Medicines not listed on the formulary are not held in NT Public Hospital pharmacies, and therefore are not routinely available for use within NT Public Hospitals. All specialist medical staff are encouraged to regularly review the formulary and place submissions to the NTMTC for emerging medicines in their field.

It is NT DoH policy that medicines supply for out-patients should be obtained via the Pharmaceutical Benefits Scheme (PBS) wherever possible. Hospital PBS prescriptions can be taken to any community pharmacy for dispensing.

Medicines available on the Section 100 Highly Specialised Drugs Scheme (HSD) can be accessed through the hospital pharmacy providing the patients meet the approval criteria. Some HSDs require prior approval from Medicare Australia before supply can be provided.

Blanket approvals for hospital funded supply are in place for some medicines. Contact the pharmacy for advice. (For outpatient supply of antimicrobials, please refer to this [flow chart](#_Appendices))

**Last updated:** 24/05/2024

**Content Manager ID:** EDOC2019/395254

The following processes are in place for access to non-formulary medicines for hospital patients:

**New Treatment (Inpatient/Outpatient) or Continuing Treatment (outpatient only)**

If there is a clinical need to commence or have ongoing treatment with a non-formulary medicine then approval must be sought as per **Appendix 3 of the** [**Northern Territory Formulary Policy**.](http://internal.health.nt.gov.au/SiteCollectionDocuments/Pharmacy-nonPGC/Northern%20Territory%20Hospital%20Formulary.DOCX) Applications can be made using the **NTMTC:** [**Individual Patient Use (IPU) Non-Formulary Medicine NT Health Services Request** **Form**](http://internal.health.nt.gov.au/SiteCollectionDocuments/Pharmacy-nonPGC/NT%20Health%20Services%20Individual%20Patient%20Use%20%28IPU%29%20Application.docx)**.** The NTMTC IPU form can be utilised in the following circumstances:

1. Initiation of a non-formulary medicine in an inpatient
2. Initiation of a formulary medicine outside it’s formulary restriction in an inpatient
3. Hospital funded outpatient supply of non-PBS medications (initiation and continued supply)
4. Hospital funded outpatient supply of PBS medicines in a patient who doesn’t meet PBS criteria (initiation and continued supply)

# Continuing Treatment (inpatient only)

If a patient is admitted to hospital who is already stabilised on a non-formulary medicine, the following steps can be taken to ensure continuity of treatment:

1. Use the patient’s own medicines, with their consent (ensure they are in date and suitable for use).
2. Consider using a therapeutic alternative available on the formulary (e.g. within the same drug class) where appropriate; if not, supply the non-formulary medicine from the hospital pharmacy.

**Please Note:** It may take several days to obtain some drugs as wholesalers in Darwin maintain a limited range of items.

It is NOT acceptable to write an outside prescription for supply of a non-formulary drug for a hospital in-patient or use sample stock obtained directly from pharmaceutical companies.

# Key:

Y – Listed on NT Hospital Formulary and not restricted

S – Highly Specialised Drugs Program (Section 100)

