70	Vancocin	LY
3114X	Capsule 250 mg (250,000 i.u.) vancomycin activity	40	..	..	*493.43	15.70	Vancocin	LY
Authority required.								
<i>Treatment where less costly alternative therapy is inappropriate for: Endophthalmitis; Use in a hospital.</i>								
3131T	Injection 500 mg (500,000 i.u.) vancomycin activity (solvent required) (codes 6837W, 6838X, 6839Y, 6840B, 6841C, 6842D apply to above item with approved solvents)	5	..	..	*131.73	15.70	Vancocin	LY
VERAPAMIL HYDROCHLORIDE								
CAUTION:								
The myocardial depressant effects of this drug and of beta-blocking drugs are additive.								
1248Q	Tablet 40 mg	100	5	..	10.91	11.66	Anpec 40 Cordilox Isoptin Verpamil	AF SC KN PT
1250T	Tablet 80 mg	100	5	..	16.16	15.70	Anpec 80 Cordilox Isoptin Verpamil	AF SC KN PT
1254B	Tablet 120 mg	100	5	..	22.06	15.70	Cordilox Isoptin Verpamil 120	SC KN PT
1253Y	Tablet 160 mg	60	5	..	19.44	15.70	Cordilox Isoptin	SC KN
1241H	Tablet 240 mg (sustained release)	30	5	..	16.38	15.70	Cordilox SR Isoptin SR	SC KN
2206D	Capsule 160 mg (sustained release)	60	5	..	19.44	15.70	Veracaps SR	SI
2207E	Capsule 240 mg (sustained release)	30	5	..	16.38	15.70	Veracaps SR	SI
1060T	Injection 5 mg in 2 mL	5	..	..	7.78	8.53	Cordilox Isoptin	SC KN

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	
VIDARABINE Eye infections caused by herpes simplex virus.								
2570G	Eye ointment 30 mg per g (3%), 3.5 g	#1	..	..	18.72	15.70	Vira A	PD
2198Q	VINBLASTINE SULPHATE Injection 10 mg (solvent required) (codes 6843E, 6844F, 6845G, 6846H, 6847J, 6848K apply to above item with approved solvents)	2	..	..	*41.13	15.70	Velbe	LY
2199R	Injection set containing 10 mg and 10 mL solvent	2	..	..	*44.53	15.70	BL	
2371T	VINCRISTINE SULPHATE Injection set containing 1 mg and 10 mL solvent	10	..	..	*167.53	15.70	Oncovin BL	LY
2372W	Injection set containing 5 mg and 10 mL solvent	1	..	..	72.94	15.70	BL	
2843P	WARFARIN Tablet 1 mg	50	2	..	6.27	7.02	Coumadin Marevan	BT GL
2209G	Tablet 2 mg	50	2	..	6.44	7.19	Coumadin	BT
2210H	Tablet 2.5 mg	50	2	..	6.55	7.30	Coumadin	BT
2844Q	Tablet 3 mg	50	2	..	6.61	7.36	Marevan	GL
2211J	Tablet 5 mg	50	2	..	6.61	7.36	Coumadin Marevan	BT GL
2212K	Tablet 7.5 mg	50	2	..	7.28	8.03	Coumadin	BT
2213L	Tablet 10 mg	50	2	..	8.26	9.01	Coumadin	BT
WATER FOR INJECTIONS, STERILISED								
2216P	Injection 2 mL	5	3	..	4.82	5.57	AP,BZ	
2217Q	Injection 5 mL	5	3	..	4.94	5.69	AP,BZ	
2218R	Injection 10 mL	5	3	..	5.12	5.87	AP,BZ	
2219T	WOOL ALCOHOLS Ointment 100 g	#1	1	..	5.87	6.62	Eucerin	SN
2984C	ZINC OXIDE Compound ointment 50 g	#1	1	..	8.05	8.80	Anusol	WW
1122C	Compound suppositories, 12	#1	1	..	7.47	8.22	Anusol	WW
3154B	ZINC SULPHATE with PHENYLEPHRINE HYDROCHLORIDE Eye drops 2.5 mg-1.2 mg per mL (0.25%-0.12%), 15 mL	#1	5	..	7.72	8.47	Prefrin-Z Zincfrin	AG AQ

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

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
3303W	AMOXYCILLIN Chewable tablet 250 mg	20	..	..	7.64	8.39	Amoxil Moxacin	SK CS
3301R	Capsule 250 mg	20	..	..	6.85	7.60	Alphamox 250 Amoxil Cilamox Ibiamox Moxacin	AF SK SI PT CS
3300Q	Capsule 500 mg	20	..	..	10.16	10.91	Alphamox 500 Amoxil Cilamox Ibiamox Moxacin	AF SK SI PT CS
3309E	Sachet containing oral powder 3 g	1	..	..	7.49	8.24	Amoxil Moxacin	SK CS
3302T	Powder for syrup 125 mg per 5 mL, 100 mL	‡1	..	..	#8.47	9.55	Cilamox Ibiamox Moxacin	SI PT CS
				0.77	#9.24	9.55	Amoxil	SK
3393N	Powder for syrup 250 mg per 5 mL, 100 mL	‡1	..	..	#9.85	10.93	Ibiamox Cilamox Moxacin 250	PT SI CS
				0.77	#10.62	10.93	Amoxil Forte	SK
3306B	AMPHOTERICIN Lozenge 10 mg	20	..	..	5.93	6.68	Fungilin	SQ
3308D	Ointment 30 mg per g (3%), 15 g	‡1	..	..	5.48	6.23	Fungilin	SQ
3312H	AMPICILLIN Injection 250 mg (solvent required) (codes 6903H, 6904J, 6905K apply to above item with approved solvents)	5	..	..	7.69	8.44	Austrapen	CS
3313J	Injection 500 mg (solvent required) (codes 6906L, 6907M, 6908N apply to above item with approved solvents)	5	..	..	9.63	10.38	Ampicyn Austrapen	PT CS
3314K	Injection 1 g (solvent required) (codes 6909P, 6910Q, 6911R apply to above item with approved solvents)	5	..	..	13.59	14.34	Ampicyn Austrapen	PT CS
7002M	ASPIRIN with CODEINE Mixture—See Section 4, Standard Formulae Preparations							
3397T	BENZYL PENICILLIN Injection 300 mg (solvent required) (codes 6912T, 6913W, 6914X apply to above item with approved solvents)	5	..	..	9.85	10.60	CS	

(continued)

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

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
3398W	BENZYL PENICILLIN—cont. Injection 600 mg (solvent required) (codes 6915Y, 6916B, 6917C apply to above item with approved solvents)	5	..	..	10.91	11.66	CS	
3399X	Injection 3 g (solvent required) (codes 6918D, 6919E, 6920F apply to above item with approved solvents)	5	..	..	22.79	15.70	CS	
3317N	CEPHALEXIN Capsule 250 mg	20	..	.. 0.46 0.55	7.23 7.69 7.78	7.98 7.98 7.98	Ibilex 250 Keflex Ceporex	AF LY GL
3318P	Capsule 500 mg	20	..	.. 0.46 0.55	10.25 10.71 10.80	11.00 11.00 11.00	Ibilex 500 Keflex Ceporex	AF LY GL
3319Q	Granules for syrup 125 mg per 5 mL, 100 mL	‡1	..	.. 0.46 0.55	#9.68 #10.14 #10.23	10.76 10.76 10.76	Ibilex 125 Keflex Ceporex	AF LY GL
3320R	Granules for syrup 250 mg per 5 mL, 100 mL	‡1	..	.. 0.46 0.55	#11.88 #12.34 #12.43	12.96 12.96 12.96	Ibilex 250 Keflex Ceporex	AF LY GL
3376Q	CEPHALOTHIN Injection 1 g (solvent required) (codes 6951G, 6952H, 6953J apply to above item with approved solvents)	5	..	..	*20.68	15.70	Keflin Neutral	LY
3377R	Injection 2 g (solvent required) (codes 6954K, 6955L, 6956M apply to above item with approved solvents)	1	..	..	10.18	10.93	Keflin Neutral	LY
3378T	Injection 4 g (solvent required) (codes 6957N, 6958P, 6959Q apply to above item with approved solvents)	1	..	..	16.42	15.70	Keflin Neutral	LY
3315L	CODEINE PHOSPHATE with ASPIRIN Tablet 30 mg-325 mg	20	..	..	5.49	6.24	Codral Forte	BW
3316M	CODEINE PHOSPHATE with PARACETAMOL Tablet 30 mg-500 mg	20	..	..	5.58	6.33	Panadeine Forte Caplets	WL
3321T	DOXYCYCLINE Tablet 100 mg	7	..	.. 0.49	5.91 6.40	6.66 6.66	Doxilyn 100 Vibramycin	AF PF
3322W	Capsule 100 mg	7	..	0.66	6.57	6.66	Doryx	FA

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FOR DENTAL TREATMENT ONLY**

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	
3324Y	ERYTHROMYCIN Tablet 250 mg	25	..	..	6.69	7.44	EMU-V AB	UP
3329F	Capsule 125 mg	25	..	..	6.44	7.19	Eryc	FA
3326C	Capsule 175 mg	25	..	..	6.69	7.44	Eryc LD	FA
3325B	Capsule 250 mg	25	..	..	8.02	8.77	Eryc	FA
3331H	ERYTHROMYCIN ESTOLATE Paediatric oral drops 100 mg (base) per mL, 10 mL	‡1	..	..	6.39	7.14	Ilosone	LY
3335M	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	..	..	6.39	7.14	Ilosone	LY
3327D	ERYTHROMYCIN ETHYL SUCCLNATE Tablet 200 mg (base)	25	..	..	6.44	7.19	E.E.S. Dulcet	AB
3336N	Tablet 400 mg (base)	25	..	..	8.02	8.77	E.E.S. 400	AB
3334L	Granules for paediatric oral suspension 200 mg (base) per 5 mL, 100 mL	‡1	..	..	#9.11	10.19	E.E.S. 200	AB
3328E	ERYTHROMYCIN STEARATE Tablet 250 mg (base)	25	..	..	6.69	7.44	Erythrocin	AB
3330G	Capsule 250 mg (base)	25	..	..	6.69	7.44	Erythrocin	AB
3332J	Paediatric oral suspension 125 mg (base) per 5 mL, 100 mL	‡1	..	..	6.39	7.14	Erythrocin	AB
3333K	Oral suspension 250 mg (base) per 5 mL, 100 mL	‡1	..	..	8.46	9.21	Erythrocin	AB
3339R	METRONIDAZOLE Tablet 200 mg	21	..	.. 0.55	5.52 6.07	6.27 6.27	Metrogyl 200 Metrozine Flagyl	AF SR MB
3342X	NYSTATIN Tablet 500,000 units	25	..	..	*7.60	8.35	Mycostatin Nilstat	SQ LE
3344B	Lozenge 100,000 units	20	..	..	5.93	6.68	Nilstat	LE
3343Y	Oral suspension 100,000 units per mL, 24 mL	‡1	..	..	6.11	6.86	Mycostatin Nilstat	SQ LE
3348F	PARACETAMOL Mixture 120 mg per 5 mL, 100 mL	‡1	..	..	6.03	6.78	Dymadon Panamax	BW WL
3353L	PHENETHICILLIN Capsule 250 mg	25	..	..	6.86	7.61	Pensig	SI
3354M	Capsule 500 mg	25	..	..	7.61	8.36	Pensig	SI

(continued)

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

Code	Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Brand Price Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Proprietary Name and Manufacturer	
PHENETHICILLIN—cont.								
3355N	Powder for syrup 125 mg per 5 mL, 100 mL	‡1	..	..	#7.86	8.94	Pensig 125	SI
3356P	Powder for syrup 250 mg per 5 mL, 100 mL	‡1	..	..	#8.53	9.61	Pensig 250	SI
PHENOXYMETHYLPENICILLIN								
3359T	Tablet 125 mg	25	..	..	6.25	7.00	Abbocillin-V	AB
3360W	Tablet 250 mg	25	..	..	6.39	7.14	Abbocillin-VK Cilicaine VK PVK	AB SI LY
3361X	Tablet 500 mg	25	..	..	7.31	8.06	Abbocillin-VK PVK	AB LY
3363B	Capsule 250 mg	25	..	..	6.39	7.14	Abbocillin-VK Cilicaine VK LPV PVK	AB SI CS LY
3364C	Capsule 500 mg	25	..	..	7.31	8.06	Cilicaine VK LPV	SI CS
3365D	Paediatric oral suspension 125 mg per 5 mL, 100 mL	‡1	..	..	5.69	6.44	Abbocillin-V Cilicaine V LPV 125	AB SI CS
3366E	Oral suspension 250 mg per 5 mL, 100 mL	‡1	..	..	6.80	7.55	Abbocillin-V Cilicaine V LPV 250	AB SI CS
PROCAINE PENICILLIN								
3370J	Injection 1 g	5	..	..	47.49	15.70	Cilicaine	SI
3371K	Injection 1.5 g	5	..	..	48.23	15.70	Cilicaine	SI
TETRACYCLINE HYDROCHLORIDE								
3383C	Capsule 250 mg	25	..	..	5.75	6.50	Achromycin	LE
TETRACYCLINE HYDROCHLORIDE (BUFFERED)								
3386F	Capsule 250 mg	25	..	..	5.75	6.50	Achromycin V Hostacycline P Hydracycline Mysteclin-250 Tetrex	LE HP FM SQ AP

**PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS
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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		
	TRIMETHOPRIM with SULPHAMETHOXAZOLE CAUTION: There is an increased risk of severe adverse reactions with this combination in the elderly.								
3389J	Tablet 80 mg-400 mg	10	..	..	6.49	7.24	Bactrim Resprim Septrin	RO AF BW	
3390K	Tablet 160 mg-800 mg	10	..	..	7.50	8.25	Bactrim DS Resprim Forte Septrin Forte Trib DS	RO AF BW PT	
3391L	Oral suspension 40 mg-200 mg per 5 mL, 100 mL	‡1	..	..	7.01	7.76	Bactrim Resprim Septrin Trib	RO AF BW PT	
	WATER FOR INJECTIONS, STERILISED								
3394P	Injection 2 mL	5	..	..	4.82	5.57	AP,BZ		
3395Q	Injection 5 mL	5	..	..	4.94	5.69	AP,BZ		
3396R	Injection 10 mL	5	..	..	5.12	5.87	AP,BZ		
	NOTE: For use only with an injectible benefit which requires a solvent.								

Section 3

Container Prices, Fees, Standard Packs and Prices for Ready Prepared Pharmaceutical Benefits

CONTAINER PRICES FOR QUANTITIES OF READY PREPARED BENEFITS LESS THAN THE MAXIMUM:

Injectibles	150 mL vial	\$0.48
Other Items	25 mL vial	\$0.17

(The 25 mL 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	\$0.75

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 of the Schedule.*

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
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SPECIAL PHARMACEUTICAL BENEFITS

1211R	Clomiphene Citrate (ML) 50 mg			
	The pricing pack (i.e. 5 tablets) price which the Commonwealth is prepared to pay (including 10% mark-up) is \$12.54.			
	The price sought by the manufacturer for this pricing pack (including 10% mark-up) is \$28.61.			
2334W	Polygeline (HP) 17.5 g per 500 mL, 500 mL			
	The pricing pack (i.e. 500 mL) price which the Commonwealth is prepared to pay (including 10% mark-up) is \$15.02.			
	The price sought by the manufacturer for this pricing pack (including 10% mark-up) is \$17.42.			

