



PHARMACEUTICAL BENEFITS

DECEMBER 1988

AMENDMENTS OF THE SCHEDULE OF PHARMACEUTICAL BENEFITS

DECEMBER 1988 EDITION FOR APPROVED PHARMACISTS

OPERATIVE FROM 1 DECEMBER 1988

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

LATE AMENDMENT

AUTHORITY RESTRICTIONS

In May the Government announced that the authority arrangements would be extended to expensive drugs for which there are possible cheaper alternatives. Following advice from the Pharmaceutical Benefits Advisory Committee on which drugs should be exempt because they have no possible cheaper alternative, the Government applied authority restrictions to 53 drugs from 1 August.

Since then questions have been raised about the availability of suitable alternatives and as a result the Minister responsible for the Pharmaceutical Benefits Scheme asked the Committee to re-examine some of the drugs.

At its meeting on 20 October the Committee advised that 34 of the drugs should be exempted because there is no reasonable alternative treatment, consistent with good medical practice, for a significant proportion of patients.

While re-affirming the Government's decision to use the authority mechanism to encourage more cost-effective prescribing, the Minister has accepted the Committee's revised advice and has decided to remove the authority restrictions on the 34 drugs at the earliest practicable date.

As a result, the following drugs will be available as unrestricted benefits from 1 December 1988:

AMBENONIUM CHLORIDE
AURANOFIN
AUROTHIOGLUCOSE
AZATHIOPRINE
BACLOFEN
BUSULPHAN
CHLORAMBUCIL
CYTARABINE
DOXORUBICIN HYDROCHLORIDE
FLUOROURACIL
HYDROXYUREA
INSECT ALLERGEN EXTRACT - HONEY BEE VENOM
INSECT ALLERGEN EXTRACT - PAPER WASP VENOM
MELPHALAN
MERCAPTOPYRINE
METHOTREXATE
PYRIDOSTIGMINE
SEMISODIUM VALPROATE
SODIUM AUROTHIOMALATE
SODIUM VALPROATE
THIOGUANINE
VINBLASTINE
VINCRIStINE

(continued)

For the following items, while the conditions for use remain unchanged, an authority prescription form will not be required from 1 December 1988 (i.e. these items will revert to 'SP') -

BLEOMYCIN
 DEMECLOCYCLINE HYDROCHLORIDE
 FLUCYTOSINE
 FOSFESTROL SODIUM
 MEDROXYPROGESTERONE (Tablets 100mg, 200mg, 250mg and 500mg
 and Oral Solution 100mg per mL, 100mL)
 MEGESTROL ACETATE
 MITHRAMYCIN
 MITOZANTRONE
 NORETHISTERONE ACETATE
 PENICILLAMINE
 TAMOXIFEN CITRATE

These changes are not incorporated in the white pages of the December 1988 edition of the Schedule but will be included in the 1 April 1989 edition.

AMENDMENTS TO SECTION 1 - LEMON PAGES

INDEX OF MANUFACTURERS' CODES

Page No.	Manufacturer	Code
28	Add Amrad Pharmaceuticals Pty Ltd Unit 6/663 Victoria Street Abbotsford Vic. 3067	AD
30	Delete Prosana Laboratories Pty Ltd 86-92 Antimony Street Carole Park Qld 4300	PR

NEW ITEMS - SECTION 2

Page No.	Code	Name and Form	Max. Qty	No. of Rpts	Disp. Price Max. Qty	Max. Pat. Payment	Prop. Name and Mfr
		ACYCLOVIR To be prescribed on an authority prescription.			\$	\$	
4	1101Y	Tablet 400mg	70	..	257.64	+11.00	Zovirax BW
27	1400Q	ERYTHROMYCIN Capsule 175mg	25	1	6.34	6.97	Eryc LD FA
39	1535T	INSULIN ISOPHANE (N.P.H.) (Restricted item) Injections (synthetic human) 100 units per mL, 2.5mL, 5	4	2	*113.28	+11.00	Insulatard Human Nordisk 2.5mL Insuject-X BW

New Items - (cont.)

Page No.	Code	Name and Form	Max. Qty	No. of Rpts	Disp. Price Max. Qty \$	Max. Pat. Payment \$	Prop. Name and Mfr
40	1430G	INSULIN ISOPHANE (N.P.H.) - INSULIN NEUTRAL, (MIXED) (Restricted item) Injections (synthetic human) 100 units (70 units-30 units) per mL, 2.5mL, 5	4	2	113.28	+11.00	Mixtard Human Nordisk 2.5mL Insuject-X BW
40	1537X	INSULIN NEUTRAL (Restricted item) Injections (synthetic human) 100 units per mL, 2.5mL, 5	4	2	*113.28	+11.00	Velosulin Human Nordisk 2.5mL Insuject (white) BW
66	2000G	SALBUTAMOL SULPHATE Inhalation Solution for use in RESPIRATOR Single dose units 2.5mg (base) in 2.5mL, 30	#1	5	14.02	+11.00	Ventolin Nebules GL
	2001H	Single dose units 5mg (base) in 2.5mL, 30	#1	5	15.02	+11.00	Ventolin Nebules GL

PRICE ADJUSTMENTS OF SECTION 2 - WHITE PAGES

Page No.	Code	Name and Form	Max. Qty	No. of Rpts	Disp. Price Max. Qty \$	Max. Pat. Payment \$	Prop. Name and Mfr
4	1003T	ACYCLOVIR Tablet 200mg	50	..	*102.64	+11.00	Zovirax BW
	1007B	Tablets 200mg, 90	#1	2	172.64	+11.00	Zovirax BW
	1007B	200mg, 90	#1	5	172.64	+11.00	Zovirax BW
6	1039Q	AMINOPHYLLINE Tablet 100mg	100	5	4.77	5.50	Cardophyllin HA
	1040R	Oral Liquid 105mg per 5mL, 500mL	#1	5	6.22	6.85	Somophyllin FC
7	1885F	AMOXYCILLIN Dispersible Tablet 3g	1	..	7.49	8.12	Amoxil BR Moxacin CS
	1889K	Capsule 500mg	20	1	11.24	+11.00	Amoxil BR Cilamox SI Moxacin CS

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

Page No.	Code	Name and Form	Max. Qty	No. of Rpts	Disp. Price Max. Qty	Max. Pat. Payment	Prop. Name and Mfr
					\$	\$	
8	1891M	AMOXYCILLIN with CLAVULANIC ACID Tablet 500mg-125mg	15	1	16.77	+11.00	Augmentin Forte BR
8	2671N	AMPICILLIN Capsule 500mg	24	..	11.33	+11.00	Penbritin BR
10	2687K	AZATHIOPRINE Tablet 50mg	100	2	73.03	+11.00	Imuran BW Thioprine AF
10	1651X	BECLOMETHASONE DIPROPIONATE Oral Inhalation, metered aerosol spray, 100 micrograms per dose (200 dose)	#1	5	17.35	+11.00	Becotide 100 GL
11	1766Y	BENZATHINE PENICILLIN Injection 1.8g in 4mL, disposable syringe	1	..	18.42	+11.00	Bicillin L-A WY
11	1767B	BENZATHINE PENICILLIN with PROCAINE PENICILLIN and BENZYL PENICILLIN POTASSIUM Injection set 450mg-300mg-187mg containing 1 vial and 2mL water for injections	1	..	11.17	+11.00	Bicillin All-Purpose WY
11	1774J	BENZYL PENICILLIN Injection 300mg (solvent required)	5	1	8.65	9.28	CS
	1775K	600mg (solvent required)	5	1	9.94	10.57	CS
	2647H	3g (solvent required)	10	..	*40.86	+11.00	CS
	2648J	6g (solvent required)	10	..	*89.74	+11.00	CS
13	1128J	BUSULPHAN Tablet 2mg	100	..	33.77	+11.00	Myleran BW
14	1153Q	CARBIMAZOLE Tablet 5mg	200	2	*9.42	10.05	Neo-Mercazole NS
15	1782T	CEFTRIAXONE Injection 250mg (solvent required)	2	..	*29.86	+11.00	Rocephin RO
16	1163F	CHLORAMBUCIL Tablet 2mg	100	2	*67.64	+11.00	Leukeran BW
	1164G	5mg	100	2	*81.64	+11.00	Leukeran BW
16	1174T	CHLORAMPHENICOL Capsule 250mg	16	..	6.63	7.26	Chloromycetin PD
	2693R	Paediatric Suspension 125mg per 5mL, 100mL	#1	..	6.49	7.12	Chloromycetin Palmitate PD

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

Page No.	Code	Name and Form	Max. Qty	No. of Rpts	Disp. Price Max. Qty \$	Max. Pat. Payment \$	Prop. Name and Mfr
16	1167K	CHLORAMPHENICOL Injection 1g (solvent required)	3	..	*28.89	+11.00	Chloromycetin Succinate PD
18	2967E	CHOLESTYRAMINE Sachets 9g (equivalent to 4g cholestyramine), 50	2	5	*57.64	+11.00	Questran AP
18	2786P	CHOLINE THEOPHYLLINATE Elixir 50mg per 5mL, 500mL	≠1	5	6.19	6.82	Brondecon Elixir-PD PD
	2787Q	Syrup 50mg per 5mL, 500mL	≠1	5	6.19	6.82	Choledyl WW
19	3145M	CLONIDINE Tablet 100 micrograms	100	5	16.54	+11.00	Catapres 100 BY
	3141H	150 micrograms	100	5	21.83	+11.00	Catapres BY
21	2621Y	COLISTIN Injection 150mg (solvent required)	5	..	*140.64	+11.00	Coly-Mycin WW
21	1266P	CYCLOPHOSPHAMIDE Tablet 50mg	50	2	16.34	+11.00	Cycloblastin FE
	1265N	Injection 100mg (solvent required)	6	..	27.77	+11.00	Cycloblastin FE
	2381H	200mg (solvent required)	6	..	29.44	+11.00	Cycloblastin FE
	1079T	500mg (solvent required)	2	..	*16.36	+11.00	Cycloblastin FE
	1080W	1g (solvent required)	1	..	14.63	+11.00	Cycloblastin FE
24	1341N	DIPHTHERIA and TETANUS VACCINE, ADSORBED Injection 0.5mL	3	..	*11.58	+11.00	CS
24	3019X	DIPHTHERIA and TETANUS VACCINE, ADSORBED, DILUTED FOR ADULT USE Injection 0.5mL	3	..	*11.94	+11.00	CS
24	1346W	DIPHTHERIA, TETANUS and PERTUSSIS VACCINE, ADSORBED Injection 0.5mL	3	..	*11.37	+11.00	CS, PD
25	1348Y	DIPHTHERIA VACCINE, ADSORBED Injection 0.5mL	2	1	*10.94	11.00	CS
25	1338K	DOXORUBICIN HYDROCHLORIDE Powder for I.V. Injection or Intravesical Administration 10mg	4	..	*215.48	+11.00	Adriamycin FE
	1337J	20mg	4	..	*413.28	+11.00	Adriamycin FE
	1339L	50mg	3	..	*764.58	+11.00	Adriamycin FE

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

Page No.	Code	Name and Form	Max. Qty	No. of Rpts	Disp. Price Max. Qty \$	Max. Pat. Payment \$	Prop. Name and Mfr
26	2715X	DOXYCYCLINE Capsule 100mg	21	..	*12.18	+11.00	Cyclidox PT
	2708M	100mg	7	1	5.82	6.45	Cyclidox PT
30	1090J	FLECAINIDE ACETATE Tablet 100mg	60	5	42.27	+11.00	Tambocor RK
31	1073L	FLUCYTOSINE Tablet 500mg	100	..	163.89	+11.00	Ancotil RO
31	2521Q	FLUOROURACIL Injection 250mg in 10mL	10	..	35.68	+11.00	RO
	2528C	500mg in 10mL	5	1	35.68	+11.00	Fluroblastin FE
32	2312Q	FUSIDIC ACID Tablet (sodium salt) 250mg (enteric coated)	36	..	73.05	+11.00	Fucidin SK
	2311P	Suspension 50mg per mL, 90mL	41	..	47.78	+11.00	Fucidin SK
35	3124K	HEXAMINE HIPPURATE Tablet 1g	100	5	16.14	+11.00	Hiprex RK
35	1617D	HEXAMINE MANDELATE Tablet 250mg	200	2	*12.66	+11.00	Mandelamine WW
	1618E	500mg	200	2	*16.02	+11.00	Mandelamine Hafgrams WW
42	2587E	ISOSORBIDE DINITRATE Tablet 10mg	200	2	*9.74	10.37	Isordil AY Isotrate PD
	2588F	Sublingual Tablet 5mg	200	2	*9.40	10.03	Isordil Sublingual AY Isotrate Sublingual PD
44	3084H	LINCOMYCIN Injection 300mg in 1mL	5	..	14.44	+11.00	Lincocin SS Paediatric UP
45	2322F	MEDROXYPROGESTERONE Injection 500mg in 2.5mL	1	..	46.05	+11.00	Farlutal FE
45	2547C	MELPHALAN Tablet 2mg	100	..	*86.88	+11.00	Alkeran BW
	2548D	5mg	100	..	*143.28	+11.00	Alkeran BW
46	1598D	MERCAPTOPURINE Tablet 50mg	100	2	*102.76	+11.00	Purinethol BW
46	2397E	METHACYCLINE Capsule 150mg	21	1	6.83	7.46	Randomycin WW
	2901Q	300mg	10	1	6.83	7.46	Randomycin WW

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

Page No.	Code	Name and Form	Max. Qty	No. of Rpts	Disp. Price Max. Qty	Max. Pat. Payment	Prop. Name and Mfr
					\$	\$	
46	1622J	METHOTREXATE Tablet 2.5mg	100	2	22.67	+11.00	Ledertrexate LE Methoblastin FE
	1623K	10mg	100	2	80.75	+11.00	Methoblastin FE
47	1324Q	METOPROLOL Tablet 50mg	100	5	12.07	+11.00	Betaloc AP Lopresor 50 CG
	1325R	100mg	60	5	13.95	+11.00	Betaloc AP Lopresor 100 CG
48	1638F	METRONIDAZOLE Intravenous Infusion 500mg in 100mL	1	..	8.89 9.14	9.52 9.77	BL Flagyl MB
	1642K	Suppositories 500mg, 10	≠1	..	11.40	+11.00	Trichozole PT
49	3037W	MINOCYCLINE Capsule 100mg	11	..	7.54	8.17	Minomycin LE
50	2451B	NALIDIXIC ACID Tablet 500mg	56	2	20.14	+11.00	Negram WL
52	1691B	NITROFURANTOIN Paediatric Suspension 25mg per 5mL, 200mL	≠1	..	11.14	+11.00	Furadantin NW
55	2902R	OXYMETHOLONE Tablet 50mg	100	5	97.17	+11.00	Anapolon SD
	2903T	100mg	100	5	167.64	+11.00	Adroyd PD
56	1822X	PERHEXILINE MALEATE Tablet 100mg	100	5	23.39	+11.00	Pexid ML
58	1786B	PHENOXYMETHYLPENICILLIN Tablet 125mg	25	1	5.84	6.47	Abbocillin-V AB
	1787C	250mg	25	1	6.00	6.63	Abbocillin-VK AB Cilicaine VK SI LPV CS PVK LY
	3028J	500mg	25	1	7.05	7.68	Abbocillin-VK AB LPV CS PVK LY P.V.O. FM
	1789E	Capsule 250mg	25	1	6.00	6.63	Abbocillin-VK AB Cilicaine VK SI LPV CS PVK LY
	2965C	500mg	25	1	7.05	7.68	Cilicaine VK SI LPV CS

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

Page No.	Code	Name and Form	Max. Qty	No. of Rpts	Disp. Price Max. Qty \$	Max. Pat. Payment \$	Prop. Name and Mfr
58	2354X	PHENOXYMETHYLPENICILLIN Suspension 250mg per 5mL, 100mL	#1	1	61.47	7.10	Abbocillin-V AB Cilicaine V SI LPV 250 CS
	1702N	Tablet 125mg	50	5	*9.04	9.67	Abbocillin-V AB
	1703P	250mg	50	5	*9.36	9.99	Abbocillin-VK AB Cilicaine VK SI LPV CS PVK LY
	1705R	Capsule 250mg	50	5	*9.36	9.99	Abbocillin-VK AB Cilicaine VK SI LPV CS PVK LY
60	1902D	PNEUMOCOCCAL VACCINE, POLYVALENT Injection 0.5mL (17 valent)	1	..	17.02	+11.00	Moniarix SK
	1903E	0.5mL (23 valent)	1	..	23.08	+11.00	Pneumovax 23 CS
63	1793J	PROCAINE PENICILLIN Injection 1g	5	..	26.39	+11.00	Cilicaine SI
	1794K	1.5g	5	..	26.39	+11.00	Cilicaine SI
63	2635Q	PROCARBAZINE Capsule 50mg	100	2	35.58	+11.00	Natulan RO
66	1098T	SALBUTAMOL SULPHATE Tablet 4mg (base)	100	5	10.59	11.00	Ventolin GL
69	2045P	STAPHYLOCOCCUS TOXOID (FORMALINISED) Injection Diluted in 10 for use in initial injection 5mL	1	..	14.08	+11.00	CS
	2046Q	Undiluted 5mL	1	..	15.37	+11.00	CS
70	3130R	STREPTOKINASE Injection 100,000 i.u. (solvent required)	2	..	*50.70	+11.00	Kabikinase PS
	2906Y	250,000 i.u. (solvent required)	2	..	*87.30	+11.00	Kabikinase PS Streptase HP
	2962X	600,000 i.u. (solvent required)	5	..	*432.54	+11.00	Kabikinase PS
	2907B	750,000 i.u. (solvent required)	5	..	*540.14	+11.00	Streptase HP

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

Page No.	Code	Name and Form	Max. Qty	No. of Rpts	Disp. Price Max. Qty \$	Max. Pat. Payment \$	Prop. Name and Mfr
70	2084Q	SULPHAMETHIZOLE Tablet 500mg	40	2	7.64	8.27	Urolucosil WW
	2081M	1g	20	2	7.64	8.27	Urolucosil WW
71	1028D	TERBUTALINE SULPHATE Tablet 5mg	100	5	10.59	11.00	Bricanyl AP
	1243K	Nebuliser Solution 10mg per mL (1%), 50mL	≠1	5	11.45	+11.00	Bricanyl AP
72	2127Y	TETANUS VACCINE, ADSORBED Injection 0.5mL	3	..	*10.53	11.00	CS
73	2633N	THEOPHYLLINE Tablet 300mg (sustained release)	100	5	11.39	+11.00	Theo-Dur AP
	2616Q	Capsule 250mg (controlled release)	100	5	11.39	+11.00	Somophyllin CRT FC
	2613M	Elixir 80mg per 15mL, 500mL	≠1	5	5.48	6.11	Elixophyllin SC
	2614N	Syrup 80mg per 15mL, 500mL	≠1	5	5.48	6.11	Nuelin RK
74	1233X	THIOGUANINE Tablet 40mg	25	1	68.74	+11.00	Lanvis BW
77	2949F	TRIMETHOPRIM with SULPHAMETHOXAZOLE Tablet 80mg-400mg	10	..	5.39	6.02	Bactrim RO Resprim AF Septrin BW Trib PT
	2951H	160mg-800mg	10	..	7.27	7.90	Bactrim DS RO Resprim Forte AF Septrin Forte BW Trib DS PT
	3103H	Suspension 40mg-200mg per 5mL, 100mL	≠1	1	6.70	7.33	Bactrim RO Resprim AF Septrin BW Trib PT
77	3113W	VANCOMYCIN Capsule 125mg (125,000 i.u.) vancomycin activity	40	..	*294.32	+11.00	Vancocin LY
	3114X	250mg (250,000 i.u.) vancomycin activity	40	..	*585.96	+11.00	Vancocin LY
	3131T	Injection 500mg (500,000 i.u.) vancomycin activity (solvent required)	5	..	*148.44	+11.00	Vancocin LY

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

Page No.	Code	Name and Form	Max. Qty	No. of Rpts	Disp. Price Max. Qty \$	Max. Pat. Payment \$	Prop. Name and Mfr
PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY							
81	3304X	AMOXYCILLIN Dispersible Tablet 3g	1	..	7.49	8.12	Amoxil BR Moxacin CS
	3300Q	Capsule 500mg	20	..	11.24	+11.00	Amoxil BR Cilamox SI Moxacin CS
82	3397T	BENZYL PENICILLIN Injection 300mg (solvent required)	5	..	8.65	9.28	CS
	3398W	600mg (solvent required)	5	..	9.94	10.57	CS
	3399X	3g (solvent required)	5	..	21.75	+11.00	CS
82	3322W	DOXYCYCLINE Capsule 100mg	7	..	5.82	6.45	Cyclidox PT
84	3359T	PHENOXYMETHYLPENICILLIN Tablet 125mg	25	..	5.84	6.47	Abbocillin-V AB
	3360W	250mg	25	..	6.00	6.63	Abbocillin-VK AB Cilicaine VK SI LPV CS PVK LY
	3361X	500mg	25	..	7.05	7.68	Abbocillin-VK AB LPV CS PVK LY P.V.O. FM
	3363B	Capsule 250mg	25	..	6.00	6.63	Abbocillin-VK AB Cilicaine VK SI LPV CS PVK LY
	3364C	500mg	25	..	7.05	7.68	Cilicaine VK SI LPV
	3366E	Suspension 250mg per 5mL, 100mL	≠1	..	6.47	7.10	Abbocillin-V AB Cilicaine V SI LPV 250 CS
84	3370J	PROCAINE PENICILLIN Injection 1g	5	..	26.39	+11.00	Cilicaine SI
	3371K	1.5g	5	..	26.39	+11.00	Cilicaine SI
85	3389J	TRIMETHOPRIM with SULPHAMETHOXAZOLE Tablet 80mg-400mg	10	..	5.39	6.02	Bactrim RO Resprim AF Septrin BW Trib PT

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

Page No.	Code	Name and Form	Max. Qty	No. of Rpts	Disp. Price Max. Qty \$	Max. Pat. Payment \$	Prop. Name and Mfr
85	3390K	TRIMETHOPRIM with SULPHAMETHOXAZOLE Tablet 160mg-800mg	10	..	7.27	7.90	Bactrim DS RO Resprim Forte AF Septrin Forte BW Trib DS PT
	3391L	Suspension 40mg-200mg per 5mL, 100mL	#1	..	6.70	7.33	Bactrim RO Resprim AF Septrin BW Trib PT

OTHER AMENDMENTS OF SECTION 2 - WHITE PAGES

Page No.	Code	Name and Form	Max. Qty	No. of Rpts	Amendment
27	1370D	ENALAPRIL MALEATE Tablet 5mg	30	5	24.24 +11.00 Add Amprace 5 AD
	1368B	10mg	30	5	34.18 +11.00 Add Amprace 10 AD
	1369C	20mg	30	5	47.52 +11.00 Add Amprace 20 AD

The following deletions result from continued failure by the manufacturer to upgrade facilities, procedures and operations to a satisfactory level of compliance with the Code of Good Manufacturing Practice for Therapeutic Goods.

<u>Delete Entry</u>						
68	2037F	SODIUM SALICYLATE Tablet 600mg (enteric coated)	200	1	*9.86 10.49	Rhumax PR
<u>Delete Prosana Brands</u>						
5	2153H	ALUMINIUM HYDROXIDE Mixture 320mg per 5mL, 500mL	2	5	*8.40 9.03	Delete Gelox PR
20	1227N	COLCHICINE Tablet 500 micrograms	100	2	5.60 6.23	Delete PR
32	1437P	FOLIC ACID Tablet 5mg	200	1	*6.14 6.77	Delete PR
36	2887Y	HYDROCORTISONE Cream 10mg per g (1%), 30g	#1	1	4.73 5.50	Delete Procort PR
37	2881P	10mg per g (1%), 50g	#1	1	5.28 5.91	Delete Procort PR
	2888B	Topical Ointment 10mg per g (1%), 30g	#1	1	4.73 5.50	Delete Procort PR
	2882Q	10mg per g (1%), 50g	#1	1	5.28 5.91	Delete Procort PR
47	1641J	METHYL SALICYLATE Liniment APF, 100mL	#1	1	4.34 5.50	Delete PR

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Other Amendments of Section 2 - (cont.)

<u>Page No.</u>	<u>Code</u>	<u>Name and Form</u>	<u>Max. Qty</u>	<u>No. of Rpts</u>	<u>Amendment</u>
56	1746X	PARACETAMOL Tablet 500mg	100	1	5.13 5.76 Delete Panacete PR
61	2642C	POTASSIUM CHLORIDE Tablet 600mg (sustained release)	200	1	Delete *7.64 8.27 K-San PR
65	1971R	QUINIDINE SULPHATE Tablet 200mg	100	5	15.17 +11.00 Delete PR
65	1972T	QUININE BISULPHATE Tablet 300mg	50	2	9.29 9.92 Delete Quinbisan PR
65	1975Y	QUININE SULPHATE Tablet 300mg	50	2	9.29 9.92 Delete Quinsan PR
73	1070H	THIAMINE HYDROCHLORIDE Tablet 100mg	100	2	5.17 5.80 Delete PR

PRICE ADJUSTMENTS OF SECTION 6 - STANDARD PACKS AND PRICES

<u>Page No.</u>	<u>Code</u>	<u>Name and Form</u>	<u>Amended Price</u>
			\$
2	1003T	Acyclovir 200mg	25 @ 50.00 BW
3	2647H	Benzympenicillin 3g	5 @ 19.11 CS
	2648J	6g	1 @ 8.71 CS
3	1153Q	Carbimazole 5mg	100 @ 3.39 NS
3	1782T	Ceftriaxone 250mg	1 @ 13.61 RO
3	1163F	Chlorambucil 2mg	25 @ 16.25 BW
	1164G	5mg	25 @ 19.75 BW
3	1167K	Chloramphenicol 1g	1 @ 8.75 PD
3	2967E	Cholestyramine 9g (equiv. to 4g cholestyramine)	1 @ 27.50 AP
3	2621Y	Colistin 150mg	1 @ 27.60 WW
4	1079T	Cyclophosphamide 500mg	1 @ 6.86 FE
4	1341N	Diphtheria and Tetanus Vaccine, Adsorbed 0.5mL	1 @ 2.98 CS
4	3019X	Diphtheria and Tetanus Vaccine, Adsorbed, Diluted for Adult Use 0.5mL	1 @ 3.10 CS
4	1346W	Diphtheria, Tetanus and Pertussis Vaccine, Adsorbed 0.5mL	1 @ 2.91 CS,PD
4	1348Y	Diphtheria Vaccine, Adsorbed 0.5mL	1 @ 4.15 CS
4	1338K	Doxorubicin Hydrochloride 10mg	1 @ 53.21 FE
	1337J	20mg	1 @ 102.66 FE
	1339L	50mg	1 @ 253.98 FE

Price Adjustments of Section 6 - Standard Packs and Prices (cont.)

<u>Page No.</u>	<u>Code</u>	<u>Name and Form</u>	<u>Amended Price</u>
			\$
4	2715X	Doxycycline 100mg	7 @ 3.18 PT
5	1617D	Hexamine Mandelate 250mg	100 @ 5.01 WW
	1618E	500mg	100 @ 6.69 WW
6	2587E	Isosorbide Dinitrate 10mg	100 @ 3.55 AY,PD
	2588F	5mg	100 @ 3.38 AY,PD
7	2547C	Melphalan 2mg	25 @ 21.06 BW
	2548D	5mg	25 @ 35.16 BW
7	1598D	Mercaptopurine 50mg	25 @ 25.03 BW
8	1702N	Phenoxymethylpenicillin 125mg	25 @ 3.20 AB
	1703P	250mg	25 @ 3.36 AB,CS,LY,SI
	1705R	250mg	25 @ 3.36 AB,CS,LY,SI
9	3130R	Streptokinase 100,000 i.u.	1 @ 24.03 PS
	2906Y	250,000 i.u.	1 @ 42.33 HP,PS
	2962X	600,000 i.u.	1 @ 85.98 PS
	2907B	750,000 i.u.	1 @ 107.50 HP
9	2127Y	Tetanus Vaccine, Adsorbed	1 @ 2.63 CS
10	3113W	Vancomycin 125mg	20 @ 145.84 LY
	3114X	250mg	20 @ 291.66 LY
	3131T	500mg	1 @ 29.16 LY

OTHER AMENDMENTS OF SECTION 6 - STANDARD PACKS AND PRICES

<u>Page No.</u>	<u>Code</u>	<u>Name and Form</u>	<u>Amendment</u>
2	2153H	Aluminium Hydroxide 320mg per 5mL, 500mL, 1 @ 2.88	Delete PR
4	1437P	Folic Acid 100 @ 1.75	Delete PR
5	1535T	Insulin Isophane (N.P.H.) (synthetic human) 100 units per mL, 2.5mL, 5, 1 @ 27.66, BW	Add entry
6	1430G	Insulin Isophane (N.P.H.) - Insulin Neutral, (Mixed) (synthetic human) 100 units (70 units-30 units) per mL, 2.5mL, 5, 1 @ 27.66, BW	Add entry
6	1537X	Insulin Neutral (synthetic human) 100 units per mL, 2.5mL, 5, 1 @ 27.66, BW	Add entry

Other Amendments of Section 6 - Standard Packs and Prices (cont.)

Page No.	Code	Name and Form	Amendment
8	2642C	Potassium Chloride 600mg	Delete 100 @ 2.50 PR
9	2037F	Sodium Salicylate 600mg (e.c.), 100 @ 3.61, PR	Delete entry

ADVANCE NOTICES

DELETIONS - ITEMS

The items listed below will be deleted from the Schedule of Pharmaceutical Benefits as from 1 April 1989.

Items being discontinued by the manufacturer -

Section 2 - Prescribing by medical practitioners

- 1538Y Insulin Neutral, injections (porcine) 100 units per mL, 1.5mL, 5 (Actrapid MC Penfill)
- 1919B Prednisolone Acetate, injection 10mg in 1mL (Scherisolon)
- 2074E Sulphadimidine, tablet 500mg (S-Dimidine)

Prescribing by participating dental practitioners

- 3379W Sulphadimidine, tablet 500mg (S-Dimidine)

Items recommended for deletion by the Pharmaceutical Benefits Advisory Committee -

Section 2 - Prescribing by medical practitioners

- 1044Y Ammonium Chloride, tablet 500mg (FM)
- Peritoneal Dialysis Solution, injections
 - 2407Q with 76mmol per L glucose (1.5%), 1L, 12 (Dianeal)
 - 2403L with 76mmol per L glucose (1.5%), 2L, 6 (Dianeal)
 - 2404M with 126mmol per L glucose (2.5%), 1L, 12 (Dianeal)
 - 2406P with 126mmol per L glucose (2.5%), 2L, 6 (Dianeal)
 - 2408R with 214mmol per L glucose (4.25%), 1L, 10 (Dianeal)
 - 2409T with 214mmol per L glucose (4.25%), 2L, 6 (Dianeal)

DELETIONS - BRANDS

The following brands will be deleted from the Schedule of Pharmaceutical Benefits as from 1 April 1989.

Section 2 - Prescribing by medical practitioners

- 2300C Cloxacillin, capsule 250mg (Orbenin)
- 1120Y 500mg (Orbenin)
- 2299B injection 250mg (solvent required) (Orbenin)
- 2772X Norethisterone with Ethinyloestradiol, tablet 500 micrograms-35 micrograms, 21 (Modicon)
- 3028J Phenoxymethylpenicillin, tablet 500mg (P.V.O.)
- 2829X Phenylephrine, eye drops 1.2mg per mL (0.12%), 15mL (Prefrin)
- (Deletion requested by manufacturer)
- 1971R Quinidine Sulphate, tablet 200mg (PT)

Prescribing by participating dental practitioners

- 3361X Phenoxymethylpenicillin, tablet 500mg (P.V.O.)

Advance Notices - (cont.)

The following brands will be deleted from the Schedule of Pharmaceutical Benefits as from 1 April 1989 as a result of failure to resolve pricing disagreements with the manufacturers.

2600W	Allopurinol, tablet 100mg (Zyloprim)
2604C	300mg (Zyloprim)
1114P	Benzyl Benzoate, application 50g in 200mL (25%) (Ascabiol)
1011F	Doxepin, capsule 10mg (Sinequan)
1013H	25mg (Sinequan)
2412Y	Frusemide, tablet 40mg (Lasix)
2415D	500mg (Lasix)
2413B	injection 20mg in 2mL (Lasix)
2939Q	Glibenclamide, tablet 5mg (Daonil, Euglucon)
1640H	Hydralazine Hydrochloride, tablet 25mg (Apresoline 25)
1639G	50mg (Apresoline 50)
1566K	Labetalol, tablet 100mg (Trandate)
1567L	200mg (Trandate)
2942W	Oxprenolol, tablet 20mg (Trasicor 20)
2961W	40mg (Trasicor 40)
2565B	Propranolol, tablet 10mg (Inderal)
2566C	40mg (Inderal)
2899N	160mg (Inderal)
2185B	Trifluoperazine, tablet 1mg (Stelazine)
2186C	5mg (Stelazine)
2922T	Trimethoprim, tablet 300mg (Triprim)

DEPARTMENT OF VETERANS' AFFAIRS
AMENDMENTS TO THE REPATRIATION SCHEDULE OF
PHARMACEUTICAL BENEFITS

DECEMBER 1988

EFFECTIVE 1 DECEMBER 1988

ALTERATIONS TO LISTED ITEMS

Section 1

The following deletions result from continued failure by the manufacturer to upgrade facilities, procedures and operations to a satisfactory level of compliance with the Code of Good Manufacturing Practice for Therapeutic Goods (see also amendments to the NHS Schedule on pages 11-12 of this amendment).

Page No.	Code	Name and Form	Max. Qty	No. of Rpts	Amendment
10	4071G	PHOLCODINE Linctus 1mg per mL (0.1%), 100mL	#1	2	Delete PR
12	4074K	SENEGA and AMMONIA Mixture 200mL	#1	4	Delete PR

AMENDMENTS OF THE SCHEDULE OF PHARMACEUTICAL BENEFITS

DECEMBER 1988 EDITION FOR APPROVED PHARMACISTS

OPERATIVE FROM 1 FEBRUARY 1989NOTE: Please retain. Amendments are non-cumulative and are issued two-monthly.ENTITLEMENT CARD FEE

As from 1 January 1989 the fee payable by the Commonwealth for the issue of an Entitlement Card is \$4.47.

PRICE ADJUSTMENTS OF SECTION 2 - WHITE PAGES

Page No.	Code	Name and Form	Max. Qty	No. of Rpts	Disp. Price Max. Qty \$	Max. Pat. Payment \$	Prop. Name and Mfr
4	2630K	ACETYLCYSTEINE Solution 200mg per mL (20%), 10mL	5	3	31.77	+11.00	Mucomyst AP
5	2153H	ALUMINIUM HYDROXIDE Mixture 320mg per 5mL, 500mL	2	5	*8.72	9.35	Amphojel WY
5	1026B	ALUMINIUM HYDROXIDE DRIED Tablet 300mg	200	5	*8.72	9.35	Amphotabs WY
5	2552H	ALUMINIUM HYDROXIDE with KAOLIN Mixture 137mg-1g per 5mL, 500mL	≠1	2	5.69	6.32	Kaomagma WY
5	1033J	ALUMINIUM HYDROXIDE and MAGNESIUM CARBONATE CO-DRIED GEL Tablet 375mg	200	5	*8.72	9.35	Almacarb GL Simeco WY
5	2576N	ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE Tablet 200mg-200mg	200	5	*8.72	9.35	Gelusil WW Mylanta PD
	2154J	Dispersible Tablet 230mg-230mg	200	5	*8.72	9.35	LoAsid BW
	2155K	Mixture 300mg-100mg per 5mL, 500mL	2	5	*8.72	9.35	Aludrox AY
	2156L	Suspension 215mg-80mg per 5mL, 500mL	2	5	*8.72	9.35	Simeco WY
	2157M	200mg-200mg per 5mL, 500mL	2	5	*8.72	9.35	Gelusil WW Mylanta PD Sodexol SC
5	2158N	ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE and OXETHAZAINE Suspension 306mg-97.5mg- 10mg per 5mL, 500mL	2	5	*8.72	9.35	Mucaine AY

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

Page No.	Code	Name and Form	Max. Qty	No. of Rpts	Disp. Price Max. Qty \$	Max. Pat. Payment \$	Prop. Name and Mfr
5	1032H	ALUMINIUM HYDROXIDE with MAGNESIUM TRISILICATE and MAGNESIUM HYDROXIDE Tablet 250mg-120mg-120mg	200	5	*8.72	9.35	Gastrogel FM
	2159P	Mixture 250mg-120mg-120mg per 5mL, 500mL	2	5	*8.72	9.35	Gastrogel FM
9	3110Q	ASPIRIN Tablet 325mg (buffered)	100	1	5.27	5.90	Bufferin AP
	1230R	650mg (enteric coated)	100	2	7.74	8.37	Ecotrin SK
	1231T	650mg (sustained release)	100	2	7.74	8.37	S.R.A. BT
9	2704H	ATROPINE SULPHATE Tablet 600 micrograms	100	2	6.35	6.98	FM
10	2916L	BELLADONNA ALKALOIDS Hyoscyamine Sulphate, Atropine Sulphate and Hyoscine Hydrobromide Tablet 103.7 micrograms- 19.4 micrograms-6.5 micrograms	100	2	4.62	5.50	Donnatab RS
12	2203Y	BISMUTH SUBCITRATE Tablet 107.7mg (Bi)	112	2	23.89	+11.00	De-No1 PD
14	2422L	CARBAMAZEPINE Tablet 100mg	200	2	16.82	+11.00	Tegretol 100 CG
	2419H	200mg	200	2	29.39 29.64	+11.00 +11.00	Teril AF Tegretol 200 CG
	2427R	Syrup 100mg per 5mL, 300mL	#1	5	19.58	+11.00	Tegretol CG
17	1410F	CHLORMETHIAZOLE Capsule 192mg	50	..	12.07	+11.00	Hemineurin AP
17	1201F	CHLORPROMAZINE Mixture 25mg per 5mL, 100mL	2	2	*8.02	8.65	Largactil MB
	1195X	Injection 50mg in 2mL	10	..	8.63	9.26	Largactil MB
	1200E	Suppositories 100mg, 5	#1	2	6.54	7.17	Largactil MB
19	1805B	CLONAZEPAM Tablet 500 micrograms	200	2	15.58	+11.00	Rivotril RO
	1806C	2mg	200	2	25.18	+11.00	Rivotril RO
22	1779P	DANTROLENE SODIUM Capsule 25mg	100	2	22.89	+11.00	Dantrium NW
	1780Q	50mg	100	2	37.39	+11.00	Dantrium NW

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

Page No.	Code	Name and Form	Max. Qty	No. of Rpts	Disp. Price Max. Qty \$	Max. Pat. Payment \$	Prop. Name and Mfr
23	2558P	DIAZEPAM Injection 10mg in 2mL	5	..	4.85 5.10	5.50 5.73	BL Valium RO
24	1483C	DIHYDROTACHYSTEROL Capsule 125 micrograms	100	5	46.83	+11.00	A.T.10 WL
28	1413J	ETHOSUXIMIDE Capsule 250mg	200	2	23.79	+11.00	Zarontin PD
	1414K	Paediatric Syrup 250mg per 5mL, 250mL	#1	4	12.95	+11.00	Zarontin PD
32	1436N	FOLIC ACID Injection 15mg in 1mL	10	..	*13.60	+11.00	AB
34	2768Q	HALOPERIDOL Injection 5mg in 1mL	10	..	11.95	+11.00	Serenace SR
38	3093T	HYDROXYUREA Capsule 500mg	100	..	66.39	+11.00	Hydrea SQ
38	2454E	INDOMETHACIN Capsule 25mg	50	3	5.90	6.53	Rheumacin PT
39	2852D	INFLUENZA VACCINE (See also ADVANCE NOTICES) Injection (trivalent) 0.5mL	1	..	12.89	+11.00	Fluvax CS Vaxigrip MB
42	1588N	KETOPROFEN Suppository 100mg	40	3	*21.54	+11.00	Orudis MB
43	3143K	LEVODOPA Tablet 100mg	50	5	11.02	+11.00	Larodopa RO
43	2227F	LEVODOPA with BENSERAZIDE Capsule 50mg-12.5mg	100	5	18.93	+11.00	Madopar Q RO
46	2398F	METHSUXIMIDE Capsule 300mg	200	2	52.14	+11.00	Celontin PD
49	1284N	MILK POWDER - LACTOSE MODIFIED Lactose-Predigested Powder 500g	2	20	*17.40	+11.00	Digestelact SJ
49	1283M	MILK POWDER - LOW LACTOSE FORMULA Lactose-Predigested Powder Infant Formula 500g	2	..	*17.40	+11.00	De-Lact Infant SJ
49	3092R	MILK POWDER - SYNTHETIC Low Calcium Compound Powder 450g	2	20	*26.94	+11.00	Locasol New Formula KY
49	1451J	MINERAL MIXTURE Powder 250g	#1	5	43.27	+11.00	Aminogran M.M. GL

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

Page No.	Code	Name and Form	Max. Qty	No. of Rpts	Disp. Price Max. Qty	Max. Pat. Payment	Prop. Name and Mfr
					\$	\$	
49	1648R	MISOPROSTOL Tablet 200 micrograms	120	1	46.27	+11.00	Cytotec SR
51	1659H	NAPROXEN Tablet 500mg	50	3	13.27	+11.00	Naprosyn SD
55	1735H	PANCREATIN ENZYME Tablet providing not less than 6,500 BP units of lipase activity	500	10	36.77	+11.00	Viokase RS
56	1747Y	PARACETAMOL Mixture 120mg per 5mL, 100mL	≠1	2	5.59	6.22	Dymadon BW Panamax WL
56	1822X	PERHEXILINE MALEATE Tablet 100mg	100	5	31.02	+11.00	Pexid ML
56	3053Q	PERICYAZINE Tablet 10mg	100	1	11.67	+11.00	Neulactil MB
57	1827E	PETHIDINE Tablet 50mg	20	..	6.99	7.62	SI
57	2856H	PHENELZINE Tablet 15mg	50	2	8.02	8.65	Nardil WW
58	1853M	PHENOBARBITONE SODIUM Injection 200mg in 1mL	5	..	6.78	7.41	FM
58	1863C	PHENSUXIMIDE Capsule 500mg	200	2	57.89	+11.00	Milontin PD
59	1865E	PHENYLALANINE LOW CONTENT FORMULA Powder 1 lb	5	5	*158.89	+11.00	Lofenalac MJ
59	2455F	PHENYLEPHRINE Compound Ointment 60g	≠1	1	5.24	5.87	Hemorex RL
	1869J	Compound Suppositories, 12	≠1	1	5.54	6.17	Hemorex RL
59	1249R	PHENYTOIN Tablet 50mg	200	2	11.23	+11.00	Dilantin Infatabs PD
	2692Q	Paediatric Suspension 30mg per 5mL, 500mL	≠1	3	8.64	9.27	Dilantin PD
59	1873N	PHENYTOIN SODIUM Capsule 30mg	200	2	11.08	+11.00	Dilantin Sodium PD
	1874P	100mg	200	2	11.27	+11.00	Dilantin Sodium PD
59	1881B	PHYTOMENADIONE Injection 1mg	5	..	6.68	7.31	Konakion RO
	1882C	10mg	5	..	9.97	10.60	Konakion RO

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

Page No.	Code	Name and Form	Max. Qty	No. of Rpts	Disp. Price Max. Qty \$	Max. Pat. Payment \$	Prop. Name and Mfr
61	1479W	PRAZOSIN HYDROCHLORIDE Tablet 1mg (base)	100	5	11.03	+11.00	Minipress PF
	1480X	2mg (base)	100	5	14.05	+11.00	Minipress PF
	1478T	5mg (base)	100	5	22.72	+11.00	Minipress PF
62	1939C	PRIMIDONE Tablet 250mg	200	2	14.44	+11.00	Mysoline IC
62	1940D	PROBENECID Tablet 500mg	100	5	12.79	+11.00	Benemid FR
63	2369Q	PROCHLORPERAZINE Injection 12.5mg in 1mL	10	..	7.45	8.08	Compazine SK Stemetil MB
64	1961F	PYRIDOXINE HYDROCHLORIDE Injection 50mg in 1mL	5	1	6.08	6.71	FM
67	2945B	SODIUM ACID CITRATE Mixture 5.5g per 20mL, 500mL	≠1	4	6.02	6.65	Citralka PD
67	3015Q	SODIUM BICARBONATE Injection 100mmol (8.4g) in 100mL	5	..	*22.54	+11.00	AB
70	2047R	SULINDAC Tablet 100mg	50	3	8.89	9.52	Clinoril FR
73	1065C	THIAMINE HYDROCHLORIDE Injection 100mg in 1mL	5	1	5.68	6.31	Beta-Sol FM
74	2402K	THIORIDAZINE Oral Solution 30mg per mL, 30mL	2	2	*10.70	11.00	Melleril SZ
75	2444P	TRANLYCYPROMINE Tablet 10mg	50	2	8.02	8.65	Parnate SK
76	2835F	TRIFLUOPERAZINE Injection 1mg in 1mL	10	..	8.63	9.26	Stelazine SK
79	2984C	ZINC OXIDE Compound Ointment 50g	≠1	1	5.24	5.87	Anusol WW
	1122C	Compound Suppositories, 12	≠1	1	5.54	6.17	Anusol WW
PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY							
83	3348F	PARACETAMOL Mixture 120mg per 5mL, 100mL	≠1	..	5.59	6.22	Dymadon BW Panamax WL

PRICE ADJUSTMENTS OF SECTION 6 - STANDARD PACKS AND PRICES

Page No.	Code	Name and Form	Amended Price
			\$
2	2153H	Aluminium Hydroxide 320mg per mL, 500mL	1 @ 3.04 WY
2	1026B	Aluminium Hydroxide Dried 300mg	100 @ 3.04 WY
2	1033J	Aluminium Hydroxide and Magnesium Carbonate Co-Dried Gel 375mg	100 @ 3.04 GL,WY
2	2576N	Aluminium Hydroxide with Magnesium Hydroxide 200mg-200mg	100 @ 3.04 PD,WW
	2154J	230mg-230mg	100 @ 3.04 BW
	2155K	300mg-100mg per 5mL, 500mL	1 @ 3.04 AY
	2156L	215mg-80mg per 5mL, 500mL	1 @ 3.04 WY
	2157M	200mg-200mg per 5mL, 500mL	1 @ 3.04 PD,SC,WW
2	2158N	Aluminium Hydroxide with Magnesium Hydroxide and Oxethazaine 306mg-97.5mg-10mg per 5mL, 500mL	1 @ 3.04 AY
		Aluminium Hydroxide with Magnesium Trisilicate and Magnesium Hydroxide	
2	1032H	250mg-120mg-120mg	100 @ 3.04 FM
	2159P	250mg-120mg-120mg per 5mL, 500mL	1 @ 3.04 FM
3	1201F	Chlorpromazine 25mg per 5mL, 100mL	1 @ 2.69 MB
4	1436N	Folic Acid 15mg in 1mL	5 @ 5.48 AB
6	1588N	Ketoprofen 100mg	20 @ 9.45 MB
7	1284N	Milk Powder - Lactose Modified 500g	1 @ 7.38 SJ
7	1283M	Milk Powder - Low Lactose Formula 500g	1 @ 7.38 SJ
7	3092R	Milk Powder - Synthetic 450g	1 @ 12.15 KY
8	1865E	Phenylalanine Low Content Formula 1 lb	1 @ 31.25 MJ
9	3015Q	Sodium Bicarbonate 100mmol in 100mL	1 @ 3.98 AB
9	2402K	Thioridazine 30mg per mL, 30mL	1 @ 4.03 SZ

ADVANCE NOTICES

FORMULATION CHANGE

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

As from 1 March 1989 influenza vaccine available as a pharmaceutical benefit will be the formulation determined for the 1989 season (containing A/Victoria/36/88, A/Sichuan/2/87 and B/Beijing/1/87 like strains).

Advance Notices - (cont.)

DELETIONS - ITEMS

The items listed below will be deleted from the Schedule of Pharmaceutical Benefits as from 1 April 1989.

Item being discontinued by the manufacturer -

Section 2 - Prescribing by medical practitioners

1549M Isoconazole Nitrate, lotion 10mg per mL (1%), 20mL (Travogen)

Item being deleted at request of manufacturer -

Section 3 - Preparations Available for Colostomy and Ileostomy Use

2256R Sterculia (Indian Tragacanth; Gum Karaya), discs, compound, 10 (Colly-seels)

DELETIONS - BRANDS

The following brands will be deleted from the Schedule of Pharmaceutical Benefits as from 1 April 1989.

Brand being discontinued by the manufacturer -

Section 2 - Prescribing by medical practitioners

3028J Phenoxymethylpenicillin, tablet 500mg (LPV)

Prescribing by participating dental practitioners

3361X Phenoxymethylpenicillin, tablet 500mg (LPV)

Brand being deleted at request of manufacturer -

Section 2 - Prescribing by medical practitioners

2893G Prochlorperazine, tablet 5mg (Anti-Naus)

2897L 5mg (Anti-Naus)

PHARMACEUTICAL BENEFITS

Explanatory Circular regarding the December 1988 edition of the Schedule of Pharmaceutical Benefits for Approved Pharmacists.

The reprint of the Schedule will take effect on 1 December 1988 and all previous editions of the Schedule are cancelled.

In this edition of the Schedule, the entries in Section 2 for Acyclovir, Cimetidine, Famotidine and Ranitidine Hydrochloride each show the different maximum quantities and repeats which apply for the various indications (which are shown in an abbreviated form). These listings correspond to the listings for these items in the Schedule of Pharmaceutical Benefits for Medical Practitioners and will enable pharmacists to readily identify the appropriate maximum quantities and repeats when the items are ordered on urgent authority prescriptions.

SUMMARY OF CHANGES

ADDITIONS

New Items

Section 1

Emergency Drug (Doctor's Bag) Supplies

Benzylpenicillin, injection 600mg (with Water for Injections 2mL), as an alternative to **Procaine Penicillin**, injection (pre-filled syringe) 1.5g

Section 2

Amino Acid Formula with Vitamins and Minerals without Methionine, powder 200g (*Maxamaid RVHB*)

Famotidine, tablets 20mg (*Pepcidine M*) and 40mg (*Pepcidine*)

Human Menopausal Gonadotrophin, injection set containing 10 ampoules powder for injection providing 75 units follicle stimulating hormone and 75 units luteinizing hormone and 10 ampoules solvent 1mL (*Humegon, Pergonal*)

New Forms and Strengths of Items

Section 2

Human Chorionic Gonadotrophin, injection set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1mL (*Profasi 500*), injection set containing 3 ampoules powder for injection 1,000 units and 3 ampoules solvent 1mL (*Profasi 1000*) and injection set containing 3 ampoules powder for injection 2,000 units and 3 ampoules solvent 1mL (*Profasi 2000*)

Norethisterone with Ethinyloestradiol, pack containing 12 tablets 500 micrograms-35 micrograms and 9 tablets 1mg-35 micrograms (*Synphasic 21 day*)

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

Erythromycin Ethyl Succinate, tablet 400mg (base) (*E.E.S. 400*)

New Brand of Item

Section 3

Preparations Available for Colostomy and Ileostomy Use

Butyl Monoester Polymer with Isopropyl Alcohol, protective dressing wipes, 50 (*Uro-Prep*)

DELETIONS

Items

Section 2

Atropine Methonitrate, tablet 1mg (*Eumydrin*)

Benzocaine with Adrenaline, compound ointment 50g (*Rectinol*) and compound suppositories, 12 (*Rectinol*)

Cholera Vaccine, injection 1mL (*CS*)

Dapsone, tablet 100mg (*Avlosulfon*)

Dimethicone, cream 100mg per g (10%), 50g (*Dermabase-S*)

Epicillin, capsules 250mg and 500mg (*Dexacillin*)

Ergotamine Tartrate with Caffeine and Cyclizine Hydrochloride, tablet 2mg-100mg-50mg (*Migral*)

Ergotamine Tartrate with Caffeine Citrate and Diphenhydramine Hydrochloride, capsule 1mg-100mg-25mg (*Ergodryl*)

Natamycin, tablet 100mg (*Pimafucin*); suspension 10mg per mL (1%), 5mL (*Pimafucin*); cream 20mg per g, 15g (*Pimafucin*); pessaries 25mg, 20 (*Pimafucin*)

Norethisterone Acetate with Ethinyloestradiol, tablet 1mg-50 micrograms, 21 (*Minovlar*) and pack containing 21 tablets 1mg-50 micrograms and 7 inert tablets (*Minovlar ED*)

Ornidazole, tablet 500mg (*Tiberal*)

Plague Vaccine, injection 1,500 million organisms in 0.5mL (*CS*)

Sodium Calciumedetate, tablet 500mg (*Calcium Disodium Versenate*)

Stilboestrol, tablets 500 micrograms, 1mg, 5mg and 10mg (*HA*)

Trimetaphan, injection set containing 250mg and 5mL water for injections (*Arfonad*)

Typhoid Vaccine, injection 0.5mL (*CS*)

Typhoid Vaccine, Oral, capsule containing not less than 10⁹ viable organisms (enteric coated), 3 (*Typh-Vax (Oral)*)

Typhus Vaccine, injection 1mL (*CS*)

NOTE

Contrary to previous advice the following items will continue to be listed as pharmaceutical benefits from 1 December 1988:

Pilocarpine, eye disc 5mg (releasing 20 micrograms per hour) (*Ocusert Pilo 20*) and eye disc 11mg (releasing 40 micrograms per hour) (*Ocusert Pilo 40*)

Deletions (cont.)

Section 3

Preparations Available for Colostomy and Ileostomy Use

Carmellose Sodium, compound adhesive rings 10mm to 50mm, 30 (*Comfeel*); compound adhesive strip pack (*Comfeel*); compound adhesive wafers, 5 (*Comfeel Protective Sheets*)

Deodorant Detergent Solution, solution, lauryldimethylbenzyl ammonium chloride 12.5g, "TERIC" N8, 125g in 500mL (*TAGG*)

Preparations Available for Use by Paraplegic and Quadriplegic Patients

Deodorant Detergent Solution, solution, lauryldimethylbenzyl ammonium chloride 12.5g, "TERIC" N8, 125g in 500mL (*TAGG*)

Section 2

Forms and Strengths of Existing Items

Cloxacillin, powder for syrup 125mg per 5mL, 100mL (*Austrastaph*)

Methylphenobarbitone, tablet 30mg (*Prominal*)

Phenylephrine, eye drops 100mg per mL (10%), 5mL (*Neo-Synephrine*)

Phenytoin Sodium, injection 100mg in 2mL (*Dilantin Sodium*)

Pyrroldostigmine, injection 1mg in 1mL (*Mestinon*)

Sulphamethizole, tablet 250mg (*PT*) and paediatric suspension 100mg per 5mL, 100mL (*Urolucosil*)

Theophylline, capsule 200mg (*Elixophyllin*)

Thioridazine, injection 25mg per mL, 2mL (*Melleril*)

ALTERATIONS

Section 2

To be unrestricted

Liothyronine, tablet 20 micrograms (*Tertroxin*)

Maximum Quantity

	From	To
Aspirin , tablet		
300mg (<i>SI</i>)	200	100
300mg (dispersible) (<i>Solprin</i>)	200	100
325mg (buffered) (<i>Bufferin</i>)	200	100
650mg (enteric coated) (<i>Ecotrin</i>)	200	100
650mg (sustained release) (<i>S.R.A.</i>)	200	100
Ibuprofen , tablets 200mg (<i>Rafen 200</i> , <i>Brufen</i> , <i>Inflam</i>) and 400mg (<i>Inflam</i> , <i>Brufen</i>)	100	50
Indomethacin , capsule 25mg (<i>Arthrexin</i> , <i>Rheumacin</i> , <i>Indocid</i>)	100	50
suppository 100mg (<i>Indocid</i>)	20	40
Ketoprofen , suppository 100mg (<i>Orudis</i>)	20	40
Naproxen , suppository 500mg (<i>Naprosyn</i>)	20	40
Pancrelipase , capsule providing not less than 5,000 BP units of lipase activity (<i>Pancrease</i>) and capsule providing not less than 10,000 BP units of lipase activity (<i>Cotazym S Forte</i>)	250	500
Salbutamol Sulphate , syrup 2mg (base) per 5mL, 300mL (<i>Ventolin</i>)	2	≠1
Sodium Acid Citrate , mixture 5.5g per 20mL, 500mL (<i>Citralka</i>)	2	≠1

Maximum Quantity (cont.)

	From	To
Sodium Citro-Tartrate , effervescent granules 100g (<i>Citravescent Sachets</i> , <i>Ural Sachets</i>)	2	≠1
Sulindac , tablet 100mg (<i>Clinoril</i>)	100	50
Terbutaline Sulphate , tablet 5mg (<i>Bricanyl</i>)	200	100
elixir 300 micrograms per mL, 300mL (<i>Bricanyl</i>)	2	≠1
<i>Number of Repeats</i>		
	From	To
Amibenonium Chloride , tablet 10mg (<i>Mytelase</i>)	..	2
Aminoglutethimide , tablet 250mg (<i>Cytadren</i>)	..	5
Amiodarone Hydrochloride , tablets 100mg (<i>Cordarone X 100</i>) and 200mg (<i>Cordarone X 200</i>)	..	5
Aspirin , tablet		
300mg (<i>SI</i>)	..	1
300mg (dispersible) (<i>Solprin</i>)	..	1
325mg (buffered) (<i>Bufferin</i>)	..	1
650mg (enteric coated) (<i>Ecotrin</i>)	1	2
650mg (sustained release) (<i>S.R.A.</i>)	1	2
Auranofin , tablet 3mg (<i>Ridaura</i>)	..	5
Baclofen , tablets 10mg (<i>Lioresal 10</i>) and 25mg (<i>Lioresal 25</i>)	..	5
Beclomethasone Dipropionate , oral inhalation, metered aerosol spray, 250 micrograms per dose (200 dose) (<i>Becloforte</i>)	..	5
Bromocriptine Mesylate (authority required availability), tablet 2.5mg and capsules 5mg and 10mg (<i>Parlodel</i>)	..	5
Calcitonin , injections (porcine) 160 i.u. with 2mL gelatin solvent, 10 (<i>Calcitare</i>); injections (salmon) 50 i.u. in 1mL ampoule, 5 (<i>Miacalcic</i>), 80 i.u. in 0.8mL ampoule, 5 (<i>Miacalcic</i>), 100 i.u. in 1mL ampoule, 5 (<i>Calsynar</i> , <i>Miacalcic</i>) and 400 i.u. in 2mL vial (<i>Calsynar</i>); injections (synthetic human) 0.5mg with 2mL solvent, 5 (<i>Cibacalan</i>)	..	5
Calcitriol , capsule 0.25 micrograms (<i>Rocaltrol</i>)	..	5
Captopril , tablets 12.5mg, 25mg and 50mg (<i>Capoten</i>)	..	5
Cholestyramine , sachets 9g (equivalent to 4g cholestyramine), 50 (<i>Questran</i>)	..	5
Colestipol Hydrochloride , sachets 5g, 120 (<i>Colestid</i>)	..	5
Danazol , capsules 100mg and 200mg (<i>Danocrine</i>)	..	5
Dexamphetamine , tablet 5mg (<i>SI</i>)	..	5
Dihydrotachysterol , capsule 125 micrograms (<i>A.T.10</i>)	..	5

Number of Repeats (cont.)

	<i>From</i>	<i>To</i>
Diltiazem Hydrochloride , tablet 60mg (<i>Cardizem</i>)	..	5
Disodium Etidronate , tablet 200mg (<i>Didronel</i>)	..	5
Dydrogesterone , tablet 10mg (<i>Duphaston</i>)	..	5
Enalapril Maleate , tablets 5mg (<i>Renitec M</i>), 10mg (<i>Renitec</i>) and 20mg (<i>Renitec 20</i>)	..	5
Etretinate , capsules 10mg and 25mg (<i>Tigason</i>)	..	5
Felodipine , tablets 5mg and 10mg (<i>Agon</i> , <i>Plendil</i>)	..	5
Flecainide Acetate , tablet 100mg (<i>Tambocor</i>)	..	5
Ibuprofen , tablets 200mg (<i>Rafen 200</i> , <i>Brufen</i> , <i>Inflam</i>) and 400mg (<i>Inflam</i> , <i>Brufen</i>)	1	3
Indomethacin , capsule 25mg (<i>Arthrexin</i> , <i>Rheumacin</i> , <i>Indocid</i>)	1	3
Ketoconazole , tablet 200mg (<i>Nizoral</i>)	..	5
Lactulose , mixture 3.34g per 5mL, 500mL (<i>Duphalac</i>)	..	5
Mianserin Hydrochloride , tablets 10mg and 20mg (<i>Tolvon</i>)	..	5
Minoxidil , tablets 10mg and 25mg (<i>Loniten</i>)	..	5
Misoprostol , tablet 200 micrograms (<i>Cytotec</i>)	..	1
Nitrazepam (authority required availability), tablet 5mg (<i>Alodorm</i> , <i>Mogadon</i>)	..	5
Olsalazine Sodium , capsule 250mg (<i>Dipentum</i>)	..	5
Oxazepam (authority required availability), tablets 15mg (<i>Alepam 15</i> , <i>Murelax</i> , <i>Serepax</i>) and 30mg (<i>Alepam 30</i> , <i>Murelax</i> , <i>Serepax</i>)	..	5
Oxymetholone , tablets 50mg (<i>Anapolon</i>) and 100mg (<i>Adroyd</i>)	..	5

Number of Repeats (cont.)

	<i>From</i>	<i>To</i>
Pancreatin Enzyme , tablet providing not less than 6,500 BP units of lipase activity (<i>Viokase</i>) and capsule providing not less than 6,500 BP units of lipase activity (<i>Viokase</i>)	4	10
Perhexiline Maleate , tablet 100mg (<i>Pexid</i>)	..	5
Phenoxybenzamine , capsule 10mg (<i>Dibenyline</i>)	..	5
Pilocarpine , eye discs 5mg (<i>Ocusert Pilo 20</i>) and 11mg (<i>Ocusert Pilo 40</i>)	..	5
Prochlorperazine (authority required availability), tablet 5mg (<i>Antinaus</i> , <i>Compazine</i> , <i>Sternetil</i>)	..	5
Salbutamol Sulphate , syrup 2mg (base) per 5mL, 300mL (<i>Ventolin</i>)	2	5
Sodium Acid Citrate , mixture 5.5g per 20mL, 500mL (<i>Citralka</i>)	2	4
Sodium Acid Phosphate , compound effervescent tablet (<i>Phosphate Sandoz</i>)	..	5
Sodium Citro-Tartate , effervescent granules 100g (<i>Citravescent Sachets</i> , <i>Ural Sachets</i>)	2	4
Sodium Cromoglycate , eye drops 20mg per mL (2%), 10mL (<i>Opticrom</i>)	..	5
Sotalol Hydrochloride , tablet 160mg (<i>Sotacor</i>)	..	5
Sulindac , tablet 100mg (<i>Clinoril</i>)	1	3
Tamoxifen Citrate , tablets 10mg (base) (<i>Nolvadex</i>) and 20mg (base) (<i>Nolvadex-D</i>)	..	5
Temazepam (authority required availability), capsule 10mg (<i>Temaze 10</i> , <i>Euhypnos</i> , <i>Normison</i>)	..	5
Terbutaline Sulphate , tablet 5mg (<i>Bricanyl</i>) and elixir 300 micrograms per mL, 300mL (<i>Bricanyl</i>)	2	5
Tetracosactrin , injections 500 micrograms in 1mL (<i>Synacthen Depot 0.5</i>) and 1mg in 1mL (<i>Synacthen Depot 1</i>)	..	5

Item Name

<i>From</i>
Insulin , injection (bovine) 100 units per mL, 10mL (<i>Insulin 2</i>) and 300 units per mL, 5mL (<i>CN</i>)
Nutramigen , powder 1 kg (<i>MJ</i>)

<i>To</i>
Insulin, Acid , injection (bovine) 100 units per mL, 10mL (<i>Insulin 2</i>) and 300 units per mL, 5mL (<i>CN</i>)
Protein Hydrolysate Formula , powder 1 kg (<i>Nutramigen MJ</i>)

Proprietary Name

	<i>From</i>	<i>To</i>
Methotrexate , injection 5mg in 2mL	<i>LE</i>	<i>Ledertrexate</i>
50mg (solvent required)	<i>LE</i>	<i>Ledertrexate</i>
50mg in 2mL	<i>LE</i>	<i>Ledertrexate</i>
Metronidazole , tablet 400mg	<i>Flagyl</i>	<i>Flagyl Statpak</i> (This proprietary name refers to the pack of five 400mg tablets only)

Manufacturers' Codes

	<i>From</i>	<i>To</i>
Aluminium Hydroxide with Magnesium Hydroxide , mixture 300mg-100mg per 5mL, 500mL (<i>Aludrox</i>)	<i>WY</i>	<i>AY</i>
Aluminium Hydroxide with Magnesium Hydroxide and Oxethazaine , suspension 306mg-97.5mg-10mg per 5mL, 500mL (<i>Mucaine</i>)	<i>WY</i>	<i>AY</i>
Amino Acid Formula with Vitamins and Minerals without Phenylalanine , powder 200g (<i>Maxamaid XP</i>) and powder 200g (<i>Maxamum XP</i>)	<i>SJ</i>	<i>SB</i>
Amino Acid Formula with Vitamins and Minerals without Valine, Leucine and Isoleucine , powder 200g (<i>M.S.U.D. AID</i>)	<i>SJ</i>	<i>SB</i>
Amino Acid Formula without Phenylalanine , powder 250g (<i>PK AID I</i>) and 250g (<i>PK AID II</i>)	<i>SJ</i>	<i>SB</i>
Desmopressin , nasal solution 100 micrograms per mL, 2.5mL (<i>Minirin</i>)	<i>PT</i>	<i>FC</i>
Glyceryl Trinitrate , ointment 15mg (approx.) per 2.5cm (2%), 60g (<i>Nitro-Bid</i>)	<i>PT</i>	<i>FC</i>
Metformin , tablet 500mg (<i>Diabex</i>)	<i>DF</i>	<i>FC</i>
Protein Hydrolysate Formula without Phenylalanine , powder 200g (<i>Albumaid XP</i>)	<i>SJ</i>	<i>SB</i>
Protein Hydrolysate Formula without Phenylalanine and Tyrosine , powder 200g (<i>Albumaid XPXT</i>)	<i>SJ</i>	<i>SB</i>

All Previous Editions Cancelled



SCHEDULE OF

PHARMACEUTICAL BENEFITS

for

APPROVED PHARMACISTS

OPERATIVE FROM 1 DECEMBER 1988

Department of Community Services and Health
CANBERRA ACT

I. C. CARTER, Acting Government Printer, Tasmania

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SECTION 1

EXPLANATORY NOTES

1

INTRODUCTION

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

THE SCHEDULE OF PHARMACEUTICAL BENEFITS

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

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

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

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

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

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

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

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

8. A proprietary name index of ready prepared items is published after section 6.

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

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

11. The following admixtures are not pharmaceutical benefits:—

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

Explanatory and Warning Statements

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

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

Definitions

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

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

all references to 'pensioners' shall include:—

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

CONDITIONS UNDER WHICH PHARMACEUTICAL BENEFITS MAY BE PRESCRIBED AND DISPENSED

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

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

Prescriptions

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

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

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

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

- (d) the pharmaceutical benefit must be identified in the prescription by such particulars, including the name, form, strength and quantity, as are necessary for the complete identification of that pharmaceutical benefit;
 - (e) if the pharmaceutical benefit is a single drug, the manner of administration must be indicated;
 - (f) in the case of restricted pharmaceutical benefits they may only be prescribed by medical practitioners subject to the restrictions specified in the Schedule. The prescription requirements for these benefits are indicated under the item in the Schedule. Further details may be found in these notes—paragraph 21;
 - (g) when directing that the maximum quantity and repeats of a pharmaceutical benefit be supplied at the one time, the prescription must be endorsed in the medical practitioner's own handwriting with the words 'Regulation 24'. Further details are available in paragraphs 30 and 46;
 - (h) where the words 'solvent required' are included after the form of a benefit, the medical practitioner or participating dental practitioner must specify the volume and number of ampoules of solvent to be supplied;
 - (i) sign and date the prescription;
 - (j) the use of the standard prescription form for other than the prescribing of a pharmaceutical benefit is now an offence. If the standard prescription form is to be used for the prescribing of an item which is not a pharmaceutical benefit the letters 'NHS' must be deleted. Thus benefit and non-benefit items cannot be prescribed on the same prescription form.
19. A prescription is not a valid pharmaceutical benefit prescription if:—
- (a) the medical practitioner prescribes a pharmaceutical benefit for a person in respect of whom another prescription for the same benefit has been written on the same day by the same medical practitioner;
 - (b) the medical practitioner prescribes on the one form a pharmaceutical benefit that is a drug of addiction and another pharmaceutical benefit and directs that the supply of either pharmaceutical benefit is to be made on more than one occasion. NOTE: If no repeats of either item are ordered, the prescription may be accepted;
 - (c) the medical practitioner prescribes a narcotic drug for the medical practitioner writing the prescription; or
 - (d) the participating dental practitioner prescribes a pharmaceutical benefit for a person in respect of whom another prescription for the same benefit has been written on the same day by the same participating dental practitioner.

Manner of Administration

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

Restrictions

21. Where—

- (a) a pharmaceutical benefit is restricted to the treatment of a specified disease, condition or class of person, including colostomy and ileostomy patients or paraplegic and quadriplegic patients, the medical practitioner is required to prescribe in accordance with the applicable restrictions.
- (b) a pharmaceutical benefit is subject to a restriction that it is to be prescribed on an authority prescription, the benefit must be prescribed on an authority prescription Form PB86. The medical practitioner may choose to handle the authority prescriptions as set out in paragraph 29.

Maximum Quantities and Repeats

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

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

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

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

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

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

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

Authority Prescriptions

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

- (a) seek the written authority of the State Manager in the normal manner;
- (b) seek in urgent cases telephone approval (see paragraph 35); or
- (c) in those cases where it is clear that the patient's condition meets the listed restrictions prepare an authority prescription form (Form PB86) in accordance with paragraph 21 and issue the original and duplicate to the patient for immediate dispensing. The departmental copy must be forwarded to reach the relevant State Manager within 7 days.

Regulation 24

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

- (a) the maximum quantity specified for the pharmaceutical benefit prescribed is insufficient for the medical treatment of the person for whom the prescription is written;

- (b) that person is suffering from a chronic illness or is resident in a place remote from the nearest approved pharmacist or approved medical practitioner; and
- (c) that person, without great hardship, could not obtain the pharmaceutical benefit on separate occasions.

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

Emergency Drug (Doctor's Bag) Supplies

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

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

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

Urgent Cases

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

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

B. SUPPLY OF BENEFITS—PROCEDURE BY APPROVED PHARMACISTS

Prescriptions

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

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

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

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

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

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

41. Prescription forms should not have both pharmaceutical benefits items and non-pharmaceutical benefit items prescribed on the same form. In the event of this happening the non-benefit items may be supplied as private prescriptions, cancelled from the form and must not be serially numbered.

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

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

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

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

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

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

Suspected Forgery

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

Procedure before Supply of Pharmaceutical Benefit

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

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

Regulation 24

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

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

Deferred Supply

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

Repeat Authorisations

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

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

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

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

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

Preparation of Repeat Authorisation Form—Repeat Supply

53. The Repeat Authorisation Form shall show:—

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

Repeat Authorisations for Injectibles and Solvents

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

Repeat Authorisations for Deferred Supply

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

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

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

Issue of Repeat Authorisations

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

Receipts

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

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

Emergency Drug (Doctor's Bag) Supplies

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

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

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

Urgent Cases

63. A pharmaceutical benefit may be supplied by an approved pharmacist before the prescription for that benefit has been surrendered to the approved pharmacist, where in cases of urgency, the medical practitioner or participating dental practitioner communicates the prescription to the approved pharmacist by telephone or other means. In such cases the medical practitioner or participating dental practitioner who communicated the prescription must reduce the prescription in writing and forward it within 24 hours. This provision does not apply to

prescriptions for supply by approved pharmacists where the law of the State in which that approved pharmacist's premises are situated requires the prescription to be in writing. This provision also applies to drugs for which the written authority of the State Manager, Department of Community Services and Health is necessary for supply as pharmaceutical benefits. In such cases the medical practitioner can first obtain the approval of the State Manager in the particular State, by telephone or other means. The State Manager will issue the medical practitioner with an approval authority prescription form along with the words 'Approval granted No.....'. The medical practitioner may issue an authority prescription in accordance with the procedures set out in paragraph 29 (c) in urgent cases.

Prescription Identifying Numbers

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

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

OUTLINE OF THE SAFETY NET SCHEME

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

67. To provide protection for those members of the community who, due to chronic illness, are high volume users of prescription medicines, a 'Safety Net' of 25 pharmaceutical benefit items for a family or individual applies for each calendar year. When the 'Safety Net' limit has been reached and an Entitlement Card issued, all subsequent pharmaceutical benefit items will be free for both general and concessional users (except for the very few items where the special patient contribution applies).

68. Under these arrangements general users will pay up to a maximum agreed price for pharmaceutical benefit prescription drugs costing up to and including \$11.00. For prescriptions costing more than \$11.00 (or \$2.50 in the case of concessional beneficiary prescriptions) the government continues to pay the balance to the approved pharmacist.

Recording of Prescriptions

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

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

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

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

(a) the item is NHS listed (including preparations which may be prescribed by participating dental practitioners for dental treatment) and satisfies the relevant restrictions (e.g. diseases or conditions) at the date of prescribing; and

(b) either

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

(ii) the NHS dispensed price is less than or equal to the relevant patient contribution and the price charged to the patient is less than or equal to the agreed price.

Note: The agreed price is the NHS dispensed price plus a surcharge (currently 63 cents for RP items or 91 cents for EP items) up to a maximum of the patient contribution. Where the above calculation indicates a price less than \$5.50 the agreed price is \$5.50.

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

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

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

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

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

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

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

Multi-Item Forms

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

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

Lost Pharmaceutical Benefits Prescription Record Forms

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

Retrospective Entitlement

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

Application for Original Entitlement Card Issue

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

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

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

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

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

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

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

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

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

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

Issue of Entitlement Card

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

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

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

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

Record of Entitlements

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

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

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

(b) if the next available line is not the first line of the form, enter in full the Serial Number of the Entitlement Card. However, if the Entitlement Cards are issued in sequence, it is only necessary to enter the last two digits of the Serial Number.

(c) general details:

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

E—original;

S—supplementary—duplicate;

—child/student;

—new family member;

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

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

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

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

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

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

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

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

(i) 1 character book number;

(ii) 2 characters page number; and

(iii) 1 character line number.

(c) finally enter the last digit of the current calendar year as the last digit of the Entitlement Number (e.g. for 1988, 8 would be entered in the rightmost position).

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

Application for Supplementary Cards

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

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

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

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

Lost Entitlement Cards

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

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

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

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

Death of Prescription Record Form Holder

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

Notification to Department and Claim for Payment

98. Payment for the issue of Entitlement Cards will be made on submission of an Entitlement Card Issues and Claim for Payment Form. It should be noted that no payment will be made for void cards. The following procedure should be followed:—

- (a) enter the date in the 'date of return' box on the Entitlement Card Issues and Claim for Payment Form and sign the form;
- (b) an Issues and Claim for Payment Form should be submitted to the State Office of the Department of Community Services and Health in the respective State as soon as possible after the issue of an Entitlement Card, and must be so submitted within one month of the date of issue of the Entitlement Card;
- (c) each Entitlement Card Issues and Claim for Payment Form must be accompanied by all relevant supporting documentation (Prescription Record Forms, application forms for the issue of original or supplementary cards, and all reclaimed and void Entitlement Cards).

Pharmacy Record of Issued Cards

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

Use of Entitlement Card

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

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

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

D. CHARGES TO PATIENTS

Patient Contribution and Special Patient Contribution

103. An approved pharmacist is required for each supply by him whether on a prescription or Repeat Authorisation, to charge the person to whom the pharmaceutical benefit being a pharmaceutical benefit having a dispensed price greater than \$11.00 is supplied an amount of \$11.00 for general patients or an amount of \$2.50 for patients with a concessional entitlement. A charge is not to be made for patients who are pensioners or holders of an Entitlement Card. Where a solvent is prescribed as part of a pharmaceutical benefit, only one relevant patient contribution is to be made for each supply of the pharmaceutical benefit. Neither of these patient contributions can be discounted and the circumstances outlined in paragraph 115 apply.

104. For those items having a dispensed price of \$11.00 or less the agreed price applies and is the maximum price that an approved pharmacist can charge a patient and have these items included on the Prescription Record Form for the 'Safety Net' purposes. The approved pharmacist may charge less than the agreed price for these items.

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

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

107. Where a medical practitioner has endorsed a prescription 'Regulation 24' (see paragraphs 30 and 46) the approved pharmacist should make a relevant patient contribution charge (including a special patient contribution if applicable) for the original and the same charge for each repeat that would normally be needed to make up the total supplies. For example, if the prescription ordered two repeats, a charge of

\$33 should be made to a general patient, or \$7.50 to a patient with a concessional entitlement, and where the special patient contribution applies, the multiple of the special patient contribution equal to the total number of supplies is also to be charged.

108. A prescription, other than a prescription for a pensioner or a holder of an Entitlement Card, written for a pharmaceutical benefit for which the dispensed price at the date of supply is equal to or less than \$11 for general patients, or \$2.50 for patients with a concessional entitlement, is only a prescription for the pharmaceutical benefits 'Safety Net' provisions. This also applies to prescriptions endorsed 'Regulation 24', for which the price of the total quantity of the pharmaceutical benefit supplied is equal to or less than the relevant patient contribution specified in paragraph 106.

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

109. Any person may enter the relevant information to establish the patient as an eligible pensioner, Entitlement Card Holder or concessional beneficiary in the spaces provided on prescription forms (front or back) supplied by the Department. The person entering the entitlement information shall complete all the relevant details applicable to the patient's entitlement on the prescription. **Concessional Beneficiaries or their dependants will be the holders of a valid Health Care Card or a Pharmaceutical Benefits Concession Card, while pensioners or their dependants will possess a valid Health Benefits Card, Pensioner Benefits Card, Dependant Treatment Entitlement Card (Lilac) or a Service Pensioner Benefits Card (Red).** 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 'NHS' 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. The information to be provided in the appropriate spaces are:—

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

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

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

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

After Hours

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

Delivery

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

Responsibility

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

Approval Conditions

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

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

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

A. INTRODUCTION

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

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

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

B. PROVISION OF INFORMATION BY AN APPROVED PHARMACIST

Entering of Information

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

Prescription Identification Stamp

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

S
A
No.

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

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

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

Information to be Entered in Prescription Identification Stamp

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

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

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

'No.'—The prescription identifying number.

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

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

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

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

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

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

Serial Numbering of an Injectable Item Ordered with a Solvent

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

Serial Numbering of Repeat Authorisations for Authority Prescriptions

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

Serial Numbering of Repeat Authorisations for Deferred Supply

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

Dropper Containers

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

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

131. In the case of a formula which is not listed in the Standard Formulae List, claimants will receive an average 10g/mL rate for the type of preparation with provision to price exceptional prescriptions (see paragraph 178) or the claimants may elect to calculate the cost of ingredients, containers and professional fee manually (see paragraphs 172-177). These arrangements have been agreed between the Department and the Pharmacy Guild of Australia.

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

132.—

- (a) Where a prescription is to be reimbursed on an average price basis, the prescription identification stamp should be completed as outlined in paragraph 123.
- (b) Where a prescription is to be claimed as an exceptional prescription, as defined in paragraph 178, the approved pharmacist should detail the formula supplied on the prescription form or Repeat Authorisation Form, price the prescription in accordance with the pricing principles set out in paragraphs 160-171 and enter the calculated price in box 'A' of the stamp imprint or the appropriate space on Repeat Authorisation Forms.

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

133. When the approved pharmacist has advised the Department of his or her election to price out non-pre-priced extemporaneous preparations, the approved pharmacist should price each prescription in this category in accordance with the pricing principles set out in paragraphs 160-171 and enter the calculated price in box 'A' of the stamp imprint or the appropriate space on Repeat Authorisation Forms.

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

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

Action by Approved Pharmacist Dispensing a Repeat Authorisation

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

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

C. SUBMISSION OF CLAIMS

Documents to be Submitted

136. A claim for pharmaceutical benefits consists of:—

- (a) The original and duplicate of a completed Claim for Payment Form (Form PB1).
- (b) A completed Isolated Pharmacy Allowance—Claim for Payment Form (Form PB42) where applicable (see paragraphs 188-189).
- (c) The original orders for Emergency Drug (Doctor's Bag) supplies in a separate bundle submitted in serial number order.
- (d) Three separate bundles, each consisting of the originals of all prescriptions, Repeat Authorisations and authority prescription forms for benefits supplied to the general public, concessional beneficiaries and pensioners (including Entitlement Card holders). Each bundle is to be submitted in serial number order.
- (e) A separate bundle, consisting of the originals of all prescriptions, Repeat Authorisations and prior approval forms for benefits supplied to repatriation beneficiaries and submitted in serial number order.

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

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

Completion of Claim Form

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

140. The claimant's reference should indicate the number of claims submitted by the approved pharmacist thus far in the particular calendar year, e.g., the sixth claim submitted by an approved pharmacist in 1988 should bear a claimant's reference of 8806.

141. The numbers of prescriptions to be entered on the Claim for Payment Form are the first and last serial numbers given to items in the Emergency Drug (Doctor's Bag), General, Concessional, Pensioner (including Entitlement Card holders) and Repatriation bundles respectively (see paragraph 124). The last numbers should be the total numbers of these categories.

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

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

Lodgement of Claims

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

- (a) no more than one claim in any month;
- (b) forwarded to the relevant office within thirty days from the end of the period in which the benefits were supplied;
- (c) the period of the claim shall cover pharmaceutical benefits supplied during a period not exceeding one month.

145. Claims for pharmaceutical benefits supplied more than eighteen months prior to the date of claiming will not be accepted for computer processing, but will require manual pricing of prescriptions and the preparation of tally sheets and claim forms by the approved pharmacist prior to presentation. Approved pharmacists desiring to submit such claims should contact the Pharmaceutical Branch in the relevant office for instructions regarding the preparation of such claims.

D. STATEMENT OF ACCOUNT

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

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

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

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

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

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

PROVISIONS GOVERNING PAYMENTS TO APPROVED PHARMACISTS FOR NHS DISPENSING

A. READY PREPARED BENEFITS

Price where Maximum Quantity Prescribed (Ready Prepared Items)

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

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

- (a) Where the standard pack of the injectible coincides with that of the solvent—by adding the listed prices for the injectible and the solvent less a professional fee (i.e., only one professional fee is payable); or
- (b) Where the standard pack of the injectible does not coincide with that of the solvent:—
 - (i) an amount equivalent to the professional fee is deducted from the price shown in the Schedule in relation to the solvent;
 - (ii) to the resultant amount is applied the appropriate wastage percentage ascertained from the Wastage Factor Table shown in paragraph 158, to determine the price for that quantity of the solvent which coincides with the standard pack of the injectible;
 - (iii) the amount ascertained under (ii) is added to the price shown in the Schedule where the maximum quantity of the injectible coincides with its standard pack; or to the standard pack rate for the injectible shown in section 6 of the Schedule where the maximum quantity of the injectible does not coincide with its standard pack.

Price where Broken Quantity Prescribed (Ready Prepared Items)

154.—

- (a) Packs not to be broken—where items packed by the manufacturer under special conditions or for which the maximum quantity has been determined as a single pack are prescribed (see paragraph 156), the maximum quantity should be supplied and the price payable is that for the maximum quantity.
- (b) Ready Prepared Items where Standard Pack coincides with Maximum Quantity—where the standard pack coincides with the maximum quantity, the price payable for a broken quantity is ascertained as follows:—
 - (i) an amount equivalent to the professional fee and where applicable the dangerous drug fee is deducted from the price shown in the Schedule in relation to the benefit;
 - (ii) to the resultant amount is applied the appropriate wastage percentage ascertained from the Wastage Factor Table shown in paragraph 158;
 - (iii) the amount ascertained under (ii) is added to an amount equivalent to the professional fee, the dangerous drug fee, where applicable, and the appropriate container fee.

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

- (c) Ready Prepared Items where Standard Pack does not coincide with Maximum Quantity (i.e. where an asterisk is shown against the price)—In cases where the standard pack does not coincide with the maximum quantity an asterisk has been placed beside the price shown for the pharmaceutical benefit concerned. In such cases the standard pack rate is set out in section 6 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 percentage ascertained from the Wastage Factor Table shown in paragraph 158.

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

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

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

Price for Unbranded Prescriptions

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

Unbroken Packs to be Supplied (‡)

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

Wastage Table Percentage for Ready Prepared Preparations

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

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

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

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

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

Wastage Factor Table

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

B. EXTEMPORANEOUSLY PREPARED PHARMACEUTICAL BENEFITS

Prescribers' List Items

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

Pricing Prescriptions Not Pre-priced

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

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

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

Pricing of Ingredients

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

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

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

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

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

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

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

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

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

Miscellaneous Pricing Rules

163.—

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

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

164. The amount payable for a prescription which comprises a vehicle which is specified under a particular name, and an additional specified ingredient or ingredients shall be calculated in accordance with paragraphs 165-168.

165. Where the vehicle is a single liquid ingredient and one or more solid ingredients are added, displacement of the vehicle by solids shall be disregarded and the amount payable shall be calculated in accordance with paragraph 162.

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

- (a) the recovery price of the added ingredients, calculated in accordance with paragraph 162; and
- (b) the recovery price of the quantity of the vehicle calculated in accordance with paragraph 162.

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

- (a) the recovery price of the added ingredients, calculated in accordance with paragraph 162; and
- (b) the recovery price of each ingredient of the vehicle calculated in accordance with paragraph 162.

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

- (a) the recovery price of the added ingredients, calculated in accordance with paragraph 162; and
- (b) the recovery price of the quantity of the vehicle, this amount being the sum of the recovery prices for each ingredient of the vehicle in such quantity as calculated in accordance with paragraph 162.

Containers

169. Separate container rates are payable in each State.

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

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

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

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

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

pharmacist is accepting the average price for non-pre-priced prescriptions, he/she may price out 'exceptional' prescriptions and claim for reimbursement at that price (see paragraph 178).

174. The average 10g/mL rate may vary from month to month but the rate for a particular prescription will be that applicable for the month in which it was supplied.

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

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

177.—

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

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

C. GENERAL

Pricing Principles

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

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

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

Fees and Containers

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

Pricing Dates

183. For pricing purposes the operative dates are:—

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

MISCELLANEOUS

Premises

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

Hours of Supply

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

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

Approved Medical Practitioners, Friendly Societies

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

Isolated Pharmacy Allowance (IPA)

188. Approved pharmacists providing a pharmaceutical service in isolated areas may apply for IPA on the basis of economic need. Application forms may be obtained from the Health Benefits Operations Branch, Department of Community Services and Health, G.P.O. Box 9848, Canberra, ACT, 2601.

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

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

Standards

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

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

References

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

Proper Stocks to be Kept

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

Statement of Stocks

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

Retention of Documents

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

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

Sale Copies

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

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

Supplies of Stationery

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

Enquiries

198. Enquiries regarding pharmaceutical benefits may be made to the Pharmaceutical Branch in the relevant State Office.

EXAMPLES OF INFORMATION TO BE ENTERED IN THE PRESCRIPTION IDENTIFICATION STAMP

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

A. READY PREPARED ITEMS

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

S	53
A	
No.	12345678

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

S	P54
A	Reg 24
No.	12345679

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

S	C55
A	250 Reg 24
No.	12345680

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

S	56
A	Common name of item
No.	12345681

Example 5: Injectible item prescribed with required solvent e.g.:—

Ampicillin injection 250 mg
mitte: 5 ampoules

Water for Injection 2 mL
mitte: 5 ampoules

S	57
A	
No.	12345682

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

B. EXTEMPORANEOUSLY PREPARED ITEMS

Example 6: Item prescribed as a standard formula.

S	58
A	
No.	12345683

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

S	59
A	\$20.49 Reg 24
No.	12345684

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

S	60
A	
No.	12345685

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

S	61
A	\$8.36
No.	12345686

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

S	62
A	Glass bottle
No.	12345687

C. REPATRIATION SCHEDULE ITEM

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

S	R2
A	
No.	12345689

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

POISONS INFORMATION CENTRES

NEW SOUTH WALES

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

VICTORIA

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

QUEENSLAND

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

SOUTH AUSTRALIA

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

WESTERN AUSTRALIA

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

TASMANIA

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

NORTHERN TERRITORY

Royal Darwin Hospital
Rocklands Drive
Darwin Telephone Darwin 27 4777

AUSTRALIAN CAPITAL TERRITORY

Royal Canberra Hospital
Canberra Telephone Canberra 43 2154

DRUG INFORMATION CENTRES

AUSTRALIAN CAPITAL TERRITORY

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

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
Melbourne Vic. 3050
Telephone (03) 342 7777

NEW SOUTH WALES

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

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

WESTERN AUSTRALIA

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

NORTHERN TERRITORY

Chief Pharmacist
Royal Darwin Hospital
PO Box 41326
Darwin NT 0810
Telephone (089) 20 8424

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

QUEENSLAND

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

TASMANIA

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

LIST OF CONTACT OFFICERS FOR RECALLS OF THERAPEUTIC GOODS

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

These officers may be contacted—

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

Commonwealth Co-ordinator

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

Mr L. R. Murray (062) 86 0244

Australian Capital Territory

ACT Health Authority
GPO Box 825
Canberra ACT 2601

Drugs—
Mr V. Bugler (062) 75 8421

Therapeutic Devices—
Mr K. Wyatt (062) 84 2250

New South Wales

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

Duty Pharmacist (02) 887 5678

Northern Territory

Department of Health
Health House
87 Mitchell Street
Darwin NT 08790

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

Queensland

Queensland Department of Health
GPO Box 48
Brisbane Qld 4001

Drugs—
Mr R. Lowry (07) 227 7264
Mr R. V. Holmes (07) 227 7265

Therapeutic Devices—
Mr D. F. Mines (07) 224 5611
Mr R. Lowry (07) 227 7264

South Australia

South Australian Health Commission
GPO Box 1313
Adelaide SA 5001

Drugs—
Mr J. L. Davis (08) 218 3620
Mr R. J. Grant (08) 218 3622
Mr T. Draysey (08) 218 3623

Therapeutic Devices—
Mr R. Eden (08) 218 3352
Mr M. Essex (08) 218 3355

Tasmania

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

Drugs—
Mr J. Galloway (002) 30 3293
Mr J. Turner (002) 30 3906

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

Victoria

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

Duty Pharmacist (03) 268 7888

Western Australia

WA Health Department
Box 8172, Sterling Street
Perth WA 6000

Mr B. P. Wall (09) 328 0241
Mr M. Patterson (09) 328 0241

DEPARTMENT OF COMMUNITY SERVICES AND HEALTH OFFICES

Any enquiries regarding the Pharmaceutical Benefits Scheme or requests for Departmental publications or stationary other than NHS standard prescription pads should be made to the State Manager, Department of Community Services and Health in the capital city of your State or Territory. Orders for NHS prescription pads should be forwarded to the Secretary, Department of Community Services and Health, Canberra.

CANBERRA

The Secretary
Department of Community Services and
Health
GPO Box 9848 Canberra ACT 2601
Telephone 89 1555

QUEENSLAND

State Manager
GPO Box 9848 Brisbane Qld 4001
Manager (Pharmaceutical)
Telephone 225 2174
232 Adelaide Street
Brisbane Qld 4000
General enquiries— Telephone 225 0122
After hours: Telephone 263 2257

NEW SOUTH WALES

State Manager
GPO Box 9848 Sydney NSW 2001
Manager (Pharmaceutical)
Telephone 224 0663
Australian Airlines Building
No. 1 Chifley Square
Sydney NSW 2000
General enquiries— Telephone 224 0518
After hours: Telephone 568 3379

SOUTH AUSTRALIA

State Manager
GPO Box 9848 Adelaide SA 5001
Assistant State Manager (Pharmaceutical)
Telephone 237 6026
Commonwealth Centre
55 Currie Street
Adelaide SA 5000
General enquiries— Telephone 237 6111
Outside Adelaide metropolitan area
Telephone (008) 888 333
After hours: Telephone 339 3932

VICTORIA

State Manager
GPO Box 9848 Melbourne Vic. 3001
Manager (Pharmaceutical)
Telephone 604 4067
399 Lonsdale Street
Melbourne Vic. 3000
General enquiries— Telephone 604 4000
After hours: Telephone 221 8195

WESTERN AUSTRALIA

State Manager
GPO Box 9848 Perth WA 6001
Assistant State Manager (Pharmaceutical)
Telephone 323 5864
2-6 St George's Terrace
Perth WA 6000
GPO Box M970 Perth WA 6001
General enquiries— Telephone 323 5864
After hours: Telephone 386 3168

TASMANIA

State Manager
 GPO Box 9848 Hobart Tas. 7001
 Assistant State manager (Pharmaceutical)
 Telephone 20 5540
 Kirksway House
 6 Kirksway Place
 Hobart Tas. 7000
 General enquiries— Telephone 20 5011
 After Hours: Telephone 43 8516

AUSTRALIAN CAPITAL TERRITORY

(responsible for ACT residents only)

Manager
 GPO Box 825 Canberra City ACT 2601
 ACT Health Authority Building
 Corner Moore and Alinga Streets
 Canberra City ACT 2601
 Pharmaceutical enquiries—
 Telephone 45 4213

NORTHERN TERRITORY

Manager
 GPO Box 9848 Darwin NT 0801
 Director (Medical) Telephone 82 4750
 MLC Building
 81 Smith Street
 Darwin NT 0800
 General enquiries— Telephone 82 4735
 After hours: Telephone 81 9981
 Adelaide Processing Centre
 Telephone (008) 88 8333

AUTHORITY PRESCRIPTION APPLICATIONS

All applications for Authority to prescribe should be forwarded to your appropriate State office using the free postal service. Address Authority Mail ONLY to:

FREEPOST No. 9857

Attention: Pharmaceutical Benefits Authority Section
 Department of Community Services and Health
 GPO Box 9857
 in your capital city.

Telephone—Business Hours:

NSW: 224 0655, 224 0656, 224 0657, 224 0658

VIC: 604 4050, 604 4081, 604 4082, 604 4083

QLD: 225 3362, 225 3363

SA: 237 6021, 237 6023—toll free (008) 888 333

WA: 323 5864, 323 5851

TAS: 20 4300

NT: 82 4739

ACT: 45 4213

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

INDEX OF MANUFACTURERS' CODES

<i>Code</i>	<i>Manufacturer</i>	<i>Code</i>	<i>Manufacturer</i>
AB	Abbott Laboratories Pty Ltd Captain Cook Drive Kurnell NSW 2231	BT	The Boots Company (Australia) Pty Ltd Loyalty Road North Rocks NSW 2151
AC	Alberto Culver Company 14 Loyalty Road North Rocks NSW 2113	BW	Wellcome Australia Limited 53 Phillips Street Cabarita NSW 2137
AF	Alphapharm Pty Ltd 12 Crown Street Glebe NSW 2037	BX	Baxter Healthcare Pty Ltd Oakes Road Old Toongabbie NSW 2146
AG	Allergan Pharmaceuticals Pty Ltd 5 George Place Artarmon NSW 2064	BY	Boehringer Ingelheim Pty Ltd 50 Broughton Road Artarmon NSW 2064
AM	Ames Company, Division of Miles Laboratories Australia Pty Ltd Wellington Road Mulgrave Vic. 3170	BZ	Boucher & Muir Pty Ltd 118-124 Willoughby Road Crows Nest NSW 2065
AP	Astra Pharmaceuticals Pty Ltd 10-14 Khartoum Road North Ryde NSW 2113	CG	Ciba-Geigy Australia Limited 140 Bungaree Road Pendle Hill NSW 2145
AQ	Alcon Laboratories (Australia) Pty Ltd 9 Winbourne Road Brookvale NSW 2100	CL	Cilag Pty Limited Unit 3, 706 Mowbray Road West Lane Cove NSW 2066
AY	Ayerst Laboratories Pty Ltd Gregory Place Parramatta NSW 2150	CN	CSL-Novo Pty Limited Unit 1, 22 Loyalty Road North Rocks NSW 2151
BC	Bristol Laboratories Pty Ltd 345 Pacific Highway Crows Nest NSW 2065	CS	Commonwealth Serum Laboratories 45 Poplar Road Parkville Vic. 3052
BE	BDF Australia Ltd 424 Lane Cove Rd North Ryde NSW 2113	DH	Drug Houses of Australia Pty Ltd 31 Henderson Street Turrella NSW 2205
BF	Barnes-Hind Pty Limited 7 Dickson Avenue Artarmon NSW 2064	DL	Dista Products (Australia) & Company Waratah Street and Wharf Road Ermington NSW 2115
BH	Biopharm Pty Ltd 109 Willis Street Hampton Vic. 3188	DM	Dermacare Pty Ltd 1 Wirega Avenue Kingsgrove NSW 2208
BK	Becton Dickinson (USA) 100 Miller St North Sydney NSW 2060	DY	Denyer Bros. Pty Ltd 95 Wattle Street Punchbowl NSW 2196
BL	David Bull Laboratories 11-15 Lexia Place Mulgrave Vic. 3170	EG	Eagle Pharmaceuticals Pty Ltd 26 Winchcombe Place Castle Hill NSW 2154
BN	Bayer Pharmaceutical Company 47-67 Wilson Street Botany NSW 2019	EO	Ego Pharmaceuticals Pty Ltd 21-31 Malcolm Road Braeside Vic 3195
BO	Boehringer Mannheim Australia Pty Ltd 6-8 Byfield Street North Ryde NSW 2113	FA	F. H. Faulding & Co. Ltd 62 Dew Street Thebarton SA 5031
BR	Beecham Research Laboratories 300 Frankston Road Dandenong Vic. 3175		
BS	Bowater-Scott Ltd Ailsa St Box Hill Vic 3128		

<i>Code</i>	<i>Manufacturer</i>	<i>Code</i>	<i>Manufacturer</i>
FC	Fisons Pty Ltd 6 Chilvers Road Thornleigh NSW 2120	KM	Kendall McGaw Laboratories Division of Kendall Australia Pty Ltd 27 Healey Road Dandenong Vic. 3175
FE	Farmitalia Carlo Erba Australian Distributor Sigma Co. Ltd	KN	Knoll, A. G., Germany 27-31 Doody Street Alexandria NSW 2015
FM	Fawns and McAllan Pty Ltd 432 Mt Dandenong Road Croydon Vic. 3136	KY	Key Pharmaceuticals Pty Ltd 21 Leeds Street Rhodes NSW 2138
FR	Charles E. Frosst Division of Merck Sharp & Dohme (Australia) Pty Ltd 54-68 Ferndell Street South Granville NSW 2142	LA	L.A. Chemicals Pty Ltd 16 Manchester Street Mile End SA 5031
GL	Glaxo 1061 Mountain Highway Boronia Vic. 3155	LE	Lederle Laboratories Division Cyanamid Australia Pty Ltd 5 Gibbon Road Baulkham Hills NSW 2153
GP	G.P. Laboratories Wharf Road West Ryde NSW 2114	LH	Lipha Pharmaceuticals, London, U.K. Australian Distributor Riker Laboratories Australia Pty Ltd
HA	Hamilton Laboratories Pty Ltd 217 Flinders Street Adelaide SA 5000	LY	Eli Lilly (Aust.) and Company Wharf Road West Ryde NSW 2114
HO	Hollister Incorporated, U.S.A. Australian Distributor Abbott Laboratories Pty Ltd	MB	May & Baker Pharmaceuticals 19-23 Paramount Road West Footscray Vic. 3012
HP	Hoechst Australia Ltd 606 St Kilda Road Melbourne Vic. 3000	MG	J. McGloin Pty Ltd 20 Forrester Street Kingsgrove NSW 2208
IC	ICI Australia Operations Pty Ltd ICI House, 1 Nicholson Street Melbourne Vic. 3000	MJ	Mead Johnson 345 Pacific Highway, Crows Nest NSW 2065
IQ	The Ioquin Company 9 Winbourne Road Brookvale NSW 2100	MK	Merck Sharp & Dohme (Australia) Pty Ltd 54-68 Ferndell Street South Granville NSW 2142
JC	Janssen-Cilag Pty Ltd Unit 3, 706 Mowbray Road West Lane Cove NSW 2066	ML	Merrell Dow Pharmaceuticals (Australia) Pty Ltd 37th Floor, Northpoint, 100 Miller Street North Sydney NSW 2060
JJ	Johnson & Johnson (Australia) Pty Ltd 154 Pacific Highway St Leonards NSW 2065	NE	Norgine Pty Ltd 532 Hampton St Hampton Vic. 3188
JP	Janssen Pharmaceutica Pty Ltd Unit 3, 706 Mowbray Road West Lane Cove NSW 2066	NN	Nelson Laboratories (Sales) Pty Ltd 21-25 Derby Street Silverwater NSW 2141
KC	Kimberly-Clark Australia Pty Ltd 20 Alfred South Street Milsons Pt NSW 2061	NR	Nordia, Denmark Australian Distributor Ascot Pharmaceuticals Pty Ltd 33 Myrtle Street North Sydney NSW 2060
KE	Kendall Australia Pty Ltd 82 Waterloo Rd North Ryde NSW 2113		

<i>Code</i>	<i>Manufacturer</i>	<i>Code</i>	<i>Manufacturer</i>
NS	Nicholas Kiwi Pty Ltd 699 Warrigal Road Chadstone Vic. 3148	RL	Roussel Pharmaceuticals Pty Ltd Gladstone Road Castle Hill NSW 2154
NT	Nestle Australia Ltd 60 Bathurst Street Sydney NSW 2000	RO	Roche Products Pty Ltd Inman Road Dee Why NSW 2099
NW	Norwich Eaton Pharmaceuticals Pty Ltd 1408 Centre Road Clayton Vic. 3168	RS	A. H. Robins Pty Limited 102 Bonds Road Punchbowl NSW 2196
OB	Oral B Laboratories Pty Ltd 221 Miller St North Sydney NSW 2060	RT	Rocke, Tompsitt & Co., Ltd 10 Griffiths Street Richmond Vic. 3121
OL	Owen Laboratories 9 Winbourne Road Brookvale NSW 2100	SA	Sayco Pty Ltd Unit 5 260-264 Wickham Road Moorabbin Vic. 3189
OM	Wallace-Orapharm Pty Ltd 2 Domville Avenue Hawthorn Vic. 3122	SB	Scientific Hospital Supplies (Australia) Pty Ltd 3/12 Hope Street Ermington NSW 2115
OR	Organon (Australia) Pty Ltd 31-33 Sirius Road Lane Cove NSW 2066	SC	Schering Pty Ltd Australian Subsidiary of Schering, A.G., Berlin 27-29 Doody Street Alexandria NSW 2015
PD	Parke, Davis Pty Ltd 32 Cawarra Road Caringbah NSW 2229	SD	Syntex Pharmaceuticals Ltd Funds of Australia Building, 10th Floor, 275 Alfred Street North North Sydney NSW 2060
PF	Pfizer Pty Ltd Wharf Road West Ryde NSW 2114	SE	Servier Laboratories (Aust.) Pty Ltd 2-8 Lynch Street Hawthorn Vic. 3122
PR	Prosana Laboratories Pty Ltd 86-92 Antimony Street Carole Park Qld 4300	SH	Essex Laboratories Pty Ltd Australian Subsidiary of Schering Corporation, U.S.A. 11 Gibbon Road Baulkham Hills NSW 2153
PS	Pharmacia (Australia) Pty Ltd 4 Byfield Street North Ryde NSW 2113	SI	Sigma Co. Ltd P.O. Box 144, Clayton Vic. 3168
PT	CP Protea 6 Chilvers Road Thornleigh NSW 2120	SJ	Sharpe Laboratories Pty Ltd 3/12 Hope Street Ermington NSW 2115
PY	Pantene Co 24 Biloela St Villawood NSW 2163	SK	Smith Kline & French Laboratories (Aust.) Ltd Warringah Road Frenchs Forest NSW 2086
QE	Queensland Ethicals Enterprise Street Salisbury Qld 4107	SN	Smith & Nephew (Aust.) Pty Ltd Wellington Road Clayton Vic. 3168
RC	Reckitts Pty Ltd 44 Wharf Road West Ryde NSW 2114		
RG	Rorer Australia Pty Ltd 172-182 Princes Highway Arncliffe NSW 2205		
RK	Riker Laboratories Australia Pty Ltd 9-15 Chilvers Road Thornleigh NSW 2120		

<i>Code</i>	<i>Manufacturer</i>	<i>Code</i>	<i>Manufacturer</i>
SO	Scholl International (ANZ) Pty Ltd 255A Boundary Road Braeside Vic. 3195	US	USV Pharmaceuticals A Division of Rorer Australia Pty Ltd 172-182 Princes Highway, Arncliffe NSW 2205
SQ	E. R. Squibb & Sons Pty Ltd Princes Highway Noble Park Vic. 3174	UW	United Works of Pharmaceutical and Dietetic Products, Hungary Australian Distributor Boucher & Muir Pty Ltd
SR	Searle Laboratories 20 Clarke Street Crows Nest NSW 2065	VS	Vitaplex Pty Ltd 51 Warrah St Chatswood NSW 2067
ST	A. E. Stansen & Co. Pty Ltd 121 Ricketts Road Notting Hill Vic. 3168	WH	H. W. Woods Pty Ltd 10 Clifford Street Huntingdale Vic. 3166
SU	Sauter Laboratories (Aust.) Pty Ltd 60 Campbell Avenue Dee Why NSW 2099	WL	Winthrop Laboratories 75-89 Atkins Road Ermington NSW 2115
SV	Stafford-Miller Limited 5-9 Enterprise Avenue Padstow NSW 2211	WS	Wallace Pharmaceuticals Pty Ltd 2 Domville Avenue Hawthorn Vic. 3122
SZ	Sandoz Australia Pty Ltd 54 Waterloo Road North Ryde NSW 2113	WW	Wm R. Warner 32 Cawarra Road Caringbah NSW 2229
TO	R. D. Toppin & Sons Pty Ltd 9-15 Chilvers Road Thornleigh NSW 2120	WY	Wyeth Pharmaceuticals Pty Ltd Gregory Place Parramatta NSW 2150
UP	Upjohn Pty Ltd 55-73 Kirby Street Rydalmere NSW 2116	ZY	Zyma Pharmaceuticals 140 Bungaree Road Pendle Hill NSW 2145

EMERGENCY DRUG (DOCTOR'S BAG) SUPPLIES

<i>Code</i>	<i>Name of Pharmaceutical Benefit</i>	<i>Form, Strength and Volume</i>	<i>Maximum Quantity</i>
1016L	Adrenaline	Injection 1mg in 1mL (1 in 1 000)	5
1038P	Aminophylline	Injection I.V. 250mg in 10mL	5
1089H	Atropine Sulphate	Injection 600 micrograms in 1mL	5
1195X or	Chlorpromazine	Injection 50mg in 2mL	10
2768Q	Haloperidol	Injection 5mg in 1mL	10
2558P	Diazepam	Injection 10mg in 2mL	5
1321M	Digoxin	Injection 500 micrograms in 2 mL	5
1341N	Diphtheria and Tetanus Vaccine, Adsorbed	Injection 0.5mL	10
3019X	Diphtheria and Tetanus Vaccine, Adsorbed, Diluted for Adult Use	Injection 0.5mL	10
1378M	Ergometrine Maleate	Injection 250 micrograms in 1mL	5
1395K	Erythromycin Ethyl Succinate	Injection I.M. 100mg (base) in 2mL	5
2413B	Frusemide	Injection 20mg in 2mL	5
3040B	Glucose	Injection 5g in 10mL (50%)	5
1501B or	Hydrocortisone Sodium Succinate	Injection set containing equivalent of 100mg hydrocortisone and 2mL solvent	2 sets
3096Y or	Hydrocortisone Sodium Succinate	Injection set containing equivalent of 250mg hydrocortisone and 2mL solvent	1 set
2509C	Dexamethasone	Injection 4mg in 1mL	5
2875H or	Lignocaine	Injection 100mg in 5mL	4
2861N	Lignocaine	Injection I.M. (pre-filled syringe) 300mg in 3mL	1
1645N or	Morphine Sulphate	Injection 15mg in 1mL	5
1647Q	Morphine Sulphate	Injection 30mg in 1mL	5
1753G	Naloxone Hydrochloride	Injection (pre-filled syringe) 2mg in 5mL	2
1829G	Pethidine	Injection 100mg in 2mL	5
1794K or	Procaine Penicillin	Injection (pre-filled syringe) 1.5g	10
6561H	Benzlepenicillin	Injection 600 mg (with Water for Injections 2 ml)	10
1206L or	Metoclopramide Hydrochloride	Injection 10mg in 2mL	10
2369Q	Prochlorperazine	Injection 12.5mg in 1mL	10
1948M	Promethazine	Injection 50mg in 2mL	10
1239F or	Terbutaline Sulphate	Injection 100 micrograms in 1mL	5
1034K	Terbutaline Sulphate	Injection 500 micrograms in 1mL	5
1060T	Verapamil Hydrochloride	Injection 5mg in 2mL	5

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

SECTION 2

SPECIAL PHARMACEUTICAL BENEFITS

**GENERAL, PENSIONER AND RESTRICTED
BENEFITS**

INTRAVENOUS INFUSIONS

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

RESTRICTED BENEFITS

All restricted items are printed in red.