R – Listed on NT Hospital Formulary with restrictions

**Ctrl F to search document**

| **Drug** | **Dose form** | **Strength** | **Formulary Listing** | **Notes** |
| --- | --- | --- | --- | --- |
| ABACAVIR | Tablet | 300mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| ABACAVIR & LAMIVUDINE | Tablet | 600/300mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| ABIRATERONE | Tablet | 250mg | R | Restricted to Haematology and Oncology for PBS listed indications. |
| ACAMPROSATE | Tablet | 333mg | R | Restricted to Addiction medicine prescribers |
| ACETAZOLAMIDE | Injection | 500mg | Y |  |
| ACETAZOLAMIDE | Tablet | 250mg | Y |  |
| ACETIC ACID | Solution | 0.25% & 5% | Y |  |
| ACETONE | Liquid |  | Y |  |
| ACETYLCHOLINE | Intraocular Irrigation | 1% (2mg/2mL) | Y |  |
| ACETYLCYSTEINE | Injection | 2g/10mL | Y |  |
| ACETYLCYSTEINE | Nebulised vial | 800mg/4mL | Y |  |
| ACICLOVIR | Injection | 250mg | Y |  |
| ACICLOVIR | Tablet | 200mg & 800mg | Y |  |
| ACICLOVIR | Ointment | 3% | Y |  |
| ACICLOVIR COLD SORE | Cream | 5% | Y |  |
| ACTIVATED CHARCOAL | Oral Liquid | 0.2g/mL | Y |  |
| ADALIMUMAB | Injection | 40mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| ADEFOVIR DIPIVOXIL | Tablet | 10mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| ADENOSINE | Injection | 6mg/2mL | Y |  |
| ADRENALINE (EPINEPHRINE) | Injection | 1 in 1000 & 1 in 10 000 | Y |  |
| ADRENALINE (EPINEPHRINE) | Min-I-Jet | 1 in 1000 | Y |  |
| ADRENALINE (EPINEPHRINE) | Auto-injector | 300 mcg & 150 mcg | R | EPI-PEN® AND EPI-PEN® JUNIOR  Restricted to after-hours use only by the Emergency Department. |
| ALBENDAZOLE | Tablet | 200mg | Y |  |
| ALCOHOL | Injection | 100% | Y |  |
| ALCOHOL | Solution | 70% untinted, 95% untinted, absolute | Y |  |
| ALCOHOL STERILE SPRAY | Spray | 70% | Y |  |
| ALENDRONATE | Tablet | 70mg | Y |  |
| ALFENTANIL | Injection | 1mg/2mL | Y |  |
| ALLOPURINOL | Tablet | 100mg & 300mg | Y |  |
| ALPROSTADIL | Injection | 500 mcg | Y |  |
| ALTEPLASE | Syringe  Vial | 2mg/2mL | Y | Cathflo® to be restricted for supply to services where logistics of delivering and storing the frozen pre-filled syringe is not available.  Note: There is a current global shortage issue with alteplase. There is a requirement to conserve alteplase stock for life-saving indications only. |
| ALTEPLASE | Injection | 10mg | R | Restricted for use by respiratory specialists/advanced trainees with experience in its use for empyema management  Note: There is a current global shortage issue with alteplase. There is a requirement to conserve alteplase stock for life-saving indications only. |
| ALTEPLASE | Injection | 50mg | R | Restricted to Cardiology and ICU only  Restricted to ED for stroke thrombolysis under direction of the Neurologist.  Note: There is a current global shortage issue with alteplase. There is a requirement to conserve alteplase stock for life-saving indications only. |
| AMIES MEDIUM SWABS | Single Swabs |  | Y |  |
| AMIKACIN | Injection | 500mg/2mL | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| AMINO ACID AND CARBOHYDRATE SUPPLEMENT (HEPATICAL®) | Sachet | 100grams | Y |  |
| AMINO ACID LONG CHAIN POLYUNSATURATED FATTY ACIDS | Powder |  | R | Restricted to PBS indications. |
| AMINO ACIDS 7% GLUCOSE | Solution | 7% | Y |  |
| AMINOPHYLLINE | Injection | 250mg | Y |  |
| AMIODARONE | Injection | 150mg | Y |  |
| AMIODARONE | Tablet | 100mg & 200mg | Y |  |