GENERAL PHARMACEUTICAL BENEFITS

1003T	Acyclovir	200 mg	25 @	50.51	BW
2600W	Allopurinol	100 mg	100 @	4.64	AF,BW,MB
2604C		300 mg	30 @	3.05	AF,BW,MB
2601X		100 mg	100 @	4.64	FM
2603B		300 mg	30 @	3.05	FM
2153H	Aluminium Hydroxide	321 mg per 5 mL, 500 mL	1 @	3.43	WT
1026B	Aluminium Hydroxide Dried	300 mg	100 @	3.43	WT
1033J	Aluminium Hydroxide and Magnesium Carbonate Co-Dried Gel	375 mg	100 @	3.43	WT
2576N	Aluminium Hydroxide with Magnesium Hydroxide	200 mg-200 mg	100 @	3.14	PD,WW
2155K		306 mg-97.5 mg per 5 mL, 500 mL	1 @	3.43	WT
2156L		215 mg-80 mg per 5 mL, 500 mL	1 @	3.43	WT
2157M		200 mg-200 mg per 5 mL, 500 mL	1 @	3.14	PD,SC,WW
2158N	Aluminium Hydroxide with Magnesium Hydroxide and Oxethazaine	306 mg-97.5 mg-10 mg per 5 mL, 500 mL	1 @	3.43	WT
1032H	Aluminium Hydroxide with Magnesium Trisilicate and Magnesium Hydroxide	250 mg-120 mg-120 mg per 5 mL, 500 mL	100 @	3.14	FM
2159P		250 mg-120 mg-120 mg per 5 mL, 500 mL	1 @	3.14	FM
3109P	Amiloride Hydrochloride	5 mg	50 @	2.75	AF
			50 @	2.99	MK
3077Y	Amino Acid Formula with Vitamins and Minerals without Methionine	200 g	1 @	52.96	SB
3073R	Amino Acid Formula with Vitamins and Minerals without Phenylalanine	200 g	1 @	46.54	SB
3076X		200 g	1 @	70.60	SB
3078B	Amino Acid Formula with Vitamins and Minerals without Phenylalanine and Tyrosine	200 g	1 @	81.20	SB
3075W	Amino Acid Formula with Vitamins and Minerals without Valine, Leucine and Isoleucine	200 g	1 @	109.20	SB
1045B		200 g	1 @	51.83	SB
3071P	Amino Acid Formula without Phenylalanine	250 g	1 @	103.44	SB
3072Q		250 g	1 @	123.00	SB
1877T	Amoxycillin	1 g	1 @	2.44	PT

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
1059R	Amylobarbitone Sodium	500 mg	1 @ 3.39	LY
1980F	Antivenom—Red Back Spider	500 units	1 @ 82.96	CS
1105E	Bendrofluazide	2.5 mg	50 @ 1.65	BT
1106F		5 mg	50 @ 1.77	BT
2362H	Benzotropine Mesylate	2 mg	100 @ 4.20	MK
2647H	Benzylpenicillin	3 g	5 @ 19.36	CS
2812B	Betamethasone Valerate	200 mcg per g, 100 g	1 @ 2.39	GL,SH
2820K		200 mcg per g, 100 g	1 @ 2.39	SH
1062X	Bethanechol Chloride	10 mg	50 @ 3.17	MK
1071J		5 mg in 1 mL	1 @ 3.97	MK
2544X	Biperiden Hydrochloride	2 mg	100 @ 6.86	KN
1259G	Bisacodyl	5 mg	100 @ 3.38	FC
1260H		10 mg, 10	1 @ 4.58	BY
2994N	Calcitonin (porcine)	160 i.u.	10 @ 168.20	MB
2995P	(salmon)	50 i.u. in 1 mL	5 @ 23.72	SZ
2996Q		80 i.u. in 0.8 mL	5 @ 33.70	SZ
2997R		100 i.u. in 1 mL	5 @ 38.07	MB,SZ
2998T		400 i.u. in 2 mL	1 @ 25.84	MB
2999W	(synthetic human)	0.5 mg	5 @ 60.50	CG
3116B	Calcium	500 mg	60 @ 3.99	MM
3117C		600 mg	60 @ 4.10	LE
3122H		equiv. to 1 g (25 mmol) Ca ²⁺	30 @ 5.24	SZ
1153Q	Carbimazole	5 mg	100 @ 3.55	NS
1160C	Carboplatin	50 mg in 5 mL	1 @ 51.94	BC,BL
1161D		150 mg in 15 mL	1 @ 119.00	BC,BL
1162E		450 mg in 45 mL	1 @ 257.84	BC,BL
1085D	Cefotaxime	1 g	1 @ 10.91	RL
1086E		2 g	1 @ 20.78	RL
1790F	Ceftriaxone	250 mg	1 @ 12.83	RO
1783W		500 mg	1 @ 17.60	RO
1784X		1 g	1 @ 29.55	RO
1785Y		2 g	1 @ 55.79	RO
2964B	Cephalothin	1 g	1 @ 3.45	LY
1256D	Cephazolin	500 mg	1 @ 3.48	LY
1257E		1 g	1 @ 6.60	LY
1163F	Chlorambucil	2 mg	25 @ 16.83	BW
1164G		5 mg	25 @ 20.33	BW
1167K	Chloramphenicol	1.2 g	1 @ 15.29	PD
1187L	Chlorothiazide	500 mg	50 @ 3.11	AD
1585K	Chlorthalidone	25 mg	50 @ 3.11	CG
2967E	Cholestyramine	4.7 g (equiv. to 4 g cholestyramine)	1 @ 24.20	AP
1808E	Clonazepam	2.5 mg in 1 mL, 10 mL	1 @ 3.19	RO
2621Y	Colistin	150 mg	1 @ 28.07	WW
1228P	Copper Sulphate	Tablets, 36	1 @ 5.42	AM
1264M	Cyclopenthiiazide	500 mcg	50 @ 3.22	CG
1079T	Cyclophosphamide	500 mg	1 @ 8.57	FE
1798P	Cyproheptadine Hydrochloride	4 mg	50 @ 2.33	FR
2910E	Cytarabine	100 mg set	1 @ 6.89	BL,UP
2904W		500 mg set	1 @ 34.40	BL
2129C	Desmopressin	100 mcg per mL, 2.5 mL	1 @ 26.19	FC
1322N	Digoxin	250 mcg	50 @ 1.66	BW
1344R	Diphtheria Antitoxin	10,000 units	1 @ 74.55	CS
1341N	Diphtheria and Tetanus Vaccine, Adsorbed	0.5 mL	1 @ 4.29	CS
3019X	Diphtheria and Tetanus Vaccine, Adsorbed, Diluted for Adult Use	0.5 mL	1 @ 4.40	CS
1346W	Diphtheria, Tetanus and Pertussis Vaccine, Adsorbed	0.5 mL	1 @ 4.95	CS,PD
1348Y	Diphtheria Vaccine, Adsorbed	0.5 mL	1 @ 4.84	CS

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
3020Y	Diphtheria Vaccine, Adsorbed, Diluted for Adult Use	0.5 mL	1 @ 4.84	CS
1125F	Docusate Sodium with Bisacodyl	100 mg-10 mg, 5	1 @ 2.29	FM
1336H	Doxorubicin Hydrochloride	10 mg in 5 mL	1 @ 53.19	FE
1340M		20 mg in 10 mL	1 @ 95.97	FE
1342P		50 mg in 25 mL	1 @ 233.45	FE
2714W	Doxycycline	100 mg	7 @ 2.48	AF
			7 @ 2.97	PF
2702F		100 mg	7 @ 2.48	AF
			7 @ 2.97	PF
2703G		100 mg	7 @ 3.14	FA
3199J	Electrolyte Replacement Solution	1 L	1 @ 3.09	AB,BX
1372F	Epirubicin Hydrochloride	10 mg	1 @ 51.32	FE
1373G		20 mg	1 @ 94.86	FE
1374H		50 mg	1 @ 234.68	FE
1398N	Erythromycin Lactobionate	300 mg	1 @ 4.26	AB
1405Y	Ethinylloestradiol	10 mcg	100 @ 1.79	GL
1406B		20 mcg	100 @ 1.94	GL
1407C		50 mcg	100 @ 2.56	GL
3166P	Ethinodiol Diacetate with Ethinylloestradiol	500 mcg-50 mcg	1 @ 1.96	SR
3167Q		1 mg-50 mcg	1 @ 1.96	SR
2447T		Tablet-Pack	1 @ 1.96	SR
3168R		Tablet-Pack	1 @ 1.96	SR
1390E	Etoposide	100 mg in 5 mL	1 @ 53.60	BC
1433K	Fludrocortisone Acetate	100 mcg	100 @ 4.07	SQ
2521Q	Fluorouracil	250 mg in 10 mL	5 @ 15.05	BL
			10 @ 30.10	RO
2528C		500 mg in 10 mL	5 @ 27.41	BL,FE
2958Q	Folic Acid	500 mcg	100 @ 1.54	AF,SI
1437P		5 mg	100 @ 1.54	AF,FM,NN,SI
			100 @ 1.62	RR
1436N		15 mg in 1 mL	5 @ 6.14	AB
2414C	Frusemide	20 mg	50 @ 1.79	FM,HP
2412Y		40 mg	50 @ 2.09	AF
2699C	Gas Gangrene Antitoxin—Mixed (Polyvalent)	25,000 units	1 @ 118.72	CS
2245E	Glucose	278 mmol per L, 1 L	1 @ 1.87	AB,BX
2247G		555 mmol per L, 1 L	1 @ 2.95	AB,BX
2249J		1110 mmol per L, 1 L	1 @ 3.09	AB
2251L		1387 mmol per L, 1 L	1 @ 3.09	AB,BX
2252M		1387 mmol per 500 mL, 500 mL	1 @ 3.09	AB
2909D	Glucose Indicator—Blood	Reagent Strips, 50	1 @ 16.50	AM
2912G		Reagent Strips, 50	1 @ 16.50	BO
2908C		Reagent Strips, 50	1 @ 19.25	HG
2914J		Reagent Strips, 50	1 @ 20.04	BO
2917M		Reagent Strips, 50	1 @ 20.04	AM
2555L	Glycerol	700 mg	1 @ 2.86	PP
2556M		1.4 g	1 @ 2.97	PP
2557N		2.8 g	1 @ 3.08	PP
1053K	Heparin Calcium	12,500 units in 0.5 mL	1 @ 2.86	CS
1468G	Heparin Sodium	25,000 units in 5 mL	1 @ 3.71	FC
1076P		35,000 units in 35 mL	1 @ 6.86	CS,FC
1617D	Hexamine Mandelate	250 mg	100 @ 5.41	WW
1618E		500 mg	100 @ 7.23	WW
1640H	Hydralazine Hydrochloride	25 mg	100 @ 2.93	AF
1639G		50 mg	100 @ 4.26	AF

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
1484D	Hydrochlorothiazide	25 mg	50 @ 2.73	MK
1485E		50 mg	50 @ 3.22	MK
1486F	Hydrochlorothiazide with Amloride Hydrochloride	50 mg-5 mg	50 @ 4.11	AF,MK
1280J	Hydrochlorothiazide with Triamterene	25 mg-50 mg	50 @ 4.48	SK
1502C	Hydrocortisone Acetate	25 g	1 @ 13.46	SV
1510L	Hydrocortisone Sodium Succinate	100 mg set	1 @ 2.53	NR
			1 @ 3.08	UP
1511M		250 mg set	1 @ 5.58	UP
3097B		500 mg set	1 @ 10.56	UP
1501B		100 mg set	1 @ 2.53	NR
			1 @ 3.08	UP
2436F	Indapamide	25 mg	30 @ 5.65	SE
2757D	Indomethacin	100 mg	20 @ 7.05	MK
1710B	Insulin, Acid (bovine)	100 units per mL, 10 mL	1 @ 20.42	NO
	Insulin Isophane (N.P.H.)			
1711C	(bovine)	100 units per mL, 10 mL	1 @ 19.14	FC,NO
1533Q	(human)	100 units per mL, 10 mL	1 @ 20.42	LY,ND,NO
1534R	(human)	100 units per mL, 1.5 mL, 5	1 @ 16.84	NO
1535T	(human)	100 units per mL, 2.5 mL, 5	1 @ 28.07	ND
	Insulin Neutral			
1713E	(bovine)	100 units per mL, 10 mL	1 @ 19.14	FC
1531N	(human)	100 units per mL, 10 mL	1 @ 20.42	LY,ND,NO
1532P	(human)	100 units per mL, 1.5 mL, 5	1 @ 16.84	NO
1537X	(human)	100 units per mL, 2.5 mL, 5	1 @ 28.07	ND
	Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed)			
1431H	(human)	100 units (15 units-85 units) per mL, 10 mL	1 @ 20.42	ND
1426C	(human)	100 units (30 units-70 units) per mL, 10 mL	1 @ 20.42	ND,NO
1425B	(human)	100 units (50 units-50 units) per mL, 10 mL	1 @ 20.42	ND
1461X	(human)	100 units (15 units-85 units) per mL, 2.5 mL, 5	1 @ 28.07	ND
1429F	(human)	100 units (30 units-70 units) per mL, 1.5 mL, 5	1 @ 16.84	NO
1430G	(human)	100 units (30 units-70 units) per mL, 2.5 mL, 5	1 @ 28.07	ND
1462Y	(human)	100 units (50 units-50 units) per mL, 2.5 mL, 5	1 @ 28.07	ND
		100 units per mL, 10 mL	1 @ 20.42	NO
1715G	Insulin Protamine Zinc (bovine)			
	Insulin Zinc Suspension (Lente)			
1716H	(bovine)	100 units per mL, 10 mL	1 @ 20.42	NO
1718K	(human)	100 units per mL, 10 mL	1 @ 20.42	LY,NO
	Insulin Zinc Suspension (Crystalline) (Ultralente)			
1721N	(bovine)	100 units per mL, 10 mL	1 @ 20.42	NO
1722P	(human)	100 units per mL, 10 mL	1 @ 20.42	LY,NO
1541D	Ipratropium Bromide	250 mcg per mL, 20 mL	1 @ 6.03	BY
2587E	Isosorbide Dinitrate	10 mg	100 @ 3.88	AY,PD
2588F		5 mg	100 @ 3.69	AY,PD
1588N	Ketoprofen	100 mg	20 @ 8.32	MB
1568M	Leuporelin Acetate	5 mg	1 @ 155.39	AB
2913H	Levonorgestrel	30 mcg	1 @ 2.21	SC,WY
1455N	Levonorgestrel with Ethinyloestradiol	125 mcg-50 mcg	1 @ 2.21	SC
1393H		150 mcg-30 mcg	1 @ 2.21	SC,WY
3186Q		250 mcg-50 mcg	1 @ 2.21	WY
1456P	Tablet-Pack		1 @ 2.21	SC,WY
1394J	Tablet-Pack		1 @ 2.21	SC,WY
3188T	Tablet-Pack		1 @ 2.21	WY

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
1458R	Levonorgestrel with Ethinylloestradiol	Tablet-Pack	1 @ 2.21	SC,WY
1457Q		Tablet-Pack	1 @ 2.21	WY
1391F		Tablet-Pack	1 @ 2.21	SC,WY
1392G		Tablet-Pack	1 @ 2.21	SC,WY
3059B	Lithium Carbonate	250 mg	100 @ 3.37	PT
3060C		400 mg	100 @ 7.78	PT
2401J	Lypressin	50 units per mL, 5 mL	1 @ 15.74	SZ
2322F	Medroxyprogesterone	500 mg in 2.5 mL	1 @ 45.31	FE
2547C	Melphalan	2 mg	25 @ 21.97	BW
2548D		5 mg	25 @ 36.18	BW
1598D	Mercaptopurine	50 mg	25 @ 24.22	BW
1612W	Methdilazine Hydrochloride	4 mg	50 @ 2.33	GL
1613X		8 mg	50 @ 4.57	GL
1620G	Methenolone Acetate	5 mg	50 @ 13.42	SC
1623K	Methotrexate	10 mg	100 @ 73.26	FE
2396D		5 mg in 2 mL	1 @ 8.34	LE
2395C		50 mg in 2 mL	1 @ 8.73	LE
1624L	Methyclothiazide	2.5 mg	50 @ 2.17	AB
1625M		5 mg	50 @ 2.43	AB
1284N	Milk Powder—Lactose Modified	500 g	1 @ 6.81	SJ
1283M	Milk Powder—Low Lactose Formula	500 g	1 @ 6.81	SJ
1668T	Mustine Hydrochloride	10 mg	1 @ 8.91	BT
1662L	Naproxen	500 mg	20 @ 7.45	SD
1675E	Neostigmine Bromide	15 mg	100 @ 5.20	RO
1681L	Niclosamide	500 mg	4 @ 2.55	BN
1687T	Nicotinic Acid	250 mg	100 @ 3.96	MB
2732T	Nitrazepam	5 mg	25 @ 2.06	AF,RO
1967M	Norethisterone	350 mcg	1 @ 2.21	JC,SD
2772X	Norethisterone with Ethinylloestradiol	500 mcg-35 mcg	1 @ 2.21	SD
2773Y		1 mg-35 mcg	1 @ 2.21	SD
2774B		Tablet-Pack	1 @ 2.21	SD
2775C		Tablet-Pack	1 @ 2.21	SD
2771W		Tablet-Pack	1 @ 2.21	SD
2776D		Tablet-Pack	1 @ 2.21	SD
3176E	Norethisterone with Mestranol	1 mg-50 mcg	1 @ 2.21	JC,SD
3179H		Tablet-Pack	1 @ 2.21	SD
1663M	Oestradiol Valerate	1 mg	1 @ 2.49	SC
1664N		2 mg	1 @ 3.38	SC
1776L	Oestriol	1 mg	1 @ 2.66	OR
1733F	Oestrogens—Conjugated	300 mcg	1 @ 2.49	AY
1734G		625 mcg	1 @ 3.38	AY
1329Y	Omeprazole	20 mg	28 @ 87.38	AP
2627G	Orphenadrine Hydrochloride	50 mg	100 @ 6.86	MM
3134Y	Oxazepam	15 mg	25 @ 1.36	AF,AY
			25 @ 1.97	WY
3135B		30 mg	25 @ 1.61	AF,AY
			25 @ 2.21	WY
2495H	Pancrelipase	not less than 10,000 BP units lipase activity	250 @ 81.38	OR
1709Y	Phenethicillin	250 mg	25 @ 3.43	SI
1702N	Phenoxymethylpenicillin	125 mg	25 @ 2.82	AB
1703P		250 mg	25 @ 2.96	AB,LY,SI
1705R		250 mg	25 @ 2.96	AB,CS,LY,SI
1865E	Phenylalanine Low Content Formula	1 lb	1 @ 27.50	MJ
1777M	Piperazine Oestrone Sulphate	730 mcg (equiv. to 625 mcg sodium oestrone sulphate)	1 @ 2.49	AB
1778N	Piperazine Oestrone Sulphate	1.46 mg (equiv. to 1.25 mg sodium oestrone sulphate)	1 @ 3.38	AB
2642C	Potassium Chloride	600 mg	100 @ 2.86	AF,CG,FC
3012M		14 mmol K ⁺ and 8 mmol Cl ⁻	30 @ 2.86	FC