A straight line is drawn between entries for different forms and strengths of an item to indicate clearly the different restrictions which apply to these various forms and strengths.

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

SYMBOLS USED IN THE SCHEDULE

An asterisk (*) against the price of a benefit indicates that the manufacturer's pack does not coincide with the maximum quantity.

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

A gauge sign (#) against the price of a benefit indicates that the product is not preconstituted and that a special professional fee of \$3.83 is included in the dispensed price.

A plus sign (+) against the price of a benefit indicates that the Commonwealth dispensed price for that benefit is in excess of \$11.00. The patient payment, if applicable, will be \$11.00 (with the exception of Special Pharmaceutical Benefits).

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

CODES FOR INJECTIBLE ITEMS WITH ALLOWABLE SOLVENTS

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

- First code is for the injectible with 2mL water for injections
- Second code is for the injectible with 5mL water for injections
- Third code is for the injectible with 10mL water for injections
- Fourth code is for the injectible with 2mL sodium chloride injection 9mg per mL (0.9%)
- Fifth code is for the injectible with 5mL sodium chloride injection 9mg per mL (0.9%)
- Sixth code is for the injectible with 10mL sodium chloride injection 9mg per mL (0.9%)

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

SPECIAL PHARMACEUTICAL BENEFITS

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

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Code	Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Special Patient Contribution	Reimburse- ment Price for Max. Qty	Total Dispensed Price for Max. Qty	Maximum Patient Payment
	BLEOMYCIN (Blenoxane BC) To be prescribed on an authority prescription. CAUTION: Bleomycin can cause irreversible pulmonary fibrosis.			\$	\$	\$	\$
2315W	Injections 15mg (solvent required), 10 (codes 6891Q, 6892R, 6893T, 6894W, 6895X, 6896Y apply to above item with approved solvents)	‡1	..	479.17	592.92	1072.09	+490.17
1211R	CLOMIPHENE CITRATE (Clomid ML) Tablets 50mg, 5	‡2	5	32.00	*18.82	*50.82	+43.00

Code	Name, Restriction, Manner of Administration and Form	Max. Qty.	No. of Rpts	Dispensed Price for Max. Qty. \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
1004W	ACETAZOLAMIDE Tablet 250mg	100	3	*14.04	+11.00	Diamox	LE
2376C	Capsule 500mg (sustained release)	50	3	15.04	+11.00	Diamox	LE
1005X	Injection 500mg (solvent required) (codes 6501E, 6502F, 6503G, 6504H, 6505J, 6506K apply to above item with approved solvents)	1	..	9.73	10.36	Diamox	LE
2630K	ACETYLCYSTEINE Solution 200mg per mL (20%), 10mL	5	3	30.64	+11.00	Mucomyst	AP
1003T	ACYCLOVIR To be prescribed on an authority prescription. (Initial genital herpes.) Tablet 200mg	50	..	*97.10	+11.00	Zovirax	BW
1007B	To be prescribed on an authority prescription. (Recurrent genital herpes.) Tablets 200mg, 90	#1	2	165.14	+11.00	Zovirax	BW
1007B	To be prescribed on an authority prescription. (Immunocompromised patients.) Tablets 200mg, 90	#1	5	165.14	+11.00	Zovirax	BW
1002R	ACYCLOVIR Eye Ointment 30mg per g (3%), 4.5g	#1	..	19.27	+11.00	Zovirax	BW
1016L	ADRENALINE Injection 1mg in 1mL (1 in 1,000)	5	1	4.72	5.50	AP,SI	
2434D	Eye Drops 5mg per mL (0.5%), 7.5mL	2	3	*9.10	9.73	Eppy/N	BF
3031M	5mg per mL (0.5%), 10mL	2	3	*9.36	9.99	Epifrin	AG
1014J	10mg per mL (1%), 7.5mL	2	3	*9.74	10.37	Eppy/N	BF
2955M	10mg per mL (1%), 10mL	2	3	*10.66	11.00	Epifrin Glaucan	AG AQ
1015K	20mg per mL (2%), 10mL	2	3	*16.22	+11.00	Epifrin Glaucan	AG AQ
2600W	ALLOPURINOL Tablet 100mg	200	2	*11.14 *13.20	+11.00 +11.00	Alloremmed 100 Progout Zyloprim	DH PT BW
2604C	300mg	60	2	*10.12 *10.36 *12.74	10.75 10.99 +11.00	Progout Alloremmed 300 Zyloprim	PT DH BW
	(continued)						

Code	Name, Restriction, Manner of Administration and Form	Max. Qty.	No. of Rpts	Dispensed Price for Max. Qty. \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
2601X	ALLOPURINOL - cont. Capsule 100mg	200	2	*13.20	+11.00	Capurate-100	FM
2603B	300mg	60	2	*12.74	+11.00	Capurate-300	FM
2991K	ALPRENOLOL Tablet 100mg	100	5	10.43	11.00	Aptin Betacard	AP BR
2153H	ALUMINIUM HYDROXIDE Mixture 320mg per 5mL, 500mL	2	5	*8.40	9.03	Alusorb Amphojel Gelox	DH WY PR
1026B	ALUMINIUM HYDROXIDE DRIED Tablet 300mg	200	5	*8.40	9.03	Amphotabs	WY
2552H	ALUMINIUM HYDROXIDE with KAOLIN Mixture 137mg-1g per 5mL, 500mL	1	2	5.52	6.15	Kaomagma	WY
1033J	ALUMINIUM HYDROXIDE and MAGNESIUM CARBONATE CO-DRIED GEL Tablet 375mg	200	5	*8.40	9.03	Almacarb Simeco	GL WY
2576N	ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE Tablet 200mg-200mg	200	5	*8.40	9.03	Gelusil Mylanta	WW PD
2154J	Dispersible Tablet 230mg-230mg	200	5	*8.40	9.03	LoAsid	BW
2155K	Mixture 300mg-100mg per 5mL, 500mL	2	5	*8.40	9.03	Aludrox	AY
2156L	Suspension 215mg-80mg per 5mL, 500mL	2	5	*8.40	9.03	Simeco	WY
2157M	200mg-200mg per 5mL, 500mL	2	5	*8.40	9.03	Alucone Gelusil Mylanta Sodexol	DH WW PD SC
2158N	ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE and OXETHAZAINE Suspension 306mg-97.5mg-10mg per 5mL, 500mL	2	5	*8.40	9.03	Mucaine	AY
1032H	ALUMINIUM HYDROXIDE with MAGNESIUM TRISILICATE and MAGNESIUM HYDROXIDE Tablet 250mg-120mg-120mg	200	5	*8.40	9.03	Gastrogel	FM
2159P	Mixture 250mg-120mg-120mg per 5mL, 500mL	2	5	*8.40	9.03	Gastrogel	FM
3016R	AMANTADINE HYDROCHLORIDE Capsule 100mg	100	5	21.35 21.42	+11.00 +11.00	Antadine Symmetrel	BT CG

Code	Name, Restriction, Manner of Administration and Form	Max. Qty.	No. of Rpts	Dispensed Price for Max. Qty. \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
2934K	AMBENONIUM CHLORIDE To be prescribed on an authority prescription. Tablet 10mg	100	2	61.67	+11.00	Mytelase	WL
3109P	AMILORIDE CAUTION: Serum electrolytes should be checked regularly. Supplementary potassium may cause life-threatening hyperkalaemia. Tablet 5mg	100	1	*8.90 *9.14	9.53 9.77	Kaluril Midamor	AF MK
1035L	AMINACRINE HYDROCHLORIDE Eye Drops 3mg in 15mL	‡1	2	5.53	6.16	Aminopt	SI
3077Y	AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE Powder 200g	5	5	*265.14	+11.00	Maxamaid RVHB	SB
3073R	AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE Powder 200g	5	5	*271.04	+11.00	Maxamaid XP	SB
3076X	200g	5	5	*421.39	+11.00	Maxamum XP	SB
3075W	AMINO ACID FORMULA with VITAMINS and MINERALS without VALINE, LEUCINE AND ISOLEUCINE Powder 200g	5	5	*652.64	+11.00	M.S.U.D. AID	SB
3071P	AMINO ACID FORMULA without PHENYLALANINE Powder 250g	2	5	*238.74	+11.00	PK AID I	SB
3072Q	250g	2	5	*287.64	+11.00	PK AID II	SB
1450H	Food Supplement Powder 500g	‡1	5	202.64	+11.00	Aminogran F.S.	GL
1036M	AMINOGLUTETHIMIDE To be prescribed on an authority prescription. NOTE: Replacement therapy with a corticosteroid is essential. Tablet 250mg	100	5	124.24	+11.00	Cytadren	CG
1039Q	AMINOPHYLLINE Tablet 100mg	100	5	4.55	5.50	Cardophyllin	HA
1040R	Oral Liquid 105mg per 5mL, 500mL	‡1	5	5.94	6.57	Somophyllin	FC
1038P	Injection I.V. 250mg in 10mL	5	..	6.08	6.71	BT,SI	

Code	Name, Restriction, Manner of Administration and Form	Max. Qty.	No. of Rpts	Dispensed Price for Max. Qty. \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
	AMIODARONE HYDROCHLORIDE To be prescribed on an authority prescription. CAUTION: Amiodarone hydrochloride has been reported to cause frequent and potentially serious toxicity.						
2344J	Tablet 100mg	30	5	21.53	+11.00	Cordarone X 100	RC
2343H	200mg	30	5	33.34	+11.00	Cordarone X 200	RC
2417F	AMITRIPTYLINE Tablet 10mg	50	2	3.94 4.14 4.18	5.50 5.50 5.50	Endep 10 Amitrip Laroxyl Tryptanol	AF PT RO MK
2418G	25mg	50	2	4.53 4.78	5.50 5.50	Endep 25 Amitrip Laroxyl Saroten Tryptanol	AF PT RO NS MK
2429W	50mg	50	2	5.84	6.47	Endep 50	AF
1044Y	AMMONIUM CHLORIDE Tablet 500mg	100	3	7.68	8.31	FM	
1883D	AMOXYCILLIN Tablet 250mg	20	1	7.43	8.06	Amoxil Moxacin	BR CS
1885F	Dispersible Tablet 3g	1	..	7.39	8.02	Amoxil Moxacin	BR CS
1884E	Capsule 250mg	20	1	7.03 7.28	7.66 7.91	Alphamox 250 Ibiamox Amoxil Cilamox Moxacin	AF PT BR SI CS
1889K	500mg	20	1	10.99 11.05	11.00 +11.00	Alphamox 500 Ibiamox Amoxil Cilamox Moxacin	AF PT BR SI CS
1888J	Powder for Paediatric Drops 100mg per mL, 20mL	‡1	1	#8.33	9.24	Amoxil	BR
1886G	Powder for Syrup 125mg per 5mL, 100mL	‡1	1	#7.76 #8.01	8.67 8.92	Ibiamox Amoxil Cilamox Moxacin	PT BR SI CS
1887H	250mg per 5mL, 100mL	‡1	..	#9.33 #9.58	10.24 10.49	Ibiamox Amoxil Forte Cilamox Moxacin 250	PT BR SI CS
	(continued)						

Code	Name, Restriction, Manner of Administration and Form	Max. Qty.	No. of Rpts	Dispensed Price for Max. Qty. \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
1875Q	AMOXYCILLIN - cont. Injection 250mg with 3mL solvent	5	1	8.57	9.20	Ibiamox	PT
1876R	500mg with 3mL solvent	5	1	10.72	11.00	Ibiamox	PT
1877T	1g with 4mL solvent	5	1	16.52	+11.00	Ibiamox	PT
1890L	AMOXYCILLIN with CLAVULANIC ACID Tablet 250mg-125mg	15	1	12.55	+11.00	Augmentin	BR
1891M	500mg-125mg	15	1	16.45	+11.00	Augmentin Forte	BR
1892N	Powder for Syrup 125mg-31.25mg per 5mL, 75mL	‡1	1	#10.09	11.00	Augmentin	BR
1893P	250mg-62.5mg per 5mL, 75mL	‡1	..	#12.70	+11.00	Augmentin Forte	BR
2931G	AMPHOTERICIN Lozenge 10mg	20	1	4.97	5.60	Fungilin	SQ
1047D	Injection 50mg (solvent required) (codes 6507L, 6508M, 6509N, 6510P, 6511Q, 6512R apply to above item with approved solvents)	1	..	21.57	+11.00	Fungizone	SQ
2927C	Cream 30mg per g (3%), 15g	‡1	1	4.97	5.60	Fungilin	SQ
2929E	Ointment 30mg per g (3%), 15g	‡1	1	4.97	5.60	Fungilin	SQ
1048E	AMPICILLIN Capsule 250mg	24	1	7.14 7.22	7.77 7.85	Ampicyn Penbritin	PT BR
2671N	500mg	24	..	11.08 11.20	+11.00 +11.00	Ampicyn Penbritin	PT BR
3061D	Powder for Syrup 125mg per 5mL, 100mL	‡1	1	#7.59	8.50	Penbritin	BR
3123J	250mg per 5mL, 100mL	‡1	..	#8.89	9.80	Penbritin Forte	BR
2389R	Injection 250mg (solvent required) (codes 6519D, 6520E, 6521F, 6522G, 6523H, 6524J apply to above item with approved solvents)	5	1	7.48 7.73	8.11 8.36	Ampicyn Austrapen	PT CS
2390T	Injection 500mg (solvent required) (codes 6525K, 6526L, 6527M, 6528N, 6529P, 6530Q apply to above item with approved solvents)	5	1	9.69 9.94	10.32 10.57	Ampicyn Austrapen Penbritin	PT CS BR
2977Q	Injection 1g (solvent required) (codes 6531R, 6532T, 6533W, 6534X, 6535Y, 6536B apply to above item with approved solvents)	5	1	14.19 14.44	+11.00 +11.00	Ampicyn Austrapen	PT CS
1059R	AMYLOBARBITONE SODIUM Injection 500mg (solvent required) (codes 6543J, 6544K, 6545L, 6546M, 6547N, 6548P apply to above item with approved solvents)	2	..	*9.14	9.77	Amytal Sodium	LY

Code	Name, Restriction, Manner of Administration and Form	Max. Qty.	No. of Rpts	Dispensed Price for Max. Qty. \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer
1075N	ANTAZOLINE with NAPHAZOLINE Eye Drops 5mg (sulphate)- 250 micrograms (nitrate) per mL (0.5%-0.025%), 10mL	‡1	2	5.18	5.81	Antistine-Privine ZY
1077Q	Eye Drops 5mg (phosphate)- 500 micrograms (hydrochloride) per mL (0.5%-0.05%), 15mL	‡1	2	5.39	6.02	Albalon-A AG
1980F	ANTIVENOM - RED BACK SPIDER Injection 500 units	2	..	*153.46	+11.00	CS
1008C	ASPIRIN Tablet 300mg	100	1	4.42	5.50	SI
1010E	300mg (dispersible)	100	1	4.49	5.50	Solprin RC
3110Q	325mg (buffered)	100	1	4.89	5.52	Bufferin AP
1230R	650mg (enteric coated)	100	2	7.14	7.77	Ecotrin SK
1231T	650mg (sustained release)	100	2	7.14	7.77	S.R.A. BT
1081X	ATENOLOL Tablet 50mg	30	5	9.20 11.08	9.83 +11.00	Noten Tenormin AF IC
2704H	ATROPINE SULPHATE Tablet 600 micrograms	100	2	6.27	6.90	FM
1089H	Injection 600 micrograms in 1mL	5	1	4.34	5.50	AP,BT
1091K	1.2mg in 1mL	5	1	4.35 4.37	5.50 5.50	BT AP
1092L	Eye Drops 5mg per mL (0.5%), 15mL	‡1	2	5.42	6.05	Atropt SI
1093M	10mg per mL (1%), 15mL	‡1	2	5.49	6.12	Atropt SI
1094N	Eye Ointment 10mg per g (1%), 4g	‡1	..	6.92	7.55	PD
1095P	AURANOFIN To be prescribed on an authority prescription. CAUTION: Regular blood and urine checks are essential. Tablet 3mg	60	5	51.04	+11.00	Ridaura SK
2021J	AUROTHIOGLUCOSE To be prescribed on an authority prescription. Injection 50mg per mL, 10mL	1	..	83.27	+11.00	Gold-50 SH

Code	Name, Restriction, Manner of Administration and Form	Max. Qty.	No. of Rpts	Dispensed Price for Max. Qty. \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
2687K	AZATHIOPRINE To be prescribed on an authority prescription. Tablet 50mg	100	2	66.60	+11.00	Imuran Thioprine	BW AF
2729P	BACLOFEN To be prescribed on an authority prescription. Tablet 10mg	100	5	30.98	+11.00	Lioresal 10	CG
2730Q	25mg	100	5	59.32	+11.00	Lioresal 25	CG
1652Y	BECLOMETHASONE DIPROPIONATE To be prescribed on an authority prescription. CAUTION: Higher doses of inhaled beclomethasone may suppress the hypothalamic-pituitary-adrenal axis. Oral Inhalation, metered aerosol spray, 250 micrograms per dose (200 dose)	≠1	5	33.58	+11.00	Becloforte	GL
1649T	BECLOMETHASONE DIPROPIONATE Capsule 100 micrograms (oral inhalation)	100	5	15.63	+11.00	Becotide Rotacaps	GL
1650W	Oral Inhalation, metered aerosol spray, 50 micrograms per dose (200 dose)	≠1	5	10.00	10.63	Aldecin Becotide	SH GL
1651X	Oral Inhalation, metered aerosol spray, 100 micrograms per dose (200 dose)	≠1	5	15.99	+11.00	Becotide 100	GL
2705J	BELLADONNA ALKALOIDS Hyoscyamine Hydrobromide, Atropine Sulphate and Hyoscine Hydrobromide Tablet 101.1 micrograms-14.8 micrograms-10.7 micrograms	100	2	4.55	5.50	Atrobel	FM
2706K	Tablet 151.6 micrograms-22.2 micrograms-16.0 micrograms Hyoscyamine Sulphate, Atropine Sulphate and Hyoscine Hydrobromide	100	2	4.65	5.50	Atrobel FORTE	FM
2916L	Tablet 103.7 micrograms-19.4 micrograms-6.5 micrograms	100	2	4.55	5.50	Donnatab	RS
1105E	BENDROFLUAZIDE Tablet 2.5mg	100	1	*6.40	7.03	Aprinox-M	BT
1106F	5mg	100	1	*6.42 *6.66	7.05 7.29	Benzide Aprinox	PT BT

Code	Name, Restriction, Manner of Administration and Form	Max. Qty.	No. of Rpts	Dispensed Price for Max. Qty. \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
1766Y	BENZATHINE PENICILLIN Injection 1.8g in 4mL, disposable syringe	1	..	17.52	+11.00	Bicillin L-A	WY
1767B	BENZATHINE PENICILLIN with PROCAINE PENICILLIN and BENZYL PENICILLIN POTASSIUM Injection set 450mg-300mg-187mg, containing 1 vial and 2mL water for injections	1	..	10.53	11.00	Bicillin All-Purpose	WY
1109J	BENZHEXOL Tablet 2mg	200	2	*8.34 *8.46	8.97 9.09	Anti-Spas Artane	PT LE
1110K	5mg	200	1	*10.84 *10.90	11.00 11.00	Anti-Spas Artane	PT LE
2362H	BENZTROPINE Tablet 2mg	60	2	*6.15	6.78	Cogentin	MK
3038X	Injection 2mg in 2mL	5	..	12.68	+11.00	Cogentin	MK
1114P	BENZYL BENZOATE Application 50g in 200mL (25%)	‡1	2	5.15 5.84	5.78 6.47	Benzemul Ascabiol	MG MB
1774J	BENZYL PENICILLIN Injection 300mg (solvent required) (codes 6555B, 6556C, 6557D, 6558E, 6559F, 6560G apply to above item with approved solvents)	5	1	7.22	7.85	CS	
1775K	Injection 600mg (solvent required) (codes 6561H, 6562J, 6563K, 6564L, 6565M, 6566N apply to above item with approved solvents)	5	1	7.45	8.08	CS	
2647H	Injection 3g (solvent required) (codes 6567P, 6568Q, 6569R, 6570T, 6571W, 6572X apply to above item with approved solvents)	10	..	*33.24	+11.00	CS	
2648J	Injection 6g (solvent required) (codes 6573Y, 6574B, 6575C, 6576D, 6577E, 6578F apply to above item with approved solvents)	10	..	*63.74	+11.00	CS	
1117T	BETAMETHASONE Tablet 500 micrograms	30	4	5.39	6.02	Celestone	SH
2694T	BETAMETHASONE ACETATE with BETAMETHASONE SODIUM PHOSPHATE Injection 3mg-3.9mg (equivalent to 5.7mg betamethasone) in 1mL	5	..	17.18	+11.00	Celestone Chronodose	SH

Code	Name, Restriction, Manner of Administration and Form	Max. Qty.	No. of Rpts	Dispensed Price for Max. Qty. \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
1115Q	BETAMETHASONE DIPROPIONATE Cream 500 micrograms per g (0.05%), 15g	‡1	1	4.22	5.50	Diprosone	SH
1119X	Ointment 500 micrograms per g (0.05%), 15g	‡1	1	4.22	5.50	Diprosone	SH
1118W	Scalp Lotion 500 micrograms per mL (0.05%), 30mL	‡1	..	8.14	8.77	Diprosone	SH
	BETAMETHASONE VALERATE						
2812B	Cream 200 micrograms per g (0.02%), 100g	2	..	*7.74	8.37	Betnovate 1/5 Celestone-M	GL SH
2813C	500 micrograms per g (0.05%), 15g	‡1	1	4.22	5.50	Betnovate 1/2 Celestone-V Half Strength	GL SH
2820K	Ointment 200 micrograms per g (0.02%), 100g	2	..	*7.74	8.37	Celestone-M	SH
2815E	500 micrograms per g (0.05%), 15g	‡1	1	4.22	5.50	Betnovate 1/2 Celestone-V Half Strength	GL SH
2814D	Gel 500 micrograms per g (0.05%), 15g	‡1	1	4.22	5.50	Betnovate 1/2	GL
	BETHANECHOL						
1062X	Tablet 10mg	100	2	9.29 *9.32	9.92 9.95	Uro-Carb Urecholine	HA MK
1071J	Injection 5mg in 1mL	2	..	*11.66	+11.00	Urecholine	MK
	BIPERIDEN						
2544X	Tablet 2mg	200	2	*13.74	+11.00	Akineton	KN
	BISACODYL						
1259G	Tablet 5mg	200	1	*10.32	10.95	Bisalax	PT
1260H	Suppositories 10mg, 10 Enema - See Paraplegic and Quadriplegic - Section 3	‡1	..	7.02	7.65	Durolax	BY
	BISMUTH SUBCITRATE CAUTION: Long term bismuth therapy is potentially toxic.						
2203Y	Tablet 107.7mg (Bi)	112	2	22.27	+11.00	De-Nol	PD
	BLEOMYCIN See Special Pharmaceutical Benefits						
1444B	BROMOCRIPTINE MESYLATE Tablet 2.5mg	30	..	19.85	+11.00	Parlodel	SZ
	(continued)						

Code	Name, Restriction, Manner of Administration and Form	Max. Qty.	No. of Rpts	Dispensed Price for Max. Qty. \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
	BROMOCRIPTINE MESYLATE - cont. To be prescribed on an authority prescription.						
1443Y	Tablet 2.5mg	60	5	35.39	+11.00	Parlodel	SZ
1446D	Capsule 5mg	60	5	68.14	+11.00	Parlodel	SZ
1445C	10mg	100	5	240.14	+11.00	Parlodel	SZ
	BUMETANIDE						
1130L	Tablet 1mg	100	1	*9.36	9.99	Burinex	AP
	BUSULPHAN To be prescribed on an authority prescription.						
1128J	Tablet 2mg	100	..	31.19	+11.00	Myleran	BW
	CALCITONIN To be prescribed on an authority prescription.						
2994N	Injections (porcine) 160 i.u. with 2mL gelatin solvent, 10	2	5	*400.64	+11.00	Calcitare	RG
2995P	Injections (salmon) 50 i.u. in 1mL ampoule, 5	6	5	*152.64	+11.00	Miacalcic	SZ
2996Q	80 i.u. in 0.8mL ampoule, 5	3	5	*111.72	+11.00	Miacalcic	SZ
2997R	100 i.u. in 1mL ampoule, 5	3	5	*132.42	+11.00	Calsynar Miacalcic	RG SZ
2998T	400 i.u. in 2mL vial	4	5	*120.08	+11.00	Calsynar	RG
2999W	Injections (synthetic human) 0.5mg with 2mL solvent, 5	3	5	*208.89	+11.00	Cibacalcin	CG
	CALCITRIOL To be prescribed on an authority prescription.						
2502Q	Capsule 0.25 micrograms	100	5	51.39	+11.00	Rocaltrol	RO
	CALCIUM						
3116B	Tablet (chewable) 500mg (as carbonate)	120	1	*11.72	+11.00	Cal-Sup	RK
3117C	Tablet 600mg (as carbonate)	120	1	*11.96	+11.00	Caltrate	LE
3122H	Compound Effervescent Tablet equivalent to 1g (25mmol) Ca ²⁺ NOTE: Each 'Sandocal 1000' tablet also contains 18mmol Na ⁺ .	60	1	*14.54	+11.00	Sandocal 1000	SZ
	CALCIUM FOLINATE						
2308L	Tablet 15mg	10	..	110.07	+11.00	Leucovorin	LE
2309M	Injection 3mg in 1mL	5	..	15.92	+11.00	BL	

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1146H	CALCIUM GLUCONATE Injection 1g in 10mL (10%)	5	1	10.90	11.00	Calcium-Sandoz	SZ
	CAPTOPRIL To be prescribed on an authority prescription.						
1147J	Tablet 12.5mg	90	5	31.57	+11.00	Capoten	SQ
1148K	25mg	90	5	44.90	+11.00	Capoten	SQ
1149L	50mg	90	5	82.64	+11.00	Capoten	SQ
2535K	CARBACHOL Eye Drops 15mg per mL (1.5%), 15mL	2	3	*10.52	11.00	AQ	
2536L	30mg per mL (3%), 15mL	2	3	*10.52	11.00	AQ	
2422L	CARBAMAZEPINE Tablet 100mg	200	2	15.77	+11.00	Tegretol 100	CG
2419H	200mg	200	2	25.77 27.64	+11.00 +11.00	Teril Tegretol 200	AF CG
2427R	Syrup 100mg per 5mL, 300mL	#1	5	18.33	+11.00	Tegretol	CG
1153Q	CARBIMAZOLE Tablet 5mg	200	2	*9.04	9.67	Neo-Mercazole	NS
	CARBOPLATIN To be prescribed on an authority prescription.						
1160C	Solution for I.V. Injection 50mg in 5mL	2	..	*120.70	+11.00	BL	
1161D	150mg in 15mL	6	..	*852.60	+11.00	BL	
1162E	450mg in 45mL	2	..	*616.54	+11.00	BL	
	CEFOTAXIME To be prescribed on an authority prescription.						
1085D	Injection 1g (solvent required) (codes 6591X, 6592Y, 6593B, 6594C, 6595D, 6596E apply to above item with approved solvents)	5	..	*64.64	+11.00	Claforan	RL
1086E	Injection 2g (solvent required) (codes 6597F, 6598G, 6599H, 6600J, 6601K, 6602L apply to above item with approved solvents)	5	..	*120.69	+11.00	Claforan	RL

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	CEFTRIAXONE To be prescribed on an authority prescription.						
1782T	Injection 250mg (solvent required) (codes 6855T, 6856W, 6857X, 6858Y, 6859B, 6860C apply to above item with approved solvents)	2	..	*24.12	+11.00	Rocephin	RO
1783W	Injection 500mg (solvent required) (codes 6861D, 6862E, 6863F, 6864G, 6865H, 6866J apply to above item with approved solvents)	2	..	*41.14	+11.00	Rocephin	RO
1784X	Injection 1g (solvent required) (codes 6867K, 6868L, 6869M, 6870N, 6871P, 6872Q apply to above item with approved solvents)	2	..	*69.80	+11.00	Rocephin	RO
1785Y	Injection 2g (solvent required) (codes 6873R, 6874T, 6875W, 6876X, 6877Y, 6878B apply to above item with approved solvents)	2	..	*129.44	+11.00	Rocephin	RO
3058Y	CEPHALEXIN Capsule 250mg	20	1	7.43	8.06	Ceporex Keflex	GL LY
3119E	500mg	20	1	11.23	+11.00	Ceporex Keflex	GL LY
3094W	Granules for Syrup 125mg per 5mL, 100mL	#1	1	#9.39	10.30	Ceporex Keflex	GL LY
3095X	250mg per 5mL, 100mL	#1	..	#11.89	+11.00	Ceporex Keflex	GL LY
2964B	CEPHALOTHIN SODIUM Injection 1g (solvent required) (codes 6609W, 6610X, 6611Y, 6612B, 6613C, 6614D apply to above item with approved solvents)	5	..	*22.29	+11.00	Ceporacin Keflin Neutral	GL LY
1135R	Injection 2g (solvent required) (codes 6615E, 6616F, 6617G, 6618H, 6619J, 6620K apply to above item with approved solvents)	1	..	10.32	10.95	Keflin Neutral	LY
1136T	Injection 4g (solvent required) (codes 6621L, 6622M, 6623N, 6624P, 6625Q, 6626R apply to above item with approved solvents)	1	..	17.40	+11.00	Keflin Neutral	LY

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	CEPHAZOLIN SODIUM To be prescribed on an authority prescription.						
1256D	Injection 500mg (solvent required) (codes 6627T, 6628W, 6629X, 6630Y, 6631B, 6632C apply to above item with approved solvents)	5	..	*22.39	+11.00	Kefzol	LY
1257E	Injection 1g (solvent required) (codes 6633D, 6634E, 6635F, 6636G, 6637H, 6638J apply to above item with approved solvents)	5	..	*40.14	+11.00	Kefzol	LY
2935L	CHLORAL HYDRATE Capsule 500mg	25	..	4.35	5.50	Noctec	SQ
2869B	Mixture 250mg per 5mL, 200mL	‡1	..	4.64	5.50	Dormel	DH
	CHLORAMBUCIL To be prescribed on an authority prescription.						
1163F	Tablet 2mg	100	2	*62.56	+11.00	Leukeran	BW
1164G	5mg	100	2	*75.56	+11.00	Leukeran	BW
	CHLORAMPHENICOL CAUTION: Chloramphenicol may cause aplastic anaemia.						
1174T	Capsule 250mg	16	..	6.22	6.85	Chloromycetin	PD
2693R	Paediatric Suspension 125mg per 5mL, 100mL	‡1	..	6.22	6.85	Chloromycetin Palmitate	PD
1167K	Injection 1g (solvent required) (codes 6651C, 6652D, 6653E, 6654F, 6655G, 6656H apply to above item with approved solvents)	3	..	*26.79	+11.00	Chloromycetin Succinate	PD
	CHLORAMPHENICOL CAUTION: Topical chloramphenicol may cause aplastic anaemia.						
1172Q	Ear Drops (aqueous) 5mg per mL (0.5%), 5mL	‡1	2	5.17	5.80	Chloromycetin	PD
2360F	Eye Drops 5mg per mL (0.5%), 10mL	‡1	2	4.89	5.52	Chloromycetin Chloroptic Chlorsig	PD AG SI
1171P	Eye Ointment 10mg per g (1%), 4g	‡1	..	4.74	5.50	Chloromycetin Chlorsig	PD SI

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	CHLORAMPHENICOL with POLYMYXIN B CAUTION: Topical chloramphenicol may cause aplastic anaemia.						
1181E	Eye Drops 5mg-5,000 units per mL, 10mL	†1	2	4.93	5.56	Chloromycin	PD
1177Y	Eye Ointment 10mg (1%)-5,000 units per g, 4g	†1	..	4.88	5.51	Chloromycin	PD
1066D	CHLORHEXIDINE Solution 50mg per mL (5%), 200mL	†1	1	6.77	7.40	Hibitane Concentrate	IC
	CHLORMETHIAZOLE To be prescribed on an authority prescription.						
1410F	Capsule 192mg	50	..	11.62	+11.00	Hemineurin	AP
1409E	CHLORMETHIAZOLE I.V. Infusion 8mg per mL (0.8%), 500mL	1	..	20.35	+11.00	Hemineurin	AP
1184H	CHLOROQUINE Tablet equivalent to 150mg (approx.) chloroquine base	100	..	7.37	8.00	Chlorquin Nivaquine	PT MB
1187L	CHLOROTHIAZIDE Tablet 500mg	100	1	*9.72	10.35	Azide Chlotride	FM FR
1196Y	CHLORPROMAZINE Tablet 10mg	200	..	*7.46	8.09	Largactil Protran	MB PT
1197B	25mg	200	..	*10.56 *10.82	11.00 11.00	Protran Largactil	PT MB
1198C	50mg	200	..	*12.34 *12.60	+11.00 +11.00	Protran Largactil	PT MB
1199D	100mg	100	1	11.98 12.23	+11.00 +11.00	Protran Largactil	PT MB
1201F	Mixture 25mg per 5mL, 100mL	2	2	*7.52	8.15	Largactil	MB
1195X	Injection 50mg in 2mL	10	..	7.49	8.12	Largactil	MB
1200E	Suppositories 100mg, 5	†1	2	6.43	7.06	Largactil	MB
1202G	CHLORPROPAMIDE Tablet 250mg	100	5	9.59	10.22	Diabinese	PF
1585K	CHLORTHALIDONE Tablet 25mg	100	1	*9.72	10.35	Hygroton	CG

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	CHOLESTYRAMINE To be prescribed on an authority prescription.						
2967E	Sachets 9g (equivalent to 4g cholestyramine), 50	2	5	*54.60	+11.00	Questran	AP
2788R	CHOLINE THEOPHYLLINATE Tablet 100mg	100	5	5.48	6.11	Choledyl	WW
2789T	200mg	100	5	6.07	6.70	Brondecon-PD Choledyl	PD WW
2786P	Elixir 50mg per 5mL, 500mL	‡1	5	5.77	6.40	Brondecon Elixir-PD	PD
2787Q	Syrup 50mg per 5mL, 500mL	‡1	5	5.77	6.40	Choledyl	WW
	CIMETIDINE To be prescribed on an authority prescription. (Proven duodenal, gastric ulcer.)						
1157X	Tablet 200mg	120	2	43.38	+11.00	Duractin Tagamet	CS SK
1158Y	400mg	60	2	43.38	+11.00	Duractin Tagamet	CS SK
1159B	800mg	30	1	43.38	+11.00	Duractin Tagamet	CS SK

	To be prescribed on an authority prescription. (Proven severe ulcerating oesophagitis.)						
1157X	Tablet 200mg	120	2	43.38	+11.00	Duractin Tagamet	CS SK
1158Y	400mg	60	2	43.38	+11.00	Duractin Tagamet	CS SK

	To be prescribed on an authority prescription. (Scleroderma oesophagus.)						
1157X	Tablet 200mg	120	5	43.38	+11.00	Duractin Tagamet	CS SK
1158Y	400mg	60	5	43.38	+11.00	Duractin Tagamet	CS SK

	(continued)						

Code	Name, Restriction, Manner of Administration and Form	Max. Qty.	No. of Rpts	Dispensed Price for Max. Qty. \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
	CIMETIDINE - cont. To be prescribed on an authority prescription. (Zollinger-Ellison syndrome.)						
1157X	Tablet 200mg	240	5	*84.12	+11.00	Duractin Tagamet	CS SK
1158Y	400mg	120	5	*84.12	+11.00	Duractin Tagamet	CS SK
1159B	800mg	60	5	*84.12	+11.00	Duractin Tagamet	CS SK
	CIPROFLOXACIN To be prescribed on an authority prescription.						
1208N	Tablet 250mg	14	..	38.89	+11.00	Ciproxin 250	BN
1209P	500mg	14	..	71.39	+11.00	Ciproxin 500	BN
1210Q	750mg	14	..	105.14	+11.00	Ciproxin 750	BN
	CLINDAMYCIN						
3137D	Capsule 75mg	25	..	9.14	9.77	Dalacin C	UP
3138E	150mg	25	..	12.44	+11.00	Dalacin C	UP
3139F	Granules for Syrup 75mg per 5mL, 100mL	‡1	..	#13.68	+11.00	Dalacin C	UP
	CLIOQUINOL						
3030L	Cream 10mg per g (1%), 30g	‡1	..	5.07	5.70	Vioform	CG
	CLOFIBRATE						
2892F	Capsule 500mg	100	5	13.52 13.58	+11.00 +11.00	Arterioflexin Atromid-S	PT IC
	CLOMIPHENE CITRATE See Special Pharmaceutical Benefits						
	CLOMIPRAMINE HYDROCHLORIDE						
1561E	Tablet 25mg	50	1	12.94	+11.00	Anafranil	CG
	CLONAZEPAM						
1805B	Tablet 500 micrograms	200	2	15.02	+11.00	Rivotril	RO
1806C	2mg	200	2	24.14	+11.00	Rivotril	RO
1808E	Paediatric Drops 2.5mg in 1mL, 10mL	2	..	*9.34	9.97	Rivotril	RO
1807D	Injection 1mg in 2mL (set containing solution 1mg in 1mL and 1mL diluent)	5	..	7.88	8.51	Rivotril	RO
	CLONIDINE						
3145M	Tablet 100 micrograms	100	5	15.14	+11.00	Catapres 100	BY
3141H	150 micrograms	100	5	19.89	+11.00	Catapres	BY

Code	Name, Restriction, Manner of Administration and Form	Max. Qty.	No. of Rpts	Dispensed Price for Max. Qty. \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
2392X	CLOPAMIDE Tablet 5mg	100	1	*9.72	10.35	Brinaldix	SZ
1017M	CLOTRIMAZOLE Cream 10mg per g (1%), 20g	‡1	1	5.85 5.87	6.48 6.50	Lotremin Canesten	SH BN
1027C	Lotion 10mg per mL (1%), 20mL	‡1	1	5.87	6.50	Canesten Lotremin	BN SH
1018N	Pessaries 100mg, 6	‡1	..	6.54 6.57	7.17 7.20	Gyne-Lotremin Canesten	SH BN
1020Q	Pessary 500mg	1	..	6.57	7.20	Canesten 1	BN
1019P	Vaginal Cream 50mg per 5g (1%), 35g	‡1	..	6.52 6.53	7.15 7.16	Gyne-Lotremin Canesten	SH BN
1006Y	100mg per 5g (2%), 20g	‡1	..	6.53	7.16	Canesten 3	BN
2300C	CLOXACILLIN Capsule 250mg	24	..	11.39 11.64	+11.00 +11.00	Alclox 250 Orbenin	AF BR
1120Y	500mg	24	..	20.14 20.39	+11.00 +11.00	Alclox 500 Orbenin	AF BR
2299B	Injection 250mg (solvent required) (codes 6663Q, 6664R, 6665T, 6666W, 6667X, 6668Y apply to above item with approved solvents)	5	..	10.87	11.00	Austrastaph Orbenin	CS BR
2301D	Injection 500mg (solvent required) (codes 6669B, 6670C, 6671D, 6672E, 6673F, 6674G apply to above item with approved solvents)	5	..	16.37	+11.00	Austrastaph Orbenin	CS BR
1420R	Injection 1g (solvent required) (codes 6675H, 6676J, 6677K, 6678L, 6679M, 6680N apply to above item with approved solvents)	5	..	24.17	+11.00	Austrastaph Orbenin	CS BR
1214X	CODEINE PHOSPHATE Tablet 30mg	20	..	6.32	6.95	Codate DH,FA,FM	US
1222H	CODEINE PHOSPHATE with ASPIRIN Tablet 30mg-325mg	20	..	4.98	5.61	Codral Forte	BW
1215Y	CODEINE PHOSPHATE with PARACETAMOL Tablet 30mg-500mg	20	..	4.98	5.61	Panadeine Forte	WL
1227N	COLCHICINE Tablet 500 micrograms	100	2	5.60	6.23	Colgout DH,PR,RT	PT

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	COLESTIPOL HYDROCHLORIDE To be prescribed on an authority prescription.						
1224K	Sachets 5g, 120	‡1	5	66.39	+11.00	Colestid	UP
2621Y	COLISTIN Injection 150mg (solvent required) (codes 6681P, 6682Q, 6683R, 6684T, 6685W, 6686X apply to above item with approved solvents)	5	..	*112.84	+11.00	Coly-Mycin	WW
2756C	COLISTIN with NEOMYCIN Ear Drops 3mg-3.3mg per mL, 10mL	‡1	2	5.77	6.40	Coly-Mycin	WW
1228P	COPPER SULPHATE Diagnostic Compound Tablets, 36	2	3	*10.46	11.00	Clinitest	AM
1246N	CORTISONE ACETATE Tablet 5mg	50	4	4.97	5.60	Cortate	PT
1247P	25mg	60	4	8.78	9.41	Cortate	PT
1264M	CYCLOPENTHIAZIDE Tablet 500 micrograms	100	1	*9.96	10.59	Navidrex	CG
1266P	CYCLOPHOSPHAMIDE Tablet 50mg	50	2	14.54	+11.00	Cycloblastin	FE
1265N	Injection 100mg (solvent required) (codes 6687Y, 6688B, 6689C, 6690D, 6691E, 6692F apply to above item with approved solvents)	6	..	24.49	+11.00	Cycloblastin	FE
2381H	Injection 200mg (solvent required) (codes 6693G, 6694H, 6695J, 6696K, 6697L, 6698M apply to above item with approved solvents)	6	..	25.94	+11.00	Cycloblastin	FE
1079T	Injection 500mg (solvent required) (codes 6699N, 6700P, 6701Q, 6702R, 6703T, 6704W apply to above item with approved solvents)	2	..	*14.60	+11.00	Cycloblastin	FE
1080W	Injection 1g (solvent required) (codes 6705X, 6706Y, 6707B, 6708C, 6709D, 6710E apply to above item with approved solvents)	1	..	13.05	+11.00	Cycloblastin	FE
1798P	CYPROHEPTADINE Tablet 4mg	100	2	*7.94	8.57	Periactin	FR
	CYTARABINE To be prescribed on an authority prescription.						
2925Y	Injection 40mg in 2mL	10	1	*39.84	+11.00	Alexan	BT
2926B	100mg in 5mL	10	1	80.79	+11.00	Alexan	BT
	(continued)						

Code	Name, Restriction, Manner of Administration and Form	Max. Qty.	No. of Rpts	Dispensed Price for Max. Qty. \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
2910E	CYTARABINE - cont. Injection set containing 100mg and 5mL solvent	10	1	*80.94	+11.00	Cytosar-U	UP
2911F	Injection 500mg in 25mL	2	1	*80.82	+11.00	Alexan	BT
	DANAZOL To be prescribed on an authority prescription. CAUTION: Pregnancy must be excluded prior to administration of this drug.						
1285P	Capsule 100mg	100	5	85.28	+11.00	Danocrine	WL
1287R	200mg	100	5	127.64	+11.00	Danocrine	WL
1779P	DANTROLENE SODIUM Capsule 25mg	100	2	20.89	+11.00	Dantrium	NW
1780Q	50mg	100	2	35.02	+11.00	Dantrium	NW
2740F	DEBRISOQUINE Tablet 10mg	100	5	9.02	9.65	Declinax	RO
2741G	20mg	100	5	11.14	+11.00	Declinax	RO
	DEMECLOCYCLINE HYDROCHLORIDE To be prescribed on an authority prescription.						
2854F	Capsule 150mg	100	3	32.89	+11.00	Ledermycin	LE
2972K	DESIPRAMINE Tablet 25mg	50	2	6.14	6.77	Pertofran	CG
2129C	DESMOPRESSIN Nasal Solution 100 micrograms per mL, 2.5mL	5	2	*117.79	+11.00	Minirin	FC
2508B	DEXAMETHASONE Injection 120mg in 5mL	1	..	32.89	+11.00	Decadron Shock Pak	MK
1292B	DEXAMETHASONE Tablet 500 micrograms	30	4	4.84	5.50	Dexamethsone Oradexon	PT OR
2507Y	4mg	30	4	9.10	9.73	Dexamethsone	PT
1288T	Eye Drops 1mg per mL (0.1%), 5mL	#1	2	5.43	6.06	Maxidex	AQ
2509C	Injection 4mg in 1mL	5	..	12.68	+11.00	Decadron	MK
1290X	5mg in 1mL	5	..	13.64	+11.00	Oradexon	OR
1291Y	8mg in 2mL	5	..	16.57	+11.00	Decadron	MK

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2781J	DEXAMETHASONE with FRAMYCETIN and GRAMICIDIN Ear Drops 500 micrograms-5mg- 50 micrograms per mL, 8mL	†1	2	4.82	5.50	Sofradex	RL
2759F	Ear Ointment 500 micrograms-5mg- 50 micrograms per g, 5g	†1	2	4.57	5.50	Sofradex	RL
	DEXAMPHETAMINE To be prescribed on an authority prescription.						
1165H	Tablet 5mg	100	5	8.72	9.35	SI	
	DEXTRAN 40 See Intravenous Infusions						
	DEXTRAN 70 See Intravenous Infusions						
3161J	DIAZEPAM Tablet 2mg	50	..	4.29	5.50	Antenex 2 Pro-Pam	AF PT
				4.54	5.50	Ducene Valium	SU RO
3162K	5mg	50	..	4.53	5.50	Antenex 5 Pro-Pam	AF PT
				4.78	5.50	Ducene Valium	SU RO
2559Q	Paediatric Syrup 2mg per 5mL, 100mL	†1	..	5.58	6.21	Valium	RO
2558P	Injection 10mg in 2mL	5	..	5.79	6.42	Valium BL	RO
3068L	DIAZOXIDE Injection 300mg in 20mL	1	..	16.14 16.28	+11.00 +11.00	BL Hyperstat I.V.	SH
1303N	DICHLORPHENAMIDE Tablet 50mg	50	6	12.09	+11.00	Daranide	MK
1299J	DICLOFENAC SODIUM Tablet 25mg (enteric coated)	50	3	8.44	9.07	Voltaren 25	CG
1300K	50mg (enteric coated)	50	3	9.85	10.48	Voltaren 50	CG
1310Y	DIENOESTROL Cream 500 micrograms per 5g (0.01%), 85g	†1	1	5.32	5.95	JC	
2506X	DIFENOXIN HYDROCHLORIDE with ATROPINE SULPHATE Tablet 500 micrograms-25 micrograms	20	..	4.53	5.50	Lyspafen	PT
1319K	DIFLUNISAL Tablet 250mg	50	3	8.63	9.26	Dolobid	MK

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2605D	DIGOXIN Tablet 62.5 micrograms	200	1	*6.92	7.55	Lanoxin-PG	BW
1322N	250 micrograms	100	1	*6.04	6.67	Lanoxin	BW
3164M	Oral Solution for children 50 micrograms per mL, 100mL	1	3	8.30	8.93	Lanoxin	BW
1321M	Injection 500 micrograms in 2mL	5	1	9.14	9.77	Lanoxin	BW
1323P	DIHYDROERGOTAMINE Injection 1mg in 1mL	5	..	7.65	8.28	Dihydergot	SZ
1483C	DIHYDROTACHYSTEROL To be prescribed on an authority prescription.						
1483C	Capsule 125 micrograms	100	5	36.29	+11.00	A.T.10	WL
1333E	DILOXANIDE FUROATE Tablet 500mg	30	..	12.22	+11.00	Furamide	BT
	DILTIAZEM HYDROCHLORIDE To be prescribed on an authority prescription. CAUTION: The myocardial depressant effects of this drug and of beta- blocking drugs are additive.						
1335G	Tablet 60mg	100	5	37.64	+11.00	Cardizem	IC
1334F	DIMERCAPROL Injection 100mg in 2mL	12	..	56.39	+11.00	B.A.L.	BT
2501P	DIPHENOXYLATE HYDROCHLORIDE with ATROPINE SULPHATE Tablet 2.5mg-25 micrograms	20	..	4.53	5.50	Lomotil	SR
1344R	DIPHTHERIA ANTITOXIN Injection 10,000 units	2	1	72.90	+11.00	CS	
1341N	DIPHTHERIA and TETANUS VACCINE, ADSORBED For immunisation of children up to the age of eight years.	3	..	*11.28	+11.00	CS	
3019X	DIPHTHERIA and TETANUS VACCINE, ADSORBED, DILUTED FOR ADULT USE For immunisation of adults and children over the age of eight years.	3	..	*11.28	+11.00	CS	
1346W	DIPHTHERIA, TETANUS and PERTUSSIS VACCINE, ADSORBED Injection 0.5mL	3	..	*10.89	11.00	CS,PD	

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1348Y	DIPHTHERIA VACCINE, ADSORBED For immunisation of children up to the age of eight years. Injection 0.5mL	2	1	*10.64	11.00	CS
3020Y	DIPHTHERIA VACCINE, ADSORBED, DILUTED FOR ADULT USE For immunisation of adults and children over the age of eight years. Injection 0.5mL	2	..	*10.02	10.65	CS
1351D	DIPIVEFRINE HYDROCHLORIDE Eye Drops 1mg per mL (0.1%), 10mL	+1	6	10.25	10.88	Propine AG
2920Q	DISODIUM ETIDRONATE To be prescribed on an authority prescription. Tablet 200mg	60	5	85.77	+11.00	Didrone1 NW
2923W	DISOPYRAMIDE Capsule 100mg	100	5	17.64	+11.00	Norpace Rythmodan SR RL
2924X	150mg	100	5	23.64	+11.00	Norpace Rythmodan SR RL
1125F	DOCUSATE SODIUM with BISACODYL Suppositories 100mg-10mg, 5	2	..	*7.00	7.63	Coloxyl FM
1347X	DOMPERIDONE Tablet 10mg	25	..	5.42	6.05	Motilium JC
1357K	DOTHIEPIN HYDROCHLORIDE Capsule 25mg	50	2	5.72	6.35	Prothiaden BT
1358L	Tablet 75mg	30	2	6.07	6.70	Prothiaden BT
1012G	DOXEPIIN Tablet 50mg	50	2	6.07	6.70	Deptran 50 AF
1011F	Capsule 10mg	50	2	4.48 4.77	5.50 5.50	Deptran 10 Sinequan AF PF
1013H	25mg	50	2	4.53 5.72	5.50 6.35	Deptran 25 Sinequan AF PF
1338K	DOXORUBICIN HYDROCHLORIDE To be prescribed on an authority prescription. Powder for I.V. Injection or Intravesical Administration 10mg	4	..	*196.16	+11.00	Adriamycin FE
1337J	20mg	4	..	*376.00	+11.00	Adriamycin FE
1339L	50mg	3	..	*695.31	+11.00	Adriamycin FE

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2711Q	DOXYCYCLINE Tablet 50mg	25	5	7.64 7.89	8.27 8.52	Doxylin 50 Vibra-Tabs	AF PF
2714W	100mg	21	..	*11.82 *12.54	+11.00 +11.00	Doxylin 100 Vibramycin	AF PF
2707L	Capsule 50mg	25	5	8.62	9.25	Doryx	FA
2715X	100mg	21	..	*9.72 12.54	10.35 +11.00	Cyclidox Doryx	PT FA
2709N	DOXYCYCLINE Tablet 100mg	7	1	5.70 5.94	6.33 6.57	Doxylin 100 Vibramycin	AF PF
2708M	Capsule 100mg	7	1	5.00 5.94	5.63 6.57	Cyclidox Doryx	PT FA
	DYDROGESTERONE To be prescribed on an authority prescription.						
1350C	Tablet 10mg	50	5	30.77	+11.00	Duphaston	JC
1364T	ECONAZOLE NITRATE Cream 10mg per g (1%), 20g	±1	1	5.87	6.50	Ecostatin Pevaryl	SQ SK
1365W	Lotion 10mg per mL (1%), 20mL	±1	1	5.87	6.50	Ecostatin Pevaryl	SQ SK
1366X	Pessaries 150mg, 3	±1	..	6.57	7.20	Ecostatin Pevaryl	SQ SK
1367Y	Vaginal Cream 75mg per 5g (1.5%), 35g	±1	..	6.53	7.16	Ecostatin	SQ
1359M	ECOTHIOPATE IODIDE Eye Drops 300 micrograms per mL (0.03%), 1.5mg and 5mL solvent	±1	6	#12.98	+11.00	Phospholine Iodide	AY
2405N	600 micrograms per mL (0.06%), 3mg and 5mL solvent	±1	6	#12.98	+11.00	Phospholine Iodide	AY
1360N	1.25mg per mL (0.125%), 6.25mg and 5mL solvent	±1	6	#12.98	+11.00	Phospholine Iodide	AY
1361P	2.5mg per mL (0.25%), 12.5mg and 5mL solvent	±1	6	#14.66	+11.00	Phospholine Iodide	AY
2992L	ELECTROLYTE REPLACEMENT (ORAL) Powder for Solution Sachets 40g, 6	±1	..	6.83	7.46	Repalyte	DH

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	ELECTROLYTE REPLACEMENT SOLUTION See Intravenous Infusions						
	ENALAPRIL MALEATE To be prescribed on an authority prescription.						
1370D	Tablet 5mg	30	5	24.24	+11.00	Renitec M	MK
1368B	10mg	30	5	34.18	+11.00	Renitec	MK
1369C	20mg	30	5	47.52	+11.00	Renitec 20	MK
2498L	ERGOCALCIFEROL Tablet 250 micrograms	100	5	8.52	9.15	Ostelin	GL
1380P	ERGOMETRINE MALEATE Tablet 200 micrograms	24	..	6.09	6.72	Ergotrate	LY
1378M	Injection 250 micrograms in 1mL	5	..	5.45	6.08	BL	
1384W	ERGOTAMINE TARTRATE Tablet 1mg	50	2	6.69	7.32	Lingraine	WL
1385X	ERGOTAMINE TARTRATE with CAFFEINE Tablet 1mg-100mg	50	2	6.69	7.32	Cafergot	SZ
1386Y	ERGOTAMINE TARTRATE with CAFFEINE, ITOBARBITONE and BELLADONNA ALKALOIDS Suppositories 2mg-100mg-100mg-250 micrograms, 6	±1	2	6.64	7.27	Cafergot PB	SZ
1399P	ERYTHROMYCIN Tablet 250mg	25	1	6.34	6.97	EMU-V AB	UP
1402T	Capsule 125mg	25	1	5.72	6.35	Eryc	FA
1404X	250mg	25	1	6.69	7.32	Eryc Ilocap	FA LY
2499M	ERYTHROMYCIN ESTOLATE Paediatric Drops 100mg (base) per mL, 10mL	±1	1	6.00	6.63	Ilosone	LY
2423M	Paediatric Suspension 125mg (base) per 5mL, 100mL	±1	1	6.00	6.63	Ilosone	LY
2749Q	ERYTHROMYCIN ETHYL SUCCINATE Tablet 200mg (base)	25	1	6.07	6.70	E.E.S. Dulcet	AB
2750R	400mg (base)	25	1	6.69	7.32	E.E.S. 400	AB
2424N	Granules for Paediatric Suspension 200mg (base) per 5mL, 100mL	±1	1	#8.26	9.17	E.E.S. 200	AB
1395K	Injection I.M. 100mg (base) in 2mL	5	..	9.84	10.47	Erythrocin	AB

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1398N	ERYTHROMYCIN LACTOBIONATE Infusion I.V. 300mg (base)	5	..	*24.14	+11.00	Erythrocin	AB
1397M	1g (base)	1	..	14.25	+11.00	Erythrocin	AB
1401R	ERYTHROMYCIN STEARATE Tablet 250mg (base)	25	1	6.34	6.97	Erythrocin	AB
1403W	Capsule 250mg (base)	25	1	6.34	6.97	Erythrocin	AB
2425P	Paediatric Suspension 125mg (base) per 5mL, 100mL	‡1	1	6.00	6.63	Erythrocin	AB
2610J	Suspension 250mg (base) per 5mL, 100mL	‡1	..	7.78	8.41	Erythrocin	AB
2511E	ETHACRYNIC ACID Tablet 50mg	50	3	10.79	11.00	Edecril	MK
1405Y	ETHINYLOESTRADIOL Tablet 10 micrograms	200	1	*6.72	7.35	Estigyn	GL
1406B	20 micrograms	200	1	*7.04	7.67	Estigyn	GL
1407C	50 micrograms	200	1	*8.46	9.09	Estigyn	GL
1413J	ETHOSUXIMIDE Capsule 250mg	200	2	20.54	+11.00	Zarontin	PD
1414K	Paediatric Syrup 250mg per 5mL, 250mL	‡1	4	10.34	10.97	Zarontin	PD
2370R	ETHYLOESTRENOL To be prescribed on an authority prescription. Tablet 2mg	100	3	15.63	+11.00	Orabolin	OR
3166P	ETHYNODIOL DIACETATE with ETHINYLOESTRADIOL Tablet 500 micrograms-50 micrograms, 21	4	2	*11.56	+11.00	Ovulen 0.5/50	SR
3167Q	1mg-50 micrograms, 21	4	2	*11.56	+11.00	Ovulen 1/50	SR
2447T	Pack containing 21 tablets 500 micrograms-50 micrograms and 7 inert tablets	4	2	*11.56	+11.00	Ovulen 0.5/50-28	SR
3168R	Pack containing 21 tablets 1mg-50 micrograms and 7 inert tablets	4	2	*11.56	+11.00	Ovulen 1/50-28	SR

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	ETRETINATE To be prescribed on an authority prescription. CAUTION: This drug is a potent teratogen - pregnancy should be avoided for at least two years after cessation of therapy.						
1421T	Capsule 10mg	100	5	141.77	+11.00	Tigason	RO
1422W	25mg	100	5	287.64	+11.00	Tigason	RO
	FAMOTIDINE To be prescribed on an authority prescription. (Proven duodenal, gastric ulcer.)						
2487X	Tablet 20mg	60	2	45.39	+11.00	Pepcidine M	MK
2488Y	40mg	30	1	45.39	+11.00	Pepcidine	MK
	To be prescribed on an authority prescription. (Zollinger-Ellison syndrome.)						
2487X	Tablet 20mg	120	5	*88.14	+11.00	Pepcidine M	MK
2488Y	40mg	60	5	*88.14	+11.00	Pepcidine	MK
	FELODIPINE To be prescribed on an authority prescription.						
2364K	Tablet 5mg	60	5	31.80	+11.00	Agon Plendil	HP AP
2365L	10mg	60	5	44.52	+11.00	Agon Plendil	HP AP
1312C	FENOTEROL HYDROBROMIDE Inhalation Solution for use in RESPIRATOR or NEBULISER 1mg per mL (0.1%), 20mL	†1	5	7.24	7.87	Berotec	BY
1313D	Oral Inhalation, metered aerosol spray, 200 micrograms per dose (300 dose)	†1	5	8.18	8.81	Berotec	BY
2465R	FERROUS AMINOACETOSULPHATE Paediatric Syrup 100mL	†1	4	4.48	5.50	Plesmet	NN
1424Y	FERROUS GLUCONATE Tablet 300mg	100	2	4.48	5.50	Fergon	WL
2726L	Paediatric Elixir 300mg per 5mL (6%), 100mL	†1	4	4.48	5.50	Fergon	WL

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1150M	FERROUS SULPHATE DRIED Tablet 320mg (delayed release)	30	2	4.48	5.50	Slow-Fe	CG
2689M	350mg (sustained release)	30	2	4.47 4.48	5.50 5.50	Feritard Ferro-Gradumets	PT AB
3100E	Capsule 320mg (delayed release)	30	2	4.48	5.50	Fespan	SK
3150T	FERROUS SULPHATE DRIED with FOLIC ACID Tablet 270mg-300 micrograms (delayed release)	30	2	4.47	5.50	Feritard Folic	PT
3160H	270mg-300 micrograms (sustained release)	30	2	4.53	5.50	F.G.F.	AB
3149R	Capsule 270mg-300 micrograms (delayed release)	30	2	4.53	5.50	Fefol	SK
	FLECAINIDE ACETATE To be prescribed on an authority prescription.						
1090J	Tablet 100mg	60	5	40.75	+11.00	Tambocor	RK
1363R	FLUCLOROLONE ACETONIDE Cream 250 micrograms per g (0.025%), 15g	‡1	1	4.22	5.50	Topilar	SD
1526H	FLUCLOXACILLIN Capsule 250mg	24	..	11.39 11.64	+11.00 +11.00	Staphylex 250 Flophen Floxacpen	AF CS BR
1527J	500mg	24	..	20.14 20.39	+11.00 +11.00	Staphylex 500 Flophen Floxacpen	AF CS BR
1528K	Powder for Syrup 125mg per 5mL, 100mL	‡1	..	#10.84	11.00	Flophen Floxacpen	CS BR
1529L	250mg per 5mL, 100mL	‡1	..	#15.13	+11.00	Flophen Floxacpen	CS BR
1523E	Injection 250mg (solvent required) (codes 6717M, 6718N, 6719P, 6720Q, 6721R, 6722T apply to above item with approved solvents)	5	..	10.87	11.00	Flophen	CS
1524F	Injection 500mg (solvent required) (codes 6723W, 6724X, 6725Y, 6726B, 6727C, 6728D apply to above item with approved solvents)	5	..	16.37	+11.00	Flophen Floxacpen	CS BR
1525G	Injection 1g (solvent required) (codes 6729E, 6730F, 6731G, 6732H, 6733J, 6734K apply to above item with approved solvents)	5	..	24.17	+11.00	Flophen Floxacpen	CS BR

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	FLUCYTOSINE To be prescribed on an authority prescription.						
1073L	Tablet 500mg	100	..	152.64	+11.00	Ancotil	RO
1433K	FLUDROCORTISONE ACETATE Tablet 100 micrograms	200	1	*11.90	+11.00	Florinef	SQ
2823N	FLUMETHASONE with CLIOQUINOL Ear Drops 200 micrograms-10mg per mL (0.02%-1%), 7.5mL	‡1	..	4.82	5.50	Locacorten Vioform	CG
1305Q	FLUOCORTOLONE ESTERS Cream 2mg per g (0.2%), 15g	‡1	1	4.22	5.50	Ultralan-D	SC
1306R	Ointment 2mg per g (0.2%), 15g	‡1	1	4.22	5.50	Ultralan-D	SC
1307T	Ointment (anhydrous) 2mg per g (0.2%), 15g	‡1	1	4.22	5.50	Ultralan-D Fatty	SC
1204J	FLUOROMETHOLONE Eye Drops 1mg per mL (0.1%), 5mL	‡1	6	5.94	6.57	Flucon FML Liquifilm	AQ AG
	FLUOROURACIL To be prescribed on an authority prescription.						
2521Q	Injection 250mg in 10mL	10	..	31.38	+11.00	RO	
2528C	500mg in 10mL	5	1	31.38	+11.00	Fluroblastin	FE
	FLUOXYMESTERONE To be prescribed on an authority prescription.						
1435M	Tablet 5mg	100	3	20.54	+11.00	Halotestin	UP
2659Y	FLUPHENAZINE Tablet 1mg	200	..	*10.34	10.97	Anatensol	SQ
2660B	2.5mg	200	..	*13.62	+11.00	Anatensol	SQ
2661C	5mg	100	1	10.74	11.00	Anatensol	SQ
1046C	FLUPHENAZINE DECANOATE Injection 12.5mg in 0.5mL	5	..	16.07	+11.00	Modecate	SQ
3098C	25mg in 1mL	5	..	25.07	+11.00	Modecate	SQ
1001Q	50mg in 2mL	5	..	37.73	+11.00	Modecate	SQ

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2958Q	FOLIC ACID Tablet 500 micrograms	200	..	*5.82 *5.84	6.45 6.47	DH,PT SI	
1437P	5mg	200	1	*6.10 *6.14	6.73 6.77	DH Folasic Folicid FM,PR,PT,RT,SI	NN US
1436N	Injection 15mg in 1mL	10	..	*13.10	+11.00	AB	
	FOSFESTROL SODIUM To be prescribed on an authority prescription.						
1353F	Tablet 120mg	100	2	38.05	+11.00	Honvan	BC
1352E	Injection 250mg in 5mL	10	..	21.59	+11.00	Honvan	BC
1439R	FRAMYCETIN Eye Ointment 5mg per g (0.5%), 5g	†1	..	4.74	5.50	Soframycin	RL
1440T	Eye and Ear Drops 5mg per mL (0.5%), 8mL	†1	2	4.89	5.52	Soframycin	RL
2415D	FRUSEMIDE Tablet 500mg	50	3	21.28 32.15	+11.00 +11.00	Urex-Forte Lasix	FM HP
2414C	FRUSEMIDE Tablet 20mg	100	1	*7.94	8.57	Lasix-M Urex-M	HP FM
2412Y	40mg	100	1	*8.02 *8.56 *9.52	8.65 9.19 10.15	Uremide Urex Lasix	PT FM HP
2411X	Oral Solution 10mg per mL, 30mL	†1	3	10.04	10.67	Lasix	HP
2413B	Injection 20mg in 2mL	5	..	5.77 6.34	6.40 6.97	AF Lasix	HP
	FUSIDIC ACID To be prescribed on an authority prescription.						
2312Q	Tablet (sodium salt) 250mg (enteric coated)	36	..	62.64	+11.00	Fucidin	SK
2311P	Suspension 50mg per mL, 90mL	†1	..	45.14	+11.00	Fucidin	SK
2699C	GAS GANGRENE ANTITOXIN - MIXED (POLYVALENT) Injection: 1 amp containing 10,000 units Perfringens; 10,000 units Novyi; 5,000 units Septicum	2	1	*116.90	+11.00	CS	

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1441W	GENTAMICIN SULPHATE Eye Drops 3mg (base) per mL (0.3%), 5mL	≠1	2	7.34	7.97	Genoptic	AG
1068F	GENTAMICIN SULPHATE Injection 40mg (base) in 1mL	5	..	15.69	+11.00	Garamycin BL	SH
1168L	60mg (base) in 1.5mL	5	..	18.82	+11.00	Garamycin BL	SH
2824P	80mg (base) in 2mL	5	..	8.54 8.87	9.17 9.50	Cidomycin Garamycin BL	RL SH
2939Q	GLIBENCLAMIDE Tablet 5mg	100	5	13.27 15.15	+11.00 +11.00	Glimel Daonil Euglucon	AF HP RC
2449X	GLICLAZIDE Tablet 80mg	100	5	15.15	+11.00	Diamicron	SE
2440K	GLIPIZIDE Tablet 5mg	100	5	15.15	+11.00	Minidiab	FE
1447E	GLUCAGON HYDROCHLORIDE Injection 1 i.u. with diluent	1	1	11.90	+11.00	CN,LY	
3040B	GLUCOSE Injection 5g in 10mL (50%) Injections 500mL and 1L - See Intravenous Infusions	5	..	7.37	8.00	AP	
2909D	GLUCOSE INDICATOR - BLOOD Reagent Strips, 50	2	5	*35.26	+11.00	Ames-BG	AM
2912G	Reagent Strips, 50	2	5	*35.26	+11.00	BM-Test-BG	BO
2917M	Reagent Strips, 50	2	5	*48.20	+11.00	Glucostix	AM
2914J	Reagent Strips, 50	2	5	*48.20	+11.00	BM-Test-Glycemie 20-800	BO
1448F	GLUCOSE INDICATOR - URINE Test Dispenser 4m	≠1	2	8.65	9.28	Tes-Tape	LY
2352T	Reagent Strips, 100	≠1	2	8.34	8.97	Clinistix	AM
3104J	Reagent Strips, 100	≠1	2	8.65	9.28	Diastix	AM
3107M	GLUCOSE and KETONE INDICATOR - URINE Reagent Strips, 100	≠1	2	10.52	11.00	Keto-Diastix	AM
1459T	GLYCERYL TRINITRATE Tablets 600 micrograms, 100	≠1	5	4.52	5.50	Anginine Stabilised	BW
1452K	Ointment 15mg (approx.) per 2.5cm (2%), 60g (continued)	≠1	5	11.94	+11.00	Nitro-Bid	FC

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1513P	GLYCERYL TRINITRATE - cont. Transdermal Disc releasing approximately 5mg per 24 hours	30	2	23.43	+11.00	Nitradisc	SR
1514Q	Transdermal Disc releasing approximately 10mg per 24 hours	30	2	31.80	+11.00	Nitradisc	SR
1515R	Transdermal Pad releasing approximately 5mg per 24 hours	30	2	23.43	+11.00	Transiderm-Nitro 25	CG
1516T	Transdermal Pad releasing approximately 10mg per 24 hours	30	2	31.80	+11.00	Transiderm-Nitro 50	CG
1460W	GRISEOFULVIN Tablet 125mg	100	2	10.77	11.00	Fulcin 125 Grisovin	IC GL
2983B	330mg	28	2	11.27	+11.00	Griseostatin	SH
2982Y	500mg	28	2	11.27	+11.00	Fulcin 500 Grisovin 500	IC GL
2767P	HALOPERIDOL Tablet 1.5mg	200	..	*10.00	10.63	Serenace	SR
2770T	5mg	50	1	7.27	7.90	Serenace	SR
2762J	Oral Liquid 2mg per mL, 15mL	#1	2	6.18	6.81	Serenace	SR
2763K	2mg per mL, 100mL	#1	1	12.88	+11.00	Serenace	SR
2768Q	Injection 5mg in 1mL	10	..	11.67	+11.00	Serenace	SR
1234Y	HEPARIN CALCIUM Injection 5,000 units in 0.2mL	5	5	9.74	10.37	Calcihep Calciparine Caprin	FC BL CS
1235B	5,000 units in 0.5mL	5	5	9.74	10.37	Caprin	CS
1053K	12,500 units in 0.5mL	2	5	*9.14 9.14	9.77 9.77	CS Calciparine	BL
1054L	25,000 units in 1mL	2	5	*11.06 11.07	+11.00 +11.00	CS Calciparine	BL
1466E	HEPARIN SODIUM Injection 5,000 units in 0.2mL	5	5	8.39	9.02	BL,CS,FC	
1467F	5,000 units in 1mL	5	5	8.39 8.44	9.02 9.07	FC BL,CS	
1469H	20,000 units in 20mL	12	5	45.03	+11.00	BL	
1468G	25,000 units in 5mL	2	5	*11.06	+11.00	CS,FC	
1076P	35,000 units in 35mL	12	5	*96.24	+11.00	CS,FC	

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3124K	HEXAMINE HIPPURATE Tablet 1g	100	5	14.80	+11.00	Hiprex	RK
1617D	HEXAMINE MANDELATE Tablet 250mg	200	2	*11.86	+11.00	Mandelamine	WW
1618E	500mg	200	2	*14.94	+11.00	Mandelamine Hafgrams	WW
2690N	1g	100	5	14.80	+11.00	Mandelamine	WW
2541R	HOMATROPINE HYDROBROMIDE Eye Drops 20mg per mL (2%), 15mL	‡1	2	6.20	6.83	AG,AQ	
2542T	50mg per mL (5%), 15mL	‡1	2	7.14	7.77	AG,AQ	
1579D	HUMAN CHORIONIC GONADOTROPHIN To be prescribed on an authority prescription. Injection Set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1mL	1	5	22.57	+11.00	Profasi 500	CS
1580E	containing 3 ampoules powder for injection 1,000 units and 3 ampoules solvent 1mL	1	5	29.58	+11.00	Profasi 1000	CS
1582G	containing 3 ampoules powder for injection 2,000 units and 3 ampoules solvent 1mL	1	5	34.58	+11.00	Profasi 2000	CS
1477R	To be prescribed on an authority prescription. Injection Set containing one ampoule powder for injection 5,000 units and one ampoule solvent 1mL)	2	..	*32.64	+11.00	Profasi 5000	CS
1599E	HUMAN MENOPAUSAL GONADOTROPHIN To be prescribed on an authority prescription. Injection set containing 10 ampoules powder for injection providing 75 units follicle stimulating hormone and 75 units luteinizing hormone and 10 ampoules solvent 1mL	1	5	241.20	+11.00	Humegon Pergonal	OR CS

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1640H	HYDRALAZINE HYDROCHLORIDE Tablet 25mg	200	2	*9.30 *9.54 *11.94	9.93 10.17 +11.00	Supres 25 Alphapress 25 Apresoline 25	PT AF CG
1639G	50mg	200	2	*12.32 *12.56 *16.34	+11.00 +11.00 +11.00	Supres 50 Alphapress 50 Apresoline 50	PT AF CG
1484D	HYDROCHLOROTHIAZIDE Tablet 25mg	100	1	*7.62	8.25	Dichlotride Esidrex 25	MK CG
1485E	50mg	100	1	*9.96	10.59	Dichlotride Esidrex 50	MK CG
1486F	HYDROCHLOROTHIAZIDE with AMILORIDE CAUTION: Serum electrolytes should be checked regularly. Supplementary potassium may cause life-threatening hyperkalaemia. Tablet 50mg-5mg	100	1	*10.34 *12.00	10.97 +11.00	Amizide Moduretic	PT MK
1280J	HYDROCHLOROTHIAZIDE with TRIAMTERENE CAUTION: Serum electrolytes should be checked regularly. Supplementary potassium may cause life-threatening hyperkalaemia. Tablet 25mg-50mg	100	1	*12.82	+11.00	Dyazide	SK
1499X	HYDROCORTISONE Tablet 4mg	50	4	4.97	5.60	Hysone	PT
1500Y	20mg	60	4	8.78	9.41	Hysone	PT
1489J	Eye Drops 5mg per mL (0.5%), 10mL	‡1	2	5.65	6.28	Hycor	SI
1492M	10mg per mL (1%), 10mL	‡1	2	5.89	6.52	Hycor	SI
1493N	25mg per mL (2.5%), 5mL	‡1	2	5.17	5.80	Hycor	SI
1494P	25mg per mL (2.5%), 10mL	‡1	2	6.70	7.33	Hycor	SI
1496R	Eye Ointment 5mg per g (0.5%), 4g	‡1	..	4.93	5.56	Cortef	UP
1497T	5mg per g (0.5%), 5g	‡1	..	5.50	6.13	Hycor	SI
2441L	10mg per g (1%), 5g	‡1	..	5.65	6.28	Hycor	SI
2887Y	Cream 10mg per g (1%), 30g	‡1	1	4.73	5.50	Adacor Cortef Dermacort Hydrosone Procort Sigmacort Squibb-HC	NN UP PD US PR SI SQ
	(continued)						

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2881P	HYDROCORTISONE - cont. Cream 10mg per g (1%), 50g	‡1	1	5.28	5.91	Adacor Cortef Dermacort Procort Sigmacort Squibb-HC	NN UP PD PR SI SQ
2888B	Topical Ointment 10mg per g (1%), 30g	‡1	1	4.73	5.50	Adacor Cortef Dermacort "0" Procort Sigmacort Squibb-HC	NN UP PD PR SI SQ
2882Q	10mg per g (1%), 50g	‡1	1	5.28	5.91	Adacor Cortef Dermacort "0" Procort Sigmacort Squibb-HC	NN UP PD PR SI SQ
2794C	HYDROCORTISONE with NEOMYCIN SULPHATE Ear Drops 15mg-5mg per mL (1.5%-0.5%), 5mL	‡1	..	4.82	5.50	Neo-Cortef	UP
2795D	Ear Ointment 15mg-5mg per g (1.5%-0.5%), 4g	‡1	2	4.57	5.50	Neo-Cortef	UP
1498W	HYDROCORTISONE ACETATE Injection 25mg in 1mL	5	..	12.14	+11.00	Hysone-A	PT
1502C	Rectal Foam 125mg per applicator (10%), Aerosol 25g	2	3	*33.24	+11.00	Colifoam	SV
1510L	HYDROCORTISONE SODIUM SUCCINATE Injection Set containing equivalent of 100mg hydrocortisone and 2mL solvent	6	..	*19.92 *20.10	+11.00 +11.00	Nordicort Solu-Cortef	NR UP
1511M	containing equivalent of 250mg hydrocortisone and 2mL solvent	6	..	*40.68	+11.00	Solu-Cortef	UP
3097B	containing equivalent of 500mg hydrocortisone and 4mL solvent	2	..	*26.64	+11.00	Solu-Cortef	UP
1501B	HYDROCORTISONE SODIUM SUCCINATE Injection Set containing equivalent of 100mg hydrocortisone and 2mL solvent	2	..	*8.40 *8.46	9.03 9.09	Nordicort Solu-Cortef	NR UP
3096Y	containing equivalent of 250mg hydrocortisone and 2mL solvent	1	..	8.98	9.61	Solu-Cortef	UP

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1508J	HYDROXOCOBALAMIN Injection 1mg in 1mL	3	..	8.54	9.17	Neo-Cytamen	GL
1512N	HYDROXYCHLOROQUINE Tablet 200mg	100	1	13.98	+11.00	Plaquenil	WL
	HYDROXYUREA To be prescribed on an authority prescription.						
3093T	Capsule 500mg	100	..	49.14	+11.00	Hydrea	SQ
2956N	HYPROMELLOSE Eye Drops 5mg per mL (0.5%), 15mL	2	3	*7.64	8.27	Isopto Tears Lacril Methopt	AQ AG SI
2952J	10mg per mL (1%), 15mL	2	3	*8.74	9.37	Methopt Forte	SI
1509K	HYPROMELLOSE with DEXTRAN Eye Drops 3mg-1mg per mL (0.3%-0.1%), 15mL	2	3	*8.46	9.09	Tears Naturale	AQ
3198H	IBUPROFEN Tablet 200mg	50	3	5.19 5.27	5.82 5.90	Rafen 200 Brufen Inflam	AF BT PT
3190X	400mg	50	3	6.98 7.04	7.61 7.67	Inflam Brufen	PT BT
2442M	IDOXURIDINE Eye Drops 1mg per mL (0.1%), 15mL	†1	2	7.27	7.90	Herplex Stoxil	AG SK
2569F	Eye Ointment 5mg per g (0.5%), 5g	†1	..	8.97	9.60	Stoxil	SK
2567D	Topical Ointment 5mg per g (0.5%), 5g	†1	..	4.48	5.50	Stoxil	SK
2420J	IMIPRAMINE Tablet 10mg	50	2	4.47	5.50	Imiprin Tofranil 10	PT CG
2421K	25mg	50	2	5.19 5.24	5.82 5.87	Imiprin Melipramine Tofranil 25	PT UW(N) CG
2719D	Injection I.M. 25mg in 2mL	10	..	13.55	+11.00	Tofranil	CG
2436F	INDAPAMIDE Tablet 2.5mg	60	1	*14.44	+11.00	Natrilix	SE
2454E	INDOMETHACIN Capsule 25mg	50	3	5.65 5.90	6.28 6.53	Arthrexin Rheumacin Indocid	AF PT MK
2757D	Suppository 100mg	40	3	*17.36	+11.00	Indocid	MK

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2852D	INFLUENZA VACCINE Injection (trivalent) 0.5mL	1	..	11.39	+11.00	Fluvax Vaxigrip	CS MB
2886X	INSECT ALLERGEN EXTRACT - HONEY BEE VENOM To be prescribed on an authority prescription. Injection set containing 550 micrograms	1	..	77.02	+11.00	Albay Bee Venom	BN
2918N	INSECT ALLERGEN EXTRACT - PAPER WASP VENOM NOTE: Paper wasp venom is not European wasp venom. To be prescribed on an authority prescription. Injection set containing 550 micrograms	1	..	93.54	+11.00	Albay Wasp Venom	BN
1710B	INSULIN, ACID Injection (bovine) 100 units per mL, 10mL	5	2	*87.09	+11.00	Insulin 2	CN
1530M	300 units per mL, 5mL	10	2	*171.54	+11.00	CN	
1723Q	INSULIN BIPHASIC Injection (mixed porcine/bovine) 100 units per mL, 10mL	5	2	*100.14	+11.00	Rapitard MC	CN
1533Q	INSULIN ISOPHANE (N.P.H.) Injection (synthetic human) 100 units per mL, 10mL	5	2	*113.29	+11.00	Humulin N Insulatard Human Protaphane HM	LY BW CN
1534R	Injections (synthetic human) 100 units per mL, 1.5mL, 5	7	2	*118.84	+11.00	Protaphane HM Penfill	CN
1711C	INSULIN ISOPHANE (N.P.H.) Injection (bovine) 100 units per mL, 10mL	5	2	*87.09	+11.00	Hypurin Isophane Isotard MC	FC CN
1712D	Injection (porcine) 100 units per mL, 10mL	5	2	*100.14	+11.00	Insulatard Nordisk Protaphane MC	BW CN
1535T	INSULIN ISOPHANE (N.P.H.) (Restricted item) Injections (synthetic human) 100 units per mL, 2.5mL, 5	4	2	*113.28	+11.00	Insulatard Human Nordisk 2.5mL Insuject-X BW	

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1425B	INSULIN ISOPHANE (N.P.H.) - INSULIN NEUTRAL, (MIXED) Injection (synthetic human) 100 units (50 units-50 units) per mL, 10mL	5	2	*113.29	+11.00	Initard Human	BW
1426C	100 units (70 units-30 units) per mL, 10mL	5	2	*113.29	+11.00	Actraphane HM Mixtard Human	CN BW
1429F	Injections (synthetic human) 100 units (70 units-30 units) per mL, 1.5mL, 5	7	2	*118.84	+11.00	Actraphane HM Penfill	CN
1428E	INSULIN ISOPHANE (N.P.H.) - INSULIN NEUTRAL, (MIXED) Injection (porcine) 100 units (50 units-50 units) per mL, 10mL	5	2	*100.14	+11.00	Initard Nordisk	BW
1427D	100 units (70 units-30 units) per mL, 10mL	5	2	*100.14	+11.00	Actraphane MC Mixtard Nordisk	CN BW
1531N	INSULIN NEUTRAL Injection (synthetic human) 100 units per mL, 10mL	5	2	*113.29	+11.00	Actrapid HM Humulin R Velosulin Human	CN LY BW
1532P	Injections (synthetic human) 100 units per mL, 1.5mL, 5	7	2	*118.84	+11.00	Actrapid HM Penfill	CN
1713E	INSULIN NEUTRAL Injection (bovine) 100 units per mL, 10mL	5	2	*87.09	+11.00	Hypurin Neutral	FC
1714F	Injection (porcine) 100 units per mL, 10mL	5	2	*100.14	+11.00	Actrapid MC Velosulin Nordisk	CN BW
1538Y	Injections (porcine) 100 units per mL, 1.5mL, 5	7	2	*105.05	+11.00	Actrapid MC Penfill	CN
1539B	100 units per mL, 2mL, 5	5	2	*100.14	+11.00	Velosulin Nordisk Insuject	BW
1715G	INSULIN PROTAMINE ZINC Injection (bovine) 100 units per mL, 10mL	5	2	*87.09	+11.00	Protamine Zinc Insulin MC	CN
1430G	INSULIN ISOPHANE (N.P.H.) - INSULIN NEUTRAL, (MIXED) (Restricted item) Injections (synthetic human) 100 units (70 units-30 units) per mL, 2.5mL, 5	4	2	113.28	+11.00	Mixtard Human Nordisk 2.5mL Insuject-X BW	—
1537X	INSULIN NEUTRAL (Restricted item) Injections (synthetic human) 100 units per mL, 2.5mL, 5	4	2	*113.28	+11.00	Velosulin Human Nordisk 2.5mL Insuject (white) BW	

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1718K	INSULIN ZINC SUSPENSION (Lente) Injection (synthetic human) 100 units per mL, 10mL	5	2	*113.29	+11.00	Monotard HM	CN
1716H	INSULIN ZINC SUSPENSION (Lente) Injection (bovine) 100 units per mL, 10mL	5	2	*87.09	+11.00	Lente MC	CN
1717J	Injection (porcine) 100 units per mL, 10mL	5	2	*100.14	+11.00	Monotard MC	CN
1720M	INSULIN ZINC SUSPENSION (AMORPHOUS) (Semilente) Injection (porcine) 100 units per mL, 10mL	5	2	*100.14	+11.00	Semilente MC	CN
1722P	INSULIN ZINC SUSPENSION (CRYSTALLINE) (Ultralente) Injection (synthetic human) 100 units per mL, 10mL	5	2	*113.29	+11.00	Ultratard HM	CN
1721N	INSULIN ZINC SUSPENSION (CRYSTALLINE) (Ultralente) Injection (bovine) 100 units per mL, 10mL	5	2	*87.09	+11.00	Ultralente MC	CN
1540C	IPRATROPIUM BROMIDE Oral Inhalation, metered aerosol spray, 20 micrograms per dose (200 dose)	#1	5	13.87	+11.00	Atrovent	BY
1541D	Nebuliser Solution 250 micrograms per mL (0.025%), 20mL	2	2	*14.24	+11.00	Atrovent	BY
1298H	IRON DEXTRAN Injection 2mL	5	..	9.07	9.70	Imferon	FC
2764L	IRON POLYMALTOSE COMPLEX Tablet 40mg (iron)	100	2	4.48	5.50	Ferrum H	SI
2593L	Injection 100mg (iron) in 2mL	5	..	9.07	9.70	Ferrum H	SI
1550N	ISOCONAZOLE NITRATE Cream 10mg per g (1%), 20g	#1	1	5.87	6.50	Travogen	SC
1549M	Lotion 10mg per mL (1%), 20mL	#1	1	5.87	6.50	Travogen	SC
1551P	Pessaries 300mg, 2	#1	..	6.57	7.20	Gyno-Travogen	SC
1554T	ISONIAZID Tablet 100mg	100	2	5.29	5.92	FM	

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2587E	ISOSORBIDE DINITRATE Tablet 10mg	200	2	*9.14	9.77	Isordil Isotrate	AY PD
2588F	Sublingual Tablet 5mg	200	2	*9.14	9.77	Isordil Sublingual Isotrate Sublingual	AY PD
	ISOTRETINOIN To be prescribed on an authority prescription. CAUTION: This drug causes birth defects. Isotretinoin has been reported to cause other frequent and potentially serious toxicity.						
2591J	Capsule 10mg	60	3	99.52	+11.00	Roaccutane	RO
2592K	20mg	60	3	190.14	+11.00	Roaccutane	RO
2988G	KAOLIN with PECTIN Mixture 5.91g-132mg per 30mL, 375mL	‡1	2	5.13	5.76	Kaopectate	UP
	KETOCONAZOLE To be prescribed on an authority prescription. CAUTION: Hepatotoxicity has been reported with ketoconazole.						
1572R	Tablet 200mg	30	5	27.64	+11.00	Nizoral	JC
1586L	KETOPROFEN Capsule 50mg	50	3	8.54	9.17	Orudis	MB
1587M	100mg	50	3	12.32	+11.00	Orudis	MB
1589P	100mg (sustained release)	50	3	13.39	+11.00	Orudis SR	MB
1588N	Suppository 100mg	40	3	*19.56	+11.00	Orudis	MB
1566K	LABETALOL Tablet 100mg	100	5	13.09 15.72	+11.00 +11.00	Presolol 100 Trandate	AF GL
1567L	200mg	100	5	20.82 26.79	+11.00 +11.00	Presolol 200 Trandate	AF GL
	LACTULOSE To be prescribed on an authority prescription.						
3064G	Mixture 3.34g per 5mL, 500mL	‡1	5	16.05	+11.00	Duphalac	JC
	LEUPRORELIN ACETATE To be prescribed on an authority prescription.						
1568M	Injection 5mg per mL, 2.8mL	2	2	*368.62	+11.00	Lucrin	AB

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3143K	LEVODOPA Tablet 100mg	50	5	10.79	11.00	Larodopa	RO
3144L	250mg	100	5	18.59	+11.00	Larodopa	RO
3014P	500mg	250	5	79.62	+11.00	Larodopa	RO
2228G	LEVODOPA with BENSERAZIDE Tablet 200mg-50mg	100	5	44.00	+11.00	Madopar	RO
2227F	Capsule 50mg-12.5mg	100	5	17.52	+11.00	Madopar Q	RO
2225D	100mg-25mg	100	5	32.89	+11.00	Madopar-M	RO
2226E	200mg-50mg	100	5	44.00	+11.00	Madopar	RO
1244L	LEVODOPA with CARBIDOPA Tablet 100mg-10mg	100	5	22.60	+11.00	Sinemet M	MK
1242J	100mg-25mg	100	5	32.89	+11.00	Sinemet 100/25	MK
1245M	250mg-25mg	100	5	44.00	+11.00	Sinemet	MK
2913H	LEVONORGESTREL Tablet 30 micrograms, 28	4	2	*11.56	+11.00	Microlut 28 Microval 28	SC WY
1455N	LEVONORGESTREL with ETHINYLOESTRADIOL Tablet 125 micrograms-50 micrograms, 21	4	2	*11.56	+11.00	Microgynon 50	SC
1393H	150 micrograms-30 micrograms, 21	4	2	*11.56	+11.00	Microgynon 30 Nordette 21	SC WY
3186Q	250 micrograms-50 micrograms, 21	4	2	*11.56	+11.00	Nordiol 21	WY
1456P	Pack containing 21 tablets 125 micrograms-50 micrograms and 7 inert tablets	4	2	*11.56	+11.00	Microgynon 50 ED Nordette 50	SC WY
1394J	Pack containing 21 tablets 150 micrograms-30 micrograms and 7 inert tablets	4	2	*11.56	+11.00	Microgynon 30 ED Nordette 28	SC WY
3188T	Pack containing 21 tablets 250 micrograms-50 micrograms and 7 inert tablets	4	2	*11.56	+11.00	Nordiol 28	WY
1457Q	Pack containing 11 tablets 50 micrograms-50 micrograms and 10 tablets 125 micrograms- 50 micrograms	4	2	*11.56	+11.00	Biphasil 21	WY
	(continued)						

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1458R	LEVONORGESTREL with ETHINYLLOESTRADIOL - cont. Pack containing 11 tablets 50 micrograms-50 micrograms, 10 tablets 125 micrograms- 50 micrograms and 7 inert tablets	4	2	*11.56	+11.00	Biphasil 28 Sequilar ED	WY SC
1391F	Pack containing 6 tablets 50 micrograms-30 micrograms, 5 tablets 75 micrograms- 40 micrograms and 10 tablets 125 micrograms-30 micrograms	4	2	*11.56	+11.00	Triphasil Triquilar	WY SC
1392G	Pack containing 6 tablets 50 micrograms-30 micrograms, 5 tablets 75 micrograms- 40 micrograms, 10 tablets 125 micrograms-30 micrograms and 7 inert tablets	4	2	*11.56	+11.00	Triphasil 28 Triquilar ED	WY SC
2875H	LIGNOCAINE Injection 100mg in 5mL	4	..	7.73	8.36	Xylocard 100	AP
2861N	I.M. 300mg in 3mL	1	..	7.73	8.36	Xylocard 300 I.M.	AP
2876J	Infusion 500mg in 5mL	5	..	7.73	8.36	Xylocard 500	AP
3084H	LINCOMYCIN Injection 300mg in 1mL	5	..	12.44	+11.00	Lincocin SS Paediatric	UP
2530E	600mg in 2mL	5	..	14.44	+11.00	Lincocin	UP
1175W	LINDANE Cream 10mg per g (1%), 200g	4	2	6.52	7.15	Lorexane	IC
1176X	Head Lotion 2mg per mL (0.2%), 200mL	4	..	5.58	6.21	Lorexane	IC
1178B	Lotion Concentrate 10mg per mL (1%), 200mL	4	..	6.52	7.15	Lorexane Concentrate	IC
2318B	LIOTHYRONINE Tablet 20 micrograms	100	2	8.27	8.90	Tertroxin	GL
3059B	LITHIUM CARBONATE Tablet 250mg	200	2	*8.60 *8.70	9.23 9.33	Lithicarb Carbolith	PT DH
3060C	400mg (sustained release)	200	1	*14.70	+11.00	Priadel	PT
1571Q	LOPERAMIDE HYDROCHLORIDE Capsule 2mg	12	..	4.53	5.50	Imodium	JC

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	LYPRESSIN To be prescribed on an authority prescription.						
2401J	Nasal Spray 50 units per mL, 5mL	10	2	*132.54	+11.00	Vasopressin	SZ
2321E	MEDROXYPROGESTERONE Tablet 10mg	30	5	12.90	+11.00	Provera	UP
2722G	MEDROXYPROGESTERONE Tablet 10mg	100	2	30.14	+11.00	Provera	UP
2319C	Injection 50mg in 1mL	1	..	6.53	7.16	Depo-Provera	UP
3118D	150mg in 1mL	1	..	11.24	+11.00	Depo-Provera	UP
2322F	500mg in 2.5mL	1	..	41.40	+11.00	Farlutal	FE
	MEDROXYPROGESTERONE To be prescribed on an authority prescription.						
2725K	Tablet 100mg	100	2	85.28	+11.00	Farlutal Provera	FE UP
2316X	200mg	60	2	97.09	+11.00	Farlutal Provera	FE UP
2727M	250mg	60	2	120.69	+11.00	Provera	UP
2728N	500mg	30	2	120.69	+11.00	Farlutal Provera	FE UP
2317Y	Oral Suspension 100mg per mL, 100mL	±1	2	85.28	+11.00	Provera	UP
3197G	MEDRYSONE Eye Drops 10mg per mL (1%), 5mL	±1	6	5.94	6.57	HMS Liquifilm	AG
1824B	MEFENAMIC ACID Capsule 250mg	50	2	5.94 6.19	6.57 6.82	Mefic Ponstan	AF PD
1823Y	MEFRUSIDE Tablet 25mg	100	1	*9.72	10.35	Baycaron	BN
2731R	MEGESTROL ACETATE To be prescribed on an authority prescription.						
	Tablet 40mg	100	2	68.62	+11.00	Megostat	BC
	MELPHALAN To be prescribed on an authority prescription.						
2547C	Tablet 2mg	100	..	*78.36	+11.00	Alkeran	BW
2548D	5mg	100	..	*129.96	+11.00	Alkeran	BW

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	MERCAPTOPURINE To be prescribed on an authority prescription.						
1598D	Tablet 50mg	100	2	*94.48	+11.00	Purinethol	BW
	METFORMIN						
2430X	Tablet 500mg	100	5	10.19 10.44	10.82 11.00	Diaformin Diabex Glucophage	AF FC LH
	METHACYCLINE						
2397E	Capsule 150mg	21	1	6.53	7.16	Rondomycin	WW
2901Q	300mg	10	1	6.53	7.16	Rondomycin	WW
	METHADONE CAUTION: The risk of drug dependence is high.						
1608P	Tablet 5mg	20	..	6.95	7.58	Physeptone	BW
1609Q	10mg	20	..	7.35	7.98	Physeptone	BW
1606M	Injection 10mg in 1mL	5	..	10.14	10.77	Physeptone	BW
	METHDILAZINE						
1612W	Tablet 4mg	100	2	*7.16	7.79	Dilosyn	GL
1613X	8mg	100	2	*8.64	9.27	Dilosyn	GL
	METHENOLONE ACETATE To be prescribed on an authority prescription.						
1620G	Tablet 5mg	100	3	*19.64	+11.00	Primobolan	SC
	METHOTREXATE To be prescribed on an authority prescription.						
1622J	Tablet 2.5mg	100	2	20.05 20.30	+11.00 +11.00	Methoblastin Ledertrexate	FE LE
1623K	10mg	100	2	70.57	+11.00	Methoblastin	FE
2396D	Injection 5mg in 2mL	5	..	*50.04 50.04	+11.00 +11.00	Ledertrexate Methoblastin	LE FE
2394B	Injection 50mg (solvent required) (codes 6747D, 6748E, 6749F, 6750G, 6751H, 6752J apply to above item with approved solvents)	5	..	*68.19	+11.00	Ledertrexate	LE
2395C	Injection 50mg in 2mL	5	..	57.79 57.82 *57.84	+11.00 +11.00 +11.00	BL Methoblastin Ledertrexate	FE LE
	METHSUXIMIDE To be prescribed on an authority prescription.						
2398F	Capsule 300mg	200	2	48.39	+11.00	Celontin	PD