| AMISULPRIDE | Tablet | 100mg, 200mg & 400mg | R | Restricted to Mental Health |
| AMITRIPTYLINE | Tablet | 10mg, 25mg & 50mg | Y |  |
| AMLODIPINE | Tablet | 5mg & 10mg | Y |  |
| AMOXICILLIN | Suspension | 250mg/5mL | Y |  |
| AMOXICILLIN | Capsule/ Tablet | 250mg, 500mg & 1000mg | Y |  |
| AMOXICILLIN, CLARITHROMYCIN & ESOMEPRAZOLE (Nexium HP7 Triple Therapy Pack®) | Tablet | 500mg/ 250mg/ 20mg | Y |  |
| AMOXICILLIN/ CLAVULANIC ACID | Injection | 1g+200mg, 500mg+100mg, 2g+200mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| AMOXICILLIN/ CLAVULANIC ACID (Augmentin Duo®) | Tablet | 500/125mg & 875/125mg | Y |  |
| AMOXICILLIN/ CLAVULANIC ACID (Augmentin Duo®) | Suspension | 400/57mg /5mL | Y |  |
| AMPHOTERICIN | Lozenges | 10mg | Y |  |
| AMPHOTERICIN LIPOSOMAL | Injection | 50mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| AMPICILLIN | Injection | 500mg & 1g | Y |  |
| ANASTROZOLE | Tablet | 1mg | R | Restricted to Oncology and Haematology only |
| ANIDULAFUNGIN | Injection | 100mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| ANTIVENOM BOX JELLYFISH | Injection | 20 000 units | Y |  |
| ANTIVENOM-BLACK SNAKE | Injection | 18 000 units | Y |  |
| ANTIVENOM-BROWN SNAKE | Injection | 1 000 units | Y |  |
| ANTIVENOM-DEATH ADDER | Injection | 6 000 units | Y |  |
| ANTIVENOM-POLYVALENT SNAKE | Injection | 40 000 units | Y |  |
| ANTIVENOM-RED BACK SPIDER | Injection | 500 units | Y |  |
| ANTIVENOM-SEA SNAKE | Injection | 1000 units | Y |  |
| ANTIVENOM-STONE FISH | Injection | 2000 units | Y |  |
| ANTIVENOM-TAIPAN SNAKE | Injection | 12 000 units | Y |  |
| APIXABAN | Tablet | 2.5mg & 5mg | R | Restricted to PBS indications. |
| APRACLONIDINE | Eye drop | 0.50% (5mg/mL) | Y |  |
| AQUEOUS CREAM | Cream |  | Y |  |
| ARGIPRESSIN (VASOPRESSIN) | Injection | 20units | R | Restricted to ICU |
| ARIPIPRAZOLE | Tablet | 10mg, 15mg, 20mg & 30mg | R | Restricted to Mental Health for the treatment of schizophrenia. |
| ARIPIPRAZOLE (Abilify Maintena®) | Depot Injection | 300mg & 400mg | R | Restricted to Mental Health for the treatment of schizophrenia. |
| ARTEMETHER & LUMEFANTRINE (Riamet®) | Tablet | 20mg/120mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| ARTESUNATE | Injection | 60mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  This is a Special Access Scheme (SAS) product. Please complete appropriate SAS form which can be located on the [TGA website](https://www.tga.gov.au/products/unapproved-therapeutic-goods/special-access-scheme-sas-and-authorised-prescriber/prescribe-unapproved-therapeutic-good/unapproved-products-individual-patients-special-access-scheme). |
| ASCORBIC ACID | Tablet | 500mg | Y |  |
| ASPIRIN | Dispersible tablets | 300mg | Y |  |
| ASPIRIN | Tablet | 100mg | Y |  |
| ATAZANAVIR | Capsule | 200mg & 300mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| ATAZANAVIR & COBICISTAT | Tablet | 300mg+150mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| ATENOLOL | Tablet | 50mg | Y |  |
| ATENOLOL | Liquid | 50mg/10mL | Y |  |
| ATORVASTATIN | Tablet | 10mg, 20mg, 40mg & 80mg | Y |  |
| ATOVAQUONE & PROGUANIL | Tablet | 250mg/100mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| ATRACURIUM | Injection | 25mg | Y |  |
| ATROPINE SULFATE | eye drop & Minims | 1% | Y |  |
| ATROPINE SULFATE | Injection | 600mcg | Y | Blanket approval for outpatient supply. Restricted to: Haematology/Oncology. |