Code	Approved Name	Form/Strength	Pack and Price \$		Manufacturer
2625E	Potassium Chloride	1.5 g (20 mmol K ⁺ and 20 mmol Cl ⁻) per 15 mL, 500 mL	1 @	2.86	SC
1920C	Prednisolone Sodium Phosphate	equiv. to 20 mg prednisolone in 100 mL	7 @	17.02	GL
2554K		equiv. to 5 mg prednisolone, 10	1 @	5.57	GL
3099D	Prednisolone Stearoylglycolate	6.65 mg	30 @	2.32	FE
2653P	Procainamide Hydrochloride	250 mg	100 @	6.09	SQ
1941E		100 mg per mL, 10 mL	1 @	7.19	SQ
2893G	Prochlorperazine	5 mg	100 @	4.43	MB,SK
1943G	Procyclidine Hydrochloride	5 mg	100 @	4.84	BW
1948M	Promethazine Hydrochloride	50 mg in 2 mL	5 @	4.18	BL
1953T	Propantheline Bromide	15 mg	100 @	3.23	SR
2830Y	Propranolol Hydrochloride	1 mg in 1 mL	10 @	19.87	IC
1955X	Propylthiouracil	50 mg	100 @	8.94	JC
3056W	Protein Hydrolysate Formula without Phenylalanine	200 g	1 @	55.97	SB
3057X	Protein Hydrolysate Formula without Phenylalanine and Tyrosine	200 g	1 @	54.54	SB
1987N	Rolitetraacycline	I.V. 275 mg	1 @	4.73	HP
1990R		I.M. 350 mg	1 @	4.73	HP
3087L	Salbutamol	100 mcg per dose (200 doses)	1 @	3.30	GL
2003K	Salbutamol Sulphate	5 mg (base) per mL, 30 mL	1 @	4.32	MM
			1 @	4.87	GL
1096Q		100 mcg (base) per dose (200 doses)	1 @	3.30	MM
3015Q	Sodium Bicarbonate	100 mmol in 100 mL	1 @	7.78	AB
2264E	Sodium Chloride	154 mmol per L, 1 L	1 @	1.87	AB,BX
2260Y		513 mmol per L, 1 L	1 @	3.09	BX
2281C	Sodium Chloride with Glucose	31 mmol-222 mmol per L, 1 L	1 @	1.87	AB,BX
2279Y		19 mmol-104 mmol per 500 mL, 500 mL	1 @	2.55	AB,BX
2278X		39 mmol-69 mmol per 500 mL, 500 mL	1 @	2.55	AB,BX
2271M		154 mmol-278 mmol per L, 1 L	1 @	3.09	AB,BX
2266G	Sodium Chloride Compound	1 L	1 @	2.97	AB,BX
2286H	Sodium Lactate Compound	1 L	1 @	1.87	AB,BX
2288K	Sodium Lactate Compound with Anhydrous Glucose	278 mmol per L, 1 L	1 @	3.09	AB,BX
1124E	Sodium Cromoglycate	20 mg per 2 mL	60 @	25.62	FC
2294R	Sodium Valproate	100 mg	100 @	12.46	RC
2289L		200 mg (e.c.)	100 @	18.60	RC
2290M		500 mg (e.c.)	100 @	35.32	RC
2293Q		200 mg per 5 mL, 300 mL	1 @	14.08	RC
2295T		200 mg per 5 mL, 300 mL	1 @	14.08	RC
1102B	Sterculia with Frangula Bark	473 mg-83 mg per g, 250 g	1 @	6.90	SC
2907B	Streptokinase	750,000 i.u.	1 @	94.60	HP,PS
2093E	Sulphasalazine	500 mg	100 @	16.47	PS
2096H		500 mg (e.c.)	100 @	19.50	PS
2109B	Tamoxifen Citrate	10 mg (base)	30 @	27.90	IC
2110C		20 mg (base)	30 @	47.30	IC
2105T	Temazepam	10 mg	25 @	1.56	AF
			25 @	1.87	FE
			25 @	2.17	WY
2127Y	Tetanus Vaccine, Adsorbed	0.5 mL	1 @	3.69	CS
2832C	Tetracosactrin	1 mg in 1 mL	1 @	12.14	CG
2146Y	Tetracycline Hydrochloride (Buffered)	250 mg	25 @	2.32	AP,FM,HP,SQ
2368P	Thiethylperazine	6.5 mg (base) in 1 mL	5 @	4.24	SZ

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
2345K	Thiotepa	15 mg	1 @ 10.38	LE
2177N	Ticarcillin	1 g	5 @ 26.82	CS,SK
2176M		3 g	5 @ 59.53	CS,SK
1355H	Tobramycin Sulphate	40 mg (base)	1 @ 4.16	LY
1356J		80 mg (base)	1 @ 6.24	LY
2178P	Tolbutamide	500 mg	100 @ 4.07	HP
2117K	Triamcinolone Acetonide	200 mcg per g, 100 g	1 @ 2.39	LE,SQ
2118L		200 mcg per g, 100 g	1 @ 2.39	LE,SQ
2342G	Triamterene	100 mg	50 @ 3.74	SK
2686J	Triglycerides, Medium Chain	450 g	1 @ 11.84	MJ
2676W		400 g	1 @ 11.87	NT
2679B		454 g	1 @ 16.50	MJ
3113W	Vancomycin	125 mg	20 @ 125.67	LY
3114X		250 mg	20 @ 245.00	LY
3131T		500 mg	1 @ 25.66	LY
2198Q	Vinblastine Sulphate	10 mg	1 @ 18.85	LY
2199R		10 mg set	1 @ 20.55	BL
2371T	Vincristine Sulphate	1 mg	1 @ 16.41	BL,LY

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

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

Section 4

Drug Tariff

Container Prices

Standard Formulae Preparations

Table of Codes, Maximum Quantities and Number of
Repeats for Extemporaneously Prepared
Pharmaceutical Benefits

Prescribers' List

Prescribers' List—Children's Section

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:

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

Special Note:

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

Drug	Standard	Recovery Prices			
		1 g/mL	10 g/mL	100 g/mL	Other
		\$	\$	\$	\$
Acacia Powdered	BP	0.11	0.89	7.88	
Acetone	BP	0.02	0.18	1.56	
(use as additive only)					
ACIDS					
Acetic (6 per cent)	BP	0.01	0.05	0.40	
Acetic (33 per cent)	BP	0.02	0.14	1.21	
Ascorbic	BP	0.12	0.99	..	0.02: 100 mg
(use as ingredient of Mixtures of Ferrous Sulphate APF and PL)					
Benzoic	BP	0.14	1.09	..	0.02: 100 mg
Boric	BP	0.04	0.29	2.61	
(use as additive only)					
Citric Monohydrate	BP	0.03	0.20	1.74	
Hydrochloric Dilute	BP	0.04	0.30	2.67	
Lactic	BP	0.15	1.22	..	
Oleic	BP	0.09	0.70	6.24	
Salicylic	BP	0.07	0.58	5.16	
Trichloroacetic	BP 1980	0.59	4.70	..	
Alum	BP	0.02	0.12	1.06	
Aminophylline	BP	0.73	5.87	..	
Ammoniated Mercury	BP 1973	0.64	5.12	..	
Aspirin	BP	0.07	0.52	4.61	
Beeswax White	BP	0.05	0.43	3.82	
Benzocaine	BP	0.42	3.37	..	
Borax	BP	0.03	0.24	2.12	
(use as additive only)					
Calamine	BP	0.04	0.33	2.95	
Calcium Hydroxide	BP	0.06	0.48	4.23	
Cetomacrogol Emulsifying Wax	BP	0.11	0.85	7.58	
Cetostearyl Alcohol	BP	0.08	0.60	5.33	
Cetrimide	BP	0.23	1.84	16.34	
Chlorbutol	BP	0.29	2.28	..	
Chlorhexidine Acetate	BP	0.97	7.73	..	0.12: 100 mg
(use as additive only)					
Chlorinated Lime	BP	0.04	0.28	2.50	
Chloroform	BP	0.02	0.19	1.73	
(use as additive only)					
Clioquinol (a)	BP	..	..	..	13.62: 3.5 g
Cocaine Hydrochloride	BP	19.74	..	..	2.47: 100 mg
Codeine Phosphate	BP	2.39	19.14	..	0.30: 100 mg
Collodion Flexible	BP	0.10	0.76	6.75	
CREAMS					
Aqueous	APF	0.01	0.10	0.92	
Aqueous	BP	0.01	0.10	0.92	
Calamine Oily	APF	0.04	0.30	2.70	
Cetomacrogol Aqueous	APF	0.02	0.12	1.07	
Cetrimide (0.5 per cent)	BP	0.03	0.21	1.90	
Cetrimide Aqueous	APF	0.03	0.21	1.90	
Chlorhexidine Aqueous	APF	0.04	0.28	2.49	
Zinc	BP	0.06	0.48	4.29	
Zinc Oily	APF	0.03	0.25	2.20	
Dithranol	BP	6.00	48.01	..	0.75: 100 mg

Drug	Standard	Recovery Prices			
		1 g/mL	10 g/mL	100 g/mL	Other
		\$	\$	\$	\$
Emulsifying Wax	BP	0.10	0.76	6.75	
Ephedrine Hydrochloride (may only be prescribed in nasal instillations)	BP	0.55	4.38	..	0.07: 100 mg
Ethanol (90 per cent) (use as additive only)	BP	0.01	0.08	0.67	
Ethanol (96 per cent) (use as additive only)	BP	0.01	0.08	0.73	
Ether Solvent (use as additive only)	BP	0.04	0.32	2.83	
EXTRACT					
Liquorice Liquid	BP	0.06	0.50	4.46	
Ferrous Sulphate	BP	0.09	0.74	6.62	
Glucose (use as additive only)	BP	0.03	0.25	2.24	
GLYCERIN					
Ichthammol	APF	0.11	0.87	7.74	
Glycerol	BP	0.03	0.24	2.10	
Honey Purified (use as additive only)	BP	0.01	0.05	0.45	
Ichthammol	BP	0.23	1.82	16.15	
INFUSION					
Gentian Compound Concentrated 1 in 10	BP	0.05	0.43	3.80	
Iodine	BP	0.36	2.89	..	
Kaolin, Light or Kaolin, Light (Natural)	BP	0.02	0.17	1.54	
Lactose	BP	0.01	0.11	0.99	
LINIMENTS					
Methyl Salicylate	APF	0.02	0.16	1.46	
Methyl Salicylate Compound	APF	0.03	0.26	2.31	
Turpentine	BP	0.05	0.38	3.41	
LOTION					
Calamine	BP	0.02	0.14	1.23	
MAGNESIUM					
Carbonate Light	BP	0.04	0.32	2.88	
Sulphate (may only be prescribed for other than oral use)	BP	0.01	0.05	0.40	
Trisilicate	BP	0.03	0.26	2.31	
Menthol, Racemic or Levomenthol	BP	0.34	2.71		
Methyl Salicylate	BP	0.03	0.24	2.11	
Morphine Hydrochloride	BP	4.69	37.50	..	0.59: 100 mg
MUCILAGES					
Acacia (by weight)	APF 13	0.05	0.37	3.33	
Tragacanth	APF 13	0.01	0.11	1.02	
Tragacanth	BPC 1973	0.01	0.11	1.01	

Drug	Standard	Recovery Prices			
		1 g/mL	10 g/mL	100 g/mL	Other
		\$	\$	\$	\$
OILS					
Arachis (use as additive only)	BP	0.02	0.16	1.39	
Cade	BPC 1973	0.23	1.86	..	
Castor (use as additive only)	BP	0.04	0.31	2.71	
Coconut	BP	0.04	0.32	2.84	
Eucalyptus (use as additive only)	BP	0.05	0.43	3.85	
Lavender Spike	BPC 1968	0.31	2.48	..	
Olive (use as additive only)	BP	0.02	0.16	1.39	
Peppermint (use as additive only)	BP	0.28	2.27	..	
Pumilio Pine	BP 1980	0.55	4.42	..	
Siberian Fir	BPC 1949	0.22	1.79	..	
Turpentine (use as additive only)	BP	0.03	0.25	2.22	
OINTMENTS					
Ammoniated Mercury	BP 1973	0.05	0.40	3.56	
Benzoic Acid Compound	APF	0.03	0.27	2.39	
Emulsifying	BP	0.03	0.27	2.41	
Methyl Salicylate	BP	0.04	0.35	3.12	
Methyl Salicylate Compound	APF 1934	0.04	0.34	3.02	
Paraffin (white)	BP	0.02	0.19	1.70	
Paraffin (yellow)	BP 1968	0.02	0.19	1.70	
Salicylic Acid	APF	0.03	0.26	2.33	
Salicylic Acid	BP	0.05	0.36	3.22	
Simple (white)	BP	0.04	0.32	2.88	
Simple (yellow)	BP	0.04	0.35	3.09	
Sulphur	BP 1980	0.04	0.31	2.77	
Wool Alcohols (white)	BP	0.04	0.35	3.11	
Wool Alcohols (yellow)	BP	0.04	0.35	3.11	
Zinc	BP	0.05	0.39	3.51	
Zinc and Castor Oil	BP	0.03	0.22	1.91	
Oxymel	APF 13	0.03	0.26	2.29	
Paraffin Hard	BP	0.02	0.18	1.59	
Paraffin Liquid (may only be prescribed for other than oral use)	BP	0.02	0.13	1.15	
Paraffin Light Liquid	BP	0.02	0.15	1.31	
Paraffin Soft White	BP	0.02	0.16	1.40	
Paraffin Soft Yellow	BP	0.01	0.11	0.99	
PASTES					
Zinc Compound	BP	0.04	0.31	2.78	
Zinc and Salicylic Acid	BP	0.04	0.32	2.86	
Phenobarbitone Sodium (may only be prescribed for the treatment of epilepsy)	BP	0.98	7.80	..	0.12: 100 mg
Phenol (not available for ear drops)	BP	0.25	1.96	17.45	
Phenol Liquefied (not available for ear drops)	BP	0.15	1.18	10.48	
Podophyllum Resin	BP	0.78	6.24	..	

Drug	Standard	Recovery Prices			
		1 g/mL	10 g/mL	100 g/mL	Other
		\$	\$	\$	\$
POTASSIUM					
Citrate	BP	0.03	0.25	2.18	
Iodide	BP	0.16	1.27	11.26	
Permanganate	BP	0.09	0.72	6.40	
POWDER					
Tragacanth Compound	BP 1980	0.14	1.11	9.83	
Propylene Glycol	BP	0.06	0.46	4.12	
Resorcinol	BP	0.26	2.08	..	
Silver Nitrate	BP	2.19	17.49	..	
SOAPS					
Ethereal	APF 1955	0.05	0.36	3.20	
Soft	BP	0.04	0.31	2.72	
SODIUM					
Bicarbonate	BP	0.01	0.08	0.67	
Chloride	BP	0.02	0.15	1.34	
Citrate	BP	0.05	0.36	3.17	
Thiosulphate	BP	0.03	0.24	2.14	
(use as additive only)					
SOLUTIONS					
Aluminium Acetate	BP	0.04	0.32	2.84	
Benzoic Acid	BP	0.05	0.42	..	
Calcium Hydroxide	BP	0.01	0.03	0.26	
Coal Tar	BP	0.06	0.44	3.90	
Formaldehyde	BP	0.02	0.16	1.45	
Iodine Alcoholic	BP	0.04	0.35	3.07	
Iodine Aqueous Oral	BP	0.11	0.88	7.86	
Morphine Hydrochloride	BPC 1973	0.18	1.45	12.91	
Sodium Chloride	BP	0.01	0.02	0.22	
SPIRITS					
Ammonia Aromatic	BP	0.04	0.30	2.63	
Camphor Compound	APF	0.06	0.44	3.89	
Chloroform	BP	0.02	0.18	1.62	
Methylated Industrial	BP	0.01	0.08	0.75	
(use as additive only)					
Starch	BP	0.02	0.18	1.59	
Sulphur Precipitated	BP 1980	0.02	0.18	1.59	
Sulphurated Potash	BPC 1973	0.17	1.35	12.00	
SYRUPS					
Lemon	APF	0.05	0.41	3.66	
Orange	BP	0.03	0.22	1.94	
Pholcodine Citrate	BPC 1959	0.03	0.27	2.36	
(use as additive only)					
Raspberry	BP	0.05	0.40	3.58	
Red	APF	0.05	0.38	3.40	
Syrup	BP	0.01	0.07	0.63	
Tolu	BP	0.04	0.31	2.78	
Talc Purified BP, sterilised		0.04	0.30	2.67	
Tar Coal	BP	0.03	0.21	1.83	
Tar Coal Prepared	BP 1973	0.12	0.92	8.19	
Thymol	BP	0.37	2.94	..	
Thymol Mouth Wash Compound	APF	0.02	0.14	1.28	