Code	Name, Restriction, Manner of Administration and Form	Max. Qty.	No. of Rpts	Dispensed Price for Max. Qty. \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
1624L	METHYCLOTHIAZIDE Tablet 2.5mg	100	1	*7.56	8.19	Enduron-M	AB
1625M	5mg	100	1	*8.16	8.79	Enduron	AB
3194D	METHYLDOPA Tablet 125mg	100	5	7.93	8.56	Aldomet-M	MK
1629R	250mg	100	5	10.67 11.14	11.00 +11.00	Hydopa Aldomet Methopa	AF MK US
1634B	METHYLPHENOBARBITONE Tablet 60mg	200	2	8.27	8.90	Prominal	WL
1635C	200mg	200	2	19.14	+11.00	Prominal	WL
1928L	METHYLPREDNISOLONE ACETATE Injection 40mg in 1mL	5	..	18.89	+11.00	Depo-Medrol	UP
2981X	METHYLPREDNISOLONE SODIUM SUCCINATE Injection 40mg (base) in 1mL	5	..	23.04	+11.00	Solu-Medrol	UP
1641J	METHYL SALICYLATE Liniment APF, 100mL	‡1	1	4.28 4.30 4.32 4.34	5.50 5.50 5.50 5.50	Linsal TO MG Emsalin NN,PR,QE(NQ)	SI DH
3151W	METHYLTESTOSTERONE Tablet 5mg	100	2	5.84	6.47	Testomet	PT
2112E	25mg	100	2	9.03	9.66	Testomet	PT
2113F	50mg	100	2	12.84	+11.00	Testomet	PT
2826R	METHYSERGIDE Tablet 1mg	100	2	28.27	+11.00	Deseril	SZ
1207M	METOCLOPRAMIDE HYDROCHLORIDE Tablet 10mg	25	..	4.53 4.72 4.78	5.50 5.50 5.50	Pramin Metamide Maxolon	AF PT BR
1205K	Syrup 5mg per 5mL, 100mL	‡1	..	4.85	5.50	Maxolon	BR
1206L	Injection 10mg in 2mL	10	..	6.39	7.02	Maxolon	BR
1203H	METOLAZONE Tablet 2.5mg	100	1	*7.82	8.45	Diulo	SR
1324Q	METOPROLOL Tablet 50mg	100	5	11.79	+11.00	Betaloc Lopresor 50	AP CG
1325R	100mg	60	5	13.63	+11.00	Betaloc Lopresor 100	AP CG

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1638F	METRONIDAZOLE Intravenous Infusion 500mg in 100mL	1	..	16.05	+11.00	Flagyl BL MB
1621H	Tablet 400mg	21	1	8.20 8.27	8.83 8.90	Metrogyl 400 Flagyl AF MB
1636D	METRONIDAZOLE Tablet 200mg	21	1	5.57 5.60	6.20 6.23	Metrogyl 200 Trichazole Flagyl AF MB SR
1631W	250mg	21	1	5.60	6.23	Protostat JC
1626N	400mg	5	1	4.89 5.14	5.52 5.77	Metrogyl 400 Flagyl Statpack AF MB
1632X	500mg	4	1	5.18	5.81	Protostat JC
1642K	Suppositories 500mg, 10	‡1	..	11.28 11.40	+11.00 +11.00	Trichazole Flagyl PT MB
1643L	1g, 10	‡1	..	15.14	+11.00	Flagyl MB
1630T	METRONIDAZOLE BENZOATE Suspension 320mg per 5mL (equivalent to 200mg metronidazole in 5mL), 100mL	‡1	..	9.37	10.00	Flagyl S MB
1682M	MEXILETINE HYDROCHLORIDE Capsule 50mg	100	5	16.89	+11.00	Mexitil BY
1683N	200mg	100	5	34.52	+11.00	Mexitil BY
1627P	MIANSERIN HYDROCHLORIDE To be prescribed on an authority prescription. CAUTION: Neutropenia and agranulocytosis continue to be reported with this drug.	50	5	12.32	+11.00	Tolvon OR
1628Q	20mg	50	5	20.59	+11.00	Tolvon OR
1274C	MICONAZOLE Oral Gel 20mg per mL (2%), 20g	‡1	1	5.87	6.50	Daktarin JC
1286Q	Tincture 20mg per mL (2%), 20mL	‡1	1	5.87	6.50	Daktarin JC
1276E	MICONAZOLE NITRATE Cream 20mg per g (2%), 20g	‡1	1	5.87	6.50	Daktarin Monistat Derm JP CL
1282L	Lotion 20mg per mL (2%), 20g	‡1	1	5.87	6.50	Daktarin JC
	(continued)					

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1277F	MICONAZOLE NITRATE - cont. Pessaries 100mg, 7	‡1	..	6.57	7.20	Gyno-Daktarin 7 Monistat 7	JP CL
1275D	200mg, 3	‡1	..	6.57	7.20	Monistat 3	JC
1273B	Vaginal Cream 100mg per 5g (2%), 40g	‡1	..	6.53	7.16	Gyno-Daktarin 7 Monistat 7	JP CL
	MILK POWDER - LACTOSE MODIFIED To be prescribed on an authority prescription.						
1284N	Lactose-Predigested Powder 500g	2	20	*16.22	+11.00	Digestelact	SJ
	MILK POWDER - LOW LACTOSE FORMULA Lactose-Predigested Powder						
1283M	Infant Formula 500g	2	..	*16.22	+11.00	De-Lact Infant	SJ
	MILK POWDER - SYNTHETIC To be prescribed on an authority prescription.						
3092R	Low Calcium Compound Powder 450g	2	20	*25.64	+11.00	Locasol New Formula	KY
	MINERAL MIXTURE (For use with Amino Acid Formula without Phenylalanine)						
1451J	Powder 250g	‡1	5	40.14	+11.00	Aminogran M.M.	GL
3037W	MINOCYCLINE Capsule 100mg	11	..	7.19	7.82	Minomycin	LE
	MINOXIDIL To be prescribed on an authority prescription.						
2313R	Tablet 10mg	100	5	48.52	+11.00	Loniten	UP
2314T	25mg	100	5	108.89	+11.00	Loniten	UP
	MISOPROSTOL To be prescribed on an authority prescription. CAUTION: Misoprostol is a prostaglandin analogue. It should not be used in pregnant women.						
1648R	Tablet 200 micrograms	120	1	43.39	+11.00	Cytotec	SR
	MITHRAMYCIN To be prescribed on an authority prescription.						
1924G	Injection 2.5mg (solvent required) (codes 6753K, 6754L, 6755M, 6756N, 6757P, 6758Q apply to above item with approved solvents)	5	..	*163.84	+11.00	Mithracin	PF

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	MITOZANTRONE To be prescribed on an authority prescription.						
1929M	Injection 20mg in 10mL	1	..	306.39	+11.00	Novantrone	LE
1930N	25mg in 12.5mL	1	..	382.64	+11.00	Novantrone	LE
1931P	30mg in 15mL	1	..	456.39	+11.00	Novantrone	LE
	MORPHINE with TACRINE CAUTION: The risk of drug dependence is high.						
1667R	Tablet 30mg-15mg	20	..	9.65	10.28	Mortha	WH
	MORPHINE SULPHATE CAUTION: The risk of drug dependence is high.						
1646P	Tablet 30mg	20	..	7.77	8.40	Anamorph	FM
	MORPHINE SULPHATE CAUTION: The risk of drug dependence is high.						
1644M	Injection 10mg in 1mL	5	..	6.43	7.06	BL,BT,SI	
1645N	15mg in 1mL	5	..	6.55	7.18	BL,BT,SI	
1647Q	30mg in 1mL	5	..	6.94	7.57	BL	
	MUSTINE Injection 10mg (solvent required) (codes 6759R, 6760T, 6761W, 6762X, 6763Y, 6764B apply to above item with approved solvents)	4	..	*39.04	+11.00	BT	
2451B	NALIDIXIC ACID Tablet 500mg	56	2	15.04	+11.00	Negram	WL
1670X	NALOXONE HYDROCHLORIDE Injection 40 micrograms in 2mL	5	..	30.98	+11.00	Narcan Neonatal	BT
1751E	400 micrograms in 1mL	1	..	11.19	+11.00	Naloxone Min-I-Jet	CS
1752F	800 micrograms in 2mL	1	..	13.87	+11.00	Naloxone Min-I-Jet	CS
1753G	2mg in 5mL	1	..	23.60	+11.00	Naloxone Min-I-Jet	CS
	NANDROLONE DECANOATE To be prescribed on an authority prescription.						
1671Y	Injection 50mg in 1mL, disposable syringe	1	3	14.44	+11.00	Deca-Durabolin	OR

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	NANDROLONE PHENYLPROPIONATE To be prescribed on an authority prescription.						
1672B	Injection 25mg in 1mL	3	3	14.44	+11.00	Durabolin	OR
1317H	NAPHAZOLINE HYDROCHLORIDE Eye Drops 1mg per mL (0.1%), 15mL	‡1	2	5.39	6.02	Albalon Liquifilm	AG
1674D	NAPROXEN Tablet 250mg	50	3	8.27 8.89	8.90 9.52	Naxen Naprosyn	AF SD
1659H	500mg	50	3	12.32	+11.00	Naprosyn	SD
1662L	Suppository 500mg	40	3	*19.56	+11.00	Naprosyn	SD
2325J	NEOMYCIN Tablet 500mg	25	1	11.03	+11.00	Neosulf	PT
1673C	NEOMYCIN SULPHATE Eye Drops 5mg (3.5mg base) per mL (0.5%), 10mL	‡1	2	4.89	5.52	Neopt	SI
2296W	NEOMYCIN UNDECENOATE with BACITRACIN ZINC Ear Ointment 12mg (3.5mg base)- 400 units per g, 10g	‡1	..	4.65	5.50	Nemdyn	HA
1675E	NEOSTIGMINE Tablet 15mg	200	1	*13.54	+11.00	Prostigmin	RO
1676F	Injection 500 micrograms in 1mL	5	3	5.92	6.55	Prostigmin	RO
1677G	2.5mg in 1mL	5	3	6.34	6.97	Prostigmin	RO
1680K	NICLOSAMIDE Tablet 500mg	4	..	5.54	6.17	Yomesan	BN
1681L	NICLOSAMIDE Tablet 500mg	16	..	*14.24	+11.00	Yomesan	BN
1684P	NICOTINIC ACID Tablet 25mg	100	2	4.25	5.50	Nikacid DH	US
1685Q	50mg	100	2	4.34	5.50	Nikacid DH,RT,SI	US
1686R	100mg	100	2	4.47	5.50	Nikacid DH	US
1687T	250mg	100	2	6.54	7.17	DH	

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	NIFEDIPINE CAUTION: Nifedipine tablets and nifedipine capsules have different absorption profiles and these formulations should be interchanged with caution.						
1695F	Tablet 20mg	60	5	27.39	+11.00	Adalat 20	BN
1678H	Capsule 5mg	100	5	17.64	+11.00	Adalat 5	BN
1688W	10mg	100	5	17.99 23.27	+11.00 +11.00	Anpine Adalat	AF BN
	NITRAZEPAM To be prescribed on an authority prescription.						
2732T	Tablet 5mg	50	5	*5.22 *5.72	5.85 6.35	Alodorm Mogadon	AF RO
2723H	NITRAZEPAM Tablet 5mg	25	..	3.93 4.18	5.50 5.50	Alodorm Mogadon	AF RO
	NITROFURANTOIN CAUTION: Nitrofurantoin may cause peripheral neuritis and severe pulmonary reactions.						
1689X	Tablet 50mg	25	1	6.23	6.86	Furadantin	NW
1690Y	100mg	25	1	8.10	8.73	Furadantin	NW
1692C	Capsule 50mg	30	1	7.37	8.00	Macrochantin	NW
1693D	100mg	30	1	9.64	10.27	Macrochantin	NW
1691B	Paediatric Suspension 25mg per 5mL, 200mL	1	..	9.02	9.65	Furadantin	NW
1967M	NORETHISTERONE Tablet 350 micrograms, 28	4	2	*11.56	+11.00	Micronor Noriday 28 Day	JC SD
2993M	5mg	30	5	10.90	11.00	Primolut N	SC
2772X	NORETHISTERONE with ETHINYLOESTRADIOL Tablet 500 micrograms-35 micrograms, 21	4	2	*11.56	+11.00	Brevinor Modicon	SD JC
2773Y	1mg-35 micrograms, 21	4	2	*11.56	+11.00	Brevinor-1	SD
2774B	Pack containing 21 tablets 500 micrograms-35 micrograms and 7 inert tablets	4	2	*11.56	+11.00	Brevinor	SD
	(continued)						

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2775C	NORETHISTERONE with ETHINYLOESTRADIOL - cont. Pack containing 21 tablets lmg- 35 micrograms and 7 inert tablets	4	2	*11.56	+11.00	Brevinor-1	SD
2771W	Pack containing 12 tablets 500 micrograms-35 micrograms and 9 tablets lmg-35 micrograms	4	2	*11.56	+11.00	Synphasic 21 day	SD
2776D	Pack containing 12 tablets 500 micrograms-35 micrograms, 9 tablets lmg-35 micrograms and 7 inert tablets	4	2	*11.56	+11.00	Synphasic	SD
3176E	NORETHISTERONE with MESTRANOL Tablet lmg-50 micrograms, 21	4	2	*11.56	+11.00	Norinyl-1 Ortho-Novum 1/50	SD JC
3179H	Pack containing 21 tablets lmg- 50 micrograms and 7 inert tablets	4	2	*11.56	+11.00	Norinyl-1/28	SD
	NORETHISTERONE ACETATE To be prescribed on an authority prescription.						
2865T	Tablet 10mg	100	2	65.98	+11.00	SH420	SC
3010K	NORFLOXACIN Tablet 400mg	14	1	21.53	+11.00	Noroxin	MK
2522R	NORTRIPTYLINE Tablet 10mg	50	2	4.47	5.50	Allegron Nortab	DL SQ
2523T	25mg	50	2	5.24	5.87	Allegron Nortab	DL SQ
2524W	Paediatric Elixir 10mg per 5mL, 100mL	‡1	4	6.54	7.17	Allegron	DL
	NUTRAMIGEN - see PROTEIN HYDROLYSATE FORMULA						
1696G	NYSTATIN Tablet 500,000 units	50	..	9.97	10.60	Mycostatin Nilstat	SQ LE
1699K	Capsule 500,000 units	50	..	9.97	10.60	Mycostatin Nilstat	SQ LE
3032N	Lozenge 100,000 units	20	1	4.97	5.60	Nilstat	LE
3033P	Mixture 100,000 units per mL, 24mL	‡1	1	5.49	6.12	Mycostatin Nilstat	SQ LE
1698J	Cream 100,000 units per g, 15g	‡1	1	4.84	5.50	Mycostatin Nilstat	SQ LE
1318J	Gel 100,000 units per g, 15g	‡1	1	4.84	5.50	Mycostatin	SQ
	(continued)						

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1179C	NYSTATIN - cont. Ointment 100,000 units per g, 15g	‡1	1	4.84	5.50	Mycostatin Nilstat	SQ LE
1697H	Pessaries 100,000 units, 15	‡1	1	5.72	6.35	Mycostatin Nilstat	SQ LE
1660J	Cream Pessaries 100,000 units, 15	‡1	1	5.72	6.35	Nilstat	LE
3102G	Vaginal Cream 100,000 units per dose, 15 doses, 75g	‡1	1	5.35	5.98	Mycostatin Nilstat	SQ LE
1663M	OESTRADIOL VALERATE Tablets 1mg, 28	2	2	*8.30	8.93	Progynova	SC
1664N	2mg, 28	2	2	*10.32	10.95	Progynova	SC
1061W	Injection 10mg in 1mL	3	..	17.40	+11.00	Primogyn Depot	SC
1733F	OESTROGENS - CONJUGATED Tablets 300 micrograms, 28	2	2	*8.30	8.93	Premarin	AY
1734G	625 micrograms, 28	2	2	*10.32	10.95	Premarin	AY
1700L	OESTRONE Pessaries 100 micrograms, 12	‡1	1	7.39	8.02	Kolpon	OR
1701M	1mg, 12	‡1	1	7.97	8.60	Kolpon	OR
1728Y	OLSALAZINE SODIUM To be prescribed on an authority prescription. Capsule 250mg	100	5	58.89	+11.00	Dipentum	PS
2627G	ORPHENADRINE HYDROCHLORIDE Tablet 50mg	200	2	*12.56	+11.00	Disipal	RK
3134Y	OXAZEPAM To be prescribed on an authority prescription. Tablet 15mg	50	5	*5.40 *5.54	6.03 6.17	Alepam 15 Murelax Serepax	AF AY WY
3135B	30mg	50	5	*5.90 *6.04	6.53 6.67	Alepam 30 Murelax Serepax	AF AY WY
3132W	OXAZEPAM Tablet 15mg	25	..	4.02 4.09	5.50 5.50	Alepam 15 Murelax Serepax	AF AY WY
3133X	30mg	25	..	4.27 4.34	5.50 5.50	Alepam 30 Murelax Serepax	AF AY WY

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2942W	OXPRENOLOL Tablet 20mg	100	5	6.78 7.37	7.41 8.00	Corbeton 20 Trasicor 20	AF CG
2961W	40mg	100	5	8.84 9.14	9.47 9.77	Corbeton 40 Trasicor 40	AF CG
2941T	Injection 2mg (solvent required) (codes 6771J, 6772K, 6773L, 6774M, 6775N, 6776P apply to above item with approved solvents)	5	..	8.67	9.30	Trasicor	CG
	OXYCODONE CAUTION: The risk of drug dependence is high.						
2481N	Suppositories 30mg, 12	+1	..	14.79	+11.00	Proladone	BT
	OXYCODONE HYDROCHLORIDE CAUTION: The risk of drug dependence is high.						
2622B	Tablet 5mg	20	..	6.39	7.02	Endone	BT
	OXYMETHOLONE To be prescribed on an authority prescription.						
2902R	Tablet 50mg	100	5	94.20	+11.00	Anapolon	SD
2903T	100mg	100	5	152.64	+11.00	Adroyd	PD
	OXYTOCIN						
1727X	Injection 2 units in 2mL	5	..	7.78	8.41	Syntocinon	SZ
1729B	5 units in 1mL	5	..	7.05	7.68	Syntocinon	SZ
1730C	10 units in 1mL	5	..	8.05	8.68	Syntocinon	SZ
	OXYTOCIN with ERGOMETRINE						
2400H	Injection 5 units and 500 micrograms in 1mL	5	..	7.89	8.52	Syntometrine	SZ
	PANCREATIN ENZYME						
1735H	Tablet providing not less than 6,500 BP units of lipase activity	500	10	34.14	+11.00	Viokase	RS
1737K	Capsule providing not less than 6,500 BP units of lipase activity	500	10	38.05	+11.00	Viokase	RS
	PANCRELIPASE						
2496J	Capsule providing not less than 5,000 BP units of lipase activity	500	10	*102.50	+11.00	Pancrease	JC
2495H	Capsule providing not less than 10,000 BP units of lipase activity	500	10	*150.50	+11.00	Cotazym S Forte	OR

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	PAPAVERTUM CAUTION: The risk of drug dependence is high.						
1739M	Injection 20mg in 1mL	5	..	6.62	7.25	Omnopon	RO
	PAPAVERTUM with HYOSCINE HYDROBROMIDE CAUTION: The risk of drug dependence is high.						
1741P	Injection 20mg-400 micrograms in 1mL	5	..	7.00	7.63	Omnopon- Scopolamine	RO
1746X	PARACETAMOL Tablet 500mg	100	1	5.13	5.76	Dymadon Panacete Panamax Paralgin PCL	BW PR WL FM DH
1747Y	Mixture 120mg per 5mL, 100mL	1	2	4.25	5.50	Dymadon Panamax	BW WL
1754H	PARAFFIN Compound Eye Ointment 3.5g	2	3	*7.24	7.87	Duratears	AQ
1750D	7g Cream and Ointment - Colostomy and Ileostomy - See Section 3	2	3	*9.64	10.27	Lacri-Lube S.O.P.	AG
	PENICILLAMINE To be prescribed on an authority prescription.						
2721F	Tablet 125mg	100	1	28.02	+11.00	D-Penamine	DL
2838J	250mg	100	1	45.14	+11.00	D-Penamine	DL
	PERHEXILINE MALEATE To be prescribed on an authority prescription.						
1822X	Tablet 100mg	100	5	19.49	+11.00	Pexid	ML
3052P	PERICYAZINE Tablet 2.5mg	200	..	*11.14	+11.00	Neulactil	MB
3053Q	10mg	100	1	10.02	10.65	Neulactil	MB
	PERITONEAL DIALYSIS SOLUTION Injections						
2407Q	with 76mmol per L glucose (1.5%), 1L, 12	2	1	*104.64	+11.00	Dianeal	BX
2403L	with 76mmol per L glucose (1.5%), 2L, 6	2	1	*77.64	+11.00	Dianeal	BX
	(continued)						

Code	Name, Restriction, Manner of Administration and Form	Max. Qty.	No. of Rpts	Dispensed Price for Max. Qty. \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
	PERITONEAL DIALYSIS SOLUTION - cont. Injections						
2404M	with 126mmol per L glucose (2.5%), 1L, 12	2	1	*104.64	+11.00	Dianeal	BX
2406P	with 126mmol per L glucose (2.5%), 2L, 6	2	1	*77.64	+11.00	Dianeal	BX
2408R	with 214mmol per L glucose (4.25%), 1L, 10	2	1	*87.64	+11.00	Dianeal	BX
2409T	with 214mmol per L glucose (4.25%), 2L, 6	2	1	*77.64	+11.00	Dianeal	BX
	PETHIDINE To be prescribed on an authority prescription. CAUTION: The risk of drug dependence is high.						
1827E	Tablet 50mg	20	..	6.90	7.53	SI	
	PETHIDINE CAUTION: The risk of drug dependence is high.						
1828F	Injection 50mg in 1mL	5	..	6.45	7.08	BL,BT,SI	
1829G	100mg in 2mL	5	..	6.63	7.26	BL,BT,SI	
	PHENELZINE CAUTION: This drug is a monoamine oxidase inhibitor.						
2856H	Tablet 15mg	50	2	7.72	8.35	Nardil	WW
	PHENETHICILLIN						
1840W	Tablet 250mg	25	1	6.54	7.17	Pensig	SI
1838R	Capsule 250mg	25	1	6.54	7.17	Pensig	SI
3088M	500mg	25	1	7.39	8.02	Pensig	SI
	Powder for Syrup						
3120F	125mg per 5mL, 100mL	±1	1	#7.06	7.97	Pensig 125	SI
3121G	250mg per 5mL, 100mL	±1	..	#7.83	8.74	Pensig 250	SI
	PHENETHICILLIN						
1707W	Tablet 250mg	50	5	*10.44	11.00	Pensig	SI
1709Y	Capsule 250mg	50	5	*10.44	11.00	Pensig	SI
	PHENINDIONE						
1843B	Tablet 10mg	100	2	7.44	8.07	Dindevan	GL
1844C	50mg	100	2	12.78	+11.00	Dindevan	GL

Code	Name, Restriction, Manner of Administration and Form	Max. Qty.	No. of Rpts	Dispensed Price for Max. Qty. \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
1850J	PHENOBARBITONE Tablet 30mg	200	4	4.84	5.50	DH,FM,SI	
1853M	PHENOBARBITONE SODIUM Injection 200mg in 1mL	5	..	6.12	6.75	FM	
	PHENOXYBENZAMINE To be prescribed on an authority prescription.						
1862B	Capsule 10mg	100	5	15.04	+11.00	Dibenyline	SK
1786B	PHENOXYMETHYLPENICILLIN Tablet 125mg	25	1	5.25	5.88	Abbocillin-V	AB
1787C	250mg	25	1	5.38	6.01	Abbocillin-VK Cilicaine VK LPV PVK	AB SI CS LY
3028J	500mg	25	1	6.32 6.44	6.95 7.07	P.V.O. Abbocillin-VK LPV PVK	FM AB CS LY
1789E	Capsule 250mg	25	1	5.38	6.01	Abbocillin-VK Cilicaine VK LPV PVK	AB SI CS LY
2965C	500mg	25	1	6.44	7.07	Cilicaine VK LPV	SI CS
2356B	Paediatric Suspension 125mg per 5mL, 100mL	†1	1	5.13	5.76	Abbocillin-V Cilicaine V LPV 125	AB SI CS
2354X	Suspension 250mg per 5mL, 100mL	†1	1	5.75	6.38	Abbocillin-V Cilicaine V LPV 250	AB SI CS
1702N	PHENOXYMETHYLPENICILLIN Tablet 125mg	50	5	*7.86	8.49	Abbocillin-V	AB
1703P	250mg	50	5	*8.12	8.75	Abbocillin-VK Cilicaine VK LPV PVK	AB SI CS LY
1705R	Capsule 250mg	50	5	*8.12	8.75	Abbocillin-VK Cilicaine VK LPV PVK	AB SI CS LY
	PHENSUXIMIDE To be prescribed on an authority prescription.						
1863C	Capsule 500mg	200	2	49.27	+11.00	Milontin	PD

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1865E	PHENYLALANINE LOW CONTENT FORMULA Powder 1 lb	5	5	*131.89	+11.00	Lofenalac	MJ
2829X	PHENYLEPHRINE Eye Drops 1.2mg per mL (0.12%), 15mL	†1	2	5.39	6.02	Isopto Frin Prefrin	AQ AG
2455F	Compound Ointment 60g	†1	1	4.94	5.57	Hemorex	RL
1869J	Compound Suppositories, 12	†1	1	4.94	5.57	Hemorex	RL
1249R	PHENYTOIN Tablet 50mg	200	2	10.63	11.00	Dilantin Infatabs	PD
2692Q	Paediatric Suspension 30mg per 5mL, 500mL	†1	3	8.30	8.93	Dilantin	PD
1873N	PHENYTOIN SODIUM Capsule 30mg	200	2	10.57	11.00	Dilantin Sodium	PD
1874P	100mg	200	2	10.67	11.00	Dilantin Sodium	PD
1881B	PHYTOMENADIONE Injection 1mg	5	..	6.00	6.63	Konakion	RO
1882C	10mg	5	..	8.74	9.37	Konakion	RO
	PILOCARPINE To be prescribed on an authority prescription.						
2777E	Eye Disc 5mg (releasing 20 micrograms per hour)	8	5	39.24	+11.00	Ocusert Pilo 20	PT
2782K	Eye Disc 11mg (releasing 40 micrograms per hour)	8	5	39.24	+11.00	Ocusert Pilo 40	PT
2778F	PILOCARPINE HYDROCHLORIDE Eye Drops 5mg per mL (0.5%), 15mL	2	3	*8.96	9.59	Isopto Carpine Pilopt P.V. Carpine IQ	AQ SI AG
2595N	10mg per mL (1%), 15mL	2	3	*9.16	9.79	Isopto Carpine Pilopt P.V. Carpine IQ	AQ SI AG
2596P	20mg per mL (2%), 15mL	2	3	*10.76	11.00	Isopto Carpine Pilopt P.V. Carpine IQ	AQ SI AG
	(continued)						

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2597Q	PILOCARPINE HYDROCHLORIDE - cont. Eye Drops 30mg per mL (3%), 15mL	2	3	*13.14	+11.00	Isopto Carpine Pilopt P.V. Carpine IQ	AQ SI AG
2598R	40mg per mL (4%), 15mL	2	3	*14.26	+11.00	Isopto Carpine Pilopt P.V. Carpine IQ	AQ SI AG
2779G	60mg per mL (6%), 15mL	2	3	*16.90	+11.00	Isopto Carpine Pilopt P.V. Carpine	AQ SI AG
3062E	PINDOLOL Tablet 5mg	100	5	10.45 10.70	11.00 11.00	Barbloc 5 Visken	AF SZ
3065H	15mg	50	5	13.89 14.14	+11.00 +11.00	Barbloc 15 Visken	AF SZ
3063F	Injection 400 micrograms in 2mL	5	..	8.67	9.30	Visken	SZ
1777M	PIPERAZINE OESTRONE SULPHATE Tablets 730 micrograms (equivalent to 625 micrograms sodium oestrone sulphate), 28	2	2	*8.30	8.93	Ogen .625	AB
1778N	1.46mg (equivalent to 1.25mg sodium oestrone sulphate), 28	2	2	*10.32	10.95	Ogen 1.25	AB
1897W	PIROXICAM Capsule 10mg	50	3	12.78	+11.00	Feldene	PF
1898X	20mg	25	3	12.32	+11.00	Feldene	PF
3074T	PIZOTIFEN MALATE Tablet 500 micrograms (base)	100	2	15.27	+11.00	Sandomigran	SZ
1902D	PNEUMOCOCCAL VACCINE, POLYVALENT Injection 0.5mL (17 valent)	1	..	14.05	+11.00	Moniarix	SK
1903E	0.5mL (23 valent)	1	..	18.87	+11.00	Pneumovax 23	CS
	POLYGELINE See Intravenous Infusions						
1908K	POLYMYXIN B SULPHATE with BACITRACIN and NEOMYCIN Ear Drops 10,000 units-500 units- 3.5mg (base) per mL, 15mL	≠1	..	5.77	6.40	Neotracin	JC
1910M	Eye Ointment 5,000 units- 400 units-5mg per g, 4g	≠1	..	4.53 4.88	5.50 5.51	Mycitracin Neosporin	UP BW

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1911N	POLYMYXIN B SULPHATE with NEOMYCIN and GRAMICIDIN Eye Drops 5,000 units-2.5mg-25 micrograms per mL, 10mL	†1	2	4.97	5.60	Neosporin	BW
2790W	POLYMYXIN B SULPHATE with NEOMYCIN and HYDROCORTISONE Ear Drops 10,000 units-3.5mg (base)-10mg per mL, 7mL	†1	2	4.82	5.50	Aerocortin	BW
2682E	POLYVINYL ALCOHOL Eye Drops 14mg per mL (1.4%), 15mL	2	3	*8.74	9.37	Liquifilm Tears	AG
2681D	30mg per mL (3%), 15mL	2	3	*10.14	10.77	Liquifilm Forte	AG
2675T	POLYVINYL ALCOHOL with POVIDONE Eye Drops 14mg-6mg per mL (1.4%-0.6%), 15mL	2	3	*8.80	9.43	Tears Plus	AG
2642C	POTASSIUM CHLORIDE NOTE: Concomitant amiloride, triamterene or spironolactone may cause life-threatening hyperkalaemia. Tablet 600mg (sustained release)	200	1	*7.64 *8.10	8.27 8.73	K-San KSR Slow-K Span-K	PR AF CG PT
3012M	Effervescent Tablet 14mmol K ⁺ and 8mmol Cl ⁻	60	1	*8.10	8.73	Chlorvescent	PT
2625E	Elixir 1.5g (20mmol K ⁺ and 20mmol Cl ⁻) per 15mL, 500mL	2	1	*8.10	8.73	Kay Ciel	SC
2336Y	PRALIDOXIME IODIDE Injection 500mg	5	..	14.89	+11.00	AB	
1479W	PRAZOSIN HYDROCHLORIDE Tablet 1mg (base)	100	5	10.33	10.96	Minipress	PF
1480X	2mg (base)	100	5	13.44	+11.00	Minipress	PF
1478T	5mg (base)	100	5	21.77	+11.00	Minipress	PF
3152X	PREDNISOLONE Tablet 1mg	100	4	4.97	5.60	Panafcortelone	PT
1917X	5mg	60	4	5.24	5.87	Adnisolone Delta-Cortef Deltasolone Panafcortelone Solone	NN UP US PT FM
1916W	25mg	30	4	6.13 6.14	6.76 6.77	Panafcortelone Solone	PT FM

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1919B	PREDNISOLONE ACETATE Injection 10mg in 1mL	5	..	*17.44	+11.00	Scherisolon	SC
2684G	PREDNISOLONE ACETATE Eye Drops 5mg per mL (0.5%), 5mL	†1	6	5.43	6.06	Sterofrin	AQ
3112T	PREDNISOLONE ACETATE with PHENYLEPHRINE Eye Drops 10mg-1.2mg per mL (1%-0.12%), 10mL	†1	2	8.08	8.71	Prednefrin Forte	AG
1920C	PREDNISOLONE SODIUM PHOSPHATE To be prescribed on an authority prescription. Retention Enema 20mg in 100mL	28	3	*76.28	+11.00	Predsol	GL
2554K	Suppositories equivalent to 5mg prednisolone, 10	3	3	*19.83	+11.00	Predsol	GL
1922E	PREDNISOLONE SODIUM PHOSPHATE Eye and Ear Drops 5mg per mL (0.5%), 5mL	†1	6	5.43	6.06	Predsol	GL
3099D	PREDNISOLONE STEAROYLGLYCOLATE Tablet 6.65mg	60	1	*7.52	8.15	Sintisone	FE
1934T	PREDNISON Tablet 1mg	100	4	4.97	5.60	Panafcort	PT
1935W	5mg	60	4	5.24	5.87	Adasone Deltasone Panafcort Sone DH	NN US PT FM
1936X	25mg	30	4	6.13 6.14	6.76 6.77	Panafcort Sone	PT FM
1937Y	PRIMAQUINE Tablet 7.5mg (base)	42	..	7.37	8.00	IC	
1939C	PRIMIDONE Tablet 250mg	200	2	13.67	+11.00	Mysoline	IC
1940D	PROBENECID Tablet 500mg	100	5	11.18	+11.00	Benemid	FR
1942F	PROBUCOL To be prescribed on an authority prescription. Tablet 250mg	112	5	33.93	+11.00	Lurselle	ML

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2653P	PROCAINAMIDE Capsule 250mg	200	1	*15.14	+11.00	Pronestyl	SQ
1074M	375mg	100	2	11.64	+11.00	Pronestyl	SQ
1941E	Injection 100mg per mL, 10mL	2	..	*16.32	+11.00	Pronestyl	SQ
1793J	PROCAINE PENICILLIN Injection 1g	5	..	22.52	+11.00	Cilicaine	SI
1794K	1.5g	5	..	22.52	+11.00	Cilicaine	SI
2635Q	PROCARBAZINE Capsule 50mg	100	2	26.57	+11.00	Natulan	RO
	PROCHLORPERAZINE CAUTION: Prochlorperazine may be associated with parkinsonism and tardive dyskinesia.						
2893G	Tablet 5mg	25	..	*3.90 *4.19	5.50 5.50	Anti-Naus Compazine Stemetil	PT SK MB
2369Q	Injection 12.5mg in 1mL	10	..	6.89	7.52	Compazine Stemetil	SK MB
2894H	Suppositories 5mg, 5	#1	2	6.43	7.06	Stemetil	MB
2895J	25mg, 5	#1	2	6.75	7.38	Stemetil	MB
	PROCHLORPERAZINE To be prescribed on an authority prescription. CAUTION: Prochlorperazine may be associated with parkinsonism and tardive dyskinesia.						
2897L	Tablet 5mg	100	5	5.53 6.29	6.16 6.92	Anti-Naus Compazine Stemetil	PT SK MB
1943G	PROCYCLIDINE Tablet 5mg	200	2	*11.66	+11.00	Kemadrin	BW
1948M	PROMETHAZINE Injection 50mg in 2mL	10	..	*9.14	9.77	BL	
3049L	PROMETHAZINE THEOCLATE Tablet 25mg	30	1	6.43	7.06	Avomine	MB
1953T	PROPANTHELINE BROMIDE Tablet 15mg	200	2	*9.64	10.27	Pantheline	PT

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2565B	PROPRANOLOL Tablet 10mg	100	5	4.53 6.19	5.50 6.82	Deralin 10 Inderal	AF IC
2566C	40mg	100	5	6.73 9.09	7.36 9.72	Cardinol Deralin 40 Inderal	PT AF IC
2899N	160mg	50	5	8.30 12.05	8.93 +11.00	Cardinol Deralin 160 Inderal	PT AF IC
2830Y	Injection 1mg in 1mL	5	..	*9.25	9.88	Inderal	IC
1955X	PROPYLTHIOURACIL Tablet 50mg	200	2	*15.14	+11.00	JC	
1957B	PROTAMINE SULPHATE Injection 10mg per mL (1%), 10mL	6	..	27.27	+11.00	BT	
2564Y	PROTEIN HYDROLYSATE FORMULA To be prescribed on an authority prescription. Powder 1kg	41	20	27.69	+11.00	Nutramigen	MJ
3056W	PROTEIN HYDROLYSATE FORMULA without PHENYLALANINE Powder 200g	10	5	*668.94	+11.00	Albumaid XP	SB
3057X	PROTEIN HYDROLYSATE FORMULA without PHENYLALANINE and TYROSINE Powder 200g	10	5	*651.94	+11.00	Albumaid XPXT	SB
3047J	PYRANTEL EMBONATE Tablet 125mg (base)	6	..	4.53	5.50	Anthel 125	AF
3048K	250mg (base)	6	..	6.18	6.81	Anthel 250	AF
2724J	PYRIDOSTIGMINE To be prescribed on an authority prescription. Tablet 10mg	100	2	11.83	+11.00	Mestinon	RO
1959D	60mg	100	2	28.27	+11.00	Mestinon	RO
2608G	180mg (sustained release)	100	1	77.64	+11.00	Mestinon	RO
1965K	PYRIDOXINE HYDROCHLORIDE Tablet 25mg	100	..	5.23	5.86	Pydox DH,FM	PT
1961F	PYRIDOXINE HYDROCHLORIDE Injection 50mg in 1mL	5	1	6.00	6.63	FM	
1966L	PYRIMETHAMINE Tablet 25mg	50	..	6.69	7.32	Daraprim	BW

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2337B	QUINETHAZONE Tablet 50mg	100	1	*9.96	10.59	Aquamox	LE
2623C	QUINIDINE BISULPHATE Tablet 250mg (sustained release)	100	5	18.89	+11.00	Kinidin	AP
1971R	QUINIDINE SULPHATE Tablet 200mg	100	5	15.03 15.17	+11.00 +11.00	DH,PT Cardoquin Quinidoxin PR,QE(NQ)	NN BW
3080D	300mg (sustained release)	100	5	23.27	+11.00	Quinidex LA	RS
1972T	QUININE BISULPHATE Tablet 300mg	50	2	9.22	9.85	Bi-Chinine Quinbisul PT	DH AF
				9.29	9.92	Biquin Bi-Quinate Myoquin Quinbisan SI	NN US FM PR
1975Y	QUININE SULPHATE Tablet 300mg	50	2	9.22	9.85	Chinine Quinsul PT	DH AF
				9.29	9.92	Adaquin Quinate Quinocotal Quinsan SI	NN US FM PR
	RANITIDINE HYDROCHLORIDE To be prescribed on an authority prescription. (Proven duodenal, gastric ulcer.)						
1978D	Tablet 150mg (base)	60	2	45.39	+11.00	Zantac	GL
1977C	300mg (base)	30	1	45.39	+11.00	Zantac	GL
	To be prescribed on an authority prescription. (Proven severe ulcerating oesophagitis.)						
1978D	Tablet 150mg (base)	60	2	45.39	+11.00	Zantac	GL
	To be prescribed on an authority prescription. (Scleroderma oesophagus.)						
1978D	Tablet 150mg (base)	60	5	45.39	+11.00	Zantac	GL
	(continued)						

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	RANITIDINE HYDROCHLORIDE - cont. To be prescribed on an authority prescription. (Zollinger-Ellison syndrome.)						
1978D	Tablet 150mg (base)	120	5	*88.14	+11.00	Zantac	GL
1977C	300mg (base)	60	5	*88.14	+11.00	Zantac	GL
	RIFAMPICIN						
1981G	Capsule 150mg	10	..	7.37	8.00	Rimycin 150	AF
1984K	300mg	10	..	10.90	11.00	Rimycin 300	AF
	RIFAMPICIN To be prescribed on an authority prescription.						
1982H	Capsule 150mg	100	..	38.05	+11.00	Rimycin 150	AF
1983J	300mg	100	..	73.48	+11.00	Rimycin 300	AF
	ROLITETRACYCLINE						
1987N	I.V. Injection set containing 275mg and 10mL solvent	5	..	*29.29	+11.00	Reverin	HP
1990R	I.M. Injection set containing 350mg and 2mL solvent	5	..	*29.29	+11.00	Reverin	HP
	SALBUTAMOL						
3087L	Oral Inhalation, metered aerosol spray, 100 micrograms per dose (200 dose)	2	5	*10.14	10.77	Ventolin	GL
	SALBUTAMOL SULPHATE						
1098T	Tablet 4mg (base)	100	5	9.14	9.77	Ventolin	GL
1103C	Syrup 2mg (base) per 5mL, 300mL	‡1	5	5.90	6.53	Ventolin	GL
1099W	Capsule 200 micrograms (base) (oral inhalation)	100	5	10.09	10.72	Ventolin Rotacaps	GL
	Inhalation Solution For use in RESPIRATOR 5mg (base) per mL (0.5%), 30mL	2	2	*12.46	+11.00	Respolin Ventolin	RK GL
1096Q	Oral Inhalation, metered aerosol spray, 100 micrograms (base) per dose (200 dose)	2	5	*10.14	10.77	Respolin	RK
1097R	Oral Inhalation, metered aerosol spray, 100 micrograms (base) per dose (400 dose)	‡1	5	8.79	9.42	Respolin	RK
	SALBUTAMOL SULPHATE Inhalation Solution for use in RESPIRATOR						
2000G	Single dose units 2.5mg (base) in 2.5mL, 30	‡1	5	14.02	+11.00	Ventolin Nebules	GL
2001H	Single dose units 5mg (base) in 2.5mL, 30	‡1	5	15.02	+11.00	Ventolin Nebules	GL

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	SEMISODIUM VALPROATE To be prescribed on an authority prescription. CAUTION: There are reports of (i) fatal hepatotoxicity, particularly in children; (ii) teratogenesis (spina bifida in humans).					
2031X	Tablet 135mg (enteric coated)	200	2	31.80	+11.00	Valcote AB
2032Y	269mg (enteric coated)	200	2	48.48	+11.00	Valcote AB
2033B	538mg (enteric coated)	200	2	80.00	+11.00	Valcote AB
	SILVER SULPHADIAZINE with CHLORHEXIDINE GLUCONATE Cream					
1996C	10mg-2mg per g (1%-0.2%), 50g	‡1	..	8.20	8.83	Silvazine SN
1997D	10mg-2mg per g (1%-0.2%), 100g	‡1	..	9.94	10.57	Silvazine SN
	SILVER SULPHADIAZINE with CHLORHEXIDINE GLUCONATE To be prescribed on an authority prescription.					
1998E	Cream 10mg-2mg per g (1%-0.2%), 500g	‡1	..	25.52	+11.00	Silvazine SN
	SODIUM ACID CITRATE					
2945B	Mixture 5.5g per 20mL, 500mL	‡1	4	5.77	6.40	Citralka PD
	SODIUM ACID PHOSPHATE To be prescribed on an authority prescription.					
2946C	Compound Effervescent Tablet containing elemental phosphorus 500mg, sodium 469mg (20.4mmol), potassium 123mg (3.1mmol)	100	5	21.53	+11.00	Phosphate Sandoz SZ
	SODIUM AUROTHIOMALATE To be prescribed on an authority prescription.					
2016D	Injection 10mg	5	..	*21.37	+11.00	Myocrisin MB
2017E	20mg	10	1	44.39	+11.00	Myocrisin MB
2018F	50mg	10	1	83.27	+11.00	Myocrisin MB
	SODIUM BICARBONATE					
3015Q	Injection 100mmol (8.4g) in 100mL			*15.79	+11.00	AB

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2024M	SODIUM CHLORIDE Injection 9mg per mL (0.9%), 2mL	5	1	4.28	5.50	AP,BT
2025N	9mg per mL (0.9%), 5mL	5	1	4.49	5.50	AP,BT
2026P	9mg per mL (0.9%), 10mL	5	1	4.80	5.50	AP,BT
	1L size-See Intravenous Infusions					
	SODIUM CHLORIDE and GLUCOSE See Intravenous Infusions					
	SODIUM CHLORIDE COMPOUND See Intravenous Infusions					
2657W	SODIUM CITRO-TARTRATE Effervescent Granules 100g	†1	4	5.23	5.86	Citravescent Sachets PT Ural Sachets AB
2878L	SODIUM CROMOGLYCATe Capsule 20mg (oral inhalation)	100	5	24.98	+11.00	Intal Spincaps FC
2872E	Oral Inhalation, metered aerosol spray, 1mg per dose (200 dose)	†1	5	22.12	+11.00	Intal FC
1124E	SODIUM CROMOGLYCATe Nebuliser Solution 20mg per 2mL, ampoule	120	3	*54.76	+11.00	Intal FC
1127H	SODIUM CROMOGLYCATe To be prescribed on an authority prescription. Eye Drops 20mg per mL (2%), 10mL	†1	5	10.89	11.00	Opticrom FC
	SODIUM LACTATE COMPOUND See Intravenous Infusions					
	SODIUM LACTATE COMPOUND and ANHYDROUS GLUCOSE See Intravenous Infusions					
1100X	SODIUM NITROPRUSSIDE I.V. Infusion 50mg	10	..	53.23	+11.00	Nipride RO
2037F	SODIUM SALICYLATE Tablet 600mg (enteric coated)	200	1	*9.86	10.49	Rhumax PR

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	SODIUM VALPROATE To be prescribed on an authority prescription. CAUTION: There are reports of (i) fatal hepatotoxicity, particularly in children; (ii) teratogenesis (spina bifida in humans).					
2294R	Crushable Tablet 100mg	200	2	*30.96	+11.00	Epilim RC
2289L	Tablet 200mg (enteric coated)	200	2	*44.92	+11.00	Epilim EC RC
2290M	500mg (enteric coated)	200	2	*82.92	+11.00	Epilim EC RC
2292P	Oral Liquid 200mg per 5mL, 200mL	3	2	*36.78	+11.00	Epilim Liquid RC
2291N	Syrup 200mg per 5mL, 200mL	3	2	*36.78	+11.00	Epilim Syrup RC
	SOTALOL HYDROCHLORIDE To be prescribed on an authority prescription.					
2043M	Tablet 160mg	60	5	35.08	+11.00	Sotacor AP
3090P	SPECTINOMYCIN Injection 2g with 3.2mL diluent	1	..	13.34	+11.00	Trobicin UP
3091Q	4g with 6.5mL diluent	1	..	19.60	+11.00	Trobicin UP
	SPIRONOLACTONE CAUTION: Serum electrolytes should be checked regularly. Concomitant amiloride, triamterene or supplementary potassium may cause life-threatening hyperkalaemia.					
2339D	Tablet 25mg	100	5	10.88	11.00	Aldactone SR
	STAPHYLOCOCCUS TOXOID (FORMALINISED) Injection					
2045P	Diluted 1 in 10 for use in initial injection 5mL	1	..	13.77	+11.00	CS
2046Q	Undiluted 5mL	1	..	15.02	+11.00	CS
1102B	STERCULIA with FRANGULA BARK Granules 473mg-83mg per g (47.3%-8.3%), 250g	2	1	*16.82	+11.00	Granocol SC

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3130R	STREPTOKINASE Injection 100,000 i.u. (solvent required) (codes 6789H, 6790J, 6791K, 6792L, 6793M, 6794N apply to above item with approved solvents)	2	..	*46.34	+11.00	Kabikinase	PS
2906Y	250,000 i.u. (solvent required) (codes 6795P, 6796Q, 6797R, 6798T, 6799W, 6800X apply to above item with approved solvents)	2	..	*79.60	+11.00	Kabikinase Streptase	PS HP
2962X	600,000 i.u. (solvent required) (codes 6801Y, 6802B, 6803C, 6804D, 6805E, 6806F apply to above item with approved solvents)	5	..	*393.39	+11.00	Kabikinase	PS
2907B	750,000 i.u. (solvent required) (codes 6807G, 6808H, 6809J, 6810K, 6811L, 6812M apply to above item with approved solvents)	5	..	*491.14	+11.00	Streptase	HP
2055E	SUCRALFATE Tablet 1g	120	2	30.14	+11.00	Carafate	BT
2047R	SULINDAC Tablet 100mg	50	3	8.35	8.98	Clinoril	FR
2063N	SULPHACETAMIDE SODIUM Eye Drops 100mg per mL (10%), 15mL	≠1	2	5.30	5.93	Acetopt Bleph 10	SI AG
2064P	200mg per mL (20%), 15mL	≠1	2	5.49	6.12	Acetopt	SI
2074E	SULPHADIMIDINE Tablet 500mg	40	2	5.23	5.86	S-Dimidine	PT
2078J	SULPHAFURAZOLE Eye Drops 40mg per mL (4%), 10mL	≠1	2	4.77	5.50	Gantrisin	RO
2084Q	SULPHAMETHIZOLE Tablet 500mg	40	2	7.14	7.77	Urolucosil	WW
2081M	1g	20	2	7.14	7.77	Urolucosil	WW
2093E	SULPHASALAZINE Tablet 500mg	200	5	35.14 *35.40	+11.00 +11.00	Ulcol Salazopyrin	AF PS
2096H	500mg (enteric coated)	200	5	*41.20	+11.00	Salazopyrin-EN	PS
2094F	SULPHINPYRAZONE Tablet 100mg	100	5	21.14	+11.00	Anturan	CG

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2099L	SULTHIAME Tablet 50mg	200	2	9.57	10.20	Ospolot	BN
2100M	200mg	200	2	18.35	+11.00	Ospolot	BN
2238T	SURGICAL CEMENT Skin Bond Adhesive 118mL	‡1	2	9.59	10.22	DY	
2467W	Solvent 227mL	‡1	2	6.82	7.45	Unisolve	DY
2469Y	240mL	‡1	2	6.89	7.52	Sacsol	EG
2472D	250mL	‡1	2	7.20	7.83	Sacsol Non Flammable	EG
	TAMOXIFEN CITRATE To be prescribed on an authority prescription.						
2109B	Tablet 10mg (base)	60	5	*56.94	+11.00	Nolvadex	IC
2110C	20mg (base)	60	5	*94.72	+11.00	Nolvadex-D	IC
	TEMAZEPAM To be prescribed on an authority prescription.						
2105T	Capsule 10mg	50	5	*5.94 *6.04	6.57 6.67	Temaze 10 Euhypnos Normison	AF SI WY
	TEMAZEPAM						
2108Y	Capsule 10mg	25	..	4.29 4.34	5.50 5.50	Temaze 10 Euhypnos Normison	AF SI WY
1028D	TERBUTALINE SULPHATE Tablet 5mg	100	5	9.14	9.77	Bricanyl	AP
1030F	Elixir 300 micrograms per mL, 300mL	‡1	5	5.75	6.38	Bricanyl	AP
1239F	Injection 100 micrograms in 1mL	5	..	6.14	6.77	Bricanyl	AP
1034K	500 micrograms in 1mL	5	..	6.25	6.88	Bricanyl	AP
1240G	Oral Inhalation, metered aerosol spray, 250 micrograms per dose (400 dose)	‡1	5	8.79	9.42	Bricanyl	AP
1243K	Nebuliser Solution 10mg per mL (1%), 50mL	‡1	5	11.14	+11.00	Bricanyl	AP
2114G	TESTOSTERONE ENANTHATE Injection 250mg in 1mL	3	3	26.18	+11.00	Primoteston Depot	SC
2670M	TESTOSTERONE ESTERS Injection 100mg	3	3	13.47	+11.00	Sustanon "100"	OR
2101N	250mg	3	3	25.72	+11.00	Sustanon "250"	OR

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2116J	TESTOSTERONE PROPIONATE Injection 50mg in 1mL	9	..	*24.03	+11.00	Testoviron SC
2127Y	TETANUS VACCINE, ADSORBED Injection 0.5mL	3	..	*10.29	10.92	CS
1330B	TETRABENAZINE Tablet 25mg	100	2	18.52	+11.00	Nitoman RO
3083G	TETRACOSACTRIN To be prescribed on an authority prescription. Injection 500 micrograms in 1mL	5	5	*36.14	+11.00	Synacthen Depot 0.5 CG
2832C	1mg in 1mL	5	5	*49.59	+11.00	Synacthen Depot 1 CG
2134H	TETRACYCLINE Capsule 250mg	25	1	5.28	5.91	Achromycin LE Panmycin P UP Tetramykoin BZ(N)
2143T	Eye Ointment 10mg per g (1%), 5g	1	..	4.99	5.62	Latycin BZ
2135J	TETRACYCLINE Capsule 250mg	50	5	*7.92 7.92	8.55 8.55	Panmycin P UP Tetramykoin BZ(N) Achromycin LE
2151F	TETRACYCLINE with NYSTATIN Capsule 250mg-250,000 units	25	1	5.28	5.91	Achrostatin LE Mysteclin-V SQ Tetrex-F AP
2152G	TETRACYCLINE with NYSTATIN Capsule 250mg-250,000 units	50	5	*7.92 7.92	8.55 8.55	Mysteclin-V SQ Tetrex-F AP Achrostatin LE
2145X	TETRACYCLINE (BUFFERED) Capsule 250mg	25	1	5.28	5.91	Achromycin V LE Australamycin-V CS Hostacycline P HP Hydracycline FM Stecclin-V SQ Tetrex AP
2146Y	TETRACYCLINE (BUFFERED) Capsule 250mg	50	5	*7.92 7.92	8.55 8.55	Australamycin-V CS Hostacycline P HP Hydracycline FM Stecclin-V SQ Tetrex AP Achromycin V LE

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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 50mg	100	5	4.84	5.50	Nuelin Paediatric RK
1143E	125mg	100	5	5.62	6.25	Nuelin RK
2615P	200mg	100	5	6.19	6.82	Nuelin RK
2632M	200mg (sustained release)	100	5	8.54	9.17	Theo-Dur AP
2634P	250mg (sustained release)	100	5	9.73	10.36	Nuelin-S.R. 250 RK
2633N	300mg (sustained release)	100	5	10.90	11.00	Theo-Dur AP
2619W	Capsule 50mg (containing sustained release beads)	100	5	7.98	8.61	Nuelin-Sprinkle Slo-bid RK RG
2620X	Capsule 100mg (containing sustained release beads)	100	5	9.38	10.01	Nuelin-Sprinkle Slo-bid RK RG
2631L	Capsule 100mg (controlled release)	100	5	9.38	10.01	Somophyllin CRT FC
2616Q	250mg (controlled release)	100	5	10.62	11.00	Somophyllin CRT FC
2613M	Elixir 80mg per 15mL, 500mL	≠1	5	5.14	5.77	Elixophyllin SC
2614N	Syrup 80mg per 15mL, 500mL	≠1	5	5.14	5.77	Nuelin RK
2947D	THIABENDAZOLE Tablet 500mg	16	..	8.90	9.53	Mintezol MK
1070H	THIAMINE HYDROCHLORIDE Tablet 100mg	100	2	5.17	5.80	Betamin Betatabs-100 Invite-B PR US FM NN
1065C	Injection 100mg in 1mL	5	1	5.62	6.25	Beta-Sol FM
2572J	THIETHYLPERAZINE Tablet 6.5mg (base)	50	..	6.19	6.82	Torecan SZ
2368P	Injection 6.5mg (base) in 1mL	10	..	*11.14	+11.00	Torecan SZ
2573K	Suppositories 6.5mg (base), 6	≠1	2	5.18	5.81	Torecan SZ

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	THIOGUANINE To be prescribed on an authority prescription.						
1233Y	Tablet 40mg	25	1	63.28	+11.00	Lanvis	BW
3159G	THIOPROPAZATE Tablet 5mg	200	..	*13.40	+11.00	Dartalan	SR
2163W	THIORIDAZINE Tablet 10mg	200	..	*7.24 *7.46	7.87 8.09	Aldazine 10 Melleril	AF SZ
2359E	25mg	200	..	*10.92 *11.16	11.00 +11.00	Aldazine 25 Melleril	AF SZ
2164X	50mg	200	..	*13.74 *14.00	+11.00 +11.00	Aldazine 50 Melleril	AF SZ
2165Y	100mg	100	1	12.09 12.34	+11.00 +11.00	Aldazine 100 Melleril	AF SZ
2402K	Oral Solution 30mg per mL, 30mL	2	2	*9.96	10.59	Melleril	SZ
2345K	THIOTEPA Injection 15mg (solvent required) (codes 6825F, 6826G, 6827H, 6828J, 6829K, 6830L apply to above item with approved solvents)	2	1	*26.24	+11.00	LE	
2858K	Eye Drops set containing 15mg vial, 2 x 10mL ampoules sterile water, syringe with needle and 15mL dropper bottle	#1	5	#21.36	+11.00	LE	
2174K	THYROXINE SODIUM (BP 1980) Tablet 50 micrograms	200	1	*5.86	6.49	Oroxine	BW
2175L	100 micrograms	200	1	*6.14	6.77	Oroxine	BW
2173J	200 micrograms	200	1	*8.64	9.27	Oroxine	BW
	TICARCILLIN To be prescribed on an authority prescription.						
2177N	Injection 1g (solvent required) (codes 6849L, 6850M, 6851N, 6852P, 6853Q, 6854R apply to above item with approved solvents)	10	..	*63.60	+11.00	Tarcil Ticillin	BR CS
2176M	Injection 3g (solvent required) (codes 6831M, 6832N, 6833P, 6834Q, 6835R, 6836T apply to above item with approved solvents)	10	..	*137.94	+11.00	Tarcil Ticillin	BR CS

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	TIMOLOL CAUTION: Timolol eye drops may precipitate bronchospasm in susceptible patients.						
1281K	Tablet 5mg	100	5	10.43	11.00	Blocadren	FR
1278G	Eye Drops 2.5mg per mL (0.25%), 5mL	#1	6	9.73	10.36	Tenopt Timoptol	SI FR
1279H	5mg per mL (0.5%), 5mL	#1	6	10.62	11.00	Tenopt Timoptol	SI FR
1465D	TINIDAZOLE Tablet 500mg	4	..	5.84	6.47	Fasigyn	PF
2328M	TOBRAMYCIN Eye Drops 3mg per mL (0.3%), 5mL	#1	2	7.34	7.97	Tobrex	AQ
2329N	Eye Ointment 3mg per g (0.3%), 3.5g	#1	..	6.97	7.60	Tobrex	AQ
	TOBRAMYCIN SULPHATE To be prescribed on an authority prescription.						
1355H	Injection 40mg	5	..	*26.29	+11.00	Nebcin	LY
1356J	80mg	5	..	*38.09	+11.00	Nebcin	LY
2720E	TOLAZAMIDE Tablet 250mg	100	5	12.44	+11.00	Tolinase	UP
2178P	TOLBUTAMIDE Tablet 500mg	200	2	*11.64	+11.00	Rastinon	HP
2607F	1g	100	5	11.89	+11.00	Rastinon	HP
2180R	TRANEXAMIC ACID Tablet 500mg	100	2	45.85	+11.00	Cyklokapron	PS
	TRANLYCYPROMINE CAUTION: This drug is a monoamine oxidase inhibitor.						
2444P	Tablet 10mg	50	2	7.72	8.35	Parnate	SK
2990J	TRIAMCINOLONE ACETONIDE Injection 10mg in 1mL	5	..	20.00	+11.00	Kenacort-A10	SQ
	TRIAMCINOLONE ACETONIDE Cream						
2119M	200 micrograms per g (0.02%), 45g	#1	..	4.57	5.50	Kenalone 0.02%	SQ
2117K	200 micrograms per g (0.02%), 100g	2	..	*7.74	8.37	Aristocort 0.02% Kenalone 0.02%	LE SQ
2125W	500 micrograms per g (0.05%), 15g	#1	1	4.22	5.50	Aristocort 0.05% Kenalone	LE SQ
	(continued)						

Code	Name, Restriction, Manner of Administration and Form	Max. Qty.	No. of Rpts	Dispensed Price for Max. Qty. \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
	TRIAMCINOLONE ACETONIDE - cont. Ointment						
2120N	200 micrograms per g (0.02%), 45g	‡1	..	4.57	5.50	Kenalone 0.02%	SQ
2118L	200 micrograms per g (0.02%), 100g	2	..	*7.74	8.37	Aristocort 0.02% Kenalone 0.02%	LE SQ
2126X	500 micrograms per g (0.05%), 15g	‡1	1	4.22	5.50	Aristocort 0.05% Kenalone	LE SQ
	TRIAMCINOLONE ACETONIDE with NEOMYCIN SULPHATE, GRAMICIDIN and NYSTATIN						
2971J	Ear Drops 1mg-2.5mg (base)-250 micrograms-100,000 units per g (0.1%-0.25%-0.025%-100,000 units per g), 7.5mL	‡1	2	4.82	5.50	Kenacomb Otic	SQ
2973L	Ear Cream 1mg-2.5mg (base)-250 micrograms-100,000 units per g (0.1%-0.25%-0.025%-100,000 units per g), 5g	‡1	2	4.57	5.50	Kenacomb Otic	SQ
2974M	Ear Ointment 1mg-2.5mg (base)- 250 micrograms-100,000 units per g (0.1%-0.25%-0.025%- 100,000 units per g), 5g	‡1	2	4.57	5.50	Kenacomb Otic	SQ
	TRIAMTERENE CAUTION: Serum electrolytes should be checked regularly. Supplementary potassium may cause life-threatening hyperkalaemia.						
2342G	Tablet 100mg	100	1	*11.14	+11.00	Dytac	SK
	TRIFLUOPERAZINE						
2185B	Tablet 1mg	200	..	*8.62 *9.24	9.25 9.87	Calmazine Stelazine	PT SK
2386N	2mg	200	..	*10.00 *11.84	10.63 +11.00	Calmazine Stelazine	PT SK
2186C	5mg	100	1	6.54 7.73	7.17 8.36	Calmazine Stelazine	PT SK
2835F	Injection 1mg in 1mL	10	..	6.77	7.40	Stelazine	SK
	TRIGLYCERIDES, MEDIUM CHAIN To be prescribed on an authority prescription.						
2686J	Compound Powder 450g	2	20	*26.84	+11.00	Portagen	MJ
2676W	Lactalbumin Demineralised Powder 400g	2	20	*29.62	+11.00	Alfare	NT
2679B	Protein Hydrolysate Compound Powder 454g	2	20	*29.62	+11.00	Pregestimil	MJ
3129Q	Oil 1L	‡1	5	31.87	+11.00	Cow & Gate MCT Oil	KY

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2922T	TRIMETHOPRIM Tablet 300mg	7	1	5.58 5.93	6.21 6.56	Alprim Triprim	AF BW
2949F	TRIMETHOPRIM with SULPHAMETHOXAZOLE Tablet 80mg-400mg	10	..	5.17	5.80	Bactrim Resprim Septrin Trib	RO AF BW PT
2951H	160mg-800mg	10	..	6.63	7.26	Bactrim DS Resprim Forte Septrin Forte Trib DS	RO AF BW PT
3103H	Suspension 40mg-200mg per 5mL, 100mL	†1	1	6.25	6.88	Bactrim Resprim Septrin Trib	RO AF BW PT
2970H	TRIMIPRAMINE Tablet 25mg	50	2	5.24	5.87	Surmontil	MB
2969G	Capsule 50mg	50	2	5.84	6.47	Surmontil	MB
1570P	TRIOXYSALEN Tablet 5mg	100	2	26.89	+11.00	Trisoralen	PT
	TRIPLE ANTIGEN See Diphtheria, Tetanus and Pertussis Vaccine, Adsorbed						
1293C	UREA Cream 100mg per g (10%), 100g	†1	2	6.65 6.85	7.28 7.48	Urederm Aquacare H.P. Aquadrade Calmurid Nutraplus	HA AG NW PS OL
	VANCOMYCIN To be prescribed on an authority prescription.						
3113W	Capsule 125mg (125,000 i.u.) vancomycin activity	40	..	*332.40	+11.00	Vancocin	LY
3114X	Capsule 250mg (250,000 i.u.) vancomycin activity	40	..	*662.14	+11.00	Vancocin	LY
3131T	Injection 500mg (500,000 i.u.) vancomycin activity (solvent required) (codes 6837W, 6838X, 6839Y, 6840B, 6841C, 6842D apply to above item with approved solvents)	5	..	*162.39	+11.00	Vancocin	LY
2197P	VASOPRESSIN TANNATE Oily Injection 5 units in 1mL	10	1	*54.14	+11.00	Pitressin Tannate	PD

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	VERAPAMIL HYDROCHLORIDE CAUTION: The myocardial depressant effects of this drug and of beta-blocking drugs are additive.						
1248Q	Tablet 40mg	100	5	11.14 11.39	+11.00 +11.00	Anpec 40 Cordilox Isoptin Veradil Verpamil	AF SC KN US PT
1250T	80mg	100	5	17.10 17.35	+11.00 +11.00	Anpec 80 Verpamil Cordilox Isoptin Veradil	AF PT SC KN US
1254B	120mg	100	5	23.82 24.07	+11.00 +11.00	Veradil Verpamil 120 Cordilox Isoptin	US PT SC KN
1253Y	160mg	60	5	20.83	+11.00	Cordilox Isoptin	SC KN
1060T	Injection 5mg in 2mL	5	..	7.33	7.96	Cordilox Isoptin	SC KN
2570G	VIDARABINE Eye Ointment 30mg per g (3%), 3.5g	1	..	14.02	+11.00	Vira A	PD
2198Q	VINBLASTINE To be prescribed on an authority prescription. Injection 10mg (solvent required) (codes 6843E, 6844F, 6845G, 6846H, 6847J, 6848K apply to above item with approved solvents)	2	..	*45.50	+11.00	Velbe	LY
2199R	Injection set containing 10mg and 10mL solvent	2	..	*49.34	+11.00	BL	
2371T	VINCRISTINE To be prescribed on an authority prescription. Injection set containing 1mg and 10mL solvent	5	..	*95.89 *96.14	+11.00 +11.00	BL Oncovin	LY
2372W	5mg and 10mL solvent	1	..	81.63	+11.00	BL	

Code	Name, Restriction, Manner of Administration and Form	Max. Qty.	No. of Rpts	Dispensed Price for Max. Qty. \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
2843P	WARFARIN Tablet 1mg	50	2	5.87	6.50	Coumadin Marevan	BT GL
2209G	2mg	50	2	6.07	6.70	Coumadin	BT
2210H	2.5mg	50	2	6.19	6.82	Coumadin	BT
2844Q	3mg	50	2	6.00	6.63	Marevan	GL
2211J	5mg	50	2	6.25	6.88	Coumadin Marevan	BT GL
2212K	7.5mg	50	2	7.02	7.65	Coumadin	BT
2213L	10mg	50	2	8.13	8.76	Coumadin	BT
2216P	WATER FOR INJECTIONS Injection 2mL	5	3	4.22	5.50	AP,BT,BZ,SI	
2217Q	5mL	5	3	4.35	5.50	AP,BT,BZ,SI	
2218R	10mL	5	3	4.57	5.50	AP,BT,BZ,SI	
2219T	WOOL ALCOHOLS Ointment 100g	‡1	1	4.60	5.50	Eucerin	SN
3154B	ZINC with PHENYLEPHRINE Eye Drops 2.5mg-1.2mg per mL (0.25%-0.12%), 15mL	‡1	2	5.39	6.02	Prefrin-2 Zincfrin	AG AQ
2984C	ZINC OXIDE Compound Ointment 50g	‡1	1	4.94	5.57	Anusol	WW
1122C	Compound Suppositories, 12	‡1	1	4.94	5.57	Anusol	WW

INTRAVENOUS INFUSIONS

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty.	No. of Rpts	Dispensed Price for Max. Qty. \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
2304G	DEXTRAN 40 100mg per mL with 139mmol per 500mL glucose (10%-5%), 500mL	3	..	46.74	+11.00	Rheomacrodex	PS
2306J	100mg per mL with 77mmol per 500mL sodium chloride (10%- 0.9%), 500mL	3	..	46.74	+11.00	Rheomacrodex	PS
3081E	DEXTRAN 70 60mg per mL with 139mmol per 500mL glucose (6%-5%), 500mL	3	..	31.27	+11.00	Macrodex	PS
3011L	60mg per mL with 77mmol per 500mL sodium chloride (6%- 0.9%), 500mL	3	..	31.27	+11.00	Macrodex	PS
3199J	ELECTROLYTE REPLACEMENT SOLUTION 1L	2	1	*9.66	10.29	Normosol R Plasma-Lyte 148	AB BX
2245E	GLUCOSE 278mmol per L (5%), 1L	5	1	*13.29	+11.00	AB,BX,KM	
2247G	555mmol per L (10%), 1L	5	1	*19.39	+11.00	AB,BX	
2249J	1110mmol per L (20%), 1L	2	1	*9.66	10.29	AB	
2251L	1387mmol per L (25%), 1L	2	1	*9.66	10.29	AB,BX	
2252M	1387mmol per 500mL (50%), 500mL	2	1	*8.46	9.09	AB	
2334W	POLYGELENE 17.5g per 500mL (3.5%) with electrolytes, 500mL	3	..	*49.56	+11.00	Haemaccel	HP
2264E	SODIUM CHLORIDE 154mmol per L (0.9%), 1L	5	1	*13.29	+11.00	AB,BX,KM	
2260Y	513mmol per L (3%), 1L	2	1	*9.66	10.29	BX	
2266G	SODIUM CHLORIDE COMPOUND BPC 1959 1L	4	1	*16.16	+11.00	AB,BX	
2271M	SODIUM CHLORIDE and GLUCOSE 154mmol-278mmol per L (0.9%-5%), 1L	2	1	*9.66	10.29	AB,BX	
2278X	39mmol-69mmol per 500mL (0.45%-2.5%), 500mL	5	1	*17.14	+11.00	AB,BX	
2279Y	19mmol-104mmol per 500mL (0.225%-3.75%), 500mL	5	1	*17.14	+11.00	AB,BX	
2281C	31mmol-222mmol per L (0.18%-4%), 1L	5	1	*13.29	+11.00	AB,BX,KM	
2286H	SODIUM LACTATE COMPOUND 1L	5	1	*13.29	+11.00	AB,BX,KM	
2288K	SODIUM LACTATE COMPOUND and ANHYDROUS GLUCOSE 278mmol per L (5%), 1L	2	1	*9.66	10.29	AB,BX	

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

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty.	No. of Rpts	Dispensed Price for Max. Qty. \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
3303W	AMOXYCILLIN Tablet 250mg	20	..	7.43	8.06	Amoxil Moxacin	BR CS
3304X	Dispersible Tablet 3g	1	..	7.39	8.02	Amoxil Moxacin	BR CS
3301R	Capsule 250mg	20	..	7.03	7.66	Alphamox 250 Ibiamox	AF PT
				7.28	7.91	Amoxil Cilamox Moxacin	BR SI CS
3300Q	500mg	20	..	10.99	11.00	Alphamox 500 Ibiamox	AF PT
				11.05	+11.00	Amoxil Cilamox Moxacin	BR SI CS
3302T	Powder for Syrup 125mg per 5mL, 100mL	≠1	..	#7.76 #8.01	8.67 8.92	Ibiamox Amoxil Cilamox Moxacin	PT BR SI CS
3393N	250mg per 5mL, 100mL	≠1	..	#9.33 #9.58	10.24 10.49	Ibiamox Amoxil Forte Cilamox Moxacin 250	PT BR SI CS
3306B	AMPHOTERICIN Lozenge 10mg	20	..	4.97	5.60	Fungilin	SQ
3308D	Ointment 30mg per g (3%), 15g	≠1	..	4.97	5.60	Fungilin	SQ
3312H	AMPICILLIN Injection 250mg (solvent required) (codes 6903H, 6904J, 6905K apply to above item with approved solvents)	5	..	7.48 7.73	8.11 8.36	Ampicyn Austrapen	PT CS
3313J	Injection 500mg (solvent required) (codes 6906L, 6907M, 6908N apply to above item with approved solvents)	5	..	9.69 9.94	10.32 10.57	Ampicyn Austrapen Penbritin	PT CS BR
3314K	Injection 1g (solvent required) (codes 6909P, 6910Q, 6911R apply to above item with approved solvents)	5	..	14.19 14.44	+11.00 +11.00	Ampicyn Austrapen	PT CS
7002M	ASPIRIN with CODEINE Mixture - See Section 4, Standard Formulae Preparations						

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

82

Code	Name, Restriction, Manner of Administration and Form	Max. Qty.	No. of Rpts	Dispensed Price for Max. Qty. \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
3397T	BENZYL PENICILLIN Injection 300mg (solvent required) (codes 6912T, 6913W, 6914X apply to above item with approved solvents)	5	..	7.22	7.85	CS	
3398W	Injection 600mg (solvent required) (codes 6915Y, 6916B, 6917C apply to above item with approved solvents)	5	..	7.45	8.08	CS	
3399X	Injection 3g (solvent required) (codes 6918D, 6919E, 6920F apply to above item with approved solvents)	5	..	17.94	+11.00	CS	
3317N	CEPHALEXIN Capsule 250mg	20	..	7.43	8.06	Ceporex Keflex	GL LY
3318P	500mg	20	..	11.23	+11.00	Ceporex Keflex	GL LY
3319Q	Granules for Syrup 125mg per 5mL, 100mL	‡1	..	#9.39	10.30	Ceporex Keflex	GL LY
3320R	250mg per 5mL, 100mL	‡1	..	#11.89	+11.00	Ceporex Keflex	GL LY
3376Q	CEPHALOTHIN SODIUM Injection 1g (solvent required) (codes 6951G, 6952H, 6953J apply to above item with approved solvents)	5	..	*22.29	+11.00	Ceporacin Keflin Neutral	GL LY
3377R	Injection 2g (solvent required) (codes 6954K, 6955L, 6956M apply to above item with approved solvents)	1	..	10.32	10.95	Keflin Neutral	LY
3378T	Injection 4g (solvent required) (codes 6957N, 6958P, 6959Q apply to above item with approved solvents)	1	..	17.40	+11.00	Keflin Neutral	LY
3315L	CODEINE PHOSPHATE with ASPIRIN Tablet 30mg-325mg	20	..	4.98	5.61	Codral Forte	BW
3316M	CODEINE PHOSPHATE with PARACETAMOL Tablet 30mg-500mg	20	..	4.98	5.61	Panadeine Forte	WL
3321T	DOXYCYCLINE Tablet 100mg	7	..	5.70 5.94	6.33 6.57	Doxylin 100 Vibramycin	AF PF
3322W	Capsule 100mg	7	..	5.00 5.94	5.63 6.57	Cyclidox Doryx	PT FA
3324Y	ERYTHROMYCIN Tablet 250mg	25	..	6.34	6.97	EMU-V AB	UP
3329F	Capsule 125mg	25	..	5.72	6.35	Eryc	FA
3325B	250mg	25	..	6.69	7.32	Eryc Ilocap	FA LY

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

83

Code	Name, Restriction, Manner of Administration and Form	Max. Qty.	No. of Rpts	Dispensed Price for Max. Qty. \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
3331H	ERYTHROMYCIN ESTOLATE Paediatric Drops 100mg (base) per mL, 10mL	‡1	..	6.00	6.63	Ilosone	LY
3335M	Paediatric Suspension 125mg (base) per 5mL, 100mL	‡1	..	6.00	6.63	Ilosone	LY
3327D	ERYTHROMYCIN ETHYL SUCCINATE Tablet 200mg (base)	25	..	6.07	6.70	E.E.S. Dulcet	AB
3336N	400mg (base)	25	..	6.69	7.32	E.E.S. 400	AB
3334L	Granules for Paediatric Suspension 200mg (base) per 5mL, 100mL	‡1	..	#8.26	9.17	E.E.S. 200	AB
3328E	ERYTHROMYCIN STEARATE Tablet 250mg (base)	25	..	6.34	6.97	Erythrocin	AB
3330G	Capsule 250mg (base)	25	..	6.34	6.97	Erythrocin	AB
3332J	Paediatric Suspension 125mg (base) per 5mL, 100mL	‡1	..	6.00	6.63	Erythrocin	AB
3333K	Suspension 250mg (base) per 5mL, 100mL	‡1	..	7.78	8.41	Erythrocin	AB
3339R	METRONIDAZOLE Tablet 200mg	21	..	5.57	6.20	Metrogyl 200	AF
				5.60	6.23	Trichazole	PT
						Flagyl	MB
						Metrozine	SR
3340T	250mg	21	..	5.60	6.23	Protostat	JC
3342X	NYSTATIN Tablet 500,000 units	25	..	*7.34	7.97	Mycostatin	SQ
						Nilstat	LE
3344B	Lozenge 100,000 units	20	..	4.97	5.60	Nilstat	LE
3343Y	Mixture 100,000 units per mL, 24mL	‡1	..	5.49	6.12	Mycostatin	SQ
						Nilstat	LE
3348F	PARACETAMOL Mixture 120mg per 5mL, 100mL	‡1	..	4.25	5.50	Dymadon	BW
						Panamax	WL
						Parmol	US
3351J	PHENETHICILLIN Tablet 250mg	25	..	6.54	7.17	Pensig	SI
3353L	Capsule 250mg	25	..	6.54	7.17	Pensig	SI
3354M	500mg	25	..	7.39	8.02	Pensig	SI
3355N	Powder for Syrup 125mg per 5mL, 100mL	‡1	..	#7.06	7.97	Pensig 125	SI
3356P	250mg per 5mL, 100mL	‡1	..	#7.83	8.74	Pensig 250	SI

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

84

Code	Name, Restriction, Manner of Administration and Form	Max. Qty.	No. of Rpts	Dispensed Price for Max. Qty. \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
3359T	PHENOXYMETHYLPENICILLIN Tablet 125mg	25	..	5.25	5.88	Abbocillin-V	AB
3360W	250mg	25	..	5.38	6.01	Abbocillin-VK Cilicaine VK LPV PVK	AB SI CS LY
3361X	500mg	25	..	6.32 6.44	6.95 7.07	P.V.O. Abbocillin-VK LPV PVK	FM AB CS LY
3363B	Capsule 250mg	25	..	5.38	6.01	Abbocillin-VK Cilicaine VK LPV PVK	AB SI CS LY
3364C	500mg	25	..	6.44	7.07	Cilicaine VK LPV	SI CS
3365D	Paediatric Suspension 125mg per 5mL, 100mL	41	..	5.13	5.76	Abbocillin-V Cilicaine V LPV 125	AB SI CS
3366E	Suspension 250mg per 5mL, 100mL	41	..	5.75	6.38	Abbocillin-V Cilicaine V LPV 250	AB SI CS
3370J	PROCAINE PENICILLIN Injection 1g	5	..	22.52	+11.00	Cilicaine	SI
3371K	1.5g	5	..	22.52	+11.00	Cilicaine	SI
3379W	SULPHADIMIDINE Tablet 500mg	40	..	5.23	5.86	S-Dimidine	PT
3383C	TETRACYCLINE Capsule 250mg	25	..	5.28	5.91	Achromycin Panmycin P Tetramykoin	LE UP BZ(N)
3386F	TETRACYCLINE (BUFFERED) Capsule 250mg	25	..	5.28	5.91	Achromycin V Australmycin-V Hostacycline P Hydracycline Steclin-V Tetrex	LE CS HP FM SQ AP

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

85

Code	Name, Restriction, Manner of Administration and Form	Max. Qty.	No. of Rpts	Dispensed Price for Max. Qty. \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
3389J	TRIMETHOPRIM with SULPHAMETHOXAZOLE Tablet 80mg-400mg	10	..	5.17	5.80	Bactrim Resprim Septrin Trib	RO AF BW PT
3390K	160mg-800mg	10	..	6.63	7.26	Bactrim DS Resprim Forte Septrin Forte Trib DS	RO AF BW PT
3391L	Suspension 40mg-200mg per 5mL, 100mL	†1	..	6.25	6.88	Bactrim Resprim Septrin Trib	RO AF BW PT
	WATER FOR INJECTIONS (For use only with an injectible benefit which requires a solvent)						
3394P	Injection 2mL	5	..	4.22	5.50	AP,BT,BZ,SI	
3395Q	5mL	5	..	4.35	5.50	AP,BT,BZ,SI	
3396R	10mL	5	..	4.57	5.50	AP,BT,BZ,SI	

SECTION 3

**PREPARATIONS AVAILABLE FOR COLOSTOMY
AND ILEOSTOMY USE**

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

PREPARATIONS AVAILABLE FOR COLOSTOMY AND ILEOSTOMY USE

2

Code	Name, Restriction, Manner of Administration and Form	Max. Qty.	No. of Rpts	Dispensed Price for Max. Qty. \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
2223B	ACRYLIC RESIN Solution 125g Aerosol Spray	≠1	..	14.55	+11.00	Nobecutane	AP
2683F	BENZOIN Compound Tincture 3.5mL per 10mL (35%), 167mL Aerosol Spray	≠1	..	8.75	9.38	EG	
2680C	BUTYL MONOESTER POLYMER with ETHANOL Paste 60g	≠1	..	11.30	+11.00	Stomahesive	SQ
2503R	BUTYL MONOESTER POLYMER with ISOPROPYL ALCOHOL Protective Dressing Aerosol 120g	≠1	..	16.45	+11.00	Skin-Prep	DY
2504T	Solution 59mL	≠1	..	12.94	+11.00	Skin-Prep	DY
2510D	Wipes, 50	≠1	..	15.94 16.14	+11.00 +11.00	Uro-Prep Skin-Prep	SA DY
2326K	CARMELLOSE SODIUM with PECTIN and GELATIN Paste 167mg-167mg-167mg per g (16.7%-16.7%-16.7%), 15g	≠1	..	5.39	6.02	Orabase	SQ
2327L	Powder 333mg-333mg-333mg per g (33.3%-33.3%-33.3%), 15g	≠1	..	6.27	6.90	Orahesive	SQ
2718C	CHARCOAL, ACTIVATED Tablet 300mg	500	1	25.77	+11.00	Karbons QE(NQ),TO	EG
3115Y	DEODORANT CONCENTRATE Liquid 7.5mL	≠1	..	5.97	6.60	Super Banish	DY
3125L	15mL	≠1	..	5.20	5.83	Banish Odorgon	DY LA
2617R	DIMETHICONE Solution 100mg per mL (10%), 180mL Aerosol Spray	≠1	..	8.14	8.77	Silicon Skin Spray	EG
2505W	ISOPROPYL MONOESTER POLYMER with ISOPROPYL ALCOHOL Adhesive Protective Gel 28.35g	≠1	..	6.89	7.52	Skin Gel	HO
1569N	LAURAMINE OXIDE with OCTOXINOL Compound Cleansing Solution 80mg-10mg per g (8%-1%), 240mL	≠1	..	10.72	11.00	Uni Wash	DY

PREPARATIONS AVAILABLE FOR COLOSTOMY AND ILEOSTOMY USE

3

Code	Name, Restriction, Manner of Administration and Form	Max. Qty.	No. of Rpts	Dispensed Price for Max. Qty. \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer	
1748B	PARAFFIN Compound Cream, 85g	†1	..	9.87	10.50	Uni Derm	DY
1749C	Compound Ointment, 70g	†1	..	10.84	11.00	Uni Salve	DY
3146N	POLYISOBUTYLENE Compound Adhesive Wafers, 5	†1	5	15.74	+11.00	Hollihesive Skin Barrier	HO
				15.99	+11.00	Soft Guard XL Skin Barrier	DY
3148Q	Compound Adhesive Wafers with Adhesive Discs, 5	†1	5	15.13	+11.00	BH	
				15.38	+11.00	Stomahesive Set	SQ
2950G	POLYVINYLPYRROLIDONE and VINYL ACETATE COPOLYMER Aerosol Spray 60mg per mL (6%), 121mL	†1	..	7.34	7.97	Spray-On Bande	EG
2258W	STERCULIA (Indian Tragacanth; Gum Karaya) Paste 127.6g	†1	..	10.47	11.00	Karaya Paste	HO
2259X	Powder 71g	†1	..	9.64	10.27	DY	
3147P	Discs, 12	†1	5	17.28	+11.00	BH	
2256R	Discs, Compound, 10	†1	5	14.84	+11.00	Colly-seels	DY
3158F	Squares, 6	†1	5	47.64	+11.00	BH	
2238T	SURGICAL CEMENT Skin Bond Adhesive 118mL						
2467W	Solvent 227mL						
2469Y	240mL						
2472D	250mL						
	See Section 2						

PREPARATIONS AVAILABLE FOR USE BY PARAPLEGIC AND QUADRIPLEGIC PATIENTS

4

Code	Name, Restriction, Manner of Administration and Form	Max. Qty.	No. of Rpts	Dispensed Price for Max. Qty. \$	Maximum Patient Payment \$	Proprietary Name and Manufacturer
1263L	BISACODYL Enema 10mg in 5mL, 25	±1	2	27.64	+11.00	Bisalax PT
1259G	Tablet 5mg					
1260H	Suppositories 10mg, 10 See Section 2					
1125F	DOCUSATE SODIUM with BISACODYL Suppositories 100mg-10mg, 5 See Section 2					
1102B	STERCULIA with FRANGULA BARK Granules 473mg-83mg per g (47.3%-8.3%), 250g See Section 2					
2238T	SURGICAL CEMENT Skin Bond Adhesive 118mL					
2467W	Solvent 227mL					
2469Y	240mL					
2472D	250mL See Section 2					

SECTION 4

DRUG TARIFF

CONTAINER PRICES FOR EXTEMPORANEOUSLY PREPARED BENEFITS

STANDARD FORMULAE PREPARATIONS

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

DRUG TARIFF

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

Drugs marked (a) and (b)—

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

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

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

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

Special Note:

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

Drug	Standard	Recovery Price		
		1g/mL	10g/mL	Special
Acetone (use as additive only)	BP	\$ 0.02	\$ 0.18	\$ 1.62:100 mL
ACIDS				
Acetic (6 per cent)	BP	0.01	0.04	0.38:100 mL
Acetic (33 per cent)	BP	0.02	0.14	1.24:100 mL
Ascorbic (use as ingredient of Mixtures of Ferrous Sulphate APF and PL)	BP	0.24	1.93	0.03:100 mg
Benzoic	BP	0.13	1.06	0.02:100 mg
Boric (use as additive only)	BP	0.03	0.26	2.32:100 g
Citric Monohydrate	BP	0.07	0.59	5.25:100 g
Hydrochloric	BP	0.04	0.31	2.79:100 mL
Hydrochloric Dilute	BP	0.03	0.26	2.31:100 mL
Lactic	BP	0.20	1.61	
Oleic	BP	0.08	0.61	5.46:100 mL
Salicylic	BP	0.09	0.68	6.07:100 g
Trichloroacetic	BP	0.73	5.85	
Acriflavine	BPC 63	1.68	..	0.21:100 mg
Adrenaline (b) (may only be prescribed in eye drops)	BP	22.49	..	
Alum	BP	0.02	0.13	1.17:100 g
Aminophylline	BP	0.34	2.69	
Ammoniated Mercury	BP 73	0.88	7.04	
Aspirin	BP	0.05	0.36	3.17:100 g
Atropine Sulphate	BP	4.59	..	0.57:100 mg
Beeswax White	BP	0.08	0.64	5.65:100 g
Bentonite	BP	0.05	0.40	3.55:100 g
Benzocaine	BP	0.52	4.17	
Borax (use as additive only)	BP	0.02	0.18	1.61:100 g
Calamine	BP	0.04	0.31	2.75:100 g
Calcium Hydroxide	BP	0.08	0.63	5.59:100 g
Cetomacrogol Emulsifying Wax	BP	0.14	1.14	10.12:100 g
Cetostearyl Alcohol	BP	0.10	0.77	6.84:100 g
Cetrimide	BP	0.18	1.43	12.70:100 g
Chlorbutol	BP	0.30	2.38	
Chlorhexidine Acetate (use as additive only)	BP	1.56	12.51	0.20:100 mg
Chlorinated Lime	BP	0.03	0.22	1.92:100 g
Chlorocresol	BP	0.48	3.85	0.06:100 mg
Chloroform (use as additive only)	BP	0.02	0.18	1.63:100 mL
Clioquinol (a)	BP	..	..	10.45:3.5 g
Cocaine Hydrochloride	BP	26.14	..	3.27:100 mg
Codeine Phosphate	BP	2.97	..	0.37:100 mg
Collodion Flexible	BP	0.08	0.64	5.71:100 mL
CREAMS				
Aqueous	APF	0.04	0.29	2.55:100 g
Aqueous	BP	0.04	0.29	2.55:100 g
Calamine Oily	APF	0.04	0.31	2.79:100 g
Cetomacrogol Aqueous	APF	0.03	0.22	1.93:100 g
Cetrimide	BP	0.04	0.35	3.07:100 g
Cetrimide Aqueous	APF	0.04	0.35	3.07:100 g
Oily	APF	0.03	0.27	2.41:100 g
Zinc	BP	0.04	0.32	2.83:100 g
Zinc Oily	APF	0.04	0.30	2.66:100 g
Crystal Violet	BP	0.99	7.89	

Drug	Standard	Recovery Price		
		1g/mL	10g/mL	Special
		\$	\$	\$
Dithranol	BP	3.30	26.43	0.41:100 mg
Emulsifying Wax	BP	0.09	0.74	6.60:100 g
Ephedrine Hydrochloride (may only be prescribed in nasal instillations)	BP	0.48	3.83	0.06:100 mg
Ethanol (90 per cent) (use as additive only)	BP	0.01	0.05	0.48:100 mL
Ethanol (96 per cent) (use as additive only)	BP	0.01	0.09	0.76:100 mL
Ether Solvent (use as additive only)	BP	0.04	0.28	2.50:100 mL
EXTRACTS				
Hyoscyamus Liquid	BPC 73	0.13	1.06	9.41:100 mL
Liquorice Liquid	BP	0.05	0.42	3.74:100 mL
Ferrous Sulphate	BP	0.05	0.39	3.48:100 g
Ferrous Sulphate Dried	BP	0.06	0.51	4.56:100 g
Glucose for Oral Use (use as additive only)	BP	0.03	0.26	2.35:100 g
GLYCERIN				
Ichthammol	APF	0.08	0.67	5.93:100 mL
Glycerol	BP	0.03	0.23	2.03:100 mL
GUMS				
Acacia	BP	0.08	0.63	5.58:100 g
Tragacanth	BP	0.62	4.96	44.06:100 g
Honey Purified (use as additive only)	BP	0.01	0.05	0.42:100 g
Ichthammol	BP	0.22	1.79	15.95:100 g
INFUSION				
Gentian Compound Concentrated 1 in 10	BP	0.05	0.43	3.83:100 mL
Iodine	BP	0.62	4.94	
Kaolin, Light or Kaolin, Light (Natural)	BP	0.03	0.21	1.83:100 g
Lactose	BP	0.01	0.11	0.96:100 g
Lignocaine Hydrochloride	BP	1.44	..	0.18:100 mg
LINIMENTS				
Methyl Salicylate	BP	0.03	0.20	1.74:100 mL
Methyl Salicylate Compound	APF	0.04	0.29	2.60:100 mL
Turpentine	BP	0.04	0.29	2.57:100 mL
LOTION				
Calamine	BP	0.02	0.14	1.21:100 mL
MAGNESIUM				
Carbonate Light	BP	0.03	0.24	2.13:100 g
Sulphate (may only be prescribed for other than oral use)	BP	0.01	0.05	0.44:100 g
Trisilicate	BP	0.03	0.24	2.13:100 g
Menthol	BP	0.39	3.11	
Methyl Salicylate	BP	0.03	0.24	2.09:100 mL
Morphine Hydrochloride	BP	5.09	..	0.64:100 mg
MUCILAGES				
Acacia (by weight)	APF	0.03	0.27	2.39:100 g
Tragacanth	APF 13	0.01	0.11	1.01:100 mL
Tragacanth	BPC 73	0.01	0.11	1.00:100 mL

Drug	Standard	Recovery Price		
		1g/mL	10g/mL	Special
		\$	\$	\$
OILS				
Arachis	BP	0.02	0.14	1.28:100 mL
(use as additive only)				
Cade	BPC 73	0.29	2.35	
Castor	BP	0.03	0.25	2.18:100 mL
(use as additive only)				
Coconut	BP	0.04	0.29	2.61:100 g
Eucalyptus	BP	0.05	0.36	3.18:100 mL
(use as additive only)				
Lavender Spike	BPC 68	0.25	1.98	
Olive	BP 73	0.03	0.20	1.74:100 mL
(use as additive only)				
Peppermint	BP	0.25	1.98	
(use as additive only)				
Pumilio Pine	BP	0.33	2.64	
Siberian Fir	BPC 49	0.25	1.96	
Turpentine	BP	0.04	0.29	2.58:100 mL
(use as additive only)				
OINTMENTS				
Ammoniated Mercury	BP 73	0.08	0.63	5.59:100 g
Benzoic Acid Compound	APF	0.05	0.38	3.40:100 g
Emulsifying	BP	0.05	0.38	3.39:100 g
Hydrous (white)	BP	0.03	0.24	2.12:100 g
Hydrous (yellow)	BP	0.03	0.24	2.12:100 g
Methyl Salicylate	BP	0.08	0.63	5.56:100 g
Methyl Salicylate Compound	APF 34	0.04	0.28	2.45:100 g
Paraffin (white)	BP	0.03	0.21	1.89:100 g
Paraffin (yellow)	BP 68	0.03	0.21	1.89:100 g
Salicylic Acid	APF	0.03	0.23	2.06:100 g
Salicylic Acid	BP	0.07	0.56	4.99:100 g
Simple (white)	BP	0.04	0.33	2.92:100 g
Simple (yellow)	BP	0.04	0.33	2.92:100 g
Sulphur	BP	0.04	0.32	2.86:100 g
Wool Alcohols (white)	BP	0.04	0.29	2.56:100 g
Wool Alcohols (yellow)	BP	0.04	0.29	2.56:100 g
Zinc	BP	0.06	0.45	3.97:100 g
Zinc and Castor Oil	BP	0.04	0.31	2.77:100 g
Oxymel	APF 13	0.01	0.07	0.64:100 mL
Paraffin Hard	BP	0.01	0.11	0.94:100 g
Paraffin Liquid	BP	0.02	0.13	1.14:100 mL
(may only be prescribed for other than oral use)				
Paraffin Light Liquid	BP	0.01	0.09	0.79:100 mL
Paraffin Soft White	BP	0.02	0.17	1.49:100 g
Paraffin Soft Yellow	BP	0.02	0.18	1.58:100 g
PASTES				
Zinc Compound	BP	0.04	0.35	3.15:100 g
Zinc and Salicylic Acid	BP	0.05	0.40	3.56:100 g
Phenobarbitone	BP	0.34	2.75	0.04:100 mg
Phenobarbitone Sodium	BP	0.51	4.07	0.06:100 mg
Phenol	BP	0.33	2.61	23.19:100 g
(not available for ear drops)				
Phenol Liquefied	BP	0.13	1.02	9.04:100 mL
(not available for ear drops)				
Phenoxyethanol	BP	0.13	1.05	
Pilocarpine Hydrochloride (a)	BP	55.75	..	
Pilocarpine Nitrate	BP	28.64	..	3.58:100 mg
Podophyllum Resin	BP	1.08	8.66	

Drug	Standard	Recovery Price		
		1g/mL	10g/mL	Special
		\$	\$	\$
POTASSIUM				
Citrate	BP	0.03	0.25	2.24:100 g
Iodide	BP	0.16	1.26	11.19:100 g
Permanganate	BP	0.08	0.66	5.85:100 g
POWDER				
Tragacanth Compound	BP	0.11	0.84	7.51:100 g
Propylene Glycol	BP	0.07	0.56	5.00:100 mL
Resorcinol	BP	0.39	3.15	
Silver Nitrate	BP	3.26	26.09	
SOAPS				
Ethereal	APF 55	0.04	0.35	3.12:100 mL
Soft	BP	0.03	0.21	1.87:100 g
SODIUM				
Acid Phosphate	BP	0.12	0.92	8.22:100 g
Bicarbonate	BP	0.01	0.08	0.71:100 g
Chloride	BP	0.02	0.18	1.62:100 g
Citrate	BP	0.04	0.33	2.97:100 g
Phosphate	BP	0.07	0.54	4.77:100 g
Thiosulphate	BP	0.04	0.28	2.46:100 g
(use as additive only)				
SOLUTIONS				
Aluminium Acetate	BP	0.03	0.26	2.27:100 mL
Benzoic Acid	BP	0.06	0.49	
Calcium Hydroxide	BP	0.01	0.03	0.25:100 mL
Chlorhexidine Gluconate	BP	0.11	0.85	7.57:100 mL
(use as additive only)				
Coal Tar	BP	0.06	0.51	4.51:100 mL
Formaldehyde	BP	0.02	0.13	1.18:100 mL
Iodine Aqueous	BP	0.10	0.80	7.12:100 mL
Iodine Weak	BP	0.06	0.44	3.93:100 mL
Morphine Hydrochloride	BPC 73	0.16	1.24	11.05:100 mL
Sodium Chloride	BP	0.01	0.02	0.19:100 mL
SPIRITS				
Ammonia Aromatic	BP	0.05	0.37	3.29:100 mL
Camphor Compound	APF	0.05	0.38	3.34:100 mL
Chloroform	BP	0.01	0.06	0.55:100 mL
Lemon	BP	0.08	0.64	5.72:100 mL
Methylated Industrial	BP	0.01	0.08	0.70:100 mL
(use as additive only)				
Starch	BP	0.02	0.17	1.49:100 g
Sulphur Precipitated	BP	0.03	0.23	2.05:100 g
Sulphurated Potash	BPC 73	0.18	1.44	12.76:100 g
SYRUPS				
Lemon	APF	0.01	0.10	0.88:100 mL
Orange	APF	0.03	0.21	1.90:100 mL
Orange	BP	0.03	0.21	1.90:100 mL
Pholcodine Citrate	BPC 59	0.04	0.31	2.74:100 mL
(use as additive only)				
Raspberry	BP	0.04	0.28	2.51:100 mL
Red	APF	0.03	0.27	2.41:100 mL
Syrup	BP	0.01	0.07	0.66:100 mL
Tolu	BP	0.04	0.28	2.53:100 mL

Drug	Standard	Recovery Price		
		1g/mL	10g/mL	Special
		\$	\$	\$
Talc Purified BP, sterilised		0.06	0.50	4.40:100 g
Tar Coal	BP	0.09	0.69	6.11:100 g
Tar Coal Prepared	BP 73	0.11	0.89	7.87:100 g
Testosterone (may only be prescribed as an ingredient of creams)	BP	4.22	33.74	0.53:100 mg
Theophylline	BP	0.39	3.13	
Thymol	BP	0.37	2.94	
Thymol Mouth Wash Compound	APF	0.02	0.19	1.70:100 mL
TINCTURES				
Belladonna	BP	0.06	0.49	4.36:100 mL
Benzoin Compound	BP	0.06	0.45	4.02:100 mL
Ipecacuanha	BP	0.10	0.79	6.98:100 mL
Lobelia Ethereal	BPC 73	0.19	1.50	13.36:100 mL
Opium	BP	0.25	2.02	17.98:100 mL
Orange	BP	0.05	0.42	3.70:100 mL
Stramonium	BP	0.06	0.50	4.48:100 mL
Titanium Dioxide	BP	0.10	0.77	6.83:100 g
Triethanolamine	BP	0.08	0.65	5.79:100 mL
WATERS				
Anise Concentrated 1 in 40 (use as additive only)	BP	0.06	0.46	4.06:100 mL
Chloroform Concentrated 1 in 40	APF	0.03	0.21	1.90:100 mL
For Injections (b) (extemporaneously prepared eye drops and eye lotions)	BP	..	..	2.97:100 mL
Peppermint Concentrated 1 in 40 (use as additive only)	APF	0.07	0.58	5.18:100 mL
Purified	BP	0.01	0.02	0.17:100 mL
Wool Alcohols	BP	0.15	1.22	
Wool Fat	BP	0.04	0.28	2.46:100 g
Wool Fat Hydrous	BP	0.05	0.38	3.37:100 g
ZINC				
Oxide	BP	0.03	0.20	1.74:100 g
Sulphate	BP	0.20	1.59	14.18:100 g

CONTAINER PRICES

Container Sizes	Prices					
	N.S.W.	Victoria	Queensland	South Aust.	Western Aust.	Tasmania
Dispensing Bottles—	\$	\$	\$	\$	\$	\$
25mL.....	0.29	0.36	0.35	0.43	0.44	0.37
50mL.....	0.31	0.41	0.39	0.42	0.52	0.42
100mL.....	0.41	0.60	0.53	0.73	0.56	0.61
200mL.....	0.56	0.71	0.75	0.74	0.69	0.87
500mL.....	1.57	1.28	2.11	1.57	1.52	1.37
Poison Bottles—						
25mL.....	0.42	0.47	0.52	0.57	0.57	0.49
50mL.....	0.40	0.49	0.48	0.60	0.50	0.50
100mL.....	0.42	0.57	0.52	0.68	0.72	0.58
200mL.....	0.59	0.75	0.80	0.91	0.80	0.83
500mL.....	0.78	0.91	0.95	1.06	0.81	0.96
Screw Cap Jars—						
25g.....	0.41	0.47	0.59	0.55	0.58	0.58
50g.....	0.48	0.54	0.68	0.64	0.69	0.59
100g.....	0.47	0.67	0.79	0.80	0.86	0.69
200g.....	0.57	0.58	0.70	0.62	0.62	0.62
500g.....	0.75	0.89	1.04	0.89	0.89	0.89
Dropper Containers—						
15mL polythene.....	0.41	0.36	0.49	0.39	0.30	0.44
15mL glass	0.59	0.56	0.64	0.69	0.72	0.64

Professional Fee for Extemporaneously Prepared Benefits \$3.83

Additional Fee for Agreed Price Extemporaneously Prepared Benefits \$0.91

STANDARD FORMULAE PREPARATIONS

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

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

KEY TO REFERENCES

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

Code	Item	Reference	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$
	<u>CREAMS</u> MAXIMUM QUANTITY 100g, 1 Repeat			
7655X	Aluminium Acetate Oily	PL & APF	5.27	6.18
7912K	Aqueous	PL & APF	6.17	7.08
7913L	Aqueous	BP	6.17	7.08
7503X	Buffered	BP	5.18	6.09
7503X	Buffered Aqueous	PL & APF	5.18	6.09
7383N	Calamine Aqueous	PL & APF	5.28	6.19
7377G	Calamine Aqueous	BP	4.98	5.89
7659D	Calamine Oily	PL & APF	6.41	7.32
7497N	Cetomacrogol Aqueous	PL & APF	5.55	6.46
7498P	Cetomacrogol (Formula A)	BP	5.35	6.26
7660E	Cetrimide	BP	6.69	7.60
7661F	Cetrimide Aqueous	PL & APF	6.69	7.60
7490F	Chlorhexidine 1%	BP	7.29	8.20
7490F	Chlorhexidine Aqueous	PL & APF	7.29	8.20
7500R	Clioquinol	BP	14.28	+11.00
7504Y	Clioquinol Aqueous	APF	14.43	+11.00
7318E	Coal Tar and Zinc Oily	PL & APF	6.35	7.26
7499Q	Cold	PL & APF	5.46	6.37
7664J	Glycerol Oily	PL & APF	5.16	6.07
7666L	Ichthammol and Zinc Oily	PL & APF	7.54	8.45
7668N	Methyl Salicylate Compound	APF	8.49	9.40
9555X	Oily	APF	6.03	6.94
7669P	Propylene Glycol	APF	6.62	7.53
7892J	Salicylic Acid and Resorcinol Aqueous	PL & APF	7.03	7.94
7501T	Salicylic Acid and Sulphur	BP	6.31	7.22
7502W	Salicylic Acid and Sulphur Aqueous	PL & APF	6.31	7.22
7897P	Zinc	BP	6.45	7.36
7376F	Zinc and Ichthammol	BP	7.86	8.77
7667M	Zinc Oily	PL & APF	6.28	7.19
7654W	Zinc Weak	PL	5.16	6.07
	<u>DUSTING POWDERS</u> MAXIMUM QUANTITY 100g, 1 Repeat			
7474J	Kaolin Compound	APF	7.15	8.06
7473H	Talc	APF & BP	7.79	8.70
9868J	Zinc and Salicylic Acid	BPC 68	5.75	6.66
7458M	Zinc, Starch and Talc	PL, APF & BPC 73	7.05	7.96
	<u>EAR DROPS</u> MAXIMUM QUANTITY 15mL, 2 Repeats			
7544C	Acetic Acid	APF	3.67	4.58
7642F	Aluminium Acetate	PL & APF	3.90	4.81
8116E	Aluminium Acetate	BP	4.01	4.92
7487C	Chlorhexidine	PL & APF	3.75	4.66
7645J	Ichthammol	PL & APF	4.63	5.54
7315B	Salicylic Acid	PL & APF	3.72	4.63
7314Y	Sodium Bicarbonate	PL, APF & BP	3.79	4.70
7313X	Spirit	PL & APF	3.69	4.60
8204T	Spirit	BPC 73	3.73	4.64
	<u>ELIXIR</u> MAXIMUM QUANTITY 100mL, 4 Repeats			
7949J	Rubrum	APF	6.03	6.94
- CONTAINER RATES TO BE ADDED -				

Code	Item	Reference	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$
	<u>EYE DROPS OF COCAINE</u> MAXIMUM QUANTITY 15mL, No Repeats			
7589K	Cocaine Strong	APF	32.83	+11.00
	<u>EYE DROPS OF PILOCARPINE</u> MAXIMUM QUANTITY 15mL, 6 Repeats			
8263X	Pilocarpine	APF 55	12.02	+11.00
	<u>EYE DROPS, OTHER</u> MAXIMUM QUANTITY 15mL, 6 Repeats			
7416H	Zinc Sulphate	APF	6.70	7.61
	<u>EYE LOTIONS</u> MAXIMUM QUANTITY 200mL, 1 Repeat			
7363M	Sodium Bicarbonate	APF	9.63	10.54
8418C	Sodium Chloride	BP	9.60	10.51
	<u>GARGLE</u> MAXIMUM QUANTITY 200mL, 4 Repeats			
7453G	Thymol Compound	APF	7.02	7.93
	<u>GLYCERIN</u> MAXIMUM QUANTITY 100mL, 1 Repeat			
8070R	Ichthammol	APF	9.55	10.46
	<u>INHALATIONS</u> MAXIMUM QUANTITY 50mL, 1 Repeat			
7485Y	Benzoin	PL	5.87	6.78
8577K	Benzoin Compound	PL	6.78	7.69
7484X	Benzoin and Menthol	PL & APF	6.26	7.17
8579M	Menthol	APF	4.26	5.17
7310R	Menthol and Eucalyptus	PL & BP	4.46	5.37
7309Q	Menthol and Pine	PL & APF	5.08	5.99
	<u>INHALATION, SOLID</u> MAXIMUM QUANTITY 4g, 1 Repeat			
8072W	Menthol Crystals	BP	5.18	6.09
	<u>LINCTUSES</u> MAXIMUM QUANTITY 100mL, 2 Repeats			
7529G	Camphor Compound	APF	6.48	7.39
7530H	Codeine	APF	6.52	7.43
7536P	Menthol	APF 64	4.71	5.62
	<u>LINIMENTS</u> MAXIMUM QUANTITY 100mL, 1 Repeat			
7480Q	Methyl Salicylate Compound	PL & APF	6.22	7.13
7419L	Turpentine	BP	6.19	7.10
- CONTAINER RATES TO BE ADDED -				

Code	Item	Reference	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$
	<u>LOTIONS</u> MAXIMUM QUANTITY 200mL, 2 Repeats			
7709R	Aluminium Acetate Aqueous	APF	4.20	5.11
7629M	Calamine	PL, APF & BP	6.04	6.95
7630N	Calamine Oily	PL, APF & BP	5.62	6.53
7631P	Cetomacrogol	APF	5.05	5.96
7710T	Formaldehyde	APF	4.07	4.98
8793T	Resorcinol Compound	APF 13	6.89	7.80
7706N	Salicylic Acid	APF & BP	5.54	6.45
7712X	Salicylic Acid and Coal Tar	APF	5.51	6.42
7632Q	Sodium Thiosulphate	APF	5.08	5.99
7633R	Sulphurated	PL & APF	7.49	8.40
	<u>MIXTURES</u> MAXIMUM QUANTITY 200 mL, 4 Repeats			
7905C	Aspirin	APF 13	5.40	6.31
7908F	Ferrous Sulphate	PL & APF	4.76	5.67
7604F	Gentian Alkaline	PL, APF & BP	5.01	5.92
7605G	Hydrochloric Acid	APF 69	7.98	8.89
7491G	Ipecacuanha and Tolu	PL & APF	5.96	6.87
7348R	Kaolin	BPC 68	5.48	6.39
7301G	Kaolin and Opium	PL & APF	7.17	8.08
7347Q	Lobelia and Stramonium Compound	BPC 68	7.34	8.25
7346P	Magnesium Carbonate	BPC 68	4.58	5.49
7342K	Magnesium Trisilicate	BPC 68	4.86	5.77
7343L	Magnesium Trisilicate and Belladonna	BPC 68	5.31	6.22
7909G	Morphine (1mg/mL)	APF	5.81	6.72
7910H	Morphine Forte (5mg/mL)	APF	9.62	10.53
7911J	Potassium Citrate	PL & APF	5.83	6.74
7932L	Potassium Citrate and Sodium Bicarbonate	PL & APF	5.08	5.99
7618Y	Potassium Iodide and Stramonium Compound	PL & APF	7.62	8.53
7933M	Sodium Citrate	PL & APF	6.15	7.06
7333Y	Stramonium and Potassium Iodide	BPC 73	5.95	6.86
	<u>MIXTURES FOR CHILDREN</u> MAXIMUM QUANTITY 100mL, 4 Repeats			
7783P	Aspirin	APF 13	4.77	5.68
7785R	Belladonna	APF 13	4.85	5.76
7789Y	Ferrous Sulphate	APF 13	4.39	5.30
7330T	Ipecacuanha	BPC 73	4.63	5.54
7494K	Ipecacuanha and Camphor	PL & APF	4.68	5.59
7791C	Potassium Citrate	PL & APF	4.82	5.73
7586G	Potassium Iodide	APF 13	4.50	5.41
7792D	Sodium Citrate	PL & APF	4.98	5.89
	<u>MOUTH WASH</u> MAXIMUM QUANTITY 200mL, 1 Repeat			
7457L	Thymol Compound	APF	7.02	7.93
	<u>NASAL INSTILLATIONS</u> MAXIMUM QUANTITY 15mL, 2 Repeats			
7574P	Ephedrine	PL & APF	3.86	4.77
7576R	Glucose and Glycerol	PL & APF	4.06	4.97
- CONTAINER RATES TO BE ADDED -				

Code	Item	Reference	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$
OINTMENTS				
MAXIMUM QUANTITY 100g, 1 Repeat				
9497W	Benzoic Acid Compound	PL, APF & BP	7.02	7.93
9519B	B.O.Z.	QHF	7.02	7.93
7915N	Calamine	BP	5.45	6.36
7916P	Cetomacrogol Emulsifying	BP	8.19	9.10
7917Q	Cetrimide Emulsifying	BP	7.39	8.30
7452F	Dithranol	APF	5.61	6.52
7452F	Dithranol 0.1%	BP	5.61	6.52
7451E	Dithranol 1%	BP	8.48	9.39
7451E	Dithranol Strong	APF 64	8.48	9.39
7918R	Emulsifying	PL, APF & BP	7.01	7.92
7938T	Hydrous (white)	BP	5.74	6.65
7939W	Hydrous (yellow)	BP	5.74	6.65
9557B	Hydrous Wool Fat	BPC 73	6.42	7.33
9559D	Ichthammol	BP	7.48	8.39
9576B	Methyl Salicylate	BP	9.18	10.09
9577C	Methyl Salicylate Compound	APF 34	6.07	6.98
7924C	Paraffin (white)	BP	5.51	6.42
7925D	Paraffin (yellow)	BP 68	5.51	6.42
9592W	Resorcinol and Sulphur Compound	PL & APF	7.32	8.23
7926E	Salicylic Acid	PL & APF	5.68	6.59
8022F	Salicylic Acid	BP	8.61	9.52
7327P	Salicylic Acid and Sulphur	BPC 73	5.97	6.88
7927F	Simple White	PL & APF	6.54	7.45
7927F	Simple (white)	BP	6.54	7.45
7930J	Simple (yellow)	BP	6.54	7.45
8060F	Sulphur	BP	6.48	7.39
7450D	Wool Alcohols	APF	5.89	6.80
7936Q	Wool Alcohols (white)	BP	6.18	7.09
7937R	Wool Alcohols (yellow)	BP	6.18	7.09
7896N	Zinc	BP	7.59	8.50
7899R	Zinc and Castor Oil	PL, APF & BP	6.39	7.30
7573N	Zinc and Coal Tar	APF	5.87	6.78
7896N	Zinc Oxide	PL & APF	7.59	8.50
PAINTS				
MAXIMUM QUANTITY 25mL, 1 Repeat				
7780L	Cetrimide and Chlorhexidine	APF	3.83	4.74
7781M	Coal Tar	APF & BP	4.30	5.21
7324L	Crystal Violet	BP	3.85	4.76
7842R	Formaldehyde and Salicylic Acid	APF	4.14	5.05
7562B	Ichthammol	PL & APF	5.30	6.21
7563C	Iodine	APF 64	4.73	5.64
7326N	Iodine Compound	APF	4.62	5.53
7569J	Lactic and Salicylic Acid	APF	6.35	7.26
7566F	Podophyllin	PL	6.10	7.01
7567G	Podophyllin Compound	PL, APF & BP	8.80	9.71
7568H	Salicylic Acid	PL & APF	5.45	6.36
PASTES				
MAXIMUM QUANTITY 100g, 1 Repeat				
7555P	Coal Tar and Zinc	PL & APF	6.83	7.74
9740P	Dithranol	PL & APF	7.59	8.50
9738M	Dithranol 0.1%	BP	7.59	8.50
9739N	Dithranol 1%	BP	10.44	11.00
7557R	Dithranol and Zinc Strong	APF 64	10.04	10.95
7323K	Resorcinol and Sulphur	BP	8.42	9.33
- CONTAINER RATES TO BE ADDED -				

Code	Item	Reference	Dispensed Price for Max. Qty \$	Maximum Patient Payment \$
	<u>PASTES - cont.</u>			
9742R	Titanium Dioxide	PL & APF	6.60	7.51
9741Q	Zinc and Coal Tar	BP	6.25	7.16
7558T	Zinc Compound	PL, APF & BP	6.77	7.68
7559W	Zinc and Salicylic Acid	PL & APF	6.87	7.78
9773J	Zinc and Salicylic Acid	BP	7.18	8.09
	<u>POWDER FOR INTERNAL USE</u> MAXIMUM QUANTITY 100g, 2 Repeats			
9825D	Magnesium Trisilicate	BP	5.75	6.66
	<u>POWDER, IRRIGATION</u> MAXIMUM QUANTITY 100g, 1' Repeat			
7546E	Alkaline Nasal Douche	APF	5.09	6.00
	<u>SOAPS</u> MAXIMUM QUANTITY 200mL, 1 Repeat			
9896W	Spirit	BP	7.01	7.92
9897X	Spirit (Industrial Methylated)	BP	7.45	8.36
	<u>SOLUTIONS</u> MAXIMUM QUANTITY 200mL, 2 Repeats			
7539T	Calcium Hypochlorite (Eusol)	APF	4.12	5.03
7922Y	Iodine Aqueous (Lugol's)	BP	17.86	+11.00
7923B	Iodine Weak	BP	11.48	+11.00
7540W	Soap Alcoholic	APF	6.45	7.36
	<u>SYRUP</u> MAXIMUM QUANTITY 100mL, 4 Repeats			
7375E	Codeine	APF	6.15	7.06
	<u>TINCTURES</u> MAXIMUM QUANTITY 25mL, 1 Repeat			
8073X	Belladonna	BP	4.85	5.76
8075B	Stramonium	BP	4.87	5.78
	PREPARATION WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY			
	<u>MIXTURE</u> MAXIMUM QUANTITY 200mL, No Repeats			
7002M	Aspirin APF 13 with Codeine Phosphate 30mg per 10mL		7.62	8.53
	- CONTAINER RATES TO BE ADDED -			

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

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

SECTION 5—PRESCRIBERS' LIST

PRESCRIPTION			PRESCRIPTION		
CREAMS					
(Maximum Quantity 100g and 1 Repeat)					
7655X	ALUMINIUM ACETATE, OILY (APF)		7661F	CETRIMIDE, AQUEOUS (APF)	
Aluminium Acetate Solution .	5	mL	Cetrimide	500	mg
Zinc Oxide	20	g	Chlorocresol	100	mg
Wool Fat	25	g	Cetostearyl Alcohol	5	g
Arachis Oil	25	mL	Liquid Paraffin	50	g
Purified Water, freshly boiled			Purified Water, freshly boiled		
and cooled	27	mL	and cooled to	100	g
7912K	AQUEOUS (APF)		7490F	CHLORHEXIDINE, AQUEOUS (APF)	
Emulsifying Ointment	30	g	(Chlorhexidine 1% BP)		
Glycerol	5	mL	Chlorhexidine Gluconate		
Phenoxyethanol	1	g	Solution	5	mL
Purified Water, freshly boiled			Cetomacrogol Emulsifying		
and cooled to	100	g	Wax	25	g
7593X	BUFFERED, AQUEOUS (APF,BP)		Liquid Paraffin	10	g
Sodium Phosphate	2.5	g	Purified Water, freshly boiled		
Citric Acid Monohydrate	500	mg	and cooled to	100	g
Chlorocresol	100	mg	7318E	COAL TAR and ZINC, OILY (APF)	
Emulsifying Ointment	30	g	Coal Tar	1	g
Purified Water, freshly boiled			Castor Oil	1	g
and cooled to	100	g	Zinc Cream Oily, APF	98	g
7383N	CALAMINE, AQUEOUS (APF)		7499Q	COLD (APF)	
Calamine	4	g	White Beeswax	17	g
Zinc Oxide	3	g	Liquid Paraffin	45	g
Cetomacrogol Emulsifying			Borax	1	g
Wax	6	g	Purified Water, freshly boiled		
Arachis Oil	30	g	and cooled	37	mL
Purified Water, freshly boiled			7664J	GLYCEROL, OILY (APF)	
and cooled to	100	g	Glycerol	20	g
7659D	CALAMINE, OILY (APF)		Calcium Hydroxide Solution .	32	mL
Calamine	32	g	Arachis Oil	22	g
Oleic Acid	0.5	mL	Wool Fat	26	g
Arachis Oil	21.5	mL	7666L	ICHTHAMMOL and ZINC, OILY	
Wool Fat	17.5	g	(APF)		
Calcium Hydroxide Solution .	30.5	mL	Ichthammol	5	g
7497N	CETOMACROGOL, AQUEOUS (APF)		Wool Fat	15	g
Cetomacrogol Emulsifying			Zinc Cream Oily, APF	80	g
Wax	15	g	7892J	SALICYLIC ACID and	
Liquid Paraffin	10	g	RESORCINOL, AQUEOUS (APF)		
White Soft Paraffin	10	g	Salicylic Acid	2	g
Chlorocresol	100	mg	Resorcinol	2	g
Propylene Glycol	5	mL	Aqueous Cream, APF to	100	g
Purified Water, freshly boiled					
and cooled to	100	g			

PRESCRIPTION

CREAMS—continued**7502W SALICYLIC ACID and SULPHUR, AQUEOUS (APF)**

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

7667M ZINC, OILY (APF)

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

7654W ZINC, WEAK (PL)

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

DUSTING POWDER

(Maximum Quantity 100g and 1 Repeat)

7458M ZINC, STARCH and TALC (APF)

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

EAR DROPS

(Maximum Quantity 15mL and 2 Repeats)

7642F ALUMINIUM ACETATE (APF)

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

7487C CHLORHEXIDINE (APF)

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

7645J ICHTHAMMOL (APF)

Ichthammol	10	g
Glycerol	90	g

7315B SALICYLIC ACID (APF)

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

PRESCRIPTION

7314Y SODIUM BICARBONATE (APF, BP)

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

7313X SPIRIT (APF)

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

INHALATIONS

(Maximum Quantity 50mL and 1 Repeat)

7485Y BENZOIN (PL)

Benzoin Tincture, Compound ..	50	mL

8577K BENZOIN, COMPOUND (PL)

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

7484X BENZOIN and MENTHOL (APF)

Menthol	1	g
Benzoin Tincture, Compound to	50	mL

7310R MENTHOL and EUCALYPTUS (BP)

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

7309Q MENTHOL and PINE (APF)

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

LINIMENT

(Maximum Quantity 100mL and 1 Repeat)

7480Q METHYL SALICYLATE, COMPOUND (APF)

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

PRESCRIPTION

LOTIONS

(Maximum Quantity 200mL and 2 Repeats)

7629M CALAMINE (APF, BP)

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

7630N CALAMINE, OILY (APF, BP)

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

7633R SULPHURATED (APF)

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

MIXTURES

(Maximum Quantity 200mL and 4 Repeats)

7908F FERROUS SULPHATE (APF)

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

7604F GENTIAN, ALKALINE (APF, BP)

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

PRESCRIPTION

7491G IPECACUANHA and TOLU (APF)
(formerly Ipecacuanha and Squill Mixture
APF 13)

Synonym: Cough Mixture

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

7301G KAOLIN and OPIUM (APF)

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

7911J POTASSIUM CITRATE (APF)

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

7932L POTASSIUM CITRATE and SODIUM
BICARBONATE (APF)

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

7618Y POTASSIUM IODIDE and
STRAMONIUM, COMPOUND (APF)
Synonym: Lobelia and Stramonium
Mixture

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

PRESCRIPTION

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

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

NASAL INSTILLATIONS

(Maximum Quantity 15mL and 2 Repeats)

7574P EPHEDRINE (APF)

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

7576R GLUCOSE and GLYCEROL (APF)

Glucose for Oral Use	3	g
Glycerol to	15	mL

OINTMENTS

(Maximum Quantity 100g and 1 Repeat)

9497W BENZOIC ACID, COMPOUND (APF, BP)

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

7918R EMULSIFYING (APF, BP)

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

9592W RESORCINOL and SULPHUR, COMPOUND (APF)

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

7926E SALICYLIC ACID (APF)

Salicylic Acid	2	g
Wool Alcohols Ointment,		
APF	98	g

**7927F SIMPLE (APF, BP)
(White Simple Ointment)**

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

PRESCRIPTION

7899R ZINC and CASTOR OIL (APF, BP)

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

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

Zinc Oxide	15	g
White Simple Ointment	85	g

PAINTS

(Maximum Quantity 25mL and 1 Repeat)

7562B ICHTHAMMOL (APF)

Ichthammol	10	g
Glycerol	90	g

7566F PODOPHYLLIN (PL)

Podophyllum Resin	1.25	g
Benzoin Tincture, Compound		
to	25	mL

7567G PODOPHYLLIN, COMPOUND (APF, BP)

Podophyllum Resin	3.75	g
Benzoin Tincture, Compound		
to	25	mL

7568H SALICYLIC ACID (APF)

Salicylic Acid	2.5	g
Flexible Collodion to	25	mL

PASTES

(Maximum Quantity 100g and 1 Repeat)

7555P COAL TAR and ZINC (APF)

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

9740P DITHRANOL (APF)

Dithranol	100	mg
Zinc and Salicylic Acid Paste .	99.9	g

 PRESCRIPTION

PASTES—*continued*
9742R TITANIUM DIOXIDE (APF)

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

 PRESCRIPTION

7558T ZINC, COMPOUND (APF, BP)

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

7559W ZINC and SALICYLIC ACID (APF)

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

SECTION 5—PRESCRIBERS' LIST—CHILDREN'S SECTION

PRESCRIPTION			PRESCRIPTION		
MIXTURES			7792D SODIUM CITRATE (APF)		
(Maximum Quantity 100mL and 4 Repeats)			Sodium Citrate	1	g
7494K IPECACUANHA and CAMPHOR (APF)			Citric Acid Monohydrate	200	mg
(formerly Ipecacuanha and			Lemon Syrup, APF	1	mL
Squill Mixture APF 13)			Concentrated Chloroform		
Synonym: Expectorant Mixture			Water	0.1	mL
for Children			Purified Water to	5	mL
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			

CHILDREN'S SECTION

SECTION 6

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

CONTAINER PRICES FOR QUANTITIES OF READY PREPARED PREPARATIONS LESS THAN MAXIMUM

Injectibles	150mL vial, 42c
Other items	25mL vial, 16c
(The 25mL is the most commonly used size)	

Fees—

Ready Prepared Professional Fee \$2.64

Dangerous Drug Fee \$1.35

Additional Fee for Agreed Price Ready Prepared Benefits \$0.63

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

(Apply wastage factor in calculating broken quantity prices)

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Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
GENERAL PHARMACEUTICAL BENEFITS				
1004W	Acetazolamide	250mg	50 @ 5.70	LE
1003T	Acyclovir	200mg	25 @ 47.23	BW
2434D	Adrenaline	5mg per mL, 7.5mL	1 @ 3.23	BF
3031M		5mg per mL, 10mL	1 @ 3.36	AG
1014J		10mg per mL, 7.5mL	1 @ 3.55	BF
2955M		10mg per mL, 10mL	1 @ 4.01	AG,AQ
1015K		20mg per mL, 10mL	1 @ 6.79	AG,AQ
2600W	Allopurinol	100mg	100 @ 4.25	DH,PT
2604C		300mg	100 @ 5.28	BW
			30 @ 3.74	PT
			30 @ 3.86	DH
			30 @ 5.05	BW
2601X		100mg	100 @ 5.28	FM
2603B		300mg	30 @ 5.05	FM
2153H	Aluminium Hydroxide	320mg per 5mL, 500mL	1 @ 2.88	DH,PR,WY
1026B	Aluminium Hydroxide Dried	300mg	100 @ 2.88	WY
1033J	Aluminium Hydroxide and Magnesium Carbonate Co-Dried Gel	375mg	100 @ 2.88	GL,WY
2576N	Aluminium Hydroxide with Magnesium Hydroxide	200mg-200mg	100 @ 2.88	PD,WW
2154J		230mg-230mg	100 @ 2.88	BW
2155K		300mg-100mg per 5mL, 500mL	1 @ 2.88	AY
2156L		215mg-80mg per 5mL, 500mL	1 @ 2.88	WY
2157M		200mg-200mg per 5mL, 500mL	1 @ 2.88	DH,PD,SC,WW
2158N	Aluminium Hydroxide with Magnesium Hydroxide and Oxethazaine	306mg-97.5mg- 10mg per 5mL, 500mL	1 @ 2.88	AY
1032H	Aluminium Hydroxide with Magnesium Trisilicate and Magnesium Hydroxide	250mg-120mg-120mg	100 @ 2.88	FM
2159P		250mg-120mg-120mg per 5mL, 500mL	1 @ 2.88	FM
3109P	Amiloride	5mg	50 @ 3.13	AF
			50 @ 3.25	MK
3077Y	Amino Acid Formula with Vitamins and Minerals without Methionine	200g	1 @ 52.50	SB
3073R	Amino Acid Formula with Vitamins and Minerals without Phenylalanine	200g	1 @ 53.68	SB
3076X		200g	1 @ 83.75	SB
3075W	Amino Acid Formula with Vitamins and Minerals without Valine, Leucine and Isoleucine	200g	1 @ 130.00	SB
3071P	Amino Acid Formula without Phenylalanine	250g	1 @ 118.05	SB
3072Q		250g	1 @ 142.50	SB
1059R	Amylobarbitone Sodium	500mg	1 @ 3.25	LY
1980F	Antivenom - Red Back Spider	500 units	1 @ 75.41	CS
1105E	Bendrofluazide	2.5mg	50 @ 1.88	BT
1106F		5mg	50 @ 1.89	PT
			50 @ 2.01	BT

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
1109J	Benzhexol	2mg	100 @ 2.85	PT
1110K		5mg	100 @ 2.91	LE
2362H	Benztropine	2mg	100 @ 4.10	PT
2647H	Benzylpenicillin	3g	100 @ 4.13	LE
2648J		6g	100 @ 4.78	MK
2812B	Betamethasone Valerate	200mcg per g, 100g	1 @ 6.11	CS
2820K		200mcg per g, 100g	1 @ 2.55	GL,SH
1062X	Bethanechol	10mg	1 @ 2.55	SH
1071J		5mg in 1mL	50 @ 3.34	MK
2544X	Biperiden	2mg	1 @ 4.51	MK
1259G	Bisacodyl	5mg	100 @ 5.55	KN
1130L	Bumetanide	1mg	100 @ 3.84	PT
2994N	Calcitonin (porcine)	160 i.u., 10	50 @ 3.36	AP
2995P	(salmon)	50 i.u. in 1mL, 5	1 @ 199.00	RG
2996Q		80 i.u. in 0.8mL, 5	1 @ 25.00	SZ
2997R		100 i.u. in 1mL, 5	1 @ 36.36	SZ
2998T		400 i.u. in 2mL	1 @ 43.26	RG,SZ
2999W	(synthetic human)	0.5mg, 5	1 @ 29.36	RG
3116B	Calcium	500mg	1 @ 68.75	CG
3117C		600mg	60 @ 4.54	RK
3122H		Equiv. to 1g (25mmol) Ca ²⁺	60 @ 4.66	LE
2535K	Carbachol	15mg per mL, 15mL	30 @ 5.95	SZ
2536L		30mg per mL, 15mL	1 @ 3.94	AQ
1153Q	Carbimazole	5mg	1 @ 3.94	AQ
1160C	Carboplatin	50mg in 5mL	100 @ 3.20	NS
1161D		150mg in 15mL	1 @ 59.03	BL
1162E		450mg in 45mL	1 @ 141.66	BL
1085D	Cefotaxime	1g	1 @ 306.95	BL
1086E		2g	1 @ 12.40	RL
1782T	Ceftriaxone	250mg	1 @ 23.61	RL
1783W		500mg	1 @ 10.74	RO
1784X		1g	1 @ 19.25	RO
1785Y		2g	1 @ 33.58	RO
2964B	Cephalothin Sodium	1g	1 @ 63.40	RO
1256D	Cephazolin Sodium	500mg	1 @ 3.93	GL,LY
1257E		1g	1 @ 3.95	LY
1163F	Chlorambucil	2mg	1 @ 7.50	LY
1164G		5mg	25 @ 14.98	BW
1167K	Chloramphenicol	1g	25 @ 18.23	BW
1187L	Chlorothiazide	500mg	1 @ 8.05	PD
1196Y	Chlorpromazine	10mg	50 @ 3.54	FM,FR
1197B		25mg	100 @ 2.41	MB,PT
1198C		50mg	100 @ 3.96	PT
1201F		25mg per 5mL, 100mL	100 @ 4.09	MB
1585K	Chlorthalidone	25mg	1 @ 2.44	MB
2967E	Cholestyramine	9g (equiv. to 4g cholestyramine)	50 @ 3.54	CG
1157X	Cimetidine	200mg	1 @ 25.98	AP
1158Y		400mg	120 @ 40.74	CS,SK
1159B		800mg	60 @ 40.74	CS,SK
1808E	Clonazepam	2.5mg in 1mL, 10mL	30 @ 40.74	CS,SK
2392X	Clopamide	5mg	1 @ 3.35	RO
2621Y	Colistin	150mg	50 @ 3.54	SZ
			1 @ 22.04	WW

(Apply wastage factor in calculating broken quantity.prices)

4

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
1228P	Copper Sulphate	Tablets, 36	1 @ 3.91	AM
1264M	Cyclopenthiiazide	500mcg	50 @ 3.66	CG
1079T	Cyclophosphamide	500mg	1 @ 5.98	FE
1798P	Cyproheptadine	4mg	50 @ 2.65	FR
2925Y	Cytarabine	40mg in 2mL	5 @ 18.60	BT
2910E		100mg set	1 @ 7.83	UP
2911F		500mg in 25mL	1 @ 39.09	BT
2129C	Desmopressin	100mcg per mL, 2.5mL	1 @ 23.03	FC
2605D	Digoxin	62.5mcg	100 @ 2.14	BW
1322N		250mcg	50 @ 1.70	BW
1344R	Diphtheria Antitoxin	10,000 units	1 @ 35.13	CS
1341N	Diphtheria and Tetanus Vaccine, Adsorbed	0.5mL	1 @ 2.88	CS
3019X	Diphtheria and Tetanus Vaccine, Adsorbed, Diluted for Adult Use	0.5mL	1 @ 2.88	CS
1346W	Diphtheria, Tetanus and Pertussis Vaccine, Adsorbed	0.5mL	1 @ 2.75	CS,PD
1348Y	Diphtheria Vaccine, Adsorbed	0.5mL	1 @ 4.00	CS
3020Y	Diphtheria Vaccine, Adsorbed, Diluted for Adult Use	0.5mL	1 @ 3.69	CS
1125F	Docusate Sodium with Bisacodyl	100mg-10mg, 5	1 @ 2.18	FM
1338K	Doxorubicin Hydrochloride	10mg	1 @ 48.38	FE
1337J		20mg	1 @ 93.34	FE
1339L		50mg	1 @ 230.89	FE
2714W	Doxycycline	100mg	7 @ 3.06	AF
			7 @ 3.30	PF
2715X		100mg	7 @ 2.36	PT
1398N	Erythromycin Lactobionate	300mg	1 @ 4.30	AB
1405Y	Ethinylloestradiol	10mcg	100 @ 2.04	GL
1406B		20mcg	100 @ 2.20	GL
1407C		50mcg	100 @ 2.91	GL
3166P	Ethinodiol Diacetate with Ethinylloestradiol	500mcg-50mcg	1 @ 2.23	SR
3167Q		1mg-50mcg	1 @ 2.23	SR
2447T		Tablet-Pack	1 @ 2.23	SR
3168R		Tablet-Pack	1 @ 2.23	SR
2487X	Famotidine	20mg	60 @ 42.75	MK
2488Y		40mg	30 @ 42.75	MK
1433K	Fludrocortisone Acetate	100mcg	100 @ 4.63	SQ
2659Y	Fluphenazine	1mg	100 @ 3.85	SQ
2660B		2.5mg	100 @ 5.49	SQ
2958Q	Folic Acid	500mcg	100 @ 1.59	DH,PT
			100 @ 1.60	SI
1437P		5mg	100 @ 1.73	DH
			100 @ 1.75	FM,NN,PR,PT, RT,SI,US
1436N		15mg in 1mL	5 @ 5.23	AB
2414C	Frusemide	20mg	50 @ 2.65	FM,HP
2412Y		40mg	50 @ 2.69	PT
			50 @ 2.96	FM
			50 @ 3.44	HP
2699C	Gas Gangrene Antitoxin - Mixed (Polyvalent)	25,000 units	1 @ 57.13	CS
2909D	Glucose Indicator - Blood	Reagent Strips, 50	1 @ 16.31	AM
2912G		Reagent Strips, 50	1 @ 16.31	BO
2917M		Reagent Strips, 50	1 @ 22.78	AM
2914J		Reagent Strips, 50	1 @ 22.78	BO
2767P	Haloperidol	1.5mg	100 @ 3.68	SR

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
1053K	Heparin Calcium	12,500 units in 0.5mL	1 @ 3.25	CS
1054L		25,000 units in 1mL	1 @ 4.21	CS
1468G	Heparin Sodium	25,000 units in 5mL	1 @ 4.21	CS,FC
1076P		35,000 units in 35mL	1 @ 7.80	CS,FC
1617D	Hexamine Mandelate	250mg	100 @ 4.61	WW
1618E	Hexamine Mandelate	500mg	100 @ 6.15	WW
1477R	Human Chorionic Gonadotrophin	5,000 units set	1 @ 15.00	CS
1640H	Hydralazine Hydrochloride	25mg	100 @ 3.33	PT
			100 @ 3.45	AF
			100 @ 4.65	CG
1639G		50mg	100 @ 4.84	PT
			100 @ 4.96	AF
			100 @ 6.85	CG
1484D	Hydrochlorothiazide	25mg	50 @ 2.49	CG,MK
1485E		50mg	50 @ 3.66	CG,MK
1486F	Hydrochlorothiazide with Amiloride	50mg-5mg	50 @ 3.85	PT
			50 @ 4.68	MK
1280J	Hydrochlorothiazide with Triamterene	25mg-50mg	50 @ 5.09	SK
1502C	Hydrocortisone Acetate	25g	1 @ 15.30	SV
1510L	Hydrocortisone Sodium Succinate	100mg set	1 @ 2.88	NR
			1 @ 2.91	UP
1511M		250mg set	1 @ 6.34	UP
3097B		500mg set	1 @ 12.00	UP
1501B		100mg set	1 @ 2.88	NR
			1 @ 2.91	UP
2956N	Hypromellose	5mg per mL, 15mL	1 @ 2.50	AG,AQ,SI
2952J		10mg per mL, 15mL	1 @ 3.05	SI
1509K	Hypromellose with Dextran	3mg-1mg per mL, 15mL	1 @ 2.91	AQ
2436F	Indapamide	25mg	30 @ 5.90	SE
2757D	Indomethacin	100mg	20 @ 7.36	MK
1710B	Insulin, Acid (bovine)	100 units per mL, 10mL	1 @ 16.89	CN
1530M		300 units per mL, 5mL	1 @ 16.89	CN
1723Q	Insulin Biphasic (mixed porcine/bovine)	100 units per mL, 10mL	1 @ 19.50	CN
1533Q	Insulin Isophane (N.P.H.) (synthetic human)	100 units per mL, 10mL	1 @ 22.13	BW,CN,IY
1534R	(synthetic human)	100 units per mL, 1.5mL, 5	1 @ 16.60	CN
1711C	(bovine)	100 units per mL, 10mL	1 @ 16.89	CN,FC
1712D	(porcine)	100 units per mL, 10mL	1 @ 19.50	BW,CN
1425B	Insulin Isophane (N.P.H.) - Insulin Neutral, (Mixed) (synthetic human)	100 units (50 units-50 units) per mL, 10mL	1 @ 22.13	BW

(Apply wastage factor in calculating broken quantity prices)

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Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
1426C	Insulin Isophane (N.P.H.) - Insulin Neutral, (Mixed) (synthetic human)	100 units (70 units-30 units) per mL, 10mL	1 @ 22.13	BW,CN
1429F	(synthetic human)	100 units (70 units-30 units) per mL, 1.5mL, 5	1 @ 16.60	CN
1428E	(porcine)	100 units (50 units-50 units) per mL, 10mL	1 @ 19.50	BW
1427D	(porcine)	100 units (70 units-30 units) per mL, 10mL	1 @ 19.50	BW,CN
1531N	Insulin Neutral (synthetic human)	100 units per mL, 10mL	1 @ 22.13	BW,CN,LY
1532P	(synthetic human)	100 units per mL, 1.5mL, 5	1 @ 16.60	CN
1713E	(bovine)	100 units per mL, 10mL	1 @ 16.89	FC
1714F	(porcine)	100 units per mL, 10mL	1 @ 19.50	BW,CN
1538Y	(porcine)	100 units per mL, 1.5mL, 5	1 @ 14.63	CN
1539B	(porcine)	100 units per mL, 2mL, 5	1 @ 19.50	BW
1715G	Insulin Protamine Zinc (bovine)	100 units per mL, 10mL	1 @ 16.89	CN
1718K	Insulin Zinc Suspension (synthetic human)	100 units per mL, 10mL	1 @ 22.13	CN
1716H	(bovine)	100 units per mL, 10mL	1 @ 16.89	CN
1717J	(porcine)	100 units per mL, 10mL	1 @ 19.50	CN
1720M	Insulin Zinc Suspension (Amorphous) (porcine)	100 units per mL, 10mL	1 @ 19.50	CN
1722P	Insulin Zinc Suspension (Crystalline) (synthetic human)	100 units per mL, 10mL	1 @ 22.13	CN
1721N	(bovine)	100 units per mL, 10mL	1 @ 16.89	CN
1541D	Ipratropium Bromide	250mcg per mL, 20mL	1 @ 5.80	BY
2587E	Isosorbide Dinitrate	10mg	100 @ 3.25	AY,PD
2588F		5mg	100 @ 3.25	AY,PD
1588N	Ketoprofen	100mg	20 @ 8.46	MB
1568M	Leuporelin Acetate	5mg	1 @ 182.99	AB
2913H	Levonorgestrel	30mcg	1 @ 2.23	SC,WY
1455N	Levonorgestrel with Ethinylloestradiol	125mcg-50mcg	1 @ 2.23	SC
1393H		150mcg-30mcg	1 @ 2.23	SC,WY
3186Q		250mcg-50mcg	1 @ 2.23	WY
1456P		Tablet-Pack	1 @ 2.23	SC,WY
1394J		Tablet-Pack	1 @ 2.23	SC,WY
3188T		Tablet-Pack	1 @ 2.23	WY
1457Q		Tablet-Pack	1 @ 2.23	WY

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
1458R	Levonorgestrel with Ethinyloestradiol	Tablet-Pack	1 @ 2.23	SC,WY
1391F		Tablet-Pack	1 @ 2.23	SC,WY
1392G		Tablet-Pack	1 @ 2.23	SC,WY
3059B	Lithium Carbonate	250mg	100 @ 2.98	PT
3060C		400mg	100 @ 3.03	DH
2401J	Lypressin	50 units per mL, 5mL	100 @ 6.03	PT
1823Y	Mefruside	25mg	1 @ 12.99	SZ
2547C	Melphalan	2mg	50 @ 3.54	BN
2548D		5mg	25 @ 18.93	BW
1598D	Mercaptopurine	50mg	25 @ 31.83	BW
1612W	Methdilazine	4mg	25 @ 22.96	BW
1613X		8mg	50 @ 2.26	GL
1620G	Methenolone Acetate	5mg	50 @ 3.00	GL
2396D	Methotrexate	5mg in 2mL	50 @ 8.50	SC
2394B		50mg	1 @ 9.48	LE
2395C		50mg in 2mL	1 @ 13.11	LE
1624L	Methyclothiazide	2.5mg	1 @ 11.04	LE
1625M		5mg	50 @ 2.46	AB
1203H	Metolazone	2.5mg	50 @ 2.76	AB
1284N	Milk Powder - Lactose Modified	500g	50 @ 2.59	SR
1283M	Milk Powder - Low Lactose Formula	500g	1 @ 6.79	SJ
3092R	Milk Powder - Synthetic	450g	1 @ 6.79	SJ
1924G	Mithramycin	2.5mg	1 @ 11.50	KY
1668T	Mustine	10mg	1 @ 32.24	PF
1662L	Naproxen	500mg	1 @ 9.10	BT
1675E	Neostigmine	15mg	20 @ 8.46	SD
1681L	Niclosamide	500mg	100 @ 5.45	RO
2732T	Nitrazepam	5mg	4 @ 2.90	BN
1967M	Norethisterone	350mcg	25 @ 1.29	AF
2772X	Norethisterone with Ethinyloestradiol	500mcg-35mcg	25 @ 1.54	RO
2773Y		1mg-35mcg	1 @ 2.23	JC,SD
2774B		Tablet-Pack	1 @ 2.23	JC,SD
2775C		Tablet-Pack	1 @ 2.23	SD
2771W		Tablet-Pack	1 @ 2.23	SD
2776D		Tablet-Pack	1 @ 2.23	SD
3176E	Norethisterone with Mestranol	1mg-50mcg	1 @ 2.23	JC,SD
3179H		Tablet-Pack	1 @ 2.23	SD
1663M	Oestradiol Valerate	1mg	1 @ 2.83	SC
1664N		2mg	1 @ 3.84	SC
1733F	Oestrogens - Conjugated	300mcg	1 @ 2.83	AY
1734G		625mcg	1 @ 3.84	AY
2627G	Orphenadrine Hydrochloride	50mg	100 @ 4.96	RK
3134Y	Oxazepam	15mg	25 @ 1.38	AF
3135B		30mg	25 @ 1.45	AY,WY
2496J	Pancrelipase	not less than 5,000 BP units	25 @ 1.63	AF
2495H		lipase activity not less than 10,000 BP units	25 @ 1.70	AY,WY
1754H	Paraffin	3.5g	250 @ 73.93	OR
1750D		7g	1 @ 2.30	AQ
3052P	Pericyazine	2.5mg	1 @ 3.50	AG
			100 @ 4.25	MB

(Apply wastage factor in calculating broken quantity prices)

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Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
2407Q	Peritoneal Dialysis Solution	76mmol per L glucose, 1L, 12	1 @ 51.00	BX
2403L		76mmol per L glucose, 2L, 6	1 @ 37.50	BX
2404M		126mmol per L glucose, 1L, 12	1 @ 51.00	BX
2406P		126mmol per L glucose, 2L, 6	1 @ 37.50	BX
2408R		214mmol per L glucose, 1L, 10	1 @ 42.50	BX
2409T		214mmol per L glucose, 2L, 6	1 @ 37.50	BX
1707W	Phenethicillin	250mg	25 @ 3.90	SI
1709Y		250mg	25 @ 3.90	SI
1702N	Phenoxymethylpenicillin	125mg	25 @ 2.61	AB
1703P		250mg	25 @ 2.74	AB,CS,LY,SI
1705R		250mg	25 @ 2.74	AB,CS,LY,SI
1865E	Phenylalanine Low Content Formula	1 lb	1 @ 25.85	MJ
2778F	Pilocarpine Hydrochloride	5mg per mL, 15mL	1 @ 3.16	AG,AQ,IQ,SI
2595N		10mg per mL, 15mL	1 @ 3.26	AG,AQ,IQ,SI
2596P		20mg per mL, 15mL	1 @ 4.06	AG,AQ,IQ,SI
2597Q		30mg per mL, 15mL	1 @ 5.25	AG,AQ,IQ,SI
2598R		40mg per mL, 15mL	1 @ 5.81	AG,AQ,IQ,SI
2779G		60mg per mL, 15mL	1 @ 7.13	AG,AQ,SI
1777M	Piperazine Oestrone Sulphate	730mcg (equiv. to 625mcg sodium oestrone sulphate)	1 @ 2.83	AB
1778N		1.46mg (equiv. to 1.25mg sodium oestrone sulphate)	1 @ 3.84	AB
2682E	Polyvinyl Alcohol	14mg per mL, 15mL	1 @ 3.05	AG
2681D		30mg per mL, 15mL	1 @ 3.75	AG
2675T	Polyvinyl Alcohol with Povidone	14mg-6mg per mL, 15mL	1 @ 3.08	AG
2642C	Potassium Chloride	600mg	100 @ 2.50	PR
3012M		14mmol K ⁺ and 8mmol Cl ⁻	100 @ 2.73	AF,CG,PT
2625E		1.5g (20mmol K ⁺ and 20mmol Cl ⁻) per 15mL, 500mL	30 @ 2.73	PT
1919B	Prednisolone Acetate	10mg in 1mL	1 @ 2.73	SC
1920C	Prednisolone Sodium Phosphate	20mg in 100mL	1 @ 2.96	SC
2554K		5mg, 10	7 @ 18.41	GL
3099D	Prednisolone Stearoylglycolate	5mg, 10	1 @ 5.73	GL
2653P	Procainamide	6.65mg	30 @ 2.44	FE
1941E		250mg	100 @ 6.25	SQ
2893G	Prochlorperazine	100mg per mL, 10mL	1 @ 6.84	SQ
1943G	Procyclidine	5mg	100 @ 2.89	PT
1948M	Promethazine	50mg in 2mL	100 @ 3.65	MB,SK
1953T	Propantheline Bromide	15mg	100 @ 4.51	BW
2830Y	Propranolol	1mg in 1mL	5 @ 3.25	BL
1955X	Propylthiouracil	50mg	100 @ 3.50	PT
3056W	Protein Hydrolysate Formula without Phenylalanine	200g	10 @ 9.98	IC
3057X	Protein Hydrolysate Formula without Phenylalanine and Tyrosine	200g	100 @ 6.25	JC
2337B	Quinethazone	50mg	1 @ 66.63	SB
			1 @ 64.93	SB
			50 @ 3.66	LE

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
1978D	Ranitidine Hydrochloride	150mg (base)	60 @ 42.75	GL
1977C		300mg (base)	30 @ 42.75	GL
1987N	Rolitetracycline	I.V. 275mg	1 @ 5.33	HP
1990R		I.M. 350mg	1 @ 5.33	HP
3087L	Salbutamol	100mcg per dose (200 dose)	1 @ 3.75	GL
2003K	Salbutamol Sulphate	5mg (base) per mL, 30mL	1 @ 4.91	GL,RK
1096Q		100mcg (base) per dose (200 dose)	1 @ 3.75	RK
2016D	Sodium Aurothiomalate	10mg	10 @ 29.54	MB
3015Q	Sodium Bicarbonate	100mmol in 100mL	1 @ 2.63	AB
1124E	Sodium Cromoglycate	20mg per 2mL	60 @ 26.06	FC
2037F	Sodium Salicylate	600mg (e.c.)	100 @ 3.61	PR
2294R	Sodium Valproate	100mg	100 @ 14.16	RC
2289L		200mg (e.c.)	100 @ 21.14	RC
2290M		500mg (e.c.)	100 @ 40.14	RC
2292P		200mg per 5mL, 200mL	1 @ 11.38	RC
2291N		200mg per 5mL, 200mL	1 @ 11.38	RC
1102B	Sterculia with Frangula Bark	473mg-83mg per g, 250g	1 @ 7.09	SC
3130R	Streptokinase	100,000 i.u.	1 @ 21.85	PS
2906Y		250,000 i.u.	1 @ 38.48	HP,PS
2962X		600,000 i.u.	1 @ 78.15	PS
2907B		750,000 i.u.	1 @ 97.70	HP
2093E	Sulphasalazine	500mg	100 @ 16.38	PS
2096H		500mg (e.c.)	100 @ 19.28	PS
2109B	Tamoxifen Citrate	10mg (base)	30 @ 27.15	IC
2110C		20mg (base)	30 @ 46.04	IC
2105T	Temazepam	10mg	25 @ 1.65	AF
			25 @ 1.70	SI,WY
2116J	Testosterone Propionate	50mg in 1mL	3 @ 7.13	SC
2127Y	Tetanus Vaccine, Adsorbed	0.5mL	1 @ 2.55	CS
3083G	Tetracosactrin	500mcg in 1mL	1 @ 6.70	CG
2832C		1mg in 1mL	1 @ 9.39	CG
2135J	Tetracycline	250mg	25 @ 2.64	BZ(N),UP
2152G	Tetracycline with Nystatin	250mg-250,000 units	25 @ 2.64	AP,SQ,UP
2146Y	Tetracycline (Buffered)	250mg	25 @ 2.64	AP,CS,FM,HP, SQ
2368P	Thiethylperazine	6.5mg (base) in 1mL	5 @ 4.25	SZ
3159G	Thiopropazate	5mg	100 @ 5.38	SR
2163W	Thioridazine	10mg	100 @ 2.30	AF
			100 @ 2.41	SZ
2359E		25mg	100 @ 4.14	AF
			100 @ 4.26	SZ
2164X		50mg	100 @ 5.55	AF
			100 @ 5.68	SZ
2402K		30mg per mL, 30mL	1 @ 3.66	SZ
2345K	Thiotepa	15mg	1 @ 11.80	LE
2174K	Thyroxine Sodium (BP 1980)	50mcg	100 @ 1.61	BW
2175L		100mcg	100 @ 1.75	BW
2173J		200mcg	100 @ 3.00	BW
2177N	Ticarcillin	1g	5 @ 30.48	BR,CS
2176M		3g	5 @ 67.65	BR,CS
1355H	Tobramycin Sulphate	40mg	1 @ 4.73	LY
1356J		80mg	1 @ 7.09	LY

(Apply wastage factor in calculating broken quantity prices)

Code	Approved Name	Form/Strength	Pack and Price \$	Manufacturer
2178P	Tolbutamide	500mg	100 @ 4.50	HP
2117K	Triamcinolone Acetonide	200mcg per g, 100g	1 @ 2.55	LE,SQ
2118L		200mcg per g, 100g	1 @ 2.55	LE,SQ
2342G	Triamterene	100mg	50 @ 4.25	SK
2185B	Trifluoperazine	1mg	100 @ 2.99	PT
			100 @ 3.30	SK
2386N		2mg	100 @ 3.68	PT
			100 @ 4.60	SK
2686J	Triglycerides, Medium Chain	450g	1 @ 12.10	MJ
2676W		400g	1 @ 13.49	NT
2679B		454g	1 @ 13.49	MJ
3113W	Vancomycin	125mg	20 @ 164.88	LY
3114X		250mg	20 @ 329.75	LY
3131T		500mg	1 @ 31.95	LY
2197P	Vasopressin Tannate	5 units in 1mL	5 @ 25.75	PD
2198Q	Vinblastine	10mg	1 @ 21.43	LY
2199R		10mg set	1 @ 23.35	BL
2371T	Vincristine	1mg	1 @ 18.65	BL
			1 @ 18.70	LY
INTRAVENOUS INFUSIONS				
3199J	Electrolyte Replacement Solution	1L	1 @ 3.51	AB,BX
2245E	Glucose	278mmol per L, 1L	1 @ 2.13	AB,BX,KM
2247G		555mmol per L, 1L	1 @ 3.35	AB,BX
2249J		1110mmol per L, 1L	1 @ 3.51	AB
2251L		1387mmol per L, 1L	1 @ 3.51	AB,BX
2252M		1387mmol per 500mL, 500mL	1 @ 2.91	AB
2334W	Polygeline	17.5g per 500mL, 500mL	1 @ 15.64	HP
2264E	Sodium Chloride	154mmol per L, 1L	1 @ 2.13	AB,BX,KM
2260Y		513mmol per L, 1L	1 @ 3.51	BX
2266G	Sodium Chloride Compound BPC 1959	1L	1 @ 3.38	AB,BX
2271M	Sodium Chloride and Glucose	154mmol-278mmol per L, 1L	1 @ 3.51	AB,BX
2278X		39mmol-69mmol per 500mL, 500mL	1 @ 2.90	AB,BX
2279Y		19mmol-104mmol per 500mL, 500mL	1 @ 2.90	AB,BX
2281C		31mmol-222mmol per L, 1L	1 @ 2.13	AB,BX,KM
2286H	Sodium Lactate Compound	1L	1 @ 2.13	AB,BX,KM
2288K	Sodium Lactate Compound and Anhydrous Glucose	278mmol per L, 1L	1 @ 3.51	AB,BX
PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY				
3376Q	Cephalothin Sodium	1g	1 @ 3.93	GL,LY
3342X	Nystatin	500,000 units	50 @ 7.33	LE,SQ
SPECIAL PHARMACEUTICAL BENEFITS				
1211R	Clomiphene Citrate (ML) 50mg, 5			
	The pricing pack (i.e. 5 tablets) price which the Commonwealth is prepared to pay (including 25% mark-up) is \$8.09.			
	The price sought by the manufacturer for this pricing pack (including 25% mark-up) is \$24.09.			



Commonwealth Department of
Veterans' Affairs

REPATRIATION SCHEDULE OF PHARMACEUTICAL BENEFITS

DECEMBER 1988

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 X. 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 X. Smith

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

WITH

PBS PHARMACEUTICAL BENEFITS

(Patients ineligible to receive Repatriation Pharmaceuticals)



Dependant Treatment
Entitlement Card

X 123456 1

Valda J. BREWER



Service Pensioner
Benefits Card

X 123456 1

John X. Smith

FOR REPATRIATION PHARMACEUTICAL BENEFITS

Affairs beneficiaries in accordance with their treatment entitlement.

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

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

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

NOTE:

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

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

Explanatory Circular regarding the December 1988 edition of the Repatriation Schedule of Pharmaceutical Benefits.

This reprint of the Schedule will take effect on 1 December 1988 and all previous editions of the Schedule are cancelled.

SUMMARY OF CHANGES

ADDITIONS

New Items

Section 1

Allantoin, Glycerol and Ichthammol, Cream 5mg-10mg-10mg per g (0.5%-1%-1%), 50g (*Egoderm*)

DELETIONS

Items

Section 1

Natamycin, Neomycin Sulphate and Hydrocortisone, Ointment 10mg-5mg-10mg per g (1%-0.5%-1%), 15g (*Pimafucort*)

Phenylephrine Hydrochloride, Nasal drops 2.5mg per mL (0.25%), 25 mL (*Neo-Synephrine*)

Sodium Cromoglycate, Nasal spray 20mg per mL (2%), 17.5mL (*Rynacrom*)

Forms, Strengths of Existing Items

Section 3

Absorbent Gauze Pad, 5cm × 5cm (*Curity 1613*)—Item withdrawn from retail sale by the manufacturer

Absorbent Gauze Pad, 7.5cm × 7.5cm (*Curity 1648*)—Item withdrawn from retail sale by the manufacturer

Absorbent Gauze Pad, 10cm × 10cm (*Curity 1825*)—Item withdrawn from retail sale by the manufacturer

ALTERATIONS

Manufacturers' Codes

Section 1

	<i>From</i>	<i>To</i>
Pine Tar, Coal Tar Solution, Juniper Tar and Phenol, Solution 20mg-5mg-1mg-5mg per mL (2%-0.5%-0.1%-0.5%), 500mL (<i>Pixol</i>)	CD	WS
Skin Cleanser, Lotion 500mL (<i>Sopol</i>)	CD	WS

SECTION 1

DRUGS, MEDICINES AND DIAGNOSTIC REAGENTS

REPATRIATION

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

REPATRIATION

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

REPATRIATION

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

REPATRIATION

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

REPATRIATION

Code	Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
4212Q	FLUNISOLIDE Nasal Spray 250 micrograms per mL (0.025%), 20mL	#1	2	Rhinalar Nasal Mist	SD
	FLUNITRAZEPAM CAUTION: Continuous long term use may lead to dependency. No authorities will be granted for increased maximum quantities and/or repeats of flunitrazepam.				
4213R	Tablet 2mg	25	..	Hypnodorm Rohypnol	AF RO
4292X	FLUOCINOLONE ACETONIDE Cream 250 micrograms per g (0.025%), 30g	#1	2	Synalar	IC
4295C	Ointment 100 micrograms per g (0.01%), 30g	#1	2	Synalar O1	IC
4296D	250 micrograms per g (0.025%), 30g	#1	2	Synalar	IC
4215W	FLUOCORTOLONE PIVALATE and FLUOCORTOLONE HEXANOATE Cream 2.5mg-2.5mg per g (0.25%-0.25%), 30g	#1	2	Ultralan	SC
	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-10mg-5mg per g (0.092%-0.095%-1%-0.5%), 10g	#1	2	Ultraproct	SC
4218B	920 micrograms-950 micrograms-10mg-5mg per g (0.092%-0.095%-1%-0.5%), 30g	#1	2	Ultraproct	SC
4219C	Suppositories - each contains 610 micrograms-630 micrograms-5mg-1mg, 12	#1	2	Ultraproct	SC
4222F	FLUOROURACIL Cream 50mg per g (5%), 20g	#1	..	Efudix	RO
4223G	Solution 10mg per mL (1%), 30mL	#1	..	Fluoroplex	AG
	FLURAZEPAM DIHYDROCHLORIDE CAUTION: Continuous long term use may lead to dependency. No authorities will be granted for increased maximum quantities and/or repeats of flurazepam dihydrochloride.				
4226K	Capsule 15mg	30	..	Dalmane	RO
4227L	30mg	30	..	Dalmane	RO
4248N	GLUCOSE INDICATOR - BLOOD Reagent Strips, 50	2	5	Dextrostix	AM
4249P	GLYCEROL Suppositories adult size 2.7g, 12	#1	1	PD	

REPATRIATION

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

REPATRIATION

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

REPATRIATION

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

REPATRIATION

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

REPATRIATION

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Code	Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer
	SODIUM POLYSTYRENE SULPHONATE CAUTION: For use in the treatment of renal disease.			
4470G	Powder 454g	#1	2	Resonium-A WL
4471H	SPIRONOLACTONE Tablet 100mg	100	..	Aldactone SR
4544E	SUNSCREENS Cream 100g	#1	..	Aquasun Blockout Cream 15+ PY Hamilton Sunscreen Broad Spectrum Cream 15+ HA SunSense Cream 15+ EO
4367W	100mL	#1	..	U.V. Ultrablock Broad Spectrum Water Resistant 15+ Cream IC
4476N	Lotion (Alcoholic) 100mL	#1	..	Hamilton Broad Spectrum Alcoholic Lotion 15+ HA
4368X	125ml	#1	..	SunSense Lotion 15+ EO
4546G	Lotion (Non-Alcoholic) 125mL	#1	..	Aquasun Blockout Lotion 15+ PY Hamilton Broad Spectrum Milky Lotion 15+ HA SunSense Milk 15+ EO
4209M	Solid Stick 5g	#1	..	Hamilton Broad Spectrum Solastick 15+ HA
4477P	TETRA-BROMO-ORTHOCRESOL, UNDECENOIC ACID, ZINC UNDECENOATE and ZINC OXIDE Powder 10mg-10mg-50mg-50mg per g (1%-1%-5%-5%), 50g	#1	..	Pedoz HA
4530K	THYMOL IODIDE, BISMUTH SUBIODIDE and CHLORBUTOL Powder 11.5mg-41.5mg-52.5mg per g (1.15%-4.15%-5.25%), 10g	#1	..	E.D.P. GL
4537T	TOLNAFTATE Cream 10mg per g (1%), 30g	#1	..	Pedi-Derm NN
4479R	Powder 10mg per g (1%), 20g	#1	..	Pedi-Derm NN
4538W	Solution 10mg per mL (1%), 15mL	#1	..	Pedi-Derm NN
4481W	Spray Aerosol 10mg per g (1%), 150g	#1	..	Tinaderm SH

REPATRIATION

Code	Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
4532M	TRIAMCINOLONE ACETONIDE Cream 500 micrograms per g (0.05%), 30g	#1	2	Kenalone	SQ
4533N	Ointment 500 micrograms per g (0.05%), 30g	#1	2	Kenalone	SQ
4483Y	TRIAMCINOLONE ACETONIDE with NEOMYCIN SULPHATE, GRAMICIDIN and NYSTATIN CAUTION: For the short term treatment of localised infective eczema only. Cream 1mg-2.5mg (base)-250 micrograms- 100,000 units per g (0.1%-0.25% (base)-0.025%- 100,000 units in 1g), 15g	#1	..	Aristocomb Kenacomb	LE SQ
4482X	Ointment 1mg-2.5mg (base)-250 micrograms- 100,000 units per g (0.1%-0.25% (base)-0.025%- 100,000 units in 1g), 15g	#1	..	Aristocomb Kenacomb	LE SQ
4488F	VITAMIN A Ointment 540 micrograms per g, 50g	#1	1	Ungvita	NS
4490H	VITAMIN A, CALAMINE and SILICONE OIL Cream 150 micrograms-100mg-10mg per g (500 units per g-10%-1%), 50g	#1	1	Ungvita Cream	NS
4493L	VITAMIN B GROUP COMPLEX Liquid 200mL	#1	2	Accomin Adult Tonic	LE
4495N	VITAMIN B GROUP COMPLEX STRONG with ASCORBIC ACID Tablet	90	2	Multi-B Forte	GP
4491J	Tablet with Calcium Pantothenate	100	2	FM	
4497Q	ZINC OXIDE, STARCH and CHLORPHENESIN Dusting Powder, 100g	#1	1	Z.S.C.	SI
4499T	ZINC PYRITHIONE Cream 5mg per g (0.5%), 75g	#1	1	Dan Gard Hold & Care	FA
4498R	Shampoo 10mg per mL (1%), 200mL	#1	1	Dan Gard	FA

SECTION 2

AIDS TO TREATMENT

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

REPATRIATION

Code	Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer
	ABSORBENT NAPKINS PANTS NOTE: May not be prescribed for patients in nursing homes. The approved patient fee includes a component for the supply of incontinence aids by the nursing home.			
4603G	Pack of 2, small size	3	..	Softeze Stretch Pants 082-8101 BS
4604H	Pack of 2, medium size	3	..	Softeze Stretch Pants 082-8201 BS
4602F	Pack of 2, large size	3	..	Softeze Stretch Pants 082-8301 BS
4634X	INHALATION DEVICE	#1	..	Bricanyl Nebuhaler 2022 AP Volumatic 10359 GL
4633W	INHALATION LEVER DEVICE FOR METERED AEROSOL	#1	..	Haleraid GL
4616Y	INJECTION SITE PREPARATION SWAB Isopropyl Alcohol 0.7mL per mL (70%), pack of 100	#1	1	Curity 2323 KE Medi Swab 1000H SN
4631R	MOUTH PIECE FOR METERED AEROSOLS	#1	..	Mouthpiece BY
4635Y	NASAL INSUFFLATOR	#1	..	Rynacrom FC
4638D	ROTAHALERS Rotahaler	#1	..	Becotide GL
4637C	Rotahaler	#1	..	Ventolin GL
4636B	SPINHALER	#1	..	Intal FC

SECTION 3

DRESSINGS

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

REPATRIATION

Code	Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
4704N	ABSORBENT COTTON GAUZE 90cm x 1m, pack	#1	..	Handy 4021	BE
4705P	11cm x 373cm, roll	#1	..	Kerlix 6715	KE
4701K	ABSORBENT COTTON WOOL 100g Roll	#1	2	JJ 02013	JJ
4702L	375g Roll	#1	2	JJ 02011	JJ
4707R	ABSORBENT GAUZE PAD 5cm x 5cm, 100	#1	..	Handy 5672	BE
4807B	Sterile single pack, 5cm x 5cm, 100	#1	..	Curity 3381	KE
4710X	7.5cm x 7.5cm, 100	#1	..	Handy 5673	BE
4709W	Sterile single pack, 7.5cm x 7.5cm, 100	#1	..	Curity 6132	KE
4708T	10cm x 10cm, 100	#1	..	Handy 5674	BE
4808C	Sterile single pack, 10cm x 10cm, 100	#1	..	Curity 6309	KE
4711Y	ABSORBENT LINT 50g, pack	#1	..	Handy 4032	BE
	ABSORBENT NAPKINS <u>NOTE:</u> May not be prescribed for patients in nursing homes. The approved patient fee includes a component for the supply of incontinence aids by the nursing home.				
4714D	Pack of 20	#1	10	Softéze Absorbent Pad Mini 640-0412	BS
4715E	Pack of 20	#1	10	Softéze Absorbent Pad Regular 640-0312	BS
4716F	Pack of 8	#1	10	Depend Undergarments 1650	KC
4717G	BANDAGE CALICO TRIANGULAR Large size	#1	..	Handy 5605	BE
4720K	BANDAGE COTTON CONFORMING 2.5cm x 1.5m	5	..	Handy-Band 9483	BE
4721L	5cm x 1.5m	5	..	Handy-Band 9485	BE
4722M	7.5cm x 1.5m	5	..	Handy-Band 9488	BE
4723N	10cm x 1.5m	5	..	Handy-Band 9490	BE
4724P	15cm x 1.5m	5	..	Handy-Band 9495	BE

REPATRIATION

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Code	Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer
4727T	BANDAGE COTTON CREPE HEAVY 5cm x 2.3m	2	..	Curaband 8252F KE Elastocrepe 3205A SN
4728W	7.5cm x 2.3m	2	..	Curaband 8253F KE Elastocrepe 3275A SN
4729X	10cm x 2.3m	2	..	Curaband 8254F KE Elastocrepe 3210A SN
4730Y	15cm x 2.3m	2	..	Curaband 8256F KE Elastocrepe 3215A SN
4733D	BANDAGE ELASTIC ADHESIVE 5cm x 2.5m	≠1	..	Elastoplast 1002 SN
4734E	7.5cm x 2.5m	≠1	..	Elastoplast 1003 SN
4735F	10cm x 2.5m	≠1	..	Elastoplast 1004 SN
4801Q	BANDAGE ELASTIC CONFORMING 2.5cm x 1.8m	5	..	Curaband 8181 KE
4802R	5cm x 1.8m	5	..	Curaband 8182 KE
4803T	7.5cm x 1.8m	5	..	Curaband 8183 KE
4804W	10cm x 1.8m	5	..	Curaband 8184 KE
4805X	15cm x 1.8m	5	..	Curaband 8186 KE
4738J	BANDAGE OPEN-WOVE 2.5cm	5	..	Handy 5551 BE
4739K	5cm	5	..	Handy 5552 BE
4740L	7.5cm	5	..	Handy 5553 BE
4741M	10cm	5	..	Handy 5554 BE
4744Q	BANDAGE PLASTER OF PARIS 5cm x 2.75m	5	..	Gypsona S5002 SN
4745R	7.5cm x 2.75m	5	..	Gypsona S5003 SN
4746T	10cm x 2.75m	5	..	Gypsona S5004 SN
4747W	15cm x 2.75m	5	..	Gypsona S5006 SN
4811F	BANDAGE SELF-ADHESIVE ELASTIC 5cm x 1.3m	2	..	Peg 7420 BK
4812G	7.5cm x 1.3m	2	..	Peg 7422 BK
4813H	10cm x 1.3m	2	..	Peg 7423 BK
4814J	15cm x 1.3m	2	..	Peg 7425 BK

REPATRIATION

Code	Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
4820Q	BANDAGE STRETCH 2.5cm	5	..	Conform 2230	KE
4821R	5cm	5	..	Conform 2231	KE
4822T	7.5cm	5	..	Conform 2232	KE
4823W	10cm	5	..	Conform 2236	KE
4824X	15cm	5	..	Conform 2238	KE
4833J	BANDAGE WRINKLED COTTON CREPE 5cm x 1.5m (hospital quality)	2	..	Curaband 8232	KE
4881X	5cm x 1.6m (medium)	2	..	Handycrepe 8235	BE
4834K	7.5cm x 1.5m (hospital quality)	2	..	Curaband 8233	KE
4882Y	7.5cm x 1.6m (medium)	2	..	Handycrepe 8238	BE
4835L	10cm x 1.5m (hospital quality)	2	..	Curaband 8234	KE
4883B	10cm x 1.6m (medium)	2	..	Handycrepe 8240	BE
4836M	15cm x 1.5m (hospital quality)	2	..	Curaband 8236	KE
4884C	15cm x 1.6m (medium)	2	..	Handycrepe 8245	BE
4750B	BANDAGE ZINC PASTE 7.5cm x 6m	2	..	Viscopaste 4948A	SN
4752D	BANDAGE ZINC PASTE and ICHTHAMMOL 7.5cm x 6m	2	..	Ichthopaste 4959	SN
4839Q	DRESSING ADHESIVE MEMBRANE Sterile single sachet, 14cm x 10cm	10	1	Op-Site 4963	SN
4841T	25cm x 10cm	20	..	Bioclusive Transparent Dressing 12477	JJ
4754F	DRESSING ELASTIC ADHESIVE 6cm x 1m, pack	#1	..	Elastoplast 4025	SN
4860T	DRESSING NON-ADHERENT DRY ABSORBENT Sterile single sachet, 5cm x 5cm, pack of 5	#1	..	Melolin 1200M	SN
4755G	Sterile single pack, 5cm x 7.5cm	10	..	Telfa 1961C	KE
4758K	Sterile single pack, 7.5cm x 10cm	10	..	Telfa 2132C	KE
4861W	Sterile single sachet, 10cm x 10cm, pack of 10	#1	..	Melolin 4933	SN
4759L	DRESSING PARAFFIN GAUZE Sterile sachets, 10cm x 10cm, pack of 10	#1	..	Unitulle Jelonet 7404	RL SN

REPATRIATION

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

REPATRIATION

Code	Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer
4779M	POVIDONE-IODINE GAUZE PAD Sterile sachets, 22.5cm x 7.5cm, pack of 12	#1	2	Betadine FA
4780N	SELF ADHESIVE PLASTER ELASTIC 2.5cm x 2.5m roll	#1	..	Leukoplast 1071 BE
4781P	5cm x 2.5m roll	#1	..	Leukoplast 1072 BE
4782Q	7.5cm x 2.5m roll	#1	..	Leukoplast 1073 BE
4784T	SELF ADHESIVE PLASTER HYPOALLERGENIC 1.25cm x 5m roll	#1	..	Leukoflex 1121 BE
4783R	1.25cm x 5m roll	#1	..	Leukopor 2471 BE
4785W	1.25cm x 5m roll	#1	..	Leukosilk 1021 BE
4870H	1.25cm x 4.5m roll (dispenser)	#1	..	Micropore Cloth First Aid Tape 2610 RK
4868F	1.25cm x 4.5m roll (dispenser)	#1	..	Micropore Paper First Aid Tape R3 RK
4869G	1.25cm x 4.5m roll (dispenser)	#1	..	Micropore Plastic First Aid Tape TR1 RK
4872K	1.25cm x 4.5m roll (dispenser)	#1	..	Micropore Skintone Paper First Aid Tape RF7 RK
4871J	1.25cm x 4.5m roll (dispenser)	#1	..	Micropore Waterproof First Aid Tape BR1 RK
4864B	1.25cm x 9.1m roll	#1	..	Tenderskin 1596.1 KE
4786X	2.5cm x 5m roll	#1	..	Leukoflex 1122 BE
4794H	2.5cm x 5m roll	#1	..	Leukopor 2472 BE
4787Y	2.5cm x 5m roll	#1	..	Leukosilk 1022 BE
4875N	2.5cm x 4.5m roll (dispenser)	#1	..	Micropore Cloth First Aid Tape 2611 RK
4873L	2.5cm x 4.5m roll (dispenser)	#1	..	Micropore Paper First Aid Tape R4 RK
4874M	2.5cm x 4.5m roll (dispenser)	#1	..	Micropore Plastic First Aid Tape TR2 RK
	(continued)			

REPATRIATION

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Code	Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer
4877Q	SELF ADHESIVE PLASTER HYPOALLERGENIC - cont. 2.5cm x 4.5m roll (dispenser)	#1	..	Micropore Skintone Paper First Aid Tape RF8 RK
4876P	2.5cm x 4.5m roll (dispenser)	#1	..	Micropore Waterproof First Aid Tape BR2 RK
4865C	2.5cm x 9.1m roll	#1	..	Tenderskin 1914.1 KE
4788B	5cm x 5m roll	#1	..	Leukoflex 1124 BE
4790D	5cm x 5m roll	#1	..	Leukopor 2474 BE
4789C	5cm x 5m roll	#1	..	Leukosilk 1024 BE
4866D	5cm x 9.1m roll	#1	..	Tenderskin 2419.1 KE
4867E	7.5cm x 9.1m roll	#1	..	Tenderskin 3394.1 KE
4791E	SELF ADHESIVE PLASTER WATERPROOF 2.5cm x 5m roll	#1	..	Leukoplast 2322 BE
4792F	5cm x 5m roll	#1	..	Leukoplast 2324 BE
4793G	7.5cm x 5m roll	#1	..	Leukoplast 2325 BE
4855M	TUBULAR DRESSING 6.25cm x 1m	#1	..	Tubigrip B BT
4856N	6.75cm x 1m	#1	..	Tubigrip C BT
4857P	7.5cm x 1m	#1	..	Tubigrip D BT
4858Q	8.75cm x 1m	#1	..	Tubigrip E BT
4859R	10cm x 1m	#1	..	Tubigrip F BT
4798M	TUBULAR FINGER DRESSING Complete pack, including applicator	#1	..	Scholl Tubegauz SO

PROPRIETARY INDEX

FOR

NHS AND REPATRIATION SCHEDULES

ABBREVIATIONS

(C & I)	Preparations available for colostomy and ileostomy use
(P & Q)	Preparations available for use by paraplegic and quadriplegic patients
(Repat. Sch.)	Repatriation Schedule

Proprietary Name	Manu- fac- turer	Name
Abbocillin-V	AB	Phenoxymethylpenicillin
Abbocillin-VK	AB	Phenoxymethylpenicillin
Accomin Adult Tonic	LE	Vitamin B Group Complex (Repat. Sch.)
Acetopt	SI	Sulphacetamide Sodium
Achromycin	LE	Tetracycline
Achromycin V	LE	Tetracycline (Buffered)
Achrostatin	LE	Tetracycline with Nystatin
Aci-Jel	JC	Ricinoleic Acid, Acetic Acid and Hydroxyquinoline Sulphate (Repat. Sch.)
Actraphane HM	CN	Insulin Isophane (N.P.H.) - Insulin Neutral, (Mixed)
Actraphane HM Penfill	CN	Insulin Isophane (N.P.H.) - Insulin Neutral, (Mixed)
Actraphane MC	CN	Insulin Isophane (N.P.H.) - Insulin Neutral, (Mixed)
Actrapid HM	CN	Insulin Neutral
Actrapid HM Penfill	CN	Insulin Neutral
Actrapid MC	CN	Insulin Neutral
Actrapid MC Penfill	CN	Insulin Neutral
Actuss	SI	Pholcodine (Repat. Sch.)
Adacor	NN	Hydrocortisone
Adalat	BN	Nifedipine
Adalat 5	BN	Nifedipine
Adalat 20	BN	Nifedipine
Adaquin	NN	Quinine Sulphate
Adasone	NN	Prednisone
Adnisolone	NN	Prednisolone
Adriamycin	FE	Doxorubicin Hydrochloride
Adroyd	PD	Oxymetholone
Aerocortin	BW	Polymyxin B Sulphate with Neomycin and Hydrocortisone
Agon	HP	Felodipine
Akineton	KN	Biperiden
Albalon-A	AG	Antazoline with Naphazoline
Albalon Liquifilm	AG	Naphazoline Hydrochloride
Albay Bee Venom	BN	Insect Allergen Extract - Honey Bee Venom
Albay Wasp Venom	BN	Insect Allergen Extract - Paper Wasp Venom
Albumaid XP	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
Aldazine 10	AF	Thioridazine
Aldazine 25	AF	Thioridazine
Aldazine 50	AF	Thioridazine
Aldazine 100	AF	Thioridazine
Aldecin	SH	Beclomethasone Dipropionate
Aldomet	MK	Methyldopa
Aldomet-M	MK	Methyldopa
Alepam 15	AF	Oxazepam
Alepam 30	AF	Oxazepam
Alexan	BT	Cytarabine
Alfaré	NT	Triglycerides, Medium Chain
Alkeran	BW	Melphalan
Allegron	DL	Nortriptyline

Proprietary Name	Manu- fac- turer	Name
Allergex	PT	Chlorpheniramine (Repat. Sch.)
Alloremed 100	DH	Allopurinol
Alloremed 300	DH	Allopurinol
Almacarb	GL	Aluminium Hydroxide and Magnesium Carbonate Co-Dried Gel
Alodorm	AF	Nitrazepam
Alphamox 250	AF	Amoxycillin
Alphamox 500	AF	Amoxycillin
Alphapress 25	AF	Hydralazine Hydrochloride
Alphapress 50	AF	Hydralazine Hydrochloride
Alphosyl	SV	Allantoin and Coal Tar Extract (Repat. Sch.)
Alphosyl Shampoo	SV	Coal Tar Extract (Repat. Sch.)
Alprim	AF	Trimethoprim
Alucone	DH	Aluminium Hydroxide with Magnesium Hydroxide
Aludrox	AY	Aluminium Hydroxide with Magnesium Hydroxide
Alusorb	DH	Aluminium Hydroxide
Ames-BG	AM	Glucose Indicator - Blood
Aminogran F.S.	GL	Amino Acid Formula without Phenylalanine
Aminogran M.M.	GL	Mineral Mixture
Aminopt	SI	Aminacrine Hydrochloride
Amitrip	PT	Amitriptyline
Amizide	PT	Hydrochlorothiazide with Amiloride
Amoxil	BR	Amoxycillin
Amoxil Forte	BR	Amoxycillin
Amphojel	WY	Aluminium Hydroxide
Amphotabs	WY	Aluminium Hydroxide Dried
Ampicyn	PT	Ampicillin
Amytal Sodium	LY	Amylobarbitone Sodium
Anafranil	CG	Clomipramine Hydrochloride
Anamorph	FM	Morphine Sulphate
Anapolon	SD	Oxymetholone
Anatensol	SQ	Fluphenazine
Ancolan	GL	Meclozine (Repat. Sch.)
Ancotil	RO	Flucytosine
Anginine Stabilised	BW	Glyceryl Trinitrate
Anpec 40	AF	Verapamil Hydrochloride
Anpec 80	AF	Verapamil Hydrochloride
Anpine	AF	Nifedipine
Antabuse	JC	Disulfiram (Repat. Sch.)
Antadine	BT	Amantadine Hydrochloride
Antenex 2	AF	Diazepam
Antenex 5	AF	Diazepam
Anthel 125	AF	Pyrantel Embonate
Anthel 250	AF	Pyrantel Embonate
Anti-Naus	PT	Prochlorperazine
Anti-Spas	PT	Benzhexol
Antistine Privine	ZY	Antazoline with Naphazoline
Anturan	CG	Sulphinpyrazone
Anusol	WW	Zinc Oxide
Apresoline 25	CG	Hydralazine Hydrochloride
Apresoline 50	CG	Hydralazine Hydrochloride
Aprinox	BT	Bendrofluazide
Aprinox-M	BT	Bendrofluazide
Aptin	AP	Alprenolol
Aquacare H.P.	AG	Urea

Proprietary Name	Manu- fac- turer	Name
Aquadrate	NW	Urea
Aquamox	LE	Quinethazone
Aquasun Blockout Cream 15+	PY	Sunscreens (Repat. Sch.)
Aquasun Blockout Lotion 15+	PY	Sunscreens (Repat. Sch.)
Aristocomb	LE	Triamcinolone Acetonide with Neomycin Sulphate, Gramicidin and Nystatin (Repat. Sch.)
Aristocort 0.02%	LE	Triamcinolone Acetonide
Aristocort 0.05%	LE	Triamcinolone Acetonide
Artane	LE	Benzhexol
Arterioflexin	PT	Clofibrate
Arthrexin	AF	Indomethacin
Ascabiol	MB	Benzyl Benzoate
Aspalgin	FM	Codeine Phosphate with Aspirin (Repat. Sch.)
A.T.10	WL	Dihydrotachysterol
Atarax	PF	Hydroxyzine Pamoate (Repat. Sch.)
Ativan	WY	Lorazepam (Repat. Sch.)
Atrobel	FM	Belladonna Alkaloids
Atrobel FORTE	FM	Belladonna Alkaloids
Atromid-S	IC	Clofibrate
Atropt	SI	Atropine Sulphate
Atrovent	BY	Ipratropium Bromide
Augmentin	BR	Amoxycillin with Clavulanic Acid
Augmentin Forte	BR	Amoxycillin with Clavulanic Acid
Aureomycin	LE	Chlortetracycline (Repat. Sch.)
Austramycin-V	CS	Tetracycline (Buffered)
Austrapen	CS	Ampicillin
Austrastaph	CS	Cloxacillin
Avil	HP	Pheniramine (Repat. Sch.)
Avomine	MB	Promethazine Theoclate
Azide	FM	Chlorothiazide
Bactigras 7457/00616/7461	SN	Dressing Paraffin Gauze with Chlorhexidine Acetate (Repat. Sch. S.3)
Bactrim	RO	Trimethoprim with Sulphamethoxazole
Bactrim DS	RO	Trimethoprim with Sulphamethoxazole
B.A.L.	BT	Dimercaprol
Banish	DY	Deodorant Concentrate (C & I)
Barbloc 5	AF	Pindolol
Barbloc 15	AF	Pindolol
Baycaron	BN	Mefruside
Becloforte	GL	Beclomethasone Dipropionate
Beconase	GL	Beclomethasone Dipropionate (Repat. Sch.)
Beconase AQ	GL	Beclomethasone Dipropionate (Repat. Sch.)
Becotide	GL	Beclomethasone Dipropionate
Becotide 100	GL	Beclomethasone Dipropionate
Becotide Rotacaps	GL	Beclomethasone Dipropionate
Becotide Rotahaler	GL	Rotahalers (Repat. Sch. S.2)
Benadryl	PD	Diphenhydramine Hydrochloride (Repat. Sch.)
Benemid	FR	Probenecid
Benzemul	MG	Benzyl Benzoate
Benzide	PT	Bendrofluazide
Berotec	BY	Fenoterol Hydrobromide
Betacard	BR	Alprenolol
Betadine	FA	Povidone-Iodine Gauze Pad (Repat. Sch. S.3)

Proprietary Name	Manu- fac- turer	Name
Betadine Antiseptic Liquid	FA	Povidone-Iodine (Repat. Sch.)
Betaloc	AP	Metoprolol
Betamin	US	Thiamine Hydrochloride
Beta-Sol	FM	Thiamine Hydrochloride
Betatabs-100	FM	Thiamine Hydrochloride
Betnovate	GL	Betamethasone Valerate (Repat. Sch.)
Betnovate 1/5	GL	Betamethasone Valerate
Betnovate 1/2	GL	Betamethasone Valerate
B.F.I.	MK	Bismuth Formic Iodide (Repat. Sch.)
Bi-Chinine	DH	Quinine Bisulphate
Bicillin All-Purpose	WY	Benzathine Penicillin with Procaine
Bicillin L-A	WY	Penicillin and Benzylpenicillin Potassium
Biocclusive Transparent Dressing 12477	JJ	Benzathine Penicillin
Bioral		Dressing Adhesive Membrane (Repat. Sch. S.3)
Biphasil 21	SN	Carbenoxolone Sodium (Repat. Sch.)
Biphasil 28	WY	Levonorgestrel with Ethinyloestradiol
Biquin	WY	Levonorgestrel with Ethinyloestradiol
Bi-Quinate	NN	Quinine Bisulphate
Bisalax	US	Quinine Bisulphate
Bisolvon	PT	Bisacodyl
Blenoxane	BY	Bromhexine Hydrochloride (Repat. Sch.)
Bleph 10	BC	Bleomycin
Blacadren	AG	Sulphacetamide Sodium
BM-Test-BG	FR	Timolol
BM-Test-Glycemie 20-800	BO	Glucose Indicator - Blood
Brevinor	BO	Glucose Indicator - Blood
Brevinor-1	SD	Norethisterone with Ethinyloestradiol
Bricanyl	SD	Norethisterone with Ethinyloestradiol
Bricanyl Nebuhaler 2022	AP	Terbutaline Sulphate
Brinaldix	AP	Inhalation Device (Repat. Sch. S.2)
Brondecon-PD	SZ	Cloпамide
Brondecon Elixir-PD	PD	Choline Theophyllinate
Brufen	PD	Choline Theophyllinate
Bufferin	BT	Ibuprofen
Burinex	AP	Aspirin
Buscopan	AP	Bumetanide
Cafergot	BY	Hyoscine-N-Butylbromide (Repat. Sch.)
Cafergot PB	SZ	Ergotamine Tartrate with Caffeine
Calcihep	SZ	Ergotamine Tartrate with Caffeine, Itobarbitone and Belladonna Alkaloids
Calciparine	FC	Heparin Calcium
Calcitare	BL	Heparin Calcium
Calcium Sandoz	RG	Calcitonin
Calmazine	SZ	Calcium Gluconate
Calmurid	PT	Trifluoperazine
Cal-Sup	PS	Urea
Calsynar	RK	Calcium
Caltrate	RG	Calcitonin
Canesten	LE	Calcium
Canesten 1	BN	Clotrimazole
	BN	Clotrimazole

Proprietary Name	Manu- fac- turer	Name
Canesten 3	BN	Clotrimazole
Capoten	SQ	Captopril
Caprin	CS	Heparin Calcium
Capurate-100	FM	Allopurinol
Capurate-300	FM	Allopurinol
Carafate	BT	Sucralfate
Carbolith	DH	Lithium Carbonate
Cardinol	PT	Propranolol
Cardizem	IC	Diltiazem Hydrochloride
Cardophyllin	HA	Aminophylline
Cardoquin	NN	Quinidine Sulphate
Catapres	BY	Clonidine
Catapres 100	BY	Clonidine
Celestone	SH	Betamethasone
Celestone	SH	Betamethasone Acetate with
Chronodose		Betamethasone Sodium Phosphate
Celestone-M	SH	Betamethasone Valerate
Celestone-V	SH	Betamethasone Valerate
Half Strength		
Celestone-V	SH	Betamethasone Valerate (Repat. Sch.)
Celestone-VG	SH	Betamethasone Valerate and Gentamicin
		Sulphate (Repat. Sch.)
Celontin	PD	Methsuximide
Ceporacin	GL	Cephalothin Sodium
Ceporex	GL	Cephalexin
Cerumol	AC	Dichlorobenzene, Chlorbutol and Turpentine Oil
		(Repat. Sch.)
Cetaphil	AQ	Skin Cleanser (Repat. Sch.)
Chinine	DH	Quinine Sulphate
Chlorohex	OM	Chlorhexidine Gluconate (Repat. Sch.)
Chloromycetin	PD	Chloramphenicol
Chloromycetin	PD	Chloramphenicol
Palmitate		
Chloromycetin	PD	Chloramphenicol
Succinate		
Chloromyxin	PD	Chloramphenicol with Polymyxin B
Chloroptic	AG	Chloramphenicol
Chloroquin	PT	Chloroquine
Chlorsig	SI	Chloramphenicol
Chlorvescent	PT	Potassium Chloride
Chlotride	FR	Chlorothiazide
Choledyl	WW	Choline Theophyllinate
Cibacalcin	CG	Calcitonin
Cidomycin	RL	Gentamicin Sulphate
Cilamox	SI	Amoxycillin
Cilicaine	SI	Procaine Penicillin
Cilicaine V	SI	Phenoxymethylpenicillin
Cilicaine VK	SI	Phenoxymethylpenicillin
Ciproxin 250	BN	Ciprofloxacin
Ciproxin 500	BN	Ciprofloxacin
Ciproxin 750	BN	Ciprofloxacin
Citralka	PD	Sodium Acid Citrate
Citravescent	PT	Sodium Citro-Tartrate
Sachets		
Claforan	RL	Cefotaxime
Clinistix	AM	Glucose Indicator - Urine
Clinitest	AM	Copper Sulphate

Proprietary Name	Manu- fac- turer	Name
Clinoril	FR	Sulindac
Clomid	ML	Clomiphene Citrate
Clorhexitulle	RL	Dressing Paraffin Gauze with Chlorhexidine Acetate (Repat. Sch. S.3)
Codalgin	FM	Codeine Phosphate with Paracetamol (Repat. Sch.)
Codate	US	Codeine Phosphate
Codral Forte	BW	Codeine Phosphate with Aspirin
Cogentin	MK	Benztropine
Colestid	UP	Colestipol Hydrochloride
Colgout	PT	Colchicine
Colifoam	SV	Hydrocortisone Acetate
Colly-seels	DY	Sterculia (C & I)
Colofac	JC	Mebeverine Hydrochloride (Repat. Sch.)
Coloxyl	FM	Docusate Sodium with Bisacodyl
Coloxyl 50	FM	Docusate Sodium (Repat. Sch.)
Coloxyl 120	FM	Docusate Sodium (Repat. Sch.)
Coloxyl with Senna	FM	Docusate Sodium with Senna (Repat. Sch.)
Coly-Mycin	WW	Colistin with Neomycin
Ear Drops		
Coly-Mycin Injection	WW	Colistin
Compazine	SK	Prochlorperazine
Conform 2230/2231/ 2232/2236/2238	KE	Bandage Stretch (Repat. Sch. S.3)
Corbeton 20	AF	Oxprenolol
Corbeton 40	AF	Oxprenolol
Cordarone X 100	RC	Amiodarone Hydrochloride
Cordarone X 200	RC	Amiodarone Hydrochloride
Cordilox	SC	Verapamil Hydrochloride
Cortate	PT	Cortisone Acetate
Cortef	UP	Hydrocortisone
Cotazym S Forte	OR	Pancrelipase
Coumadin	BT	Warfarin
Cow & Gate MCT Oil	KY	Triglycerides, Medium Chain
Curaband 8252F/ 8253F/8254F/8256F	KE	Bandage Cotton Crepe Heavy (Repat. Sch. S.3)
Curaband 8181/8182/ 8183/8184/8186	KE	Bandage Elastic Conforming (Repat. Sch. S.3)
Curaband 8232/8233/ 8234/8236	KE	Bandage Wrinkled Cotton Crepe (Repat. Sch. S.3)
Curity 3381/6132/ 6309	KE	Absorbent Gauze Pad (Repat. Sch. S.3)
Curity 4112	KE	Gauze Eye Pads (Repat. Sch. S.3)
Curity 2323	KE	Injection Site Preparation Swab (Repat. Sch. S.2)
Curity Combine Dressing Pad 2472C/2482C	KE	Gauze and Cotton Tissue (Combine Roll) Pieces (Repat. Sch. S.3)
Curity-Telfa 6020C/ 7650C	KE	Dressing Self Adhesive Non-Adherent Dry Absorbent (Repat. Sch. S.3)
Cyclidox	PT	Doxycycline
Cycloblastin	FE	Cyclophosphamide
Cyklokapron	PS	Tranexamic Acid
Cytadren	CG	Aminogluthethimide
Cytosar-U	UP	Cytarabine
Cytotec	SR	Misoprostol
Daktarin	JC	Miconazole

Proprietary Name	Manu- fac- turer	Name
Daktarin	JC	Miconazole Nitrate
Dalacin C	UP	Clindamycin
Dalmane	RO	Flurazepam Dihydrochloride (Repat. Sch.)
Dan Gard	FA	Zinc Pyrithione (Repat. Sch.)
Dan Gard Hold & Care	FA	Zinc Pyrithione (Repat. Sch.)
Danocrine	WL	Danazol
Dantrium	NW	Dantrolene Sodium
Daonil	HP	Glibenclamide
Daranide	MK	Dichlorphenamide
Daraprim	BW	Pyrimethamine
Dartalan	SR	Thiopropazate
Decadron	MK	Dexamethasone
Decadron Shock Pak	MK	Dexamethasone
Deca-Durabolin	OR	Nandrolone Decanoate
Declinax	RO	Debrisoquine
De-Lact Infant	SJ	Milk Powder - Low Lactose Formula
Delta-Cortef	UP	Prednisolone
Deltasolone	US	Prednisolone
Deltasone	US	Prednisone
De-Nol	PD	Bismuth Subcitrate (Tri-potassium Di-citrato Bismuthate Complex)
Depend	KC	Absorbent Napkins (Repat. Sch. S.3)
Undergarments 1650		
Depo-Medrol	UP	Methylprednisolone Acetate
Depo-Provera	UP	Medroxyprogesterone
Deptran 10	AF	Doxepin
Deptran 25	AF	Doxepin
Deptran 50	AF	Doxepin
Deralin 10	AF	Propranolol
Deralin 40	AF	Propranolol
Deralin 160	AF	Propranolol
Dermacort	PD	Hydrocortisone
Dermacort "O"	PD	Hydrocortisone
Dermazole	EO	Econazole Nitrate (Repat. Sch.)
Deseril	SZ	Methysergide
Dexamethsone	PT	Dexamethasone
Dextrostix	AM	Glucose Indicator - Blood (Repat. Sch.)
Diabex	FC	Metformin
Diabinese	PF	Chlorpropamide
Diaformin	AF	Metformin
Diamicron	SE	Gliclazide
Diamox	LE	Acetazolamide
Dianeal	BX	Peritoneal Dialysis Solution
Diastix	AM	Glucose Indicator - Urine
Dibenyline	SK	Phenoxybenzamine
Dichlotride	MK	Hydrochlorothiazide
Didronel	NW	Disodium Etidronate
Diffiam	RK	Benzydamine Hydrochloride (Repat. Sch.)
Digestelact	SJ	Milk Powder - Lactose Modified
Dihydergot	SZ	Dihydroergotamine
Dilantin	PD	Phenytoin
Dilantin Infatabs	PD	Phenytoin
Dilantin Sodium	PD	Phenytoin Sodium
Dilosyn	GL	Methdilazine
Dimetane	RS	Brompheniramine (Repat. Sch.)
Dindevan	GL	Phenindione

Proprietary Name	Manu- fac- turer	Name
Dipentum	PS	Olsalazine Sodium
Diprosone	SH	Betamethasone Dipropionate
Disipal	RK	Orphenadrine Hydrochloride
Diulo	SR	Metolazone
Dolobid	MK	Diflunisal
Doloxene	LY	Dextropropoxyphene Napsylate (Repat. Sch.)
Donnatab	RS	Belladonna Alkaloids
Dormel	DH	Chloral Hydrate
Doryx	FA	Doxycycline
Doxylin 50	AF	Doxycycline
Doxylin 100	AF	Doxycycline
D-Penamine	DL	Penicillamine
Drapolex	BW	Benzalkonium Chloride, Cetrime and Lanolin (Repat. Sch.)
Drixine	SH	Oxymetazoline Hydrochloride (Repat. Sch.)
Drixora	SH	Pseudoephedrine Sulphate (Repat. Sch.)
Ducene	SU	Diazepam
Duphalac	JC	Lactulose
Duphaston	JC	Dydrogesterone
Durabolin	OR	Nandrolone Phenylpropionate
Duractin	CS	Cimetidine
Duratears	AQ	Paraffin
Durolax	BY	Bisacodyl
Duro-Tuss	RK	Pholcodine (Repat. Sch.)
Dyazide	SK	Hydrochlorothiazide with Triamterene
Dymadon	BW	Paracetamol
Dymadon Co.	BW	Codeine Phosphate with Paracetamol (Repat. Sch.)
Dytac	SK	Triamterene
Ecostat	SQ	Econazole Nitrate
Ecotrin	SK	Aspirin
Edecril	MK	Ethacrynic Acid
E.D.P.	GL	Thymol Iodide, Bismuth Subiodide and Chlorbutol (Repat. Sch.)
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 (Repat. Sch.)
Efudix	RO	Fluorouracil (Repat. Sch.)
Egoderma Cream	EO	Allantoin, Glycerol and Ichthammol (Repat. Sch.)
Egopsoryl-TA	EO	Allantoin, Sulphur, Phenol, Coal Tar Solution and Menthol (Repat. Sch.)
Elastocrepe 3205A/3275A/3210A/3215A	SN	Bandage Cotton Crepe Heavy (Repat. Sch. S.3)
Elastoplast 1002/1003/1004	SN	Bandage Elastic Adhesive (Repat. Sch. S.3)
Elastoplast 4025	SN	Dressing Elastic Adhesive (Repat. Sch. S.3)
Elixophyllin	SC	Theophylline
Emsalin	DH	Methyl Salicylate
EMU-V	UP	Erythromycin
Endep 10	AF	Amitriptyline
Endep 25	AF	Amitriptyline
Endep 50	AF	Amitriptyline
Endone	BT	Oxycodone Hydrochloride
Enduron	AB	Methyclothiazide
Enduron M	AB	Methyclothiazide
Epifrin	AG	Adrenaline

Proprietary Name	Manu- fac- turer	Name
Epilim	RC	Sodium Valproate
Epilim EC	RC	Sodium Valproate
Epilim Liquid	RC	Sodium Valproate
Epilim Syrup	RC	Sodium Valproate
Eppy/N	BF	Adrenaline
Ergotrate	LY	Ergometrine Maleate
Eryc	FA	Erythromycin
Erythrocin	AB	Erythromycin Ethyl Succinate
Erythrocin	AB	Erythromycin Lactobionate
Erythrocin	AB	Erythromycin Stearate
Esidrex 25	CG	Hydrochlorothiazide
Esidrex 50	CG	Hydrochlorothiazide
Estigyn	GL	Ethinylloestradiol
Eucerin	SN	Wool Alcohols
Euglucon	RC	Glibenclamide
Euhypnos	SI	Temazepam
Farlutal	FE	Medroxyprogesterone
Fasigyn	PF	Tinidazole
Pefol	SK	Ferrous Sulphate Dried with Folic Acid
Feldene	PF	Piroxicam
Fenamine	FM	Pheniramine (Repat. Sch.)
Fenamine-M	FM	Pheniramine (Repat. Sch.)
Fergon	WL	Ferrous Gluconate
Feritard	PT	Ferrous Sulphate Dried
Feritard Folic	PT	Ferrous Sulphate Dried with Folic Acid
Ferro-Gradumets	AB	Ferrous Sulphate Dried
Ferrum H	SI	Iron Polymaltose Complex
Fespan	SK	Ferrous Sulphate Dried
F.G.F.	AB	Ferrous Sulphate Dried with Folic Acid
Flagyl	MB	Metronidazole
Flagyl S	MB	Metronidazole Benzoate
Flagyl Statpak	MB	Metronidazole
Flopen	CS	Flucloxacillin
Florinef	SQ	Fludrocortisone Acetate
Floxapen	BR	Flucloxacillin
Flucon	AQ	Fluorometholone
Fluoroplex	AG	Fluorouracil (Repat. Sch.)
Fluroblastin	FE	Fluorouracil
Fluvax	CS	Influenza Vaccine
FML Liquifilm	AG	Fluorometholone
Folasic	NN	Folic Acid
Folicid	US	Folic Acid
Fucidin	SK	Fusidic Acid
Fulcin 125	IC	Griseofulvin
Fulcin 500	IC	Griseofulvin
Fungilin	SQ	Amphotericin
Fungizone	SQ	Amphotericin
Furadantin	NW	Nitrofurantoin
Furamide	BT	Diloxanide Furoate
Fybogel	RC	Ispaghula Husk (Repat. Sch.)
Gantrisin	RO	Sulphafurazole
Garamycin	SH	Gentamicin Sulphate
Gastrogel	FM	Aluminium Hydroxide with Magnesium Trisilicate and Magnesium Hydroxide
Gavigrans	RC	Alginic Acid Compound (Repat. Sch.)