Drug	Standard	Recovery Prices			
		1 g/mL	10 g/mL	100 g/mL	Other
		\$	\$	\$	\$
TINCTURES					
Belladonna	BP	0.05	0.37	3.33	
Benzoin Compound	BP	0.05	0.40	3.58	
Ipecacuanha	BP	0.10	0.81	7.21	
Lobelia Ethereal	BPC 1973	0.28	2.27	20.18	
Opium	BP	0.23	1.87	16.64	
Orange	BP	0.05	0.41	3.65	
Stramonium	BP 1980	0.04	0.35	3.08	
Tragacanth Powdered	BP	0.60	4.77	42.43	
Triethanolamine	BP	0.08	0.60	5.37	
WATERS					
Anise Concentrated 1 in 40 (use as additive only)	BP	0.05	0.39	3.50	
Chloroform Concentrated 1 in 40	APF	0.03	0.20	1.74	
For Injections, sterilised (b) (extemporaneously prepared eye drops and eye lotions)	BP	..	..	3.50	
Peppermint Concentrated 1 in 40 (use as additive only)	APF	0.07	0.57	5.09	
Purified	BP	0.01	0.02	0.20	
Wool Alcohols	BP	0.19	1.54	..	
Wool Fat	BP	0.03	0.23	2.08	
Wool Fat Hydrous	BP	0.04	0.28	2.49	
ZINC					
Oxide	BP	0.03	0.24	2.12	
Sulphate	BP	0.11	0.85	7.55	

Container Prices

Container Sizes	Prices					
	NSW & ACT	Vic	Qld	SA & NT	WA	Tas
	\$	\$	\$	\$	\$	\$
DISPENSING BOTTLES—						
25 mL	0.18	0.44	0.28	0.31	0.37	0.28
50 mL	0.27	0.35	0.31	0.35	0.44	0.36
100 mL	0.38	0.56	0.41	0.60	0.54	0.48
200 mL	0.50	0.65	0.53	0.70	0.70	0.61
500 mL	0.82	1.72	2.01	1.49	1.33	1.56
POISON BOTTLES—						
25 mL	0.37	0.50	0.45	0.54	0.42	0.36
50 mL	0.36	0.52	0.33	0.57	0.48	0.34
100 mL	0.33	0.60	0.39	0.65	0.50	0.37
200 mL	0.53	0.80	0.64	0.88	0.71	0.70
500 mL	0.74	0.95	0.89	1.03	0.66	0.99
SCREW CAP JARS—						
25 g	0.58	0.48	0.67	0.52	0.53	0.54
50 g	0.57	0.59	0.69	0.64	0.67	0.53
100 g	0.42	0.65	0.51	0.73	0.77	0.61
200 g	0.51	0.71	0.80	0.66	0.62	0.66
500 g	1.60	1.60	1.60	1.60	1.60	1.60
DROPPER CONTAINERS—						
15 mL polythene	0.43	0.42	0.55	0.34	0.31	0.48
15 mL glass	0.68	0.88	1.16	0.96	0.52	0.94

Dispensing Fee for Extemporaneously Prepared Benefits	\$4.96
Additional Fee for Agreed Price Extemporaneously Prepared Benefits	\$1.08

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 \$
CREAMS				
(Maximum Quantity 100 g and 1 Repeat)				
7655X	Aluminium Acetate Oily	PL & APF	6.67	7.75
7912K	Aqueous	APF	5.88	6.96
7913L	Aqueous	BP	5.88	6.96
7383N	Calamine Aqueous	PL & APF	6.51	7.59
7659D	Calamine Oily	PL & APF	7.66	8.74
7497N	Cetomacrogol Aqueous	APF	6.03	7.11
7660E	Cetrimide 0.5% (extemporaneous formula)	BP	6.86	7.94
7661F	Cetrimide Aqueous	APF	6.86	7.94
7490F	Chlorhexidine 1% (extemporaneous formula)	BP	7.45	8.53
7490F	Chlorhexidine Aqueous	APF	7.45	8.53
7504Y	Clioquinol Aqueous	APF	9.90	10.98
7318E	Coal Tar and Zinc Oily	PL & APF	7.19	8.27
7499Q	Cold	PL & APF	6.45	7.53
7664J	Glycerol Oily	PL & APF	6.43	7.51
7666L	Ichthammol and Zinc Oily	PL & APF	8.46	9.54
7668N	Methyl Salicylate Compound	APF	9.12	10.20
7892J	Salicylic Acid and Resorcinol Aqueous	PL & APF	6.50	7.58
7502W	Salicylic Acid and Sulphur Aqueous	PL & APF	6.02	7.10
7897P	Zinc (extemporaneous formula)	BP	9.25	10.33
7376F	Zinc and Ichthammol (extemporaneous formula)	BP	10.42	11.50
7667M	Zinc Oily	PL & APF	7.16	8.24
7654W	Zinc Weak	PL	6.46	7.54
DUSTING POWDERS				
(Maximum Quantity 100 g and 1 Repeat)				
7474J	Kaolin Compound	APF	7.49	8.57
7473H	Talc	APF & BP	7.54	8.62
9868J	Zinc and Salicylic Acid	BPC 1968	7.14	8.22
7458M	Zinc, Starch and Talc	PL, APF & BPC 1973	7.51	8.59
EAR DROPS				
(Maximum Quantity 15 mL and 2 Repeats)				
7544C	Acetic Acid	APF	5.01	6.09
7642F	Aluminium Acetate	PL & APF	5.30	6.38
8116E	Aluminium Acetate	BP	5.44	6.52
7487C	Chlorhexidine	PL & APF	5.05	6.13
7645J	Ichthammol	PL & APF	6.27	7.35
7315B	Salicylic Acid	PL & APF	5.09	6.17
7314Y	Sodium Bicarbonate	PL, APF & BP	5.13	6.21
7313X	Spirit	PL & APF	5.06	6.14
8204T	Spirit	BPC 1973	5.06	6.14
ELIXIR				
(Maximum Quantity 100 mL and 4 Repeats)				
7949J	Rubrum	APF	8.36	9.44
EYE DROPS OF COCAINE				
(Maximum Quantity 15 mL and no Repeats)				
7589K	Cocaine Strong	APF	28.26	15.70

Code	Item	Reference	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$
	EYE DROPS, OTHER (Maximum Quantity 15 mL and 5 Repeats)			
7416H	Zinc Sulphate	APF	8.56	9.64
	EYE LOTIONS (Maximum Quantity 200 mL and 2 Repeats)			
7363M	Sodium Bicarbonate	APF	12.03	13.11
8418C	Sodium Chloride	BP	12.00	13.08
	GARGLE (Maximum Quantity 200 mL and 4 Repeats)			
7453G	Thymol Compound	APF	7.52	8.60
	GLYCERIN (Maximum Quantity 100 mL and 1 Repeat)			
8070R	Ichthammol	APF	12.70	13.78
	INHALATIONS (Maximum Quantity 50 mL and 1 Repeat)			
7485Y	Benzoin	PL	6.96	8.04
8577K	Benzoin Compound	PL	7.75	8.83
7484X	Benzoin and Menthol	PL & APF	7.30	8.38
8579M	Menthol	APF	5.70	6.78
7310R	Menthol and Eucalyptus	PL & BP 1980	5.78	6.86
7309Q	Menthol and Pine	PL & APF	7.06	8.14
	INHALATION, SOLID (Maximum Quantity 4 g and 1 Repeat)			
8072W	Racemic Menthol or Levomenthol Crystals	BP	6.32	7.40
	LINCTUSES (Maximum Quantity 100 mL and 2 Repeats)			
7529G	Camphor Compound	APF	8.12	9.20
7530H	Codeine	APF	7.53	8.61
7536P	Menthol	APF 1964	6.24	7.32
	LINIMENTS (Maximum Quantity 100 mL and 1 Repeat)			
7480Q	Methyl Salicylate Compound	PL & APF	7.27	8.35
7419L	Turpentine	BP	8.37	9.45
	LOTIONS (Maximum Quantity 200 mL and 2 Repeats)			
7709R	Aluminium Acetate Aqueous	APF	5.66	6.74
7629M	Calamine	APF	7.42	8.50
7630N	Calamine Oily	PL, APF & BP 1980	7.09	8.17
7710T	Formaldehyde	APF	5.47	6.55
8793T	Resorcinol Compound	APF 13	8.01	9.09
7706N	Salicylic Acid	APF & BP	6.77	7.85
7712X	Salicylic Acid and Coal Tar	APF	7.10	8.18
7632Q	Sodium Thiosulphate	APF	6.32	7.40
7633R	Sulphurated	PL & APF	8.10	9.18

— CONTAINER RATES TO BE ADDED —

Code	Item	Reference	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$
MIXTURES				
(Maximum Quantity 200 mL and 4 Repeats)				
7905C	Aspirin	APF 13	7.12	8.20
7908F	Ferrous Sulphate	PL & APF	6.34	7.42
7598X	Gentian Acid (extemporaneous formula)	BP	6.60	7.68
7604F	Gentian Alkaline	PL & APF	6.40	7.48
7599Y	Gentian Alkaline (extemporaneous formula)	BP	6.28	7.36
7605G	Hydrochloric Acid	APF 1969	9.69	10.77
7491G	Ipecacuanha and Tolu	PL & APF	7.50	8.58
7348R	Kaolin	BPC 1968	6.92	8.00
7301G	Kaolin and Opium	PL & APF	8.22	9.30
7347Q	Lobelia and Stramonium Compound	BPC 1968	9.19	10.27
7346P	Magnesium Carbonate	BPC 1968	6.06	7.14
7342K	Magnesium Trisilicate	BPC 1968	6.36	7.44
7343L	Magnesium Trisilicate and Belladonna	BPC 1968	6.69	7.77
7909G	Morphine (1 mg/mL)	APF	7.12	8.20
7910H	Morphine Forte (5 mg/mL)	APF	10.63	11.71
7911J	Potassium Citrate	PL & APF	7.45	8.53
7932L	Potassium Citrate and Sodium Bicarbonate	PL & APF	6.49	7.57
7618Y	Potassium Iodide and Stramonium Compound	PL & APF	9.64	10.72
7933M	Sodium Citrate	PL & APF	7.89	8.97
7333Y	Stramonium and Potassium Iodide	BPC 1973	6.97	8.05
MIXTURES FOR CHILDREN				
(Maximum Quantity 100 mL and 4 Repeats)				
7783P	Aspirin	APF 13	6.47	7.55
7785R	Belladonna	APF 13	6.19	7.27
7789Y	Ferrous Sulphate	APF 13	5.82	6.90
7330T	Ipecacuanha	BPC 1973	6.03	7.11
7494K	Ipecacuanha and Camphor	PL & APF	6.09	7.17
7791C	Potassium Citrate	PL & APF	6.62	7.70
7792D	Sodium Citrate	PL & APF	6.84	7.92
MOUTH WASH				
(Maximum Quantity 200 mL and 1 Repeat)				
7457L	Thymol Compound	APF	7.52	8.60
NASAL INSTILLATIONS				
(Maximum Quantity 15 mL and 2 Repeats)				
7574P	Ephedrine	PL & APF	5.21	6.29
7576R	Glucose and Glycerol	PL & APF	5.41	6.49
OINTMENTS				
(Maximum Quantity 100 g and 1 Repeat)				
9497W	Benzoic Acid Compound	PL & APF	7.35	8.43
9497W	Benzoic Acid Compound (extemporaneous formula)	BP	7.35	8.43
9519B	Boric Acid, Olive Oil and Zinc Oxide	QHF	7.90	8.98
7915N	Calamine (extemporaneous formula)	BP	6.74	7.82
7916P	Cetomacrogol Emulsifying	BP	8.61	9.69
7917Q	Cetrimide Emulsifying	BP	8.37	9.45
7452F	Dithranol 0.1%	APF	6.70	7.78
7451E	Dithranol 1%	APF	11.94	13.02
7918R	Emulsifying	PL, APF & BP	7.37	8.45

— CONTAINER RATES TO BE ADDED —

Code	Item	Reference	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$
OINTMENTS—cont.				
9557B	Hydrous Wool Fat	BPC 1973	6.91	7.99
9559D	Ichthammol	BP 1980	8.32	9.40
9576B	Methyl Salicylate (extemporaneous formula)	BP	8.08	9.16
9577C	Methyl Salicylate Compound	APF 1934	7.98	9.06
7924C	Paraffin (white)	BP	6.66	7.74
7925D	Paraffin (yellow)	BP 1968	6.66	7.74
9592W	Resorcinol and Sulphur Compound	PL & APF	8.32	9.40
7926E	Salicylic Acid	PL & APF	7.29	8.37
8022F	Salicylic Acid (extemporaneous formula)	BP	8.18	9.26
7927F	Simple White	PL & APF	7.84	8.92
7927F	Simple (white)	BP	7.84	8.92
7930J	Simple (yellow)	BP	8.05	9.13
8060F	Sulphur	BP 1980	7.73	8.81
7450D	Wool Alcohols	APF	7.57	8.65
7936Q	Wool Alcohols (white)	BP	8.07	9.15
7937R	Wool Alcohols (yellow)	BP	8.07	9.15
7896N	Zinc (extemporaneous formula)	BP	8.47	9.55
7899R	Zinc and Castor Oil	PL, APF & BP	6.87	7.95
7573N	Zinc and Coal Tar	APF	6.51	7.59
7896N	Zinc Oxide	PL & APF	8.47	9.55
PAINTS				
(Maximum Quantity 25 mL and 1 Repeat)				
7781M	Coal Tar	APF & BP 1980	5.49	6.57
7842R	Formaldehyde and Salicylic Acid	APF	5.47	6.55
7562B	Ichthammol	PL & APF	7.14	8.22
7563C	Iodine	APF 1964	5.81	6.89
7326N	Iodine Compound	APF	5.89	6.97
7569J	Lactic and Salicylic Acid	APF	7.58	8.66
7566F	Podophyllin	PL	6.94	8.02
7567G	Podophyllin Compound	PL, APF & BP	8.89	9.97
7568H	Salicylic Acid	PL & APF	7.04	8.12
PASTES				
(Maximum Quantity 100 g and 1 Repeat)				
7555P	Coal Tar and Zinc	PL & APF	7.75	8.83
9740P	Dithranol 0.1%	PL & APF	8.57	9.65
9738M	Dithranol 0.1% (extemporaneous formula)	BP	8.57	9.65
9737L	Dithranol 1%	APF	13.79	14.87
9739N	Dithranol 1% (extemporaneous formula)	BP	13.79	14.87
7323K	Resorcinol and Sulphur	BP 1980	8.67	9.75
9741Q	Zinc and Coal Tar (extemporaneous formula)	BP	7.00	8.08
7558T	Zinc Compound	PL & APF	7.74	8.82
7558T	Zinc Compound (extemporaneous formula)	BP	7.74	8.82
7559W	Zinc and Salicylic Acid	PL & APF	7.82	8.90
9773J	Zinc and Salicylic Acid	BP	7.82	8.90
POWDER FOR INTERNAL USE				
(Maximum Quantity 100 g and 2 Repeats)				
9825D	Magnesium Trisilicate	BP	7.27	8.35

Code	Item	Reference	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$
POWDER, IRRIGATION (Maximum Quantity 100 g and 1 Repeat)				
7546E	Alkaline Nasal Douche	APF	6.53	7.61
SOAPS (Maximum Quantity 200 mL and 1 Repeat)				
9896W	Spirit	BP	9.84	10.92
9897X	Spirit (Industrial Methylated)	BP	10.00	11.08
SOLUTIONS (Maximum Quantity 200 mL and 2 Repeats)				
7539T	Calcium Hypochlorite (Eusol)	APF	5.52	6.60
7923B	Iodine Alcoholic	BP	11.10	12.18
7922Y	Iodine Aqueous Oral (Lugol's)	BP	20.68	15.70
7540W	Soap Alcoholic	APF	9.02	10.10
SYRUP (Maximum Quantity 100 mL and 4 Repeats)				
7375E	Codeine	APF	7.11	8.19
TINCTURES (Maximum Quantity 25 mL and 1 Repeat)				
8073X	Belladonna	BP	5.89	6.97
8075B	Stramonium	BP 1980	5.84	6.92
PREPARATION WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY				
MIXTURE (Maximum Quantity 200 mL and no Repeats)				
7002M	Aspirin APF 13 with Codeine Phosphate BP 30 mg per 10 mL		8.92	10.00

Table of Codes, Maximum Quantities and Number of Repeats for Extemporaneously Prepared Benefits

Code	Preparations	Maximum Quantity	Number of Repeats
13Q	Creams	100 g	1
48M	Dusting Powders	100 g	1
15T	Ear Drops	15 mL	2
16W	Elixirs	100 mL	4
19B	Eye Drops of Cocaine	15 mL	..
22E	Other Eye Drops	15 mL	5
23F	Eye Lotions	200 mL	2
25H	Gargles	200 mL	4
28L	Glycerins	100 mL	1
29M	Inhalations	50 mL	1
37Y	Inhalations, Solid	4 g	1
34T	Linctuses	100 mL	2
38B	Liniments	100 mL	1
39C	Lotions	200 mL	2
40D	Mixtures	200 mL	4
41E	Mixtures for Children	100 mL	4
30N	Mouth Washes	200 mL	1
42F	Nasal Instillations	15 mL	2
43G	Ointments, Waxes	100 g	1
44H	Paints	25 mL	1
63H	Pastes of Cocaine	25 g	..
45J	Other Pastes	100 g	1
49N	Powders for Internal Use	100 g	2
61F	Powders, Irrigation	100 g	1
51Q	Soaps	200 mL	1
52R	Solutions	200 mL	2
55X	Syrups	100 mL	4
56Y	Tinctures	25 mL	1

Prescribers' List

PRESCRIPTION

CREAMS

(Maximum Quantity 100 g 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

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

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 100 g 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 15 mL 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