Proprietary Name	Manu- fac- turer	Name
Gelox	PR	Aluminium Hydroxide
Gelusil	WW	Aluminium Hydroxide with Magnesium Hydroxide
Genoptic	AG	Gentamicin Sulphate
Glaucon	AQ	Adrenaline
Glimel	AF	Glibenclamide
Glucophage	LH	Metformin
Glucostix	AM	Glucose Indicator - Blood
Gold-50	SH	Aurothioglucose
Granocol	SC	Sterculia with Frangula Bark
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 (Repat. Sch. S.3)
Haemaccel	HP	Polygeline
Haleraid	GL	Inhalation Lever Device For Metered Aerosol (Repat. Sch. S.2)
Halotestin	UP	Fluoxymesterone
Hamilton Bath Oil	HA	Bath Emollient (Repat. Sch.)
Hamilton Body Wash	HA	Skin Cleanser (Repat. Sch.)
Hamilton Broad Spectrum Alcoholic Lotion 15+	HA	Sunscreens (Repat. Sch.)
Hamilton Broad Spectrum Milky Lotion 15+	HA	Sunscreens (Repat. Sch.)
Hamilton Broad Spectrum Solastick 15+	HA	Sunscreens (Repat. Sch.)
Hamilton Sunscreen Broad Spectrum Cream 15+	HA	Sunscreens (Repat. Sch.)
Handy 4021	BE	Absorbent Cotton Wool Gauze (Repat. Sch. S.3)
Handy 5672/5673/ 5674	BE	Absorbent Gauze Pad (Repat. Sch. S.3)
Handy 4032	BE	Absorbent Lint (Repat. Sch. S.3)
Handy 5605	BE	Bandage Calico Triangular (Repat. Sch. S.3)
Handy 5551/5552/ 5553/5554	BE	Bandage Open-Wove (Repat. Sch. S.3)
Handy 4207/4208/ 4209	BE	Gloves Plastic (Disposable) (Repat. Sch. S.3)
Handy-Band 9483/ 9485/9488/9490/ 9495	BE	Bandage Cotton Conforming (Repat. Sch. S.3)
Handycrepe 8235/ 8238/8240/8245	BE	Bandage Wrinkled Cotton Crepe (Repat. Sch. S.3)
Hemineurin	AP	Chlormethiazole
Hemorex	RL	Phenylephrine
Herplex	AG	Idoxuridine
Hibitane Concentrate	IC	Chlorhexidine
Hifluor	PT	Sodium Fluoride (Repat. Sch.)
Hiprex	RK	Hexamine Hippurate

Proprietary Name	Manufacturer	Name
Histalert	RK	Diphenylpyraline (Repat. Sch.)
HMS Liquifilm	AG	Medrysone
Hollihesive Skin Barrier	HO	Polyisobutylene (C & I)
Honvan	BC	Fosfestrol Sodium
Hostacycline P	HP	Tetracycline (Buffered)
Humegon	OR	Human Menopausal Gonadotrophin
Humulin N	LY	Insulin Isophane (N.P.H.)
Humulin R	LY	Insulin Neutral
Hycor	SI	Hydrocortisone
Hydopa	AF	Methyldopa
Hydracycline	FM	Tetracycline (Buffered)
Hydrea	SQ	Hydroxyurea
Hydroform	DM	Hydrocortisone and Clioquinol (Repat. Sch.)
Hydrosone	US	Hydrocortisone
Hygroton	CG	Chlorthalidone
Hyperstat I.V.	SH	Diazoxide
Hypnodorm	AF	Flunitrazepam (Repat. Sch.)
Hypurin Isophane	FC	Insulin Isophane (N.P.H.)
Hypurin Neutral	FC	Insulin Neutral
Hysone	PT	Hydrocortisone
Hysone-A	PT	Hydrocortisone Acetate
Ibiamox	PT	Amoxycillin
Ichthopaste 4959	SN	Bandage Zinc Paste and Ichthammol (Repat. Sch. S.3)
Ilocap	LY	Erythromycin
Ilosone	LY	Erythromycin Estolate
Imferon	FC	Iron Dextran
Imiprin	PT	Imipramine
Imodium	JC	Loperamide Hydrochloride
Imuran	BW	Azathioprine
Inderal	IC	Propranolol
Indocid	MK	Indomethacin
Inflam	PT	Ibuprofen
Initard Human	BW	Insulin Isophane (N.P.H.) - Insulin Neutral, (Mixed)
Initard Nordisk	BW	Insulin Isophane (N.P.H.) - Insulin Neutral, (Mixed)
Insulatard Human	BW	Insulin Isophane (N.P.H.)
Insulatard Nordisk	BW	Insulin Isophane (N.P.H.)
Insulin 2	CN	Insulin, Acid
Intal	FC	Sodium Cromoglycate
Intal Spincaps	FC	Sodium Cromoglycate
Intal Spinhaler	FC	Spinhaler (Repat. Sch. S.2)
Invite-B	NN	Thiamine Hydrochloride
Ionil	AQ	Salicylic Acid, Benzalkonium Chloride, Alcohol and Polyoxyethylene Ethers (Repat. Sch.)
Ionil Rinse	AQ	Hydrolyzed Collagen Proteins (Repat. Sch.)
Ionil-T	AQ	Salicylic Acid, Benzalkonium Chloride, Alcohol, Coal Tar and Polyoxyethylene Ethers (Repat. Sch.)
Isoptin	KN	Verapamil Hydrochloride
Isopto Carpine	AQ	Pilocarpine Hydrochloride
Isopto Frin	AQ	Phenylephrine
Isopto Tears	AQ	Hypromellose
Isordil	AY	Isosorbide Dinitrate

Proprietary Name	Manu- fac- turer	Name
Isordil Sublingual	AY	Isosorbide Dinitrate
Isotard MC	CN	Insulin Isophane (N.P.H.)
Isotrate	PD	Isosorbide Dinitrate
Isotrate Sublingual	PD	Isosorbide Dinitrate
Jelonet 7404	SN	Dressing Paraffin Gauze (Repat. Sch. S.3)
JJ 02011/02013	JJ	Absorbent Cotton Wool (Repat. Sch. S.3)
JJ 12031	JJ	Gauze and Cotton Tissue (Combine Roll) (Repat. Sch. S.3)
Kabikinase	PS	Streptokinase
Kaluril	AF	Amiloride
Kaomagma	WY	Aluminium Hydroxide with Kaolin
Kaopectate	UP	Kaolin with Pectin
Karaya Paste	HO	Sterculia (C & I)
Karbons	EG	Charcoal, Activated (C & I)
Kay Ciel	SC	Potassium Chloride
Keflex	LY	Cephalexin
Keflin Neutral	LY	Cephalothin Sodium
Kefzol	LY	Cephazolin Sodium
Kemadrin	BW	Procyclidine
Kenacomb	SQ	Triamcinolone Acetonide with Neomycin Sulphate, Gramicidin and Nystatin (Repat. Sch.)
Kenacomb Otic	SQ	Triamcinolone Acetonide with Neomycin Sulphate, Gramicidin and Nystatin
Kenacort-A10	SQ	Triamcinolone Acetonide
Kenalone	SQ	Triamcinolone Acetonide
Kenalone 0.02%	SQ	Triamcinolone Acetonide
Kerlix 6715	KE	Absorbent Cotton Gauze (Repat. Sch. S.3)
Keto-Diastix	AM	Glucose and Ketone Indicator - Urine
Kinidin	AP	Quinidine Bisulphate
Kolpon	OR	Oestrone
Konakion	RO	Phytomenadione
K-San	PR	Potassium Chloride
KSR	AF	Potassium Chloride
Lacril	AG	Hypromellose
Lacri-Lube S.O.P.	AG	Paraffin
Lanoxin	BW	Digoxin
Lanoxin-PG	BW	Digoxin
Lanvis	BW	Thioguanine
Largactil	MB	Chlorpromazine
Larodopa	RO	Levodopa
Laroxyl	RO	Amitriptyline
Lasix	HP	Frusemide
Lasix-M	HP	Frusemide
Latycin	BZ	Tetracycline
Ledermycin	LE	Demeclocycline Hydrochloride
Ledertrexate	LE	Methotrexate
Lente MC	CN	Insulin Zinc Suspension
Leucovorin	LE	Calcium Folate
Leukeran	BW	Chlorambucil
Leukoflex 1121/ 1122/1124	BE	Self Adhesive Plaster Hypoallergenic (Repat. Sch. S.3)
Leukoplast 1071/ 1072/1073	BE	Self Adhesive Plaster Elastic (Repat. Sch. S.3)

Proprietary Name	Manu- fac- turer	Name
Leukoplast 2322/ 2324/2325	BE	Self Adhesive Plaster Waterproof (Repat. Sch. S.3)
Leukopor 2471/2472/ 2474	BE	Self Adhesive Plaster Hypoallergenic (Repat. Sch. S.3)
Leukosilk 1021/ 1022/1024	BE	Self Adhesive Plaster Hypoallergenic (Repat. Sch. S.3)
Lexotan	RO	Bromazepam (Repat. Sch.)
Librium	RO	Chlordiazepoxide (Repat. Sch.)
Lincocin	UP	Lincomycin
Lincocin SS Paediatric	UP	Lincomycin
Lingraine	WL	Ergotamine Tartrate
Linsal	SI	Methyl Salicylate
Lioresal 10	CG	Baclofen
Lioresal 25	CG	Baclofen
Liquifilm Forte	AG	Polyvinyl Alcohol
Liquifilm Tears	AG	Polyvinyl Alcohol
Lithicarb	PT	Lithium Carbonate
LoAsid	BW	Aluminium Hydroxide with Magnesium Hydroxide
Locacorten Vioform	CG	Flumethasone with Clioquinol
Locasol New Formula	KY	Milk Powder - Synthetic
Lofenalac	MJ	Phenylalanine Low Content Formula
Lomotil	SR	Diphenoxylate Hydrochloride with Atropine Sulphate
Loniten	UP	Minoxidil
Lopresor 50	CG	Metoprolol
Lopresor 100	CG	Metoprolol
Lorexane	IC	Lindane
Lorexane Concentrate	IC	Lindane
Lotremin	SH	Clotrimazole
LPV	CS	Phenoxymethylpenicillin
LPV 125	CS	Phenoxymethylpenicillin
LPV 250	CS	Phenoxymethylpenicillin
Lubafax	BW	Lubricating Agent (Repat. Sch.)
Lucrin	AB	Leuprorelin Acetate
Lurselle	ML	Probuco1
Lyspafen	PT	Difenoxin Hydrochloride with Atropine Sulphate
Macrodantin	NW	Nitrofurantoin
Macrodex	PS	Dextran 70
Madopar	RO	Levodopa with Benserazide
Madopar-M	RO	Levodopa with Benserazide
Madopar Q	RO	Levodopa with Benserazide
Magmin	VS	Magnesium Aspartate (Repat. Sch.)
Mandelamine	WW	Hexamine Mandelate
Mandelamine Hafgrams	WW	Hexamine Mandelate
Marevan	GL	Warfarin
Maxamaid RVHB	SB	Amino Acid Formula with Vitamins and Minerals without Methionine
Maxamaid XP	SB	Amino Acid Formula with Vitamins and Minerals without Phenylalanine

Proprietary Name	Manu- fac- turer	Name
Maxamum XP	SB	Amino Acid Formula with Vitamins and Minerals without Phenylalanine
Maxidex	AQ	Dexamethasone
Maxolon	BR	Metoclopramide Hydrochloride
Medi Swab 1000H	SN	Injection Site Preparation Swab (Repat. Sch. S.2)
Mefic	AF	Mefenamic Acid
Megostat	BC	Megestrol Acetate
Melipramine	UW	Imipramine
Melleril	SZ	Thioridazine
Melolin 1200M/4933	SN	Dressing Non-Adherent Dry Absorbent (Repat. Sch. S.3)
Merbentyl	ML	Dicyclomine Hydrochloride (Repat. Sch.)
Mestinon	RO	Pyridostigmine
Metamide	PT	Metoclopramide Hydrochloride
Metamucil	SR	Psyllium Hydrophilic Mucilloid (Repat. Sch.)
Methoblastin	FE	Methotrexate
Methopa	US	Methyldopa
Methopt	SI	Hypromellose
Methopt Forte	SI	Hypromellose
Meth-Zine	PT	Promethazine (Repat. Sch.)
Metrogyl 200	AF	Metronidazole
Metrogyl 400	AF	Metronidazole
Metrozine	SR	Metronidazole
Mexitil	BY	Mexiletine Hydrochloride
Miacalcic	SZ	Calcitonin
Microgynon 30	SC	Levonorgestrel with Ethinyloestradiol
Microgynon 30 ED	SC	Levonorgestrel with Ethinyloestradiol
Microgynon 50	SC	Levonorgestrel with Ethinyloestradiol
Microgynon 50 ED	SC	Levonorgestrel with Ethinyloestradiol
Microlax	PS	Sodium Citrate and Sodium Lauryl Sulphoacetate (Repat. Sch.)
Microlut 28	SC	Levonorgestrel
Micronor	JC	Norethisterone
Micropore Cloth First Aid Tape 2610/2611	RK	Self Adhesive Plaster Hypoallergenic (Repat. Sch. S.3)
Micropore Paper First Aid Tape R3/R4	RK	Self Adhesive Plaster Hypoallergenic (Repat. Sch. S.3)
Micropore Plastic First Aid Tape TR1/TR2	RK	Self Adhesive Plaster Hypoallergenic (Repat. Sch. S.3)
Micropore Skintone Paper First Aid Tape RF7/RF8	RK	Self Adhesive Plaster Hypoallergenic (Repat. Sch. S.3)
Micropore Waterproof First Aid Tape BR1/BR2	RK	Self Adhesive Plaster Hypoallergenic (Repat. Sch. S.3)
Microval 28	WY	Levonorgestrel
Midamor	MK	Amiloride
Milontin	PD	Phensuximide
Minidiab	FE	Glipizide
Minipress	PF	Prazosin Hydrochloride
Minirin	FC	Desmopressin
Minomycin	LE	Minocycline
Mintezol	MK	Thiabendazole

Proprietary Name	Manu- fac- turer	Name
Mithracin	PF	Mithramycin
Mixtard Human	BW	Insulin Isophane (N.P.H.) - Insulin Neutral, (Mixed)
Mixtard Nordisk	BW	Insulin Isophane (N.P.H.) - Insulin Neutral, (Mixed)
Modecate	SQ	Fluphenazine Decanoate
Modicon	JC	Norethisterone with Ethinyloestradiol
Moduretic	MK	Hydrochlorothiazide with Amiloride
Mogadon	RO	Nitrazepam
Moniarix	SK	Pneumococcal Vaccine, Polyvalent
Monistat 3	JC	Miconazole Nitrate
Monistat 7	CL	Miconazole Nitrate
Monistat Derm	CL	Miconazole Nitrate
Monotard HM	CN	Insulin Zinc Suspension
Monotard MC	CN	Insulin Zinc Suspension
Mortha	WH	Morphine with Tacrine
Motilium	JC	Domperidone
Mouthpiece	BY	Mouth Piece for Metered Aerosols (Repat. Sch. S.2)
Moxacin	CS	Amoxycillin
Moxacin 250	CS	Amoxycillin
M.S.U.D. AID	SB	Amino Acid Formula with Vitamins and Minerals without Valine, Leucine and Isoleucine
Mucaine	AY	Aluminium Hydroxide with Magnesium Hydroxide and Oxethazaine
Mucomyst	AP	Acetylcysteine
Multi-B Forte	GP	Vitamin B Group Complex Strong with Ascorbic Acid (Repat. Sch.)
Murelax	AY	Oxazepam
Myambutol	LE	Ethambutol Hydrochloride (Repat. Sch.)
Mycitracin	UP	Polymyxin B Sulphate with Bacitracin and Neomycin
Mycostatin	SQ	Nystatin
Mylanta	PD	Aluminium Hydroxide with Magnesium Hydroxide
Mylanta II	PD	Aluminium Hydroxide with Magnesium Hydroxide and Simethicone (Repat. Sch.)
Myleran	BW	Busulphan
Myocrisin	MB	Sodium Aurothiomalate
Myoquin	FM	Quinine Bisulphate
Mysoline	IC	Primidone
Mysteclin-V	SQ	Tetracycline with Nystatin
Mytelase	WL	Ambenonium Chloride
Naloxone Min-I-Jet	CS	Naloxone Hydrochloride
Naprosyn	SD	Naproxen
Narcan Neonatal	BT	Naloxone Hydrochloride
Nardil	WW	Phenelzine
Natrilix	SE	Indapamide
Natulan	RO	Procarbazine
Navidrex	CG	Cyclopenthiiazide
Naxen	AF	Naproxen
Nebcin	LY	Tobramycin Sulphate
Negram	WL	Nalidixic Acid
Nemdyn	HA	Neomycin Undecenoate with Bacitracin Zinc
Neo-Cortef	UP	Hydrocortisone with Neomycin Sulphate
Neo-Cytamen	GL	Hydroxocobalamin

Proprietary Name	Manu- fac- turer	Name
Neo-Mercazole	NS	Carbimazole
Neopt	SI	Neomycin Sulphate
Neosporin	BW	Polymyxin B Sulphate with Bacitracin and Neomycin
Neosporin Eye Ointment	BW	Polymyxin B Sulphate with Neomycin and Gramicidin
Neosporin Eye Drops	PT	Neomycin
Neosulf	JC	Polymyxin B Sulphate with Bacitracin and Neomycin
Neotracin	MB	Pericyazine
Neulactil	US	Nicotinic Acid
Nikacid	LE	Nystatin
Nilstat	RO	Sodium Nitroprusside
Nipride	RO	Tetrabenazine
Nitoman	SR	Glyceryl Trinitrate
Nitradisc	FC	Glyceryl Trinitrate
Nitro-Bid	MB	Chloroquine
Nivaquine	JC	Ketoconazole
Nizoral	AP	Acrylic Resin (C & I)
Nobecutane	SQ	Chloral Hydrate
Noctec	IC	Tamoxifen Citrate
Nolvadex	IC	Tamoxifen Citrate
Nolvadex-D	WY	Levonorgestrel with Ethinyloestradiol
Nordette 21	WY	Levonorgestrel with Ethinyloestradiol
Nordette 28	WY	Levonorgestrel with Ethinyloestradiol
Nordette 50	NR	Hydrocortisone Sodium Succinate
Nordicort	WY	Levonorgestrel with Ethinyloestradiol
Nordioli 21	WY	Levonorgestrel with Ethinyloestradiol
Nordioli 28	SD	Norethisterone
Noriday 28 Day	SD	Norethisterone with Mestranol
Norinyl-1	SD	Norethisterone with Mestranol
Norinyl-1/28	WY	Temazepam
Normison	AB	Electrolyte Replacement Solution
Normosol R	MK	Norfloxacin
Noroxin	SR	Disopyramide
Norpace	SQ	Nortriptyline
Nortab	AF	Atenolol
Noten	LE	Mitozantrone
Novantrone	RK	Theophylline
Nuelin	RK	Theophylline
Nuelin Paediatric	RK	Theophylline
Neulin-Sprinkle	RK	Theophylline
Nuelin-S.R. 250	RK	Theophylline
Nufold 10330/ 10331/10332	JJ	Gauze Sterile Strip (Repat. Sch. S.3)
Nutramigen	MJ	Protein Hydrolysate Formula
Nutraplus	OL	Urea
Ocusert Pilo 20	PT	Pilocarpine
Ocusert Pilo 40	PT	Pilocarpine
Odorgon	LA	Deodorant Concentrate (C & I)
Ogen .625	AB	Piperazine Oestrone Sulphate
Ogen 1.25	AB	Piperazine Oestrone Sulphate
Omnopon	RO	Papaveretum
Omnopon	RO	Papaveretum with Hyoscine Hydrobromide
Scopolamine	LY	Vincristine
Oncovin	SN	Dressing Adhesive Membrane (Repat. Sch. S.3)
Op-Site 4963		

Proprietary Name	Manu- fac- turer	Name
Opticrom	FC	Sodium Cromoglycate
Orabase	SQ	Carmellose Sodium with Pectin and Gelatin (C & I and Repat. Sch.)
Orabolin	OR	Ethylloestrenol
Oradexon	OR	Dexamethasone
Orasheive	SQ	Carmellose Sodium with Pectin and Gelatin (C & I)
Orbenin	BR	Cloxacillin
Oroxine	BW	Thyroxine Sodium (BP 1980)
Ortho-Novum 1/50	JC	Norethisterone with Mestranol
Orudis	MB	Ketoprofen
Orudis SR	MB	Ketoprofen
Ospolot	BN	Sulthiame
Ostelin	GL	Ergocalciferol
Ovulen 0.5/50	SR	Ethynodiol Diacetate with Ethinyloestradiol
Ovulen 0.5/50-28	SR	Ethynodiol Diacetate with Ethinyloestradiol
Ovulen 1/50	SR	Ethynodiol Diacetate with Ethinyloestradiol
Ovulen 1/50-28	SR	Ethynodiol Diacetate with Ethinyloestradiol
Panacete	PR	Paracetamol
Panadeine Forte	WL	Codeine Phosphate with Paracetamol
Panafcort	PT	Prednisone
Panafcortelone	PT	Prednisolone
Panamax	WL	Paracetamol
Pancrease	JC	Pancrelipase
Panmycin P	UP	Tetracycline
Pantheline	PT	Propantheline Bromide
Paralgin	FM	Paracetamol
Parlodel	SZ	Bromocriptine Mesylate
Parnate	SK	Tranylcypromine
Paroven	ZY	Hydroxyethylrutosides (Repat. Sch.)
PCL	DH	Paracetamol
Pedi-Derm	NN	Tolnaftate (Repat. Sch.)
Pedoz	HA	Tetra-bromo-orthocresol, Undecenoic Acid, Zinc Undecenoate and Zinc Oxide (Repat. Sch.)
Peg 7420/7422/7423/7425	BK	Bandage Self Adhesive Elastic (Repat. Sch. S.3)
Penbritin	BR	Ampicillin
Penbritin Forte	BR	Ampicillin
Pensig	SI	Phenethicillin
Pensig 125	SI	Phenethicillin
Pensig 250	SI	Phenethicillin
Peppidine	MK	Famotidine
Peppidine M	MK	Famotidine
Pergonal	CS	Human Menopausal Gonadotrophin
Periactin	FR	Cyproheptadine
Pertofran	CG	Desipramine
Pevaryl	SK	Econazole Nitrate
Pexid	ML	Perhexiline Maleate
Phenergan	MB	Promethazine (Repat. Sch.)
Pholcolin Red	DH	Pholcodine (Repat. Sch.)
Pholcolin White	DH	Pholcodine (Repat. Sch.)
Pholtrate	MG	Pholcodine (Repat. Sch.)
Phosphate Sandoz	SZ	Sodium Acid Phosphate
Phospholine Iodide	AY	Ecothiopate Iodide
Physeptone	BW	Methadone
Pilopt	SI	Pilocarpine Hydrochloride

Proprietary Name	Manu- fac- turer	Name
Pinetarsol	EO	Pine Tar and Triethanolamine Lauryl Sulphate (Repat. Sch.)
Piriton	GL	Chlorpheniramine (Repat. Sch.)
Pitressin Tannate	PD	Vasopressin Tannate
Pixol	WS	Pine Tar, Coal Tar Solution, Juniper Tar and Phenol (Repat. Sch.)
PK AID I	SB	Amino Acid Formula without Phenylalanine
PK AID II	SB	Amino Acid Formula without Phenylalanine
Plaquad	OB	Chlorhexidine Gluconate (Repat. Sch.)
Plaquenil	WL	Hydroxychloroquine
Plasma-Lyte 148	BX	Electrolyte Replacement Solution
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 (Repat. Sch.)
Ponstan	PD	Mefenamic Acid
Portagen	MJ	Triglycerides, Medium Chain
Posalfilin	NE	Salicylic Acid and Podophyllin Resin (Repat. Sch.)
Pramin	AF	Metoclopramide Hydrochloride
Prantal	SH	Diphenamil Methylsulphate (Repat. Sch.)
Prednefrin Forte	AG	Prednisolone Acetate with Phenylephrine
Predsol	GL	Prednisolone Sodium Phosphate
Prefrin	AG	Phenylephrine
Prefrin-Z	AG	Zinc with Phenylephrine
Pregestimil	MJ	Triglycerides, Medium Chain
Premarin	AY	Oestrogens - Conjugated
Presolol 100	AF	Labetalol
Presolol 200	AF	Labetalol
Priadel	PT	Lithium Carbonate
Primobolan	SC	Methenolone Acetate
Primogyn Depot	SC	Oestradiol Valerate
Primolut N	SC	Norethisterone
Primoteston Depot	SC	Testosterone Enanthate
Procainamide Durules	AP	Procainamide Hydrochloride (Repat. Sch.)
Procort	PR	Hydrocortisone
Proctosedyl	RL	Hydrocortisone, Cinchocaine Hydrochloride and Aesculin (Repat. Sch.)
Profasi 500	CS	Human Chorionic Gonadotrophin
Profasi 1000	CS	Human Chorionic Gonadotrophin
Profasi 2000	CS	Human Chorionic Gonadotrophin
Profasi 5000	CS	Human Chorionic Gonadotrophin
Progot	PT	Allopurinol
Progynova	SC	Oestradiol Valerate
Proladone	BT	Oxycodone
Prominal	WL	Methylphenobarbitone
Pronestyl	SQ	Procainamide
Pro-Pam	PT	Diazepam
Propine	AG	Dipivefrine Hydrochloride
Prostigmin	RO	Neostigmine
Protamine Zinc Insulin MC	CN	Insulin Protamine Zinc
Protaphane HM	CN	Insulin Isophane (N.P.H.)
Protaphane HM Penfill	CN	Insulin Isophane (N.P.H.)

Proprietary Name	Manufacturer	Name
Protaphane MC	CN	Insulin Isophane (N.P.H.)
Prothiaden	BT	Dothiepin Hydrochloride
Protostat	JC	Metronidazole
Protran	PT	Chlorpromazine
Provera	UP	Medroxyprogesterone
Purinethol	BW	Mercaptopurine
P.V. Carpine	AG	Pilocarpine Hydrochloride
PVK	LY	Phenoxymethylpenicillin
P.V.O.	FM	Phenoxymethylpenicillin
Pydox	PT	Pyridoxine Hydrochloride
Pyridium	WW	Phenazopyridine Hydrochloride (Repat. Sch.)
Questran	AP	Cholestyramine
Quinate	US	Quinine Sulphate
Quinbisal	PR	Quinine Bisulphate
Quinbisul	AF	Quinine Bisulphate
Quinidex LA	RS	Quinidine Sulphate
Quinidoxin	BW	Quinidine Sulphate
Quinocidal	FM	Quinine Sulphate
Quinsan	PR	Quinine Sulphate
Quinsul	AF	Quinine Sulphate
QV Bath Oil	EO	Bath Emollient (Repat. Sch.)
Rafen 200	AF	Ibuprofen
Rapitard MC	CN	Insulin Biphasic
Rastinon	HP	Tolbutamide
Renitec	MK	Enalapril Maleate
Renitec 20	MK	Enalapril Maleate
Renitec M	MK	Enalapril Maleate
Repalyte	DH	Electrolyte Replacement (Oral)
Resonium-A	WL	Sodium Polystyrene Sulphonate (Repat. Sch.)
Respolin	RK	Salbutamol Sulphate
Resprim	AF	Trimethoprim with Sulphamethoxazole
Resprim Forte	AF	Trimethoprim with Sulphamethoxazole
Reverin	HP	Rolitettracycline
Rheomacrodex	PS	Dextran 40
Rheumacin	PT	Indomethacin
Rhinalar Nasal Mist	SD	Flunisolide (Repat. Sch.)
Rhumax	PR	Sodium Salicylate
Ridaura	SK	Auranofin
Rikoderm	RK	Bath Emollient (Repat. Sch.)
Rimycin 150	AF	Rifampicin
Rimycin 300	AF	Rifampicin
Rivotril	RO	Clonazepam
Roaccutane	RO	Isotretinoin
Rocaltrol	RO	Calcitriol
Rocephin	RO	Ceftriaxone
Rohypnol	RO	Flunitrazepam (Repat. Sch.)
Rondomycin	WW	Methacycline
Rynacrom	FC	Sodium Cromoglycate (Repat. Sch.)
Rynacrom	FC	Nasal Insufflator (Repat. Sch. S.2)
Rythmodan	RL	Disopyramide
Sacsol	EG	Surgical Cement
Sacsol Non Flammable	EG	Surgical Cement
Salazopyrin	PS	Sulphasalazine

Proprietary Name	Manu- fac- turer	Name
Salazopyrin-EN	PS	Sulphasalazine
Salicylin-P	KY	Salicylic Acid and Podophyllin Resin (Repat. Sch.)
Sandocal 1000	SZ	Calcium
Sandomigran	SZ	Pizotifen Malate
Saroten	NS	Amitriptyline
Savacol Mouth & Throat Rinse	IC	Chlorhexidine Gluconate (Repat. Sch.)
Scheriproct	SC	Prednisolone Hexanoate, Cinchocaine Hydrochloride and Clemizole Undecylenate (Repat. Sch.)
Scherisolon	SC	Prednisolone Acetate
Scholl	SO	Felt Pad Bunion (Repat. Sch. S.3)
Scholl	SO	Felt Pad Callous (Repat. Sch. S.3)
Scholl	SO	Felt Pad Corn (Repat. Sch. S.3)
Scholl	SO	Lambs Wool (Repat. Sch. S.3)
Scholl Tubegauz	SO	Tubular Finger Dressing with Applicator (Repat. Sch. S.3)
S-Dimidine	PT	Sulphadimidine
Sebitar	EO	Salicylic Acid, Coal Tar Solution, Pine Tar and Undecylenamide (Repat. Sch.)
Seda-Gel	NN	Choline Salicylate, Cetalkonium Chloride, Menthol, Glycerol and Ethanol (Repat. Sch.)
Selsun	AB	Selenium Sulphide (Repat. Sch.)
Semilente MC	CN	Insulin Zinc Suspension (Amorphous)
Senagar	SI	Senega and Ammonia (Repat. Sch.)
Senamon	DH	Senega and Ammonia (Repat. Sch.)
Senokot	RC	Senna Standardised (Repat. Sch.)
Septtrin	BW	Trimethoprim with Sulphamethoxazole
Septtrin Forte	BW	Trimethoprim with Sulphamethoxazole
Sequilar ED	SC	Levonorgestrel with Ethinyloestradiol
Serenace	SR	Haloperidol
Serepax	WY	Oxazepam
SH420	SC	Norethisterone Acetate
Sigmacort	SI	Hydrocortisone
Silic 15	EO	Dimethicone and Glycerol (Repat. Sch.)
Silicon Skin Spray	EG	Dimethicone (C & I)
Silvazine	SN	Silver Sulphadiazine with Chlorhexidine Gluconate
Simeco Suspension	WY	Aluminium Hydroxide with Magnesium Hydroxide
Simeco Tablet	WY	Aluminium Hydroxide and Magnesium Carbonate Co-Dried Gel
Sinemet	MK	Levodopa with Carbidopa
Sinemet 100/25	MK	Levodopa with Carbidopa
Sinemet M	MK	Levodopa with Carbidopa
Sinequan	PF	Doxepin
Sintisone	FE	Prednisolone Stearoylglycolate
Skin Gel	HO	Isopropyl Monoester Polymer with Isopropyl Alcohol (C & I)
Skin-Prep	DY	Butyl Monoester Polymer with Isopropyl Alcohol (C & I)
Slo-bid	RG	Theophylline
Slow-Fe	CG	Ferrous Sulphate Dried
Slow-K	CG	Potassium Chloride
SN 121054A	SN	Gauze and Cotton Tissue (Combine Roll) (Repat. Sch. S.3)

Proprietary Name	Manu- fac- turer	Name
Sodexol	SC	Aluminium Hydroxide with Magnesium Hydroxide
Sodibic	PT	Sodium Bicarbonate (Repat. Sch.)
Sofradex	RL	Dexamethasone with Framycetin and Gramicidin
Soframycin	RL	Framycetin
Softze Absorbent Pad Mini 640-0412	BS	Absorbent Napkins (Repat. Sch. S.3)
Softze Absorbent Pad Regular 640-0312	BS	Absorbent Napkins (Repat. Sch. S.3)
Softze Stretch Pants 082-8101/ 082-8201/082-8301	BS	Absorbent Napkins Pants (Repat. Sch. S.2)
Soft Guard XL Skin Barrier	DY	Polyisobutylene (C & I)
Solcode	RC	Codeine Phosphate with Aspirin (Repat. Sch.)
Solone	FM	Prednisolone
Solprin	RC	Aspirin
Solu-Cortef	UP	Hydrocortisone Sodium Succinate
Solu-Medrol	UP	Methylprednisolone Sodium Succinate
Somophyllin	FC	Aminophylline
Somophyllin CRT	FC	Theophylline
Sone	FM	Prednisone
Sopol	WS	Skin Cleanser (Repat. Sch.)
Sotacor	AP	Sotalol Hydrochloride
Span-K	PT	Potassium Chloride
Spray-On Bande	EG	Polyvinylpyrrolidone and Vinyl Acetate Copolymer (C & I)
Squibb-HC	SQ	Hydrocortisone
S.R.A.	BT	Aspirin
Staphylex 250	AF	Flucloxacillin
Staphylex 500	AF	Flucloxacillin
Steclin-V	SQ	Tetracycline (Buffered)
Stelazine	SK	Trifluoperazine
Stemetil	MB	Prochlorperazine
Sterofrin	AQ	Prednisolone Acetate
Stomahesive	SQ	Butyl Monoester Polymer with Ethanol (C & I)
Stomahesive Set	SQ	Polyisobutylene (C & I)
Stoxil	SK	Idoxuridine
Streptase	HP	Streptokinase
Sudafed	BW	Pseudoephedrine Hydrochloride (Repat. Sch.)
SunSense Cream 15+	EO	Sunscreens (Repat. Sch.)
SunSense Lotion 15+	EO	Sunscreens (Repat. Sch.)
SunSense Milk 15+	EO	Sunscreens (Repat. Sch.)
Super Banish	DY	Deodorant Concentrate (C & I)
Supres 25	PT	Hydralazine Hydrochloride
Supres 50	PT	Hydralazine Hydrochloride
Surmontil	MB	Trimipramine
Sustanon "100"	OR	Testosterone Esters
Sustanon "250"	OR	Testosterone Esters
Symmetrel	CG	Amantadine Hydrochloride
Synacthen Depot 0.5	CG	Tetracosactrin
Synacthen Depot 1	CG	Tetracosactrin
Synalar	IC	Fluocinolone Acetonide (Repat. Sch.)
Synalar 01	IC	Fluocinolone Acetonide (Repat. Sch.)
Synphasic	SD	Norethisterone with Ethinyloestradiol
Synphasic 21 day	SD	Norethisterone with Ethinyloestradiol

Proprietary Name	Manu- fac- turer	Name
Syntocinon	SZ	Oxytocin
Syntometrine	SZ	Oxytocin with Ergometrine
Tagamet	SK	Cimetidine
Tambocor	RK	Flecainide Acetate
Tarcil	BR	Ticarcillin
Tears Naturale	AQ	Hypromellose with Dextran
Tears Plus	AG	Polyvinyl Alcohol with Povidone
Tegretol	CG	Carbamazepine
Tegretol 100	CG	Carbamazepine
Tegretol 200	CG	Carbamazepine
Telfa 1961C/2132C	KE	Dressing Non-Adherent Dry Absorbent (Repat. Sch. S.3)
Temaze 10	AF	Temazepam
Tenderskin 1596.1/ 1914.1/2419.1/ 3394.1	KE	Self Adhesive Plaster Hypoallergenic (Repat. Sch. S.3)
Tenopt	SI	Timolol
Tenormin	IC	Atenolol
Teril	AF	Carbamazepine
Terramycin	PF	Oxytetracycline (Repat. Sch.)
Tertroxin	GL	Liothyronine
Tes-Tape	LY	Glucose Indicator - Urine
Testomet	PT	Methyltestosterone
Testoviron	SC	Testosterone Propionate
Tetramykoin	BZ	Tetracycline
Tetrex	AP	Tetracycline (Buffered)
Tetrex-F	AP	Tetracycline with Nystatin
Theo-Dur	AP	Theophylline
Thioprine	AF	Azathioprine
Thiotepa	LE	Thiotepa
Ticarda	HP	Normethadone Hydrochloride and Hydroxyephedrine (Repat. Sch.)
Ticillin	CS	Ticarcillin
Tigason	RO	Etretinate
Timoptol	FR	Timolol
Tinaderm	SH	Tolnaftate (Repat. Sch.)
Titralac	RK	Calcium Carbonate with Glycine (Repat. Sch.)
Tobrex	AQ	Tobramycin
Tofranil	CG	Imipramine
Tofranil 10	CG	Imipramine
Tofranil 25	CG	Imipramine
Tolinase	UP	Tolazamide
Tolvon	OR	Mianserin Hydrochloride
Topilar	SD	Fluclorolone Acetonide
Torecan	SZ	Thiethylperazine
Trandate	GL	Labetalol
Transiderm-Nitro 25	CG	Glyceryl Trinitrate
Transiderm-Nitro 50	CG	Glyceryl Trinitrate
Tranxene	GL	Clorazepate Dipotassium (Repat. Sch.)
Trasicor	CG	Oxprenolol
Trasicor 20	CG	Oxprenolol
Trasicor 40	CG	Oxprenolol
Travogen	SC	Isoconazole Nitrate
Trib	PT	Trimethoprim with Sulphamethoxazole
Trib DS	PT	Trimethoprim with Sulphamethoxazole
Trichazole	PT	Metronidazole

Proprietary Name	Manu- fac- turer	Name
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
Tubigrip B	BT	Tubular Dressing (Repat. Sch. S.3)
Tubigrip C	BT	Tubular Dressing (Repat. Sch. S.3)
Tubigrip D	BT	Tubular Dressing (Repat. Sch. S.3)
Tubigrip E	BT	Tubular Dressing (Repat. Sch. S.3)
Tubigrip F	BT	Tubular Dressing (Repat. Sch. S.3)
Ulcotl	AF	Sulphasalazine
Ultralan	SC	Fluocortolone Pivalate and Fluocortolone Hexanoate (Repat. Sch.)
Ultralan-D	SC	Fluocortolone Esters
Ultralan-D Fatty	SC	Fluocortolone Esters
Ultralente MC	CN	Insulin Zinc Suspension (Crystalline)
Ultraproct	SC	Fluocortolone Pivalate, Fluocortolone Hexanoate, Clemizole Undecylenate and Cinchocaine Hydrochloride (Repat. Sch.)
Ultratard HM	CN	Insulin Zinc Suspension (Crystalline)
Ungvita	NS	Vitamin A (Repat. Sch.)
Ungvita Cream	NS	Vitamin A, Calamine and Silicone Oil (Repat. Sch.)
Uni Derm	DY	Paraffin (C & I)
Uni Salve	DY	Paraffin (C & I)
Unisolve	DY	Surgical Cement
Unitulle	RL	Dressing Paraffin Gauze (Repat. Sch. S.3)
Uni Wash	DY	Lauramine Oxide with Octoxinol (C & I)
Ural Sachets	AB	Sodium Citro-Tartrate
Urecholine	MK	Bethanechol
Urederm	HA	Urea
Uremide	PT	Frusemide
Urex	FM	Frusemide
Urex-Forte	FM	Frusemide
Urex-M	FM	Frusemide
Uro-Carb	HA	Bethanechol
Uro-Prep	SA	Butyl Monoester Polymer with Isopropyl Alcohol (C & I)
Urolucosil	WW	Sulphamethizole
UV Ultrablock	IC	Sunscreens (Repat. Sch.)
Broad Spectrum Water Resistant 15+ Cream		
Valcote	AB	Semisodium Valproate
Valium	RO	Diazepam
Vancocin	LY	Vancomycin
Vasopressin	SZ	Lypressin
Vaxigrip	MB	Influenza Vaccine
Velbe	LY	Vinblastine
Velosulin Human	BW	Insulin Neutral
Velosulin Nordisk	BW	Insulin Neutral

Proprietary Name	Manu- fac- turer	Name
Velosulin Nordisk	BW	Insulin Neutral
Insuject	GL	Salbutamol
Ventolin	GL	Salbutamol Sulphate
Ventolin	GL	Salbutamol Sulphate
Ventolin Rotacaps	GL	Salbutamol Sulphate
Ventolin Rotahaler	GL	Rotahalers (Repat. Sch. S.2)
Veradil	US	Verapamil Hydrochloride
Vermox	JC	Mebendazole (Repat. Sch.)
Verpamil	PT	Verapamil Hydrochloride
Verpamil 120	PT	Verapamil Hydrochloride
Vibramycin	PF	Doxycycline
Vibra-Tabs	PF	Doxycycline
Vioform	CG	Clioquinol
Viokase	RS	Pancreatin Enzyme
Vira A	PD	Vidarabine
Viscopaste 4948A	SN	Bandage Zinc Paste (Repat. Sch. S.3)
Visken	SZ	Pindolol
Voltaren 25	CG	Diclofenac Sodium
Voltaren 50	CG	Diclofenac Sodium
Volumatic 10359	GL	Inhalation Device (Repat. Sch. S.2)
Waxsol	NE	Docusate Sodium (Repat. Sch.)
Xylocaine Viscous	AP	Lignocaine Hydrochloride and Carboxymethylcellulose (Repat. Sch.)
Xylocard 100	AP	Lignocaine
Xylocard 300 I.M.	AP	Lignocaine
Xylocard 500	AP	Lignocaine
Xyloproct	AP	Hydrocortisone, Lignocaine Hydrochloride, Aluminium Subacetate and Zinc Oxide (Repat. Sch.)
Yomesan	BN	Niclosamide
Zantac	GL	Ranitidine Hydrochloride
Zarontin	PD	Ethosuximide
Zincfrin	AQ	Zinc Sulphate with Phenylephrine
Zovirax	BW	Acyclovir
Z.S.C.	SI	Zinc Oxide, Starch and Chlorphenesin (Repat. Sch.)
Zyloprim	BW	Allopurinol

TRADE NAMES INDEX

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

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

PREPARATIONS AVAILABLE TO MEMBERS OF COLOSTOMY AND ILEOSTOMY ASSOCIATIONS
Effective 1 December 1988

Code	Name, Restriction, Manner of Administration and Form	Max. Issue	Unit Price \$	Proprietary Name and Manufacturer
3232D	ACRYLIC RESIN Solution 125g Aerosol Spray	3	9.53	Nobecutane AP
3203N	ALUMINIUM HYDROXIDE with KAOLIN Mixture 137mg-1g per 5mL, 500mL	6	2.35	Kaomagma WY
3204P	BENZOIN Compound Tincture 3.5mL per 10mL (35%), 167mL Aerosol Spray	3	4.89	Eagle Pharmaceu- ticals Pty Ltd EG
3241N	BUTYL MONOESTER POLYMER with ETHANOL Paste 60g	4	6.93	Stomahesive SQ
3238K	BUTYL MONOESTER POLYMER with ISOPROPYL ALCOHOL Protective Dressing Aerosol 120g	3	11.05	Skin-Prep DY
3239L	Solution 59mL	3	8.24	Skin-Prep DY
3242P	Wipes, 50	3 3	10.64 10.80	Uro-Prep SA Skin-Prep DY
3243Q	CARMELLOSE SODIUM Compound Adhesive Wafers, 5	4	19.80	Coloplast Protective Sheets ST
3244R	Compound Adhesive Strip Pack	1	31.50	Coloplast ST
3245T	Compound Adhesive Rings 10mm to 50mm, 30	4	18.70	Coloplast ST
3230B	CARMELLOSE SODIUM with PECTIN and GELATIN Paste 167mg-167mg-167mg per g (16.7%-16.7%-16.7%), 15g	4	2.20	Orabase SQ
3231C	Powder 333mg-333mg-333mg per g (33.3%-33.3%-33.3%), 15g	4	2.90	Orabase SQ
3206R	CHARCOAL, ACTIVATED Tablet 300mg (pack of 500)	1 1 1	18.50 18.50 18.50	Karbons EG Queensland Ethicals QE(NQ) R.D. Toppin & Sons Pty Ltd TO
3201L	DEODORANT CONCENTRATE Liquid 7.5mL	4	2.66	Super Banish DY
3221M	15mL	4 4	2.05 2.05	Banish DY Odorgon LA

PREPARATIONS AVAILABLE TO MEMBERS OF COLOSTOMY AND ILEOSTOMY ASSOCIATIONS
Effective 1 December 1988

Code	Name, Restriction, Manner of Administration and Form	Max. Issue	Unit Price \$	Proprietary Name and Manufacturer
3215F	DIMETHICONE Solution 100mg per mL (10%), 180mL Aerosol Spray	4	4.40	Silicon Skin Spray EG
3240M	ISOPROPYL MONOESTER POLYMER with ISOPROPYL ALCOHOL Adhesive Protective Gel 28.35g	3	3.40	Skin Gel HO
3205Q	LAURAMINE OXIDE with OCTOXINOL Compound Cleansing Solution 80mg-10mg per g (8%-1%), 240mL	3	6.46	Uni Wash DY
3216G	PARAFFIN Compound Cream 85g	3	5.78	Uni Derm DY
3214E	Compound Ointment 70g	3	6.56	Uni Salve DY
3228X	POLYISOBUTYLENE Compound Adhesive Wafers, 5	4	10.48	Hollihesive Skin Barrier HO
		4	10.68	Soft Guard XL Skin Barrier DY
3223P	Compound Adhesive Wafers with Adhesive Discs, 5	4	9.99	Biopharm Pty Ltd BH
		4	12.01	Stomahesive Set SQ
3220L	POLYVINYLPIRROLIDONE and VINYL ACETATE COPOLYMER Aerosol Spray 60mg per mL (6%), 121mL	3	3.76	Spray-On Bande EG
3234F	STERCULIA (Indian Tragacanth; Gum Karaya) Paste 127.6g	4	6.26	Karaya Paste HO
3233E	Powder 71g	4	5.60	Denyer Brothers DY
3224Q	Discs, 12	4	11.71	Biopharm Pty Ltd BH
3235G	Discs, Compound, 10	4	9.76	Colly-seels DY
3225R	Squares, 6	4	36.00	Biopharm Pty Ltd BH
3217H	SURGICAL CEMENT Skin Bond Adhesive 118mL	6	5.56	Denyer Brothers DY
3236H	Solvent 227mL	6	3.34	Unisolve DY
3218J	240mL	6	3.40	Sacsol EG
3226T	250mL	6	3.65	Sacsol Non Flammable EG

PREPARATIONS AVAILABLE TO MEMBERS OF PARAPLEGIC AND QUADRIPLLEGIC ASSOCIATIONS
Effective 1 December 1988

Code	Name, Restriction, Manner of Administration and Form	Max. Issue	Unit Price \$	Proprietary Name and Manufacturer	
3203N	ALUMINIUM HYDROXIDE with KAOLIN Mixture 137mg-1g per 5mL, 500mL	6	2.35	Kaomagma	WY
3261P	BISACODYL Tablet 5mg (pack of 100)	4	3.25	Bisalax	PT
3250C	Suppositories 10mg, 10	9	3.40	Durolax	BY
3263R	Enema 10mg in 5mL (pack of 25)	2	20.00	Bisalax	PT
3253F	DOCUSATE SODIUM with BISACODYL Suppositories 100mg-10mg, 5	18	1.70	Coloxyl	FM
3262Q	STERCULIA with FRANGULA BARK Granules 473mg-83mg per g (47.3%-8.3%), 250g	4	5.50	Granocol	SC
3217H	SURGICAL CEMENT Skin Bond Adhesive 118mL	6	5.56	Denyer Brothers	DY
3236H	Solvent 227mL	6	3.34	Unisolve	DY
3218J	240mL	6	3.40	Sacsol	EG
3226T	250mL	6	3.65	Sacsol Non Flammable	EG

AMENDMENTS OF THE SCHEDULE OF PHARMACEUTICAL BENEFITS

DECEMBER 1988 EDITION FOR APPROVED PHARMACISTS

OPERATIVE FROM 1 FEBRUARY 1989

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

ENTITLEMENT CARD FEE

As from 1 January 1989 the fee payable by the Commonwealth for the issue of an Entitlement Card is \$4.47.

PRICE ADJUSTMENTS OF SECTION 2 - WHITE PAGES

Page No.	Code	Name and Form	Max. Qty	No. of Rpts	Disp. Price Max. Qty \$	Max. Pat. Payment \$	Prop. Name and Mfr
4	2630K	ACETYLCYSTEINE Solution 200mg per mL (20%), 10mL	5	3	31.77	+11.00	Mucomyst AP
5	2153H	ALUMINIUM HYDROXIDE Mixture 320mg per 5mL, 500mL	2	5	*8.72	9.35	Amphojel WY
5	1026B	ALUMINIUM HYDROXIDE DRIED Tablet 300mg	200	5	*8.72	9.35	Amphotabs WY
5	2552H	ALUMINIUM HYDROXIDE with KAOLIN Mixture 137mg-1g per 5mL, 500mL	≠1	2	5.69	6.32	Kaomagma WY
5	1033J	ALUMINIUM HYDROXIDE and MAGNESIUM CARBONATE CO-DRIED GEL Tablet 375mg	200	5	*8.72	9.35	Almacarb GL Simeco WY
5	2576N	ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE Tablet 200mg-200mg	200	5	*8.72	9.35	Gelusil WW Mylanta PD
	2154J	Dispersible Tablet 230mg-230mg	200	5	*8.72	9.35	LoAsid BW
	2155K	Mixture 300mg-100mg per 5mL, 500mL	2	5	*8.72	9.35	Aludrox AY
	2156L	Suspension 215mg-80mg per 5mL, 500mL	2	5	*8.72	9.35	Simeco WY
	2157M	200mg-200mg per 5mL, 500mL	2	5	*8.72	9.35	Gelusil WW Mylanta PD Sodexol SC
5	2158N	ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE and OXETHAZAINE Suspension 306mg-97.5mg- 10mg per 5mL, 500mL	2	5	*8.72	9.35	Mucaine AY

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

Page No.	Code	Name and Form	Max. Qty	No. of Rpts	Disp. Price Max. Qty \$	Max. Pat. Payment \$	Prop. Name and Mfr
5	1032H	ALUMINIUM HYDROXIDE with MAGNESIUM TRISILICATE and MAGNESIUM HYDROXIDE Tablet 250mg-120mg-120mg	200	5	*8.72	9.35	Gastrogel FM
	2159P	Mixture 250mg-120mg-120mg per 5mL, 500mL	2	5	*8.72	9.35	Gastrogel FM
9	3110Q	ASPIRIN Tablet 325mg (buffered)	100	1	5.27	5.90	Bufferin AP
	1230R	650mg (enteric coated)	100	2	7.74	8.37	Ecotrin SK
	1231T	650mg (sustained release)	100	2	7.74	8.37	S.R.A. BT
9	2704H	ATROPINE SULPHATE Tablet 600 micrograms	100	2	6.35	6.98	FM
10	2916L	BELLADONNA ALKALOIDS Hyoscyamine Sulphate, Atropine Sulphate and Hyoscine Hydrobromide Tablet 103.7 micrograms- 19.4 micrograms-6.5 micrograms	100	2	4.62	5.50	Donnatab RS
12	2203Y	BISMUTH SUBCITRATE Tablet 107.7mg (Bi)	112	2	23.89	+11.00	De-Nol PD
14	2422L	CARBAMAZEPINE Tablet 100mg	200	2	16.82	+11.00	Tegretol 100 CG
	2419H	200mg	200	2	29.39 29.64	+11.00 +11.00	Teril AF Tegretol 200 CG
	2427R	Syrup 100mg per 5mL, 300mL	≠1	5	19.58	+11.00	Tegretol CG
17	1410F	CHLORMETHIAZOLE Capsule 192mg	50	..	12.07	+11.00	Hemineurin AP
17	1201F	CHLORPROMAZINE Mixture 25mg per 5mL, 100mL	2	2	*8.02	8.65	Largactil MB
	1195X	Injection 50mg in 2mL	10	..	8.63	9.26	Largactil MB
	1200E	Suppositories 100mg, 5	≠1	2	6.54	7.17	Largactil MB
19	1805B	CLONAZEPAM Tablet 500 micrograms	200	2	15.58	+11.00	Rivotril RO
	1806C	2mg	200	2	25.18	+11.00	Rivotril RO
22	1779P	DANTROLENE SODIUM Capsule 25mg	100	2	22.89	+11.00	Dantrium NW
	1780Q	50mg	100	2	37.39	+11.00	Dantrium NW

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

Page No.	Code	Name and Form	Max. Qty	No. of Rpts	Disp. Price Max. Qty \$	Max. Pat. Payment \$	Prop. Name and Mfr
23	2558P	DIAZEPAM Injection 10mg in 2mL	5	..	4.85 5.10	5.50 5.73	BL Valium RO
24	1483C	DIHYDROTACHYSTEROL Capsule 125 micrograms	100	5	46.83	+11.00	A.T.10 WL
28	1413J	ETHOSUXIMIDE Capsule 250mg	200	2	23.79	+11.00	Zarontin PD
	1414K	Paediatric Syrup 250mg per 5mL, 250mL	≠1	4	12.95	+11.00	Zarontin PD
32	1436N	FOLIC ACID Injection 15mg in 1mL	10	..	*13.60	+11.00	AB
34	2768Q	HALOPERIDOL Injection 5mg in 1mL	10	..	11.95	+11.00	Serenace SR
38	3093T	HYDROXYUREA Capsule 500mg	100	..	66.39	+11.00	Hydrea SQ
38	2454E	INDOMETHACIN Capsule 25mg	50	3	5.90	6.53	Rheumacin PT
39	2852D	INFLUENZA VACCINE (See also ADVANCE NOTICES) Injection (trivalent) 0.5mL	1	..	12.89	+11.00	Fluvax CS Vaxigrip MB
42	1588N	KETOPROFEN Suppository 100mg	40	3	*21.54	+11.00	Orudis MB
43	3143K	LEVODOPA Tablet 100mg	50	5	11.02	+11.00	Larodopa RO
43	2227F	LEVODOPA with BENSERAZIDE Capsule 50mg-12.5mg	100	5	18.93	+11.00	Madopar Q RO
46	2398F	METHSUXIMIDE Capsule 300mg	200	2	52.14	+11.00	Celontin PD
49	1284N	MILK POWDER - LACTOSE MODIFIED Lactose-Predigested Powder 500g	2	20	*17.40	+11.00	Digestelact SJ
49	1283M	MILK POWDER - LOW LACTOSE FORMULA Lactose-Predigested Powder Infant Formula 500g	2	..	*17.40	+11.00	De-Lact Infant SJ
49	3092R	MILK POWDER - SYNTHETIC Low Calcium Compound Powder 450g	2	20	*26.94	+11.00	Locasol New Formula KY
49	1451J	MINERAL MIXTURE Powder 250g	≠1	5	43.27	+11.00	Aminogran M.M. GL

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

Page No.	Code	Name and Form	Max. Qty	No. of Rpts	Disp. Price Max. Qty \$	Max. Pat. Payment \$	Prop. Name and Mfr
49	1648R	MISOPROSTOL Tablet 200 micrograms	120	1	46.27	+11.00	Cytotec SR
51	1659H	NAPROXEN Tablet 500mg	50	3	13.27	+11.00	Naprosyn SD
55	1735H	PANCREATIN ENZYME Tablet providing not less than 6,500 BP units of lipase activity	500	10	36.77	+11.00	Viokase RS
56	1747Y	PARACETAMOL Mixture 120mg per 5mL, 100mL	≠1	2	5.59	6.22	Dymadon BW Panamax WL
56	1822X	PERHEXILINE MALEATE Tablet 100mg	100	5	31.02	+11.00	Pexid ML
56	3053Q	PERICYAZINE Tablet 10mg	100	1	11.67	+11.00	Neulactil MB
57	1827E	PETHIDINE Tablet 50mg	20	..	6.99	7.62	SI
57	2856H	PHENELZINE Tablet 15mg	50	2	8.02	8.65	Nardil WW
58	1853M	PHENOBARBITONE SODIUM Injection 200mg in 1mL	5	..	6.78	7.41	FM
58	1863C	PHENSUXIMIDE Capsule 500mg	200	2	57.89	+11.00	Milontin PD
59	1865E	PHENYLALANINE LOW CONTENT FORMULA Powder 1 lb	5	5	*158.89	+11.00	Lofenalac MJ
59	2455F	PHENYLEPHRINE Compound Ointment 60g	≠1	1	5.24	5.87	Hemorex RL
	1869J	Compound Suppositories, 12	≠1	1	5.54	6.17	Hemorex RL
59	1249R	PHENYTOIN Tablet 50mg	200	2	11.23	+11.00	Dilantin Infatabs PD
	2692Q	Paediatric Suspension 30mg per 5mL, 500mL	≠1	3	8.64	9.27	Dilantin PD
59	1873N	PHENYTOIN SODIUM Capsule 30mg	200	2	11.08	+11.00	Dilantin Sodium PD
	1874P	100mg	200	2	11.27	+11.00	Dilantin Sodium PD
59	1881B	PHYTOMENADIONE Injection 1mg	5	..	6.68	7.31	Konakion RO
	1882C	10mg	5	..	9.97	10.60	Konakion RO

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

Page No.	Code	Name and Form	Max. Qty	No. of Rpts	Disp. Price Max. Qty \$	Max. Pat. Payment \$	Prop. Name and Mfr
61	1479W	PRAZOSIN HYDROCHLORIDE Tablet 1mg (base)	100	5	11.03	+11.00	Minipress PF
	1480X	2mg (base)	100	5	14.05	+11.00	Minipress PF
	1478T	5mg (base)	100	5	22.72	+11.00	Minipress PF
62	1939C	PRIMIDONE Tablet 250mg	200	2	14.44	+11.00	Mysoline IC
62	1940D	PROBENECID Tablet 500mg	100	5	12.79	+11.00	Benemid FR
63	2369Q	PROCHLORPERAZINE Injection 12.5mg in 1mL	10	..	7.45	8.08	Compazine SK Stemetil MB
64	1961F	PYRIDOXINE HYDROCHLORIDE Injection 50mg in 1mL	5	1	6.08	6.71	FM
67	2945B	SODIUM ACID CITRATE Mixture 5.5g per 20mL, 500mL	≠1	4	6.02	6.65	Citralka PD
67	3015Q	SODIUM BICARBONATE Injection 100mmol (8.4g) in 100mL	5	..	*22.54	+11.00	AB
70	2047R	SULINDAC Tablet 100mg	50	3	8.89	9.52	Clinoril FR
73	1065C	THIAMINE HYDROCHLORIDE Injection 100mg in 1mL	5	1	5.68	6.31	Beta-Sol FM
74	2402K	THIORIDAZINE Oral Solution 30mg per mL, 30mL	2	2	*10.70	11.00	Melleril SZ
75	2444P	TRANLYCYPROMINE Tablet 10mg	50	2	8.02	8.65	Parnate SK
76	2835F	TRIFLUOPERAZINE Injection 1mg in 1mL	10	..	8.63	9.26	Stelazine SK
79	2984C	ZINC OXIDE Compound Ointment 50g	≠1	1	5.24	5.87	Anusol WW
	1122C	Compound Suppositories, 12	≠1	1	5.54	6.17	Anusol WW
PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY							
83	3348F	PARACETAMOL Mixture 120mg per 5mL, 100mL	≠1	..	5.59	6.22	Dymadon BW Panamax WL

PRICE ADJUSTMENTS OF SECTION 6 - STANDARD PACKS AND PRICES

Page No.	Code	Name and Form	Amended Price
			\$
2	2153H	Aluminium Hydroxide 320mg per mL, 500mL	1 @ 3.04 WY
2	1026B	Aluminium Hydroxide Dried 300mg	100 @ 3.04 WY
2	1033J	Aluminium Hydroxide and Magnesium Carbonate Co-Dried Gel 375mg	100 @ 3.04 GL,WY
2	2576N	Aluminium Hydroxide with Magnesium Hydroxide 200mg-200mg	100 @ 3.04 PD,WW
	2154J	230mg-230mg	100 @ 3.04 BW
	2155K	300mg-100mg per 5mL, 500mL	1 @ 3.04 AY
	2156L	215mg-80mg per 5mL, 500mL	1 @ 3.04 WY
	2157M	200mg-200mg per 5mL, 500mL	1 @ 3.04 PD,SC,WW
2	2158N	Aluminium Hydroxide with Magnesium Hydroxide and Oxethazaine 306mg-97.5mg-10mg per 5mL, 500mL	1 @ 3.04 AY
2	1032H	Aluminium Hydroxide with Magnesium Trisilicate and Magnesium Hydroxide 250mg-120mg-120mg	100 @ 3.04 FM
	2159P	250mg-120mg-120mg per 5mL, 500mL	1 @ 3.04 FM
3	1201F	Chlorpromazine 25mg per 5mL, 100mL	1 @ 2.69 MB
4	1436N	Folic Acid 15mg in 1mL	5 @ 5.48 AB
6	1588N	Ketoprofen 100mg	20 @ 9.45 MB
7	1284N	Milk Powder - Lactose Modified 500g	1 @ 7.38 SJ
7	1283M	Milk Powder - Low Lactose Formula 500g	1 @ 7.38 SJ
7	3092R	Milk Powder - Synthetic 450g	1 @ 12.15 KY
8	1865E	Phenylalanine Low Content Formula 1 lb	1 @ 31.25 MJ
9	3015Q	Sodium Bicarbonate 100mmol in 100mL	1 @ 3.98 AB
9	2402K	Thioridazine 30mg per mL, 30mL	1 @ 4.03 SZ

ADVANCE NOTICES

FORMULATION CHANGE

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

As from 1 March 1989 influenza vaccine available as a pharmaceutical benefit will be the formulation determined for the 1989 season (containing A/Victoria/36/88, A/Sichuan/2/87 and B/Beijing/1/87 like strains).

Advance Notices - (cont.)

DELETIONS - ITEMS

The items listed below will be deleted from the Schedule of Pharmaceutical Benefits as from 1 April 1989.

Item being discontinued by the manufacturer -

Section 2 - Prescribing by medical practitioners

1549M Isoconazole Nitrate, lotion 10mg per mL (1%), 20mL (Travogen)

Item being deleted at request of manufacturer -

Section 3 - Preparations Available for Colostomy and Ileostomy Use

2256R Sterculia (Indian Tragacanth; Gum Karaya), discs, compound, 10 (Colly-seels)

DELETIONS - BRANDS

The following brands will be deleted from the Schedule of Pharmaceutical Benefits as from 1 April 1989.

Brand being discontinued by the manufacturer -

Section 2 - Prescribing by medical practitioners

3028J Phenoxymethylpenicillin, tablet 500mg (LPV)

Prescribing by participating dental practitioners

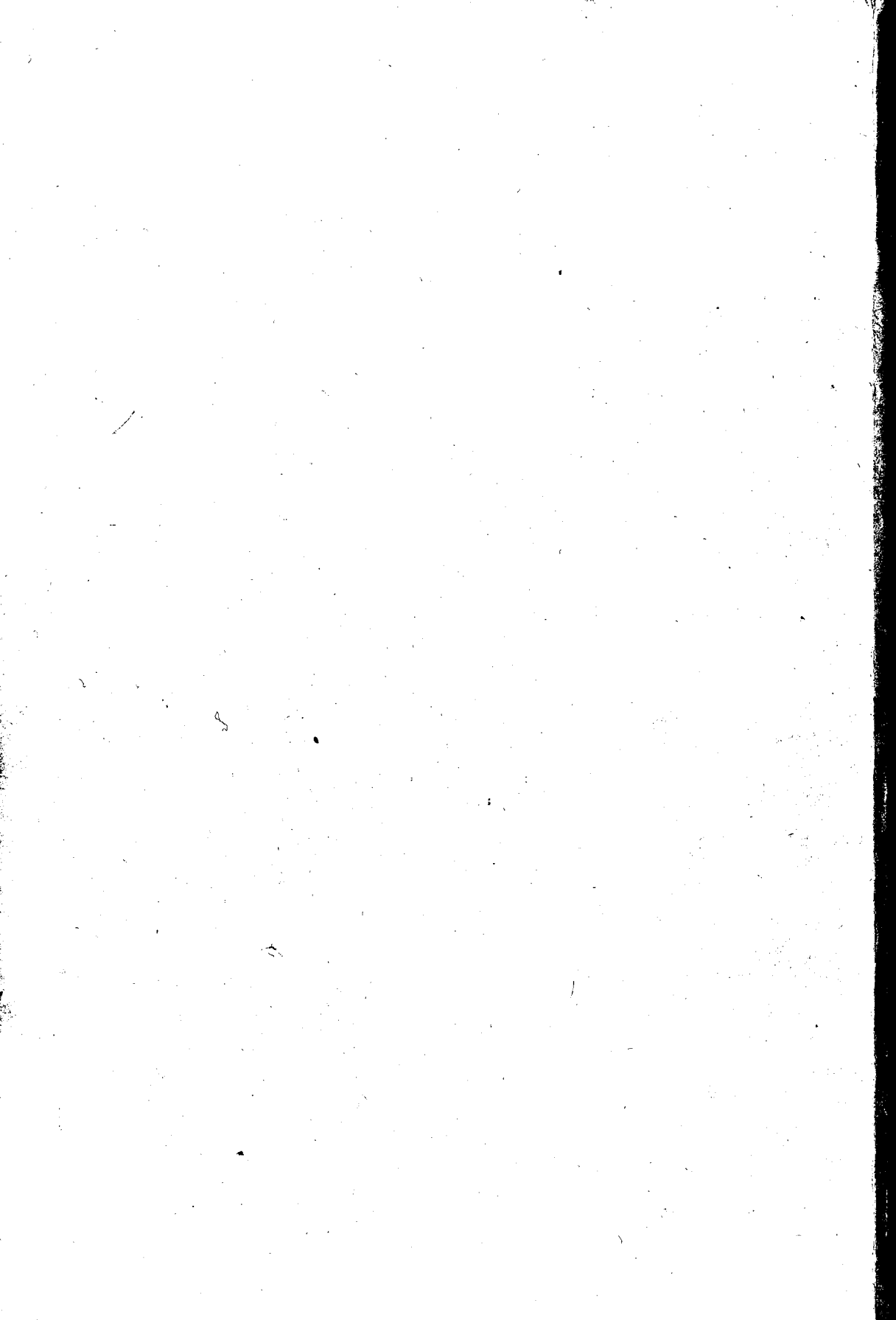
3361X Phenoxymethylpenicillin, tablet 500mg (LPV)

Brand being deleted at request of manufacturer -

Section 2 - Prescribing by medical practitioners

2893G Prochlorperazine, tablet 5mg (Anti-Naus)

2897L 5mg (Anti-Naus)





Pharmaceutical Benefits

DECEMBER 1988 EDITION

PHARMACEUTICAL BENEFITS

Explanatory Circular regarding the December 1988 edition of the Schedule of Pharmaceutical Benefits for Participating Dental Practitioners.

The reprint of the Schedule will take effect on 1 December 1988 and all previous editions of the Schedule are cancelled.

Addition of Form and Strength of Item

Erythromycin Ethyl Succinate, tablet 400mg (base) (E.E.S. 400)

ALL PREVIOUS EDITIONS CANCELLED



**SCHEDULE OF
PHARMACEUTICAL BENEFITS**

for

DENTAL PRACTITIONERS

OPERATIVE FROM 1 DECEMBER 1988

Department of Community Services and Health
CANBERRA, ACT

I. C. CARTER, Acting Government Printer, Tasmania

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SECTION 1—EXPLANATORY NOTES

PRESCRIBING OF BENEFITS—PROCEDURE BY DENTISTS

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

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

2. The Schedule of Benefits includes the form, manner of administration and brand of these items which may be prescribed. Where the words 'solvent required' are included after the form, the item and a solvent may be prescribed as one benefit. In such cases, any listed brand of solvent may be ordered with the item. For clarity, such benefits should be written as one prescription, e.g. 'Ampicillin, Injection 1g with 2mL water for injections'.

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

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

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

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

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

Prescriptions

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

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

10. Dentists are required by legislation under the National Health Act to observe the following rules when writing prescriptions for pharmaceutical benefits:—

- (a) Write the prescription in indelible form, i.e., ink or ball point pen in own handwriting either on the standard prescription form supplied by the Department of Community Services and Health or on paper as near as convenient to 18 cm x 12 cm. The name and address of the dentist plus the D.P. number (the dental practitioner's number as notified by the Department) must be shown. 'NHS' is to be endorsed at the top if a Departmental standard prescription form is not being used.
- (b) Write the prescription in duplicate marking the duplicate copy with the word 'Duplicate'. This is pre-printed on the standard prescription forms.
- (c) Set out the name and address of the patient. Dentists are reminded that full details of the patient's address are required on each prescription.
- (d) The pharmaceutical benefit must be identified in the prescription by such particulars, including the name, form, strength and quantity, as are necessary for the complete identification of that benefit.
- (e) Each prescription must be written legibly.
- (f) Date and sign the prescription.

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

12. A prescription is not a valid pharmaceutical benefit prescription if the dentist prescribes a pharmaceutical benefit for a person in respect of whom another prescription for the same benefit has been written on the same day by the same dentist.

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

Manner of Administration

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

Outline of the Safety Net Scheme

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

16. To provide protection for those members of the community who, due to chronic illness, are high volume users of prescription medicines, a 'Safety Net' of 25 pharmaceutical benefit items for a family or individual applies for each calendar year. When the 'Safety Net' limit has been reached and an Entitlement Card issued, all subsequent pharmaceutical benefits items will be free for both general and concessional users.

17. Under these arrangements general users will pay up to a maximum agreed price for pharmaceutical benefit prescription drugs costing up to and including \$11.00. For prescriptions costing more than \$11.00 (or \$2.50 in the case of concessional beneficiary prescriptions) the government will continue to pay the balance to the approved pharmacist.

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

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

- (a) the item is NHS listed at date of prescribing; and
- (b) either

- (i) the NHS dispensed price is greater than the relevant patient contribution; or
- (ii) the NHS dispensed price is less than or equal to the relevant patient contribution and the price charged to the patient is less than or equal to the agreed price.

Note: The agreed price is the NHS dispensed price plus a surcharge (currently 63 cents for RP items or 91 cents for EP items) up to a maximum of the patient contribution. Where the above calculation indicates a price less than \$5.50 the agreed price is \$5.50.

20. Items which may be recorded on the Prescription Record Form must be pharmaceutical benefit items and must be for the maximum quantity at date of prescription. This restriction in relation to quantity does not apply to Schedule 8 drugs, nor where the pharmaceutical benefits price for a lesser quantity equals or exceeds \$11.00.

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

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

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

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

Maximum Quantities

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

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

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

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

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

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

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

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

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

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

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

- (i) the entitlement number appearing on the card, i.e., a ten-character alpha-numeric number (see paragraph 32) (the entitlement number does not identify the type of card or the entitlement category);
- (ii) a cross (×) in the appropriate box indicating the type of entitlement card held by the patient. The type of card denotes the entitlement of the patient to receive pharmaceutical benefits free of charge or at the concessional patient contribution rate.

Where a patient or agent is required to sign and date a receipt for the supply of a benefit on an original prescription form, the patient or agent also accepts responsibility for the validity of the entitlement information shown on the prescription.

35. Where prescriptions are written on forms which do not provide space (front or back) for the entry of entitlement information, the dentist should not enter the patient's entitlement information on the prescription form. In these instances the dispensing approved pharmacist, on request, shall place the declaration stamp imprint on the back of the original prescription form to enable the patient's entitlement information (see paragraph 34) to be entered.

Urgent Cases

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

Enquiries

37. Any enquiries regarding the Pharmaceutical Benefits Scheme or requests for Departmental publications or stationery should be made to the State Manager, Department of Community Services and Health in the capital city of your State.

DEPARTMENT OF COMMUNITY SERVICES AND HEALTH OFFICES

CANBERRA

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Darwin NT 0800
GPO Box 9848 Darwin NT 0801

Telephone 82 4735

AUSTRALIAN CAPITAL TERRITORY
(responsible for ACT residents only)

Manager
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A.C.T. Health Authority Building
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Canberra City ACT 2601
GPO Box 825 Canberra City ACT 2601

Telephone 45 4213

INDEX OF MANUFACTURERS' CODES

*Code**Manufacturer*

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

SECTION 2 - SCHEDULE OF BENEFITS

SYMBOLS USED IN THE SCHEDULE

- (a) A double dagger (‡) in the maximum quantity column indicates an item for which the maximum quantity has been specially determined to correspond to the manufacturer's pack and the manufacturer's standard pack should be prescribed. For any item where a maximum quantity greater than 1 is marked with a double dagger (‡), that maximum quantity should be prescribed.
 - (b) A gauge sign (#) against the price of an item indicates that the product is not preconstituted.
 - (c) Where a STATE is indicated after the manufacturer's code, that brand may be available only in the State indicated. N.S.W. - (N); Vic. - (V); Qld - (Q); S.A. - (S); W.A. - (W); Tas. - (T).
-

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
AMOXYCILLIN				
Tablet 250mg	20	..	7.43	Amoxil BR Moxacin CS
Dispersible Tablet 3g	1	..	7.39	Amoxil BR Moxacin CS
Capsule 250mg	20	..	7.03	Alphamox 250 AF Ibiamox PT
			7.28	Amoxil BR Cilamox SI Moxacin CS
500mg	20	..	10.99	Alphamox 500 AF Ibiamox PT
			11.05	Amoxil BR Cilamox SI Moxacin CS
Powder for Syrup 125mg per 5mL, 100mL	‡1	..	#7.76	Ibiamox PT
			#8.01	Amoxil BR Cilamox SI Moxacin CS
250mg per 5mL, 100mL	‡1	..	#9.33	Ibiamox PT
			#9.58	Amoxil Forte BR Cilamox SI Moxacin 250 CS
AMPHOTERICIN				
Lozenge 10mg	20	..	4.97	Fungilin SQ
Ointment 30mg per g (3%), 15g	‡1	..	4.97	Fungilin SQ
AMPICILLIN				
Injection 250mg (solvent required)	5	..	7.48	Ampicyn PT
			7.73	Austrapen CS
500mg (solvent required)	5	..	9.69	Ampicyn PT
			9.94	Austrapen CS Penbritin BR
1g (solvent required)	5	..	14.19	Ampicyn PT
			14.44	Austrapen CS

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
ASPIRIN with CODEINE Mixture - See Section 3, Prescribers' List					
BENZYLPENICILLIN Injection 300mg (solvent required)	5	..	7.22	CS	
600mg (solvent required)	5	..	7.45	CS	
3g (solvent required)	5	..	17.94	CS	
CEPHALEXIN Capsule 250mg	20	..	7.43	Ceporex Keflex	GL LY
500mg	20	..	11.23	Ceporex Keflex	GL LY
Granules for Syrup 125mg per 5mL, 100mL	‡1	..	#9.39	Ceporex Keflex	GL LY
250mg per 5mL, 100mL	‡1	..	#11.89	Ceporex Keflex	GL LY
CEPHALOTHIN SODIUM Injection 1g (solvent required)	5	..	22.29	Ceporacin Keflin Neutral	GL LY
2g (solvent required)	1	..	10.32	Keflin Neutral	LY
4g (solvent required)	1	..	17.40	Keflin Neutral	LY
CODEINE PHOSPHATE with ASPIRIN Tablet 30mg-325mg	20	..	4.98	Codral Forte	BW
CODEINE PHOSPHATE with PARACETAMOL Tablet 30mg-500mg	20	..	4.98	Panadeine Forte	WL
DOXYCYCLINE Tablet 100mg	7	..	5.70 5.94	Doxylin 100 Vibramycin	AF PF
Capsule 100mg	7	..	5.00 5.94	Cyclidox Doryx	PT FA

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
ERYTHROMYCIN					
Tablet 250mg	25	..	6.34	EMU-V	UP
Capsule 125mg	25	..	5.72	Eryc	FA
250mg	25	..	6.69	Eryc Ilocap	FA LY
ERYTHROMYCIN ESTOLATE					
Paediatric Drops					
100mg (base) per mL, 10mL	‡1	..	6.00	Ilosone	LY
Paediatric Suspension					
125mg (base) per 5mL, 100mL	‡1	..	6.00	Ilosone	LY
ERYTHROMYCIN ETHYL SUCCINATE					
Tablet 200mg (base)	25	..	6.07	E.E.S. Dulcet	AB
400mg (base)	25	..	6.69	E.E.S. 400	AB
Granules for Paediatric Suspension					
200mg (base) per 5mL, 100mL	‡1	..	#8.26	E.E.S. 200	AB
ERYTHROMYCIN STEARATE					
Tablet 250mg (base)	25	..	6.34	Erythrocin	AB
Capsule 250mg (base)	25	..	6.34	Erythrocin	AB
Paediatric Suspension					
125mg (base) per 5mL, 100mL	‡1	..	6.00	Erythrocin	AB
Suspension					
250mg (base) per 5mL, 100mL	‡1	..	7.78	Erythrocin	AB
METRONIDAZOLE					
Tablet 200mg	21	..	5.57	Metrogyl 200	AF
			5.60	Trichazole	PT
				Flagyl	MB
				Metrozine	SR
250mg	21	..	5.60	Protostat	JC
NYSTATIN					
Tablet 500,000 units	25	..	7.34	Mycostatin	SQ
				Nilstat	LE
Lozenge 100,000 units	20	..	4.97	Nilstat	LE
Mixture					
100,000 units per mL, 24mL	‡1	..	5.49	Mycostatin	SQ
				Nilstat	LE

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
PARACETAMOL Mixture 120mg per 5mL, 100mL	#1	..	4.25	Dymadon BW Panamax WL Parmol US
PHENETHICILLIN Tablet 250mg	25	..	6.54	Pensig SI
Capsule 250mg	25	..	6.54	Pensig SI
500mg	25	..	7.39	Pensig SI
Powder for Syrup 125mg per 5mL, 100mL	#1	..	#7.06	Pensig 125 SI
250mg per 5mL, 100mL	#1	..	#7.83	Pensig 250 SI
PHENOXYMETHYLPENICILLIN Tablet 125mg	25	..	5.25	Abbocillin-V AB
250mg	25	..	5.38	Abbocillin-VK AB Cilicaine VK SI LPV CS PVK LY
500mg	25	..	6.32 6.44	P.V.O. FM Abbocillin-VK LPV CS PVK LY
Capsule 250mg	25	..	5.38	Abbocillin-VK AB Cilicaine VK SI LPV CS PVK LY
500mg	25	..	6.44	Cilicaine VK SI LPV CS
Paediatric Suspension 125mg per 5mL, 100mL	#1	..	5.13	Abbocillin-V AB Cilicaine V SI LPV 125 CS
Suspension 250mg per 5mL, 100mL	#1	..	5.75	Abbocillin-V AB Cilicaine V SI LPV 250 CS

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
PROCAINE PENICILLIN Injection 1g	5	..	22.52	Cilicaine	SI
1.5g	5	..	22.52	Cilicaine	SI
SULPHADIMIDINE Tablet 500mg	40	..	5.23	S-Dimidine	PT
TETRACYCLINE Capsule 250mg	25	..	5.28	Achromycin Panmycin P Tetramykoin BZ(N)	LE UP
TETRACYCLINE (BUFFERED) Capsule 250mg	25	..	5.28	Achromycin V Australmycin-V Hostacycline P Hydracycline Steclin-V Tetrex	LE CS HP FM SQ AP
TRIMETHOPRIM with SULPHAMETHOXAZOLE Tablet 80mg-400mg	10	..	5.17	Bactrim Resprim Septtrin Trib	RO AF BW PT
160mg-800mg	10	..	6.63	Bactrim DS Resprim Forte Septtrin Forte Trib DS	RO AF BW PT
Suspension 40mg-200mg per 5mL, 100mL	#1	..	6.25	Bactrim Resprim Septtrin Trib	RO AF BW PT
WATER FOR INJECTIONS (For use only with an injectible benefit which requires a solvent)					
Injection 2mL	5	..	4.22	AP,BT,BZ,SI	
5mL	5	..	4.35	AP,BT,BZ,SI	
10mL	5	..	4.57	AP,BT,BZ,SI	

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, APF	1	mL
Concentrated Chloroform Water	0.25	mL
Purified Water to	10	mL

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

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

PART 2 - TRADE NAMES INDEX

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

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



Pharmaceutical Benefits

DECEMBER 1988

**LATE AMENDMENT:
AUTHORITY RESTRICTIONS**

In May the Government announced that the authority arrangements would be extended to expensive drugs for which there are possible cheaper alternatives. Following advice from the Pharmaceutical Benefits Advisory Committee on which drugs should be exempt because they have no possible cheaper alternative, the Government applied authority restrictions to 53 drugs from 1 August.

Since then questions have been raised about the availability of suitable alternatives and as a result the Minister responsible for the Pharmaceutical Benefits Scheme asked the Committee to re-examine some of the drugs.

At its meeting on 20 October the Committee advised that 34 of the drugs should be exempted because there is no reasonable alternative treatment, consistent with good medical practice, for a significant proportion of patients.

While re-affirming the Government's decision to use the authority mechanism to encourage more cost-effective prescribing, the Minister has accepted the Committee's revised advice and has decided to remove the authority restrictions on the 34 drugs at the earliest practicable date.

As a result, the following drugs will be available as unrestricted benefits from 1 December 1988:

AMBENONIUM CHLORIDE
AURANOFIN
AUROTHIOGLUCOSE
AZATHIOPRINE
BACLOFEN
BUSULPHAN
CHLORAMBUCIL
CYTARABINE
DOXORUBICIN HYDROCHLORIDE
FLUOROURACIL
HYDROXYUREA
INSECT ALLERGEN EXTRACT - HONEY BEE VENOM
INSECT ALLERGEN EXTRACT - PAPER WASP VENOM
MELPHALAN
MERCAPTOPYRINE
METHOTREXATE
PYRIDOSTIGMINE
SEMISODIUM VALPROATE
SODIUM AUROTHIOMALATE
SODIUM VALPROATE
THIOGUANINE
VINBLASTINE
VINCRIStINE

For the following items, while the conditions for use remain unchanged, an authority prescription form will not be required from 1 December 1988 (i.e. these items will revert to 'SP') -

BLEOMYCIN
DEMECLOCYCLINE HYDROCHLORIDE
FLUCYTOSINE
FOSFESTROL SODIUM
MEDROXYPROGESTERONE (Tablets 100mg, 200mg, 250mg and 500mg
and Oral Solution 100mg per mL, 100mL)
MEGESTROL ACETATE
MITHRAMYCIN
MITOZANTRONE
NORETHISTERONE ACETATE
PENICILLAMINE
TAMOXIFEN CITRATE

These changes are not incorporated in the white pages of this edition of the Schedule but will be included in the 1 April 1989 edition.

LATE ITEM DELETION

Due to deletion of the remaining brand of sodium salicylate 600mg enteric coated tablet (Rhumax) this item will no longer be available as a pharmaceutical benefit from 1 December 1988. All Prosana products are being deleted due to continued failure by the manufacturer to upgrade facilities, procedures and operations to a satisfactory level of compliance with the Code of Good Manufacturing Practice for Therapeutic Goods.

LATE AMENDMENT

NEW ITEMS

The following items will be available as pharmaceutical benefits as from 1 December 1988.

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer

ACYCLOVIR

Authority required.

Treatment of patients with
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.

Tablet 400mg	70	..	257.64	Zovirax	BW

INSULIN ISOPHANE (N.P.H.)

Newly diagnosed insulin
dependent diabetics;
Diabetics exhibiting
lipoatrophy, lipohypertrophy,
local allergy or
immunologic resistance.

Injections (synthetic human) 100 units per mL, 2.5mL, 5	4	2	113.28	Insulatard Human Nordisk 2.5mL Insuject-X	BW

INSULIN ISOPHANE (N.P.H.) -

INSULIN NEUTRAL, (MIXED)
Newly diagnosed insulin
dependent diabetics;
Diabetics exhibiting
lipoatrophy, lipohypertrophy,
local allergy or
immunologic resistance.

Injections (synthetic human) 100 units (70 units-30 units) per mL, 2.5mL, 5	4	2	113.28	Mixtard Human Nordisk 2.5mL Insuject-X	BW

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
INSULIN NEUTRAL				
Newly diagnosed insulin dependent diabetics; Diabetics exhibiting lipoatrophy, lipohypertrophy, local allergy or immunologic resistance.				
Injections (synthetic human) 100 units per mL, 2.5mL, 5	4	2	113.28	Velosulin Human Nordisk 2.5mL Insuject (white) BW
SALBUTAMOL SULPHATE				
Inhalation Solution for use in RESPIRATOR				
Single dose units 2.5mg (base) in 2.5mL, 30	≠1	5	14.02	Ventolin Nebules GL
Single dose units 5mg (base) in 2.5mL, 30	≠1	5	15.02	Ventolin Nebules GL

PHARMACEUTICAL BENEFITS

Explanatory Circular regarding the December 1988 edition of the Schedule of Pharmaceutical Benefits for Medical Practitioners.

The reprint of the Schedule will take effect on 1 December 1988 and all previous editions of the Schedule are cancelled.

SUMMARY OF CHANGES

ADDITIONS

New Items

Section 1

Emergency Drug (Doctor's Bag) Supplies

Benzylpenicillin, injection 600mg (with Water for Injections 2mL), as an alternative to **Procaine Penicillin**, injection (pre-filled syringe) 1.5g

Section 2

Amino Acid Formula with Vitamins and Minerals without Methionine, powder 200g (*Maxamaid RVHB*)

Famotidine, tablets 20mg (*Pepcidine M*) and 40mg (*Pepcidine*)

Human Menopausal Gonadotrophin, injection set containing 10 ampoules powder for injection providing 75 units follicle stimulating hormone and 75 units luteinizing hormone and 10 ampoules solvent 1mL (*Humegon, Pergonal*)

New Forms and Strengths of Items

Section 2

Human Chorionic Gonadotrophin, injection set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1mL (*Profasi 500*), injection set containing 3 ampoules powder for injection 1,000 units and 3 ampoules solvent 1mL (*Profasi 1000*) and injection set containing 3 ampoules powder for injection 2,000 units and 3 ampoules solvent 1mL (*Profasi 2000*)

Norethisterone with Ethinyloestradiol, pack containing 12 tablets 500 micrograms-35 micrograms and 9 tablets 1mg-35 micrograms (*Synphasic 21 day*)

DELETIONS

Items

Section 2

- Atropine Methonitrate**, tablet 1mg (*Eumydrin*)
- Benzocaine with Adrenaline**, compound ointment 50g (*Rectinol*) and compound suppositories, 12 (*Rectinol*)
- Cholera Vaccine**, injection 1mL (*CS*)
- Dapsone**, tablet 100mg (*Avlosulfon*)
- Dimethicone**, cream 100mg per g (10%), 50g (*Dermabase-S*)
- Epicillin**, capsules 250mg and 500mg (*Dexacillin*)
- Ergotamine Tartrate with Caffeine and Cyclizine Hydrochloride**, tablet 2mg-100mg-50mg (*Migral*)
- Ergotamine Tartrate with Caffeine Citrate and Diphenhydramine Hydrochloride**, capsule 1mg-100mg-25mg (*Ergodryl*)
- Natamycin**, tablet 100mg (*Pimafucin*); suspension 10mg per mL (1%), 5mL (*Pimafucin*); cream 20mg per g, 15g (*Pimafucin*); pessaries 25mg, 20 (*Pimafucin*)
- Norethisterone Acetate with Ethinyloestradiol**, tablet 1mg-50 micrograms, 21 (*Minovlar*) and pack containing 21 tablets 1mg-50 micrograms and 7 inert tablets (*Minovlar ED*)
- Ornidazole**, tablet 500mg (*Tiberal*)
- Plague Vaccine**, injection 1,500 million organisms in 0.5mL (*CS*)
- Sodium Calciumedetate**, tablet 500mg (*Calcium Disodium Versenate*)
- Stilboestrol**, tablets 500 micrograms, 1mg, 5mg and 10mg (*HA*)
- Trimetaphan**, injection set containing 250mg and 5mL water for injections (*Arfonad*)
- Typhoid Vaccine**, injection 0.5mL (*CS*)
- Typhoid Vaccine, Oral**, capsule containing not less than 10⁹ viable organisms (enteric coated), 3 (*Typh-Vax (Oral)*)
- Typhus Vaccine**, injection 1mL (*CS*)

NOTE

Contrary to previous advice the following items will continue to be listed as pharmaceutical benefits from 1 December 1988:

- Pilocarpine**, eye disc 5mg (releasing 20 micrograms per hour) (*Ocusert Pilo 20*) and eye disc 11mg (releasing 40 micrograms per hour) (*Ocusert Pilo 40*)

Deletions (cont.)

Section 3

Preparations Available for Colostomy and Ileostomy Use

Carmellose Sodium, compound adhesive rings 10mm to 50mm, 30 (*Comfeel*); compound adhesive strip pack (*Comfeel*); compound adhesive wafers, 5 (*Comfeel Protective Sheets*)

Deodorant Detergent Solution, solution, lauryldimethylbenzyl ammonium chloride 12.5g, "TERIC" N8, 125g in 500mL (*TAGG*)

Preparations Available for Use by Paraplegic and Quadriplegic Patients

Deodorant Detergent Solution, solution, lauryldimethylbenzyl ammonium chloride 12.5g, "TERIC" N8, 125g in 500mL (*TAGG*)

Section 2

Forms and Strengths of Existing Items

Cloxacillin, powder for syrup 125mg per 5mL, 100mL (*Austrastaph*)

Methylphenobarbitone, tablet 30mg (*Prominal*)

Phenylephrine, eye drops 100mg per mL (10%), 5mL (*Neo-Synephrine*)

Phenytoin Sodium, injection 100mg in 2mL (*Dilantin Sodium*)

Pyridostigmine, injection 1mg in 1mL (*Mestinon*)

Sulphamethizole, tablet 250mg (*PT*) and paediatric suspension 100mg per 5mL, 100mL (*Urolucosil*)

Theophylline, capsule 200mg (*Elixophyllin*)

Thioridazine, injection 25mg per mL, 2mL (*Melleril*)

ALTERATIONS

Section 2

To be unrestricted

Liothyronine, tablet 20 micrograms (*Tertroxin*)

Restriction Changes

Acyclovir, eye ointment 30mg per g (3%), 4.5g (*Zovirax*)

Cimetidine, tablets 200mg, 400mg, and 800mg (*Duractin*, *Tagamet*)

Misoprostol, tablet 200 micrograms (*Cytotec*)

Probucol, tablet 250mg (*Lurselle*)

Ranitidine Hydrochloride, tablets 150mg (base) and 300mg (base) (*Zantac*)

Vidarabine, eye ointment 30mg per g (3%), 3.5g (*Vira A*)

Maximum Quantity

	From	To
Aspirin , tablet 300mg (<i>SI</i>)	200	100
300mg (dispersible) (<i>Solprin</i>)	200	100
325mg (buffered) (<i>Bufferin</i>)	200	100
650mg (enteric coated) (<i>Ecotrin</i>)	200	100
650mg (sustained release) (<i>S.R.A.</i>)	200	100
Ibuprofen , tablets 200mg (<i>Rafen 200</i> , <i>Brufen</i> , <i>Inflam</i>) and 400mg (<i>Inflam</i> , <i>Brufen</i>)	100	50
Indomethacin , capsule 25mg (<i>Arthrexin</i> , <i>Rheumacin</i> , <i>Indocid</i>)	100	50
suppository 100mg (<i>Indocid</i>)	20	40
Ketoprofen , suppository 100mg (<i>Orudis</i>)	20	40
Naproxen , suppository 500mg (<i>Naprosyn</i>)	20	40
Pancrelipase , capsule providing not less than 5,000 BP units of lipase activity (<i>Pancrease</i>) and capsule providing not less than 10,000 BP units of lipase activity (<i>Cotazym S Forte</i>)	250	500
Salbutamol Sulphate , syrup 2mg (base) per 5mL, 300mL (<i>Ventolin</i>)	2	≠1
Sodium Acid Citrate , mixture 5.5g per 20mL, 500mL (<i>Citralka</i>)	2	≠1
Sodium Citro-Tartrate , effervescent granules 100g (<i>Citravescent Sachets</i> , <i>Ural Sachets</i>)	2	≠1
Sulindac , tablet 100mg (<i>Clinoril</i>)	100	50
Terbutaline Sulphate , tablet 5mg (<i>Bricanyl</i>), elixir 300 micrograms per mL, 300mL (<i>Bricanyl</i>)	200 2	100 ≠1

Number of Repeats

	From	To
Ambenonium Chloride , tablet 10mg (<i>Mytelase</i>)	+	2
Aminoglutethimide , tablet 250mg (<i>Cytadren</i>)	+	5
Amiodarone Hydrochloride , tablets 100mg (<i>Cordarone X 100</i>) and 200mg (<i>Cordarone X 200</i>)	+	5
Aspirin , tablet 300mg (<i>SI</i>)	..	1
300mg (dispersible) (<i>Solprin</i>)	..	1
325mg (buffered) (<i>Bufferin</i>)	..	1
650mg (enteric coated) (<i>Ecotrin</i>)	1	2
650mg (sustained release) (<i>S.R.A.</i>)	1	2
Auranofin , tablet 3mg (<i>Ridaura</i>)	+	5

Number of Repeats (cont.)

	<i>From</i>	<i>To</i>
Baclofen , tablets 10mg (<i>Lioresal 10</i>) and 25mg (<i>Lioresal 25</i>)	+	5
Beclomethasone Dipropionate , oral inhalation, metered aerosol spray, 250 micrograms per dose (200 dose) (<i>Becloforte</i>)	+	5
Bromocriptine Mesylate , (authority required availability) tablet 2.5mg and capsules 5mg and 10mg (<i>Parlodel</i>)	+	5
Calcitonin , injections (porcine) 160 i.u. with 2mL gelatin solvent, 10 (<i>Calcitare</i>); injections (salmon) 50 i.u. in 1mL ampoule, 5 (<i>Miacalcic</i>), 80 i.u. in 0.8mL ampoule, 5 (<i>Miacalcic</i>), 100 i.u. in 1mL ampoule, 5 (<i>Calsynar</i> , <i>Miacalcic</i>) and 400 i.u. in 2mL vial (<i>Calsynar</i>); injections (synthetic human) 0.5mg with 2mL solvent, 5 (<i>Cibacalcin</i>)	+	5
Calcitriol , capsule 0.25 micrograms (<i>Rocaltrol</i>)	+	5
Captopril , tablets 12.5mg, 25mg and 50mg (<i>Capoten</i>)	+	5
Cholestyramine , sachets 9g (equivalent to 4g cholestyramine), 50 (<i>Questran</i>)	+	5
Colestipol Hydrochloride , sachets 5g, 120 (<i>Colestid</i>)	+	5
Danazol , capsules 100mg and 200mg (<i>Danocrine</i>)	+	5
Dexamphetamine , tablet 5mg (<i>SI</i>)	+	5
Dihydrotachysterol , capsule 125 micrograms (<i>A.T.10</i>)	+	5
Diltiazem Hydrochloride , tablet 60mg (<i>Cardizem</i>)	+	5
Disodium Etidronate , tablet 200mg (<i>Didronel</i>)	+	5
Dydrogesterone , tablet 10mg (<i>Duphaston</i>)	+	5
Enalapril Maleate , tablets 5mg (<i>Renitec M</i>), 10mg (<i>Renitec</i>) and 20mg (<i>Renitec 20</i>)	+	5
Etretinate , capsules 10mg and 25mg (<i>Tigason</i>)	+	5
Felodipine , tablets 5mg and 10mg (<i>Agon</i> , <i>Plendil</i>)	+	5
Flecainide Acetate , tablet 100mg (<i>Tambocor</i>)	+	5
Ibuprofen , tablets 200mg (<i>Rafen 200</i> , <i>Brufen</i> , <i>Inflam</i>) and 400mg (<i>Inflam</i> , <i>Brufen</i>)	1	3
Indomethacin , capsule 25mg (<i>Arthrexin</i> , <i>Rheumacin</i> , <i>Indocid</i>)	1	3

Number of Repeats (cont.)

	<i>From</i>	<i>To</i>
Ketoconazole , tablet 200mg (<i>Nizoral</i>)	+	5
Lactulose , mixture 3.34g per 5mL, 500mL (<i>Duphalac</i>)	+	5
Mianserin Hydrochloride , tablets 10mg and 20mg (<i>Tolvon</i>)	+	5
Minoxidil , tablets 10mg and 25mg (<i>Loniten</i>)	+	5
Misoprostol , tablet 200 micrograms (<i>Cytotec</i>)	..	1
Nitrazepam (authority required availability), tablet 5mg (<i>Alodorm, Mogadon</i>)	+	5
Olsalazine Sodium , capsule 250mg (<i>Dipentum</i>)	+	5
Oxazepam (authority required availability), tablets 15mg (<i>Alepam 15, Murelax, Serepax</i>) and 30mg (<i>Alepam 30, Murelax, Serepax</i>)	+	5
Oxymetholone , tablets 50mg (<i>Anapolon</i>) and 100mg (<i>Adroyd</i>)	+	5
Pancreatin Enzyme , tablet providing not less than 6,500 BP units of lipase activity (<i>Viokase</i>) and capsule providing not less than 6,500 BP units of lipase activity (<i>Viokase</i>)	4	10
Perhexiline Maleate , tablet 100mg (<i>Pexid</i>)	+	5
Phenoxybenzamine , capsule 10mg (<i>Dibenyline</i>)	+	5
Pilocarpine , eye discs 5mg (<i>Ocusert Pilo 20</i>) and 11mg (<i>Ocusert Pilo 40</i>)	+	5
Prochlorperazine (authority required availability), tablet 5mg (<i>Anti-Naus, Compazine, Stemetil</i>)	+	5
Salbutamol Sulphate , syrup 2mg (base) per 5mL, 300mL (<i>Ventolin</i>)	2	5
Sodium Acid Citrate , mixture 5.5g per 20mL, 500mL (<i>Citralka</i>)	2	4
Sodium Acid Phosphate , compound effervescent tablet (<i>Phosphate Sandoz</i>)	+	5
Sodium Citro-Tartrate , effervescent granules 100g (<i>Citravescent Sachets, Ural Sachets</i>)	2	4
Sodium Cromoglycate , eye drops 20mg per mL (2%), 10mL (<i>Opticrom</i>)	+	5
Sotalol Hydrochloride , tablet 160mg (<i>Sotacor</i>)	+	5
Sulindac , tablet 100mg (<i>Clinoril</i>)	1	3
Tamoxifen Citrate , tablets 10mg (base) (<i>Nolvadex</i>) and 20mg (base) (<i>Nolvadex-D</i>)	+	5

Number of Repeats (cont.)

	<i>From</i>	<i>To</i>
Temazepam (authority required availability), capsule 10mg (<i>Temaze 10, Euhypnos, Normison</i>)	+	5
Terbutaline Sulphate , tablet 5mg (<i>Bricanyl</i>) and elixir 300 micrograms per mL, 300mL (<i>Bricanyl</i>)	2	5
Tetracosactrin , injections 500 micrograms in 1mL (<i>Synacthen Depot 0.5</i>) and 1mg in 1mL (<i>Synacthen Depot 1</i>)	+	5

Item Name

<i>From</i>	<i>To</i>
Insulin , injection (bovine) 100 units per mL, 10mL (<i>Insulin 2</i>) and 300 units per mL, 5mL (<i>CN</i>)	Insulin, Acid , injection (bovine) 100 units per mL, 10mL (<i>Insulin 2</i>) and 300 units per mL, 5mL (<i>CN</i>)
Nutramigen , powder 1 kg (<i>MJ</i>)	Protein Hydrolysate Formula , powder 1 kg (<i>Nutramigen MJ</i>)

Proprietary Name

Section 2

	<i>From</i>	<i>To</i>
Methotrexate , injection 5mg in 2mL	<i>LE</i>	<i>Ledertrexate</i>
50mg (solvent required)	<i>LE</i>	<i>Ledertrexate</i>
50mg in 2mL	<i>LE</i>	<i>Ledertrexate</i>
Metronidazole , tablet 400mg	<i>Flagyl</i>	<i>Flagyl Statpak</i> (This proprietary name refers to the pack of five 400mg tablets only)

Manufacturers' Codes

	<i>From</i>	<i>To</i>
Aluminium Hydroxide with Magnesium Hydroxide , mixture 300mg-100mg per 5mL, 500mL (<i>Aludrox</i>)	<i>WY</i>	<i>AY</i>
Aluminium Hydroxide with Magnesium Hydroxide and Oxethazaine , suspension 306mg-97.5mg-10mg per 5mL, 500mL (<i>Mucaine</i>)	<i>WY</i>	<i>AY</i>
Amino Acid Formula with Vitamins and Minerals without Phenylalanine , powder 200g (<i>Maxamaid XP</i>) and powder 200g (<i>Maxamum XP</i>)	<i>SJ</i>	<i>SB</i>

Manufacturers' Codes (cont.)

	<i>From</i>	<i>To</i>
Amino Acid Formula with Vitamins and Minerals without Valine, Leucine and Isoleucine, powder 200g (M.S.U.D. AID)	<i>SJ</i>	<i>SB</i>
Amino Acid Formula without Phenylalanine, powder 250g (PK AID I) and 250g (PK AID II)	<i>SJ</i>	<i>SB</i>
Desmopressin, nasal solution 100 micrograms per mL, 2.5mL (Minirin)	<i>PT</i>	<i>FC</i>
Glyceryl Trinitrate, ointment 15mg (approx.) per 2.5cm (2%), 60g (Nitro-Bid)	<i>PT</i>	<i>FC</i>
Metformin, tablet 500mg (Diabex)	<i>DF</i>	<i>FC</i>
Protein Hydrolysate Formula without Phenylalanine, powder 200g (Albumaid XP)	<i>SJ</i>	<i>SB</i>
Protein Hydrolysate Formula without Phenylalanine and Tyrosine, powder 200g (Albumaid XPXT)	<i>SJ</i>	<i>SB</i>

ADVANCE NOTICES

DELETIONS

Items

The items listed below will be deleted from the Schedule of Pharmaceutical Benefits from 1 April 1989.

Items being discontinued by the manufacturer:

Section 2

Insulin Neutral, injections (porcine) 100 units per mL, 1.5mL, 5 (Actrapid MC Penfill)

Prednisolone Acetate, injection 10mg in 1mL (Scherisolon)

Sulphadimidine, tablet 500mg (S-Dimidine)

The following items, on the recommendation of the Pharmaceutical Benefits Advisory Committee, will be deleted from the Schedule of Pharmaceutical Benefits from 1 April 1989:

Section 2

Ammonium Chloride, tablet 250mg (FM)

Peritoneal Dialysis Solution, injections with 76mmol per L glucose (1.5%), 1L, 12; with 76mmol per L glucose (1.5%), 2L, 6; with 126mmol per L glucose (2.5%), 1L, 12; with 126mmol per L glucose (2.5%), 2L, 6; with 214mmol per L glucose (4.25%), 1L, 10 and with 214mmol per L glucose (4.25%), 2L, 6 (Dianeal)

Brands

The following brands will be deleted from the Schedule of Pharmaceutical Benefits from 1 April 1989. These brand deletions result from failure to resolve pricing disagreements with the manufacturers.

Allopurinol, tablet 100mg (*Zyloprim*)

Benzyl Benzoate, application 50g in 200mL (25%) (*Ascabiol*)

Doxepin, capsules 10mg and 25mg (*Sinequan*)

Frusemide, tablets 40mg and 500mg (*Lasix*); injection 20mg in 2mL (*Lasix*)

Glibenclamide, tablet 5mg (*Daonil*, *Euglucon*)

Hydralazine Hydrochloride, tablets 25mg (*Apresoline 25*) and 50mg (*Apresoline 50*)

Labetalol, tablets 100mg and 200mg (*Trandate*)

Oxprenolol, tablets 20mg (*Trasicor 20*) and 40mg (*Trasicor 40*)

Propranolol, tablets 10mg, 40mg and 160mg (*Inderal*)

Trifluoperazine, tablets 1mg and 5mg (*Stelazine*)

Trimethoprim, tablet 300mg (*Triprim*)

NOTE

The following pharmaceutical benefits which were not included in the August 1988 reprint of the Schedule were listed on the dates shown:

1 August 1988

Beclomethasone Dipropionate, oral inhalation, metered aerosol spray, 250 micrograms per dose (200 dose) (*Becloforte*)

1 October 1988

Piroxicam, capsule 20mg (*Feldene*)

All Previous Editions Cancelled



**SCHEDULE OF
PHARMACEUTICAL BENEFITS**

for

MEDICAL PRACTITIONERS

OPERATIVE FROM 1 DECEMBER 1988

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

I. C. CARTER, Acting Government Printer, Tasmania

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SECTION 1—EXPLANATORY NOTES

PREScribing OF PHARMACEUTICAL BENEFITS PROCEDURE FOR MEDICAL PRACTITIONERS

1. Pharmaceutical benefits which may be prescribed by medical practitioners are listed in this book.
2. Ready prepared items are listed in Sections 2 and 3 of the Schedule of Benefits. Restrictions apply to the prescribing of some items in Section 2 and all the items in Section 3. Further details may be found in these notes—paragraphs 33-34.
3. The Schedule of ready prepared items includes the form, manner of administration and brand of these items which may be prescribed. Where the words 'solvent required' are included after the form, the item and a solvent may be prescribed as one pharmaceutical benefit. In such cases, any listed brand of solvent may be ordered with the item. For clarity, such benefits should be written as one prescription, e.g. 'Ampicillin, Injection 1g with 2mL water for injections'.
4. The Schedule also shows the maximum quantity and the number of repeats allowable for each item. Further details may be found in these notes—paragraphs 35-46.
5. The drugs which may be used in extemporaneous preparations are listed in Section 4. Where a restriction applies to the use of a drug listed in this Section it is indicated against the item.
6. Formulae in common use are listed in Section 5—Prescribers' List.
7. A proprietary name index of ready prepared items is included after Section 5.
8. Symbols used in the Schedule are explained on page 3, Section 2.
9. The following admixtures are not pharmaceutical benefits:—
 - (a) the admixture of two or more ready prepared items listed in the Schedule; or
 - (b) the admixture of a ready prepared item and a drug or drugs listed in Section 4 of the Schedule.

Explanatory and Warning Statements

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

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

Prescriptions

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

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

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

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

- (a) write the prescription in indelible form, i.e., ink or ball point pen in own handwriting (or with the approval of the Secretary to the Department of Community Services and Health otherwise record the prescription) either on the standard prescription form supplied by the Department or on paper as near as convenient to 18 cm × 12 cm. The name and address of the medical practitioner must be shown and 'NHS' endorsed on the form;

- (b) write the prescription in duplicate marking the duplicate copy with the word 'Duplicate'. This is pre-printed on the standard prescription forms;
- (c) set out the name and address of the patient. Medical practitioners are reminded that full details of the patient's address are required on each NHS prescription;
- (d) the pharmaceutical benefit must be identified in the prescription by such particulars, including the name, form, strength and quantity, as are necessary for the complete identification of that pharmaceutical benefit;
- (e) in the case of pharmaceutical benefits which are restricted in use, the prescription must be prescribed in accordance with the restrictions;
- (f) if the benefit is a single drug, the manner of administration must be indicated;
- (g) when directing that the maximum quantity and repeats of a pharmaceutical benefit be supplied at the one time the prescription must be endorsed in own handwriting with the words 'Regulation 24'. Further details are available in paragraphs 45-46;
- (h) where the words 'solvent required' are included after the form of a benefit, the medical practitioner must specify the volume and number of ampoules of solvent to be supplied;
- (i) date and sign the prescription;
- (j) the use of the standard prescription form for other than the prescribing of a pharmaceutical benefit is now an offence. If the standard prescription form is to be used for the prescribing of an item which is not a pharmaceutical benefit the letters 'NHS' must be deleted. Thus benefit and non-benefit items cannot be prescribed on the same prescription form.

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

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

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

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

19. Where a medical practitioner writes a prescription for a pharmaceutical benefit, a formulation of which is available as a ready prepared pharmaceutical benefit and does not specify a brand, payment to the approved pharmacist is made on the basis of the lowest priced brand of the ready prepared benefit item which is listed. This also applies if the preparation is, or the ingredients are, available for use in dispensing extemporaneously prepared pharmaceutical benefits (i.e. listed in Section 4).

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

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

Manner of Administration

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

Outline of the Safety Net Scheme

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

24. To provide protection for those members of the community who, due to chronic illness, are high volume users of prescription medicines, a 'Safety Net' of 25 pharmaceutical benefit items for a family or individual applies for each calendar year. When the 'Safety Net' limit has been reached and an Entitlement Card issued, all subsequent pharmaceutical benefits items will be free for both general and concessional users (except for the very few items where the special patient contribution applies).

25. Under these arrangements general users will pay up to a maximum agreed price for pharmaceutical benefit prescription drugs costing up to and including \$11.00. For prescriptions costing more than \$11.00 (or \$2.50 in the case of concessional beneficiary prescriptions) the government will continue to pay the balance to the approved pharmacist.

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

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

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

Note: The agreed price is the NHS dispensed price plus a surcharge (currently 63 cents for RP items or 91 cents for EP items) up to a maximum of the patient contribution. Where the above calculation indicates a price less than \$5.50 the agreed price is \$5.50.

28. Items which may be recorded on the Prescription Record Form must be pharmaceutical benefit items, and must be for pharmaceutical benefit maximum quantity at date of prescription. This restriction in relation to quantity does not apply to Schedule 8 drugs, nor where the pharmaceutical benefits price for a lesser quantity exceeds \$11.00.

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

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

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

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

Restrictions

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

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

Maximum Quantities and Repeats

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

36. Some prescriptions for pharmaceutical benefits do not completely identify the pharmaceutical benefit, in that they do not clearly state the quantity and/or the number of repeats. For example, some medical practitioners write 'Max. Qty' or 'M.Q.' instead of the actual number (of tablets, capsules, etc.); or write 'M.R.' or the like instead of stating the number of repeats required. Medical practitioners are required to completely identify the quantity being prescribed and the number of repeats by specifying the actual number in each case.

37. Where the maximum quantity of an item is marked with a double dagger (‡), the maximum quantity has been determined as a single pack. In such instances, approved pharmacists are required to supply unbroken packs (see page 3, Section 2). These items should be prescribed in the standard pack sizes. For any item where a maximum quantity greater than 1 is marked with a double dagger (‡), that maximum quantity should be prescribed.

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

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

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

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

42. Special provisions also exist to assist chronically ill patients who require large quantities of drugs and/or continuous treatment. In most cases under these provisions a medical practitioner may, if in the patient's interest, apply to the State Manager, Department of Community Services and Health in the relevant State for authority to prescribe a quantity in excess of the listed maximum quantity and/or number of repeats.

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

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

Regulation 24

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

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

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

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

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

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

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

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

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

- (a) the entitlement number appearing on the card, i.e., a ten-character alpha-numeric number (see also paragraph 48) (the entitlement number does not identify the type of card or the entitlement category);
- (b) a cross (×) in the appropriate box indicating the type of entitlement card held by the patient. The type of card denotes the entitlement of the patient to receive pharmaceutical benefits free of charge or at the concessional patient contribution rate.

Where a patient or agent is required to sign and date a receipt for the supply of a benefit on an original prescription form, the patient or agent also accepts responsibility for the validity of the entitlement information shown on the prescription.

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

Authority Prescriptions

52. Where the written authority of the State Manager, Department of Community Services and Health is required to prescribe:—

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

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

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

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

Urgent Cases

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

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

Emergency Drug (Doctor's Bag) Supplies

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

57. Supplies of these drugs may be obtained from an approved pharmacist upon the production of an official Emergency Drug (Doctor's Bag) Order Form (Form PB7) in duplicate, signed by the medical practitioner personally. Each order form is valid during the month printed thereon and each medical practitioner may obtain the benefits not more often than once per month. (Medical practitioners approved to supply pharmaceutical benefits under section 92 of the National Health Act are to use Form PB7A which must not be presented to an approved pharmacist for supplies. Special instructions are issued to these medical practitioners.)

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

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

POISONS INFORMATION CENTRES

NEW SOUTH WALES

Royal Alexandra Hospital for Children
Pymont Bridge Road
Camperdown

Telephone Sydney 519 0466
Country Areas (008) 251 525

VICTORIA

Royal Children's Hospital
Flemington Road
Parkville

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

QUEENSLAND

Pharmacy Department
Brisbane Royal Children's Hospital
Herston Road
Herston

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

SOUTH AUSTRALIA

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

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

WESTERN AUSTRALIA

Princess Margaret Hospital for Children
Roberts Road
Subiaco

Telephone Perth 381 1177
Country Areas (008) 119 244

TASMANIA

Royal Hobart Hospital
Liverpool Street
Hobart

Telephone Hobart 38 8485
Country Areas (008) 001 400

NORTHERN TERRITORY

Royal Darwin Hospital
Rocklands Drive
Darwin

Telephone Darwin 27 4777

AUSTRALIAN CAPITAL TERRITORY

Royal Canberra Hospital
Canberra

Telephone Canberra 43 2154

DRUG INFORMATION CENTRES

AUSTRALIAN CAPITAL TERRITORY

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

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

NEW SOUTH WALES

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

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

NORTHERN TERRITORY

Chief Pharmacist
Royal Darwin Hospital
PO Box 41326
Darwin NT 0810
Telephone: (089) 20 8424

TASMANIA

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

QUEENSLAND

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

VICTORIA

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

SOUTH AUSTRALIA

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

WESTERN AUSTRALIA

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

LIST OF CONTACT OFFICERS FOR RECALLS OF THERAPEUTIC GOODS

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

These officers may be contacted—

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

Commonwealth Co-ordinator

Department of Community Services
and Health

(Pharmaceuticals Branch)

GPO Box 9848

Canberra ACT 2601

Mr L. R. Murray (062) 86 0244

Australian Capital Territory

ACT Health Authority

GPO Box 825

Canberra ACT 2601

Drugs—

Mr V. Bugler (062) 75 8421

Therapeutic Devices—

Mr K. Wyatt (062) 84 2250

New South Wales

Department of Health, NSW

PO Box 380

North Ryde NSW 2113

Duty Pharmacist (02) 887 5678

Northern Territory

Department of Health

Health House

87 Mitchell Street

Darwin NT 08790

Mr G. Fyson (089) 80 2986

Mr J. Gorrell (089) 20 3341

Queensland

Queensland Department of Health

GPO Box 48

Brisbane Qld 4001

Drugs—

Mr R. Lowry (07) 227 7264

Mr R. V. Holmes (07) 227 7265

Therapeutic Devices—

Mr D. F. Mines (07) 224 5611

Mr R. Lowry (07) 227 7264

South Australia

South Australian Health

Commission

GPO Box 1313

Adelaide SA 5001

Drugs—

Mr J. L. Davis (08) 218 3620

Mr R. J. Grant (08) 218 3622

Mr T. Draysey (08) 218 3623

Therapeutic Devices—

Mr R. Eden (08) 218 3352

Mr M. Essex (08) 218 3355

Tasmania

Department of Health Services

GPO Box 191B

Hobart Tas. 7001

Drugs—

Mr J. Galloway (002) 30 3293

Mr J. Turner (002) 30 3906

Therapeutic Devices—

Mr G. C. Adams (002) 38 8236

Mr A. L. Wilkins (002) 38 8236

Victoria

Department of Health

(Drugs and Poisons Section)

448 St Kilda Road

Melbourne Vic. 3004

Duty Pharmacist (03) 268 7888

Western Australia

WA Health Department

Box 8172, Sterling Street

Perth WA 6000

Mr B. P. Wall (09) 328 0241

Mr M. Patterson (09) 328 0241

DEPARTMENT OF COMMUNITY SERVICES AND HEALTH OFFICES

Any enquiries regarding the Pharmaceutical Benefits Scheme or requests for Departmental publications or stationery other than NHS standard prescription pads should be made to the State Manager, Department of Community Services and Health in the capital city of your State or Territory. Orders for NHS prescription pads should be forwarded to the Secretary, Department of Community Services and Health, Canberra.

CANBERRA

The Secretary
Department of Community Services and Health
GPO Box 9848
Canberra ACT 2601

Telephone 89 1555

NEW SOUTH WALES

State Manager GPO Box 9848 Sydney NSW 2001
Manager (Pharmaceutical)
Australian Airlines Building
No. 1 Chifley Square
Sydney NSW 2000

Telephone 224 0663

General enquiries—Telephone 224 0518

VICTORIA

State Manager GPO Box 9848 Melbourne Vic. 3001
Manager (Pharmaceutical)
399 Lonsdale Street
Melbourne Vic. 3000

Telephone 604 4067

General enquiries—Telephone 604 4000

QUEENSLAND

State Manager GPO Box 9848 Brisbane Qld 4001
Manager (Pharmaceutical)
232 Adelaide Street
Brisbane Qld 4000

Telephone 225 2174

General enquiries—Telephone 225 0122

SOUTH AUSTRALIA

State Manager GPO Box 9848 Adelaide SA 5001
Assistant State Manager (Pharmaceutical)
Commonwealth Centre
55 Currie Street
Adelaide SA 5000

Telephone 237 6026

General enquiries—Telephone 237 6111

Outside Adelaide Metropolitan Area—Telephone (008) 888 333

WESTERN AUSTRALIA

State Manager GPO Box 9848 Perth WA 6001
Assistant State Manager (Pharmaceutical)
2-6 St George's Terrace
Perth WA 6000
GPO Box M970 Perth WA 6001

Telephone 323 5864

General enquiries—Telephone 323 5864

TASMANIA

State Manager GPO Box 9848 Hobart Tas. 7001

Assistant State Manager (Pharmaceutical)

Telephone 20 5540

Kirksway House

6 Kirksway Place

Hobart Tas. 7000

General enquiries—Telephone 20 5011

NORTHERN TERRITORY

Manager GPO Box 9848 Darwin NT 0801

Director (Medical)

Telephone 82 4750

MLC Building

81 Smith Street

Darwin NT 0800

General enquiries—Telephone 82 4735

AUSTRALIAN CAPITAL TERRITORY

(responsible for ACT residents only)

Manager GPO Box 825 Canberra City ACT 2601

ACT Health Authority Building

Corner Moore and Alinga Streets

Canberra City ACT 2601

Pharmaceutical enquiries—Telephone 45 4213

AUTHORITY PRESCRIPTION APPLICATIONS

All applications for authority to prescribe should be forwarded to your appropriate State office using the free postal service. Address authority mail **ONLY** to

FREEPOST No. 9857

Attention: Pharmaceutical Benefits Authority Section

Department of Community Services and Health

GPO Box 9857 in your capital city.

Telephone—Business hours:

NSW: 224 0655, 224 0656, 224 0657, 224 0658

Vic: 604 4050, 604 4081, 604 4082, 604 4083

Qld: 225 3362, 225 3363

SA: 237 6021, 237 6023; toll free (008) 888 333

WA: 323 5864, 323 5851

Tas: 20 4300

NT: 82 4739

ACT: 45 4213

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

INDEX OF MANUFACTURERS' CODES

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

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

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

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

EMERGENCY DRUG (DOCTOR'S BAG) SUPPLIES

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

<i>Name of Pharmaceutical Benefit</i>	<i>Form, Strength and Volume</i>	<i>Maximum Quantity</i>
Lignocaine	Injection 100mg in 5mL	4
<i>or</i>		
Lignocaine	Injection I.M. (pre-filled syringe) 300mg in 3mL	1
Metoclopramide Hydrochloride.....	Injection 10mg in 2mL	10
<i>or</i>		
Prochlorperazine	Injection 12.5mg in 1mL	10
Morphine Sulphate	Injection 15mg in 1mL	5
<i>or</i>		
Morphine Sulphate	Injection 30mg in 1mL	5
Naloxone Hydrochloride..	Injection (pre-filled syringe) 2mg in 5mL	2
Pethidine	Injection 100mg in 2mL	5
Procaine Penicillin.....	Injection (pre-filled syringe) 1.5g	10
<i>or</i>		
Benzympenicillin.....	Injection 600mg (with Water for Injections 2mL)	10
Promethazine	Injection 50mg in 2mL	10
Terbutaline Sulphate	Injection 100 micrograms in 1mL	5
<i>or</i>		
Terbutaline Sulphate	Injection 500 micrograms in 1mL	5
Verapamil Hydrochloride.	Injection 5mg in 2mL	5

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

SECTION 2

SPECIAL PHARMACEUTICAL BENEFITS

**GENERAL, PENSIONER AND RESTRICTED
BENEFITS**

INTRAVENOUS INFUSIONS

SYMBOLS IN THE SCHEDULE

- (a) An asterisk (*) in front of a restriction indicates an additional or amended purpose in this issue.
- (b) A double dagger (‡) in the maximum quantity column indicates an item for which the maximum quantity has been specially determined to correspond to the manufacturer's pack and the manufacturer's standard pack should be prescribed. For any item where a maximum quantity greater than 1 is marked with a double dagger (‡), that maximum quantity should be prescribed.
- (c) A gauge sign (#) against the price of an item indicates that the product is not preconstituted.
- (d) Where a STATE is indicated after the manufacturer's code, that brand may be available only in the State indicated.
NSW - (N); Vic. - (V); Qld - (Q); SA - (S); WA - (W);
Tas. - (T).

RESTRICTED BENEFITS

All restricted items are printed in red.

A straight line is drawn between entries for different forms and strengths of an item to indicate clearly the different restrictions which apply to these various forms and strengths.

Except where otherwise indicated, the maximum quantity and/or number of repeats in respect of an item shown in the Schedule may be varied by the State Manager of the Department of Community Services and Health when issuing an Authority Prescription (Form PB86) or an Authority to Prescribe (Form PB15). The quantity and number of repeats shown on the authority shall be supplied. (See paragraphs 42 and 43 of Section 1 - Explanatory Notes (Lemon Pages).)

SPECIAL PHARMACEUTICAL BENEFITS

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

3

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Special Patient Contribution	Commonwealth Dispensed Price for Max. Qty	Total Dispensed Price for Max. Qty
BLEOMYCIN (Blenoxane BC) <u>Authority required.</u> Germ cell neoplasms; Lymphoma; Squamous cell carcinoma. <u>CAUTION: Bleomycin can cause irreversible pulmonary fibrosis.</u>			\$	\$	\$
Injections 15mg (solvent required), 10	1	..	479.17	592.92	1072.09
CLOMIPHENE CITRATE (Clomid ML) Anovulatory infertility; Patients undergoing in-vitro fertilisation. <u>NOTE: Care must be taken to comply with the provisions of State law when prescribing clomiphene citrate.</u>					
Tablets 50mg, 5	2	5	32.00	18.82	50.82

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
ACETAZOLAMIDE Tablet 250mg	100	3	14.04	Diamox LE
Capsule 500mg (sustained release)	50	3	15.04	Diamox LE
Injection 500mg (solvent required)	1	..	9.73	Diamox LE
ACETYLCYSTEINE Bronchiectasis; Cystic fibrosis (mucoviscidosis).				
Solution 200mg per mL (20%), 10mL	5	3	30.64	Mucomyst AP
ACYCLOVIR *Eye infections caused by herpes simplex virus.				
Eye Ointment 30mg per g (3%), 4.5g	†1	..	19.27	Zovirax BW
<u>Authority required.</u> Moderate to severe initial genital herpes complicated by severe pain, systemic symptoms or urinary retention. Micro- biological confirmation of diagnosis is desirable but need not delay treatment.				
Tablet 200mg	50	..	97.10	Zovirax BW
<u>Authority required.</u> Moderate to severe recurrent genital herpes (more than ten attacks per year). Micro- biological confirmation of diagnosis is required prior to issue of authority.				
Tablets 200mg, 90	†1	2	165.14	Zovirax BW
<u>Authority required.</u> Suppression of genital herpes in severely immunocompromised patients.				
Tablets 200mg, 90	†1	5	165.14	Zovirax BW

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
ADRENALINE				
Injection 1mg in 1mL (1 in 1,000)	5	1	4.72	AP,SI
Eye Drops 5mg per mL (0.5%), 7.5mL	2	3	9.10	Eppy/N BF
5mg per mL (0.5%), 10mL	2	3	9.36	Epifrin AG
10mg per mL (1%), 7.5mL	2	3	9.74	Eppy/N BF
10mg per mL (1%), 10mL	2	3	10.66	Epifrin AG Glaucan AQ
20mg per mL (2%), 10mL	2	3	16.22	Epifrin AG Glaucan AQ
ALLOPURINOL				
Tablet 100mg	200	2	11.14	Alloremmed 100 DH
				Progout PT
			13.20	Zyloprim BW
300mg	60	2	10.12	Progout PT
			10.36	Alloremmed 300 DH
			12.74	Zyloprime BW
Capsule 100mg	200	2	13.20	Capurate-100 FM
300mg	60	2	12.74	Capurate-300 FM
ALPRENOLOL				
Tablet 100mg	100	5	10.43	Aptin AP Betacard BR
ALUMINIUM HYDROXIDE				
Mixture 320mg per 5mL, 500mL	2	5	8.40	Alusorb DH Amphojel WY Gelox PR
ALUMINIUM HYDROXIDE DRIED				
Tablet 300mg	200	5	8.40	Amphotabs WY
ALUMINIUM HYDROXIDE with KAOLIN				
Mixture 137mg-1g per 5mL, 500mL	1	2	5.52	Kaomagma WY
ALUMINIUM HYDROXIDE and MAGNESIUM CARBONATE CO-DRIED GEL				
Tablet 375mg	200	5	8.40	Almacarb GL Simeco WY

ACYCLOVIR

Authority required.

Treatment of patients with
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.

Tablet 400mg

70 .. 257.64 Zovirax

BW

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE Tablet 200mg-200mg	200	5	8.40	Gelusil Mylanta	WW PD
Dispersible Tablet 230mg-230mg	200	5	8.40	LoAsid	BW
Mixture 300mg-100mg per 5mL, 500mL	2	5	8.40	Aludrox	AY
Suspension 215mg-80mg per 5mL, 500mL	2	5	8.40	Simeco	WY
200mg-200mg per 5mL, 500mL	2	5	8.40	Alucone Gelusil Mylanta Sodexol	DH WW PD SC
ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE and OXETHAZINE Suspension 306mg-97.5mg-10mg per 5mL, 500mL	2	5	8.40	Mucaine	AY
ALUMINIUM HYDROXIDE with MAGNESIUM TRISILICATE and MAGNESIUM HYDROXIDE Tablet 250mg-120mg-120mg	200	5	8.40	Gastrogel	FM ,
Mixture 250mg-120mg-120mg per 5mL, 500mL	2	5	8.40	Gastrogel	FM
AMANTADINE HYDROCHLORIDE Parkinson's disease which is not drug induced.					
Capsule 100mg	100	5	21.35 21.42	Antadine Symmetrel	BT CG
AMBENONIUM CHLORIDE <u>Authority required.</u> Treatment where less costly alternative therapy is inappropriate.					
Tablet 10mg	100	2	61.67	Mytelase	WL

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
AMILORIDE					
CAUTION: Serum electrolytes should be checked regularly. Supplementary potassium may cause life-threatening hyperkalaemia.					
Tablet 5mg	100	1	8.90 9.14	Kaluril Midamor	AF MK
AMINACRINE HYDROCHLORIDE					
Eye Drops 3mg in 15mL	#1	2	5.53	Aminopt	SI
AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE Pyridoxine non-responsive homocystinuria.					
Powder 200g	5	5	265.14	Maxamaid RVHB	SB
AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE Phenylketonuria.					
Powder 200g	5	5	271.04	Maxamaid XP	SB
200g	5	5	421.39	Maxamum XP	SB
AMINO ACID FORMULA with VITAMINS and MINERALS without VALINE, LEUCINE and ISOLEUCINE Maple syrup urine disease.					
Powder 200g	5	5	652.64	M.S.U.D. AID	SB
AMINO ACID FORMULA without PHENYLALANINE Phenylketonuria.					
Powder 250g	2	5	238.74	PK AID I	SB
250g	2	5	287.64	PK AID II	SB
Food Supplement Powder 500g	#1	5	202.64	Aminogran F.S.	GL

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
AMINOGLUTETHIMIDE				
<u>Authority required.</u>				
Post-menopausal metastatic breast cancer in patients who have failed to respond adequately to endocrine manipulation;				
Cushing's syndrome.				
<u>NOTE: Replacement therapy with a corticosteroid is essential.</u>				
Tablet 250mg	100	5	124.24	Cytadren CG
AMINOPHYLLINE				
Tablet 100mg	100	5	4.55	Cardophyllin HA
Oral Liquid 105mg per 5mL, 500mL	41	5	5.94	Somophyllin FC
Injection I.V. 250mg in 10mL	5	..	6.08	BT,SI
AMIODARONE HYDROCHLORIDE				
<u>Authority required.</u>				
For the continuing treatment of severe refractory cardiac arrhythmias where treatment with amiodarone hydrochloride was initiated in a hospital (in-patient or out-patient).				
<u>CAUTION: Amiodarone hydrochloride has been reported to cause frequent and potentially serious toxicity.</u>				
Tablet 100mg	30	5	21.53	Cordarone X 100 RC
200mg	30	5	33.34	Cordarone X 200 RC
AMITRIPTYLINE				
Tablet 10mg	50	2	3.94	Endep 10 AF
			4.14	Amitrip PT
			4.18	Laroxyl RO
				Tryptanol MK
25mg	50	2	4.53	Endep 25 AF
			4.78	Amitrip PT
				Laroxyl RO
				Saroten NS
				Tryptanol MK
50mg	50	2	5.84	Endep 50 AF

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
AMMONIUM CHLORIDE Tablet 500mg	100	3	7.68	FM	
AMOXYCILLIN Tablet 250mg	20	1	7.43	Amoxil Moxacin	BR CS
Dispersible Tablet 3g	1	..	7.39	Amoxil Moxacin	BR CS
Capsule 250mg	20	1	7.03	Alphamox 250 Ibiamox	AF PT
			7.28	Amoxil Cilamox Moxacin	BR SI CS
500mg	20	1	10.99	Alphamox 500 Ibiamox	AF PT
			11.05	Amoxil Cilamox Moxacin	BR SI CS
Powder for Paediatric Drops 100mg per mL, 20mL	1	1	#8.33	Amoxil	BR
Powder for Syrup 125mg per 5mL, 100mL	1	1	#7.76 #8.01	Ibiamox Amoxil Cilamox Moxacin	PT BR SI CS
250mg per 5mL, 100mL	1	..	#9.33 #9.58	Ibiamox Amoxil Forte Cilamox Moxacin 250	PT BR SI CS
Injection 250mg with 3mL solvent	5	1	8.57	Ibiamox	PT
500mg with 3mL solvent	5	1	10.72	Ibiamox	PT
1g with 4mL solvent	5	1	16.52	Ibiamox	PT

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
AMOXYCILLIN with CLAVULANIC ACID					
NOTE: This combination should not be used in preference to amoxycillin unless resistance to amoxycillin is suspected or proven.					
Tablet 250mg-125mg	15	1	12.55	Augmentin	BR
500mg-125mg	15	1	16.45	Augmentin Forte	BR
Powder for Syrup 125mg-31.25mg per 5mL, 75mL	†1	1	#10.09	Augmentin	BR
250mg-62.5mg per 5mL, 75mL	†1	..	#12.70	Augmentin Forte	BR
AMPHOTERICIN					
Lozenge 10mg	20	1	4.97	Fungilin	SQ
Injection 50mg (solvent required)	1	..	21.57	Fungizone	SQ
Cream 30mg per g (3%), 15g	†1	1	4.97	Fungilin	SQ
Ointment 30mg per g (3%), 15g	†1	1	4.97	Fungilin	SQ
AMPICILLIN					
Capsule 250mg	24	1	7.14 7.22	Ampicyn Penbritin	PT BR
500mg	24	..	11.08 11.20	Ampicyn Penbritin	PT BR
Powder for Syrup 125mg per 5mL, 100mL	†1	1	#7.59	Penbritin	BR
250mg per 5mL, 100mL	†1	..	#8.89	Penbritin Forte	BR
Injection 250mg (solvent required)	5	1	7.48 7.73	Ampicyn Austrapen	PT CS
500mg (solvent required)	5	1	9.69 9.94	Ampicyn Austrapen Penbritin	PT CS BR
1g (solvent required)	5	1	14.19 14.44	Ampicyn Austrapen	PT CS

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
AMYLOBARBITONE SODIUM Epilepsy.				
Injection 500mg (solvent required)	2	..	9.14	Amytal Sodium LY
ANTAZOLINE with NAPHAZOLINE Eye Drops 5mg (sulphate)-250 micrograms (nitrate) per mL (0.5%-0.025%), 10mL	1	2	5.18	Antistine-Privine ZY
Eye Drops 5mg (phosphate)-500 micrograms (hydrochloride) per mL (0.5%-0.05%), 15mL	1	2	5.39	Albalon-A AG
ANTIVENOM - RED BACK SPIDER Injection 500 units	2	..	153.46	CS
ASPIRIN Tablet 300mg	100	1	4.42	SI
300mg (dispersible)	100	1	4.49	Solprin RC
325mg (buffered)	100	1	4.89	Bufferin AP
650mg (enteric coated)	100	2	7.14	Ecotrin SK
650mg (sustained release)	100	2	7.14	S.R.A. BT
ATENOLOL Tablet 50mg	30	5	9.20 11.08	Noten AF Tenormin IC
ATROPINE SULPHATE Tablet 600 micrograms	100	2	6.27	FM
Injection 600 micrograms in 1mL	5	1	4.34	AP,BT
1.2mg in 1mL	5	1	4.35 4.37	BT AP
Eye Drops 5mg per mL (0.5%), 15mL	1	2	5.42	Atropt SI
10mg per mL (1%), 15mL	1	2	5.49	Atropt SI
Eye Ointment 10mg per g (1%), 4g	1	..	6.92	PD

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
AURANOFIN <u>Authority required.</u> Treatment where less costly alternative therapy is inappropriate. <u>CAUTION:</u> Regular blood and urine checks are essential.					
Tablet 3mg	60	5	51.04	Ridaura	SK
AUROTHIOGLUCOSE <u>Authority required.</u> Treatment where less costly alternative therapy is inappropriate.					
Injection 50mg per mL, 10mL	1	..	83.27	Gold-50	SH
AZATHIOPRINE <u>Authority required.</u> Treatment where less costly alternative therapy is inappropriate.					
Tablet 50mg	100	2	66.60	Imuran Thioprine	BW AF
BACLOFEN <u>Authority required.</u> Treatment where less costly alternative therapy is inappropriate.					
Tablet 10mg	100	5	30.98	Lioresal 10	CG
25mg	100	5	59.32	Lioresal 25	CG
BECLOMETHASONE DIPROPIONATE <u>Authority required.</u> Severe chronic asthma not responding to lower doses of beclomethasone aerosol. <u>CAUTION:</u> Higher doses of inhaled beclomethasone may suppress the hypothalamic-pituitary-adrenal axis.					
Oral Inhalation, metered aerosol spray, 250 micrograms per dose (200 dose)	‡1	5	33.58	Becloforte	GL
(cont.)					

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
BECLOMETHASONE DIPROPIONATE - cont.				
Asthma.				
Capsule 100 micrograms (oral inhalation)	100	5	15.63	Becotide Rotacaps GL
Oral Inhalation, metered aerosol spray, 50 micrograms per dose (200 dose)	‡1	5	10.00	Aldecin Becotide SH GL
Oral Inhalation, metered aerosol spray, 100 micrograms per dose (200 dose)	‡1	5	15.99	Becotide 100 GL
BELLADONNA ALKALOIDS				
Hyoscyamine Hydrobromide, Atropine Sulphate and Hyoscine Hydrobromide.				
Tablet 101.1 micrograms-14.8 micrograms-10.7 micrograms	100	2	4.55	Atrobel FM
Tablet 151.6 micrograms-22.2 micrograms-16.0 micrograms	100	2	4.65	Atrobel FORTE FM
Hyoscyamine Sulphate, Atropine Sulphate and Hyoscine Hydro- bromide.				
Tablet 103.7 micrograms-19.4 micrograms-6.5 micrograms	100	2	4.55	Donnatab RS
BENDROFLUAZIDE				
Tablet 2.5mg	100	1	6.40	Aprinox-M BT
5mg	100	1	6.42 6.66	Benzide PT Aprinox BT
BENZATHINE PENICILLIN				
Injection 1.8g in 4mL, disposable syringe	1	..	17.52	Bicillin L-A WY
BENZATHINE PENICILLIN with PROCAINE PENICILLIN and BENZYL PENICILLIN POTASSIUM				
Injection set 450mg-300mg-187mg, containing 1 vial and 2mL water for injections	1	..	10.53	Bicillin All-Purpose WY

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
BENZHEXOL Tablet 2mg	200	2	8.34 8.46	Anti-Spas Artane	PT LE
5mg	200	1	10.84 10.90	Anti-Spas Artane	PT LE
BENZTROPINE Tablet 2mg	60	2	6.15	Cogentin	MK
Injection 2mg in 2mL	5	..	12.68	Cogentin	MK
BENZYL BENZOATE Application 50g in 200mL (25%)	†1	2	5.15 5.84	Benzemul Ascabiol	MG MB
BENZYL PENICILLIN Injection 300mg (solvent required)	5	1	7.22	CS	
600mg (solvent required)	5	1	7.45	CS	
3g (solvent required)	10	..	33.24	CS	
6g (solvent required)	10	..	63.74	CS	
BETAMETHASONE Tablet 500 micrograms	30	4	5.39	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 discoïd; Necrobiosis lipoidica; Uveitis.					
Injection 3mg-3.9mg (equivalent to 5.7mg betamethasone) in 1mL	5	..	17.18	Celestone Chronodose	SH

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
BETAMETHASONE DIPROPIONATE					
Cream 500 micrograms per g (0.05%), 15g	‡1	1	4.22	Diprosone	SH
Ointment 500 micrograms per g (0.05%), 15g	‡1	1	4.22	Diprosone	SH
Scalp Lotion 500 micrograms per mL (0.05%), 30mL	‡1	..	8.14	Diprosone	SH
BETAMETHASONE VALERATE					
Cream 200 micrograms per g (0.02%), 100g	2	..	7.74	Betnovate 1/5 Celestone-M	GL SH
Cream 500 micrograms per g (0.05%), 15g	‡1	1	4.22	Betnovate 1/2 Celestone-V Half Strength	GL SH
Ointment 200 micrograms per g (0.02%), 100g	2	..	7.74	Celestone-M	SH
Ointment 500 micrograms per g (0.05%), 15g	‡1	1	4.22	Betnovate 1/2 Celestone-V Half Strength	GL SH
Gel 500 micrograms per g (0.05%), 15g	‡1	1	4.22	Betnovate 1/2	GL
BETHANECHOL					
Tablet 10mg	100	2	9.29 9.32	Uro-Carb Urecholine	HA MK
Injection 5mg in 1mL	2	..	11.66	Urecholine	MK
BIPERIDEN					
Tablet 2mg	200	2	13.74	Akineton	KN

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
BISACODYL For use by paraplegic and quadriplegic patients; For use by patients who are receiving long-term extensive nursing care in hospitals and nursing homes; For use by patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved.					
Tablet 5mg	200	1	10.32	Bisalax	PT
Suppositories 10mg, 10	±1	..	7.02	Durolax	BY
Enema - See Paraplegic and Quadriplegic - Section 3					
BISMUTH SUBCITRATE <u>CAUTION:</u> Long term bismuth therapy is potentially toxic.					
Tablet 107.7mg (Bi)	112	2	22.27	De-No1	PD
BLEOMYCIN See Special Pharmaceutical Benefits					
BROMOCRIPTINE MESYLATE Urgent suppression of physiological lactation.					
Tablet 2.5mg	30	..	19.85	Parlodel	SZ
<u>Authority required.</u> Acromegaly, prior to surgery or radiotherapy or where surgery or radiotherapy is inappropriate; Parkinson's disease; Pathological hyperprolactinaemia where appropriate surgery or radiotherapy is not indicated or has already been used with incomplete resolution.					
Tablet 2.5mg	60	5	35.39	Parlodel	SZ
Capsule 5mg	60	5	68.14	Parlodel	SZ
10mg	100	5	240.14	Parlodel	SZ

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
BUMETANIDE Tablet 1mg	100	1	9.36	Burinex	AP
BUSULPHAN <u>Authority required.</u> Treatment where less costly alternative therapy is inappropriate.					
Tablet 2mg	100	..	31.19	Myleran	BW
CALCITONIN <u>Authority required.</u> 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.					
<u>NOTE:</u> 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.					
Injections (porcine) 160 i.u. with 2mL gelatin solvent, 16	2	5	400.64	Calcitare	RG
Injections (salmon) 50 i.u. in 1mL ampoule, 5	6	5	152.64	Miacalcic	SZ
80 i.u. in 0.8mL ampoule, 5	3	5	111.72	Miacalcic	SZ
100 i.u. in 1mL ampoule, 5	3	5	132.42	Calsynar Miacalcic	RG SZ
400 i.u. in 2mL vial	4	5	120.08	Calsynar	RG
(continued)					

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
CALCITONIN - cont. <u>Authority required.</u> 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. Injections (synthetic human) 0.5mg with 2mL solvent, 5	3	5	208.89	Cibacalcin CG
CALCITRIOL <u>Authority required.</u> Hypocalcaemia due to renal disease; Hypoparathyroidism; Hypophosphataemic rickets; Vitamin D-resistant rickets. Capsule 0.25 micrograms	100	5	51.39	Rocaltrol RO
CALCIUM Hypocalcaemia; Osteoporosis; Proven malabsorption. Tablet (chewable) 500mg (as carbonate)	120	1	11.72	Cal-Sup RK
Tablet 600mg (as carbonate)	120	1	11.96	Caltrate LE
Compound Effervescent Tablet equivalent to 1g (25mmol) Ca^{2+} NOTE: Each 'Sandocal 1000' tablet also contains 18mmol Na^+.	60	1	14.54	Sandocal 1000 SZ
CALCIUM FOLINATE Antidote to folic acid antagonists. Tablet 15mg NOTE: Increased quantities may be authorised up to a maximum of 20 tablets. Repeats will not be authorised. Injection 3mg in 1mL	10	..	110.07	Leucovorin LE
	5	..	15.92	BL

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
CALCIUM GLUCONATE Injection 1g in 10mL (10%)	5	1	10.90	Calcium- Sandoz SZ
CAPTOPRIL <u>Authority required.</u> Hypertension where other drug therapy has failed or is inappropriate; For the continuing treatment of severe refractory cardiac failure where treatment with captopril was initiated in a hospital (in-patient or out-patient).				
Tablet 12.5mg	90	5	31.57	Capoten SQ
25mg	90	5	44.90	Capoten SQ
50mg	90	5	82.64	Capoten SQ
CARBACHOL Eye Drops 15mg per mL (1.5%), 15mL	2	3	10.52	AQ
30mg per mL (3%), 15mL	2	3	10.52	AQ
CARBAMAZEPINE Tablet 100mg	200	2	15.77	Tegretol 100 CG
200mg	200	2	25.77 27.64	Teril AF Tegretol 200 CG
Syrup 100mg per 5mL, 300mL	1	5	18.33	Tegretol CG
CARBIMAZOLE Tablet 5mg	200	2	9.04	Neo-Mercazole NS
CARBOPLATIN <u>Authority required.</u> Advanced stage ovarian carcinoma. NOTE: No authorities will be issued for repeats.				
Solution for I.V. Injection 50mg in 5mL	2	..	120.70	BL
150mg in 15mL	6	..	852.60	BL
450mg in 45mL	2	..	616.54	BL

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
CEFOTAXIME					
Authority required.					
Infections where positive bacteriological evidence confirms that cefotaxime is an appropriate therapeutic agent; Septicaemia, suspected or proven.					
Injection 1g (solvent required)	5	..	64.64	Claforan	RL
2g (solvent required)	5	..	120.69	Claforan	RL
CEFTRIAXONE					
Authority required.					
Infections where positive bacteriological evidence confirms that ceftriaxone is an appropriate therapeutic agent; Septicaemia, suspected or proven.					
Injection 250mg (solvent required)	2	..	24.12	Rocephin	RO
500mg (solvent required)	2	..	41.14	Rocephin	RO
1g (solvent required)	2	..	69.80	Rocephin	RO
2g (solvent required)	2	..	129.44	Rocephin	RO
CEPHALEXIN					
Capsule 250mg	20	1	7.43	Ceporex Keflex	GL LY
500mg	20	1	11.23	Ceporex Keflex	GL LY
Granules for Syrup 125mg per 5mL, 100mL	‡1	1	#9.39	Ceporex Keflex	GL LY
250mg per 5mL, 100mL	‡1	..	#11.89	Ceporex Keflex	GL LY
CEPHALOTHIN SODIUM					
Injection 1g (solvent required)	5	..	22.29	Ceporacin Keflin Neutral	GL LY
2g (solvent required)	1	..	10.32	Keflin Neutral	LY
4g (solvent required)	1	..	17.40	Keflin Neutral	LY

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
CEPHAZOLIN SODIUM					
<u>Authority required.</u>					
Infections where positive bacteriological evidence confirms that cephazolin sodium is an appropriate therapeutic agent; Septicaemia, suspected or proven.					
Injection 500mg (solvent required)	5	..	22.39	Kefzol	LY
1g (solvent required)	5	..	40.14	Kefzol	LY
CHLORAL HYDRATE					
Capsule 500mg	25	..	4.35	Noctec	SQ
Mixture 250mg per 5mL, 200mL	‡1	..	4.64	Dormel	DH
CHLORAMBUCIL					
<u>Authority required.</u>					
Treatment where less costly alternative therapy is inappropriate.					
Tablet 2mg	100	2	62.56	Leukeran	BW
5mg	100	2	75.56	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.					
<u>CAUTION: Chloramphenicol may cause aplastic anaemia.</u>					
Capsule 250mg	16	..	6.22	Chloromycetin	PD
Paediatric Suspension 125mg per 5mL, 100mL	‡1	..	6.22	Chloromycetin Palmitate	PD
Injection 1g (solvent required)	3	..	26.79	Chloromycetin Succinate	PD
(continued)					

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
CHLORAMPHENICOL - cont. <u>CAUTION: Topical chloramphenicol may cause aplastic anaemia.</u>				
Ear Drops (aqueous) 5mg per mL (0.5%), 5mL	‡1	2	5.17	Chloromycetin PD
Eye Drops 5mg per mL (0.5%), 10mL	‡1	2	4.89	Chloromycetin PD Chloroptic AG Chlorsig SI
Eye Ointment 10mg per g (1%), 4g	‡1	..	4.74	Chloromycetin PD Chlorsig SI
CHLORAMPHENICOL with POLYMYXIN B <u>CAUTION: Topical chloramphenicol may cause aplastic anaemia.</u>				
Eye Drops 5mg-5,000 units per mL, 10mL	‡1	2	4.93	Chloromyxin PD
Eye Ointment 10mg (1%)-5,000 units per g, 4g	‡1	..	4.88	Chloromyxin PD
CHLORHEXIDINE Solution 50mg per mL (5%), 200mL	‡1	1	6.77	Hibitane Concentrate IC
CHLORMETHIAZOLE Short-term alcohol or drug withdrawal therapy in a hospital or approved centre; Status epilepticus.				
I.V. Infusion 8mg per mL (0.8%), 500mL	1	..	20.35	Hemineurin AP
<u>Authority required.</u> Short-term alcohol or drug withdrawal therapy in a hospital or approved centre; Status epilepticus.				
<u>NOTE: No authorities will be granted for increased maximum quantities and/or repeats of chlormethiazole capsules.</u>				
Capsule 192mg	50	..	11.62	Hemineurin AP

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
CHLOROQUINE Tablet equivalent to 150mg (approx.) chloroquine base	100	..	7.37	Chlorquin Nivaquine	PT MB
CHLOROTHIAZIDE Tablet 500mg	100	1	9.72	Azide Chlotride	FM FR
CHLORPROMAZINE 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 includ- ing arteriopathic dementia; Manic-depressive disorder - manic phase; Paranoid states; Schizophrenia; Senile dementia.					
Tablet 10mg	200	..	7.46	Largactil Protran	MB PT
25mg	200	..	10.56 10.82	Protran Largactil	PT MB
50mg	200	..	12.34 12.60	Protran Largactil	PT MB
100mg	100	1	11.98 12.23	Protran Largactil	PT MB
Mixture 25mg per 5mL, 100mL	2	2	7.52	Largactil	MB
Injection 50mg in 2mL	10	..	7.49	Largactil	MB
Suppositories 100mg, 5	1	2	6.43	Largactil	MB
CHLORPROPAMIDE Tablet 250mg	100	5	9.59	Diabinese	PF
CHLORTHALIDONE Tablet 25mg	100	1	9.72	Hygroton	CG

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
CHOLESTYRAMINE <u>Authority required.</u> Bile salt malabsorption; Pruritus associated with partial biliary obstruction not respond- ing to other therapy; Severe diarrhoea associated with pelvic irradiation; Hypercholesterolaemia. <u>NOTE:</u> Hypercholesterolaemia means an initial fasting serum cholesterol level of at least 6.5mmol per L (5.5mmol per L in persons under the age of 16 years) following dietary therapy for three months. A second or sub- sequent course of treatment for hypercholesterolaemia should be considered only where there is a fall in serum cholesterol since commencement of cholestyramine therapy. Cholestyramine is preferred to clofibrate if fasting serum tri- glyceride is less than 3mmol per L. Sachets 9g (equivalent to 4g cholestyramine), 50	2	5	54.60	Questran AP
CHOLINE THEOPHYLLINATE Tablet 100mg	100	5	5.48	Choledyl WW
200mg	100	5	6.07	Brondecon-PD PD Choledyl WW
Elixir 50mg per 5mL, 500mL	‡1	5	5.77	Brondecon Elixir-PD PD
Syrup 50mg per 5mL, 500mL	‡1	5	5.77	Choledyl WW

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
CIMETIDINE					
Authority required.					
*Duodenal ulcer (including pyloric and stomal ulcers), proven by current or prior x-ray, endoscopy or surgery;					
*Gastric ulcer, proven by x-ray, endoscopy or surgery within the previous two years.					
Tablet 200mg	120	2	43.38	Duractin Tagamet	CS SK
400mg	60	2	43.38	Duractin Tagamet	CS SK
800mg	30	1	43.38	Duractin Tagamet	CS SK
Authority required.					
*Severe ulcerating (erosive) oesophagitis, proven by endoscopy and unresponsive to other measures.					
Tablet 200mg	120	2	43.38	Duractin Tagamet	CS SK
400mg	60	2	43.38	Duractin Tagamet	CS SK
Authority required.					
Scleroderma oesophagus.					
Tablet 200mg	120	5	43.38	Duractin Tagamet	CS SK
400mg	60	5	43.38	Duractin Tagamet	CS SK
Authority required.					
Zollinger-Ellison syndrome.					
Tablet 200mg	240	5	84.12	Duractin Tagamet	CS SK
400mg	120	5	84.12	Duractin Tagamet	CS SK
800mg	60	5	84.12	Duractin Tagamet	CS SK

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
CIPROFLOXACIN <u>Authority required.</u> Serious infections for which no other oral antimicrobial agent is appropriate.				
Tablet 250mg	14	..	38.89	Ciproxin 250 BN
500mg	14	..	71.39	Ciproxin 500 BN
750mg	14	..	105.14	Ciproxin 750 BN
CLINDAMYCIN Gram-positive coccal infections where these cannot be safely and effectively treated with a penicillin.				
Capsule 75mg	25	..	9.14	Dalacin C UP
150mg	25	..	12.44	Dalacin C UP
Granules for Syrup 75mg per 5mL, 100mL	‡1	..	#13.68	Dalacin C UP
CLIOQUINOL Cream 10mg per g (1%), 30g	‡1	..	5.07	Vioform CG
CLOFIBRATE Hypertriglyceridaemia. <u>NOTE:</u> Hypertriglyceridaemia means an initial fasting serum triglyceride level of at least 4mmol per L following dietary therapy for three months. A second or subsequent course of treatment for hypertriglyceridaemia is indicated only where there is a fall of at least 1mmol per L in serum triglyceride since commence- ment of clofibrate therapy.				

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
CLOFIBRATE - cont. Hypercholesterolaemia. NOTE: Hypercholesterolaemia means an initial fasting serum cholesterol level of at least 6.5mmol per L following dietary therapy for three months. A second course of treatment for hypercholesterolaemia is indicated where there is a fall in serum cholesterol since commencement of clofibrate therapy. A second course of clofibrate may also be indicated where there is an inadequate response to clofibrate and the prescriber wishes to institute combined therapy. Subsequent courses of clofibrate alone or in combination are indicated provided there is a fall in serum cholesterol since commencement of therapy. Clofibrate is preferred initially to cholestyramine and colestipol if fasting serum triglyceride is greater than 3mmol per L.				
Capsule 500mg	100	5	13.52 13.58	Arterioflexin PT Atromid-S IC
CLOMIPHENE CITRATE See Special Pharmaceutical Benefits				
CLOMIPRAMINE HYDROCHLORIDE Cataplexy associated with narcolepsy; Obsessive compulsive disorders.				
Tablet 25mg	50	1	12.94	Anafranil CG
CLONAZEPAM Tablet 500 micrograms	200	2	15.02	Rivotril RO
2mg	200	2	24.14	Rivotril RO
Paediatric Drops 2.5mg in 1mL, 10mL	2	..	9.34	Rivotril RO
Injection 1mg in 2mL (set containing solution 1mg in 1mL and 1mL diluent)	5	..	7.88	Rivotril RO

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
CLONIDINE				
Tablet 100 micrograms	100	5	15.14	Catapres 100 BY
150 micrograms	100	5	19.89	Catapres BY
CLOPAMIDE				
Tablet 5mg	100	1	9.72	Brinaldix SZ
CLOTRIMAZOLE				
Cream 10mg per g (1%), 20g	†1	1	5.85 5.87	Lotremine SH Canesten BN
Lotion 10mg per mL (1%), 20mL	†1	1	5.87	Canesten BN Lotremine SH
Pessaries 100mg, 6	†1	..	6.54 6.57	Gyne-Lotremine SH Canesten BN
Pessary 500mg	1	..	6.57	Canesten 1 BN
Vaginal Cream				
50mg per 5g (1%), 35g	†1	..	6.52 6.53	Gyne-Lotremine SH Canesten BN
100mg per 5g (2%), 20g	†1	..	6.53	Canesten 3 BN
CLOXACILLIN				
Capsule 250mg	24	..	11.39 11.64	Alclox 250 AF Orbenin BR
500mg	24	..	20.14 20.39	Alclox 500 AF Orbenin BR
Injection 250mg (solvent required)	5	..	10.87	Austrastaph CS Orbenin BR
500mg (solvent required)	5	..	16.37	Austrastaph CS Orbenin BR
1g (solvent required)	5	..	24.17	Austrastaph CS Orbenin BR
CODEINE PHOSPHATE				
Tablet 30mg	20	..	6.32	Codate US DH,FA,FM

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
CODEINE PHOSPHATE with ASPIRIN <u>NOTE:</u> Authorities for increased maximum quantities and/or repeats will be granted only for severe disabling pain not responding to non-narcotic analgesics.				
Tablet 30mg-325mg	20	..	4.98	Codral Forte BW
CODEINE PHOSPHATE with PARACETAMOL <u>NOTE:</u> Authorities for increased maximum quantities and/or repeats will be granted only for severe disabling pain not responding to non-narcotic analgesics.				
Tablet 30mg-500mg	20	..	4.98	Panadeine Forte WL
COLCHICINE Tablet 500 micrograms	100	2	5.60	Colgout DH, PR, RT PT
COLESTIPOL HYDROCHLORIDE <u>Authority required.</u> Hypercholesterolaemia. <u>NOTE:</u> Hypercholesterolaemia means an initial fasting serum cholesterol level of at least 6.5mmol per L (5.5mmol per L in persons under the age of 16 years) following dietary therapy for three months. A second or sub- sequent course of treatment for hypercholesterolaemia should be considered only where there is a fall in serum cholesterol since commencement of colestipol therapy. Colestipol is preferred to clofibrate if fasting serum triglyceride is less than 3mmol per L.				
Sachets 5g, 120	41	5	66.39	Colestid UP

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
COLISTIN Injection 150mg (solvent required)	5	..	112.84	Coly-Mycin WW
COLISTIN with NEOMYCIN Ear Drops 3mg-3.3mg per mL, 10mL	1	2	5.77	Coly-Mycin WW
COPPER SULPHATE Diagnostic Compound Tablets, 36	2	3	10.46	Clinitest AM
CORTISONE ACETATE Tablet 5mg	50	4	4.97	Cortate PT
25mg	60	4	8.78	Cortate PT
CYCLOPENTHIAZIDE Tablet 500 micrograms	100	1	9.96	Navidrex CG
CYCLOPHOSPHAMIDE Tablet 50mg	50	2	14.54	Cycloblastin FE
Injection 100mg (solvent required)	6	..	24.49	Cycloblastin FE
200mg (solvent required)	6	..	25.94	Cycloblastin FE
500mg (solvent required)	2	..	14.60	Cycloblastin FE
1g (solvent required)	1	..	13.05	Cycloblastin FE
CYPROHEPTADINE Prevention of migraine.				
Tablet 4mg	100	2	7.94	Periactin FR
CYTARABINE Authority required. Treatment where less costly alternative therapy is inappropriate.				
Injection 40mg in 2mL	10	1	39.84	Alexan BT
100mg in 5mL	10	1	80.79	Alexan BT
Injection set containing 100mg and 5mL solvent	10	1	80.94	Cytosar-U UP
Injection 500mg in 25mL	2	1	80.82	Alexan BT

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
DANAZOL <u>Authority required.</u> Endometriosis, visually proven; Hereditary angio-oedema; Menorrhagia, intractable primary. <u>CAUTION:</u> Pregnancy must be excluded prior to administration of this drug. <u>NOTE:</u> Not more than six months' therapy will be authorised for use in intractable primary menorrhagia.					
Capsule 100mg	100	5	85.28	Danocrine	WL
200mg	100	5	127.64	Danocrine	WL
DANTROLENE SODIUM Treatment of chronic spasticity.					
Capsule 25mg	100	2	20.89	Dantrium	NW
50mg	100	2	35.02	Dantrium	NW
DEBRISOQUINE Tablet 10mg	100	5	9.02	Declinax	RO
20mg	100	5	11.14	Declinax	RO
DEMECLOCYCLINE HYDROCHLORIDE <u>Authority required.</u> Syndrome of inappropriate antidiuretic hormone secretion, which is not drug induced.					
Capsule 150mg	100	3	32.89	Ledermycin	LE
DESIPRAMINE Tablet 25mg	50	2	6.14	Pertofran	CG
DESMOPRESSIN Nasal Solution 100 micrograms per mL, 2.5mL	5	2	117.79	Minirin	FC

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
DEXAMETHASONE For use in a hospital. Injection 120mg in 5mL	1	..	32.89	Decadron Shock Pak MK
DEXAMETHASONE Tablet 500 micrograms 4mg	30	4	4.84	Dexamethsone PT Oradexon OR
Eye Drops 1mg per mL (0.1%), 5mL	30	4	9.10	Dexamethsone PT
Injection 4mg in 1mL	41	2	5.43	Maxidex AQ
5mg in 1mL	5	..	12.68	Decadron MK
8mg in 2mL	5	..	13.64	Oradexon OR
DEXAMETHASONE with FRAMYCETIN and GRAMICIDIN Ear Drops 500 micrograms-5mg- 50 micrograms per mL, 8mL	5	..	16.57	Decadron MK
Ear Ointment 500 micrograms-5mg- 50 micrograms per g, 5g	41	2	4.82	Sofradex RL
DEXAMPHETAMINE Authority required. Hyperkinetic brain damage syndrome in children; Narcolepsy. NOTE: Care must be taken to comply with the provisions of State law when prescribing dexamphetamine.	41	2	4.57	Sofradex RL
Tablet 5mg	100	5	8.72	SI
DEXTRAN 40 See Intravenous Infusions				
DEXTRAN 70 See Intravenous Infusions				

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
DIAZEPAM NOTE: Authorities for increased maximum quantities and/or repeats for this item will be granted only for the treatment of disabling spasticity, malignant neoplasia (late stage) or for use by patients receiving long-term nursing care in hospitals and nursing homes who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal. Up to six months' treatment (i.e. one month's treatment with five repeats) may be requested.				
Tablet 2mg	50	..	4.29	Antenex 2 AF
				Pro-Pam PT
			4.54	Ducene SU
				Valium RO
5mg	50	..	4.53	Antenex 5 AF
				Pro-Pam PT
			4.78	Ducene SU
				Valium RO
Paediatric Syrup 2mg per 5mL, 100mL	±1	..	5.58	Valium RO
Injection 10mg in 2mL	5	..	5.79	Valium BL RO
DIAZOXIDE				
Injection 300mg in 20mL	1	..	16.14	BL
			16.28	Hyperstat I.V. SH
DICHLORPHENAMIDE				
Tablet 50mg	50	6	12.09	Daranide MK
DICLOFENAC SODIUM				
Tablet 25mg (enteric coated)	50	3	8.44	Voltaren 25 CG
50mg (enteric coated)	50	3	9.85	Voltaren 50 CG
DIENOESTROL				
Cream 500 micrograms per 5g (0.01%), 85g	±1	1	5.32	JC

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
DIFENOXIN HYDROCHLORIDE with ATROPINE SULPHATE Tablet 500 micrograms-25 micrograms	20	..	4.53	Lyspafen	PT
DIFLUNISAL Tablet 250mg	50	3	8.63	Dolobid	MK
DIGOXIN Tablet 62.5 micrograms	200	1	6.92	Lanoxin-PG	BW
250 micrograms	100	1	6.04	Lanoxin	BW
Oral Solution for children 50 micrograms per mL, 100mL	41	3	8.30	Lanoxin	BW
Injection 500 micrograms in 2mL	5	1	9.14	Lanoxin	BW
DIHYDROERGOTAMINE Injection 1mg in 1mL	5	..	7.65	Dihydergot	SZ
DIHYDROTACHYSTEROL Authority required. Hypoparathyroidism; Osteomalacia following gastrect- omy, severe steatorrhoea or renal failure; Vitamin D-resistant rickets.					
Capsule 125 micrograms	100	5	36.29	A.T.10	WL
DILOXANIDE FUROATE Tablet 500mg	30	..	12.22	Furamide	BT
DILTIAZEM HYDROCHLORIDE Authority required. Angina, where treatment with verapamil hydrochloride or nifedipine has failed or is inappropriate.					
CAUTION: The myocardial depressant effects of this drug and of beta- blocking drugs are additive.					
Tablet 60mg	100	5	37.64	Cardizem	IC

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
DIMERCAPROL Injection 100mg in 2mL	12	..	56.39	B.A.L. BT
DIPHENOXYLATE HYDROCHLORIDE with ATROPINE SULPHATE Tablet 2.5mg-25 micrograms	20	..	4.53	Lomotil SR
DIPHTHERIA ANTITOXIN Injection 10,000 units	2	1	72.90	CS
DIPHTHERIA and TETANUS VACCINE, ADSORBED For immunisation of children up to the age of eight years. Injection 0.5mL	3	..	11.28	CS
DIPHTHERIA and TETANUS VACCINE, ADSORBED, DILUTED FOR ADULT USE For immunisation of adults and children over the age of eight years. Injection 0.5mL	3	..	11.28	CS
DIPHTHERIA, TETANUS and PERTUSSIS VACCINE, ADSORBED Injection 0.5mL	3	..	10.89	CS,PD
DIPHTHERIA VACCINE, ADSORBED For immunisation of children up to the age of eight years. Injection 0.5mL	2	1	10.64	CS

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
DIPHTHERIA VACCINE, ADSORBED, DILUTED FOR ADULT USE For immunisation of adults and children over the age of eight years.				
Injection 0.5mL	2	..	10.02	CS
DIPIVEFRINE HYDROCHLORIDE Eye Drops 1mg per mL (0.1%), 10mL	1	6	10.25	Propine AG
DISODIUM ETIDRONATE Authority required. Active Paget's disease of bone when calcitonin has been found to be unsatisfactory due to lack of efficacy or unacceptable side effects.				
Tablet 200mg	60	5	85.77	Didronel NW
DISOPYRAMIDE Capsule 100mg	100	5	17.64	Norpace SR Rythmodan RL
150mg	100	5	23.64	Norpace SR Rythmodan RL
DOCUSATE SODIUM with BISACODYL For use by paraplegic and quadriplegic patients; For use by patients who are receiving long-term extensive nursing care in hospitals and nursing homes; For use by patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved.				
Suppositories 100mg-10mg, 5	2	..	7.00	Coloxyl FM
DOMPERIDONE Tablet 10mg	25	..	5.42	Motilium JC
DOTHIEPIN HYDROCHLORIDE Capsule 25mg	50	2	5.72	Prothiaden BT
Tablet 75mg	30	2	6.07	Prothiaden BT

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
DOXEPIN				
Tablet 50mg	50	2	6.07	Deptran 50 AF
Capsule 10mg	50	2	4.48 4.77	Deptran 10 AF Sinequan PF
25mg	50	2	4.53 5.72	Deptran 25 AF Sinequan PF
DOXORUBICIN HYDROCHLORIDE				
Authority required.				
Treatment where less costly alternative therapy is inappropriate.				
Powder for I.V. Injection or Intravesical Administration				
10mg	4	..	196.16	Adriamycin FE
20mg	4	..	376.00	Adriamycin FE
50mg	3	..	695.31	Adriamycin FE
DOXYCYCLINE				
Bronchiectasis in patients over the age of eight years; Chronic bronchitis in patients over the age of eight years; Severe acne.				
Tablet 50mg	25	5	7.64 7.89	Doxylin 50 AF Vibra-Tabs PF
Capsule 50mg	25	5	8.62	Doryx FA
Urethritis.				
Tablet 100mg	21	..	11.82 12.54	Doxylin 100 AF Vibramycin PF
Capsule 100mg	21	..	9.72 12.54	Cyclidox PT Doryx FA

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
DOXYCYCLINE - cont.				
Tablet 100mg	7	1	5.70 5.94	Doxylin 100 AF Vibramycin PF
Capsule 100mg	7	1	5.00 5.94	Cyclidox PT Doryx FA
DYDROGESTERONE				
Authority required.				
Endometriosis, visually proven.				
Tablet 10mg	50	5	30.77	Duphaston JC
ECONAZOLE NITRATE				
Cream 10mg per g (1%), 20g	#1	1	5.87	Ecostatín SQ Pevaryl SK
Lotion 10mg per mL (1%), 20mL	#1	1	5.87	Ecostatín SQ Pevaryl SK
Pessaries 150mg, 3	#1	..	6.57	Ecostatín SQ Pevaryl SK
Vaginal Cream 75mg per 5g (1.5%), 35g	#1	..	6.53	Ecostatín SQ
ECOTHIOPATE IODIDE				
Eye Drops				
300 micrograms per mL (0.03%), 1.5mg and 5mL solvent	#1	6	#12.98	Phospholine AY Iodide
600 micrograms per mL (0.06%), 3mg and 5mL solvent	#1	6	#12.98	Phospholine AY Iodide
1.25mg per mL (0.125%), 6.25mg and 5mL solvent	#1	6	#12.98	Phospholine AY Iodide
2.5mg per mL (0.25%), 12.5mg and 5mL solvent	#1	6	#14.66	Phospholine AY Iodide
ELECTROLYTE REPLACEMENT (ORAL)				
Powder for Solution				
Sachets 40g, 6	#1	..	6.83	Repalyte DH
ELECTROLYTE REPLACEMENT SOLUTION				
See Intravenous Infusions				

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
ENALAPRIL MALEATE Authority required. Hypertension where other drug therapy has failed or is inappropriate; For the continuing treatment of severe refractory cardiac failure where treatment with enalapril maleate was initiated in a hospital (in- patient or out-patient).					
Tablet 5mg	30	5	24.24	Renitec M	MK
10mg	30	5	34.18	Renitec	MK
20mg	30	5	47.52	Renitec 20	MK
ERGOALCIFEROL Hypocalcaemia; Hypoparathyroidism; Osteomalacia following gastrect- omy, severe steatorrhoea or renal failure; Vitamin D-resistant rickets.					
Tablet 250 micrograms	100	5	8.52	Ostelin	GL
ERGOMETRINE MALEATE Tablet 200 micrograms	24	..	6.09	Ergotrate	LY
Injection 250 micrograms in 1mL	5	..	5.45	BL	
ERGOTAMINE TARTRATE Tablet 1mg	50	2	6.69	Lingraine	WL
ERGOTAMINE TARTRATE with CAFFEINE Tablet 1mg-100mg	50	2	6.69	Cafergot	SZ
ERGOTAMINE TARTRATE with CAFFEINE, ITOBARBITONE and BELLADONNA ALKALOIDS Suppositories 2mg-100mg-100mg-250 micrograms, 6	1	2	6.64	Cafergot PB	SZ

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
ERYTHROMYCIN Tablet 250mg	25	1	6.34	EMU-V AB UP
Capsule 125mg	25	1	5.72	Eryc FA
250mg	25	1	6.69	Eryc FA Ilocap LY
ERYTHROMYCIN ESTOLATE Paediatric Drops 100mg (base) per mL, 10mL	‡1	1	6.00	Ilosone LY
Paediatric Suspension 125mg (base) per 5mL, 100mL	‡1	1	6.00	Ilosone LY
ERYTHROMYCIN ETHYL SUCCINATE Tablet 200mg (base)	25	1	6.07	E.E.S. Dulcet AB
400mg (base)	25	1	6.69	E.E.S. 400 AB
Granules for Paediatric Suspension 200mg (base) per 5mL, 100mL	‡1	1	#8.26	E.E.S. 200 AB
Injection I.M. 100mg (base) in 2mL	5	..	9.84	Erythrocin AB
ERYTHROMYCIN LACTOBIONATE Infusion I.V. 300mg (base)	5	..	24.14	Erythrocin AB
1g (base)	1	..	14.25	Erythrocin AB
ERYTHROMYCIN STEARATE Tablet 250mg (base)	25	1	6.34	Erythrocin AB
Capsule 250mg (base)	25	1	6.34	Erythrocin AB
Paediatric Suspension 125mg (base) per 5mL, 100mL	‡1	1	6.00	Erythrocin AB
Suspension 250mg (base) per 5mL, 100mL	‡1	..	7.78	Erythrocin AB
ETHACRYNIC ACID Patients hypersensitive to other oral diuretics.				
Tablet 50mg	50	3	10.79	Edecril MK

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
ETHINYLOESTRADIOL					
Tablet 10 micrograms	200	1	6.72	Estigyn	GL
20 micrograms	200	1	7.04	Estigyn	GL
50 micrograms	200	1	8.46	Estigyn	GL
ETHOSUXIMIDE					
Capsule 250mg	200	2	20.54	Zarontin	PD
Paediatric Syrup 250mg per 5mL, 250mL	‡1	4	10.34	Zarontin	PD
ETHYLOESTRENOL					
<u>Authority required.</u> Osteoporosis; Patients on long-term treatment with corticosteroids.					
<u>NOTE:</u> An authority for six months' treatment will be limited to the maximum quantity and repeats shown in this schedule.					
Tablet 2mg	100	3	15.63	Orabolin	OR
ETHYNODIOL DIACETATE with ETHINYLOESTRADIOL					
Tablet 500 micrograms-50 micrograms, 21	4	2	11.56	Ovulen 0.5/50	SR
1mg-50 micrograms, 21	4	2	11.56	Ovulen 1/50	SR
Pack containing 21 tablets 500 micrograms-50 micrograms and 7 inert tablets	4	2	11.56	Ovulen 0.5/50-28	SR
Pack containing 21 tablets 1mg- 50 micrograms and 7 inert tablets	4	2	11.56	Ovulen 1/50-28	SR

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
ETRETINATE					
<u>Authority required.</u>					
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.					
<u>CAUTION:</u> This drug is a potent teratogen - pregnancy should be avoided for at least two years after cessation of therapy.					
<u>NOTE:</u> Care must be taken to comply with the provisions of State law when prescribing etretinate.					
Capsule 10mg	100	5	141.77	Tigason	RO
25mg	100	5	287.64	Tigason	RO
FAMOTIDINE					
<u>Authority required.</u>					
Duodenal ulcer (including pyloric and stomal ulcers), proven by current or prior x-ray, endoscopy or surgery; Gastric ulcer, proven by x-ray, endoscopy or surgery within the previous two years.					
Tablet 20mg	60	2	45.39	Pepcidine M	MK
40mg	30	1	45.39	Pepcidine	MK
<u>Authority required.</u>					
<u>Zollinger-Ellison syndrome.</u>					
Tablet 20mg	120	5	88.14	Pepcidine M	MK
40mg	60	5	88.14	Pepcidine	MK

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
FELODIPINE					
Authority required.					
Treatment where less costly alternative therapy is inappropriate.					
Tablet 5mg	60	5	31.80	Agon Plendil	HP AP
10mg	60	5	44.52	Agon Plendil	HP AP
FENOTEROL HYDROBROMIDE					
Inhalation Solution for use in RESPIRATOR or NEBULISER 1mg per mL (0.1%), 20mL	‡1	5	7.24	Berotec	BY
Oral Inhalation, metered aerosol spray, 200 micrograms per dose (300 dose)	‡1	5	8.18	Berotec	BY
FERROUS AMINOACETOSULPHATE					
Paediatric Syrup 100mL	‡1	4	4.48	Plesmet	NN
FERROUS GLUCONATE					
Tablet 300mg	100	2	4.48	Fergon	WL
Paediatric Elixir 300mg per 5mL (6%), 100mL	‡1	4	4.48	Fergon	WL
FERROUS SULPHATE DRIED					
Tablet 320mg (delayed release)	30	2	4.48	Slow-Fe	CG
350mg (sustained release)	30	2	4.47 4.48	Feritard Ferro-Gradumets	PT AB
Capsule 320mg (delayed release)	30	2	4.48	Fespan	SK
FERROUS SULPHATE DRIED with FOLIC ACID					
Tablet 270mg-300 micrograms (delayed release)	30	2	4.47	Feritard Folic	PT
Tablet 270mg-300 micrograms (sustained release)	30	2	4.53	F.G.F.	AB
Capsule 270mg-300 micrograms (delayed release)	30	2	4.53	Fefol	SK

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
FLECAINIDE ACETATE <u>Authority required.</u> For the continuing treatment of cardiac arrhythmias where treatment with flecainide acetate was initiated in a hospital (in-patient or out-patient).				
Tablet 100mg	60	5	40.75	Tambocor RK
FLUCLOROLONE ACETONIDE Cream 250 micrograms per g (0.025%), 15g	†1	1	4.22	Topilar SD
FLUCLOXACILLIN Capsule 250mg	24	..	11.39 11.64	Staphylex 250 AF Flophen CS Floxacpen BR
500mg	24	..	20.14 20.39	Staphylex 500 AF Flophen CS Floxacpen BR
Powder for Syrup 125mg per 5mL, 100mL	†1	..	#10.84	Flophen CS Floxacpen BR
250mg per 5mL, 100mL	†1	..	#15.13	Flophen CS Floxacpen BR
Injection 250mg (solvent required)	5	..	10.87	Flophen CS
500mg (solvent required)	5	..	16.37	Flophen CS Floxacpen BR
1g (solvent required)	5	..	24.17	Flophen CS Floxacpen BR
FLUCYTOSINE <u>Authority required.</u> Invasive or systemic fungal infections such as candidiasis, cryptococcosis and chromoblastomycosis.				
Tablet 500mg	100	..	152.64	Ancotil RO

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
FLUDROCORTISONE ACETATE Tablet 100 micrograms	200	1	11.90	Florinef	SQ
FLUMETHASONE with CLIOQUINOL Ear Drops 200 micrograms-10mg per mL (0.02%-1%), 7.5mL	‡1	..	4.82	Locacorten Vioform	CG
FLUOCORTOLONE ESTERS Cream 2mg per g (0.2%), 15g	‡1	1	4.22	Ultralan-D	SC
Ointment 2mg per g (0.2%), 15g	‡1	1	4.22	Ultralan-D	SC
Ointment (anhydrous) 2mg per g (0.2%), 15g	‡1	1	4.22	Ultralan-D Fatty	SC
FLUOROMETHOLONE Eye Drops 1mg per mL (0.1%), 5mL	‡1	6	5.94	Flucon FML Liquifilm	AQ AG
FLUOROURACIL <u>Authority required.</u> Treatment where less costly alternative therapy is inappropriate.					
Injection 250mg in 10mL	10	..	31.38	RO	
500mg in 10mL	5	1	31.38	Fluroblastin	FE
FLUOXYMESTERONE <u>Authority required.</u> Aplastic anaemias, proven; Carcinoma of the breast; Hypogonadism; Osteoporosis. NOTE: An authority for six months' treatment of osteoporosis will be limited to the maximum quantity and repeats shown in this schedule.					
Tablet 5mg	100	3	20.54	Halotestin	UP

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
FLUPHENAZINE Chorea; Hyperactive states of organic or toxic delirium; Malignant neoplasia (late stage); Radiation sickness; Major psychoses including:- Major organic psychoses including arteriopathic dementia; Manic-depressive disorder - manic phase; Paranoid states; Schizophrenia; Senile dementia.					
Tablet 1mg	200	..	10.34	Anatensol	SQ
2.5mg	200	..	13.62	Anatensol	SQ
5mg	100	1	10.74	Anatensol	SQ
FLUPHENAZINE DECANOATE Chorea; Hyperactive states of organic or toxic delirium; Malignant neoplasia (late stage); Radiation sickness; Major psychoses including:- Major organic psychoses including arteriopathic dementia; Manic-depressive disorder - manic phase; Paranoid states; Schizophrenia; Senile dementia.					
Injection 12.5mg in 0.5mL	5	..	16.07	Modecate	SQ
25mg in 1mL	5	..	25.07	Modecate	SQ
50mg in 2mL	5	..	37.73	Modecate	SQ

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
FOLIC ACID				
Tablet 500 micrograms	200	..	5.82 5.84	DH,PT SI
5mg	200	1	6.10 6.14	DH Folasic NN Folicid US FM,PR,PT,RT,SI
Injection 15mg in 1mL	10	..	13.10	AB
FOSFESTROL SODIUM				
Authority required. Carcinoma of the prostate.				
Tablet 120mg	100	2	38.05	Honvan BC
Injection 250mg in 5mL	10	..	21.59	Honvan BC
FRAMYCETIN				
Eye Ointment 5mg per g (0.5%), 5g	‡1	..	4.74	Soframycin RL
Eye and Ear Drops 5mg per mL (0.5%), 8mL	‡1	2	4.89	Soframycin RL
FRUSEMIDE				
Renal failure.				
Tablet 500mg	50	3	21.28 32.15	Urex-Forte FM Lasix HP
FRUSEMIDE				
Tablet 20mg	100	1	7.94	Lasix-M HP Urex-M FM
40mg	100	1	8.02 8.56 9.52	Uremide PT Urex FM Lasix HP
Oral Solution 10mg per mL, 30mL	‡1	3	10.04	Lasix HP
Injection 20mg in 2mL	5	..	5.77 6.34	AF Lasix HP

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
FUSIDIC ACID <u>Authority required.</u> For use in combination with another antibiotic in the treatment of proven serious staphylococcal infections.					
Tablet (sodium salt) 250mg (enteric coated)	36	..	62.64	Fucidin	SK
Suspension 50mg per mL, 90mL	‡1	..	45.14	Fucidin	SK
GAS GANGRENE ANTITOXIN - MIXED (POLYVALENT) Injection: 1 amp containing 10,000 units Perfringens; 10,000 units Novyi; 5,000 units Septicum	2	1	116.90	CS	
GENTAMICIN SULPHATE Invasive ocular infection; Perioperative use; Suspected pseudomonal eye infection.					
Eye Drops 3mg (base) per mL (0.3%), 5mL	‡1	2	7.34	Genoptic	AG
GENTAMICIN SULPHATE Injection 40mg (base) in 1mL	5	..	15.69	Garamycin BL	SH
60mg (base) in 1.5mL	5	..	18.82	Garamycin BL	SH
80mg (base) in 2mL	5	..	8.54 8.87	Cidomycin Garamycin BL	RL SH
GLIBENCLAMIDE Tablet 5mg	100	5	13.27 15.15	Glimel Daonil Euglucon	AF HP RC
GLICLAZIDE Tablet 80mg	100	5	15.15	Diamicron	SE
GLIPIZIDE Tablet 5mg	100	5	15.15	Minidiab	FE

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
GLUCAGON HYDROCHLORIDE Injection 1 i.u. with diluent	1	1	11.90	CN,LY
GLUCOSE Injection 5mg in 10mL (50%) Injections 500mL and 1L - See Intravenous Infusions	5	..	7.37	AP
GLUCOSE INDICATOR - BLOOD Reagent Strips, 50	2	5	35.26	Ames-BG AM
Reagent Strips, 50	2	5	35.26	BM-Test-BG BO
Reagent Strips, 50	2	5	48.20	Glucostix AM
Reagent Strips, 50	2	5	48.20	BM-Test-Glycemie 20-800 BO
GLUCOSE INDICATOR - URINE Test Dispenser 4m	#1	2	8.65	Tes-Tape LY
Reagent Strips, 100	#1	2	8.34	Clinistix AM
Reagent Strips, 100	#1	2	8.65	Diastix AM
GLUCOSE and KETONE INDICATOR - URINE Reagent Strips, 100	#1	2	10.52	Keto-Diastix AM
GLYCERYL TRINITRATE Tablets 600 micrograms, 100	#1	5	4.52	Anginine Stabilised BW
Ointment 15mg (approx.) per 2.5cm (2%), 60g	#1	5	11.94	Nitro-Bid FC
Transdermal Disc releasing approximately 5mg per 24 hours	30	2	23.43	Nitradisc SR
Transdermal Disc releasing approximately 10mg per 24 hours	30	2	31.80	Nitradisc SR
Transdermal Pad releasing approximately 5mg per 24 hours	30	2	23.43	Transiderm- Nitro 25 CG
Transdermal Pad releasing approximately 10mg per 24 hours	30	2	31.80	Transiderm- Nitro 50 CG

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
GRISEOFULVIN					
Use in recalcitrant tinea infections; Kerion.					
Tablet 125mg	100	2	10.77	Fulcin 125 Grisovin	IC GL
330mg	28	2	11.27	Griseostatin	SH
500mg	28	2	11.27	Fulcin 500 Grisovin 500	IC GL
HALOPERIDOL					
Chorea; Hyperactive states of organic or toxic delirium; Malignant neoplasia (late stage); Radiation sickness; Major psychoses including:- Major organic psychoses including arteriopathic dementia; Manic-depressive disorder - manic phase; Paranoid states; Schizophrenia; Senile dementia.					
Tablet 1.5mg	200	..	10.00	Serenace	SR
5mg	50	1	7.27	Serenace	SR
Oral Liquid 2mg per mL, 15mL	±1	2	6.18	Serenace	SR
2mg per mL, 100mL	±1	1	12.88	Serenace	SR
Injection 5mg in 1mL	10	..	11.67	Serenace	SR
HEPARIN CALCIUM					
Injection 5,000 units in 0.2mL	5	5	9.74	Calcihep Calciparine Caprin	FC BL CS
5,000 units in 0.5mL	5	5	9.74	Caprin	CS
12,500 units in 0.5mL	2	5	9.14	Calciparine CS	BL
25,000 units in 1mL	2	5	11.06 11.07	CS Calciparine	BL

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
HEPARIN SODIUM				
Injection 5,000 units in 0.2mL	5	5	8.39	BL,CS,FC
5,000 units in 1mL	5	5	8.39 8.44	FC BL,CS
20,000 units in 20mL	12	5	45.03	BL
25,000 units in 5mL	2	5	11.06	CS,FC
35,000 units in 35mL	12	5	96.24	CS,FC
HEXAMINE HIPPURATE				
Tablet 1g	100	5	14.80	Hiprex RK
HEXAMINE MANDELATE				
Tablet 250mg	200	2	11.86	Mandelamine WW
500mg	200	2	14.94	Mandelamine Hafgrams WW
1g	100	5	14.80	Mandelamine WW
HOMATROPINE HYDROBROMIDE				
Eye Drops 20mg per mL (2%), 15mL	#1	2	6.20	AG,AQ
50mg per mL (5%), 15mL	#1	2	7.14	AG,AQ
HUMAN CHORIONIC GONADOTROPHIN				
Authority required.				
For the treatment of anovulatory infertility in females under 41 years of age with no more than two live children by their present union.				
NOTE: Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomiphene citrate and/or gonadorelin and failed to have conceived.				
Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.				
(continued)				

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
HUMAN CHORIONIC GONADOTROPHIN - cont. NOTE - cont. Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to application for treatment. Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to an application for treatment.				
<u>Authority required.</u> For the treatment of infertility in males due to hypogonadotrophic hypogonadism; For the treatment of infertility in males associated with isolated luteinizing hormone deficiency; For the treatment of males who have combined deficiency of human growth hormone and gonadotrophins and in whom the absence of secondary sexual characteristics indicates a lag in maturation.				
<u>Authority required.</u> For the treatment of boys over the age of 16 years who show clinical evidence of hypogonadism or delayed puberty. NOTE: A maximum of six months' treatment for this indication will be authorised.				
Injection Set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1mL	1	5	22.57	Profasi 500 CS
containing 3 ampoules powder for injection 1,000 units and 3 ampoules solvent 1mL	1	5	29.58	Profasi 1000 CS
(continued)				

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
HUMAN CHORIONIC GONADOTROPHIN - cont. Injection Set containing 3 ampoules powder for injection 2,000 units and 3 ampoules solvent mL	1	5	34.58	Profasi 2000 CS
<u>Authority required.</u> For use with bromocriptine in infertility associated with hyperprolactinaemia. Injection Set containing one ampoule powder for injection 5,000 units and one ampoule solvent mL	2	..	32.64	Profasi 5000 CS
HUMAN MENOPAUSAL GONADOTROPHIN <u>Authority required.</u> For the treatment of anovulatory infertility in females under 41 years of age with no more than two live children by their present union. <u>NOTE:</u> Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomiphene citrate and/or gonadorelin and failed to have conceived. Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception. Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to application for treatment. Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to an application for treatment. (continued)				

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
HUMAN MENOPAUSAL GONADOTROPHIN - cont. <u>Authority required.</u> For the treatment of infertility in males due to hypogonadotrophic hypogonadism. <u>NOTE:</u> Authorities will only be granted following failure of six months' treatment with human chorionic gonadotrophin to have achieved adequate spermatogenesis. Combined treatment with HCG should then be given.				
Injection Set containing 10 ampoules. powder for injection providing 75 units follicle stimulating hormone and 75 units luteinizing hormone and 10 ampoules solvent 1mL	1	5	241.20	Humegon OR Pergonal CS
HYDRALAZINE HYDROCHLORIDE Tablet 25mg	200	2	9.30 9.54 11.94	Supres 25 PT Alphapress 25 AF Apresoline 25 CG
50mg	200	2	12.32 12.56 16.34	Supres 50 PT Alphapress 50 AF Apresoline 50 CG
HYDROCHLOROTHIAZIDE Tablet 25mg	100	1	7.62	Dichlotride MK Esidrex 25 CG
50mg	100	1	9.96	Dichlotride MK Esidrex 50 CG
HYDROCHLOROTHIAZIDE with AMILORIDE <u>CAUTION:</u> Serum electrolytes should be checked regularly. Supplementary potassium may cause life-threatening hyperkalaemia.				
Tablet 50mg-5mg	100	1	10.34 12.00	Amizide PT Moduretic MK

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
HYDROCHLOROTHIAZIDE with TRIAMTERENE CAUTION: Serum electrolytes should be checked regularly. Supplementary potassium may cause life-threatening hyperkalaemia.					
Tablet 25mg-50mg	100	1	12.82	Dyazide	SK
HYDROCORTISONE					
Tablet 4mg	50	4	4.97	Hysone	PT
20mg	60	4	8.78	Hysone	PT
Eye Drops 5mg per mL (0.5%), 10mL	†1	2	5.65	Hycor	SI
10mg per mL (1%), 10mL	†1	2	5.89	Hycor	SI
25mg per mL (2.5%), 5mL	†1	2	5.17	Hycor	SI
25mg per mL (2.5%), 10mL	†1	2	6.70	Hycor	SI
Eye Ointment 5mg per g (0.5%), 4g	†1	..	4.93	Cortef	UP
5mg per g (0.5%), 5g	†1	..	5.50	Hycor	SI
10mg per g (1%), 5g	†1	..	5.65	Hycor	SI
Cream 10mg per g (1%), 30g	†1	1	4.73	Adacor Cortef Dermacort Hydrosone Procort Sigmacort Squibb-HC	NN UP PD US PR SI SQ
10mg per g (1%), 50g	†1	1	5.28	Adacor Cortef Dermacort Procort Sigmacort Squibb-HC	NN UP PD PR SI SQ
Topical Ointment 10mg per g (1%), 30g	†1	1	4.73	Adacor Cortef Dermacort "O" Procort Sigmacort Squibb-HC	NN UP PD PR SI SQ
(continued)					

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
HYDROCORTISONE - cont. Topical Ointment 10mg per g (1%), 50g	‡1	1	5.28	Adacort	NN
				Cortef	UP
				Dermacort "O"	PD
				Procort	PR
				Sigmacort	SI
				Squibb-HC	SQ
HYDROCORTISONE with NEOMYCIN SULPHATE Ear Drops 15mg-5mg per mL (1.5%-0.5%), 5mL	‡1	..	4.82	Neo-Cortef	UP
Ear Ointment 15mg-5mg per g (1.5%-0.5%), 4g	‡1	2	4.57	Neo-Cortef	UP
HYDROCORTISONE ACETATE Alopecia areata; For local intra-articular or peri-articular infiltration; Granulomata, dermal; Keloid; Lichen planus hypertrophic; Lichen simplex chronicus; Lupus erythematosus, chronic discoid.					
Injection 25mg in 1mL	5	..	12.14	Hysone-A	PT
Proctitis; Ulcerative colitis.					
Rectal Foam 125mg per applicator (10%), Aerosol 25g	2	3	33.24	Colifoam	SV
HYDROCORTISONE SODIUM SUCCINATE For use in a hospital.					
Injection Set containing equivalent of 100mg hydrocortisone and 2mL solvent	6	..	19.92	Nordicort	NR
			20.10	Solu-Cortef	UP
containing equivalent of 250mg hydrocortisone and 2mL solvent	6	..	40.68	Solu-Cortef	UP
containing equivalent of 500mg hydrocortisone and 4mL solvent	2	..	26.64	Solu-Cortef	UP
(continued)					

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
HYDROCORTISONE SODIUM SUCCINATE - cont. Injection Set containing equivalent of 100mg hydrocortisone and 2mL solvent	2	..	8.40 8.46	Nordicort Solu-Cortef	NR UP
containing equivalent of 250mg hydrocortisone and 2mL solvent	1	..	8.98	Solu-Cortef	UP
HYDROXOCOBALAMIN Pernicious anaemia and other proven vitamin B12 deficiencies (post-gastrectomy treatment; subacute combined degeneration of the cord). NOTE: One injection of hydroxocobalamin 1mg every three months provides appropriate maintenance therapy in vitamin B12 deficiencies.					
Injection 1mg in 1mL	3	..	8.54	Neo-Cytamen	GL
HYDROXYCHLOROQUINE Tablet 200mg	100	1	13.98	Plaquenil	WL
HYDROXYUREA Authority required. Treatment where less costly alternative therapy is inappropriate.					
Capsule 500mg	100	..	49.14	Hydrea	SQ
HYPROMELLOSE Eye Drops 5mg per mL (0.5%), 15mL	2	3	7.64	Isopto Tears Lacril Methopt	AQ AG SI
10mg per mL (1%), 15mL	2	3	8.74	Methopt Forte	SI
HYPROMELLOSE with DEXTRAN Eye Drops 3mg-1mg per mL (0.3%-0.1%), 15mL	2	3	8.46	Tears Naturale	AQ

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
IBUPROFEN				
Tablet 200mg	50	3	5.19	Rafen 200 AF
			5.27	Brufen BT
				Inflam PT
400mg	50	3	6.98	Inflam PT
			7.04	Brufen BT
IDOXURIDINE				
Eye Drops 1mg per mL (0.1%), 15mL	†1	2	7.27	Herplex AG
				Stoxil SK
Eye Ointment 5mg per g (0.5%), 5g	†1	..	8.97	Stoxil SK
Topical Ointment 5mg per g (0.5%), 5g	†1	..	4.48	Stoxil SK
IMIPRAMINE				
Tablet 10mg	50	2	4.47	Imiprin PT
				Tofranil 10 CG
25mg	50	2	5.19	Imiprin PT
			5.24	Melipramine PT
				Tofranil 25 UW(N) CG
Injection I.M. 25mg in 2mL	10	..	13.55	Tofranil CG
INDAPAMIDE				
Tablet 2.5mg	60	1	14.44	Natrilix SE
INDOMETHACIN				
Capsule 25mg	50	3	5.65	Arthrexin AF
				Rheumacin PT
			5.90	Indocid MK
Suppository 100mg	40	3	17.36	Indocid MK
INFLUENZA VACCINE				
Persons at special risk of adverse consequences from infections of the lower respiratory tract.				
Injection (trivalent) 0.5mL	1	..	11.39	Fluvax CS
				Vaxigrip MB
INSULIN ISOPHANE (N.P.H.)				
Newly diagnosed insulin dependent diabetics;				
diabetics exhibiting				
lipoatrophy, lipohypertrophy,				
local allergy or				
immunologic resistance.				
Injectons (synthetic human)				
100 units per mL, 2.5mL, 5	4	2	113.28	Insulatard
				Human Nordisk
				2.5mL
				Insuject-X BW

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
INSECT ALLERGEN EXTRACT - HONEY BEE VENOM <u>Authority required.</u> Treatment where less costly alternative therapy is inappropriate.				
Injection Set containing 550 micrograms	1	..	77.02	Albay Bee Venom BN
INSECT ALLERGEN EXTRACT - PAPER WASP VENOM <u>NOTE:</u> Paper wasp venom is not European wasp venom. <u>Authority required.</u> Treatment where less costly alternative therapy is inappropriate.				
Injection Set containing 550 micrograms	1	..	93.54	Albay Wasp Venom BN
INSULIN, ACID Injection (bovine) 100 units per mL, 10mL	5	2	87.09	Insulin 2 CN
300 units per mL, 5mL	10	2	171.54	CN
INSULIN BIPHASIC Injection (mixed porcine/bovine) 100 units per mL, 10mL	5	2	100.14	Rapitard MC CN
INSULIN ISOPHANE (N.P.H.) Newly diagnosed insulin dependent diabetics; Diabetics exhibiting lipoatrophy, lipohypertrophy, local allergy or immunologic resistance.				
Injection (synthetic human) 100 units per mL, 10mL	5	2	113.29	Humulin N LY Insulatard BW Human HM CN Protaphane
Injections (synthetic human) 100 units per mL, 1.5mL, 5	7	2	118.84	Protaphane HM Penfill CN
(continued)				

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
INSULIN ISOPHANE (N.P.H.) - cont. Injection (bovine) 100 units per mL, 10mL	5	2	87.09	Hypurin Isophane FC Isotard MC CN
Injection (porcine) 100 units per mL, 10mL	5	2	100.14	Insulatard Nordisk BW Protaphane MC CN
INSULIN ISOPHANE (N.P.H.) - INSULIN NEUTRAL, (MIXED) Newly diagnosed insulin dependent diabetics; Diabetics exhibiting lipoatrophy, lipohypertrophy, local allergy or immunologic resistance.				
Injection (synthetic human) 100 units (50 units-50 units) per mL, 10mL	5	2	113.29	Initard Human BW
100 units (70 units-30 units) per mL, 10mL	5	2	113.29	Actraphane HM CN Mixtard Human BW
Injections (synthetic human) 100 units (70 units-30 units) per mL, 1.5mL, 5	7	2	118.84	Actraphane HM Penfill CN
INSULIN ISOPHANE (N.P.H.) - INSULIN NEUTRAL, (MIXED) Injection (porcine) 100 units (50 units-50 units) per mL, 10mL	5	2	100.14	Initard Nordisk BW
100 units (70 units-30 units) per mL, 10mL	5	2	100.14	Actraphane MC CN Mixtard Nordisk BW
INSULIN ISOPHANE (N.P.H.) - INSULIN NEUTRAL, (MIXED) Newly diagnosed insulin dependent diabetics; Diabetics exhibiting lipoatrophy, lipohypertrophy, local allergy or immunologic resistance.				
Injections (synthetic human) 100 units (70 units-30 units) per mL, 2.5mL, 5	4	2	113.28	Mixtard Human Nordisk 2.5mL Insulject-X BW

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
INSULIN NEUTRAL Newly diagnosed insulin dependent diabetics; Diabetics exhibiting lipoatrophy, lipohypertrophy, local allergy or immunologic resistance.				
Injection (synthetic human) 100 units per mL, 10mL	5	2	113.29	Actrapid HM CN Humulin R LY Velosulin BW Human
Injections (synthetic human) 100 units per mL, 1.5mL, 5	7	2	118.84	Actrapid HM CN Penfill
INSULIN NEUTRAL Injection (bovine) 100 units per mL, 10mL	5	2	87.09	Hypurin FC Neutral
Injection (porcine) 100 units per mL, 10mL	5	2	100.14	Actrapid MC CN Velosulin BW Nordisk
Injections (porcine) 100 units per mL, 1.5mL, 5	7	2	105.05	Actrapid MC CN Penfill
100 units per mL, 2mL, 5	5	2	100.14	Velosulin BW Nordisk Insuject
INSULIN PROTAMINE ZINC Injection (bovine) 100 units per mL, 10mL	5	2	87.09	Protamine Zinc CN Insulin MC
INSULIN ZINC SUSPENSION (Lente) Newly diagnosed insulin dependent diabetics; Diabetics exhibiting lipoatrophy, lipohypertrophy, local allergy or immunologic resistance.				
Injection (synthetic human) 100 units per mL, 10mL	5	2	113.29	Monotard HM CN
INSULIN NEUTRAL Newly diagnosed insulin dependent diabetics; Diabetics exhibiting lipoatrophy, lipohypertrophy, local allergy or immunologic resistance.				
Injections (synthetic human) 100 units per mL, 2.5mL, 5	4	2	113.28	Velosulin Human Nordisk 2.5mL Insuject (white) BW

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
INSULIN ZINC SUSPENSION (Lente) - cont. Injection (bovine) 100 units per mL, 10mL	5	2	87.09	Lente MC	CN
Injection (porcine) 100 units per mL, 10mL	5	2	100.14	Monotard MC	CN
INSULIN ZINC SUSPENSION (AMORPHOUS) (Semilente) Injection (porcine) 100 units per mL, 10mL	5	2	100.14	Semilente MC	CN
INSULIN ZINC SUSPENSION (CRYSTALLINE) (Ultralente) Newly diagnosed insulin dependent diabetics; Diabetics exhibiting lipoatrophy, lipohypertrophy, local allergy or immunologic resistance. Injection (synthetic human) 100 units per mL, 10mL	5	2	113.29	Ultratard HM	CN
INSULIN ZINC SUSPENSION (CRYSTALLINE) (Ultralente) Injection (bovine) 100 units per mL, 10mL	5	2	87.09	Ultralente MC	CN
IPRATROPIUM BROMIDE Oral Inhalation, metered aerosol spray, 20 micrograms per dose (200 dose)	†1	5	13.87	Atrovent	BY
Nebuliser Solution 250 micrograms per mL (0.025%), 20mL	2	2	14.24	Atrovent	BY
IRON DEXTRAN Injection 2mL	5	..	9.07	Imferon	FC
IRON POLYMALTOSE COMPLEX Tablet 40mg (iron)	100	2	4.48	Ferrum H	SI
Injection 100mg (iron) in 2mL	5	..	9.07	Ferrum H	SI
ISOCONAZOLE NITRATE Cream 10mg per g (1%), 20g	†1	1	5.87	Travogen	SC
Lotion 10mg per mL (1%), 20mL (continued)	†1	1	5.87	Travogen	SC

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
ISOCONAZOLE NITRATE - cont. Pessaries 300mg, 2	‡1	..	6.57	Gyno-Travogen SC
ISONIAZID Tablet 100mg	100	2	5.29	FM
ISOSORBIDE DINITRATE Tablet 10mg	200	2	9.14	Isordil AY Isotrate PD
Sublingual Tablet 5mg	200	2	9.14	Isordil AY Sublingual Isotrate Sublingual PD
ISOTRETINOIN <u>Authority required.</u> Severe cystic acne not responsive to other therapy. CAUTION: This drug causes birth defects. Isotretinoin has been reported to cause other frequent and potentially serious toxicity. NOTE: An authority will be limited to the maximum quantity and repeats shown in this schedule. NOTE: Care must be taken to comply with the provisions of State law when prescribing isotretinoin.				
Capsule 10mg	60	3	99.52	Roaccutane RO
20mg	60	3	190.14	Roaccutane RO
KAOLIN with PECTIN Mixture 5.91g-132mg per 30mL, 375mL	‡1	2	5.13	Kaopectate UP
KETOCONAZOLE <u>Authority required.</u> Systemic or deep mycoses where other forms of therapy have failed. CAUTION: Hepatotoxicity has been reported with ketoconazole.				
Tablet 200mg	30	5	27.64	Nizoral JC

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
KETOPROFEN					
Capsule 50mg	50	3	8.54	Orudis	MB
100mg	50	3	12.32	Orudis	MB
100mg (sustained release)	50	3	13.39	Orudis SR	MB
Suppository 100mg	40	3	19.56	Orudis	MB
LABETALOL					
Tablet 100mg	100	5	13.09 15.72	Presolol 100 Trandate	AF GL
200mg	100	5	20.82 26.79	Presolol 200 Trandate	AF GL
LACTULOSE					
<u>Authority required.</u>					
Hepatic coma or precoma (chronic porto-systemic encephalopathy); Terminal malignant neoplasia.					
Mixture 3.34g per 5mL, 500mL	†1	5	16.05	Duphalac	JC
LEUPRORELIN ACETATE					
<u>Authority required.</u>					
Advanced cancer of the prostate.					
Injection 5mg per mL, 2.8mL	2	2	368.62	Lucrin	AB
LEVODOPA					
Tablet 100mg	50	5	10.79	Larodopa	RO
250mg	100	5	18.59	Larodopa	RO
500mg	250	5	79.62	Larodopa	RO
LEVODOPA with BENSERAZIDE					
Tablet 200mg-50mg	100	5	44.00	Madopar	RO
Capsule 50mg-12.5mg	100	5	17.52	Madopar Q	RO
100mg-25mg	100	5	32.89	Madopar-M	RO
200mg-50mg	100	5	44.00	Madopar	RO

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
LEVODOPA with CARBIDOPA Tablet 100mg-10mg	100	5	22.60	Sinemet M MK
100mg-25mg	100	5	32.89	Sinemet 100/25 MK
250mg-25mg	100	5	44.00	Sinemet MK
LEVONORGESTREL Tablet 30 micrograms, 28	4	2	11.56	Microlut 28 SC Microval 28 WY
LEVONORGESTREL with ETHINYLOESTRADIOL Tablet				
125 micrograms-50 micrograms, 21	4	2	11.56	Microgynon 50 SC
150 micrograms-30 micrograms, 21	4	2	11.56	Microgynon 30 SC Nordette 21 WY
250 micrograms-50 micrograms, 21	4	2	11.56	Nordiol 21 WY
Pack containing 21 tablets 125 micrograms-50 micrograms and 7 inert tablets	4	2	11.56	Microgynon 50 ED SC Nordette 50 WY
Pack containing 21 tablets 150 micrograms-30 micrograms and 7 inert tablets	4	2	11.56	Microgynon 30 ED SC Nordette 28 WY
Pack containing 21 tablets 250 micrograms-50 micrograms and 7 inert tablets	4	2	11.56	Nordiol 28 WY
Pack containing 11 tablets 50 micrograms-50 micrograms and 10 tablets 125 micrograms- 50 micrograms	4	2	11.56	Biphasil 21 WY
Pack containing 11 tablets 50 micrograms-50 micrograms 10 tablets 125 micrograms- 50 micrograms and 7 inert tablets	4	2	11.56	Biphasil 28 WY Sequilar ED SC
(continued)				

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
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	11.56	Triphasil WY Triquilar SC
Pack containing 6 tablets 50 micrograms-30 micrograms, 5 tablets 75 micrograms- 40 micrograms, 10 tablets 125 micrograms-30 micrograms and 7 inert tablets	4	2	11.56	Triphasil 28 WY Triquilar ED SC
LIGNOCAINE Injection 100mg in 5mL	‡2	..	7.73	Xylocard 100 AP
I.M. 300mg in 3mL	1	..	7.73	Xylocard 300 I.M. AP
Infusion 500mg in 5mL	5	..	7.73	Xylocard 500 AP
LINCOMYCIN Injection 300mg in 1mL	5	..	12.44	Lincocin SS Paediatric UP
600mg in 2mL	5	..	14.44	Lincocin UP
LINDANE Cream 10mg per g (1%), 200g	‡1	2	6.52	Lorexane IC
Head Lotion 2mg per mL (0.2%), 200mL	‡1	..	5.58	Lorexane IC
Lotion Concentrate 10mg per mL (1%), 200mL	‡1	..	6.52	Lorexane Concentrate IC
LIOTHYRONINE Tablet 20 micrograms	100	2	8.27	Tertroxin GL
LITHIUM CARBONATE Tablet 250mg	200	2	8.60 8.70	Lithicarb PT Carbolith DH
400mg (sustained release)	200	1	14.70	Priadel PT

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
LOPERAMIDE HYDROCHLORIDE Capsule 2mg	12	..	4.53	Imodium JC
LYPRESSIN <u>Authority required.</u> Treatment where less costly alternative therapy is inappropriate.				
Nasal Spray 50 units per mL, 5mL	10	2	132.54	Vasopressin SZ
MEDROXYPROGESTERONE Tablet 10mg	30	5	12.90	Provera UP
MEDROXYPROGESTERONE Endometriosis.				
Tablet 10mg	100	2	30.14	Provera UP
<u>Authority required.</u> Advanced breast cancer.				
Tablet 500mg	30	2	120.69	Farlutal FE Provera UP
<u>Authority required.</u> Breast cancer; Endometrial cancer; Renal cell cancer.				
Tablet 100mg	100	2	85.28	Farlutal FE Provera UP
200mg	60	2	97.09	Farlutal FE Provera UP
250mg	60	2	120.69	Provera UP
Oral Suspension 100mg per mL, 100mL	41	2	85.28	Provera UP
(continued)				

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
MEDROXYPROGESTERONE - cont. Breast cancer; Endometrial cancer; Renal cell cancer.				
Injection 50mg in 1mL	1	..	6.53	Depo-Provera UP
500mg in 2.5mL	1	..	41.40	Farlutal FE
Breast cancer; Endometrial cancer; Endometriosis; Renal cell cancer.				
Injection 150mg in 1mL	1	..	11.24	Depo-Provera UP
MEDRYSONE Eye Drops 10mg per mL (1%), 5mL	1	6	5.94	HMS Liquifilm AG
MEFENAMIC ACID Dysmenorrhoea; Menorrhagia.				
Capsule 250mg	50	2	5.94 6.19	Mefic AF Ponstan PD
MEFRUSIDE Tablet 25mg	100	1	9.72	Baycaron BN
MEGESTROL ACETATE <u>Authority required.</u> Breast cancer.				
Tablet 40mg	100	2	68.62	Megostat BC
MELPHALAN <u>Authority required.</u> Treatment where less costly alternative therapy is inappropriate.				
Tablet 2mg	100	..	78.36	Alkeran BW
5mg	100	..	129.96	Alkeran BW

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
MERCAPTOPURINE <u>Authority required.</u> Treatment where less costly alternative therapy is inappropriate.				
Tablet 50mg	100	2	94.48	Purinethol BW
METFORMIN				
Tablet 500mg	100	5	10.19 10.44	Diaformin AF Diabex FC Glucophage LH
METHACYCLINE				
Capsule 150mg	21	1	6.53	Rondomycin WW
300mg	10	1	6.53	Rondomycin WW
METHADONE Severe disabling pain not responding to non-narcotic analgesics. <u>CAUTION: The risk of drug dependence is high.</u> <u>NOTE: Authorities for increased maximum quantities and/or repeats for this item will be granted only for severe disabling pain associated with proven malignant neoplasia or severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).</u>				
Tablet 5mg	20	..	6.95	Physeptone BW
10mg	20	..	7.35	Physeptone BW
Injection 10mg in 1mL	5	..	10.14	Physeptone BW
METHDILAZINE Prevention of migraine.				
Tablet 4mg	100	2	7.16	Dilosyn GL
8mg	100	2	8.64	Dilosyn GL

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
METHENOLONE ACETATE <u>Authority required.</u> Osteoporosis; Patients on long-term treatment with corticosteroids. NOTE: An authority for six months' treatment will be limited to the maximum quantity and repeats shown in this schedule.				
Tablet 5mg	100	3	19.64	Primobolan SC
METHOTREXATE <u>Authority required.</u> Treatment where less costly alternative therapy is inappropriate.				
Tablet 2.5mg	100	2	20.05 20.30	Methoblastin FE Ledertrexate LE
10mg	100	2	70.57	Methoblastin FE
Injection 5mg in 2mL	5	..	50.04	Ledertrexate LE Methoblastin FE
50mg (solvent required)	5	..	68.19	Ledertrexate LE
50mg in 2mL	5	..	57.79 57.82 57.84	BL Methoblastin FE Ledertrexate LE
METHSUXIMIDE <u>Authority required.</u> Treatment where less costly alternative therapy is inappropriate.				
Capsule 300mg	200	2	48.39	Celontin PD
METHYCLOTHIAZIDE Tablet 2.5mg	100	1	7.56	Enduron-M AB
5mg	100	1	8.16	Enduron AB

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
METHYLDOPA					
Tablet 125mg	100	5	7.93	Aldomet-M	MK
250mg	100	5	10.67 11.14	Hydopa Aldomet Methopa	AF MK US
METHYLPHENOBARBITONE					
Epilepsy.					
Tablet 60mg	200	2	8.27	Prominal	WL
200mg	200	2	19.14	Prominal	WL
METHYLPREDNISOLONE ACETATE					
For local intra-articular or peri-articular infiltration.					
Injection 40mg in 1mL	5	..	18.89	Depo-Medrol	UP
METHYLPREDNISOLONE SODIUM SUCCINATE					
Injection 40mg (base) in 1mL	5	..	23.04	Solu-Medrol	UP
METHYL SALICYLATE					
Liniment APF, 100mL	41	1	4.28 4.30 4.32 4.34	Linsal TO MG Emsalin NN,PR,QE(NQ)	SI DH
METHYLTESTOSTERONE					
Hypogonadism in children.					
Tablet 5mg	100	2	5.84	Testomet	PT
Carcinoma of the breast; Hypogonadism; Klinefelter's syndrome (seminif- erous tubule dysgenesis).					
Tablet 25mg	100	2	9.03	Testomet	PT
50mg	100	2	12.84	Testomet	PT
METHYSERGIDE					
Tablet 1mg	100	2	28.27	Deseril	SZ