EAR DROPS—continued

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 50 mL and 1 Repeat)

7485Y BENZOIN (PL)			
Benzoin Tincture, Compound .	50	mL	
8577K BENZOIN, COMPOUND (PL)			
Racemic Menthol or Levomenthol	1	g	
Siberian Fir Oil	2.5	mL	
Benzoin Tincture, Compound to	50	mL	
7484X BENZOIN and MENTHOL (APF)			
Racemic Menthol or Levomenthol	1	g	
Benzoin Tincture, Compound to	50	mL	
7310R MENTHOL and EUCALYPTUS (PL)			
Racemic Menthol or Levomenthol	1	g	
Eucalyptus Oil	5	mL	
Light Magnesium Carbonate ..	3.5	g	
Purified Water to	50	mL	
7309Q MENTHOL and PINE (APF)			
Racemic Menthol or Levomenthol	1	g	
Pumilio Pine Oil	2.5	mL	
Ethanol (90 per cent) to	50	mL	

LINIMENT

(Maximum Quantity 100 mL and 1 Repeat)

7480Q METHYL SALICYLATE, COMPOUND (APF)			
Racemic Menthol or Levomenthol	4	g	
Eucalyptus Oil	10	mL	
Methyl Salicylate	25	mL	
Arachis Oil to	100	mL	

PRESCRIPTION

LOTIONS

(Maximum Quantity 200 mL and 2 Repeats)

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 200 mL 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	
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	

PRESCRIPTION

MIXTURES—continued

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	
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 15 mL 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	

PRESCRIPTION

OINTMENTS

(Maximum Quantity 100 g 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	
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 25 mL 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	

PRESCRIPTION

PAINTS—continued

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 100 g and 1 Repeat)

7555P **COAL TAR and ZINC (APF)**
 Coal Tar 1 g
 Castor Oil 1 g
 Compound Zinc Paste 98 g

PRESCRIPTION

PASTES—continued

9740P **DITHRANOL 0.1% (APF)**
 Dithranol 100 mg
 Zinc and Salicylic Acid Paste,
 APF 99.9 g

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

Children's Section

PRESCRIPTION

MIXTURES

(Maximum Quantity 100 mL 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

MIXTURES—continued

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



**Commonwealth Department of
Veterans' Affairs**

**REPATRIATION
SCHEDULE OF
PHARMACEUTICAL
BENEFITS**

DECEMBER 1991

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

PBS PHARMACEUTICAL BENEFITS

(Patients ineligible to receive
Repatriation
Pharmaceuticals)

FOR REPATRIATION PHARMACEUTICAL BENEFITS

Affairs beneficiaries in accordance with their treatment entitlement.

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

PHARMACEUTICAL BENEFIT ENQUIRIES ONLY

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Sydney NSW 2001

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(02) 213 7540

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

Telephone 008)113 304
Ext. 6442
(03) 284 6442
(03) 284 6188

QUEENSLAND

Department of Veterans' Affairs
GPO Box 651
Brisbane Qld 4001

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

SOUTH AUSTRALIA and NORTHERN TERRITORY

Department of Veterans' Affairs
GPO Box 1652
Adelaide SA 5001

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(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 008 001 211
(002) 21 6631

REPATRIATION PHARMACEUTICAL BENEFITS

Explanatory Circular regarding the December 1991 edition of the Repatriation Schedule of Pharmaceutical Benefits.

This reprint of the Schedule will take effect on 1 December 1991 and all previous editions of the Schedule are cancelled.

SUMMARY OF CHANGES

DELETIONS

The following items have been discontinued by the manufacturer and are no longer available through full line wholesalers. The items are to be delisted on 1 December 1991 without advance notice.

Section 3

Absorbent Cotton Gauze, roll 11 cm x 373 cm (*Kerlix 6715*)
Self Adhesive Plaster Hypoallergenic, roll 1.25 cm x 9.1 m (*Tenderskin 1596C*)
Self Adhesive Plaster Hypoallergenic, roll 2.5 cm x 9.1 m (*Tenderskin 1914C*)
Self Adhesive Plaster Hypoallergenic, roll 5 cm x 9.1 m (*Tenderskin 2419C*)

ALTERATIONS

Section 1

Manufacturer's Code

	From	To
Chlorhexidine Gluconate , mouth wash 2 mg per mL (0.2%), 250 mL (<i>Savacol Mouth and Throat Rinse</i>)	IC	OM

Section 3

Maximum Quantity

	From	To
Gauze Sterile Strip , strip 1.25 cm x 1 m (<i>Nufold 10330</i>)	‡1	‡3
Gauze Sterile Strip , strip 2.5 cm x 1 m (<i>Nufold 10331</i>)	‡1	‡3
Gauze Sterile Strip , strip 2.5 cm x 2.5 m (<i>Nufold 10332</i>)	‡1	‡3

Number of Repeats

	From	To
Gauze Sterile Strip , strip 1.25 cm x 1 m (<i>Nufold 10330</i>)	2	..
Gauze Sterile Strip , strip 2.5 cm x 1 m (<i>Nufold 10331</i>)	2	..
Gauze Sterile Strip , strip 2.5 cm x 2.5 m (<i>Nufold 10332</i>)	2	..

Proprietary Name

	From	To
Dressing Self Adhesive Non Adherent Dry Adsorbent,		
Sterile sachets 5 cm x 7.5 cm, pack of 10	Curitty-Telfa 6020C	Telfa 6020C
Sterile sachets 7.5 cm x 10 cm, pack of 6	Curitty-Telfa 7650	Telfa 7650C
Self Adhesive Plaster Hypoallergenic,		
roll (dispenser) 1.25 cm x 4.5 m	Micropore Cloth First Aid Tape 2610	Duropore 2610
roll (dispenser) 1.25 cm x 4.5 m	Micropore Paper First Aid Tape R3	Micropore R3
roll (dispenser) 1.25 cm x 4.5 m	Micropore Plastic First Aid Tape TR1	Transpore TR1
roll (dispenser) 1.25 cm x 4.5 m	Micropore Skintone Paper First Aid Tape RF7	Micropore Skintone RF7
roll (dispenser) 1.25 cm x 4.5 m	Micropore Waterproof Aid Tape BR1	Blenderm BR1
roll (dispenser) 2.5 cm x 4.5 m	Micropore Cloth First Aid Tape 2611	Duropore 2611
roll (dispenser) 2.5 cm x 4.5 m	Micropore Paper First Aid Tape R4	Micropore R4
roll (dispenser) 2.5 cm x 4.5 cm	Micropore Plastic First Aid Tape TR2	Transpore TR2
roll (dispenser) 2.5 cm x 4.5 cm	Micropore Skintone Paper First Aid Tape RF8	Micropore Skintone RF8
roll (dispenser) 2.5 cm x 4.5 cm	Micropore Waterproof First Aid Tape BR2	Blenderm BR2

ADVANCE NOTICES

Item

The following item will be deleted from the Repatriation Schedule of Pharmaceutical Benefits from 1 April 1992.

Glycerol, suppositories adult size 2.7 g, 12 (PD)

Brand

The following brand will be deleted from the Repatriation Schedule of Pharmaceutical Benefits from 1 April 1992.

Brand being deleted at the request of the manufacturer—

Pheniramine Aminosalicylate, tablet 50 mg (Avil)

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 4 g sachets (pack of 24)	5	5	Gavigrans	RC
4111J	ALLANTOIN and COAL TAR EXTRACT Lotion 20 mg-50 mg per mL (2%-5%), 250 mL	‡1	2	Alphosyl	SV
4112K	Cream 17 mg-50 mg per g (1.7%-5%), 50 g	‡1	2	Alphosyl	SV
4281H	ALLANTOIN, GLYCEROL and ICHTHAMMOL Cream 5 mg-10 mg-10 mg per g (0.5%-1%-1%), 50 g	‡1	2	Egoderm Cream	EO
4506E	ALLANTOIN, SULPHUR, PHENOL, COAL TAR SOLUTION and MENTHOL Gel 25 mg-5 mg-5 mg-0.05 mL-7.5 mg per g (2.5%-0.5%-0.5%-5%-0.75%), 75 g	‡1	2	Egopsoryl-TA	EO
4117Q	ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE and SIMETHICONE Tablet 400 mg-400 mg-30 mg	200	5	Mylanta II	PD
4118R	Oral suspension 400 mg-400 mg-30 mg per 5 mL, 375 mL	2	5	Mylanta II	PD
4561C	ASTEMIZOLE Tablet 10 mg	30	..	Hismanal	JC
4122Y	BATH EMOLLIENT Bath oil, 500 mL	‡1	2	Hamilton Bath Oil QV Bath Oil Rikoderm	HA EO RK
4127F	BECLOMETHASONE DIPROPIONATE Aqueous nasal suspension in metered dose atomising pump 50 micrograms per dose (200 doses)	‡1	2	Aldecin Aqueous Beconase AQ	SH GL
4126E	Nasal pressurised inhalation 50 micrograms per dose (200 doses)	‡1	2	Aldecin Beconase	SH GL
4128G	BENZALKONIUM CHLORIDE, CETRIMIDE and LANOLIN Cream 100 micrograms-1.8 mg-18 mg per g (0.01%-0.18%-1.8%), 50 g	‡1	2	Drapolex	BW
4129H	BENZTROPINE MESYLATE Tablet 0.5 mg	100	2	Cogentin	MK
4130J	BENZYDAMINE HYDROCHLORIDE Solution 1.5 mg per mL (0.15%), 200 mL	‡1	..	Difflam	RK
4507F	BETAMETHASONE DIPROPIONATE Cream 500 micrograms per g (0.05%), 50 g	‡1	2	Diprosone	SH
4508G	Ointment 500 micrograms per g (0.05%), 50 g	‡1	2	Diprosone	SH
4511K	BETAMETHASONE VALERATE Cream 500 micrograms per g (0.05%), 30 g	‡1	2	Betnovate 1/2 Celestone-V Half Strength	GL SH

(continued)

REPATRIATION

3

Code	Name, Manner of Administration and Form	Max Qty	No. of Rpts	Proprietary Name and Manufacturer	
	BETAMETHASONE VALERATE—cont.				
4131K	Cream 1 mg per g (0.1%), 30 g	‡1	2	Betnovate Celestone-V	GL SH
4517R	Gel 500 micrograms per g (0.05%), 30 g	‡1	2	Betnovate 1/2	GL
4513M	Ointment 500 micrograms per g (0.05%), 30 g	‡1	2	Betnovate 1/2 Celestone-V Half Strength	GL SH
4132L	Ointment 1 mg per g (0.1%), 30 g	‡1	2	Betnovate Celestone-V	GL SH
4133M	Scalp application 1 mg per g (0.1%), 30 g	‡1	2	Betnovate	GL
	BETAMETHASONE VALERATE and GENTAMICIN SULPHATE				
	CAUTION: For the short term treatment of localised infective eczema only.				
4139W	Cream 1 mg-1 mg per g (0.1%-0.1%), 15 g	‡1	..	Celestone-VG	SH
4140X	Ointment 1 mg-1 mg per g (0.1%-0.1%), 15 g	‡1	..	Celestone-VG	SH
	BISMUTH FORMIC IODIDE				
4143C	Powder 10 g	‡1	..	B.F.I.	MK
	BROMAZEPAM				
	CAUTION: Continuous long term use may lead to dependency.				
4150K	Tablet 3 mg	50	..	Lexotan	RO
4151L	Tablet 6 mg	50	..	Lexotan	RO
4152M	Tablet 12 mg	50	..	Lexotan	RO
	BROMPHENIRAMINE MALEATE				
4054J	Tablet 4 mg	50	2	Dimetane	WT
	CALCIUM CARBONATE				
4550L	Effervescent powder 300 g	‡1	2	Effercal-600	HA
	CALCIUM CARBONATE with GLYCINE				
4055K	Tablet 420 mg-180 mg	200	5	Titralac	RK
	CALCIUM GLUCONATE				
4154P	Tablet 600 mg	100	2	SI	
	CARBENOXOLONE SODIUM				
4156R	Gel 20 mg per g (2%), 5 g	‡1	1	Bioral	SN
	CARMELLOSE SODIUM with PECTIN and GELATIN				
4518T	Paste 167 mg-167 mg-167 mg per g (16.7%-16.7%-16.7%), 5 g	‡1	..	Orabase	SQ
4520X	Paste 167 mg-167 mg-167 mg per g (16.7%-16.7%-16.7%), 80 g	‡1	2	Orabase	SQ

REPATRIATION

Code	Name, Manner of Administration and Form	Max Qty	No. of Rpts	Proprietary Name and Manufacturer	
CHLORDIAZEPOXIDE					
CAUTION:					
Continuous long term use may lead to dependency.					
4157T	Tablet 5 mg	50	..	Librium	RO
4158W	Capsule 10 mg	50	..	Librium	RO
CHLORHEXIDINE GLUCONATE					
4160Y	Mouth wash 2 mg per mL (0.2%), 200 mL	‡1	..	Chlorohex	OM
4161B	Mouth wash 2 mg per mL (0.2%), 250 mL	‡1	..	Plaqacide Savacol Mouth and Throat Rinse	OB OM
CHLORTETRACYCLINE HYDROCHLORIDE					
4552N	Cream 30 mg per g (3%), 15 g	‡1	..	Aureomycin	LE
4553P	Ointment 30 mg per g (3%), 15 g	‡1	..	Aureomycin	LE
CHOLINE SALICYLATE, CETALKONIUM CHLORIDE, MENTHOL, GLYCEROL and ETHANOL					
4162C	Jelly 87 mg-100 micrograms-570 micrograms-46 mg- 386 mg per g (8.7%-0.01%-0.057%-4.6%-38.6%), 15 g	‡1	..	Seda-Gel	NN
CLORAZEPATE DIPOTASSIUM					
CAUTION:					
Continuous long term use may lead to dependency.					
4166G	Capsule 5 mg	50	..	Tranxene	GL
4167H	Capsule 15 mg	30	..	Tranxene	GL
CODEINE PHOSPHATE with ASPIRIN					
4061R	Tablet soluble 8 mg-300 mg	50	2	Aspalgin	FM
4062T	Tablet soluble 8 mg-500 mg	50	2	Solcode	RC
CODEINE PHOSPHATE with PARACETAMOL					
4171M	Tablet 8 mg-500 mg	50	1	Codalgin Dymadon Co.	FM BW
DEXTROPROPOXYPHENE NAPSYLATE					
CAUTION:					
Chronic use of this preparation is likely to cause drug dependence.					
4081T	Capsule 100 mg	50	..	Doloxene	LY
DICHLOROBENZENE, CHLORBUTOL and TURPENTINE OIL					
4180B	Ear drops 20 mg-50 mg-0.1 mL per mL (2%-5%-10%), 11 mL	‡1	..	Cerumol	AC
DICYCLOMINE HYDROCHLORIDE					
4185G	Tablet 10 mg	100	..	Merbentyl	ML

Code	Name, Manner of Administration and Form	Max Qty	No. of Rpts	Proprietary Name and Manufacturer	
DIMETHICONE and GLYCEROL <i>For colostomy and ileostomy use; For use by paraplegic and quadriplegic patients; For use with surgical appliances.</i>					
4556T	Cream 150 mg-20 mg per g (15%-2%), 75 g	#1	..	Silic 15	EO
4551M	Cream 150 mg-20 mg per g (15%-2%), 600 g	#1	..	Silic 15	EO
4191N	DIPHEMANIL METHYLSULPHATE Dusting powder 20 mg per g (2%), 50 g	#1	1	Prantal	SH
4195T	DIPHENHYDRAMINE HYDROCHLORIDE Capsule 50 mg	50	2	Benadryl	PD
4065Y	DIPHENYLPYRALINE HYDROCHLORIDE Tablet 2.5 mg	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 250 mg	30	1	Antabuse	JC
4200C	DOCUSATE SODIUM Tablet 50 mg	100	2	Coloxyl 50	FM
4201D	Tablet 120 mg	100	2	Coloxyl 120	FM
4199B	Ear drops 50 mg per mL (5%), 10 mL	#1	..	Waxsol	NE
4198Y	DOCUSATE SODIUM with SENNA Tablet 50 mg-8 mg	90	2	Coloxyl with Senna	FM
4555R	ECONAZOLE NITRATE Cream 10 mg per g (1%), 25 g	#1	1	Dermazole	EO
4205H	ETHAMBUTOL HYDROCHLORIDE Tablet 100 mg	100	2	Myambutol	LE
4206J	Tablet 400 mg	100	2	Myambutol	LE
4523C	FLUCLOROLONE ACETONIDE Cream 250 micrograms per g (0.025%), 30 g	#1	2	Topilar	SD
4212Q	FLUNISOLIDE Nasal spray 250 micrograms per mL (0.025%), 20 mL	#1	2	Rhinalar Nasal Mist	SD
FLUNITRAZEPAM CAUTION: Continuous long term use may lead to dependency.					
4213R	Tablet 2 mg	25	..	Hypnodorm Rohypnol	AF RO
4292X	FLUOCINOLONE ACETONIDE Cream 250 micrograms per g (0.025%), 30 g	#1	2	Synalar	IC
4296D	Ointment 250 micrograms per g (0.025%), 30 g	#1	2	Synalar	IC