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
METOCLOPRAMIDE HYDROCHLORIDE					
Tablet 10mg	25	..	4.53 4.72 4.78	Pramin Metamide Maxolon	AF PT BR
Syrup 5mg per 5mL, 100mL	1	..	4.85	Maxolon	BR
Injection 10mg in 2mL	10	..	6.39	Maxolon	BR
METOLAZONE					
Tablet 2.5mg	100	1	7.82	Diulo	SR
METOPROLOL					
Tablet 50mg	100	5	11.79	Betaloc Lopresor 50	AP CG
100mg	60	5	13.63	Betaloc Lopresor 100	AP CG
METRONIDAZOLE					
Prophylaxis in large bowel surgery; Treatment in a hospital of acute anaerobic sepsis.					
Intravenous Infusion 500mg in 100mL	1	..	16.05	Flagyl BL	MB
Treatment of anaerobic infections.					
Tablet 400mg	21	1	8.20 8.27	Metrogyl 400 Flagyl	AF MB
METRONIDAZOLE					
Tablet 200mg	21	1	5.57 5.60	Metrogyl 200 Trichazole Flagyl Metrozine	AF PT MB SR
250mg	21	1	5.60	Protostat	JC
400mg	5	1	4.89 5.14	Metrogyl 400 Flagyl Statpak	AF MB
500mg	4	1	5.18	Protostat	JC
(continued)					

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
METRONIDAZOLE - cont.					
Suppositories 500mg, 10	†1	..	11.28	Trichozole	PT
			11.40	Flagyl	MB
1g, 10	†1	..	15.14	Flagyl	MB
METRONIDAZOLE BENZOATE					
Suspension 320mg per 5mL (equivalent to 200mg metronidazole in 5mL), 100mL	†1	..	9.37	Flagyl S	MB
MEXILETINE HYDROCHLORIDE					
Capsule 50mg	100	5	16.89	Mexitil	BY
200mg	100	5	34.52	Mexitil	BY
MIANSERIN HYDROCHLORIDE					
Authority required.					
Depressive illness in persons with cardiovascular disease, bladder neck dysfunction or glaucoma.					
CAUTION: Neutropenia and agranulocytosis continue to be reported with this drug.					
Tablet 10mg	50	5	12.32	Tolvon	OR
20mg	50	5	20.59	Tolvon	OR
MICONAZOLE					
Oral Gel 20mg per mL (2%), 20g	†1	1	5.87	Daktarin	JC
Tincture 20mg per mL (2%), 20mL	†1	1	5.87	Daktarin	JC
MICONAZOLE NITRATE					
Cream 20mg per g (2%), 20g	†1	1	5.87	Daktarin	JP
				Monistat Derm	CL
Lotion 20mg per mL (2%), 20g	†1	1	5.87	Daktarin	JC
Pessaries 100mg, 7	†1	..	6.57	Gyno-	
				Daktarin 7	JP
				Monistat 7	CL
200mg, 3	†1	..	6.57	Monistat 3	JC
Vaginal Cream 100mg per 5g (2%), 40g	†1	..	6.53	Gyno-	
				Daktarin 7	JP
				Monistat 7	CL

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
MILK POWDER - LACTOSE MODIFIED <u>Authority required.</u> Lactose intolerance. <u>NOTE:</u> An authority will be limited to the maximum quantity and repeats shown in this schedule Lactose-Predigested Powder 500g	2	20	16.22	Digestelact SJ
MILK POWDER - LOW LACTOSE FORMULA Acute gastro-enteritis complicated by lactose intolerance in infants up to the age of twelve months. Age of patient to be shown on the prescription; Proven lactose intolerance in infants up to the age of twelve months. Age of patient to be shown on the prescription. <u>NOTE:</u> No authorities will be granted for increased maximum quantities. Authorities for an increased number of repeats will be limited to a maximum of 20 repeats. Confirmation of lactose intolerance to be included in application. An acceptable confirmation of lactose intolerance for the issue of an authority for repeats is the presence of not less than 1% reducing substance in stool exudate tested with copper sulphate diagnostic compound tablet. Lactose-Predigested Powder Infant Formula 500g	2	..	16.22	De-Lact Infant SJ
MILK POWDER - SYNTHETIC <u>Authority required.</u> Hypercalcaemia in children under the age of two years; Osteopetrosis. <u>NOTE:</u> An authority will be limited to the maximum quantity and repeats shown in this schedule. Low Calcium Compound Powder 450g	2	20	25.64	Locasol New Formula KY

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
MINERAL MIXTURE (For use with Amino Acid Formula without Phenylalanine) Phenylketonuria.				
Powder 250g	1	5	40.14	Aminogran M.M. GL
MINOCYCLINE Capsule 100mg	11	..	7.19	Minomycin LE
MINOXIDIL <u>Authority required.</u> For the continuing treatment of severe refractory hypertensive disease where treatment with minoxidil was initiated in a hospital (in-patient or out-patient); For the continuing treatment of a patient who has already received long-term (greater than six months) therapy with minoxidil for severe refractory hypertension.				
Tablet 10mg	100	5	48.52	Loniten UP
25mg	100	5	108.89	Loniten UP
MISOPROSTOL <u>Authority required.</u> *Duodenal ulcer (including pyloric and stomal ulcers) proven by x-ray, endoscopy or surgery within three months of application. *Gastric ulcer, proven by x-ray, endoscopy or surgery within three months of application. NOTE: Not more than one authority will be granted in any twelve months. Increased maximum quantities and/or repeats will not be authorised. CAUTION: Misoprostol is a prostaglandin analogue. It should not be used in pregnant women.				
Tablet 200 micrograms	120	1	43.39	Cytotec SR

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
MITHRAMYCIN <u>Authority required.</u> For use in a hospital for - inoperable testicular neoplasm; symptomatic hypercalcaemia and hypercalciuria associated with advanced neoplasia.				
Injection 2.5mg (solvent required)	5	..	163.84	Mithracin PF
MITOZANTRONE <u>Authority required.</u> Metastatic or locally advanced breast cancer.				
Injection 20mg in 10mL	1	..	306.39	Novantrone LE
25mg in 12.5mL	1	..	382.64	Novantrone LE
30mg in 15mL	1	..	456.39	Novantrone LE
MORPHINE with TACRINE Severe intractable pain. <u>CAUTION:</u> The risk of drug dependence is high.				
Tablet 30mg-15mg	20	..	9.65	Mortha WH
MORPHINE SULPHATE Severe disabling pain not responding to non-narcotic analgesics. <u>CAUTION:</u> The risk of drug dependence is high. <u>NOTE:</u> Authorities for increased maximum quantities and/or repeats will be granted only for severe disabling pain associated with proven malignant neoplasia or severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).				
Tablet 30mg	20	..	7.77	Anamorph FM
(continued)				

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
MORPHINE SULPHATE - cont.					
CAUTION: The risk of drug dependence is high.					
Injection 10mg in 1mL	5	..	6.43	BL, BT, SI	
15mg in 1mL	5	..	6.55	BL, BT, SI	
30mg in 1mL	5	..	6.94	BL	
MUSTINE					
Injection 10mg (solvent required)	4	..	39.04	BT	
NALIDIXIC ACID					
For use as a urinary antiseptic in patients with neurogenic bladder;					
Urinary tract infections where current clinical and bacteriological evidence confirms that nalidixic acid is an appropriate therapeutic agent.					
Tablet 500mg	56	2	15.04	Negram	WL
NALOXONE HYDROCHLORIDE					
Injection					
40 micrograms in 2mL	5	..	30.98	Narcan Neonatal	BT
400 micrograms in 1mL	1	..	11.19	Naloxone Min-I-Jet	CS
800 micrograms in 2mL	1	..	13.87	Naloxone Min-I-Jet	CS
2mg in 5mL	1	..	23.60	Naloxone Min-I-Jet	CS

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
NANDROLONE DECANOATE <u>Authority required.</u> Carcinoma of the breast; Osteoporosis; Patients on long-term treatment with corticosteroids. <u>NOTE:</u> An authority for six months' treatment of osteoporosis and of patients on long-term treatment with corticosteroids will be limited to the maximum quantity and repeats shown in this schedule. Injection 50mg in 1mL, disposable syringe	1	3	14.44	Deca- Durabolin OR
NANDROLONE PHENYLPROPIONATE <u>Authority required.</u> Carcinoma of the breast; Osteoporosis; Patients on long-term treatment with corticosteroids. <u>NOTE:</u> An authority for six months' treatment of osteoporosis and of patients on long-term treatment with corticosteroids will be limited to the maximum quantity and repeats shown in this schedule. Injection 25mg in 1mL	3	3	14.44	Durabolin OR
NAPHAZOLINE HYDROCHLORIDE Eye Drops 1mg per mL (0.1%), 15mL	1	2	5.39	Albalon Liquifilm AG
NAPROXEN Tablet 250mg	50	3	8.27 8.89	Naxen AF Naprosyn SD
500mg	50	3	12.32	Naprosyn SD
Suppository 500mg	40	3	19.56	Naprosyn SD

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
NEOMYCIN Acute leukaemia during induction of remission with chemotherapy; Bowel sterilisation preparatory to major surgery; Encephalopathy, hepatic.				
Tablet 500mg	25	1	11.03	Neosulf PT
NEOMYCIN SULPHATE Eye Drops 5mg (3.5mg base) per mL (0.5%), 10mL	1	2	4.89	Neopt SI
NEOMYCIN UNDECENOATE with BACITRACIN ZINC Ear Ointment 12mg (3.5mg base)- 400 units per g, 10g	1	..	4.65	Nemdyn HA
NEOSTIGMINE Tablet 15mg	200	1	13.54	Prostigmin RO
Injection 500 micrograms in 1mL	5	3	5.92	Prostigmin RO
2.5mg in 1mL	5	3	6.34	Prostigmin RO
NICLOSAMIDE Hymenolepiasis nana.				
Tablet 500mg	16	..	14.24	Yomesan BN
NICLOSAMIDE Tablet 500mg	4	..	5.54	Yomesan BN
NICOTINIC ACID Tablet 25mg	100	2	4.25	Nikacid DH US
50mg	100	2	4.34	Nikacid DH,RT,SI US
100mg	100	2	4.47	Nikacid DH US
250mg	100	2	6.54	DH

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
NIFEDIPINE				
<u>CAUTION:</u> Nifedipine tablets and nifedipine capsules have different absorption profiles and these formulations should be interchanged with caution.				
Tablet 20mg	60	5	27.39	Adalat 20 BN
Capsule 5mg	100	5	17.64	Adalat 5 BN
10mg	100	5	17.99 23.27	Anpine AF Adalat BN
NITRAZEPAM				
<u>Authority required.</u>				
Myoclonic epilepsy; For use by patients receiving long-term nursing care in hospitals and nursing homes who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.				
Tablet 5mg	50	5	5.22 5.72	Alodorm AF Mogadon RO
NITRAZEPAM				
<u>NOTE:</u> Authorities for increased maximum quantities and/or repeats for this item will be granted only for the treatment of myoclonic epilepsy or for use by patients receiving long-term nursing care in hospitals and nursing homes who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal. Up to six months' treatment (i.e. one month's treatment with five repeats) may be requested.				
Tablet 5mg	25	..	3.93 4.18	Alodorm AF Mogadon RO

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
NITROFURANTOIN					
<u>CAUTION:</u> Nitrofurantoin may cause peripheral neuritis and severe pulmonary reactions.					
Tablet 50mg	25	1	6.23	Furadantin	NW
100mg	25	1	8.10	Furadantin	NW
Capsule 50mg	30	1	7.37	Macrochantin	NW
100mg	30	1	9.64	Macrochantin	NW
Paediatric Suspension 25mg per 5mL, 200mL	1	..	9.02	Furadantin	NW
NORETHISTERONE					
Tablet 350 micrograms, 28	4	2	11.56	Micronor Noriday 28 Day	JC SD
5mg	30	5	10.90	Primolut N	SC
NORETHISTERONE with ETHINYL- OESTRADIOL					
Tablet 500 micrograms-35 micrograms, 21	4	2	11.56	Brevinor Modicon	SD JC
1mg-35 micrograms, 21	4	2	11.56	Brevinor-1	SD
Pack containing 21 tablets 500 micrograms-35 micrograms and 7 inert tablets	4	2	11.56	Brevinor	SD
Pack containing 21 tablets 1mg-35 micrograms and 7 inert tablets	4	2	11.56	Brevinor-1	SD
Pack containing 12 tablets 500 micrograms-35 micrograms and 9 tablets 1mg-35 micrograms	4	2	11.56	Synphasic 21 day	SD
Pack containing 12 tablets 500 micrograms-35 micrograms, 9 tablets 1mg-35 micrograms and 7 inert tablets	4	2	11.56	Synphasic	SD

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
NORETHISTERONE with MESTRANOL Tablet 1mg-50 micrograms, 21	4	2	11.56	Norinyl-1 SD Ortho-Novum JC 1/50
Pack containing 21 tablets 1mg-50 micrograms and 7 inert tablets	4	2	11.56	Norinyl-1/28 SD
NORETHISTERONE ACETATE Authority required. Carcinoma of the breast; Carcinoma of the prostate.				
Tablet 10mg	100	2	65.98	SH420 SC
NORFLOXACIN Acute bacterial enterocolitis; Urinary tract infection.				
Tablet 400mg	14	1	21.53	Noroxin MK
NORTRIPTYLINE Tablet 10mg	50	2	4.47	Allegron DL Nortab SQ
25mg	50	2	5.24	Allegron DL Nortab SQ
Paediatric Elixir 10mg per 5mL, 100mL	†1	4	6.54	Allegron DL
NUTRAMIGEN - see PROTEIN HYDROLYSATE FORMULA				
NYSTATIN Tablet 500,000 units	50	..	9.97	Mycostatin SQ Nilstat LE
Capsule 500,000 units	50	..	9.97	Mycostatin SQ Nilstat LE
Lozenge 100,000 units	20	1	4.97	Nilstat LE
Mixture 100,000 units per mL, 24mL	†1	1	5.49	Mycostatin SQ Nilstat LE
Cream 100,000 units per g, 15g	†1	1	4.84	Mycostatin SQ Nilstat LE
(continued)				

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
NYSTATIN - cont.				
Gel 100,000 units per g, 15g	†1	1	4.84	Mycostatin SQ
Ointment 100,000 units per g, 15g	†1	1	4.84	Mycostatin SQ Nilstat LE
Pessaries 100,000 units, 15	†1	1	5.72	Mycostatin SQ Nilstat LE
Cream Pessaries 100,000 units, 15	†1	1	5.72	Nilstat LE
Vaginal Cream 100,000 units per dose, 15 doses, 75g	†1	1	5.35	Mycostatin SQ Nilstat LE
OESTRADIOL VALERATE				
Tablets 1mg, 28		2 2	8.30	Progynova SC
2mg, 28		2 2	10.32	Progynova SC
Injection 10mg in 1mL		3 ..	17.40	Primogyn Depot SC
OESTROGENS - CONJUGATED				
Tablets 300 micrograms, 28		2 2	8.30	Premarin AY
625 micrograms, 28		2 2	10.32	Premarin AY
OESTRONE				
Pessaries 100 micrograms, 12	†1	1	7.39	Kolpon OR
1mg, 12	†1	1	7.97	Kolpon OR
OLSALAZINE SODIUM				
Authority required.				
Inflammatory bowel disease involving the colon in patients with proven hypersensitivity to sulphonamides.				
Capsule 250mg	100	5	58.89	Dipentum PS
ORPHENADRINE HYDROCHLORIDE				
Parkinsonism.				
Tablet 50mg	200	2	12.56	Disipal RK

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
OXAZEPAM					
<u>Authority required.</u>					
For use by patients receiving long-term nursing care in hospitals and nursing homes who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.					
Tablet 15mg	50	5	5.40	Alepam 15	AF
			5.54	Murelax	AY
				Serepax	WY
30mg	50	5	5.90	Alepam 30	AF
			6.04	Murelax	AY
				Serepax	WY
OXAZEPAM					
<u>NOTE:</u> Authorities for increased maximum quantities and/or repeats will be granted only for use by patients receiving long-term nursing care in hospitals and nursing homes who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal. Up to six months' treatment (i.e. one month's treatment with five repeats) may be requested.					
Tablet 15mg	25	..	4.02	Alepam 15	AF
			4.09	Murelax	AY
				Serepax	WY
30mg	25	..	4.27	Alepam 30	AF
			4.34	Murelax	AY
				Serepax	WY
OPRENOLOL					
Tablet 20mg	100	5	6.78	Corbeton 20	AF
			7.37	Trasicor 20	CG
40mg	100	5	8.84	Corbeton 40	AF
			9.14	Trasicor 40	CG
Injection 2mg (solvent required)	5	..	8.67	Trasicor	CG

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
OXYCODONE Severe disabling pain not responding to non-narcotic analgesics. <u>CAUTION:</u> The risk of drug dependence is high. <u>NOTE:</u> Authorities for increased maximum quantities and/or repeats will be granted only for severe disabling pain associated with proven malignant neoplasia or severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).				
Suppositories 30mg, 12	‡1	..	14.79	Proladone BT
OXYCODONE HYDROCHLORIDE Severe disabling pain not responding to non-narcotic analgesics. <u>CAUTION:</u> The risk of drug dependence is high. <u>NOTE:</u> Authorities for increased maximum quantities and/or repeats will be granted only for severe disabling pain associated with proven malignant neoplasia or severe disabling pain where treatment is initiated in a hospital (in-patient or out-patient).				
Tablet 5mg	20	..	6.39	Endone BT
OXYMETHOLONE <u>Authority required.</u> Aplastic anaemias, proven; Myelosclerosis.				
Tablet 50mg	100	5	94.20	Anapolon SD
100mg	100	5	152.64	Adroyd PD
OXYTOCIN Injection 2 units in 2mL	5	..	7.78	Syntocinon SZ
5 units in 1mL	5	..	7.05	Syntocinon SZ
10 units in 1mL	5	..	8.05	Syntocinon SZ

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
OXYTOCIN with ERGOMETRINE Injection 5 units and 500 micrograms in 1mL	5	..	7.89	Syntometrine SZ
PANCREATIN ENZYME Cystic fibrosis (mucoviscidosis); Following pancreatico- duodenectomy; Steatorrhoea, pancreatic.				
Tablet providing not less than 6,500 BP units of lipase activity	500	10	34.14	Viokase RS
Capsule providing not less than 6,500 BP units of lipase activity	500	10	38.05	Viokase RS
PANCRELIPASE Cystic fibrosis (mucoviscidosis); Following pancreatico- duodenectomy; Steatorrhoea, pancreatic.				
Capsule providing not less than 5,000 BP units of lipase activity	500	10	102.50	Pancrease JC
Capsule providing not less than 10,000 BP units of lipase activity	500	10	150.50	Cotazym S Forte OR
PAPAVERTUM CAUTION: The risk of drug dependence is high.				
Injection 20mg in 1mL	5	..	6.62	Omnopon RO
PAPAVERTUM with HYOSCINE HYDROBROMIDE CAUTION: The risk of drug dependence is high.				
Injection 20mg-400 micrograms in 1mL	5	..	7.00	Omnopon- Scopolamine RO

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
PARACETAMOL Tablet 500mg	100	1	5.13	Dymadon Panacete Panamax Paralgin PCL	BW PR WL FM DH
Mixture 120mg per 5mL, 100mL	1	2	4.25	Dymadon Panamax	BW WL
PARAFFIN Compound Eye Ointment 3.5g	2	3	7.24	Duratears	AQ
7g	2	3	9.64	Lacri-Lube S.O.P.	AG
Cream and Ointment - Colostomy and Ileostomy - see Section 3					
PENICILLAMINE <u>Authority required.</u> Acute heavy metal intoxication; Cystinosis; Cystinuria with calculus formation; Haemoglobinuria, paroxysmal cold; Severe rheumatoid arthritis; Wilson's disease (hepatolenticular degeneration).					
Tablet 125mg	100	1	28.02	D-Penamine	DL
250mg	100	1	45.14	D-Penamine	DL
PERHEXILINE MALEATE <u>Authority required.</u> Angina not responding to other therapy.					
Tablet 100mg	100	5	19.49	Pexid	ML

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
PERICYAZINE				
Chorea; Hyperactive states of organic or toxic delirium; Malignant neoplasia (late stage); Radiation sickness; Severe conduct disorders of children; Major psychoses including:- Major organic psychoses including arteriopathic dementia; Manic-depressive disorder - manic phase; Paranoid states; Schizophrenia; Senile dementia.				
Tablet 2.5mg	200	..	11.14	Neulactil MB
10mg	100	1	10.02	Neulactil MB
PERITONEAL DIALYSIS SOLUTION				
Injections with 76mmol per L glucose (1.5%), 1L, 12	2	1	104.64	Dianeal BX
Injections with 76mmol per L glucose (1.5%), 2L, 6	2	1	77.64	Dianeal BX
Injections with 126mmol per L glucose (2.5%), 1L, 12	2	1	104.64	Dianeal BX
Injections with 126mmol per L glucose (2.5%), 2L, 6	2	1	77.64	Dianeal BX
Injections with 214mmol per L glucose (4.25%), 1L, 10	2	1	87.64	Dianeal BX
Injections with 214mmol per L glucose (4.25%), 2L, 6	2	1	77.64	Dianeal BX
PETHIDINE				
<u>Authority required.</u>				
Disabling pain associated with proven malignant neoplasia.				
<u>CAUTION: The risk of drug dependence is high.</u>				
Tablet 50mg	20	..	6.90	SI
(continued)				

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
PETHIDINE - cont.					
<u>CAUTION:</u> The risk of drug dependence is high.					
Injection 50mg in 1mL	5	..	6.45	BL,BT,SI	
100mg in 2mL	5	..	6.63	BL,BT,SI	
<u>NOTE:</u> Authorities for increased maximum quantities and/or repeats for these items will be granted only for the treatment of late- stage malignant neoplasia.					
PHENELZINE					
Depressive illness resistant to treatment with either tricyclic anti-depressants or electro- convulsive therapy;					
Phobic states.					
<u>CAUTION:</u> This drug is a monoamine oxidase inhibitor.					
Tablet 15mg	50	2	7.72	Nardil	WW
PHENETHICILLIN					
Prophylaxis of recurrent strepto- coccal infections (including rheumatic fever).					
Tablet 250mg	50	5	10.44	Pensig	SI
Capsule 250mg	50	5	10.44	Pensig	SI
PHENETHICILLIN					
Tablet 250mg	25	1	6.54	Pensig	SI
Capsule 250mg	25	1	6.54	Pensig	SI
500mg	25	1	7.39	Pensig	SI
Powder for Syrup					
125mg per 5mL, 100mL	±1	1	#7.06	Pensig 125	SI
250mg per 5mL, 100mL	±1	..	#7.83	Pensig 250	SI

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
PHENINDIONE					
Patients stabilised on phenindione for more than six months.					
Tablet 10mg	100	2	7.44	Dindevan	GL
50mg	100	2	12.78	Dindevan	GL
PHENOBARBITONE					
Epilepsy.					
Tablet 30mg	200	4	4.84	DH, FM, SI	
PHENOBARBITONE SODIUM					
Epilepsy.					
Injection 200mg in 1mL	5	..	6.12	FM	
PHENOXYBENZAMINE					
Authority required.					
Phaeochromocytoma; Neurogenic urinary retention.					
Capsule 10mg	100	5	15.04	Dibenyline	SK
PHENOXYMETHYLPENICILLIN					
Prophylaxis of recurrent strepto- coccal infections (including rheumatic fever).					
Tablet 125mg	50	5	7.86	Abbocillin-V	AB
250mg	50	5	8.12	Abbocillin-VK	AB
				Cilicaine VK	SI
				LPV	CS
				PVK	LY
Capsule 250mg	50	5	8.12	Abbocillin-VK	AB
				Cilicaine VK	SI
				LPV	CS
				PVK	LY
PHENOXYMETHYLPENICILLIN					
Tablet 125mg	25	1	5.25	Abbocillin-V	AB
250mg	25	1	5.38	Abbocillin-VK	AB
				Cilicaine VK	SI
				LPV	CS
				PVK	LY
(continued)					

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
PHENOXYMETHYLPENICILLIN - cont. Tablet 500mg	25	1	6.32 6.44	P.V.O. FM Abbocillin-VK AB LPV CS PVK LY
Capsule 250mg	25	1	5.38	Abbocillin-VK AB Cilicaine VK SI LPV CS PVK LY
500mg	25	1	6.44	Cilicaine VK SI LPV CS
Paediatric Suspension 125mg per 5mL, 100mL	†1	1	5.13	Abbocillin-V AB Cilicaine V SI LPV 125 CS
Suspension 250mg per 5mL, 100mL	†1	1	5.75	Abbocillin-V AB Cilicaine V SI LPV 250 CS
PHENSUXIMIDE Authority required. Treatment where less costly alternative therapy is inappropriate.				
Capsule 500mg	200	2	49.27	Milontin PD
PHENYLALANINE LOW CONTENT FORMULA Phenylketonuria.				
Powder 1 lb	5	5	131.89	Lofenalac MJ
PHENYLEPHRINE Eye Drops 1.2mg per mL (0.12%), 15mL	†1	2	5.39	Isopto Frin AQ Prefrin AG
Compound Ointment 60g	†1	1	4.94	Hemorex RL
Compound Suppositories, 12	†1	1	4.94	Hemorex RL

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
PHENYTOIN					
Tablet 50mg	200	2	10.63	Dilantin Infatabs	PD
Paediatric Suspension 30mg per 5mL, 500mL	41	3	8.30	Dilantin	PD
PHENYTOIN SODIUM					
Capsule 30mg	200	2	10.57	Dilantin Sodium	PD
100mg	200	2	10.67	Dilantin Sodium	PD
PHYTOMENADIONE					
Injection 1mg	5	..	6.00	Konakion	RO
10mg	5	..	8.74	Konakion	RO
PILOCARPINE					
<u>Authority required.</u> Chronic glaucoma when other miotics are not tolerated.					
Eye Disc 5mg (releasing 20 micrograms per hour)	8	5	39.24	Ocusert Pilo 20	PT
Eye Disc 11mg (releasing 40 micrograms per hour)	8	5	39.24	Ocusert Pilo 40	PT
PILOCARPINE HYDROCHLORIDE					
Eye Drops 5mg per mL (0.5%), 15mL	2	3	8.96	Isopto Carpine Pilopt P.V. Carpine IQ	AQ SI AG
10mg per mL (1%), 15mL	2	3	9.16	Isopto Carpine Pilopt P.V. Carpine IQ	AQ SI AG
(continued)					

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
PILOCARPINE HYDROCHLORIDE - cont. Eye Drops 20mg per mL (2%), 15mL	2	3	10.76	Isopto Carpine AQ Pilopt SI P.V. Carpine AG IQ
30mg per mL (3%), 15mL	2	3	13.14	Isopto Carpine AQ Pilopt SI P.V. Carpine AG IQ
40mg per mL (4%), 15mL	2	3	14.26	Isopto Carpine AQ Pilopt SI P.V. Carpine AG IQ
60mg per mL (6%), 15mL	2	3	16.90	Isopto Carpine AQ Pilopt SI P.V. Carpine AG
PINDOLOL Tablet 5mg	100	5	10.45 10.70	Barbloc 5 AF Visken SZ
15mg	50	5	13.89 14.14	Barbloc 15 AF Visken SZ
Injection 400 micrograms in 2mL	5	..	8.67	Visken SZ
PIPERAZINE OESTRONE SULPHATE Tablets 730 micrograms (equivalent to 625 micrograms sodium oestrone sulphate), 28	2	2	8.30	Ogen .625 AB
Tablets 1.46mg (equivalent to 1.25mg sodium oestrone sulphate), 28	2	2	10.32	Ogen 1.25 AB
PIROXICAM Capsule 10mg	50	3	12.78	Feldene PF
20mg	25	3	12.32	Feldene PF
PIZOTIFEN MALATE Tablet 500 micrograms (base)	100	2	15.27	Sandomigran SZ

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
PNEUMOCOCCAL VACCINE, POLYVALENT Splenectomised persons over two years of age; Persons with Hodgkin's disease; Persons at high risk of pneumococcal infections.				
Injection 0.5mL (17 valent)	1	..	14.05	Moniarix SK
0.5mL (23 valent)	1	..	18.87	Pneumovax 23 CS
POLYGELINE See Intravenous Infusions				
POLYMYXIN B SULPHATE with BACITRACIN and NEOMYCIN Ear Drops 10,000 units-500 units- 3.5mg (base) per mL, 15mL	±1	..	5.77	Neotracin JC
Eye Ointment 5,000 units- 400 units-5mg per g, 4g	±1	..	4.53 4.88	Mycitracin UP Neosporin BW
POLYMYXIN B SULPHATE with NEOMYCIN and GRAMICIDIN Eye Drops 5,000 units-2.5mg- 25 micrograms per mL, 10mL	±1	2	4.97	Neosporin BW
POLYMYXIN B SULPHATE with NEOMYCIN and HYDROCORTISONE Ear Drops 10,000 units-3.5mg (base)-10mg per mL, 7mL	±1	2	4.82	Aerocortin BW
POLYVINYL ALCOHOL Eye Drops 14mg per mL (1.4%), 15mL	2	3	8.74	Liquifilm Tears AG
30mg per mL (3%), 15mL	2	3	10.14	Liquifilm Forte AG
POLYVINYL ALCOHOL with POVIDONE Eye Drops 14mg-6mg per mL (1.4%-0.6%), 15mL	2	3	8.80	Tears Plus AG

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
POTASSIUM CHLORIDE				
NOTE: Concomitant amiloride, triamterene or spironolactone may cause life-threatening hyperkalaemia.				
Tablet 600mg (sustained release)	200	1	7.64	K-San PR
			8.10	KSR AF
				Slow-K CG
				Span-K PT
Effervescent Tablet 14mmol K ⁺ and 8mmol Cl ⁻	60	1	8.10	Chlorvescent PT
Elixir 1.5g (20mmol K ⁺ and 20mmol Cl ⁻) per 15mL, 500mL	2	1	8.10	Kay Ciel SC
PRALIDOXIME IODIDE Injection 500mg	5	..	14.89	AB
PRAZOSIN HYDROCHLORIDE Tablet 1mg (base)	100	5	10.33	Minipress PF
2mg (base)	100	5	13.44	Minipress PF
5mg (base)	100	5	21.77	Minipress PF
PREDNISOLONE Tablet 1mg	100	4	4.97	Panafcortelone PT
5mg	60	4	5.24	Adnisolone NN
				Delta-Cortef UP
				Deltasolone US
				Panafcortelone PT
				Solone FM
25mg	30	4	6.13	Panafcortelone PT
			6.14	Solone FM
PREDNISOLONE ACETATE For local intra-articular or peri-articular infiltration.				
Injection 10mg in 1mL	5	..	17.44	Scherisolon SC
PREDNISOLONE ACETATE Eye Drops 5mg per mL (0.5%), 5mL	1	6	5.43	Sterofrin AQ

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
PREDNISOLONE ACETATE with PHENYLEPHRINE Corneal grafts; Uveitis. Eye Drops 10mg-1.2mg per mL (1%-0.12%), 10mL	1	2	8.08	Prednefrin Forte AG
PREDNISOLONE SODIUM PHOSPHATE <u>Authority required.</u> Proctitis; Ulcerative colitis. Retention Enema 20mg in 100mL	28	3	76.28	Predsol GL
Proctitis; Ulcerative colitis. Suppositories equivalent to 5mg prednisolone, 10	3	3	19.83	Predsol GL
PREDNISOLONE SODIUM PHOSPHATE Eye and Ear Drops 5mg per mL (0.5%), 5mL	1	6	5.43	Predsol GL
PREDNISOLONE STEAROYLGLYCOLATE Tablet 6.65mg	60	1	7.52	Sintisone FE
PREDNISON Tablet 1mg	100	4	4.97	Panafcort PT
5mg	60	4	5.24	Adasone NN Deltasone US Panafcort PT Sone FM DH
25mg	30	4	6.13 6.14	Panafcort PT Sone FM
PRIMAQUINE Tablet 7.5mg (base)	42	..	7.37	IC
PRIMIDONE Tablet 250mg	200	2	13.67	Mysoline IC

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
PROBENECID Tablet 500mg	100	5	11.18	Benemid	FR
PROBUCOL Authority required. *Familial hypercholesterolaemia inadequately responsive to diet and a cholesterol lowering resin. NOTE: An authority will be granted only if the initial fasting serum cholesterol level is at least 8mmol per L after a period of dietary therapy and the patient cannot be managed adequately with a cholesterol lowering resin. An authority for a second course of treatment with probucol may be granted where there is a fall in serum cholesterol since commencement of probucol therapy.					
Tablet 250mg	112	5	33.93	Lurselle	ML
PROCAINAMIDE Capsule 250mg	200	1	15.14	Pronestyl	SQ
375mg	100	2	11.64	Pronestyl	SQ
Injection 100mg per mL, 10mL	2	..	16.32	Pronestyl	SQ
PROCAINE PENICILLIN Injection 1g	5	..	22.52	Cilicaine	SI
1.5g	5	..	22.52	Cilicaine	SI
PROCARBAZINE Capsule 50mg	100	2	26.57	Natulan	RO

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
PROCHLORPERAZINE					
<u>Authority required.</u>					
Emesis associated with malignant disease; Rotational vertigo.					
<u>CAUTION:</u> Prochlorperazine may be associated with parkinsonism and tardive dyskinesia.					
Tablet 5mg	100	5	5.53 6.29	Anti-Naus Compazine Stemetil	PT SK MB
PROCHLORPERAZINE					
<u>CAUTION:</u> Prochlorperazine may be associated with parkinsonism and tardive dyskinesia.					
Tablet 5mg	25	..	3.90 4.19	Anti-Naus Compazine Stemetil	PT SK MB
<u>NOTE:</u> Authorities for increased maximum quantities and/or repeats of prochlorperazine tablets will be granted only for the treatment of emesis associated with malignant disease or rotational vertigo.					
Injection 12.5mg in 1mL	10	..	6.89	Compazine Stemetil	SK MB
Suppositories 5mg, 5	#1	2	6.43	Stemetil	MB
25mg, 5	#1	2	6.75	Stemetil	MB
PROCYCLIDINE					
Tablet 5mg	200	2	11.66	Kemadrin	BW
PROMETHAZINE					
Injection 50mg in 2mL	10	..	9.14	BL	
PROMETHAZINE THEOCLATE					
Tablet 25mg	30	1	6.43	Avomine	MB
PROPANTHELINE BROMIDE					
Chronic neurogenic incontinence of urine.					
Tablet 15mg	200	2	9.64	Pantheline	PT

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
PROPRANOLOL Tablet 10mg	100	5	4.53 6.19	Deralin 10 AF Inderal IC
40mg	100	5	6.73 9.09	Cardinol PT Deralin 40 AF Inderal IC
160mg	50	5	8.30 12.05	Cardinol PT Deralin 160 AF Inderal IC
Injection 1mg in 1mL	5	..	9.25	Inderal IC
PROPYLTHIOURACIL Tablet 50mg	200	2	15.14	JC
PROTAMINE SULPHATE Injection 10mg per mL (1%), 10mL	6	..	27.27	BT
PROTEIN HYDROLYSATE FORMULA <u>Authority required.</u> Allergy to both cows' milk and soy protein in children under the age of two years. Cystic fibrosis (mucoviscidosis); Galactosaemia; Glycogen storage disease due to glucose-6-phosphatase deficiency in children under the age of two years; Homocystinuria; Lactose intolerance. NOTE: Allergy to cows' milk and soy protein means eczema, asthma or severe gastro-intestinal upset, demonstrated to be due to both cows' milk and to soy milk- substitutes by relief on with- drawal of each for one week and recurrence on subsequent feeding. Since cows' milk/soy protein allergies and lactose intolerance are not always permanent, a further challenge with cows' milk/ soy milk-substitute should be made each three months. Age of patient to be shown on application for authority.				
(continued)				

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
PROTEIN HYDROLYSATE FORMULA - cont. NOTE: An authority will be limited to the maximum quantity and repeats shown in this schedule.				
Powder 1kg	1	20	27.69	Nutramigen MJ
PROTEIN HYDROLYSATE FORMULA without PHENYLALANINE Phenylketonuria.				
Powder 200g	10	5	668.94	Albumaide XP SB
PROTEIN HYDROLYSATE FORMULA without PHENYLALANINE and TYROSINE Tyrosinaemia.				
Powder 200g	10	5	651.94	Albumaide XPXT SB
PYRANTEL EMBONATE Tablet 125mg (base)	6	..	4.53	Anthel 125 AF
250mg (base)	6	..	6.18	Anthel 250 AF
PYRIDOSTIGMINE Authority required. Treatment where less costly alternative therapy is inappropriate.				
Tablet 10mg	100	2	11.83	Mestinon RO
60mg	100	2	28.27	Mestinon RO
180mg (sustained release)	100	1	77.64	Mestinon RO
PYRIDOXINE HYDROCHLORIDE Homocystinuria; Peripheral neuritis due to isoniazid therapy, prophylaxis or treatment; Primary hyperoxaluria; Pyridoxine-responsive anaemia, proven; Pyridoxine-responsive convulsions; Radiation sickness; Sideroblastic (refractory) anaemia.				
Tablet 25mg (cont.)	100	..	5.23	Pydox DH, FM PT

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
PYRIDOXINE HYDROCHLORIDE - cont. Injection 50mg in 1mL	5	1	6.00	FM
PRIMETHAMINE Tablet 25mg	50	..	6.69	Daraprim BW
QUINETHAZONE Tablet 50mg	100	1	9.96	Aquamox LE
QUINIDINE BISULPHATE Tablet 250mg (sustained release)	100	5	18.89	Kinidin AP
QUINIDINE SULPHATE Tablet 200mg	100	5	15.03 15.17	DH,PT Cardoquin NN Quinidoxin BW PR, QE(NQ)
300mg (sustained release)	100	5	23.27	Quinidex LA RS
QUININE BISULPHATE Tablet 300mg	50	2	9.22 9.29	Bi-Chinine DH Quinbisul AF PT Biquin NN Bi-Quinate US Myoquin FM Quinbisan PR SI
QUININE SULPHATE Tablet 300mg	50	2	9.22 9.29	Chinine DH Quinsul AF PT Adaquin NN Quinate US Quinocetl FM Quinsan PR SI
RANITIDINE HYDROCHLORIDE Authority required. *Duodenal ulcer (including pyloric and stomal ulcers), proven by current or prior x-ray, endoscopy or surgery; *Gastric ulcer, proven by x-ray, endoscopy or surgery within the previous two years.				
Tablet 150mg (base) (continued)	60	2	45.39	Zantac GL

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
RANITIDINE HYDROCHLORIDE - cont. Tablet 300mg (base)	30	1	45.39	Zantac	GL
<u>Authority required.</u>					
*Severe ulcerating (erosive) oesophagitis, proven by endoscopy and unresponsive to other measures.					
Tablet 150mg (base)	60	2	45.39	Zantac	GL
<u>Authority required.</u>					
Scleroderma oesophagus.					
Tablet 150mg (base)	60	5	45.39	Zantac	GL
<u>Authority required.</u>					
Zollinger-Ellison syndrome.					
Tablet 150mg (base)	120	5	88.14	Zantac	GL
300mg (base)	60	5	88.14	Zantac	GL
<u>RIFAMPICIN</u>					
Prophylactic treatment of contacts of patients with Haemophilus influenzae type B; Prophylaxis of meningococcal disease in close contacts and carriers.					
Capsule 150mg	10	..	7.37	Rimycin 150	AF
300mg	10	..	10.90	Rimycin 300	AF
<u>Authority required.</u>					
Leprosy in adults.					
Capsule 150mg	100	..	38.05	Rimycin 150	AF
300mg	100	..	73.48	Rimycin 300	AF
<u>SALBUTAMOL SULPHATE</u>					
Inhalation Solution for use in RESPIRATOR					
Single dose units 2.5mg (base) in 2.5mL, 30	#1	5	14.02	Ventolin Nebules	GL
Single dose units 5mg (base) in 2.5mL, 30	#1	5	15.02	Ventolin Nebules	GL

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
ROLITETRACYCLINE					
I.V. Injection set containing 275mg and 10mL solvent	5	..	29.29	Reverin	HP
I.M. Injection set containing 350mg and 2mL solvent	5	..	29.29	Reverin	HP
SALBUTAMOL					
Oral Inhalation, metered aerosol spray, 100 micrograms per dose (200 dose)	2	5	10.14	Ventolin	GL
SALBUTAMOL SULPHATE					
Tablet 4mg (base)	100	5	9.14	Ventolin	GL
Syrup 2mg (base) per 5mL, 300mL	†1	5	5.90	Ventolin	GL
Capsule 200 micrograms (base) (oral inhalation)	100	5	10.09	Ventolin Rotacaps	GL
Inhalation Solution					
For use in RESPIRATOR, 5mg (base) per mL (0.5%), 30mL	2	2	12.46	Respolin Ventolin	RK GL
Oral Inhalation, metered aerosol spray, 100 micrograms (base) per dose (200 dose)	2	5	10.14	Respolin	RK
Oral Inhalation, metered aerosol spray, 100 micrograms (base) per dose (400 dose)	†1	5	8.79	Respolin	RK
SEMISODIUM VALPROATE					
<u>Authority required.</u>					
Treatment where less costly alternative therapy is inappropriate.					
CAUTION: There are reports of					
(i) fatal hepatotoxicity, particularly in children;					
(ii) teratogenesis (spina bifida in humans).					
Tablet 135mg (enteric coated)	200	2	31.80	Valcote	AB
269mg (enteric coated)	200	2	48.48	Valcote	AB
538mg (enteric coated)	200	2	80.00	Valcote	AB

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
SILVER SULPHADIAZINE with CHLORHEXIDINE GLUCONATE <u>NOTE:</u> Care must be taken to comply with the provisions of State law when prescribing this drug.					
For prevention and treatment of infection in partial or full skin thickness loss due to burns or epidermolysis bullosa; Stasis ulcers.					
Cream 10mg-2mg per g (1%-0.2%), 50g	‡1	..	8.20	Silvazine	SN
10mg-2mg per g (1%-0.2%), 100g	‡1	..	9.94	Silvazine	SN
<u>Authority required.</u>					
Treatment, in a hospital, of burns.					
Cream 10mg-2mg per g (1%-0.2%), 500g	‡1	..	25.52	Silvazine	SN
SODIUM ACID CITRATE Mixture 5.5g per 20mL, 500mL	‡1	4	5.77	Citralka	PD
SODIUM ACID PHOSPHATE <u>Authority required.</u> Familial hypophosphataemia; Hypercalcaemia; Hypophosphataemic rickets; Vitamin D-resistant rickets.					
Compound Effervescent Tablet containing elemental phosphorus 500mg, sodium 469mg (20.4mmol), potassium 123mg (3.1mmol)	100	5	21.53	Phosphate Sandoz	SZ
SODIUM AUROTHIOMALATE <u>Authority required.</u> Treatment where less costly alternative therapy is inappropriate.					
Injection 10mg	5	..	21.37	Myocrisin	MB
20mg	10	1	44.39	Myocrisin	MB
50mg	10	1	83.27	Myocrisin	MB

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
SODIUM BICARBONATE Injection 100mmol (8.4g) in 100mL	5	..	15.79	AB
SODIUM CHLORIDE Injection 9mg per mL (0.9%), 2mL	5	1	4.28	AP,BT
9mg per mL (0.9%), 5mL	5	1	4.49	AP,BT
9mg per mL (0.9%), 10mL	5	1	4.80	AP,BT
1L size - See Intravenous Infusions				
SODIUM CHLORIDE and GLUCOSE See Intravenous Infusions				
SODIUM CHLORIDE COMPOUND See Intravenous Infusions				
SODIUM CITRO-TARTRATE Effervescent Granules 100g	‡1	4	5.23	Citravescent Sachets PT Ural Sachets AB
SODIUM CROMOGLYCATE Capsule 20mg (oral inhalation)	100	5	24.98	Intal Spincaps FC
Oral Inhalation, metered aerosol spray, 1mg per dose (200 dose)	‡1	5	22.12	Intal FC
SODIUM CROMOGLYCATE Use in a power-operated nebuliser for prophylaxis of asthma in persons who are unable to use the capsule or metered aerosol spray for oral inhalation.				
Nebuliser Solution 20mg per 2mL, ampoule	120	3	54.76	Intal FC
Authority required. Vernal kerato-conjunctivitis.				
Eye Drops 20mg per mL (2%), 10mL	‡1	5	10.89	Opticrom FC

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
SODIUM LACTATE COMPOUND See Intravenous Infusions					
SODIUM LACTATE COMPOUND and ANHYDROUS GLUCOSE See Intravenous Infusions					
SODIUM NITROPRUSSIDE I.V. Infusion 50mg	10	..	53.23	Nipride	RO
SODIUM SALICYLATE Tablet 600mg (enteric coated)	200	1	9.86	Rhumax	PR
SODIUM VALPROATE <u>Authority required.</u> Treatment where less costly alternative therapy is inappropriate. CAUTION: There are reports of (i) fatal hepatotoxicity, particularly in children; (ii) teratogenesis (spina bifida in humans).					
Crushable Tablet 100mg	200	2	30.96	Epilim	RC
Tablet 200mg (enteric coated)	200	2	44.92	Epilim EC	RC
500mg (enteric coated)	200	2	82.92	Epilim EC	RC
Oral Liquid 200mg per 5mL, 200mL	3	2	36.78	Epilim Liquid	RC
Syrup 200mg per 5mL, 200mL	3	2	36.78	Epilim Syrup	RC
SOTALOL HYDROCHLORIDE <u>Authority required.</u> For the continuing treatment of severe refractory cardiac arrhythmias where treatment with sotalol hydrochloride was initiated in a hospital (in-patient or out-patient).					
Tablet 160mg	60	5	35.08	Sotacor	AP
SPECTINOMYCIN Injection 2g with 3.2mL diluent	1	..	13.34	Trobicin	UP
4g with 6.5mL diluent	1	..	19.60	Trobicin	UP

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
SPIRONOLACTONE Female hirsutism; Hyperaldosteronism. CAUTION: Serum electrolytes should be checked regularly. Concomitant amiloride, triamterene or supplementary potassium may cause life- threatening hyperkalaemia.					
Tablet 25mg	100	5	10.88	Aldactone	SR
STAPHYLOCOCCUS TOXOID (FORMALINISED) Injection Diluted 1 in 10 for use in initial injection 5mL	1	..	13.77	CS	
Undiluted 5mL	1	..	15.02	CS	
STERCULIA with FRANGULA BARK For use by paraplegic and quadriplegic patients; For use by patients who are receiving long-term extensive nursing care in hospitals and nursing homes; For use by patients for whose care a Commonwealth Domiciliary Nursing Care Benefit is approved.					
Granules 473mg-83mg per g (47.3%-8.3%), 250g	2	1	16.82	Granocol	SC
STREPTOKINASE Injection 100,000 i.u. (solvent required)	2	..	46.34	Kabikinase	PS
250,000 i.u. (solvent required)	2	..	79.60	Kabikinase Streptase	PS HP
600,000 i.u. (solvent required)	5	..	393.39	Kabikinase	PS
750,000 i.u. (solvent required)	5	..	491.14	Streptase	HP
SUCRALFATE Tablet 1g	120	2	30.14	Carafate	BT

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
SULINDAC Tablet 100mg	50	3	8.35	Clinoril	FR
SULPHACETAMIDE SODIUM Eye Drops 100mg per mL (10%), 15mL	†1	2	5.30	Acetopt Bleph 10	SI AG
200mg per mL (20%), 15mL	†1	2	5.49	Acetopt	SI
SULPHADIMIDINE Tablet 500mg	40	2	5.23	S-Dimidine	PT
SULPHAFURAZOLE Eye Drops 40mg per mL (4%), 10mL	†1	2	4.77	Gantrisin	RO
SULPHAMETHIZOLE Tablet 500mg	40	2	7.14	Urolucosil	WW
1g	20	2	7.14	Urolucosil	WW
SULPHASALAZINE Crohn's disease; Rheumatoid arthritis; Ulcerative colitis.					
Tablet 500mg	200	5	35.14 35.40	Ulcol Salazopyrin	AF PS
500mg (enteric coated)	200	5	41.20	Salazopyrin- EN	PS
SULPHINPYRAZONE Glomerulonephritis; Gout; Renal transplantation.					
Tablet 100mg	100	5	21.14	Anturan	CG
SULTHIAME Tablet 50mg	200	2	9.57	Ospolot	BN
200mg	200	2	18.35	Ospolot	BN

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
SURGICAL CEMENT For colostomy and ileostomy use; For use by paraplegic and quadriplegic patients; For use with surgical appliances.				
Skin Bond Adhesive 118mL	‡1	2	9.59	DY
Solvent 227mL	‡1	2	6.82	Unisolve DY
240mL	‡1	2	6.89	Sacsol EG
250mL	‡1	2	7.20	Sacsol Non Flammable EG
TAMOXIFEN CITRATE <u>Authority required.</u> Recurrent or metastatic breast cancer; Breast cancer in post-menopausal women with positive hormone receptor levels and local lymph node involvement with or without other evidence of metastases.				
Tablet 10mg (base)	60	5	56.94	Nolvadex IC
20mg (base)	60	5	94.72	Nolvadex-D IC
TEMAZEPAM <u>Authority required.</u> For use by patients receiving long-term nursing care in hospitals and nursing homes who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.				
Capsule 10mg	50	5	5.94 6.04	Temaze 10 AF Euhypnos SI Normison WY
(continued)				

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
TEMAZEPAM - cont.					
NOTE: Authorities for increased maximum quantities and/or repeats will be granted only for use by patients receiving long-term nursing care in hospitals and nursing homes who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal. Up to six months' treatment (i.e. one month's treatment with five repeats) may be requested.					
Capsule 10mg	25	..	4.29 4.34	Temaze 10 Euhypnos Normison	AF SI WY
TERBUTALINE SULPHATE					
Tablet 5mg	100	5	9.14	Bricanyl	AP
Elixir 300 micrograms per mL, 300mL	‡1	5	5.75	Bricanyl	AP
Injection 100 micrograms in 1mL	5	..	6.14	Bricanyl	AP
500 micrograms in 1mL	5	..	6.25	Bricanyl	AP
Oral Inhalation, metered aerosol spray, 250 micrograms per dose (400 dose)	‡1	5	8.79	Bricanyl	AP
Nebuliser Solution 10mg per mL (1%), 50mL	‡1	5	11.14	Bricanyl	AP
TESTOSTERONE ENANTHATE					
Hypogonadism; Klinefelter's syndrome (seminif- erous tubule dysgenesis).					
Injection 250mg in 1mL	3	3	26.18	Primoteston Depot	SC

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
TESTOSTERONE ESTERS Gigantism; Hypogonadism; Klinefelter's syndrome (seminif- erous tubule dysgenesis).				
Injection 100mg	3	3	13.47	Sustanon"100" OR
250mg	3	3	25.72	Sustanon"250" OR
TESTOSTERONE PROPIONATE Hypogonadism; Klinefelter's syndrome (seminif- erous tubule dysgenesis).				
Injection 50mg in 1mL	9	..	24.03	Testoviron SC
TETANUS VACCINE, ADSORBED Injection 0.5mL	3	..	10.29	CS
TETRABENAZINE Chorea not adequately controlled by other drug therapy.				
Tablet 25mg	100	2	18.52	Nitoman RO
TETRACOSACTRIN Authority required. Children who need long-term corticosteroid therapy but who are in danger of growth suppression as a result; Hypsarrhythmia; Multiple sclerosis, acute exacerbation; (An authority for up to 10 ampoules may be issued for each acute exacerbation.) Patients who are being withdrawn from long-term corticosteroid therapy; (An authority for up to 5 ampoules may be issued for this purpose.) Ulcerative colitis, proven, not responding to parenteral corticosteroids.				
Injection 500 micrograms in 1mL	5	5	36.14	Synacthen Depot 0.5 CG
(continued)				

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
TETRACOSACTRIN - cont. Injection 1mg in 1mL	5	5	49.59	Synacthen Depot 1 CG
TETRACYCLINE Bronchiectasis in patients over the age of eight years; Chronic bronchitis in patients over the age of eight years; Severe acne.				
Capsule 250mg	50	5	7.92	Achromycin LE Panmycin P UP Tetramykoin BZ(N)
TETRACYCLINE Capsule 250mg	25	1	5.28	Achromycin LE Panmycin P UP Tetramykoin BZ(N)
Eye Ointment 10mg per g (1%), 5g	1	..	4.99	Latycin BZ
TETRACYCLINE with NYSTATIN Bronchiectasis in patients over the age of eight years; Chronic bronchitis in patients over the age of eight years; Severe acne.				
Capsule 250mg-250,000 units	50	5	7.92	Achrostatin LE Mysteclin-V SQ Tetrex-F AP
TETRACYCLINE with NYSTATIN Capsule 250mg-250,000 units	25	1	5.28	Achrostatin LE Mysteclin-V SQ Tetrex-F AP

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
TETRACYCLINE (BUFFERED) Bronchiectasis in patients over the age of eight years; Chronic bronchitis in patients over the age of eight years; Severe acne.				
Capsule 250mg	50	5	7.92	Achromycin V LE Australamycin-V CS Hostacycline P HP Hydracycline FM Steclin-V SQ Tetrex AP
TETRACYCLINE (BUFFERED) Capsule 250mg	25	1	5.28	Achromycin V LE Australamycin-V CS Hostacycline P HP Hydracycline FM Steclin-V SQ Tetrex AP
THEOPHYLLINE <u>CAUTION:</u> Because of variable effects of food on absorption of sustained release theophylline preparations, patients stabilised on one brand should not be changed to another without appropriate monitoring.				
Tablet 50mg	100	5	4.84	Nuelin Paediatric RK
125mg	100	5	5.62	Nuelin RK
200mg	100	5	6.19	Nuelin RK
200mg (sustained release)	100	5	8.54	Theo-Dur AP
250mg (sustained release)	100	5	9.73	Nuelin-S.R. 250 RK
300mg (sustained release)	100	5	10.90	Theo-Dur AP
(continued)				

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
THEOPHYLLINE - cont.				
Capsule				
50mg (containing sustained release beads)	100	5	7.98	Nuelin- Sprinkle RK Slo-bid RG
100mg (containing sustained release beads)	100	5	9.38	Nuelin- Sprinkle RK Slo-bid RG
100mg (controlled release)	100	5	9.38	Somophyllin CRT FC
250mg (controlled release)	100	5	10.62	Somophyllin CRT FC
Elixir 80mg per 15mL, 500mL	‡1	5	5.14	Elixophyllin SC
Syrup 80mg per 15mL, 500mL	‡1	5	5.14	Nuelin RK
THIABENDAZOLE				
Tablet 500mg	16	..	8.90	Mintezol MK
THIAMINE HYDROCHLORIDE				
Tablet 100mg	100	2	5.17	Betamin US Betatabs-100 FM Invite-B NN PR
Injection 100mg in 1mL	5	1	5.62	Beta-Sol FM
THIETHYLPERAZINE				
Tablet 6.5mg (base)	50	..	6.19	Torecan SZ
Injection 6.5mg (base) in 1mL	10	..	11.14	Torecan SZ
Suppositories 6.5mg (base), 6	‡1	2	5.18	Torecan SZ
THIOGUANINE				
Authority required.				
Treatment where less costly alternative therapy is inappropriate.				
Tablet 40mg	25	1	63.28	Lanvis BW

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
THIOPROPAZATE Chorea.					
Tablet 5mg	200	..	13.40	Dartalan	SR
THIORIDAZINE 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 includ- ing arteriopathic dementia; Manic-depressive disorder - manic phase; Paranoid states; Schizophrenia; Senile dementia.					
Tablet 10mg	200	..	7.24 7.46	Aldazine 10 Melleril	AF SZ
25mg	200	..	10.92 11.16	Aldazine 25 Melleril	AF SZ
50mg	200	..	13.74 14.00	Aldazine 50 Melleril	AF SZ
100mg	100	1	12.09 12.34	Aldazine 100 Melleril	AF SZ
Oral Solution 30mg per mL, 30mL	2	2	9.96	Melleril	SZ
THIOTEPA Injection 15mg (solvent required)	2	1	26.24	LE	
Eye Drops set containing 15mg vial, 2 x 10mL ampoules sterile water, syringe with needle and 15mL dropper bottle	#1	5	#21.36	LE	
THYROXINE SODIUM (BP 1980) Tablet 50 micrograms	200	1	5.86	Oroxine	BW
100 micrograms	200	1	6.14	Oroxine	BW
200 micrograms	200	1	8.64	Oroxine	BW

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
TICARCILLIN					
<u>Authority required.</u>					
Infections where positive bacteriological evidence confirms that ticarcillin is an appropriate therapeutic agent; Septicaemia, suspected or proven.					
Injection 1g (solvent required)	10	..	63.60	Tarcil Ticillin	BR CS
3g (solvent required)	10	..	137.94	Tarcil Ticillin	BR CS
TIMOLOL					
<u>CAUTION:</u> Timolol eye drops may precipitate bronchospasm in susceptible patients.					
Tablet 5mg	100	5	10.43	Blocadren	FR
Eye Drops 2.5mg per mL (0.25%), 5mL	1	6	9.73	Tenopt Timoptol	SI FR
5mg per mL (0.5%), 5mL	1	6	10.62	Tenopt Timoptol	SI FR
TINIDAZOLE					
Tablet 500mg	4	..	5.84	Fasigyn	PF
TOBRAMYCIN					
Invasive ocular infection; Perioperative use; Suspected pseudomonal eye infection.					
Eye Drops 3mg per mL (0.3%), 5mL	1	2	7.34	Tobrex	AQ
Eye Ointment 3mg per g (0.3%), 3.5g	1	..	6.97	Tobrex	AQ

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
TOBRAMYCIN SULPHATE Authority required. Infections where positive bact- eriological evidence confirms that tobramycin is an appropriate antibiotic; Septicaemia, suspected or proven.					
Injection 40mg	5	..	26.29	Nebcin	LY
80mg	5	..	38.09	Nebcin	LY
TOLAZAMIDE Tablet 250mg	100	5	12.44	Tolinase	UP
TOLBUTAMIDE Tablet 500mg	200	2	11.64	Rastinon	HP
1g	100	5	11.89	Rastinon	HP
TRANEXAMIC ACID Hereditary angio-oedema.					
Tablet 500mg	100	2	45.85	Cyklokapron	PS
TRANYLCYPROMINE Depressive illness resistant to treatment with either tricyclic anti-depressants or electro- convulsive therapy; Phobic states. CAUTION: This drug is a monoamine oxidase inhibitor.					
Tablet 10mg	50	2	7.72	Parnate	SK
TRIAMCINOLONE ACETONIDE Alopecia areata; For local intra-articular or peri-articular infiltration; Granulomata, dermal; Keloid; Lichen planus hypertrophic; Lichen simplex chronicus; Lupus erythematosus, chronic discoid; Necrobiosis lipoidica; Psoriasis.					
(continued)					

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
TRIAMCINOLONE ACETONIDE - cont. Injection 10mg in 1mL	5	..	20.00	Kenacort-A10 SQ
TRIAMCINOLONE ACETONIDE Cream				
200 micrograms per g(0.02%), 45g	‡1	..	4.57	Kenalone 0.02% SQ
200 micrograms per g(0.02%), 100g	2	..	7.74	Aristocort 0.02% LE Kenalone 0.02% SQ
500 micrograms per g(0.05%), 15g	‡1	1	4.22	Aristocort 0.05% LE Kenalone SQ
Ointment				
200 micrograms per g(0.02%), 45g	‡1	..	4.57	Kenalone 0.02% SQ
200 micrograms per g(0.02%), 100g	2	..	7.74	Aristocort 0.02% LE Kenalone 0.02% SQ
Ointment				
500 micrograms per g(0.05%), 15g	‡1	1	4.22	Aristocort 0.05% LE Kenalone SQ
TRIAMCINOLONE ACETONIDE with NEOMYCIN SULPHATE, GRAMICIDIN and NYSTATIN				
Ear Drops 1mg-2.5mg (base)-250 micrograms-100,000 units per g (0.1%-0.25%-0.025%-100,000 units per g), 7.5mL	‡1	2	4.82	Kenacomb Otic SQ
Ear Cream 1mg-2.5mg (base)-250 micrograms-100,000 units per g (0.1%-0.25%-0.025%-100,000 units per g), 5g	‡1	2	4.57	Kenacomb Otic SQ
Ear Ointment 1mg-2.5mg (base)- 250 micrograms-100,000 units per g (0.1%-0.25%-0.025%- 100,000 units per g), 5g	‡1	2	4.57	Kenacomb Otic SQ

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
TRIAMTERENE CAUTION: Serum electrolytes should be checked regularly. Supplementary potassium may cause life-threatening hyperkalaemia.					
Tablet 100mg	100	1	11.14	Dytac	SK
TRIFLUOPERAZINE 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 includ- ing arteriopathic dementia; Manic-depressive disorder - manic phase; Paranoid states; Schizophrenia; Senile dementia.					
Tablet 1mg	200	..	8.62	Calmazine	PT
			9.24	Stelazine	SK
2mg	200	..	10.00	Calmazine	PT
			11.84	Stelazine	SK
5mg	100	1	6.54	Calmazine	PT
			7.73	Stelazine	SK
Injection 1mg in 1mL	10	..	6.77	Stelazine	SK
TRIGLYCERIDES, MEDIUM CHAIN Authority required. Chyloascites; Chylothorax; Patients requiring a ketogenic diet for intractable childhood epilepsy; Proven malabsorption.					
(continued)					

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
TRIGLYCERIDES, MEDIUM CHAIN - cont. <u>NOTE: Authorities will be limited to the maximum quantity (2 packs) and repeats (20) shown in this schedule.</u> Compound Powder 450g	2	20	26.84	Portagen MJ
<u>Authority required.</u> 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. <u>NOTE: Authorities will be limited to the maximum quantity (2 packs) and repeats (20) shown in this schedule.</u> Lactalbumin Demineralised Powder 400g Protein Hydrolysate Compound Powder 454g	2	20	29.62	Alfaré NT Pregestimil MJ
<u>Authority required.</u> 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. <u>NOTE: An authority will be limited to the maximum quantity and repeats shown in this schedule.</u>				

(continued)

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
TRIGLYCERIDES, MEDIUM CHAIN - cont. NOTE: Not more than one authority may be granted for short-term nutritional support in severe steatorrhea.				
Oil 1L	‡1	5	31.87	Cow & Gate MCT Oil KY
TRIMETHOPRIM Tablet 300mg	7	1	5.58 5.93	Alprim AF Triprim BW
TRIMETHOPRIM with SULPHAMETHOXAZOLE Tablet 80mg-400mg	10	..	5.17	Bactrim RO Resprim AF Septrin BW Trib PT
160mg-800mg	10	..	6.63	Bactrim DS RO Resprim Forte AF Septrin Forte BW Trib DS PT
Suspension 40mg-200mg per 5mL, 100mL	‡1	1	6.25	Bactrim RO Resprim AF Septrin BW Trib PT
TRIMIPRAMINE Tablet 25mg	50	2	5.24	Surmontil MB
Capsule 50mg	50	2	5.84	Surmontil MB
TRIOXYSALEN Vitiligo.				
Tablet 5mg	100	2	26.89	Trisoralen PT
TRIPLE ANTIGEN See Diphtheria, Tetanus and Pertussis Vaccine, Adsorbed				
UREA Cream 100mg per g (10%), 100g	‡1	2	6.65 6.85	Urederm HA Aquacare H.P. AG Aquadrade NW Calmurid PS Nutraplus OL

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
VANCOMYCIN				
<u>Authority required.</u>				
Antibiotic associated colitis.				
Capsule 125mg (125,000 i.u.) vancomycin activity	40	..	332.40	Vancocin LY
Capsule 250mg (250,000 i.u.) vancomycin activity	40	..	662.14	Vancocin LY.
<u>Authority required.</u>				
Endophthalmitis; For use in a hospital.				
Injection 500mg (500,000 i.u.) vancomycin activity (solvent required)	5	..	162.39	Vancocin LY
VASOPRESSIN TANNATE				
Oily Injection 5 units in 1mL	10	1	54.14	Pitressin Tannate PD
VERAPAMIL HYDROCHLORIDE				
<u>CAUTION: The myocardial depressant effects of this drug and of beta-blocking drugs are additive.</u>				
Tablet 40mg	100	5	11.14 11.39	Anpec 40 AF Cordilox SC Isoptin KN Veradil US Verpamil PT
80mg	100	5	17.10 17.35	Anpec 80 AF Verpamil PT Cordilox SC Isoptin KN Veradil US
120mg	100	5	23.82 24.07	Veradil US Verpamil 120 PT Cordilox SC Isoptin KN
160mg	60	5	20.83	Cordilox SC Isoptin KN
Injection 5mg in 2mL	5	..	7.33	Cordilox SC Isoptin KN

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
VIDARABINE *Eye infections caused by herpes simplex virus.				
Eye Ointment 30mg per g (3%), 3.5g	#1	..	14.02	Vira A PD
VINBLASTINE Authority required. Treatment where less costly alternative therapy is inappropriate.				
Injection 10mg (solvent required)	2	..	45.50	Velbe LY
Injection set containing 10mg and 10mL solvent	2	..	49.34	BL
VINCRISTINE Authority required. Treatment where less costly alternative therapy is inappropriate.				
Injection set containing 1mg and 10mL solvent	5	..	95.89 96.14	BL Oncovin LY
5mg and 10mL solvent	1	..	81.63	BL
WARFARIN Tablet 1mg	50	2	5.87	Coumadin BT Marevan GL
2mg	50	2	6.07	Coumadin BT
2.5mg	50	2	6.19	Coumadin BT
3mg	50	2	6.00	Marevan GL
5mg	50	2	6.25	Coumadin BT Marevan GL
7.5mg	50	2	7.02	Coumadin BT
10mg	50	2	8.13	Coumadin BT

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
WATER FOR INJECTIONS				
Injection 2mL	5	3	4.22	AP,BT,BZ,SI
5mL	5	3	4.35	AP,BT,BZ,SI
10mL	5	3	4.57	AP,BT,BZ,SI
WOOL ALCOHOLS				
Ointment 100g	‡1	1	4.60	Eucerin SN
ZINC with PHENYLEPHRINE				
Eye Drops 2.5mg-1.2mg per mL (0.25%-0.12%), 15mL	‡1	2	5.39	Prefrin-Z AG Zincfrin AQ
ZINC OXIDE				
Compound Ointment 50g	‡1	1	4.94	Anusol WW
Compound Suppositories, 12	‡1	1	4.94	Anusol WW

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
DEXTRAN 40				
100mg per mL with 139mmol per 500mL glucose (10%-5%), 500mL	3	..	46.74	Rheomacrodex PS
100mg per mL with 77mmol per 500mL sodium chloride (10%- 0.9%), 500mL	3	..	46.74	Rheomacrodex PS
DEXTRAN 70				
60mg per mL with 139mmol per 500mL glucose (6%-5%), 500mL	3	..	31.27	Macrodex PS
60mg per mL with 77mmol per 500mL sodium chloride (6%- 0.9%), 500mL	3	..	31.27	Macrodex PS
ELECTROLYTE REPLACEMENT SOLUTION 1L	2	1	9.66	Normosol R AB Plasma-Lyte 148 BX
GLUCOSE				
278mmol per L (5%), 1L	5	1	13.29	AB,BX,KM
555mmol per L (10%), 1L	5	1	19.39	AB,BX
1110mmol per L (20%), 1L	2	1	9.66	AB
1387mmol per L (25%), 1L	2	1	9.66	AB,BX
1387mmol per 500mL (50%), 500mL	2	1	8.46	AB
POLYGELINE				
17.5g per 500mL (3.5%) with electrolytes, 500mL	3	..	49.56	Haemaccel HP
SODIUM CHLORIDE				
154mmol per L (0.9%), 1L	5	1	13.29	AB,BX,KM
513mmol per L (3%), 1L	2	1	9.66	BX
SODIUM CHLORIDE COMPOUND BPC 1959 1L	4	1	16.16	AB,BX

INTRAVENOUS INFUSIONS

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
SODIUM CHLORIDE and GLUCOSE 154mmol-278mmol per L (0.9%-5%), 1L	2	1	9.66	AB,BX
39mmol-69mmol per 500mL (0.45%- 2.5%), 500mL	5	1	17.14	AB,BX
19mmol-104mmol per 500mL (0.225%- 3.75%), 500mL	5	1	17.14	AB,BX
31mmol-222mmol per L (0.18%-4%), 1L	5	1	13.29	AB,BX,KM
SODIUM LACTATE COMPOUND 1L	5	1	13.29	AB,BX,KM
SODIUM LACTATE COMPOUND and ANHYDROUS GLUCOSE 278mmol per L (5%), 1L	2	1	9.66	AB,BX

SECTION 3

**PREPARATIONS AVAILABLE FOR COLOSTOMY
AND ILEOSTOMY USE**

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

PREPARATIONS AVAILABLE FOR COLOSTOMY AND ILEOSTOMY USE

2

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
ACRYLIC RESIN Solution 125g Aerosol Spray	‡1	..	14.55	Nobecutane AP
BENZOIN Compound Tincture 3.5mL per 10mL (35%), 167mL Aerosol Spray	‡1	..	8.75	EG
BUTYL MONOESTER POLYMER with ETHANOL Paste 60g	‡1	..	11.30	Stomahesive SQ
BUTYL MONOESTER POLYMER with ISOPROPYL ALCOHOL Protective Dressing Aerosol 120g	‡1	..	16.45	Skin-Prep DY
Solution 59mL	‡1	..	12.94	Skin-Prep DY
Wipes, 50	‡1	..	15.94 16.14	Urg-Prep SA Skin-Prep DY
CARMELLOSE SODIUM with PECTIN and GELATIN Paste 167mg-167mg-167mg per g (16.7%-16.7%-16.7%), 15g	‡1	..	5.39	Orabase SQ
Powder 333mg-333mg-333mg per g (33.3%-33.3%-33.3%), 15g	‡1	..	6.27	Orahesive SQ
CHARCOAL, ACTIVATED Tablet 300mg	500	1	25.77	Karbons QE(NQ),TO EG
DEODORANT CONCENTRATE Liquid 7.5mL	‡1	..	5.97	Super Banish DY
15mL	‡1	..	5.20	Banish Odorgon DY LA
DIMETHICONE Solution 100mg per mL (10%), 180mL Aerosol Spray	‡1	..	8.14	Silicon Skin Spray EG
ISOPROPYL MONOESTER POLYMER with ISOPROPYL ALCOHOL Adhesive Protective Gel 28.35g	‡1	..	6.89	Skin Gel HO
LAURAMINE OXIDE with OCTOXINOL Compound Cleansing Solution 80mg-10mg per g (8%-1%), 240mL	‡1	..	10.72	Uni Wash DY

PREPARATIONS AVAILABLE FOR COLOSTOMY AND ILEOSTOMY USE

3

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
PARAFFIN				
Compound Cream 85g	‡1	..	9.87	Uni Derm DY
Compound Ointment 70g	‡1	..	10.84	Uni Salve DY
POLYISOBUTYLENE				
Compound Adhesive Wafers, 5	‡1	5	15.74	Hollihesive
			15.99	Skin Barrier HO
				Soft Guard XL
				Skin Barrier DY
Compound Adhesive Wafers with Adhesive Discs, 5	‡1	5	15.13	BH
			15.38	Stomahesive
				Set SQ
POLYVINYLPIRROLIDONE and VINYL ACETATE COPOLYMER				
Aerosol Spray 60mg per mL (6%), 121mL	‡1	..	7.34	Spray-On
				Bande EG
STERCULIA				
(Indian Tragacanth; Gum Karaya)				
Paste 127.6g	‡1	..	10.47	Karaya Paste HO
Powder 71g	‡1	..	9.64	DY
Discs, 12	‡1	5	17.28	BH
Discs, Compound, 10	‡1	5	14.84	Colly-seels DY
Squares, 6	‡1	5	47.64	BH
SURGICAL CEMENT				
Skin Bond Adhesive 118mL				
Solvent 227mL				
240mL				
250mL				
See Section 2				

PREPARATIONS AVAILABLE FOR USE BY PARAPLEGIC AND QUADRIPLEGIC PATIENTS

4

Name, Restriction Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer
BISACODYL Enema 10mg in 5mL, 25	1	2	27.64	Bisalax PT
Tablet 5mg				
Suppositories 10mg, 10				
See Section 2				
DOCUSATE SODIUM with BISACODYL Suppositories 100mg-10mg, 5				
See Section 2				
STERCULIA with FRANGULA BARK Granules 473mg-83mg per g (47.3%-8.3%), 250g				
See Section 2				
SURGICAL CEMENT Skin Bond Adhesive 118mL				
Solvent 227mL				
240mL				
250mL				
See Section 2				

SECTION 4

DRUGS AVAILABLE FOR EXTEMPORANEOUS PREPARATIONS

Drug	Drug
Acetone BP (use as additive only) ACIDS Acetic (6 per cent) BP Acetic (33 per cent) BP Ascorbic BP (use as ingredient of Mixtures of Ferrous Sulphate APF and PL) Benzoic BP Boric BP (use as additive only) Citric Monohydrate BP Hydrochloric BP Hydrochloric Dilute BP Lactic BP Oleic BP Salicylic BP Trichloroacetic BP Acriflavine BPC 63 Adrenaline BP (may only be prescribed in eye drops) Alum BP Aminophylline BP Ammoniated Mercury BP 73 Aspirin BP Atropine Sulphate BP Beeswax White BP Bentonite BP Benzocaine BP Borax BP (use as additive only) Calamine BP Calcium Hydroxide BP Cetomacrogol Emulsifying Wax BP Cetostearyl Alcohol BP Cetrimide BP Chlorbutol BP Chlorhexidine Acetate BP (use as additive only) Chlorinated Lime BP Chlorocresol BP Chloroform BP (use as additive only) Clioquinol BP Cocaine Hydrochloride BP Codeine Phosphate BP Collodion Flexible BP	CREAMS Aqueous APF Aqueous BP Calamine Oily APF Cetomacrogol Aqueous APF Cetrimide BP Cetrimide Aqueous APF Oily APF Zinc BP Zinc Oily APF Crystal Violet BP Dithranol BP Emulsifying Wax BP Ephedrine Hydrochloride BP (may only be prescribed in nasal instillations) Ethanol (90 per cent) BP (use as additive only) Ethanol (96 per cent) BP (use as additive only) Ether Solvent BP (use as additive only) EXTRACTS Hyoscyamus Liquid BPC 73 Liquorice Liquid BP Ferrous Sulphate BP Ferrous Sulphate Dried BP Glucose for Oral Use BP (use as additive only) GLYCERIN Ichthammol APF Glycerol BP GUMS Acacia BP Tragacanth BP Honey Purified BP (use as additive only) Ichthammol BP INFUSION Gentian Compound Concentrated BP 1 in 10 Iodine BP Kaolin, Light or Kaolin, Light (Natural) BP

Drug	Drug
Lactose BP Lignocaine Hydrochloride BP LINIMENTS Methyl Salicylate BP Methyl Salicylate Compound APF Turpentine BP LOTION Calamine BP MAGNESIUM Carbonate Light BP Sulphate BP (may only be prescribed for other than oral use) Trisilicate BP Menthol BP Methyl Salicylate BP Morphine Hydrochloride BP MUCILAGES Acacia APF Tragacanth APF 13 Tragacanth BPC 73 OILS Arachis BP (use as additive only) Cade BPC 73 Castor BP (use as additive only) Coconut BP Eucalyptus BP (use as additive only) Lavender Spike BPC 68 Olive BP 73 (use as additive only) Peppermint BP (use as additive only) Pumilio Pine BP Siberian Fir BPC 49 Turpentine BP (use as additive only) OINTMENTS Ammoniated Mercury BP 73 Benzoic Acid Compound APF Emulsifying BP Hydrous BP (white) Hydrous BP (yellow) Methyl Salicylate BP Methyl Salicylate Compound APF 34	OINTMENTS - cont. Paraffin BP (white) Paraffin BP 68 (yellow) Salicylic Acid APF Salicylic Acid BP Simple BP (white) Simple BP (yellow) Sulphur BP Wool Alcohols BP (white) Wool Alcohols BP (yellow) Zinc BP Zinc and Castor Oil BP Oxymel APF 13 Paraffin Hard BP Paraffin Liquid BP (may only be prescribed for other than oral use) Paraffin Light Liquid BP Paraffin Soft White BP Paraffin Soft Yellow BP PASTES Zinc Compound BP Zinc and Salicylic Acid BP Phenobarbitone BP (may only be prescribed for the treatment of epilepsy) Phenobarbitone Sodium BP (may only be prescribed for the treatment of epilepsy) Phenol BP (not available for ear drops) Phenol Liquefied BP (not available for ear drops) Phenoxyethanol BP Pilocarpine Hydrochloride BP Pilocarpine Nitrate BP Podophyllum Resin BP POTASSIUM Citrate BP Iodide BP Permanganate BP POWDER Tragacanth Compound BP Propylene Glycol BP Resorcinol BP

Drug	Drug
Silver Nitrate BP SOAPS Ethereal APF 55 Soft BP SODIUM Acid Phosphate BP Bicarbonate BP Chloride BP Citrate BP Phosphate BP Thiosulphate BP (use as additive only) SOLUTIONS Aluminium Acetate BP Benzoic Acid BP Calcium Hydroxide BP Chlorhexidine Gluconate BP (use as additive only) Coal Tar BP Formaldehyde BP Iodine Aqueous BP Iodine Weak BP Morphine Hydrochloride BPC 73 Sodium Chloride BP SPIRITS Ammonia Aromatic BP Camphor Compound APF Chloroform BP Lemon BP Methylated Industrial BP (use as additive only) Starch BP Sulphur Precipitated BP Sulphurated Potash BPC 73 SYRUPS Lemon APF Orange APF Orange BP Pholcodine Citrate BPC 59 (use as additive only) Raspberry BP Red APF Syrup BP Tolu BP	Talc Purified BP, sterilised Tar Coal BP Tar Coal Prepared BP 73 Testosterone BP (may only be prescribed as an ingredient of creams) Theophylline BP Thymol BP Thymol Mouth Wash Compound APF TINCTURES Belladonna BP Benzoin Compound BP Ipecacuanha BP Lobelia Ethereal BPC 73 Opium BP Orange BP Stramonium BP Titanium Dioxide BP Triethanolamine BP WATERS Anise Concentrated BP 1 in 40 (use as additive only) Chloroform Concentrated APF 1 in 40 For Injections BP (extemporaneously prepared eye drops and eye lotions) Peppermint Concentrated APF 1 in 40 (use as additive only) Purified BP Wool Alcohols BP Wool Fat BP Wool Fat Hydrous BP ZINC Oxide BP Sulphate BP

TABLE OF MAXIMUM QUANTITIES
AND NUMBER OF REPEATS FOR
EXTEMPORANEOUS PREPARATIONS

Preparation	Maximum Quantity	No. of Repeats
Creams	100g	1
Dusting Powders	100g	1
Ear Drops	15mL	2
Elixirs	100mL	4
Eye Drops of Cocaine	15mL	..
Eye Drops of Pilocarpine	15mL	6
Eye Drops, Other	15mL	6
Eye Lotions	200mL	1
Gargles	200mL	4
Glycerins	100mL	1
Inhalations	50mL	1
Inhalations, Solid	4g	1
Linctuses	100mL	2
Liniments	100mL	1
Lotions	200mL	2
Mixtures	200mL	4
Mixtures for Children	100mL	4
Mouth Washes	200mL	1
Nasal Instillations	15mL	2
Ointments and Waxes	100g	1
Paints	25mL	1
Pastes of Cocaine	25g	..
Pastes, Other	100g	1
Powders for Internal Use	100g	2
Powders, Irrigation	100g	1
Soaps	200mL	1
Solutions	200mL	2
Syrups	100mL	4
Tinctures	25mL	1

SECTION 5—PRESCRIBERS' LIST

PRESCRIPTION

CREAMS

(Maximum Quantity 100g and 1 Repeat)

ALUMINIUM ACETATE, OILY (APF)

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

AQUEOUS (APF)

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

BUFFERED, AQUEOUS (APF, BP)

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

CALAMINE, AQUEOUS (APF)

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

CALAMINE, OILY (APF)

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

 PRESCRIPTION

CREAMS—continued**CETOMACROGOL, AQUEOUS (APF)**

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

CETRIMIDE, AQUEOUS (APF)

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

CHLORHEXIDINE, AQUEOUS (APF) (Chlorhexidine 1% BP)

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

COAL TAR and ZINC, OILY (APF)

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

COLD (APF)

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

GLYCEROL, OILY (APF)

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

ICHTHAMMOL and ZINC, OILY (APF)

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

 PRESCRIPTION

CREAMS—continued**SALICYLIC ACID and RESORCINOL, AQUEOUS (APF)**

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

SALICYLIC ACID and SULPHUR, AQUEOUS (APF)

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

ZINC, OILY (APF)

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

ZINC, WEAK (PL)

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

DUSTING POWDER

(Maximum Quantity 100g and 1 Repeat)

ZINC, STARCH and TALC (APF)

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

 PRESCRIPTION

EAR DROPS

(Maximum Quantity 15mL and 2 Repeats)

ALUMINIUM ACETATE (APF)

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

CHLORHEXIDINE (APF)

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

ICHTHAMMOL (APF)

Ichthammol	10	g
Glycerol	90	g

SALICYLIC ACID (APF)

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

SODIUM BICARBONATE (APF, BP)

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

SPIRIT (APF)

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

INHALATIONS

(Maximum Quantity 50mL and 1 Repeat)

BENZOIN (PL)

Benzoin Tincture, Compound.....	50	mL

BENZOIN, COMPOUND (PL)

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

 PRESCRIPTION

INHALATIONS—continued
BENZOIN and MENTHOL (PL, APF)

Menthol	1	g
Benzoin Tincture, Compound to	50	mL

MENTHOL and EUCALYPTUS (BP)

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

MENTHOL and PINE (APF)

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

LINIMENT

(Maximum Quantity 100mL and 1 Repeat)

METHYL SALICYLATE, COMPOUND (APF)

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

LOTIONS

(Maximum Quantity 200mL and 2 Repeats)

CALAMINE (APF, BP)

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

 PRESCRIPTION

LOTIONS—*continued*
CALAMINE, OILY (APF, BP)

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

SULPHURATED (APF)

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

MIXTURES

(Maximum Quantity 200mL and 4 Repeats)

FERROUS SULPHATE (APF)

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

GENTIAN, ALKALINE (APF, BP)

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

 PRESCRIPTION

MIXTURES—continued
IPECACUANHA and TOLU (APF)
 (formerly Ipecacuanha and Squill Mixture APF 13)

Synonym: Cough Mixture

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

KAOLIN and OPIUM (APF)

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

POTASSIUM CITRATE (APF)

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

POTASSIUM CITRATE and SODIUM BICARBONATE (APF)

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

 PRESCRIPTION

MIXTURES—continued**POTASSIUM IODIDE and STRAMONIUM, COMPOUND (APF)**

Synonym: Lobelia and Stramonium Mixture

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

SODIUM CITRATE (APF)

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

NASAL INSTILLATIONS

(Maximum Quantity 15mL and 2 Repeats)

EPHEDRINE (APF)

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

GLUCOSE and GLYCEROL (APF)

Glucose for Oral Use.....	3	g
Glycerol to	15	mL

OINTMENTS

(Maximum Quantity 100g and 1 Repeat)

BENZOIC ACID, COMPOUND (APF, BP)

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

 PRESCRIPTION

OINTMENTS—continued
EMULSIFYING (APF, BP)

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

RESORCINOL and SULPHUR, COMPOUND (APF)

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

SALICYLIC ACID (APF)

Salicylic Acid	2	g
Wool Alcohols Ointment, APF	98	g

SIMPLE (APF, BP)

(White Simple Ointment)

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

ZINC and CASTOR OIL (APF, BP)

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

ZINC OXIDE (APF)

(Zinc BP)

Zinc Oxide	15	g
White Simple Ointment	85	g

 PRESCRIPTION

PAINTS

(Maximum Quantity 25mL and 1 Repeat)

ICHTHAMMOL (APF)

Ichthammol	10	g
Glycerol	90	g

PODOPHYLLIN (PL)

Podophyllum Resin	1.25	g
Benzoin Tincture, Compound to	25	mL

PODOPHYLLIN, COMPOUND (APF, BP)

Podophyllum Resin	3.75	g
Benzoin Tincture, Compound to	25	mL

SALICYLIC ACID (APF)

Salicylic Acid	2.5	g
Flexible Collodion to	25	mL

PASTES

(Maximum Quantity 100g and 1 Repeat)

COAL TAR and ZINC (APF)

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

DITHRANOL (APF)

Dithranol	100	mg
Zinc and Salicylic Acid Paste	99.9	g

TITANIUM DIOXIDE (APF)

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

PREScription

PASTES—*continued*

ZINC, COMPOUND (APF, BP)

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

ZINC and SALICYLIC ACID (APF)

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

SECTION 5—PRESCRIBERS' LIST

CHILDREN'S SECTION

PRESCRIPTION

MIXTURES

(Maximum Quantity 100mL and 4 Repeats)

IPPECACUANHA and CAMPHOR (APF)

(formerly Ipecacuanha and Squill Mixture APF 13)

Synonym: Expectorant Mixture for Children

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

POTASSIUM CITRATE (APF)

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

SODIUM CITRATE (APF)

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

CHILDREN'S SECTION



Commonwealth Department of
Veterans' Affairs

**REPATRIATION
SCHEDULE OF
PHARMACEUTICAL
BENEFITS**

DECEMBER 1988

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 X. 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 X. Smith

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

WITH

PBS PHARMACEUTICAL BENEFITS

(Patients ineligible to receive Repatriation Pharmaceuticals)



Dependant Treatment
Entitlement Card

X 123456 1

Valda J. BREWER



Service Pensioner
Benefits Card

X 123456 1

John X. Smith

FOR REPATRIATION PHARMACEUTICAL BENEFITS

Affairs beneficiaries in accordance with their treatment entitlement.

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

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

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

NOTE:

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

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

Explanatory Circular regarding the December 1988 edition of the Repatriation Schedule of Pharmaceutical Benefits.

This reprint of the Schedule will take effect on 1 December 1988 and all previous editions of the Schedule are cancelled.

SUMMARY OF CHANGES

ADDITIONS

New Items

Section 1

Allantoin, Glycerol and Ichthammol, Cream 5mg-10mg-10mg per g (0.5%-1%-1%), 50g (*Egoderm*)

DELETIONS

Items

Section 1

Natamycin, Neomycin Sulphate and Hydrocortisone, Ointment 10mg-5mg-10mg per g (1%-0.5%-1%), 15g (*Pimafucort*)

Phenylephrine Hydrochloride, Nasal drops 2.5mg per mL (0.25%), 25mL (*Neo-Synephrine*)

Sodium Cromoglycate, Nasal spray 20mg per mL (2%), 17.5mL (*Rynacrom*)

Forms, Strengths of Existing Items

Section 3

Absorbent Gauze Pad, 5cm × 5cm (*Curity 1613*)—Item withdrawn from retail sale by the manufacturer

Absorbent Gauze Pad, 7.5cm × 7.5cm (*Curity 1648*)—Item withdrawn from retail sale by the manufacturer

Absorbent Gauze Pad, 10cm × 10cm (*Curity 1825*)—Item withdrawn from retail sale by the manufacturer

ALTERATIONS

Manufacturers' Codes

Section 1

	<i>From</i>	<i>To</i>
Pine Tar, Coal Tar Solution, Juniper Tar and Phenol , Solution 20mg-5mg-1mg-5mg per mL (2%- 0.5%-0.1%-0.5%), 500mL (<i>Pixol</i>)	CD	WS
Skin Cleanser , Lotion 500mL (<i>Sopol</i>)	CD	WS

SECTION 1

**DRUGS, MEDICINES AND
DIAGNOSTIC REAGENTS**

Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
ALGINIC ACID COMPOUND Granules 4g sachets (pack of 24)	5	5	Gavigrans	RC
ALLANTOIN and COAL TAR EXTRACT Lotion 20mg-50mg per mL (2%-5%), 250mL	#1	2	Alphosyl	SV
Cream 17mg-50mg per g (1.7%-5%), 50g	#1	2	Alphosyl	SV
ALLANTOIN, GLYCEROL and ICHTHAMMOL Cream 5mg-10mg-10mg per g (0.5%-1%-1%), 50g	#1	2	Egoderma	EO
ALLANTOIN, SULPHUR, PHENOL, COAL TAR SOLUTION AND MENTHOL Gel 25mg-5mg-5mg-0.05mL-7.5mg per g (2.5%-0.5%-0.5%-5%-0.75%), 75g	#1	2	Egopsoryl-TA	EO
ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE and SIMETHICONE Tablet 400mg-400mg-30mg	200	5	Mylanta II	PD
Suspension 400mg-400mg-30mg per 5mL, 375mL	2	5	Mylanta II	PD
BATH EMOLLIENT Bath Oil, 500mL	#1	2	Hamilton Bath Oil QV Bath Oil Rikoderma	HA EO RK
BECLOMETHASONE DIPROPIONATE Aqueous suspension in metered dose atomising pump, 50 micrograms per dose (200 dose)	#1	2	Aldecin Beconase AQ	SH GL
Inhalation, metered aerosol nasal spray, 50 micrograms per dose (200 dose)	#1	2	Aldecin Beconase	SH GL
BENZALKONIUM CHLORIDE, CETRIMIDE and LANOLIN Cream 100 micrograms-1.8mg-18mg per g (0.01%-0.18%-1.8%), 50g	#1	2	Drapolex	BW
BENZTROPINE Tablet 0.5mg	100	2	Cogentin	MK

Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
BENZYDAMINE HYDROCHLORIDE Solution 1.5mg per mL (0.15%), 200mL	#1	..	Diffiam	RK
BETAMETHASONE DIPROPIONATE Cream 500 micrograms per g (0.05%), 50g	#1	2	Diprosone	SH
Ointment 500 micrograms per g (0.05%), 50g	#1	2	Diprosone	SH
BETAMETHASONE VALERATE Cream 500 micrograms per g (0.05%), 30g	#1	2	Betnovate 1/2 Celestone-V Half Strength	GL SH
Cream 1mg per g (0.1%), 15g	#1	2	Celestone-V	SH
1mg per g (0.1%), 30g	#1	2	Betnovate Celestone-V	GL SH
Gel 500 micrograms per g (0.05%), 30g	#1	2	Betnovate 1/2	GL
Ointment 500 micrograms per g (0.05%), 30g	#1	2	Betnovate 1/2 Celestone-V Half Strength	GL SH
1mg per g (0.1%), 15g	#1	2	Celestone-V	SH
1mg per g (0.1%), 30g	#1	2	Betnovate Celestone-V	GL SH
Scalp Application 1mg per g (0.1%), 30g	#1	2	Betnovate	GL
BETAMETHASONE VALERATE and GENTAMICIN SULPHATE CAUTION: For the short term treatment of localised infective eczema only.				
Cream 1mg-1mg per g (0.1%-0.1%), 15g	#1	..	Celestone-VG	SH
Ointment 1mg-1mg per g (0.1%-0.1%), 15g	#1	..	Celestone-VG	SH
BISMUTH FORMIC IODIDE Powder 10g	#1	..	B.F.I.	MK

REPATRIATION

Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer
BROMAZEPAM			
<u>CAUTION:</u> Continuous long term use may lead to dependency. No authorities will be granted for increased maximum quantities and/or repeats of bromazepam.			
Tablet 3mg	50	..	Lexotan RO
6mg	50	..	Lexotan RO
12mg	50	..	Lexotan RO
BROMHEXINE HYDROCHLORIDE			
<u>NOTE:</u> For use of patients established on this therapy prior to 1 March 1983.			
Tablet 8mg	100	2	Bisolvon BY
BROMPHENIRAMINE			
Tablet 4mg	50	2	Dimetane RS
CALCIUM CARBONATE			
Effervescent Powder 300g	#1	2	Effercal-600 HA
CALCIUM CARBONATE with GLYCINE			
Tablet 420mg-180mg	200	5	Titralac RK
CALCIUM GLUCONATE			
Tablet 600mg	100	2	SI
CARBENOXOLONE SODIUM			
Gel 20mg per g (2%), 5g	#1	1	Bioral SN
CARMELLOSE SODIUM with PECTIN and GELATIN			
Paste			
167mg-167mg-167mg per g (16.7%-16.7%-16.7%), 5g	#1	..	Orabase SQ
167mg-167mg-167mg per g (16.7%-16.7%-16.7%), 80g	#1	2	Orabase SQ

Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer
CHLORDIAZEPOXIDE CAUTION: Continuous long term use may lead to dependency. No authorities will be granted for increased maximum quantities and/or repeats of chlordiazepoxide.			
Tablet 5mg	50	..	Librium RO
Capsule 10mg	50	..	Librium RO
CHLORHEXIDINE GLUCONATE Mouth Wash 2mg per mL (0.2%), 200mL	#1	..	Chlorohex OM
2mg per mL (0.2%), 250mL	#1	..	Plaqacide OB Savacol Mouth and Throat Rinse IC
CHLORPHENIRAMINE Tablet 4mg	50	2	Allergex PT Piriton GL
CHLORTETRACYCLINE Cream 30mg per g (3%), 15g	#1	..	Aureomycin LE
Ointment 30mg per g (3%), 15g	#1	..	Aureomycin LE
CHOLINE SALICYLATE, CETALKONIUM CHLORIDE, MENTHOL, GLYCEROL and ETHANOL Jelly 87mg-100 micrograms- 570 micrograms-46mg-386mg per g (8.7%-0.01%-0.057%-4.6%-38.6%), 15g	#1	..	Seda-Gel NN
CLORAZEPATE DIPOTASSIUM CAUTION: Continuous long term use may lead to dependency. No authorities will be granted for increased maximum quantities and/or repeats of clorazepate dipotassium.			
Capsule 5mg	50	..	Tranxene GL
15mg	30	..	Tranxene GL
COAL TAR EXTRACT Shampoo 50mg per g (5%), 50g	#1	2	Alphosyl SV

REPATRIATION

Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
CODEINE PHOSPHATE with ASPIRIN Tablet Soluble 8mg-300mg	50	2	Aspalgin	FM
Tablet Soluble 8mg-500mg	50	2	Solcode	RC
CODEINE PHOSPHATE with PARACETAMOL Tablet 8mg-500mg	50	1	Codalgin Dymadon Co.	FM BW
DEXTROPROPOXYPHENE NAPSYLATE <u>CAUTION:</u> Chronic use of this preparation is likely to cause drug dependence.				
Capsule 100mg	50	..	Doloxene	LY
DICHLOROBENZENE, CHLORBUTOL and TURPENTINE OIL Ear Drops 20mg-50mg-0.1mL per mL (2%-5%-10%), 11mL	#1	..	Cerumol	AC
DICYCLOMINE HYDROCHLORIDE Tablet 10mg	100	..	Merbentyl	ML
DIMETHICONE and GLYCEROL For colostomy and ileostomy use; For use by paraplegic and quadriplegic patients; For use with surgical appliances.				
Cream 150 mg-20 mg per g (15%-2%), 600 g	#1	..	Silic 15	EO
DIPHEMANIL METHYLSULPHATE Dusting Powder 20mg per g (2%), 50g	#1	1	Prantal	SH
DIPHENHYDRAMINE HYDROCHLORIDE Capsule 50mg	50	2	Benadryl	PD
DIPHENYLPYRALINE Tablet 2.5mg	50	2	Histalert	RK

Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer
DISULFIRAM <u>CAUTION:</u> Only for use in the treatment of chronic alcoholism. Associated ingestion of alcohol may be life-threatening.			
Tablet 250mg	30	1	Antabuse JC
DOCUSATE SODIUM			
Tablet 50mg	100	2	Coloxyl 50 FM
120mg	100	2	Coloxyl 120 FM
Ear Drops 50mg per mL (5%), 10mL	#1	..	Waxsol NE
DOCUSATE SODIUM with SENNA			
Tablet 50mg-8mg	90	2	Coloxyl with Senna FM
ECONAZOLE NITRATE			
Cream 10mg per g (1%), 25g	#1	1	Dermazole EO
ETHAMBUTOL HYDROCHLORIDE			
Tablet 100mg	100	2	Myambutol LE
400mg	100	2	Myambutol LE
FLUCLOROLONE ACETONIDE			
Cream 250 micrograms per g (0.025%), 30g	#1	2	Topilar SD
FLUNISOLIDE			
Nasal Spray 250 micrograms per mL (0.025%), 20mL	#1	2	Rhinalar Nasal Mist SD
FLUNITRAZEPAM			
<u>CAUTION:</u> Continuous long term use may lead to dependency. No authorities will be granted for increased maximum quantities and/or repeats of flunitrazepam.			
Tablet 2mg	25	..	Hypnodorm Rohypnol AF RO

REPATRIATION

Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
FLUOCINOLONE ACETONIDE Cream 250 micrograms per g (0.025%), 30g	#1	2	Synalar	IC
Ointment 100 micrograms per g (0.01%), 30g	#1	2	Synalar OI	IC
Ointment 250 micrograms per g (0.025%), 30g	#1	2	Synalar	IC
FLUOCORTOLONE PIVALATE and FLUOCORTOLONE HEXANOATE Cream 2.5mg-2.5mg per g (0.25%-0.25%), 30g	#1	2	Ultralan	SC
FLUOCORTOLONE PIVALATE, FLUOCORTOLONE HEXANOATE, CLEMIZOLE UNDECYLENATE and CINCHOCAINE HYDROCHLORIDE CAUTION: Prolonged and excessive use of topical corticosteroid preparations may lead to skin atrophy. This preparation is intended for short term palliative use only.				
Ointment 920 micrograms-950 micrograms- 10mg-5mg per g (0.092%-0.095%-1%-0.5%), 10g	#1	2	Ultraproct	SC
920 micrograms-950 micrograms- 10mg-5mg per g (0.092%-0.095%-1%-0.5%), 30g	#1	2	Ultraproct	SC
Suppositories each contains 610 micrograms- 630 micrograms-5mg-1mg, 12	#1	2	Ultraproct	SC
FLUOROURACIL Cream 50mg per g (5%), 20g	#1	..	Efudix	RO
Solution 10mg per mL (1%), 30mL	#1	..	Fluoroplex	AG

Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer
FLURAZEPAM DIHYDROCHLORIDE <u>CAUTION:</u> Continuous long term use may lead to dependency. No authorities will be granted for increased maximum quantities and/or repeats of flurazepam dihydrochloride.			
Capsule 15mg	30	..	Dalmane RO
30mg	30	..	Dalmane RO
GLUCOSE INDICATOR - BLOOD Reagent Strips, 50	2	5	Dextrostix AM
GLYCEROL Suppositories adult size 2.7g, 12	#1	1	PD
HALOPERIDOL Tablet 500 micrograms	100	1	Serenace SR
HYDROCORTISONE, CINCHOCAINE HYDROCHLORIDE and AESCULIN <u>CAUTION:</u> Prolonged and excessive use of topical corticosteroid preparations may lead to skin atrophy. This preparation is intended for short term palliative use only.			
Ointment 5mg-5mg-10mg per g (0.5%-0.5%-1%), 15g	#1	2	Proctosedyl RL
5mg-5mg-10mg per g (0.5%-0.5%-1%), 30g	#1	2	Proctosedyl RL
Suppositories each contains 5mg-5mg-10mg, 12	#1	2	Proctosedyl RL
HYDROCORTISONE and CLIOQUINOL <u>CAUTION:</u> For the short term treatment of localised infective eczema only.			
Cream 10mg-10mg per g (1%-1%), 30g	#1	..	Hydroform DM

REPATRIATION

Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer
HYDROCORTISONE, LIGNOCAINE BASE, ALUMINIUM SUBACETATE and ZINC OXIDE CAUTION: Prolonged and excessive use of topical corticosteroid preparations may lead to skin atrophy. This preparation is intended for short term palliative use only.			
Ointment			
2.5mg-50mg-35mg-180mg per g (0.25%-5%-3.5%-18%), 15g	#1	2	Xyloproct AP
2.5mg-50mg-35mg-180mg per g (0.25%-5%-3.5%-18%), 35g	#1	2	Xyloproct AP
Suppositories			
each contains 5mg-60mg-50mg-400mg, 10	#1	2	Xyloproct AP
HYDROLYZED COLLAGEN PROTEINS NOTE: To be used in conjunction with the two scalp cleansers: Salicylic acid, benzalkonium chloride, alconol and polyoxyethylene ethers and Salicylic acid, benzalkonium chloride, alconol, coal tar and polyoxyethylene ethers.			
Hair Conditioner 250mL	#1	2	Ionil Rinse AQ
HYDROXYETHYLUTOSIDES Capsule 250mg	50	..	Paroven ZY
HYDROXYZINE PAMOATE Capsule 25mg	50	2	Atarax PF
50mg	50	2	Atarax PF
HYOSCINE-N-BUTYLBROMIDE Injection 20mg in 1mL	5	..	Buscopan BY
ISPAGHULA HUSK Sachets 3.5g, 30	#1	1	Fybogel RC

REPATRIATION

13

Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer
LIGNOCAINE HYDROCHLORIDE and CARBOXYMETHYLCELLULOSE Mucilage 20mg-25mg per mL (2%-2.5%), 200mL	#1	..	Xylocaine Viscous AP
LORAZEPAM CAUTION: Continuous long term use may lead to dependency. No authorities will be granted for increased maximum quantities and/or repeats of lorazepam.			
Tablet 1mg	50	..	Ativan WY
2.5mg	50	..	Ativan WY
LUBRICATING AGENT Jelly 60g	#1	..	Lubafax BW
MAGNESIUM ASPARTATE Tablet 500mg	50	..	Magmin VS
MEBENDAZOLE Tablet 100mg	6	..	Vermox JC
MEBEVERINE HYDROCHLORIDE Tablet 135mg	90	..	Colofac JC
MECLOZINE Tablet 25mg	50	2	Ancolan GL
NORMETHADONE HYDROCHLORIDE and HYDROXYEPHEDRINE Drops 10mg-20mg per mL, 10mL	#1	..	Ticarda HP
Tablet 7.5mg-10mg	20	..	Ticarda HP
OXYMETAZOLINE HYDROCHLORIDE Nasal Drops 500 micrograms per mL (0.05%), 15mL	#1	..	Drixine SH
Nasal Spray 500 micrograms per mL (0.05%), 15mL	#1	..	Drixine SH

Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer
OXYTETRACYCLINE Ointment 30mg per g (3%), 15g	#1	..	Terramycin PF
PHENAZOPYRIDINE HYDROCHLORIDE Tablet 100mg	50	1	Pyridium WW
PHENIRAMINE Tablet 10mg	50	2	Fenamine-M FM
50mg	50	2	Avil HP Fenamine FM
PHOLCODINE Linctus 1mg per mL (0.1%), 100mL	#1	2	Actuss SI Duro-Tuss RK Pholcolin Red DH Pholcolin White DH Pholtrate MG PR
PINE TAR, COAL TAR SOLUTION, JUNIPER TAR and PHENOL Solution 20mg-5mg-1mg-5mg per mL (2%-0.5%-0.1%-0.5%), 500mL	#1	2	Pixol WS
PINE TAR and TRIETHANOLAMINE LAURYL SULPHATE Solution 23mg-60mg per mL (2.3%-6%), 500mL	#1	2	Pinetarsol EO
POLYMYXIN B SULPHATE, ZINC BACITRACIN and NEOMYCIN SULPHATE NOTE: For use with indwelling catheters. Irrigant consisting of a dry powder vial containing 75,000 units-1,000 units-20,000 units and one 10mL ampoule of normal saline	5	..	Polybactrin Soluble G.U. BW
POVIDONE-IODINE Solution 100mg per mL (10%), 100mL	#1	..	Betadine Antiseptic Liquid FA

Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer
PREDNISOLONE HEXANOATE, CINCHOCAINE HYDROCHLORIDE and CLEMIZOLE UNDECYLENATE CAUTION: Prolonged and excessive use of topical corticosteroid preparations may lead to skin atrophy. This preparation is intended for short term palliative use only. Ointment 1.9mg-5mg-10mg per g (0.19%-0.5%-1%), 10g 1.9mg-5mg-10mg per g (0.19%-0.5%-1%), 30g Suppositories each contains 1.3mg-1mg-5mg, 12 PROCAINAMIDE HYDROCHLORIDE Tablet 500mg (controlled release) PROMETHAZINE Tablet 10mg 25mg PSEUDOEPHEDRINE HYDROCHLORIDE Tablet 60mg PSEUDOEPHEDRINE SULPHATE Tablet 60mg PSYLLIUM HYDROPHILIC MUCILLOID Powder (non-flavoured), 375g RICINOLEIC ACID, ACETIC ACID and HYDROXYQUINOLINE SULPHATE Vaginal Jelly 7mg-9.4mg-250 micrograms per g (0.7%-0.94%-0.025%), 100g SALICYLIC ACID, BENZALKONIUM CHLORIDE, ALCOHOL and POLYOXYETHYLENE ETHERS Scalp Cleanser 250mL	#1 #1 #1 100 50 50 30 30 #1 #1 #1	2 2 2 2 2 2 1 .. 2	Scheriproct Scheriproct Scneriproct Procainamide Durules Phenergan Meth-Zine Sudafed Drixora Metamucil Aci-Jel Ionil SC SC SC AP MB PT BW SH SR JC AQ

REPATRIATION

Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
SALICYLIC ACID, BENZALKONIUM CHLORIDE, ALCOHOL, COAL TAR and POLYOXYETHYLENE ETHERS Scalp Cleanser 125mL	#1	2	Ionil-T	AQ
SALICYLIC ACID, COAL TAR SOLUTION, PINE TAR and UNDECYLENAMIDE Scalp Cleanser 20mg-10mg-10mg-10mg per mL (2%-1%-1%-1%), 250mL	#1	2	Sebitar	EO
SALICYLIC ACID and PODOPHYLLIN RESIN Ointment 200mg-100mg per g (20%-10%), 10g	#1	..	Salicylin-P	KY
Paint 100mg-200mg per mL (10%-20%), 6mL	#1	1	Posalfilin	NE
SELENIUM SULPHIDE Snampoo 25mg per mL (2.5%), 125mL	#1	1	Selsun	AB
SENEGA and AMMONIA Mixture 200mL	#1	4	Senagar Senamon MG, PR, RT	SI DH
SENNA STANDARDISED Tablet 7.5mg	100	1	Senokot	RC
SKIN CLEANSER Lotion 500mL	#1	2	Cetaphil Hamilton Bodywash Sopol	AQ HA WS
SODIUM BICARBONATE <u>CAUTION:</u> For use in the treatment of renal disease.				
Capsule 840mg	100	2	Sodibic	PT
SODIUM CHLORIDE Irrigation Solution 9mg per mL (0.9%), 500mL	#1	2	BX	
9mg per mL (0.9%), 1L	#1	2	BX	

REPATRIATION

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Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer
SODIUM CITRATE and SODIUM LAURYL SULPHOACETATE Enema 90mg-9mg in 5mL, 4	#1	1	MicroLax PS
SODIUM CROMOGLYCATE Capsule 10mg (nasal insufflation)	100	5	Rynacrom FC
Nasal spray metered dose pump, 20mg per mL (2%), 26mL	#1	5	Rynacrom FC
SODIUM FLUORIDE Tablet 20mg	100	1	Hifluor PT
SODIUM POLYSTYRENE SULPHONATE CAUTION: For use in the treatment of renal disease.			
Powder 454g	#1	2	Resonium-A WL
SPIRONOLACTONE Tablet 100mg	100	..	Aldactone SR
SUNSCREENS Cream 100g	#1	..	Aquasun Blockout Cream 15+ PY Hamilton Sunscreen Broad Spectrum Cream 15+ HA SunSense Cream 15+ EO
100mL	#1	..	U.V. Ultrablock Broad Spectrum Water Resistant 15+ Cream IC
Lotion (Alcoholic) 100mL	#1	..	Hamilton Broad Spectrum Alcoholic Lotion 15+ HA
125ml	#1	..	SunSense Lotion 15+ EO
(continued)			

Name, Manner of Administration and Form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer
SUNSCREENS - cont. Lotion (Non-Alcoholic) 125mL	#1	..	Aquasun Blockout Lotion 15+ PY Hamilton Broad Spectrum Milky Lotion 15+ HA SunSense Milk 15+ EO
Solid Stick 5g	#1	..	Hamilton Broad Spectrum Solastick 15+ HA
TETRA-BROMO-ORTHOCRESOL, UNDECENOIC ACID, ZINC UNDECENOATE and ZINC OXIDE Powder 10mg-10mg-50mg-50mg per g (1%-1%-5%-5%), 50g	#1	..	Pedoz HA
THYMOL IODIDE, BISMUTH SUBIODIDE and CHLORIBUTOL Powder 11.5mg-41.5mg-52.5mg per g (1.15%-4.15%-5.25%), 10g	#1	..	E.D.P. GL
TOLNAFTATE Cream 10mg per g (1%), 30g	#1	..	Pedi-Derm NN
Powder 10mg per g (1%), 20g	#1	..	Pedi-Derm NN
Solution 10mg per mL (1%), 15mL	#1	..	Pedi-Derm NN
Spray Aerosol 10mg per g (1%), 150g	#1	..	Tinaderm SH
TRIAMCINOLONE ACETONIDE Cream 500 micrograms per g (0.05%), 30g	#1	2	Kenalone SQ
Ointment 500 micrograms per g (0.05%), 30g	#1	2	Kenalone SQ

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

SECTION 2

AIDS TO TREATMENT

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

REPATRIATION

Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer
ABSORBENT NAPKINS PANTS			
NOTE: May not be prescribed for patients in nursing homes. The approved patient fee includes a component for the supply of incontinence aids by the nursing home.			
Pack of 2, small size	3	..	Softeze Stretch Pants 082-8101 BS
Pack of 2, medium size	3	..	Softeze Stretch Pants 082-8201 BS
Pack of 2, large size	3	..	Softeze Stretch Pants 082-8301 BS
INHALATION DEVICE	#1	..	Bricanyl Nebuhaler 2022 AP Volumatic 10359 GL
INHALATION LEVER DEVICE FOR METERED AEROSOL	#1	..	Haleraid GL
INJECTION SITE PREPARATION SWAB Isopropyl Alcohol 0.7mL per mL (70%), pack of 100	#1	1	Curity 2323 KE Medi Swab 1000H SN
MOUTH PIECE FOR METERED AEROSOLS	#1	..	Mouthpiece BY
NASAL INSUFFLATOR	#1	..	Rynacrom FC
ROTAHALERS			
Rotahaler	#1	..	Becotide GL
Rotahaler	#1	..	Ventolin GL
SPINHALER	#1	..	Intal FC

SECTION 3

DRESSINGS

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

REPATRIATION

Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer
ABSORBENT COTTON GAUZE			
90cm x 1m, pack	#1	..	Handy 4021 BE
11cm x 373cm, roll	#1	..	Kerlix 6715 KE
ABSORBENT COTTON WOOL			
100g Roll	#1	2	JJ 02013 JJ
375g Roll	#1	2	JJ 02011 JJ
ABSORBENT GAUZE PAD			
5cm x 5cm, 100	#1	..	Handy 5672 BE
Sterile single pack, 5cm x 5cm, 100	#1	..	Curity 3381 KE
7.5cm x 7.5cm, 100	#1	..	Handy 5673 BE
Sterile single pack, 7.5cm x 7.5cm, 100	#1	..	Curity 6132 KE
10cm x 10cm, 100	#1	..	Handy 5674 BE
Sterile single pack, 10cm x 10cm, 100	#1	..	Curity 6309 KE
ABSORBENT LINT			
50g, pack	#1	..	Handy 4032 BE
ABSORBENT NAPKINS			
NOTE: May not be prescribed for patients in nursing homes. The approved patient fee includes a component for the supply of incontinence aids by the nursing home.			
Pack of 20	#1	10	Softeze Absorbent Pad Mini 640-0412 BS
Pack of 20	#1	10	Softeze Absorbent Pad Regular 640-0312 BS
Pack of 8	#1	10	Depend Undergarments 1650 KC

Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer
BANDAGE CALICO TRIANGULAR Large size	#1	..	Handy 5605 BE
BANDAGE COTTON CONFORMING 2.5cm x 1.5m	5	..	Handy-Band 9483 BE
5cm x 1.5m	5	..	Handy-Band 9485 BE
7.5cm x 1.5m	5	..	Handy-Band 9488 BE
10cm x 1.5m	5	..	Handy-Band 9490 BE
15cm x 1.5m	5	..	Handy-Band 9495 BE
BANDAGE COTTON CREPE HEAVY 5cm x 2.3m	2	..	Curaband 8252F KE Elastocrepe 3205A SN
7.5cm x 2.3m	2	..	Curaband 8253F KE Elastocrepe 3275A SN
10cm x 2.3m	2	..	Curaband 8254F KE Elastocrepe 3210A SN
15cm x 2.3m	2	..	Curaband 8256F KE Elastocrepe 3215A SN
BANDAGE ELASTIC ADHESIVE 5cm x 2.5m	#1	..	Elastoplast 1002 SN
7.5cm x 2.5m	#1	..	Elastoplast 1003 SN
10cm x 2.5m	#1	..	Elastoplast 1004 SN
BANDAGE ELASTIC CONFORMING 2.5cm x 1.8m	5	..	Curaband 8181 KE
5cm x 1.8m	5	..	Curaband 8182 KE
7.5cm x 1.8m	5	..	Curaband 8183 KE
(continued)			

REPATRIATION

Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer
BANDAGE ELASTIC CONFORMING - cont.			
10cm x 1.8m	5	..	Curaband 8184 KE
15cm x 1.8m	5	..	Curaband 8186 KE
BANDAGE OPEN-WOVE			
2.5cm	5	..	Handy 5551 BE
5cm	5	..	Handy 5552 BE
7.5cm	5	..	Handy 5553 BE
10cm	5	..	Handy 5554 BE
BANDAGE PLASTER OF PARIS			
5cm x 2.75m	5	..	Gypsona S5002 SN
7.5cm x 2.75m	5	..	Gypsona S5003 SN
10cm x 2.75m	5	..	Gypsona S5004 SN
15cm x 2.75m	5	..	Gypsona S5006 SN
BANDAGE SELF-ADHESIVE ELASTIC			
5cm x 1.3m	2	..	Peg 7420 BK
7.5cm x 1.3m	2	..	Peg 7422 BK
10cm x 1.3m	2	..	Peg 7423 BK
15cm x 1.3m	2	..	Peg 7425 BK
BANDAGE STRETCH			
2.5cm	5	..	Conform 2230 KE
5cm	5	..	Conform 2231 KE
7.5cm	5	..	Conform 2232 KE
10cm	5	..	Conform 2236 KE
15cm	5	..	Conform 2238 KE
BANDAGE WRINKLED COTTON CREPE			
5cm x 1.5m (hospital quality)	2	..	Curaband 8232 KE
5cm x 1.6m (medium)	2	..	Handycrepe 8235 BE
(continued)			

REPATRIATION

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Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer
BANDAGE WRINKLED COTTON CREPE - cont. 7.5cm x 1.5m (hospital quality)	2	..	Curaband 8233 KE
7.5cm x 1.6m (medium)	2	..	Handycrepe 8238 BE
10cm x 1.5m (hospital quality)	2	..	Curaband 8234 KE
10cm x 1.6m (medium)	2	..	Handycrepe 8240 BE
15cm x 1.5m (hospital quality)	2	..	Curaband 8236 KE
15cm x 1.6m (medium)	2	..	Handycrepe 8245 BE
BANDAGE ZINC PASTE 7.5cm x 6m	2	..	Viscopaste 4948A SN
BANDAGE ZINC PASTE and ICHTHAMMOL 7.5cm x 6m	2	..	Ichthopaste 4959 SN
DRESSING ADHESIVE MEMBRANE Sterile single sachet, 14cm x 10cm	10	1	Op-Site 4963 SN
25cm x 10cm	20	..	Bioclusive Transparent Dressing 12477 JJ
DRESSING ELASTIC ADHESIVE 6cm x 1m, pack	#1	..	Elastoplast 4025 SN
DRESSING NON-ADHERENT DRY ABSORBENT Sterile single sachet, 5cm x 5cm, pack of 5	#1	..	Melolin 1200M SN
Sterile single pack, 5cm x 7.5cm	10	..	Telfa 1961C KE
Sterile single pack, 7.5cm x 10cm	10	..	Telfa 2132C KE
Sterile single sachet, 10cm x 10cm, pack of 10	#1	..	Melolin 4933 SN
DRESSING PARAFFIN GAUZE Sterile sachets, 10cm x 10cm, pack of 10	#1	..	Unitulle Jelonet 7404 RL SN

REPATRIATION

Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer
DRESSING PARAFFIN GAUZE with CHLORHEXIDINE ACETATE Sterile sachets, 10cm x 10cm, pack of 10	#1	2	Bactigras 7457 SN Clorhexitulle RL
Sterile sachets, 10cm x 40cm, pack of 10	#1	2	Bactigras 00616 SN
Sterile sachets, 15cm x 20cm, pack of 10	#1	2	Bactigras 7461 SN
DRESSING SELF ADHESIVE NON-ADHERENT DRY ABSORBENT Sterile sachets, 5cm x 7.5cm, pack of 10	#1	2	Curity-Telfa 6020C KE
Sterile sachets, 7.5cm x 10cm, pack of 6	#1	2	Curity-Telfa 7650C KE
FELT PAD BUNION Pack of 4	#1	..	Scholl SO
FELT PAD CALLOUS Pack of 4	#1	..	Scholl SO
FELT PAD CORN Pack of 9	#1	..	Scholl SO
GAUZE and COTTON TISSUE (COMBINE ROLL) 9cm x 10m wrapped pack	#1	..	JJ 12031 JJ SN 121054A SN
GAUZE and COTTON TISSUE (COMBINE ROLL) PIECES Sterile single sachet, 10cm x 10cm	5	1	Curity Combine Dressing Pad 2472C KE
Sterile single sachet, 10cm x 20cm	5	1	Curity Combine Dressing Pad 2482C KE
GAUZE EYE PADS Pack of 12	#1	..	Curity 4112 KE

Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer	
GAUZE STERILE STRIP				
1.25cm x 1m	#1	2	Nufold 10330	JJ
2.5cm x 1m	#1	2	Nufold 10331	JJ
2.5cm x 2.5m	#1	2	Nufold 10332	JJ
GLOVES PLASTIC (DISPOSABLE)				
NOTE: For occlusive dressing use only.				
Small, Pack of 100	#1	..	Handy 4207	BE
Medium, Pack of 100	#1	..	Handy 4208	BE
Large, Pack of 100	#1	..	Handy 4209	BE
LAMBS WOOL				
Original Pack	#1	..	Scholl	SO
POVIDONE-IODINE GAUZE PAD				
Sterile sachets, 22.5cm x 7.5cm, pack of 12	#1	2	Betadine	FA
SELF ADHESIVE PLASTER ELASTIC				
2.5cm x 2.5m roll	#1	..	Leukoplast 1071	BE
5cm x 2.5m roll	#1	..	Leukoplast 1072	BE
7.5cm x 2.5m roll	#1	..	Leukoplast 1073	BE
SELF ADHESIVE PLASTER HYPOALLERGENIC				
1.25cm x 5m roll	#1	..	Leukoflex 1121	BE
1.25cm x 5m roll	#1	..	Leukopor 2471	BE
1.25cm x 5m roll	#1	..	Leukosilk 1021	BE
1.25cm x 4.5m roll (dispenser)	#1	..	Micropore Cloth First Aid Tape 2610	RK
1.25cm x 4.5m roll (dispenser)	#1	..	Micropore Paper First Aid Tape R3	RK
1.25cm x 4.5m roll (dispenser)	#1	..	Micropore Plastic First Aid Tape TR1	RK
(continued)				

REPATRIATION

Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer
SELF ADHESIVE PLASTER HYPOALLERGENIC - cont.			
1.25cm x 4.5m roll (dispenser)	#1	..	Micropore Skintone Paper First Aid Tape RF7 RK
1.25cm x 4.5m roll (dispenser)	#1	..	Micropore Waterproof First Aid Tape BR1 RK
1.25cm x 9.1m roll	#1	..	Tenderskin 1596.1 KE
2.5cm x 5m roll	#1	..	Leukoflex 1122 BE
2.5cm x 5m roll	#1	..	Leukopor 2472 BE
2.5cm x 5m roll	#1	..	Leukosilk 1022 BE
2.5cm x 4.5m roll (dispenser)	#1	..	Micropore Cloth First Aid Tape 2611 RK
2.5cm x 4.5m roll (dispenser)	#1	..	Micropore Paper First Aid Tape R4 RK
2.5cm x 4.5m roll (dispenser)	#1	..	Micropore Plastic First Aid Tape TR2 RK
2.5cm x 4.5m roll (dispenser)	#1	..	Micropore Skintone Paper First Aid Tape RF8 RK
2.5cm x 4.5m roll (dispenser)	#1	..	Micropore Waterproof First Aid Tape BR2 RK
2.5cm x 9.1m roll	#1	..	Tenderskin 1914.1 KE
5cm x 5m roll	#1	..	Leukoflex 1124 BE
5cm x 5m roll	#1	..	Leukopor 2474 BE
5cm x 5m roll	#1	..	Leukosilk 1024 BE
(continued)			

REPATRIATION

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Item	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer
SELF ADHESIVE PLASTER HYPOALLERGENIC - cont.			
5cm x 9.1m roll	#1	..	Tenderskin 2419.1 KE
7.5cm x 9.1m roll	#1	..	Tenderskin 3394.1 KE
SELF ADHESIVE PLASTER WATERPROOF			
2.5cm x 5m roll	#1	..	Leukoplast 2322 BE
5cm x 5m roll	#1	..	Leukoplast 2324 BE
7.5cm x 5m roll	#1	..	Leukoplast 2325 BE
TUBULAR DRESSING			
6.25cm x 1m	#1	..	Tubigrip B BT
6.75cm x 1m	#1	..	Tubigrip C BT
7.5cm x 1m	#1	..	Tubigrip D BT
8.75cm x 1m	#1	..	Tubigrip E BT
10cm x 1m	#1	..	Tubigrip F BT
TUBULAR FINGER DRESSING			
Complete pack, including applicator	#1	..	Scholl Tubegauz SO

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

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

(Repat. Sch.) Repatriation Schedule

Proprietary Name	Manufacturer	Name
Abbecillin-V	AB	Phenoxymethylpenicillin
Abbecillin-VK	AB	Phenoxymethylpenicillin
Accomin Adult Tonic	LE	Vitamin B Group Complex (Repat. Sch.)
Acetopt	SI	Sulphacetamide Sodium
Achromycin	LE	Tetracycline
Achromycin V	LE	Tetracycline (Buffered)
Achrostatin	LE	Tetracycline with Nystatin
Aci-Jel	JC	Ricinoleic Acid, Acetic Acid and Hydroxyquinoline Sulphate (Repat. Sch.)
Actraphane HM	CN	Insulin Isophane (N.P.H.) - Insulin Neutral, (Mixed)
Actraphane HM Penfill	CN	Insulin Isophane (N.P.H.) - Insulin Neutral, (Mixed)
Actraphane MC	CN	Insulin Isophane (N.P.H.) - Insulin Neutral, (Mixed)
Actrapid HM	CN	Insulin Neutral
Actrapid-HM Penfill	CN	Insulin Neutral
Actrapid MC	CN	Insulin Neutral
Actrapid MC Penfill	CN	Insulin Neutral
Actuss	SI	Pholcodine (Repat. Sch.)
Adacor	NN	Hydrocortisone
Adalat	BN	Nifedipine
Adalat 5	BN	Nifedipine
Adalat 20	BN	Nifedipine
Adaquin	NN	Quinine Sulphate
Adasone	NN	Prednisone
Adnisolone	NN	Prednisolone
Adriamycin	FE	Doxorubicin Hydrochloride
Adroyd	PD	Oxymetholone
Aerocortin	BW	Polymyxin B Sulphate with Neomycin and Hydrocortisone
Agon	HP	Felodipine
Akineton	KN	Biperiden
Albalon-A	AG	Antazoline with Naphazoline
Albalon Liquifilm	AG	Naphazoline Hydrochloride
Albay Bee Venom	BN	Insect Allergen Extract - Honey Bee Venom
Albay Wasp Venom	BN	Insect Allergen Extract - Paper Wasp Venom
Albumaid XP	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
Aldazine 10	AF	Thioridazine
Aldazine 25	AF	Thioridazine
Aldazine 50	AF	Thioridazine
Aldazine 100	AF	Thioridazine
Aldecin	SH	Beclomethasone Dipropionate
Aldomet	MK	Methyldopa
Aldomet-M	MK	Methyldopa
Alepam 15	AF	Oxazepam
Alepam 30	AF	Oxazepam
Alexan	BT	Cytarabine
Alfaré	NT	Triglycerides, Medium Chain
Alkeran	BW	Melphalan
Allegron	DL	Nortriptyline

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

Proprietary Name	Manufacturer	Name
Aquadrate	NW	Urea
Aquamox	LE	Quinethazone
Aquasun Blockout Cream 15+	PY	Sunscreens (Repat. Sch.)
Aquasun Blockout Lotion 15+	PY	Sunscreens (Repat. Sch.)
Aristocomb	LE	Triamcinolone Acetonide with Neomycin Sulphate, Gramicidin and Nystatin (Repat. Sch.)
Aristocort 0.02%	LE	Triamcinolone Acetonide
Aristocort 0.05%	LE	Triamcinolone Acetonide
Artane	LE	Benzhexol
Arterioflexin	PT	Clofibrate
Arthrexin	AF	Indomethacin
Ascabiol	MB	Benzyl Benzoate
Aspalgin	FM	Codeine Phosphate with Aspirin (Repat. Sch.)
A.T.10	WL	Dihydrotachysterol
Atarax	PF	Hydroxyzine Pamoate (Repat. Sch.)
Ativan	WY	Lorazepam (Repat. Sch.)
Atrobel	FM	Belladonna Alkaloids
Atrobel FORTE	FM	Belladonna Alkaloids
Atromid-S	IC	Clofibrate
Atropt	SI	Atropine Sulphate
Atrovent	BY	Ipratropium Bromide
Augmentin	BR	Amoxycillin with Clavulanic Acid
Augmentin Forte	BR	Amoxycillin with Clavulanic Acid
Aureomycin	LE	Chlortetracycline (Repat. Sch.)
Austramycin-V	CS	Tetracycline (Buffered)
Austrapen	CS	Ampicillin
Austrastaph	CS	Cloxacillin
Avil	HP	Pheniramine (Repat. Sch.)
Avomine	MB	Promethazine Theoclate
Azide	FM	Chlorothiazide
Bactigras 7457/00616/7461	SN	Dressing Paraffin Gauze with Chlorhexidine Acetate (Repat. Sch. S.3)
Bactrim	RO	Trimethoprim with Sulphamethoxazole
Bactrim DS	RO	Trimethoprim with Sulphamethoxazole
B.A.L.	BT	Dimercaprol
Banish	DY	Deodorant Concentrate (C & I)
Barbloc 5	AF	Pindolol
Barbloc 15	AF	Pindolol
Baycaron	BN	Mefruside
Becloforte	GL	Beclomethasone Dipropionate
Beconase	GL	Beclomethasone Dipropionate (Repat. Sch.)
Beconase AQ	GL	Beclomethasone Dipropionate (Repat. Sch.)
Becotide	GL	Beclomethasone Dipropionate
Becotide 100	GL	Beclomethasone Dipropionate
Becotide Rotacaps	GL	Beclomethasone Dipropionate
Becotide Rotahaler	GL	Rotahalers (Repat. Sch. S.2)
Benadryl	PD	Diphenhydramine Hydrochloride (Repat. Sch.)
Benemid	FR	Probenecid
Benzemul	MG	Benzyl Benzoate
Benzide	PT	Bendrofluazide
Berotec	BY	Fenoterol Hydrobromide
Betacard	BR	Alprenolol
Betadine	FA	Povidone-Iodine Gauze Pad (Repat. Sch. S.3)

Proprietary Name	Manu- fac- turer	Name
Betadine Antiseptic Liquid	FA	Povidone-Iodine (Repat. Sch.)
Betaloc	AP	Metoprolol
Betamin	US	Thiamine Hydrochloride
Beta-Sol	FM	Thiamine Hydrochloride
Betatabs-100	FM	Thiamine Hydrochloride
Betnovate	GL	Betamethasone Valerate (Repat. Sch.)
Betnovate 1/5	GL	Betamethasone Valerate
Betnovate 1/2	GL	Betamethasone Valerate
B.F.I.	MK	Bismuth Formic Iodide (Repat. Sch.)
Bi-Chinine	DH	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 (Repat. Sch. S.3)
Bioral	SN	Carbenoxolone Sodium (Repat. Sch.)
Biphasil 21	WY	Levonorgestrel with Ethinyloestradiol
Biphasil 28	WY	Levonorgestrel with Ethinyloestradiol
Biquin	NN	Quinine Bisulphate
Bi-Quinate	US	Quinine Bisulphate
Bisalax	PT	Bisacodyl
Bisolvon	BY	Bromhexine Hydrochloride (Repat. Sch.)
Blenoxane	BC	Bleomycin
Bleph 10	AG	Sulphacetamide Sodium
Blocadren	FR	Timolol
BM-Test-BG	BO	Glucose Indicator - Blood
BM-Test-Glycemie 20-800	BO	Glucose Indicator - Blood
Brevinor	SD	Norethisterone with Ethinyloestradiol
Brevinor-1	SD	Norethisterone with Ethinyloestradiol
Bricanyl	AP	Terbutaline Sulphate
Bricanyl Nebuhaler 2022	AP	Inhalation Device (Repat. Sch. S.2)
Brinaldix	SZ	Clopamide
Brondecon-PD	PD	Choline Theophyllinate
Brondecon Elixir-PD	PD	Choline Theophyllinate
Brufen	BT	Ibuprofen
Bufferin	AP	Aspirin
Burinex	AP	Bumetanide
Buscopan	BY	Hyoscine-N-Butylbromide (Repat. Sch.)
Cafergot	SZ	Ergotamine Tartrate with Caffeine
Cafergot PB	SZ	Ergotamine Tartrate with Caffeine, Ito-barbitone and Belladonna Alkaloids
Calcihep	FC	Heparin Calcium
Calciparine	BL	Heparin Calcium
Calcitare	RG	Calcitonin
Calcium Sandoz	SZ	Calcium Gluconate
Calmazine	PT	Trifluoperazine
Calmurid	PS	Urea
Cal-Sup	RK	Calcium
Calsynar	RG	Calcitonin
Caltrate	LE	Calcium
Canesten	BN	Clotrimazole
Canesten 1	BN	Clotrimazole

Proprietary Name	Manu- fac- turer	Name
Canesten 3	BN	Clotrimazole
Capoten	SQ	Captopril
Caprin	CS	Heparin Calcium
Capurate-100	FM	Allopurinol
Capurate-300	FM	Allopurinol
Carafate	BT	Sucralfate
Carbolith	DH	Lithium Carbonate
Cardinol	PT	Propranolol
Cardizem	IC	Diltiazem Hydrochloride
Cardophyllin	HA	Aminophylline
Cardoquin	NN	Quinidine Sulphate
Catapres	BY	Clonidine
Catapres 100	BY	Clonidine
Celestone	SH	Betamethasone
Celestone	SH	Betamethasone Acetate with Betamethasone Sodium Phosphate
Chronodose		
Celestone-M	SH	Betamethasone Valerate
Celestone-V	SH	Betamethasone Valerate
Half Strength		
Celestone-V	SH	Betamethasone Valerate (Repat. Sch.)
Celestone-VG	SH	Betamethasone Valerate and Gentamicin Sulphate (Repat. Sch.)
Celontin	PD	Methsuximide
Ceporacin	GL	Cephalothin Sodium
Ceporex	GL	Cephalexin
Cerumol	AC	Dichlorobenzene, Chlorbutol and Turpentine Oil (Repat. Sch.)
Cetaphil	AQ	Skin Cleanser (Repat. Sch.)
Chinine	DH	Quinine Sulphate
Chlorohex	OM	Chlorhexidine Gluconate (Repat. Sch.)
Chloromycetin	PD	Chloramphenicol
Chloromycetin	PD	Chloramphenicol
Palmitate		
Chloromycetin	PD	Chloramphenicol
Succinate		
Chloromycin	PD	Chloramphenicol with Polymyxin B
Chloroptic	AG	Chloramphenicol
Chlorquin	PT	Chloroquine
Chlorsig	SI	Chloramphenicol
Chlorvescent	PT	Potassium Chloride
Chlotride	FR	Chlorothiazide
Choledyl	WW	Choline Theophyllinate
Cibacalcin	CG	Calcitonin
Cidomycin	RL	Gentamicin Sulphate
Cilamox	SI	Amoxycillin
Cilicaine	SI	Procaine Penicillin
Cilicaine V	SI	Phenoxymethylpenicillin
Cilicaine VK	SI	Phenoxymethylpenicillin
Ciproxin 250	BN	Ciprofloxacin
Ciproxin 500	BN	Ciprofloxacin
Ciproxin 750	BN	Ciprofloxacin
Citraika	PD	Sodium Acid Citrate
Citravescent	PT	Sodium Citro-Tartrate
Sachets		
Claforan	RL	Cefotaxime
Clinistix	AM	Glucose Indicator - Urine
Clinitest	AM	Copper Sulphate

Proprietary Name	Manufacturer	Name
Clinoril	FR	Sulindac
Clomid	ML	Clomiphene Citrate
Clorhexitulle	RL	Dressing Paraffin Gauze with Chlorhexidine Acetate (Repat. Sch. S.3)
Codalgin	FM	Codeine Phosphate with Paracetamol (Repat. Sch.)
Codate	US	Codeine Phosphate
Codral Forte	BW	Codeine Phosphate with Aspirin
Cogentin	MX	Benzotropine
Colestid	UP	Colestipol Hydrochloride
Colgout	PT	Colchicine
Colifoam	SV	Hydrocortisone Acetate
Colly-seels	DY	Sterculia (C & I)
Colofac	JC	Mebeverine Hydrochloride (Repat. Sch.)
Coloxyl	FM	Docusate Sodium with Bisacodyl
Coloxyl 50	FM	Docusate Sodium (Repat. Sch.)
Coloxyl 120	FM	Docusate Sodium (Repat. Sch.)
Coloxyl with Senna	FM	Docusate Sodium with Senna (Repat. Sch.)
Coly-Mycin	WW	Colistin with Neomycin
Ear Drops		
Coly-Mycin Injection	WW	Colistin
Compazine	SK	Prochlorperazine
Conform 2230/2231/2232/2236/2238	KE	Bandage Stretch (Repat. Sch. S.3)
Corbeton 20	AF	Oxprenolol
Corbeton 40	AF	Oxprenolol
Cordarone X 100	RC	Amiodarone Hydrochloride
Cordarone X 200	RC	Amiodarone Hydrochloride
Cordilox	SC	Verapamil Hydrochloride
Cortate	PT	Cortisone Acetate
Cortef	UP	Hydrocortisone
Cotazym S Forte	OR	Pancrelipase
Coumadin	BT	Warfarin
Cow & Gate MCT Oil	KY	Triglycerides, Medium Chain
Curaband 8252F/8253F/8254F/8256F	KE	Bandage Cotton Crepe Heavy (Repat. Sch. S.3)
Curaband 8181/8182/8183/8184/8186	KE	Bandage Elastic Conforming (Repat. Sch. S.3)
Curaband 8232/8233/8234/8236	KE	Bandage Wrinkled Cotton Crepe (Repat. Sch. S.3)
Curity 3381/6132/6309	KE	Absorbent Gauze Pad (Repat. Sch. S.3)
Curity 4112	KE	Gauze Eye Pads (Repat. Sch. S.3)
Curity 2323	KE	Injection Site Preparation Swab (Repat. Sch. S.2)
Curity Combine Dressing Pad	KE	Gauze and Cotton Tissue (Combine Roll) Pieces (Repat. Sch. S.3)
2472C/2482C		
Curity-Telfa 6020C/7650C	KE	Dressing Self Adhesive Non-Adherent Dry Absorbent (Repat. Sch. S.3)
Cyclidox	PT	Doxycycline
Cycloblastin	FE	Cyclophosphamide
Cyklokapron	PS	Tranexamic Acid
Cytadren	CG	Aminoglutethimide
Cytosar-U	UP	Cytarabine
Cytotec	SR	Misoprostol
Daktarin	JC	Miconazole

Proprietary Name	Manu- fac- turer	Name
Daktarin	JC	Miconazole Nitrate
Dalacin C	UP	Clindamycin
Dalmane	RO	Flurazepam Dihydrochloride (Repat. Sch.)
Dan Gard	FA	Zinc Pyrithione (Repat. Sch.)
Dan Gard Hold & Care	FA	Zinc Pyrithione (Repat. Sch.)
Danocrine	WL	Danazol
Dantrium	NW	Dantrolene Sodium
Daonil	HP	Glibenclamide
Daranide	MK	Dichlorphenamide
Daraprim	BW	Pyrimethamine
Dartalan	SR	Thiopropazate
Decadron	MK	Dexamethasone
Decadron Shock Pak	MK	Dexamethasone
Deca-Durabolin	OR	Nandrolone Decanoate
Declinax	RO	Debrisoquine
De-Lact Infant	SJ	Milk Powder - Low Lactose Formula
Delta-Cortef	UP	Prednisolone
Deltasolone	US	Prednisolone
Deltasone	US	Prednisone
De-Nol	PD	Bismuth Subcitrate (Tri-potassium Di-citrate Bismuthate Complex)
Depend	KC	Absorbent Napkins (Repat. Sch. S.3)
Undergarments 1650		
Depo-Medrol	UP	Methylprednisolone Acetate
Depo-Provera	UP	Medroxyprogesterone
Deptran 10	AF	Doxepin
Deptran 25	AF	Doxepin
Deptran 50	AF	Doxepin
Deralin 10	AF	Propranolol
Deralin 40	AF	Propranolol
Deralin 160	AF	Propranolol
Dermacort	PD	Hydrocortisone
Dermacort "0"	PD	Hydrocortisone
Dermazole	EO	Econazole Nitrate (Repat. Sch.)
Deseril	SZ	Methysergide
Dexamethsone	PT	Dexamethasone
Dextrostix	AM	Glucose Indicator - Blood (Repat. Sch.)
Diabex	FC	Metformin
Diabinese	PF	Chlorpropamide
Diaformin	AF	Metformin
Diamicron	SE	Gliclazide
Diamox	LE	Acetazolamide
Dianeal	BX	Peritoneal Dialysis Solution
Diastix	AM	Glucose Indicator - Urine
Dibenylene	SK	Phenoxybenzamine
Dichlotride	MK	Hydrochlorothiazide
Didronel	NW	Disodium Etidronate
Diffiam	RK	Benzydamine Hydrochloride (Repat. Sch.)
Digestelact	SJ	Milk Powder - Lactose Modified
Dihydergot	SZ	Dihydroergotamine
Dilantin	PD	Phenytoin
Dilantin Infatabs	PD	Phenytoin
Dilantin Sodium	PD	Phenytoin Sodium
Dilosyn	GL	Methdilazine
Dimetane	RS	Brompheniramine (Repat. Sch.)
Dindevan	GL	Phenindione

Proprietary Name	Manufacturer	Name
Dipentum	PS	Olsalazine Sodium
Diprosone	SH	Betamethasone Dipropionate
Disipal	RK	Orphenadrine Hydrochloride
Diulo	SR	Metolazone
Dolobid	MK	Diflunisal
Doloxene	LY	Dextropropoxyphene Napsylate (Repat. Sch.)
Donnatab	RS	Belladonna Alkaloids
Dormel	DH	Chloral Hydrate
Doryx	FA	Doxycycline
Doxylin 50	AF	Doxycycline
Doxylin 100	AF	Doxycycline
D-Penamine	DL	Penicillamine
Drapolex	BW	Benzalkonium Chloride, Cetrimide and Lanolin (Repat. Sch.)
Drixine	SH	Oxymetazoline Hydrochloride (Repat. Sch.)
Drixora	SH	Pseudoephedrine Sulphate (Repat. Sch.)
Ducene	SU	Diazepam
Duphalac	JC	Lactulose
Duphaston	JC	Dydrogesterone
Durabolin	OR	Nandrolone Phenylpropionate
Duractin	CS	Cimetidine
Duratears	AQ	Paraffin
Durolax	BY	Bisacodyl
Duro-Tuss	RK	Pholcodine (Repat. Sch.)
Dyazide	SK	Hydrochlorothiazide with Triamterene
Dymadon	BW	Paracetamol
Dymadon Co.	BW	Codeine Phosphate with Paracetamol (Repat. Sch.)
Dytac	SK	Triamterene
Ecostatim	SQ	Econazole Nitrate
Ecotrin	SK	Aspirin
Edecril	MK	Ethacrynic Acid
E.D.P.	GL	Thymol Iodide, Bismuth Subiodide and Chlorbutol (Repat. Sch.)
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 (Repat. Sch.)
Efudix	RO	Fluorouracil (Repat. Sch.)
Egoderin Cream	EO	Allantoin, Glycerol and Ichthammol (Repat. Sch.)
Egopsoryl-TA	EO	Allantoin, Sulphur, Phenol, Coal Tar Solution and Menthol (Repat. Sch.)
Elastocrepe 3205A/3275A/3210A/3215A	SN	Bandage Cotton Crepe Heavy (Repat. Sch. S.3)
Elastoplast 1002/1003/1004	SN	Bandage Elastic Adhesive (Repat. Sch. S.3)
Elastoplast 4025	SN	Dressing Elastic Adhesive (Repat. Sch. S.3)
Elixophyllin	SC	Theophylline
Emsalin	DH	Methyl Salicylate
EMU-V	UP	Erythromycin
Endep 10	AF	Amitriptyline
Endep 25	AF	Amitriptyline
Endep 50	AF	Amitriptyline
Endone	BT	Oxycodone Hydrochloride
Enduron	AB	Methyclothiazide
Enduron M	AB	Methyclothiazide
Epifrin	AG	Adrenaline

Proprietary Name	Manufacturer	Name
Epilim	RC	Sodium Valproate
Epilim EC	RC	Sodium Valproate
Epilim Liquid	RC	Sodium Valproate
Epilim Syrup	RC	Sodium Valproate
Eppy/N	BF	Adrenaline
Ergotrate	LY	Ergometrine Maleate
Eryc	FA	Erythromycin
Erythrocin	AB	Erythromycin Ethyl Succinate
Erythrocin	AB	Erythromycin Lactobionate
Erythrocin	AB	Erythromycin Stearate
Esidrex 25	CG	Hydrochlorothiazide
Esidrex 50	CG	Hydrochlorothiazide
Estigyn	GL	Ethinylloestradiol
Eucerin	SN	Wool Alcohols
Euglucon	RC	Glibenclamide
Euhypnos	SI	Temazepam
Farlutal	FE	Medroxyprogesterone
Fasigyn	PF	Tinidazole
Fefol	SK	Ferrous Sulphate Dried with Folic Acid
Feldene	PF	Piroxicam
Fenamine	FM	Pheniramine (Repat. Sch.)
Fenamine-M	FM	Pheniramine (Repat. Sch.)
Fergon	WL	Ferrous Gluconate
Peritard	PT	Ferrous Sulphate Dried
Peritard Folic	PT	Ferrous Sulphate Dried with Folic Acid
Ferro-Gradumets	AB	Ferrous Sulphate Dried
Ferrum H	SI	Iron Polymaltose Complex
Fespan	SK	Ferrous Sulphate Dried
F.G.F.	AB	Ferrous Sulphate Dried with Folic Acid
Flagyl	MB	Metronidazole
Flagyl S	MB	Metronidazole Benzoate
Flagyl Statpak	MB	Metronidazole
Flophen	CS	Flucloxacillin
Florinef	SQ	Fludrocortisone Acetate
Floxapen	BR	Flucloxacillin
Flucon	AQ	Fluorometholone
Fluoroplex	AG	Fluorouracil (Repat. Sch.)
Fluoroblastin	FE	Fluorouracil
Fluvax	CS	Influenza Vaccine
FML Liquifilm	AG	Fluorometholone
Folasic	NN	Folic Acid
Folicid	US	Folic Acid
Fucidin	SK	Fusidic Acid
Fulcin 125	IC	Griseofulvin
Fulcin 500	IC	Griseofulvin
Fungilin	SQ	Amphotericin
Fungizone	SQ	Amphotericin
Furadantin	NW	Nitrofurantoin
Furamide	BT	Diloxanide Furoate
Fybogel	RC	Ispaghula Husk (Repat. Sch.)
Gantrisin	RO	Sulphafurazole
Garamycin	SH	Gentamicin Sulphate
Gastrogel	FM	Aluminium Hydroxide with Magnesium Trisilicate and Magnesium Hydroxide
Gavigrans	RC	Alginate Acid Compound (Repat. Sch.)

Proprietary Name	Manu- fac- turer	Name
Gelox	PR	Aluminium Hydroxide
Gelusil	WW	Aluminium Hydroxide with Magnesium Hydroxide
Genoptic	AG	Gentamicin Sulphate
Glaucon	AQ	Adrenaline
Glimel	AF	Glibenclamide
Glucophage	LH	Metformin
Glucostix	AM	Glucose Indicator - Blood
Gold-50	SH	Aurothioglucose
Granocol	SC	Sterculia with Frangula Bark
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 (Repat. Sch. S.3)
Haemacel	HP	Polygeline
Haleraid	GL	Inhalation Lever Device For Metered Aerosol (Repat. Sch. S.2)
Halotestin	UP	Fluoxymesterone
Hamilton Bath Oil	HA	Bath Emollient (Repat. Sch.)
Hamilton Body Wash	HA	Skin Cleanser (Repat. Sch.)
Hamilton Broad Spectrum Alcoholic Lotion 15+	HA	Sunscreens (Repat. Sch.)
Hamilton Broad Spectrum Milky Lotion 15+	HA	Sunscreens (Repat. Sch.)
Hamilton Broad Spectrum Solastick 15+	HA	Sunscreens (Repat. Sch.)
Hamilton Sunscreen Broad Spectrum Cream 15+	HA	Sunscreens (Repat. Sch.)
Handy 4021	BE	Absorbent Cotton Wool Gauze (Repat. Sch. S.3)
Handy 5672/5673/ 5674	BE	Absorbent Gauze Pad (Repat. Sch. S.3)
Handy 4032	BE	Absorbent Lint (Repat. Sch. S.3)
Handy 5605	BE	Bandage Calico Triangular (Repat. Sch. S.3)
Handy 5551/5552/ 5553/5554	BE	Bandage Open-Wove (Repat. Sch. S.3)
Handy 4207/4208/ 4209	BE	Gloves Plastic (Disposable) (Repat. Sch. S.3)
Handy-Band 9483/ 9485/9488/9490/ 9495	BE	Bandage Cotton Conforming (Repat. Sch. S.3)
Handycrepe 8235/ 8238/8240/8245	BE	Bandage Wrinkled Cotton Crepe (Repat. Sch. S.3)
Hemineurin	AP	Chlormethiazole
Hemorex	RL	Phenylephrine
Herplex	AG	Idoxuridine
Hibitane Concentrate	IC	Chlorhexidine
Hifluor	PT	Sodium Fluoride (Repat. Sch.)
Hiprex	RK	Hexamine Hippurate

Proprietary Name	Manufacturer	Name
Histalert	RK	Diphenylpyraline (Repat. Sch.)
HMS Liquifilm	AG	Medryson
Hollihesive Skin Barrier	HO	Polyisobutylene (C & I)
Honvan	BC	Fosfestrol Sodium
Hostacycline P	HP	Tetracycline (Buffered)
Humegon	OR	Human Menopausal Gonadotrophin
Humulin N	LY	Insulin Isophane (N.P.H.)
Humulin R	LY	Insulin Neutral
Hycor	SI	Hydrocortisone
Hydopa	AF	Methyldopa
Hydracycline	FM	Tetracycline (Buffered)
Hydrea	SQ	Hydroxyurea
Hydroform	DM	Hydrocortisone and Clioquinol (Repat. Sch.)
Hydrosone	US	Hydrocortisone
Hygroton	CG	Chlorthalidone
Hyperstat I.V.	SH	Diazoxide
Hypnodorm	AF	Flunitrazepam (Repat. Sch.)
Hypurin Isophane	FC	Insulin Isophane (N.P.H.)
Hypurin Neutral	FC	Insulin Neutral
Hysone	PT	Hydrocortisone
Hysone-A	PT	Hydrocortisone Acetate
Ibiamox	PT	Amoxycillin
Ichthopaste 4959	SN	Bandage Zinc Paste and Ichthammol (Repat. Sch. S.3)
Ilocap	LY	Erythromycin
Ilosone	LY	Erythromycin Estolate
Imferon	FC	Iron Dextran
Imiprin	PT	Imipramine
Imodium	JC	Loperamide Hydrochloride
Imuran	BW	Azathioprine
Inderal	IC	Propranolol
Indocid	MK	Indomethacin
Inflam	PT	Ibuprofen
Initard Human	BW	Insulin Isophane (N.P.H.) - Insulin Neutral, (Mixed)
Initard Nordisk	BW	Insulin Isophane (N.P.H.) - Insulin Neutral, (Mixed)
Insulatard Human	BW	Insulin Isophane (N.P.H.)
Insulatard Nordisk	BW	Insulin Isophane (N.P.H.)
Insulin 2	CN	Insulin, Acid
Intal	FC	Sodium Cromoglycate
Intal Spincaps	FC	Sodium Cromoglycate
Intal Spinhaler	FC	Spinhaler (Repat. Sch. S.2)
Invite-B	NN	Thiamine Hydrochloride
Ionil	AQ	Salicylic Acid, Benzalkonium Chloride, Alcohol and Polyoxyethylene Ethers (Repat. Sch.)
Ionil Rinse	AQ	Hydrolyzed Collagen Proteins (Repat. Sch.)
Ionil-T	AQ	Salicylic Acid, Benzalkonium Chloride, Alcohol, Coal Tar and Polyoxyethylene Ethers (Repat. Sch.)
Isoptin	KN	Verapamil Hydrochloride
Isopto Carpine	AQ	Pilocarpine Hydrochloride
Isopto Frin	AQ	Phenylephrine
Isopto Tears	AQ	Hypromellose
Isordil	AY	Isosorbide Dinitrate

Proprietary Name	Manufacturer	Name
Isordil Sublingual	AY	Isosorbide Dinitrate
Isotard MC	CN	Insulin Isophane (N.P.H.)
Isotrate	PD	Isosorbide Dinitrate
Isotrate Sublingual	PD	Isosorbide Dinitrate
Jelonet 7404	SN	Dressing Paraffin Gauze (Repat. Sch. S.3)
JJ 02011/02013	JJ	Absorbent Cotton Wool (Repat. Sch. S.3)
JJ 12031	JJ	Gauze and Cotton Tissue (Combine Roll) (Repat. Sch. S.3)
Kabikinase	PS	Streptokinase
Kaluril	AF	Amiloride
Kaomagma	WY	Aluminium Hydroxide with Kaolin
Kaopectate	UP	Kaolin with Pectin
Karaya Paste	HO	Sterculia (C & I)
Karbons	EG	Charcoal, Activated (C & I)
Kay Ciel	SC	Potassium Chloride
Keflex	LY	Cephalexin
Keflin Neutral	LY	Cephalothin Sodium
Kefzol	LY	Cephazolin Sodium
Kemadrin	BW	Procyclidine
Kenacomb	SQ	Triamcinolone Acetonide with Neomycin Sulphate, Gramicidin and Nystatin (Repat. Sch.)
Kenacomb Otic	SQ	Triamcinolone Acetonide with Neomycin Sulphate, Gramicidin and Nystatin
Kenacort-A10	SQ	Triamcinolone Acetonide
Kenalone	SQ	Triamcinolone Acetonide
Kenalone 0.02%	SQ	Triamcinolone Acetonide
Kerlix 6715	KE	Absorbent Cotton Gauze (Repat. Sch. S.3)
Keto-Diastix	AM	Glucose and Ketone Indicator - Urine
Kinidin	AP	Quinidine Bisulphate
Kolpon	OR	Oestrone
Konakion	RO	Phytomenadione
K-San	PR	Potassium Chloride
KSR	AF	Potassium Chloride
Lacril	AG	Hypromellose
Lacri-Lube S.O.P.	AG	Paraffin
Lanoxin	BW	Digoxin
Lanoxin-PG	BW	Digoxin
Lanvis	BW	Thioguanine
Largactil	MB	Chlorpromazine
Larodopa	RO	Levodopa
Laroxyl	RO	Amitriptyline
Lasix	HP	Furosemide
Lasix-M	HP	Furosemide
Latycin	BZ	Tetracycline
Ledermycin	LE	Demeclocycline Hydrochloride
Ledertrexate	LE	Methotrexate
Lente MC	CN	Insulin Zinc Suspension
Leucovorin	LE	Calcium Folinic
Leukeran	BW	Chlorambucil
Leukoflex 1121/ 1122/1124	BE	Self Adhesive Plaster Hypoallergenic (Repat. Sch. S.3)
Leukoplast 1071/ 1072/1073	BE	Self Adhesive Plaster Elastic (Repat. Sch. S.3)

Proprietary Name	Manufacturer	Name
Leukoplast 2322/ 2324/2325	BE	Self Adhesive Plaster Waterproof (Repat. Sch. S.3)
Leukopor 2471/2472/ 2474	BE	Self Adhesive Plaster Hypoallergenic (Repat. Sch. S.3)
Leukosilk 1021/ 1022/1024	BE	Self Adhesive Plaster Hypoallergenic (Repat. Sch. S.3)
Lexotan	RO	Bromazepam (Repat. Sch.)
Librium	RO	Chlordiazepoxide (Repat. Sch.)
Lincocin	UP	Lincomycin
Lincocin SS	UP	Lincomycin
Paediatric		
Lingraine	WL	Ergotamine Tartrate
Linsal	SI	Methyl Salicylate
Lioresal 10	CG	Baclofen
Lioresal 25	CG	Baclofen
Liquifilm Forte	AG	Polyvinyl Alcohol
Liquifilm Tears	AG	Polyvinyl Alcohol
Lithicarb	PT	Lithium Carbonate
LoAsid	BW	Aluminium Hydroxide with Magnesium Hydroxide
Locacorten	CG	Flumethasone with Clioquinol
Vioform		
Locasol New Formula	KY	Milk Powder - Synthetic
Locofalac	MJ	Phenylalanine Low Content Formula
Lomotil	SR	Diphenoxylate Hydrochloride with Atropine Sulphate
Loniten	UP	Minoxidil
Lopresor 50	CG	Metoprolol
Lopresor 100	CG	Metoprolol
Loxexane	IC	Lindane
Loxexane Concentrate	IC	Lindane
Lotremin	SH	Clotrimazole
LPV	CS	Phenoxymethylpenicillin
LPV 125	CS	Phenoxymethylpenicillin
LPV 250	CS	Phenoxymethylpenicillin
Lubafax	BW	Lubricating Agent (Repat. Sch.)
Lucrin	AB	Leuporelin Acetate
Lurselle	ML	Probuco
Lyspafen	PT	Difenoxin Hydrochloride with Atropine Sulphate
Macrochantin	NW	Nitrofurantoin
Macrodex	PS	Dextran 70
Madopar	RO	Levodopa with Benserazide
Madopar-M	RO	Levodopa with Benserazide
Madopar Q	RO	Levodopa with Benserazide
Magmin	VS	Magnesium Aspartate (Repat. Sch.)
Mandelamine	WW	Hexamine Mandelate
Mandelamine	WW	Hexamine Mandelate
Hafgrams		
Marevan	GL	Warfarin
Maxamaid RVHB	SB	Amino Acid Formula with Vitamins and Minerals without Methionine
Maxamaid XP	SB	Amino Acid Formula with Vitamins and Minerals without Phenylalanine

Proprietary Name	Manufacturer	Name
Maxamum XP	SB	Amino Acid Formula with Vitamins and Minerals without Phenylalanine
Maxidex	AQ	Dexamethasone
Maxolon	BR	Metoclopramide Hydrochloride
Medi Swab 1000H	SN	Injection Site Preparation Swab (Repat. Sch. S.2)
Mefic	AF	Mefenamic Acid
Megostat	BC	Megestrol Acetate
Melipramine	UW	Imipramine
Melleril	SZ	Thioridazine
Melolin 1200M/4933	SN	Dressing Non-Adherent Dry Absorbent (Repat. Sch. S.3)
Merbentyl	ML	Dicyclomine Hydrochloride (Repat. Sch.)
Mestison	RO	Pyridostigmine
Metamide	PT	Metoclopramide Hydrochloride
Metamucil	SR	Psyllium Hydrophilic Mucilloid (Repat. Sch.)
Methoblastin	FE	Methotrexate
Methopa	US	Methyldopa
Methopt	SI	Hypromellose
Methopt Forte	SI	Hypromellose
Meth-Zine	PT	Promethazine (Repat. Sch.)
Metrogyl 200	AF	Metronidazole
Metrogyl 400	AF	Metronidazole
Metrozine	SR	Metronidazole
Mexitol	BY	Mexiletine Hydrochloride
Miacalcic	SZ	Calcitonin
Microgynon 30	SC	Levonorgestrel with Ethinyloestradiol
Microgynon 30 ED	SC	Levonorgestrel with Ethinyloestradiol
Microgynon 50	SC	Levonorgestrel with Ethinyloestradiol
Microgynon 50 ED	SC	Levonorgestrel with Ethinyloestradiol
Microlox	PS	Sodium Citrate and Sodium Lauryl Sulphoacetate (Repat. Sch.)
Microlut 28	SC	Levonorgestrel
Micronor	JC	Norethisterone
Micropore Cloth	RK	Self Adhesive Plaster Hypoallergenic
First Aid Tape		(Repat. Sch. S.3)
2610/2611		
Micropore Paper	RK	Self Adhesive Plaster Hypoallergenic
First Aid Tape		(Repat. Sch. S.3)
R3/R4		
Micropore Plastic	RK	Self Adhesive Plaster Hypoallergenic
First Aid Tape		(Repat. Sch. S.3)
TR1/TR2		
Micropore Skintone	RK	Self Adhesive Plaster Hypoallergenic
Paper First Aid		(Repat. Sch. S.3)
Tape RF7/RF8		
Micropore	RK	Self Adhesive Plaster Hypoallergenic
Waterproof First		(Repat. Sch. S.3)
Aid Tape BR1/BR2		
Microval 28	WY	Levonorgestrel
Midamor	MK	Amiloride
Milontin	PD	Phensuximide
Minidiab	FE	Glipizide
Minipress	PF	Prazosin Hydrochloride
Minirin	FC	Desmopressin
Minomycin	LE	Minocycline
Mintezol	MK	Thiabendazole

Proprietary Name	Manufacturer	Name
Mithracin	PF	Mithramycin
Mixtard Human	BW	Insulin Isophane (N.P.H.) - Insulin Neutral, (Mixed)
Mixtard Nordisk	BW	Insulin Isophane (N.P.H.) - Insulin Neutral, (Mixed)
Modecate	SQ	Fluphenazine Decanoate
Modicon	JC	Norethisterone with Ethinyloestradiol
Moduretic	MK	Hydrochlorothiazide with Amiloride
Mogadon	RO	Nitrazepam
Moniarix	SK	Pneumococcal Vaccine, Polyvalent
Monistat 3	JC	Miconazole Nitrate
Monistat 7	CL	Miconazole Nitrate
Monistat Derm	CL	Miconazole Nitrate
Monotard HM	CN	Insulin Zinc Suspension
Monotard MC	CN	Insulin Zinc Suspension
Mortha	WH	Morphine with Tacrine
Motilium	JC	Domperidone
Mouthpiece	BY	Mouth Piece for Metered Aerosols (Repat. Sch. S.2)
Moxacin	CS	Amoxycillin
Moxacin 250	CS	Amoxycillin
M.S.U.D. AID	SB	Amino Acid Formula with Vitamins and Minerals without Valine, Leucine and Isoleucine
Mucaine	AY	Aluminium Hydroxide with Magnesium Hydroxide and Oxethazaine
Mucomyst	AP	Acetylcysteine
Multi-B Forte	GP	Vitamin B Group Complex Strong with Ascorbic Acid (Repat. Sch.)
Murelax	AY	Oxazepam
Myambutol	LE	Ethambutol Hydrochloride (Repat. Sch.)
Mycitracin	UP	Polymyxin B Sulphate with Bacitracin and Neomycin
Mycostatin	SQ	Nystatin
Mylanta	PD	Aluminium Hydroxide with Magnesium Hydroxide
Mylanta II	PD	Aluminium Hydroxide with Magnesium Hydroxide and Simethicone (Repat. Sch.)
Myleran	BW	Busulphan
Myocrisin	MB	Sodium Aurothiomalate
Myoquin	FM	Quinine Bisulphate
Mysoline	IC	Primidone
Mysteclin-V	SQ	Tetracycline with Nystatin
Mytelase	WL	Ambenonium Chloride
Naloxone Min-I-Jet	CS	Naloxone Hydrochloride
Naprosyn	SD	Naproxen
Narcan Neonatal	BT	Naloxone Hydrochloride
Nardil	WW	Phenelzine
Natrilix	SE	Indapamide
Natulan	RO	Procarbazine
Navidrex	CG	Cyclopenthiiazide
Naxen	AF	Naproxen
Nebcin	LY	Tobramycin Sulphate
Negram	WL	Nalidixic Acid
Nemdyn	HA	Neomycin Undecenoate with Bacitracin Zinc
Neo-Cortef	UP	Hydrocortisone with Neomycin Sulphate
Neo-Cytamen	GL	Hydroxocobalamin

Proprietary Name	Manufacturer	Name
Neo-Mercazole	NS	Carbimazole
Neopt	SI	Neomycin Sulphate
Neosporin	BW	Polymyxin B Sulphate with Bacitracin and Neomycin
Eye Ointment	BW	Polymyxin B Sulphate with Neomycin and Gramicidin
Neosporin	PT	Neomycin
Eye Drops	JC	Polymyxin B Sulphate with Bacitracin and Neomycin
Neosulf	MB	Pericyazine
Neotracin	US	Nicotinic Acid
Neulactil	LE	Nystatin
Nikacid	RO	Sodium Nitroprusside
Nilstat	RO	Tetrabenazine
Nipride	SR	Glyceryl Trinitrate
Nitoman	FC	Glyceryl Trinitrate
Nitradisc	MB	Chloroquine
Nitro-Bid	JC	Ketoconazole
Nivaquine	AP	Acrylic Resin (C & I)
Nizoral	SQ	Chloral Hydrate
Nobecutane	IC	Tamoxifen Citrate
Noctec	IC	Tamoxifen Citrate
Nolvadex	WY	Levonorgestrel with Ethinyloestradiol
Nolvadex-D	WY	Levonorgestrel with Ethinyloestradiol
Nordette 21	WY	Levonorgestrel with Ethinyloestradiol
Nordette 28	NR	Hydrocortisone Sodium Succinate
Nordette 50	WY	Levonorgestrel with Ethinyloestradiol
Nordicort	WY	Levonorgestrel with Ethinyloestradiol
Nordioli 21	SD	Norethisterone
Nordioli 28	SD	Norethisterone with Mestranol
Noriday 28 Day	SD	Norethisterone with Mestranol
Norinyl-1	WY	Temazepam
Norinyl-1/28	AB	Electrolyte Replacement Solution
Normison	MK	Norfloxacin
Normosol R	SR	Disopyramide
Noroxin	SQ	Nortriptyline
Norpace	AF	Atenolol
Nortab	LE	Mitozantrone
Noten	RK	Theophylline
Novantrone	RK	Theophylline
Nuelin	RK	Theophylline
Nuelin Paediatric	RK	Theophylline
Neulin-Sprinkle	RK	Theophylline
Nuelin-S.R. 250	RK	Theophylline
Nufold 10330/10331/10332	JJ	Gauze Sterile Strip (Repat. Sch. S.3)
Nutramigen	MJ	Protein Hydrolysate Formula
Nutraplus	OL	Urea
Ocusert Pilo 20	PT	Pilocarpine
Ocusert Pilo 40	PT	Pilocarpine
Odorgon	LA	Deodorant Concentrate (C & I)
Ogen .625	AB	Piperazine Oestrone Sulphate
Ogen 1.25	AB	Piperazine Oestrone Sulphate
Omnopon	RO	Papaveretum
Omnopon	RO	Papaveretum with Hyoscine Hydrobromide
Scopolamine	LY	Vincristine
Oncovin	SN	Dressing Adhesive Membrane (Repat. Sch. S.3)
Op-Site 4963		

Proprietary Name	Manu- fac- turer	Name
Opticrom	FC	Sodium Cromoglycate
Orabase	SQ	Carmellose Sodium with Pectin and Gelatin (C & I and Repat. Sch.)
Orabolin	OR	Ethynloestrenol
Oradexon	OR	Dexamethasone
Orasheive	SQ	Carmellose Sodium with Pectin and Gelatin (C & I)
Orbenin	BR	Cloxacillin
Oroxine	BW	Thyroxine Sodium (BP 1980)
Ortho-Novum 1/50	JC	Norethisterone with Mestranol
Orudis	MB	Ketoprofen
Orudis SR	MB	Ketoprofen
Ospolot	BN	Sulthiame
Ostelin	GL	Ergocalciferol
Ovulen 0.5/50	SR	Ethynodiol Diacetate with Ethynloestradiol
Ovulen 0.5/50-28	SR	Ethynodiol Diacetate with Ethynloestradiol
Ovulen 1/50	SR	Ethynodiol Diacetate with Ethynloestradiol
Ovulen 1/50-28	SR	Ethynodiol Diacetate with Ethynloestradiol
Panacete	PR	Paracetamol
Panadeine Forte	WL	Codeine Phosphate with Paracetamol
Panafcort	PT	Prednisone
Panafcortelone	PT	Prednisolone
Panamax	WL	Paracetamol
Pancrease	JC	Pancrelipase
Panmycin P	UP	Tetracycline
Pantheline	PT	Propantheline Bromide
Paralgin	FM	Paracetamol
Parlodol	SZ	Bromocriptine Mesylate
Parnate	SK	Tranylcypromine
Paroven	ZY	Hydroxyethylrutosides (Repat. Sch.)
PCL	DH	Paracetamol
Pedi-Derm	NN	Tolnaftate (Repat. Sch.)
Pedoz	HA	Tetra-bromo-orthocresol, Undecenoic Acid, Zinc Undecenoate and Zinc Oxide (Repat. Sch.)
Peg 7420/7422/7423/ 7425	BK	Bandage Self Adhesive Elastic (Repat. Sch. S.3)
Penbritin	BR	Ampicillin
Penbritin Forte	BR	Ampicillin
Pensig	SI	Phenethicillin
Pensig 125	SI	Phenethicillin
Pensig 250	SI	Phenethicillin
Peppidine	MK	Famotidine
Peppidine M	MK	Famotidine
Pergonal	CS	Human Menopausal Gonadotrophin
Periactin	FR	Cyproheptadine
Pertofran	CG	Desipramine
Pevaryl	SK	Econazole Nitrate
Pexid	ML	Perhexiline Maleate
Phenergan	MB	Promethazine (Repat. Sch.)
Pholcolin Red	DH	Pholcodine (Repat. Sch.)
Pholcolin White	DH	Pholcodine (Repat. Sch.)
Pholtrate	MG	Pholcodine (Repat. Sch.)
Phosphate Sandoz	SZ	Sodium Acid Phosphate
Phospholine Iodide	AY	Ecothiopate Iodide
Physeptone	BW	Methadone
Pilopt	SI	Pilocarpine Hydrochloride

Proprietary Name	Manu- fac- turer	Name
Pinetarsol	EO	Pine Tar and Triethanolamine Lauryl Sulphate (Repat. Sch.)
Piriton	GL	Chlorpheniramine (Repat. Sch.)
Pitressin Tannate	PD	Vasopressin Tannate
Pixol	WS	Pine Tar, Coal Tar Solution, Juniper Tar and Phenol (Repat. Sch.)
PK AID I	SB	Amino Acid Formula without Phenylalanine
PK AID II	SB	Amino Acid Formula without Phenylalanine
Plaquad	OB	Chlorhexidine Gluconate (Repat. Sch.)
Plaquenil	WL	Hydroxychloroquine
Plasma-Lyte 148	BX	Electrolyte Replacement Solution
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 (Repat. Sch.)
Ponstan	PD	Mefenamic Acid
Portagen	MJ	Triglycerides, Medium Chain
Posalfilin	NE	Salicylic Acid and Podophyllin Resin (Repat. Sch.)
Pramin	AF	Metoclopramide Hydrochloride
Prantal	SH	Diphenamyl Methylsulphate (Repat. Sch.)
Prednefrin Forte	AG	Prednisolone Acetate with Phenylephrine
Predsol	GL	Prednisolone Sodium Phosphate
Prefrin	AG	Phenylephrine
Prefrin-Z	AG	Zinc with Phenylephrine
Pregestimil	MJ	Triglycerides, Medium Chain
Premarin	AY	Oestrogens - Conjugated
Presolol 100	AF	Labetalol
Presolol 200	AF	Labetalol
Priadel	PT	Lithium Carbonate
Primobolan	SC	Methenolone Acetate
Primogyn Depot	SC	Oestradiol Valerate
Primolut N	SC	Norethisterone
Primoteston Depot	SC	Testosterone Enanthate
Procaïnamide	AP	Procaïnamide Hydrochloride (Repat. Sch.)
Durules		
Procort	PR	Hydrocortisone
Proctosedyl	RL	Hydrocortisone, Cinchocaine Hydrochloride and Aesculin (Repat. Sch.)
Profasi 500	CS	Human Chorionic Gonadotrophin
Profasi 1000	CS	Human Chorionic Gonadotrophin
Profasi 2000	CS	Human Chorionic Gonadotrophin
Profasi 5000	CS	Human Chorionic Gonadotrophin
Progout	PT	Allopurinol
Progy Nova	SC	Oestradiol Valerate
Proladone	BT	Oxycodone
Prominal	WL	Methylphenobarbitone
Pronestyl	SQ	Procaïnamide
Pro-Pam	PT	Diazepam
Propine	AG	Dipivefrine Hydrochloride
Prostigmin	RO	Neostigmine
Protamine Zinc	CN	Insulin Protamine Zinc
Insulin MC		
Protaphane HM	CN	Insulin Isophane (N.P.H.)
Protaphane HM	CN	Insulin Isophane (N.P.H.)
Penfill		

Proprietary Name	Manu- fac- turer	Name
Protaphane MC	CN	Insulin Isophane (N.P.H.)
Prothiaden	BT	Dothiepin Hydrochloride
Protostat	JC	Metronidazole
Protran	PT	Chlorpromazine
Provera	UP	Medroxyprogesterone
Purinethol	BW	Mercaptopurine
P.V. Carpine	AG	Pilocarpine Hydrochloride
PVK	LY	Phenoxymethylpenicillin
P.V.O.	FM	Phenoxymethylpenicillin
Pydox	PT	Pyridoxine Hydrochloride
Pyridium	WW	Phenazopyridine Hydrochloride (Repat. Sch.)
Questran	AP	Cholestyramine
Quinate	US	Quinine Sulphate
Quinbisan	PR	Quinine Bisulphate
Quinbisul	AF	Quinine Bisulphate
Quinidex LA	RS	Quinidine Sulphate
Quinidoxin	BW	Quinidine Sulphate
Quinocet	FM	Quinine Sulphate
Quinsan	PR	Quinine Sulphate
Quinsul	AF	Quinine Sulphate
QV Bath Oil	EO	Bath Emollient (Repat. Sch.)
Rafen 200	AF	Ibuprofen
Rapitard MC	CN	Insulin Biphasic
Rastinon	HP	Tolbutamide
Renitec	MK	Enalapril Maleate
Renitec 20	MK	Enalapril Maleate
Renitec M	MK	Enalapril Maleate
Repalyte	DH	Electrolyte Replacement (Oral)
Resonium-A	WL	Sodium Polystyrene Sulphonate (Repat. Sch.)
Respolin	RK	Salbutamol Sulphate
Resprim	AF	Trimethoprim with Sulphamethoxazole
Resprim Forte	AF	Trimethoprim with Sulphamethoxazole
Reverin	HP	Rolitetraacycline
Rheomacrodex	PS	Dextran 40
Rheumacin	PT	Indomethacin
Rhinalar Nasal Mist	SD	Flunisolide (Repat. Sch.)
Rhumax	PR	Sodium Salicylate
Ridaura	SK	Auranofin
Rikoderm	RK	Bath Emollient (Repat. Sch.)
Rimycin 150	AF	Rifampicin
Rimycin 300	AF	Rifampicin
Rivotril	RO	Clonazepam
Roaccutane	RO	Isotretinoin
Rocaltrol	RO	Calcitriol
Rocephin	RO	Ceftriaxone
Rohypnol	RO	Flunitrazepam (Repat. Sch.)
Rondomycin	WW	Methacycline
Rynacrom	FC	Sodium Cromoglycate (Repat. Sch.)
Rynacrom	FC	Nasal Insufflator (Repat. Sch. S.2)
Rythmodan	RL	Disopyramide
Sacsol	EG	Surgical Cement
Sacsol Non Flammable	EG	Surgical Cement
Salazopyrin	PS	Sulphasalazine

Proprietary Name	Manu- fac- turer	Name
Salazopyrin-EN	PS	Sulphasalazine
Salicylin-P	KY	Salicylic Acid and Podophyllin Resin (Repat. Sch.)
Sandocal 1000	SZ	Calcium
Sandomigran	SZ	Pizotifen Malate
Saroten	NS	Amitriptyline
Savacol Mouth & Throat Rinse	IC	Chlorhexidine Gluconate (Repat. Sch.)
Scheriproct	SC	Prednisolone Hexanoate, Cinchocaine Hydrochloride and Clemizole Undecylenate (Repat. Sch.)
Scherisolon	SC	Prednisolone Acetate
Scholl	SO	Felt Pad Bunion (Repat. Sch. S.3)
Scholl	SO	Felt Pad Callous (Repat. Sch. S.3)
Scholl	SO	Felt Pad Corn (Repat. Sch. S.3)
Scholl	SO	Lambs Wool (Repat. Sch. S.3)
Scholl Tubegauz	SO	Tubular Finger Dressing with Applicator (Repat. Sch. S.3)
S-Dimidine	PT	Sulphadimidine
Sebitar	EO	Salicylic Acid, Coal Tar Solution, Pine Tar and Undecylenamide (Repat. Sch.)
Seda-Gel	NN	Choline Salicylate, Cetalkonium Chloride, Menthol, Glycerol and Ethanol (Repat. Sch.)
Selsun	AB	Selenium Sulphide (Repat. Sch.)
Semilente MC	CN	Insulin Zinc Suspension (Amorphous)
Senagar	SI	Senega and Ammonia (Repat. Sch.)
Senamon	DH	Senega and Ammonia (Repat. Sch.)
Senokot	RC	Senna Standardised (Repat. Sch.)
Seprin	BW	Trimethoprim with Sulphamethoxazole
Seprin Forte	BW	Trimethoprim with Sulphamethoxazole
Sequilar ED	SC	Levonorgestrel with Ethinyloestradiol
Serenace	SR	Haloperidol
Serepax	WY	Oxazepam
SH420	SC	Norethisterone Acetate
Sigmacort	SI	Hydrocortisone
Silic 15	EO	Dimethicone and Glycerol (Repat. Sch.)
Silicon Skin Spray	EG	Dimethicone (C & I)
Silvazine	SN	Silver Sulphadiazine with Chlorhexidine Gluconate
Simeco Suspension	WY	Aluminium Hydroxide with Magnesium Hydroxide
Simeco Tablet	WY	Aluminium Hydroxide and Magnesium Carbonate Co-Dried Gel
Sinemet	MK	Levodopa with Carbidopa
Sinemet 100/25	MK	Levodopa with Carbidopa
Sinemet M	MK	Levodopa with Carbidopa
Sinequan	PF	Doxepin
Sintison	FE	Prednisolone Stearoylglycolate
Skin Gel	HO	Isopropyl Monoester Polymer with Isopropyl Alcohol (C & I)
Skin-Prep	DY	Butyl Monoester Polymer with Isopropyl Alcohol (C & I)
Slo-bid	RG	Theophylline
Slow-Fe	CG	Ferrous Sulphate Dried
Slow-K	CG	Potassium Chloride
SN 121054A	SN	Gauze and Cotton Tissue (Combine Roll) (Repat. Sch. S.3)

Proprietary Name	Manufacturer	Name
Sodexol	SC	Aluminium Hydroxide with Magnesium Hydroxide
Sodibic	PT	Sodium Bicarbonate (Repat. Sch.)
Sofradex	RL	Dexamethasone with Framycetin and Gramicidin
Soframycin	RL	Framycetin
Softeze Absorbent Pad Mini 640-0412	BS	Absorbent Napkins (Repat. Sch. S.3)
Softeze Absorbent Pad Regular 640-0312	BS	Absorbent Napkins (Repat. Sch. S.3)
Softeze Stretch Pants 082-8101/082-8201/082-8301	BS	Absorbent Napkins Pants (Repat. Sch. S.2)
Soft Guard XL Skin Barrier	DY	Polyisobutylene (C & I)
Solcode	RC	Codeine Phosphate with Aspirin (Repat. Sch.)
Solone	FM	Prednisolone
Solprin	RC	Aspirin
Solu-Cortef	UP	Hydrocortisone Sodium Succinate
Solu-Medrol	UP	Methylprednisolone Sodium Succinate
Somophyllin	FC	Aminophylline
Somophyllin CRT	FC	Theophylline
Sone	FM	Prednisone
Sopol	WS	Skin Cleanser (Repat. Sch.)
Sotacor	AP	Sotalol Hydrochloride
Span-K	PT	Potassium Chloride
Spray-On Bande	EG	Polyvinylpyrrolidone and Vinyl Acetate Copolymer (C & I)
Squibb-HC	SQ	Hydrocortisone
S.R.A.	BT	Aspirin
Staphylex 250	AF	Flucloxacillin
Staphylex 500	AF	Flucloxacillin
Steclin-V	SQ	Tetracycline (Buffered)
Stelazine	SK	Trifluoperazine
Stemetil	MB	Prochlorperazine
Sterofrin	AQ	Prednisolone Acetate
Stomahesive	SQ	Butyl Monoester Polymer with Ethanol (C & I)
Stomahesive Set	SQ	Polyisobutylene (C & I)
Stoxil	SK	Idoxuridine
Streptase	HP	Streptokinase
Sudafed	BW	Pseudoephedrine Hydrochloride (Repat. Sch.)
SunSense Cream 15+	EO	Sunscreens (Repat. Sch.)
SunSense Lotion 15+	EO	Sunscreens (Repat. Sch.)
SunSense Milk 15+	EO	Sunscreens (Repat. Sch.)
Super Banish	DY	Deodorant Concentrate (C & I)
Supres 25	PT	Hydralazine Hydrochloride
Supres 50	PT	Hydralazine Hydrochloride
Surmontil	MB	Trimipramine
Sustanon "100"	OR	Testosterone Esters
Sustanon "250"	OR	Testosterone Esters
Symmetrel	CG	Amantadine Hydrochloride
Synacthen Depot 0.5	CG	Tetracosactrin
Synacthen Depot 1	CG	Tetracosactrin
Synalar	IC	Fluocinolone Acetonide (Repat. Sch.)
Synalar 01	IC	Fluocinolone Acetonide (Repat. Sch.)
Synphasic	SD	Norethisterone with Ethinyloestradiol
Synphasic 21 day	SD	Norethisterone with Ethinyloestradiol

Proprietary Name	Manufacturer	Name
Syntocinon	SZ	Oxytocin
Syntometrine	SZ	Oxytocin with Ergometrine
Tagamet	SK	Cimetidine
Tambacor	RK	Flecainide Acetate
Tarcil	BR	Ticarcillin
Tears Naturale	AQ	Hypromellose with Dextran
Tears Plus	AG	Polyvinyl Alcohol with Povidone
Tegretol	CG	Carbamazepine
Tegretol 100	CG	Carbamazepine
Tegretol 200	CG	Carbamazepine
Telfa 1961C/2132C	KE	Dressing Non-Adherent Dry Absorbent (Repat. Sch. S.3)
Temaze 10	AF	Temazepam
Tenderskin 1596.1/ 1914.1/2419.1/ 3394.1	KE	Self Adhesive Plaster Hypoallergenic (Repat. Sch. S.3)
Tenopt	SI	Timolol
Tenormin	IC	Atenolol
Teril	AF	Carbamazepine
Terramycin	PF	Oxytetracycline (Repat. Sch.)
Tertroxin	GL	Liothyronine
Tes-Tape	LY	Glucose Indicator - Urine
Testomet	PT	Methyltestosterone
Testoviron	SC	Testosterone Propionate
Tetramykoin	BZ	Tetracycline
Tetrex	AP	Tetracycline (Buffered)
Tetrex-F	AP	Tetracycline with Nystatin
Theo-Dur	AP	Theophylline
Thioprine	AF	Azathioprine
Thiotepa	LE	Thiotepa
Ticarda	HP	Normethadone Hydrochloride and Hydroxyephedrine (Repat. Sch.)
Ticillin	CS	Ticarcillin
Tigason	RO	Etretinate
Timoptol	FR	Timolol
Tinaderm	SH	Tolnaftate (Repat. Sch.)
Titralac	RK	Calcium Carbonate with Glycine (Repat. Sch.)
Tobrex	AQ	Tobramycin
Tofranil	CG	Imipramine
Tofranil 10	CG	Imipramine
Tofranil 25	CG	Imipramine
Tolinase	UP	Tolazamide
Tolvon	OR	Mianserin Hydrochloride
Topilar	SD	Fluclorolone Acetonide
Torecan	SZ	Thiethylperazine
Trandate	GL	Labetalol
Transiderm-Nitro 25	CG	Glyceryl Trinitrate
Transiderm-Nitro 50	CG	Glyceryl Trinitrate
Tranxene	GL	Clorazepate Dipotassium (Repat. Sch.)
Trasicor	CG	Oxprenolol
Trasicor 20	CG	Oxprenolol
Trasicor 40	CG	Oxprenolol
Travogen	SC	Isoconazole Nitrate
Trib	PT	Trimethoprim with Sulphamethoxazole
Trib DS	PT	Trimethoprim with Sulphamethoxazole
Trichozole	PT	Metronidazole

Proprietary Name	Manu- fac- turer	Name
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
Tubigrip B	BT	Tubular Dressing (Repat. Sch. S.3)
Tubigrip C	BT	Tubular Dressing (Repat. Sch. S.3)
Tubigrip D	BT	Tubular Dressing (Repat. Sch. S.3)
Tubigrip E	BT	Tubular Dressing (Repat. Sch. S.3)
Tubigrip F	BT	Tubular Dressing (Repat. Sch. S.3)
Ulcotl	AF	Sulphasalazine
Ultralan	SC	Fluocortolone Pivalate and Fluocortolone Hexanoate (Repat. Sch.)
Ultralan-D	SC	Fluocortolone Esters
Ultralan-D Fatty	SC	Fluocortolone Esters
Ultralente MC	CN	Insulin Zinc Suspension (Crystalline)
Ultraproct	SC	Fluocortolone Pivalate, Fluocortolone Hexanoate, Clemizole Undecylenate and Cinchocaine Hydrochloride (Repat. Sch.)
Ultratard HM	CN	Insulin Zinc Suspension (Crystalline)
Ungvita	NS	Vitamin A (Repat. Sch.)
Ungvita Cream	NS	Vitamin A, Calamine and Silicone Oil (Repat. Sch.)
Uni Derm	DY	Paraffin (C & I)
Uni Salve	DY	Paraffin (C & I)
Unisolve	DY	Surgical Cement
Unitulle	RL	Dressing Paraffin Gauze (Repat. Sch. S.3)
Uni Wash	DY	Lauramine Oxide with Octoxinol (C & I)
Ural Sachets	AB	Sodium Citro-Tartrate
Urecholine	MK	Bethanechol
Urederm	HA	Urea
Uremide	PT	Frusemide
Urex	FM	Frusemide
Urex-Forte	FM	Frusemide
Urex-M	FM	Frusemide
Uro-Carb	HA	Bethanechol
Uro-Prep	SA	Butyl Monoester Polymer with Isopropyl Alcohol (C & I)
Urolucosil	WW	Sulphamethizole
UV Ultrablock	IC	Sunscreens (Repat. Sch.)
Broad Spectrum		
Water Resistant		
15+ Cream		
Valcote	AB	Semisodium Valproate
Valium	RO	Diazepam
Vancocin	LY	Vancomycin
Vasopressin	SZ	Lypressin
Vaxigrip	MB	Influenza Vaccine
Velbe	LY	Vinblastine
Velosulin Human	BW	Insulin Neutral
Velosulin Nordisk	BW	Insulin Neutral

Proprietary Name	Manu- fac- turer	Name
Velosulin Nordisk	BW	Insulin Neutral
Insuject	GL	Salbutamol
Ventolin	GL	Salbutamol Sulphate
Ventolin Rotacaps	GL	Salbutamol Sulphate
Ventolin Rotahaler	GL	Rotahalers (Repat. Sch. S.2)
Veradil	US	Verapamil Hydrochloride
Vermox	JC	Mebendazole (Repat. Sch.)
Verpamil	PT	Verapamil Hydrochloride
Verpamil 120	PT	Verapamil Hydrochloride
Vibramycin	PF	Doxycycline
Vibra-Tabs	PF	Doxycycline
Vioform	CG	Clioquinol
Viokase	RS	Pancreatin Enzyme
Vira A	PD	Vidarabine
Viscopaste 4948A	SN	Bandage Zinc Paste (Repat. Sch. S.3)
Visken	SZ	Pindolol
Voltaren 25	CG	Diclofenac Sodium
Voltaren 50	CG	Diclofenac Sodium
Volumatic 10359	GL	Inhalation Device (Repat. Sch. S.2)
Waxsol	NE	Docusate Sodium (Repat. Sch.)
Xylocaine Viscous	AP	Lignocaine Hydrochloride and Carboxymethylcellulose (Repat. Sch.)
Xylocard 100	AP	Lignocaine
Xylocard 300 I.M.	AP	Lignocaine
Xylocard 500	AP	Lignocaine
Xyloproct	AP	Hydrocortisone, Lignocaine Hydrochloride, Aluminium Subacetate and Zinc Oxide (Repat. Sch.)
Yomesan	BN	Niclosamide
Zantac	GL	Ranitidine Hydrochloride
Zarontin	PD	Ethosuximide
Zincfrin	AQ	Zinc Sulphate with Phenylephrine
Zovirax	BW	Acyclovir
Z.S.C.	SI	Zinc Oxide, Starch and Chlorphenesin (Repat. Sch.)
Zyloprim	BW	Allopurinol

TRADE NAMES INDEX

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

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

PROGRAM OF AIDS FOR DISABLED PEOPLE

Prior to 1 July 1987, the Commonwealth Department of Community Services and Health administered a scheme known as the Program of Aids for Disabled People (PADP). From that date, responsibility for the provision of aids and appliances to people with disabilities was transferred to State governments.

Please note: All requests for PADP prescription pads and general enquiries should be directed to the relevant State government department as listed below:

New South Wales

Department of Health
McKell Building
Rawson Place
SYDNEY NSW 2000
(02) 217 5878

South Australia

SA Health Commission
Statewide Health Services Div.
PO Box 65
Rundle Mall
ADELAIDE SA 5000
(08) 226 6261

Victoria

Department of
Community Services
55 Swanston Street
MELBOURNE VIC 3000
(03) 654 4222

Western Australia

Department of Health
HACC Unit
Grace Vaughn House
227 Stubbs Terrace
SHENTON PARK WA 6008
(09) 382 0703

Queensland

Department of Health
GPO Box 48
BRISBANE QLD 4001
(07) 234 0749

Tasmania

Department of Health
Davey Street
HOBART TAS 7000
(002) 303 247

Northern Territory

Department of Health and
Community Services
GPO Box 1701
DARWIN NT 0801
(089) 802 723

Australian Capital Territory

ACT Community and
Health Services
PO Box 35
GARRAN ACT 2605
(062) 84 2580

IMPORTANT NOTICE REGARDING YOUR MEDICARE PROVIDER NUMBER

With effect from **3 April 1989**, responsibility for maintaining the Central Register of Medical Practitioners will pass from the Commonwealth Department of Community Services and Health to the Health Insurance Commission.

From that date all requests concerning the allocation of new provider numbers, the establishment of pay group links, notification of address changes etc. should be made in writing to the Manager, Eligibility and Benefits, Health Insurance Commission, GPO Box 9822 in the capital city in your State. General enquiries about provider number matters can be made to the same address or by telephoning the appropriate number listed below:

STATE/TERRITORY	TELEPHONE ENQUIRIES
NEW SOUTH WALES and the AUSTRALIAN CAPITAL TERRITORY	(02) 763-9338 (02) 763-9339 (02) 763-9340
VICTORIA	(03) 607-9015
QUEENSLAND	(07) 228-5257
SOUTH AUSTRALIA and the NORTHERN TERRITORY	(08) 274-6629
WESTERN AUSTRALIA	(09) 322-1133 extensions 207 or 231
TASMANIA	(002) 34-7999 (Provider Liaison)

LATE AMENDMENT

NEW ITEMS

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

Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Price \$	Proprietary Name and Manufacturer	
FLUOROMETHOLONE ACETATE Eye Drops 1mg per mL (0.1%), 5mL	1	2	5.84	Flarex	AQ
SODIUM CELLULOSE PHOSPHATE <u>Authority required.</u> Treatment of recurrent renal calculi in patients with urine calcium in excess of 8mmol per 24 hours who are unresponsive to dietary measures and thiazides.					
Oral Powder, sachet 5g	100	5	115.04	Calcisorb	RK

NHS PHARMACEUTICAL BENEFITS

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

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

Your attention is drawn to page 18 of the Lemon Pages of this Schedule which advises that the telephone number for consumer level recalls is (008) 020512.

CHANGE OF ADDRESS—NEW SOUTH WALES

From 1 April 1989 the Authority Approvals service for New South Wales will no longer operate from 1 Chifley Square, Sydney.

Offices will be located at:

**Level 1
4-16 Yurong Street
EAST SYDNEY**

**Level 2
81 George Street
PARRAMATTA**

**TELEPHONE: (02) 361-9335
361-9338**

**(02) 891-1222
891-1323**

SUMMARY OF CHANGES

ADDITIONS

New Items

Section 1

Emergency Drug (Doctor's Bag) Supplies

Tetanus Vaccine, Adsorbed, injection 0.5mL

Section 2

Cefaclor, powder for oral suspension 125mg per 5mL, 100mL (Ceclo)

Cyproterone Acetate, tablet 50mg (Androcur)

Goserelin, subcutaneous implant 3.6mg (Zoladex Depot)

Oestriol, vaginal cream 1mg per g (0.1%), 15g (Ovestin)

New Form and Strength of Item

Cytarabine, injection set containing 500mg and 10mL solvent (BL)

New Pack Size of Items

Sodium Valproate, oral liquid 200mg per 5mL, 300mL (Epilim Liquid), syrup 200mg per 5mL, 300mL (Epilim Syrup)

(The 200mL pack size of each of these items will be discontinued)

DELETIONS

Items

Section 2

Ammonium Chloride, tablet 500mg (*FM*)

Peritoneal Dialysis Solution, injections

with 76mmol per L glucose (1.5%), 1L, 12 (*Dianeal*)

with 76mmol per L glucose (1.5%), 2L, 6 (*Dianeal*)

with 126mmol per L glucose (2.5%), 1L, 12 (*Dianeal*)

with 126mmol per L glucose (2.5%), 2L, 6 (*Dianeal*)

with 214mmol per L glucose (4.25%), 1L, 10 (*Dianeal*)

with 214mmol per L glucose (4.25%), 2L, 6 (*Dianeal*)

Sulphadimidine, tablet 500mg (*S-Dimidine*)

Forms and Strengths of Existing Items

Section 2

Insulin Neutral, injections (porcine) 100 units per mL, 1.5mL, 5 (*Actrapid MC Penfill*)

Isoconazole Nitrate, lotion 10mg per mL (1%), 20mL (*Travogen*)

Prednisolone Acetate, injection 10mg in 1mL (*Scherisolon*)

Section 3

Preparations Available for Colostomy and Ileostomy Use

Sterculia (Indian Tragacanth; Gum Karaya), discs, compound, 10 (*Colly-seels*)

Brands

The following brand deletions result from failure to resolve pricing disagreements with the manufacturers:

Zyloprim (Allopurinol), tablets 100mg and 300mg)

Ascabiol (Benzyl Benzoate), application 50g in 200mL (25%)

Sinequan (Doxepin), capsules 10mg and 25mg)

Lasix (Furosemide), tablets 40mg and 500mg; injection 20mg in 2mL)

Daonil, Euglucon (Glibenclamide), tablet 5mg)

Apresoline 25, Apresoline 50 (Hydralazine Hydrochloride), tablets 25mg and 50mg)

Trandate (Labetalol), tablets 100mg and 200mg)

Trasicor 20, Trasicor 40 (Oxprenolol), tablets 20mg and 40mg)

Inderal (Propranolol), tablets 10mg, 40mg and 160mg)

Stelazine (Trifluoperazine), tablets 1mg and 5mg)

Triprim (Trimethoprim), tablet 300mg)

ALTERATIONS

Section 2

Restriction Changes

- Captopril**, tablets 12.5mg, 25mg and 50mg (*Capoten*)
- Cefotaxime**, injections 1g (solvent required) and 2g (solvent required) (*Claforan*)
- Ceftriaxone**, injections 250mg (solvent required), 500mg (solvent required), 1g (solvent required) and 2g (solvent required) (*Rocephin*)
- Cephazolin Sodium**, injections 500mg (solvent required) and 1g (solvent required) (*Kefzol*)
- Cholestyramine**, sachets 9g (equivalent to 4g cholestyramine), 50 (*Questran*)
- Clofibrate**, capsule 500mg (*Arterioflexin*, *Atromid-S*)
- Clomipramine Hydrochloride**, tablet 25mg (*Anafranil*)
- Colestipol Hydrochloride**, sachets 5g, 120 (*Colestid*)
- Enalapril Maleate**, tablets 5mg (*Amprace 5*, *Renitec M*), 10mg (*Amprace 10*, *Renitec*) and 20mg (*Amprace 20*, *Renitec 20*)
- Flecainide Acetate**, tablet 100mg (*Tambocor*)
- Fusidic Acid**, tablet (sodium salt) 250mg (enteric coated) (*Fucidin*) and suspension 50mg per mL, 90mL (*Fucidin*)
- Mitozantrone**, injections 20mg in 10mL, 25mg in 12.5mL and 30mg in 15mL (*Novantrone*)
- Olsalazine Sodium**, capsule 250mg (*Dipentum*)
- Prednisolone Sodium Phosphate**, retention enema 20mg in 100mL (*Predsol*)
- Ticarcillin**, injections 1g (solvent required) and 3g (solvent required) (*Tarcil*, *Ticillin*)
- Tobramycin Sulphate**, injections 40mg and 80mg (*Nebcin*)
- Vancomycin**, capsules 125mg (125,000 i.u.) vancomycin activity and 250mg (250,000 i.u.) vancomycin activity (*Vancocin*); injection 500mg (500,000 i.u.) vancomycin activity (solvent required) (*Vancocin*)

	Maximum Quantity	From	To
Adrenaline, eye drops			
5mg per mL (0.5%), 7.5mL (<i>Eppy/N</i>)	2		≠1
5mg per mL (0.5%), 10mL (<i>Epifrin</i>)	2		≠1
10mg per mL (1%), 7.5mL (<i>Eppy/N</i>)	2		≠1
10mg per mL (1%), 10mL (<i>Epifrin, Glaucon</i>)	2		≠1
20mg per mL (2%), 10mL (<i>Epifrin, Glaucon</i>)	2		≠1
Carbachol, eye drops 15mg per mL (1.5%), 15mL and 30mg per mL (3%), 15mL (<i>AQ</i>)	2		≠1
Chlorpromazine, tablets 10mg, 25mg and 50mg (<i>Largactil, Protran</i>)	200		100
mixture 25mg per 5mL, 100mL (<i>Largactil</i>)	2		≠1
Fluphenazine, tablets 1mg and 2.5mg (<i>Anatensol</i>)	200		100
Haloperidol, tablet 1.5mg (<i>Serenace</i>)	200		100
Hypromellose, eye drops 5mg per mL (0.5%), 15mL (<i>Isopto Tears, Lacril, Methopt</i>) and 10mg per mL (1%), 15mL (<i>Methopt Forte</i>)	2		≠1
Hypromellose with Dextran, eye drops 3mg-1mg per mL (0.3%-0.1%), 15mL (<i>Tears Naturale</i>)	2		≠1
Nicotinic Acid, tablet 250mg (<i>DH</i>)	100		200
Paraffin, compound eye ointment 3.5g (<i>Duratears</i>) and 7g (<i>Lacri-Lube, S.O.P.</i>)	2		≠1
Pericyazine, tablet 2.5mg (<i>Neulactil</i>)	200		100
Pilocarpine Hydrochloride, eye drops			
5mg per mL (0.5%), 15mL	2		≠1
10mg per mL (1%), 15mL	2		≠1
20mg per mL (2%), 15mL	2		≠1
30mg per mL (3%), 15mL	2		≠1
40mg per mL (4%), 15mL	2		≠1
(<i>Isopto Carpine, Pilopt, P.V. Carpine, IQ</i>) and 60mg per mL (6%), 15mL	2		≠1
(<i>Isopto Carpine, Pilopt, P.V. Carpine</i>)			
Polyvinyl Alcohol, eye drops 14mg per mL (1.4%), 15mL (<i>Liquifilm Tears</i>) and 30mg per mL (3%), 15mL (<i>Liquifilm Forte</i>)	2		≠1
Polyvinyl Alcohol with Povidone, eye drops 14mg-6mg per mL (1.4%-0.6%), 15mL (<i>Tears Plus</i>)	2		≠1
Thiopropazate, tablet 5mg (<i>Dartalan</i>)	200		100
Thioridazine, tablets			
10mg (<i>Aldazine 10, Melleril</i>)	200		100
25mg (<i>Aldazine 25, Melleril</i>)	200		100
50mg (<i>Aldazine 50, Melleril</i>)	200		100
oral solution 30mg per mL, 30mL (<i>Melleril</i>)	2		≠1

Maximum Quantity (cont.)

	<i>From</i>	<i>To</i>
Trifluoperazine , tablets 1mg (<i>Calmazine</i>) and 2mg (<i>Calmazine</i> , <i>Stelazine</i>)	200	100

Change of Expression of Quantities

Calcitonin

<i>From</i>	<i>To</i>
Injections (porcine) 160 i.u. with 2mL gelatin solvent, 10; max. qty 2 (<i>Calcitare</i>)	Injection (porcine) 160 i.u. with 2mL gelatin solvent; max. qty 20 (<i>Calcitare</i>)
Injections (salmon) 50 i.u. in 1mL ampoule, 5; max. qty 6 (<i>Miacalcic</i>) 80 i.u. in 0.8mL ampoule, 5; max. qty 3 (<i>Miacalcic</i>) 100 i.u. in 1mL ampoule, 5; max. qty 3 (<i>Calsynar</i> , <i>Miacalcic</i>) 400 i.u. in 2mL vial; max. qty 4 (<i>Calsynar</i>)	Injection (salmon) 50 i.u. in 1mL ampoule; max. qty 30 (<i>Miacalcic</i>) 80 i.u. in 0.8mL ampoule; max. qty 15 (<i>Miacalcic</i>) 100 i.u. in 1mL ampoule; max. qty 15 (<i>Calsynar</i> , <i>Miacalcic</i>) 400 i.u. in 2mL vial; max. qty 4 (<i>Calsynar</i>)
Injections (synthetic human) 0.5mg with 2mL solvent, 5; max. qty 3 (<i>Cibacalcin</i>)	Injection (synthetic human) 0.5mg with 2mL solvent; max. qty 15 (<i>Cibacalcin</i>)

NOTE: The maximum quantities for calcitonin shown on page 17 of the White Pages represent the number of individual ampoules/vials and NOT multiples of the manufacturers' packs.

Number of Repeats

	<i>From</i>	<i>To</i>
Adrenaline , eye drops 5mg per mL (0.5%), 7.5mL (<i>Eppy/N</i>)	3	5
5mg per mL (0.5%), 10mL (<i>Epifrin</i>)	3	5
10mg per mL (1%), 7.5mL (<i>Eppy/N</i>)	3	5
10mg per mL (1%), 10mL (<i>Epifrin</i> , <i>Glaucon</i>)	3	5
20mg per mL (2%), 10mL (<i>Epifrin</i> , <i>Glaucon</i>)	3	5
Carbachol , eye drops 15mg per mL (1.5%), 15mL and 30mg per mL (3%), 15mL (<i>AQ</i>)	3	5
Chlorpromazine , tablets 10mg, 25mg and 50mg (<i>Largactil</i> , <i>Protran</i>)	..	1
mixture 25mg per 5mL, 100mL (<i>Largactil</i>)	2	4
Fluphenazine , tablets 1mg and 2.5mg (<i>Anatensol</i>)	..	1

Number of Repeats (cont.)

	<i>From</i>	<i>To</i>
Haloperidol , tablet 1.5mg (<i>Serenace</i>)	..	1
Hypromellose , eye drops 5mg per mL (0.5%), 15mL (<i>Isopto Tears, Lacril, Methopt</i>) and 10mg per mL (1%), 15mL (<i>Methopt Forte</i>)	3	5
Hypromellose with Dextran , eye drops 3mg-1mg per mL (0.3%-0.1%), 15mL (<i>Tears Naturale</i>)	3	5
Nicotinic Acid , tablet 250mg (<i>DH</i>)	2	5
Paraffin , compound eye ointment 3.5g (<i>Duratears</i>) and 7g (<i>Lacri-Lube, S.O.P.</i>)	3	5
Pericyazine , tablet 2.5mg (<i>Neulactil</i>)	..	1
Pilocarpine Hydrochloride , eye drops		
5mg per mL (0.5%), 15mL	3	5
10mg per mL (1%), 15mL	3	5
20mg per mL (2%), 15mL	3	5
30mg per mL (3%), 15mL	3	5
40mg per mL (4%), 15mL	3	5
(<i>Isopto Carpine, Pilopt, P.V. Carpine, IQ</i>) and		
60mg per mL (6%), 15mL	3	5
(<i>Isopto Carpine, Pilopt, P.V. Carpine</i>)		
Polyvinyl Alcohol , eye drops 14mg per mL (1.4%), 15mL (<i>Liquifilm Tears</i>) and 30mg per mL (3%), 15mL (<i>Liquifilm Forte</i>)	3	5
Polyvinyl Alcohol with Povidone , eye drops 14mg-6mg per mL (1.4%-0.6%), 15mL (<i>Tears Plus</i>)	3	5
Thiopropazate , tablet 5mg (<i>Dartalan</i>)	..	1
Thioridazine , tablets 10mg (<i>Aldazine 10, Melleril</i>), 25mg (<i>Aldazine 25, Melleril</i>) and 50mg (<i>Aldazine 50, Melleril</i>)	..	1
oral solution 30mg per mL, 30mL (<i>Melleril</i>)	2	4
Trifluoperazine , tablets 1mg (<i>Calmazine</i>) and 2mg (<i>Calmazine, Stelazine</i>)	..	1

Proprietary Name

Section 2

	<i>From</i>	<i>To</i>
Tetracycline (Buffered) , capsule 250mg	<i>Steclin-V</i>	<i>Mysteclin-250</i>

Manufacturers' Codes

	<i>From</i>	<i>To</i>
Aminophylline , injection I.V. 250mg in 10mL	<i>BT</i>	<i>AP</i>
Morphine Sulphate , injections 10mg in 1mL and 15mg in 1mL	<i>BT</i>	<i>AP</i>
Pethidine , injections 50mg in 1mL and 100mg in 2mL	<i>BT</i>	<i>AP</i>

ADVANCE NOTICES

DELETIONS

Items

The items listed below will be deleted from the Schedule of Pharmaceutical Benefits from 1 August 1989.

Items being discontinued by the manufacturer:

Pindolol, injection 400 micrograms in 2mL (*Visken*)

Staphylococcus Toxoid (Formalinised) injections, diluted 1 in 10 for use in initial injection 5mL (CS) and undiluted 5mL (CS)

The following item, on the recommendation of the Pharmaceutical Benefits Advisory Committee, will be deleted from the Schedule of Pharmaceutical Benefits from 1 August 1989:

Morphine with Tacrine, tablet 30mg-15mg (*Mortha*)

(Recent expert advice to the PBAC has indicated there is no justification for the continued listing of this combination product)

NOTE

The following pharmaceutical benefit which was not included in the December 1988 reprint of the Schedule was listed on the date shown:

1 December 1988

Erythromycin, capsule 175mg (*Eryc LD*) (*FA*)

FORMULATION CHANGE

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

As from 1 March 1989 influenza vaccine available as a pharmaceutical benefit will be the formulation determined for the 1989 season (containing A/Victoria/36/88, A/Sichuan/2/87 and B/Beijing/1/87 like strains).