REPATRIATION

Code	Name, Manner of Administration and Form	Max Qty	No. of Rpts	Proprietary Name and Manufacturer	
4215W	FLUOCORTOLONE PIVALATE and FLUOCORTOLONE HEXANOATE Cream 2.5 mg-2.5 mg per g (0.25%-0.25%), 30 g	‡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.				
4217Y	Ointment 920 micrograms-950 micrograms-10 mg-5 mg per g (0.092%-0.095%-1%-0.5%), 10 g	‡1	2	Ultraproct	SC
4218B	Ointment 920 micrograms-950 micrograms-10 mg-5 mg per g (0.092%-0.095%-1%-0.5%), 30 g	‡1	2	Ultraproct	SC
4219C	Suppositories 610 micrograms-630 micrograms-5 mg-1 mg, 12	‡1	2	Ultraproct	SC
4222F	FLUOROURACIL Cream 50 mg per g (5%), 20 g	‡1	..	Efudix	RO
4223G	Solution 10 mg per mL (1%), 30 mL	‡1	..	Fluoroplex	AG
	FLURAZEPAM DIHYDROCHLORIDE CAUTION: Continuous long term use may lead to dependency.				
4226K	Capsule 15 mg	30	..	Dalmane	RO
4227L	Capsule 30 mg	30	..	Dalmane	RO
4249P	GLYCEROL Suppositories adult size 2.7 g, 12	‡1	1	PD	
4246L	Suppositories 2.8 g (for adults), 12	3	5	PP	
4251R	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.				
4260F	Ointment 5 mg-5 mg-10 mg per g (0.5%-0.5%-1%), 15 g	‡1	2	Proctosedyl	RL
4261G	Ointment 5 mg-5 mg-10 mg per g (0.5%-0.5%-1%), 30 g	‡1	2	Proctosedyl	RL
4262H	Suppositories 5 mg-5 mg-10 mg, 12	‡1	2	Proctosedyl	RL

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 10 mg-10 mg per g (1%-1%), 30 g	‡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 2.5 mg-50 mg-35 mg-180 mg per g (0.25%-5%-3.5%-18%), 15 g	‡1	2	Xyloproct	AP
4268P	Ointment 2.5 mg-50 mg-35 mg-180 mg per g (0.25%-5%-3.5%-18%), 35 g	‡1	2	Xyloproct	AP
4269Q	Suppositories 5 mg-60 mg-50 mg- 400 mg, 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 250 mL	‡1	2	Ionil Rinse	AQ
HYDROXYETHYL RUTOSIDES					
4272W	Capsule 250 mg	100	1	Paroven	ZY
HYDROXYZINE PAMOATE					
4273X	Capsule 25 mg	50	2	Atarax	PF
4274Y	Capsule 50 mg	50	2	Atarax	PF
HYOSCINE BUTYLBROMIDE					
4279F	Injection 20 mg in 1 mL	5	..	Buscopan	BY
ISPAGHULA HUSK					
4285M	Sachets 3.5 g, 30	‡1	1	Fybogel	RC
LIGNOCAINE HYDROCHLORIDE and CARBOXYMETHYLCELLULOSE					
4308R	Mucilage 20 mg-25 mg per mL (2%-2.5%), 200 mL	‡1	..	Xylocaine Viscous	AP
LORAZEPAM					
CAUTION:					
Continuous long term use may lead to dependency.					
4314C	Tablet 1 mg	50	..	Emoten 1	AF
4315D	Tablet 2.5 mg	50	..	Emoten 2.5	AF

REPATRIATION

Code	Name, Manner of Administration and Form	Max Qty	No. of Rpts	Proprietary Name and Manufacturer	
4318G	LUBRICATING AGENT Jelly 60 g	‡1	..	Lubafax	BW
4321K	MAGNESIUM ASPARTATE Tablet 500 mg	50	..	Magmin	VG
4325P	MEBENDAZOLE Tablet 100 mg	6	..	Vermox	JC
4328T	MEBEVERINE HYDROCHLORIDE Tablet 135 mg	90	..	Colofac	JC
4066B	MECLOZINE HYDROCHLORIDE Tablet 25 mg	50	2	Ancolan	GL
4377J	OXYMETAZOLINE HYDROCHLORIDE Nasal drops 500 micrograms per mL (0.05%), 15 mL	‡1	..	Drixine	SH
4378K	Nasal spray 500 micrograms per mL (0.05%), 15 mL	‡1	..	Drixine	SH
4401P	PHENAZOPYRIDINE HYDROCHLORIDE Tablet 100 mg	50	1	Pyridium	WW
4069E	PHENIRAMINE AMINOSALICYLATE Tablet 50 mg	50	2	Avil Fenamine	HP FM
4071G	PHOLCODINE Linctus 1 mg per mL (0.1%), 100 mL	‡1	2	Actuss Duro-Tuss Pholcolin Red	SI RK MB
4409C	PINE TAR, CADE OIL, COAL TAR SOLUTION, ARACHIS OIL EXTRACT OF CRUDE TAR OIL and OLEYL ALCOHOL Scalp cleanser 3 mg-3 mg-1 mg-3 mg-10 mg per mL (0.3%-0.3%-0.1%-0.3%-1%), 350 mL	‡1	2	Polytar	SX
4408B	PINE TAR and TRIETHANOLAMINE LAURYL SULPHATE Solution 23 mg-60 mg per mL (2.3%-6%), 500 mL	‡1	2	Dermatar Pinetarsol	HA EO
4411E	POVIDONE—IODINE Solution 100 mg per mL (10%), 100 mL	‡1	..	Betadine Antiseptic Liquid	FA
4530K	Powder 145 mg per g (14.5%), 10 g	‡1	..	E.D.P.	BT
4412F	PREDNISOLONE HEXANOATE, CINCHOCAINE HYDROCHLORIDE and CLEMIZOLE UNDECYLENATE CAUTION: Prolonged and excessive use of topical cortico- steroid preparations may lead to skin atrophy. This preparation is intended for short term palliative use only.	‡1	2	Scheriproct	SC
(continued)					

REPATRIATION

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Code	Name, Manner of Administration and Form	Max Qty	No. of Rpts	Proprietary Name and Manufacturer	
	PREDNISOLONE HEXANOATE, CINCHOCAINE HYDROCHLORIDE and CLEMIZOLE UNDECYLENATE—cont.				
4413G	Ointment 1.9 mg-5 mg-10 mg per g (0.19%-0.5%-1%), 30 g	‡1	2	Scheriproct	SC
4414H	Suppositories 1.3 mg-1 mg-5 mg, 12	‡1	2	Scheriproct	SC
4417L	PROCAINAMIDE HYDROCHLORIDE Tablet 500 mg (controlled release)	100	2	Procaïnamide Durules	AP
4072H	PROMETHAZINE HYDROCHLORIDE Tablet 10 mg	50	2	Phenergan	MB
4073J	Tablet 25 mg	50	2	Phenergan	MB
4420P	PSEUDOEPHEDRINE HYDROCHLORIDE Tablet 60 mg	30	..	Sudafed	BW
4418M	PSEUDOEPHEDRINE SULPHATE Tablet 60 mg	30	..	Drixora	SH
4422R	PSYLLIUM HYDROPHILIC MUCILLOID Oral powder (non-flavoured) 375 g	‡1	1	Metamucil	PY
4434J	RICINOLEIC ACID, ACETIC ACID and HYDROXYQUINOLINE SULPHATE Vaginal jelly 7 mg-9.4 mg-250 micrograms per g (0.7%-0.94%-0.025%), 100 g	‡1	..	Aci-Jel	JC
4445Y	SALICYLIC ACID, BENZALKONIUM CHLORIDE, ALCOHOL and POLYOXYETHYLENE ETHERS Scalp cleanser 20 mg-2 mg-130 mg-216 mg per mL (2%-0.2%-13%-21.6%), 250 mL	‡1	2	Ionil	AQ
4560B	SALICYLIC ACID, BENZALKONIUM CHLORIDE, ALCOHOL, COAL TAR and POLYOXYETHYLENE ETHERS Scalp cleanser 20 mg-2 mg-130 mg-50 mg-216 mg per mL (2%-0.2%-13%-5%-21.6%), 250 mL	‡1	2	Ionil-T	AQ
4447C	SALICYLIC ACID, COAL TAR SOLUTION, PINE TAR and UNDECYLENAMIDE Scalp cleanser 20 mg-10 mg-10 mg-10 mg per mL (2%-1%-1%-1%), 250 mL	‡1	2	Sebitar	EO
4449E	SALICYLIC ACID and PODOPHYLLIN RESIN Ointment 200 mg-100 mg per g (20%-10%), 10 g	‡1	..	Salicylin-P	KY
4450F	Paint 100 mg-200 mg per mL (10%-20%), 6 mL	‡1	1	Posalfiltin	NE
4452H	SELENIUM SULPHIDE Shampoo 25 mg per mL (2.5%), 125 mL	‡1	1	Selsun	AB
4074K	SENEGA and AMMONIA Mixture 200 mL	‡1	4	Senagar Senamon	SI MB
4455L	SENNA STANDARDISED Tablet 7.5 mg	100	1	Senokot	RC

REPATRIATION

Code	Name, Manner of Administration and Form	Max Qty	No. of Rpts	Proprietary Name and Manufacturer	
4549K	SKIN CLEANSER Lotion 500 mL	‡1	2	Hamilton Bodywash	HA
	SODIUM BICARBONATE CAUTION: For use in the treatment of renal disease.				
4458P	Capsule 840 mg	100	2	Sodibic	FC
4460R	SODIUM CHLORIDE Irrigation solution 9 mg per mL (0.9%), 500 mL	‡1	2	BX	
4461T	Irrigation solution 9 mg per mL (0.9%), 1 L	‡1	2	BX	
4462W	SODIUM CITRATE and SODIUM LAURYL SULPHOACETATE Enemas 90 mg-9 mg in 5 mL, 4	‡1	1	Microlax	PS
4465B	SODIUM CROMOGLYCATe Capsule 10 mg (nasal insufflation)	100	5	Rynacrom	FC
4468E	Nasal spray metered dose pump 20 mg per mL (2%), 26 mL	‡1	5	Rynacrom	FC
4469F	SODIUM FLUORIDE Tablet 20 mg	100	1	Hifluor	AF
	SODIUM POLYSTYRENE SULPHONATE CAUTION: For use in the treatment of renal disease.				
4470G	Oral powder 454 g	‡1	2	Resonium-A	WL
4471H	SPIRONOLACTONE Tablet 100 mg	100	..	Aldactone	SR
4557W	STERCULIA with FRANGULA BARK Granules 473 mg-83 mg per g (47.3%-8.3%), 250 g	‡1	1	Granocol	SC
4544E	SUNSCREENS Cream 100 g	‡1	2	Aquasun Blockout Cream 15+ Hamilton Sunscreen Broad Spectrum Cream 15+ SunSense Cream 15+	RO HA EO
4368X	Lotion (alcoholic) 125 mL	‡1	2	SunSense Lotion 15+	EO
4546G	Lotion (non-alcoholic) 125 mL	‡1	2	Aquasun Blockout Lotion 15+ Hamilton Broad Spectrum Milky Lotion 15+ SunSense Milk 15+	RO HA EO

(continued)

REPATRIATION

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Code	Name, Manner of Administration and Form	Max Qty	No. of Rpts	Proprietary Name and Manufacturer	
4209M	SUNSCREENS—cont. Solid stick 5 g	‡1	2	Hamilton Broad Spectrum Solastick 15+	HA
4562D	TERFENADINE Tablet 60 mg	50	..	Teldane	ML
4477P	TETRA-BROMO-ORTHOCRESOL, UNDECENOIC ACID, ZINC UNDECENOATE and ZINC OXIDE Powder 10 mg-10 mg-50 mg-50 mg per g (1%-1%-5%-5%), 50 g	‡1	..	Pedoz	HA
4537T	TOLNAFTATE Cream 10 mg per g (1%), 30 g	‡1	..	Pedi-Derm	NN
4479R	Powder 10 mg per g (1%), 20 g	‡1	..	Pedi-Derm	NN
4538W	Solution 10 mg per mL (1%), 15 mL	‡1	..	Pedi-Derm	NN
4481W	Spray aerosol 10 mg per g (1%), 100 g	‡1	..	Tinaderm	SH
4483Y	TRIAMCINOLONE ACETONIDE with NEOMYCIN SULPHATE, GRAMICIDIN and NYSTATIN CAUTION: For the short term treatment of localised infective eczema only. Cream 1 mg-2.5 mg (base)-250 micrograms-100,000 units per g (0.1%-0.25% (base)-0.025%-100,000 units in 1 g), 15 g	‡1	..	Aristocomb Kenacomb	LE SQ
4482X	Ointment 1 mg-2.5 mg (base)-250 micrograms-100,000 units per g (0.1%-0.25% (base)-0.025%-100,000 units in 1 g), 15 g	‡1	..	Aristocomb Kenacomb	LE SQ
4488F	VITAMIN A Ointment 540 micrograms per g, 50 g	‡1	1	Ungvita	NS
4490H	VITAMIN A, CALAMINE and SILICONE OIL Cream 150 micrograms-100 mg-10 mg per g (500 units per g-10%-1%), 50 g	‡1	1	Ungvita Cream	NS
4493L	VITAMIN B GROUP COMPLEX Oral liquid 200 mL	‡1	2	Accomin Adult Tonic	LE
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 100 g	‡1	1	Z.S.C.	SI
4499T	ZINC PYRITHIONE Cream 5 mg per g (0.5%), 75 g	‡1	1	Dan Gard Hold & Care	FA
4498R	Shampoo 10 mg per mL (1%), 200 mL	‡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
INHALATION DEVICE					
4634X	Device	‡1	..	Bricanyl Nebuhaler 2022 Volumatic 10359	AP GL
INHALATION LEVER DEVICE FOR METERED AEROSOL					
4633W	Device	‡1	..	Haleraid	GL
INJECTION SITE PREPARATION SWAB					
4616Y	Isopropyl alcohol 0.7 mL per mL (70%), pack of 100	‡1	1	Medi Swab 1000H	SN
NASAL INSUFFLATOR					
4635Y	Nasal insufflator	‡1	..	Rynacrom	FC
ROTAHALERS					
4638D	Rotahaler	‡1	..	Becotide	GL
4637C	Rotahaler	‡1	..	Ventolin	GL
SPINHALER					
4636B	Spinhaler	‡1	..	Intal	FC

SECTION 3

DRESSINGS

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

Code	Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
4704N	ABSORBENT COTTON GAUZE Pack 90 cm x 1 m	‡1	..	Handy 4021	BE
4701K	ABSORBENT COTTON WOOL Roll 100 g	‡1	2	JJ 02013	JJ
4702L	Roll 375 g	‡1	2	JJ 02011	JJ
4707R	ABSORBENT GAUZE PAD Pads 5 cm x 5 cm, 100	‡1	..	Handy 5672	BE
4807B	Sterile single packs 5 cm x 5 cm, 100	‡1	..	Curity 3381	KE
4710X	Pads 7.5 cm x 7.5 cm, 100	‡1	..	Handy 5673	BE
4709W	Sterile single packs 7.5 cm x 7.5 cm, 100	‡1	..	Curity 6132	KE
4708T	Pads 10 cm x 10 cm, 100	‡1	..	Handy 5674	BE
4808C	Sterile single packs 10 cm x 10 cm, 100	‡1	..	Curity 6309	KE
4711Y	ABSORBENT LINT Pack 50 g	‡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.				
4715E	Pack of 20	‡1	10	Softzeze 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 Bandage 2.5 cm x 1.5 m	5	..	Handy-Band 9483	BE
4721L	Bandage 5 cm x 1.5 m	5	..	Handy-Band 9485	BE
4722M	Bandage 7.5 cm x 1.5 m	5	..	Handy-Band 9488	BE
4723N	Bandage 10 cm x 1.5 m	5	..	Handy-Band 9490	BE
4724P	Bandage 15 cm x 1.5 m	5	..	Handy-Band 9495	BE
4727T	BANDAGE COTTON CREPE HEAVY Bandage 5 cm x 2.3 m	2	..	Elastocrepe 300501 Telfa 8252F	SN KE
4728W	Bandage 7.5 cm x 2.3 m	2	..	Elastocrepe 307501 Telfa 8253F	SN KE

(continued)

REPATRIATION

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Code	Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
4729X	BANDAGE COTTON CREPE HEAVY—cont. Bandage 10 cm x 2.3 m	2	..	Elastocrepe 301001 Telfa 8254F	SN KE
4730Y	Bandage 15 cm x 2.3 m	2	..	Elastocrepe 301501	SN
4733D	BANDAGE ELASTIC ADHESIVE Bandage 5 cm x 2.75 m	‡1	..	Elastoplast 186101	SN
4734E	Bandage 7.5 cm x 2.75 m	‡1	..	Elastoplast 186001	SN
4735F	Bandage 10 cm x 2.75 m	‡1	..	Elastoplast 1004	SN
4801Q	BANDAGE ELASTIC CONFORMING Bandage 2.5 cm x 1.8 m	5	..	Telfa 8181	KE
4802R	Bandage 5 cm x 1.8 m	5	..	Telfa 8182	KE
4803T	Bandage 7.5 cm x 1.8 m	5	..	Telfa 8183	KE
4804W	Bandage 10 cm x 1.8 m	5	..	Telfa 8184	KE
4805X	Bandage 15 cm x 1.8 m	5	..	Telfa 8186	KE
4738J	BANDAGE OPEN-WOVE Bandage 2.5 cm	5	..	Handy 5551	BE
4739K	Bandage 5 cm	5	..	Handy 5552	BE
4740L	Bandage 7.5 cm	5	..	Handy 5553	BE
4741M	Bandage 10 cm	5	..	Handy 5554	BE
4744Q	BANDAGE PLASTER OF PARIS Bandage 5 cm x 2.75 m	5	..	Gypsona S5002	SN
4745R	Bandage 7.5 cm x 2.75 m	5	..	Gypsona S5003	SN
4746T	Bandage 10 cm x 2.75 m	5	..	Gypsona S5004	SN
4747W	Bandage 15 cm x 2.75 m	5	..	Gypsona S5006	SN
4811F	BANDAGE SELF-ADHESIVE ELASTIC Bandage 5 cm x 1.3 m	2	..	Peg 7420	BK
4812G	Bandage 7.5 cm x 1.3 m	2	..	Peg 7422	BK
4813H	Bandage 10 cm x 1.3 m	2	..	Peg 7423	BK
4814J	Bandage 15 cm x 1.3 m	2	..	Peg 7425	BK
4820Q	BANDAGE STRETCH Bandage 2.5 cm	5	..	Conform 2230	KE
4821R	Bandage 5 cm	5	..	Conform 2231	KE
4822T	Bandage 7.5 cm	5	..	Conform 2232	KE

(continued)

Code	Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
4823W	BANDAGE STRETCH—cont. Bandage 10 cm	5	..	Conform 2236	KE
4824X	Bandage 15 cm	5	..	Conform 2238	KE
4833J	BANDAGE WRINKLED COTTON CREPE Bandage 5 cm x 1.5 m (hospital quality)	2	..	Telfa 8232	KE
4881X	Bandage 5 cm x 1.6 m (medium)	2	..	Handycrepe 8235	BE
4834K	Bandage 7.5 cm x 1.5 m (hospital quality)	2	..	Telfa 8233	KE
4882Y	Bandage 7.5 cm x 1.6 m (medium)	2	..	Handycrepe 8238	BE
4835L	Bandage 10 cm x 1.5 m (hospital quality)	2	..	Telfa 8234	KE
4883B	Bandage 10 cm x 1.6 m (medium)	2	..	Handycrepe 8240	BE
4884C	Bandage 15 cm x 1.6 m (medium)	2	..	Handycrepe 8245	BE
4751C	BANDAGE ZINC PASTE Bandage 6.5 cm x 80 cm (tubular)	2	..	Acoband	PS
4750B	Bandage 7.5 cm x 6 m	2	..	Viscopaste 4948A	SN
4752D	BANDAGE ZINC PASTE and ICHTHAMMOL Bandage 7.5 cm x 6 m	2	..	Ichthopaste 4959	SN
4839Q	DRESSING ADHESIVE MEMBRANE Sterile single sachet 14 cm x 10 cm	10	1	Op-Site 4963	SN
4841T	Sterile single sachet 25 cm x 10 cm	20	..	Bioclusive Transparent Dressing 12477	JJ
4754F	DRESSING ELASTIC ADHESIVE Pack 6 cm x 1 m	‡1	..	Elastoplast 4025	SN
4860T	DRESSING NON-ADHERENT DRY ABSORBENT Sterile single sachet 5 cm x 5 cm, pack of 5	‡1	..	Melolin 100020	SN
4755G	Sterile single pack 5 cm x 7.5 cm	10	..	Telfa 1961C	KE
4758K	Sterile single pack 7.5 cm x 10 cm	10	..	Telfa 2132C	KE
4861W	Sterile single sachet 10 cm x 10 cm, pack of 10	‡1	..	Melolin 4933	SN
4759L	DRESSING PARAFFIN GAUZE Sterile sachets 10 cm x 10 cm, pack of 10	‡1	..	Jelonet 7404	SN
4845B	DRESSING PARAFFIN GAUZE with CHLORHEXIDINE ACETATE Sterile sachets 10 cm x 10 cm, pack of 10	‡1	2	Bactigras 7457 Clorhexitulle	SN RL
4846C	Sterile sachets 10 cm x 40 cm, pack of 10	‡1	2	Bactigras 00616	SN
4847D	Sterile sachets 15 cm x 20 cm, pack of 10	‡1	2	Bactigras 7461	SN

Code	Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
4843X	DRESSING SELF ADHESIVE NON-ADHERENT DRY ABSORBENT Sterile sachets 5 cm x 7.5 cm, pack of 10	‡1	2	Telfa 6020C	KE
4844Y	Sterile sachets 7.5 cm x 10 cm, pack of 6	‡1	2	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) Wrapped pack 9 cm x 10 m	‡1	..	JJ 12031 SN 121054A	JJ SN
4765T	GAUZE and COTTON TISSUE (COMBINE ROLL) PIECES Sterile single sachet 10 cm x 10 cm	5	1	Curity Combine Dressing Pad 2472C	KE
4766W	Sterile single sachet 10 cm x 20 cm	5	1	Curity Combine Dressing Pad 2482C	KE
4768Y	GAUZE EYE PADS Pack of 12	‡1	..	Curity 4112	KE
4850G	GAUZE STERILE STRIP Strip 1.25 cm x 1 m	‡3	..	Nufold 10330	JJ
4851H	Strip 2.5 cm x 1 m	‡3	..	Nufold 10331	JJ
4852J	Strip 2.5 cm x 2.5 m	‡3	..	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 22.5 cm x 7.5 cm, pack of 12	‡1	2	Betadine	FA
4780N	SELF ADHESIVE PLASTER ELASTIC Roll 2.5 cm x 2.5 m	‡1	..	Leukoplast 1071-	BE
4781P	Roll 5 cm x 2.5 m	‡1	..	Leukoplast 1072	BE
4782Q	Roll 7.5 cm x 2.5 m	‡1	..	Leukoplast 1073	BE

Code	Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
SELF ADHESIVE PLASTER HYPOALLERGENIC					
4784T	Roll 1.25 cm x 5 m	‡1	..	Leukoflex 1121	BE
4783R	Roll 1.25 cm x 5 m	‡1	..	Leukopor 2471	BE
4785W	Roll 1.25 cm x 5 m	‡1	..	Leukosilk 1021	BE
4870H	Roll (dispenser) 1.25 cm x 4.5 m	‡1	..	Duropore 2610	RK
4868F	Roll (dispenser) 1.25 cm x 4.5 m	‡1	..	Micropore R3	RK
4869G	Roll (dispenser) 1.25 cm x 4.5 m	‡1	..	Transpore TRI	RK
4872K	Roll (dispenser) 1.25 cm x 4.5 m	‡1	..	Micropore Skintone RF7	RK
4871J	Roll (dispenser) 1.25 cm x 4.5 m	‡1	..	Blenderm BRI	RK
4786X	Roll 2.5 cm x 5 m roll	‡1	..	Leukoflex 1122	BE
4794H	Roll 2.5 cm x 5 m roll	‡1	..	Leukopor 2472	BE
4787Y	Roll 2.5 cm x 5 m roll	‡1	..	Leukosilk 1022	BE
4875N	Roll (dispenser) 2.5 cm x 4.5 m	‡1	..	Duropore 2611	RK
4873L	Roll (dispenser) 2.5 cm x 4.5 m	‡1	..	Micropore R4	RK
4874M	Roll (dispenser) 2.5 cm x 4.5 m	‡1	..	Transpore TR2	RK
4877Q	Roll (dispenser) 2.5 cm x 4.5 m	‡1	..	Micropore Skintone RF8	RK
4876P	Roll (dispenser) 2.5 cm x 4.5 m	‡1	..	Blenderm BR2	RK
4788B	Roll 5 cm x 5 m	‡1	..	Leukoflex 1124	BE
4790D	Roll 5 cm x 5 m	‡1	..	Leukopor 2474	BE
4789C	Roll 5 cm x 5 m	‡1	..	Leukosilk 1024	BE
SELF ADHESIVE PLASTER WATERPROOF					
4791E	Roll 2.5 cm x 5 m	‡1	..	Leukoplast 2322	BE
4792F	Roll 5 cm x 5 m	‡1	..	Leukoplast 2324	BE
4793G	Roll 7.5 cm x 5 m	‡1	..	Leukoplast 2325	BE
TUBULAR DRESSING					
4855M	Dressing 6.25 cm x 1 m	‡1	..	Tubigrip B	BT
4856N	Dressing 6.75 cm x 1 m	‡1	..	Tubigrip C	BT
4857P	Dressing 7.5 cm x 1 m	‡1	..	Tubigrip D	BT
4858Q	Dressing 8.75 cm x 1 m	‡1	..	Tubigrip E	BT
4859R	Dressing 10 cm x 1 m	‡1	..	Tubigrip F	BT
TUBULAR FINGER DRESSING					
4798M	Complete pack including applicator	‡1	..	Scholl Tubegauz	SO

Proprietary Index

for

PBS and RPBS Schedules

ABBREVIATION:

(PBS)

Pharmaceutical Benefits Schedule

(RPBS)

Repatriation Schedule of Pharmaceutical Benefits

Proprietary Name	Manufacturer	Name
Abbocillin-V	AB	Phenoxymethylpenicillin
Abbocillin-VK	AB	Phenoxymethylpenicillin
Accomin Adult Tonic	LE	Vitamin B Group Complex (RPBS)
Acetopt	SI	Sulphacetamide Sodium
Achromycin	LE	Tetracycline Hydrochloride
Achromycin V	LE	Tetracycline Hydrochloride (Buffered)
Acti-Jel	JC	Ricinoleic Acid, Acetic Acid and Hydroxyquinoline Sulphate (RPBS)
Aclin	AF	Sulindac
Aclin 200	AF	Sulindac
Acoband	PS	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 Solution	FE	Doxorubicin Hydrochloride
Adroyd	PD	Oxymetholone
Ad-sorb	MM	Charcoal, Activated
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
Allegron	DL	Nortriptyline Hydrochloride
Alloremed 100	MB	Allopurinol
Alloremed 300	MB	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	WT	Aluminium Hydroxide with Magnesium Hydroxide

Proprietary Name	Manufacturer	Name
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
Amizide	AF	Hydrochlorothiazide with Amiloride Hydrochloride
Amoxil	SK	Amoxycillin
Amoxil Forte	SK	Amoxycillin
Amphojel	WT	Aluminium Hydroxide
Amphotabs	WT	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)
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
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	Triamcinolone Acetonide
Arthrexin	AF	Benzhexol Hydrochloride
Aspalgin	FM	Indomethacin
A.T. 10	WL	Codeine Phosphate with Aspirin (RPBS)
Atarax	PF	Dihydrotachysterol
Atrobel	FM	Hydroxyzine Pamoate (RPBS)
Atrobel Forte	FM	Belladonna Alkaloids
Atromid-S	IC	Belladonna Alkaloids
Atropt	SI	Clofibrate
Atrovent	BY	Atropine Sulphate
Augmentin	SK	Ipratropium Bromide
Augmentin Forte	SK	Amoxycillin with Clavulanic Acid
Aureomycin	LE	Amoxycillin with Clavulanic Acid
Austrapen	CS	Chlortetracycline Hydrochloride (RPBS)
Austyn	FA	Ampicillin
Avil	HP	Theophylline
		Pheniramine Aminosalicylate (RPBS)

Proprietary Name	Manufacturer	Name
Avomine	MB	Promethazine Theoclate
Azol 100	AF	Danazol
Azol 200	AF	Danazol
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
Barbloc 5	AF	Pindolol
Barbloc 15	AF	Pindolol
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	RR	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	MB	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 Ethinylloestradiol
Biphasil 28	WY	Levonorgestrel with Ethinylloestradiol
Biquin	NN	Quinine Bisulphate
Bi-Quinate	RR	Quinine Bisulphate
Bisalax	FC	Bisacodyl
Blenderm BR1/BR2	RK	Self Adhesive Plaster Hypoallergenic (RPBS)
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 Ethinylloestradiol
Brevinor-1	SD	Norethisterone with Ethinylloestradiol
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	MJ	Aspirin
Burtnex	AP	Bumetanide
Buscopan	BY	Hyoscine Butylbromide (RPBS)
Cafergot S	SZ	Ergotamine Tartrate with Caffeine
Calcihex	FC	Heparin Calcium
Calciparine	BL	Heparin Calcium

Proprietary Name	Manufacturer	Name
Calcisorb	MM	Sodium Cellulose Phosphate
Calcitare	MB	Calcitonin
Calcium Sandoz	SZ	Calcium Gluconate
Calmurid	PS	Urea
Cal-Sup	MM	Calcium
Calsynar	MB	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
Capurate-100	FM	Allopurinol
Capurate-300	FM	Allopurinol
Carafate	BT	Sucralfate
Cardizem	IC	Diltiazem Hydrochloride
Cardophyllin	HA	Aminophylline
Catapres	BY	Clonidine
Catapres 100	BY	Clonidine
Ceclor	LY	Cefaclor
Cefamezin	SI	Cephazolin
Celestone	SH	Betamethasone
Celestone Chronodose	SH	Betamethasone Acetate with Betamethasone Sodium Phosphate
Celestone-M	SH	Betamethasone Valerate
Celestone-V Half Strength	SH	Betamethasone Valerate (PBS & RPBS)
Celestone-V	SH	Betamethasone Valerate (RPBS)
Celestone-VG	SH	Betamethasone Valerate and Gentamicin Sulphate (RPBS)
Celontin	PD	Methsuximide
Ceporex	GL	Cephalexin
Cerumol	AC	Dichlorobenzene, Chlorbutol and Turpentine Oil (RPBS)
Chinine	MB	Quinine Sulphate
Chlorohex	OM	Chlorhexidine Gluconate (RPBS)
Chloromycetin	PD	Chloramphenicol
Chloromycetin Palmitate	PD	Chloramphenicol
Chloromycetin Succinate	PD	Chloramphenicol
Chloromyxin	PD	Chloramphenicol with Polymyxin B Sulphate
Chloroptic	AG	Chloramphenicol
Chlorquin	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
Cilicaine	SI	Procaine Penicillin
Cilicaine V	SI	Phenoxymethylpenicillin
Cilicaine VK	SI	Phenoxymethylpenicillin
Ciproxin 250	BN	Ciprofloxacin
Ciproxin 500	BN	Ciprofloxacin
Ciproxin 750	BN	Ciprofloxacin
Citralka	PD	Sodium Acid Citrate
Citravescent Sachets	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

Proprietary Name	Manufacturer	Name
Clorhexetulle	RL	Dressing Paraffin Gauze with Chlorhexidine Acetate (RPBS)
Codalgin	FM	Codeine Phosphate with Paracetamol (RPBS)
Codate	MB	Codeine Phosphate
Codral Forte	BW	Codeine Phosphate with Aspirin
Cogentin	MK	Benzotropine Mesylate (PBS & RPBS)
Col	AF	Clofibrate
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	Amlodarone Hydrochloride
Cordarone X 200	RC	Amlodarone 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
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)
Cycloblastin	FE	Cyclophosphamide
Cyklokapron	PS	Tranexamic Acid
Cytadren	CG	Aminoglutethimide
Cytosar-U	UP	Cytarabine
Cytotec	SR	Misoprostol
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
De-Lact Infant	SJ	Milk Powder—Low Lactose Formula
Delta-Cortef	UP	Prednisolone
Deltasolone	MB	Prednisolone
Deltasone	MB	Prednisone
De-Nol	PD	Bismuth Subcitrate (Tri-potassium Di-citrate Bismuthate Complex)
Depend Undergarments 1651	KC	Absorbent Napkins (RPBS)
Depo-Medrol	UP	Methylprednisolone Acetate
Depo-Provera	UP	Medroxyprogesterone
Deptran 10	AF	Doxepin Hydrochloride
Deptran 25	AF	Doxepin Hydrochloride
Deptran 50	AF	Doxepin Hydrochloride

Proprietary Name	Manufacturer	Name
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
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	WT	Brompheniramine Maleate (RPBS)
Dindevan	GL	Phenindione
Dipentum	PS	Olsalazine Sodium
Diprosone	SH	Betamethasone Dipropionate (PBS & RPBS)
Disipal	MM	Orphenadrine Hydrochloride
Ditulo	SR	Metolazone
Dolobid	MK	Diflunisal
Doloxene	LY	Dextropropoxyphene Napsylate (RPBS)
Donnatab	WT	Belladonna Alkaloids
Doryx	FA	Doxycycline
Doxylin 50	AF	Doxycycline
Doxylin 100	AF	Doxycycline
D-Penamine	DL	Doxycycline
Drapolex	BW	Penicillamine
Drixine	SH	Benzalkonium Chloride, Cetrimide and Lanolin (RPBS)
Drixora	SH	Oxymetazoline Hydrochloride (RPBS)
Ducene	SU	Pseudoephedrine Sulphate (RPBS)
Duphalac	JC	Diazepam
Duphaston	JC	Lactulose
Durabolin	OR	Dydrogesterone
Duratears	AQ	Nandrolone Phenylpropionate
Durolax	BY	Paraffin
Duropore 2610/2611	RK	Bisacodyl
Duro-Tuss	RK	Self Adhesive Plaster Hypoallergenic (RPBS)
Dyazide	SK	Pholcodine (RPBS)
Dymadon	BW	Hydrochlorothiazide with Triamterene
Dymadon Co.	BW	Paracetamol
Dytac	SK	Codeine Phosphate with Paracetamol (RPBS)
		Triamterene
Ecostatín	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)

Proprietary Name	Manufacturer	Name
Egocort Cream 1%	EO	Hydrocortisone
Egoderm Cream	EO	Allantoin, Glycerol and Ichthammol (RPBS)
Egopsoryl-TA	EO	Allantoin, Sulphur, Phenol, Coal Tar Solution and Menthol (RPBS)
Elastocrepe 300501/307501/301001/301501	SN	Bandage Cotton Crepe Heavy (RPBS)
Elastoplast 186101/186001/1004	SN	Bandage Elastic Adhesive (RPBS)
Elastoplast 4025	SN	Dressing Elastic Adhesive (RPBS)
Elitxophyllin	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 Lactobionate
Erythrocin	AB	Erythromycin Stearate
Erythrocin-I.M.	AB	Erythromycin
Estigyn	GL	Ethinylloestradiol
Eucerin	SN	Wool Alcohols
Euglucon	SK	Glibenclamide
Euhypnos	FE	Temazepam
Eulexin	SH	Flutamide
ExacTech	FE	Glucose Indicator—Blood
Farlutal	FE	Medroxyprogesterone
Fastgyn	PF	Tinidazole
Fefol	SK	Ferrous Sulphate Dried with Folic Acid
Feldene	PF	Piroxicam
Fenamine	FM	Pheniramine Aminosalicylate (RPBS)
Fergon	WL	Ferrous Gluconate
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	SK	Flucloxacillin
Flucil 250	FC	Flucloxacillin
Flucil 500	FC	Flucloxacillin
Flucon	AQ	Fluorometholone
Fluoroplex	AG	Fluorouracil (RPBS)
Fluroblastin	FE	Fluorouracil
Fluvax	CS	Influenza Vaccine
FML Liquifilm	AG	Fluorometholone

Proprietary Name	Manufacturer	Name
Folasic	NN	Folic Acid
Folicid	RR	Folic Acid
Fucidin	CS	Fusidic Acid
Fulcin 500	IC	Griseofulvin
Fungilin	SQ	Amphotericin
Fungzone	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	Alginate Acid Compound (RPBS)
Gelusil	WW	Aluminium Hydroxide with Magnesium Hydroxide
Genoptic	AG	Gentamicin Sulphate
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	AP	Chlormethiazole Edisylate
Herplex	AG	Idoxuridine
Hibitane Concentrate	IC	Chlorhexidine Gluconate
Hifluor	AF	Sodium Fluoride (RPBS)
Hiprex	MM	Hexamine Hippurate
Hismanal	JC	Astemizole (RPBS)
Histalert	RK	Diphenylpyraline Hydrochloride (RPBS)
HMS Liquifilm	AG	Medrysone
Hollihesive Skin Barrier	HO	Polyisobutylene
Honvan	BC	Fosfestrol Sodium
Hostacycline P	HP	Tetracycline Hydrochloride (Buffered)
Humulin L	LY	Insulin Zinc Suspension (Lente)

Proprietary Name	Manufacturer	Name
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)
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 4	AF	Hydrocortisone
Hysone 20	AF	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 2.5 mL	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
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)
Kabikinas	PS	Streptokinase
Kaluril	AF	Amiloride Hydrochloride
Kaomagma	WT	Aluminium Hydroxide with Kaolin
Karaya Paste	HO	Sterculia
Karbons	EG	Charcoal, Activated
Kay Ciel	SC	Potassium Chloride

Proprietary Name	Manufacturer	Name
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
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	Furosemide
Lasix-M	HP	Furosemide
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
Lithicarb	PT	Lithium Carbonate
Locacorten Vioform	CG	Flumethasone Pivalate with Cloquinol
Lofenalac	MJ	Phenylalanine Low Content Formula
Lomotil	SR	Diphenoxylate Hydrochloride with Atropine Sulphate
Loniten	UP	Minoxidil
Lopid	PD	Gemfibrozil
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	Probucole

Proprietary Name	Manufacturer	Name
Macrochantin	NW	Nitrofurantoin
Macrodex	PS	Dextran 70 with Glucose
Macrodex	PS	Dextran 70 with Sodium Chloride
Madopar	RO	Levodopa with Benserazide
Madopar HBS	RO	Levodopa with Benserazide
Madopar-M	RO	Levodopa with Benserazide
Madopar Q	RO	Levodopa with Benserazide
Magmin	VG	Magnesium Aspartate (RPBS)
Mandelamine	WW	Hexamine Mandelate
Mandelamine Haframs	WW	Hexamine Mandelate
Marevan	GL	Warfarin
Maxamaid M.S.U.D.	SB	Amino Acid Formula with Vitamins and Minerals without Valine, Leucine and Isoleucine
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	SK	Metoclopramide Hydrochloride
MCT Oil	MJ	Triglycerides, Medium Chain
Medi Swab 1000H	SN	Injection Site Preparation Swab (RPBS)
Mefic	AF	Mefenamic Acid
Megafol 0.5	AF	Folic 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
Metamucil	PY	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	MM	Methyl Salicylate
Mexitil	BY	Mexiletine Hydrochloride
Miacalcic	SZ	Calcitonin
Microgynon 30	SC	Levonorgestrel with Ethinylloestradiol
Microgynon 30 ED	SC	Levonorgestrel with Ethinylloestradiol
Microgynon 50	SC	Levonorgestrel with Ethinylloestradiol
Microgynon 50 ED	SC	Levonorgestrel with Ethinylloestradiol
Microlox	PS	Sodium Citrate and Sodium Lauryl Sulphoacetate (RPBS)
Microlut 28	SC	Levonorgestrel
Micronor	JC	Norethisterone
Micropore R3/R4	RK	Self Adhesive Plaster Hypoallergenic (RPBS)
Micropore Skintone RF7/RF8	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	ND	Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed)

Proprietary Name	Manufacturer	Name
Nordisk 2.5 mL Insuject-X		
Mixtard 30/70 Human	ND	Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed)
Mixtard 30/70 Human	ND	Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed)
Nordisk 2.5 mL Insuject-X		
Mixtard 50/50 Human	ND	Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed)
Mixtard 50/50 Human	ND	Insulin Neutral—Insulin Isophane (N.P.H.), (Mixed)
Nordisk 2.5 mL Insuject-X		
Modecate	SQ	Fluphenazine Decanoate
Moduretic	MK	Hydrochlorothiazide with Amiloride Hydrochloride
Mogadon	RO	Nitrazepam
Monistat 3	JC	Miconazole Nitrate
Monistat 7	CL	Miconazole Nitrate
Monistat Derm	JC	Miconazole Nitrate
Monotard HM	NO	Insulin Zinc Suspension
Motilium	JC	Domperidone
Moxacin	CS	Amoxycillin
Moxacin 250	CS	Amoxycillin
MS Contin	PS	Morphine Sulphate
M.S.U.D. AID	SB	Amino Acid Formula with Vitamins and Minerals without Valine, Leucine and Isoleucine
Mucaïne	WT	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)
Naloxone Min-I-Jet	CS	Naloxone Hydrochloride
Naprosyn	SD	Naproxen
Naprosyn SR	SD	Naproxen
Naprosyn SR750	SD	Naproxen
Narcan Neonatal	BT	Naloxone Hydrochloride
Nardil	WW	Phenelzine Sulphate
Natrilix	SE	Indapamide
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 Eye Drops	BW	Polymyxin B Sulphate with Neomycin Sulphate and Gramicidin
Neosporin Eye Ointment	BW	Polymyxin B Sulphate with Bacitracin and Neomycin Sulphate
Neosulf	AF	Neomycin Sulphate
Neulactil	MB	Pericyazine
Nikacid	RR	Nicotinic Acid
Nilstat	LE	Nystatin
Nitoman	RO	Tetrabenazine
Nitradisc	SR	Glyceril Trinitrate
Nitro-Bid	FC	Glyceril Trinitrate
Nitrolingual Spray	FC	Glyceril Trinitrate
Nivaquine	MB	Chloroquine
Nizoral	JC	Ketoconazole

Proprietary Name	Manufacturer	Name
Nobecutane	AP	Acrylic Resin
Nolvadex	IC	Tamoxifen Citrate
Nolvadex-D	IC	Tamoxifen Citrate
Nordette 21	WY	Levonorgestrel with Ethinylloestradiol
Nordette 28	WY	Levonorgestrel with Ethinylloestradiol
Nordette 50	WY	Levonorgestrel with Ethinylloestradiol
Nordicort	NR	Hydrocortisone Sodium Succinate
Nordiol 21	WY	Levonorgestrel with Ethinylloestradiol
Nordiol 28	WY	Levonorgestrel with Ethinylloestradiol
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	MM	Theophylline
Nuelin Paediatric	MM	Theophylline
Neulin-Sprinkle	MM	Theophylline
Nuelin-S.R. 250	MM	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
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 (PBS & RPBS)
Oradexon	OR	Dexamethasone
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 Ethinylloestradiol
Ovulen 0.5/50-28	SR	Ethinodiol Diacetate with Ethinylloestradiol
Ovulen 1/50	SR	Ethinodiol Diacetate with Ethinylloestradiol
Ovulen 1/50-28	SR	Ethinodiol Diacetate with Ethinylloestradiol
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
Parlodol	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)

Proprietary Name	Manufacturer	Name
Penbritin	SK	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
Perilactin	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)
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
Plaquacide	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)
Polytar	SX	Pine Tar, Cade Oil, Coal Tar Solution, Arachis Oil Extract of Crude Tar Oil and Oleyl Alcohol (RPBS)
Ponstan	PD	Mefenamic Acid
Portagen	MJ	Triglycerides, Medium Chain
Posaliflin	NE	Salicylic Acid and Podophyllin Resin (RPBS)
Pramin	AF	Metoclopramide Hydrochloride
Prantal	SH	Diphepanil 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
Procafnamide Durules	AP	Procafnamide 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 100	AF	Allopurinol
Progout 300	AF	Allopurinol
Progynova	SC	Oestradiol Valerate

Proprietary Name	Manufacturer	Name
Proladone	BT	Oxycodone
Prominal	WL	Methylphenobarbitone
Pronestyl	SQ	Procainamide Hydrochloride
Propine	AG	Dipivefrine Hydrochloride
Prostigmin	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
Provera	UP	Medroxyprogesterone
Prozac 20	LY	Fluoxetine Hydrochloride
Purinethol	BW	Mercaptopurine
P.V. Carpine	AG	Pilocarpine Hydrochloride
PVK	LY	Phenoxymethylpenicillin
Pyridium	WW	Phenazopyridine Hydrochloride (RPBS)
Questran Lite	AP	Cholestyramine
Quinate	RR	Quinine Sulphate
Quinbisul	AF	Quinine Bisulphate
Quinidex LA	WT	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
Resonium-A	WL	Sodium Polystyrene Sulphonate (RPBS)
Respolin	MM	Salbutamol Sulphate
Resprim	AF	Trimethoprim with Sulphamethoxazole
Resprim Forte	AF	Trimethoprim with Sulphamethoxazole
Reverin	HP	Rolitetracycline
Rheomacrodex	PS	Dextran 40 with Glucose
Rheomacrodex	PS	Dextran 40 with Sodium Chloride
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
Salazopyrin	PS	Sulphasalazine
Salazopyrin-EN	PS	Sulphasalazine
Salicylin-P	KY	Salicylic Acid and Podophyllin Resin (RPBS)
Sandocal 1000	SZ	Calcium
Sandomigran	SZ	Pizotifen Malate
Savacol Mouth and Throat Rinse	OM	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)

Proprietary Name	Manufacturer	Name
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)
Septrin	BW	Trimethoprim with Sulphamethoxazole
Septrin Forte	BW	Trimethoprim with Sulphamethoxazole
Sequilar ED	SC	Levonorgestrel with Ethinyloestradiol
Serenace	SR	Haloperidol (PBS & RPBS)
Serepax	WY	Oxazepam
Sigmacort	SI	Hydrocortisone Acetate
Silic 15	EO	Dimethicone and Glycerol (RPBS)
Silicon Skin Spray	EG	Dimethicone
Silvazine	SN	Silver Sulphadiazine with Chlorhexidine Gluconate
Simeco Suspension	WT	Aluminium Hydroxide with Magnesium Hydroxide
Simeco Tablet	WT	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
Skin Gel	HO	Isopropyl Monoester Polymer with Isopropyl Alcohol
Skin-Prep	SN	Butyl Monoester Polymer with Isopropyl Alcohol
Slo-bid	MB	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
Softze Absorbent Pad Regular 00217	BS	Absorbent Napkins (RPBS)
Softze Stretch Pants 00494/00495/00496	BS	Absorbent Napkins Pants (RPBS)
Soft Guard XL Skin Barrier	SN	Polyisobutylene
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
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 Paste	SQ	Butyl Monoester Polymer with Ethanol
Stomahesive Powder	SQ	Carmellose Sodium with Pectin and Gelatin
Stomahesive Set	SQ	Polyisobutylene
Stoxil	SK	Idoxuridine
Streptase	HP	Streptokinase
Sudafed	BW	Pseudoephedrine Hydrochloride (RPBS)

Proprietary Name	Manufacturer	Name
SunSense Cream 15+	EO	Sunscreens (RPBS)
SunSense Lotion 15+	EO	Sunscreens (RPBS)
SunSense Milk 15+	EO	Sunscreens (RPBS)
Super Banish	SN	Deodorant Concentrate
Surgam	RL	Tlaprofenic Acid
Surmontil	MB	Trimipramine Maleate
Sustanon "100"	OR	Testosterone Esters
Sustanon "250"	OR	Testosterone Esters
Symmetrel	CG	Amantadine Hydrochloride
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
Tambocor	MM	Flecainide Acetate
Tarcil	SK	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
Teldane	ML	Terfenadine (RPBS)
Telfa 1961C/2132C	KE	Dressing Non-Adherent Dry Absorbent (RPBS)
Telfa 6020C/7650C	KE	Dressing Self Adhesive Non-Adherent Dry Absorbent (RPBS)
Telfa 8252F/8253F/8254F	KE	Bandage Cotton Crepe Heavy (RPBS)
Telfa 8181/8182/8183/8184/8186	KE	Bandage Elastic Conforming (RPBS)
Telfa 8232/8233/8234	KE	Bandage Wrinkled Cotton Crepe (RPBS)
Temaze 10	AF	Temazepam
Tenopt	SI	Timolol Maleate
Tenormin	IC	Atenolol
Teril	AF	Carbamazepine
Tertroxin	GL	Liothyronine
Tes-Tape	LY	Glucose Indicator—Urine
Testomet 5	AF	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	SK	Ticarcillin with Clavulanic Acid
Timoptol	FR	Timolol Maleate
Tinaderm	SH	Tolnaftate (RPBS)
Titalac	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
Transpore TR1/TR2	RK	Self Adhesive Plaster Hypoallergenic (RPBS)

Proprietary Name	Manufacturer	Name
Tranxene	GL	Clorazepate Dipotassium (RPBS)
Travogen	SC	Isoconazole Nitrate
Trib	PT	Trimethoprim with Sulphamethoxazole
Trib DS	PT	Trimethoprim with Sulphamethoxazole
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)
Ulcot	AF	Sulphasalazine
Ultralan	SC	Fluocortolone Pivalate and Fluocortolone Hexanoate (RPBS)
Ultralan-D	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
Uni Salve	SN	Paraffin
Unisolve	SN	Surgical Cement
Uni Wash	SN	Octoxinol
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
Urolucosil	WW	Sulphamethizole
Valcote	AB	Semisodium Valproate
Valium	RO	Diazepam
Vancocin	LY	Vancomycin
Vasopressin	SZ	Lypressin
Vaxigrip	PV	Influenza Vaccine
Velbe	LY	Vinblastine Sulphate
Velosulin Human	ND	Insulin Neutral
Velosulin Human Nordisk 2.5 mL	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

Proprietary Name	Manufacturer	Name
Vibra-Tabs	PF	Doxycycline
Vioform	SI	Clioquinol
Viokase	AY	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 200 mg	BW	Acyclovir
Zovirax 400 mg	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 Laboratories Pty Ltd—Chewable tablets
Durules	Astra Pharmaceuticals Pty Ltd—Sustained release tablets
Ensa	Reckitts Ltd—Tablet preparations
Filmtabs	Abbott Laboratories Pty Ltd—Coated tablets
Gradumets	Abbott Laboratories Pty Ltd—Sustained release tablets
Isopto	Alcon Laboratories (Australia) Pty Ltd—Eye drops
Nebules	Glaxo Australia Pty Ltd—Inhalation solutions
Novo	Novo Laboratories—Preparations
Pulvules	Eli Lilly—Capsules
Respules	Astra Pharmaceuticals Pty Ltd—Nebuliser solution single dose units
Siguent	Sigma—Ointment preparations
Spansules	SmithKline Beecham—Delayed release capsules
Sustets	Lederle—Sustained release capsules
Tabloid	Wellcome Australia Limited—Tablet preparations
Turbuhaler	Astra Pharmaceuticals Pty Ltd—Breath actuated device inhalation
Venosol	Abbott Laboratories Pty Ltd—Intravenous infusions
Viaflex	Baxter Healthcare Pty Ltd—Intravenous infusions
Wellcome	Wellcome Australia Limited—Preparations