| AZACITIDINE | Injection | 100mg | R | Restricted to Haematology and Oncology for PBS listed indications. |
| AZATHIOPRINE | Tablet | 25mg & 50mg | Y |  |
| AZITHROMYCIN | Injection | 500mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| AZITHROMYCIN | Suspension | 200mg/ 5mL | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  Blanket outpatient approval for bronchiectasis in paediatric patients. |
| AZITHROMYCIN | Tablet | 500mg & 600mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  Blanket outpatient approval for bronchiectasis in paediatric patients and for susceptible infections not listed on the PBS approved by Infectious Disease/Tuberculosis clinic only. |
| AZTREONAM | Injection | 1g | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| BACLOFEN | Intrathecal Injection | 10mg/5mL | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| BACLOFEN | Tablet | 10mg & 25mg | Y |  |
| BALANCED SALT | Solution |  | Y |  |
| BARICITINIB | Tablet | 2mg  4mg | R | Restricted to ICU for COVID-19 where there is evidence of systemic inflammation. |
| BATH WASH (Q.V. SOAP FREE KIDS WASH®) | Wash |  | Y |  |
| MYCOBACTERIUM BOVIS (BACILLUS CALMETTE AND GUERIN (BCG) STRAIN BLADDER INSTALLATION (Immucyst®) | Syringe |  | R | Restricted to Urologist |
| BCG VACCINE | Injection |  | Y |  |
| BECLOMETHASONE | Nasal Spray | 50mcg | Y |  |
| BECLOMETASONE/FORMOTEROL/  GLYCOPYRRONIUM (Trimbow®) | Inhaler | 100mcg/6mcg/ 10mcg | R | Restricted to PBS indications. |
| BENDAMUSTINE | Injection | 25mg & 100mg | R | Restricted to Haematology/Oncology. |
| BENZATHINE PENICILLIN (LA Bicillin®) | Injection | 1,200,000 Units (900mg)/2.3mL,  600,000 Units (517mg)/1.17mL | Y |  |
| BENZOIN COMPOUND (Friars’ Balsam Tincture) | Tincture |  | Y |  |
| BENZTROPINE | Injection | 2mg | Y |  |
| BENZTROPINE | Tablet | 2mg | Y |  |
| BENZYDAMINE (Difflam®) | Liquid | 22.5mg/15mL | Y |  |
| BENZYDAMINE/ LIDOCAINE (LIGNOCAINE)/DICHLOROBENZYL ALCOHOL (Difflam Plus ®) | Lozenges | 3mg/4mg/1.2mg | Y |  |
| BENZYL BENZOATE | Solution | 25% | Y |  |
| BENZYLPENICILLIN | Injection | 600mg, 1.2g & 3g | Y |  |
| BENZYLPENICILLIN (PENICILLIN G) | Infusor | 3.6g/6g | Y |  |
| BETAHISTINE | Tablet | 16mg | Y |  |
| BETAMETHASONE (Celestone Chronodose®) | Injection | 5.7mg/mL | Y |  |
| BETAMETHASONE DIPROPIONATE | Ointment/ Cream | 0.05% | Y |  |
| BETAMETHASONE DIPROPIONATE/ CALCIPOTRIOL | Ointment | 0.05%/0.005% | Y |  |
| BETAMETHASONE VALERATE | Cream | 0.02% | Y |  |
| BETAXOLOL | Eye drops | 0.25% & 0.5% | Y |  |
| BEVACIZUMAB | Intravitreal Injection |  | R | Restricted to eye clinic - for Ophthalmology specialist use only.  Avastin® brand only. Not to substitute with biosimilars.  For SAS Avastin®, please complete appropriate SAS form (Category B) which can be located on the [TGA website](https://www.tga.gov.au/products/unapproved-therapeutic-goods/special-access-scheme-sas-and-authorised-prescriber/prescribe-unapproved-therapeutic-good/unapproved-products-individual-patients-special-access-scheme). SAS form is not required for TGA-approved Authorised Prescribers. |
| BEVACIZUMAB | Injection | 100mg/4mL, 400mg/16mL | R | Restricted to Haematology and Oncology for PBS listed indications. |
| BICALUTAMIDE | Tablet | 50mg | R | Restricted to Haematology and Oncology |
| BICTEGRAVIR, EMTRICITABINE & TENOFOVIR ALAFENAMIDE | Tablet | 50mg+200mg+25mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| BIFIDOBACTERIA BIFIDUM & LACTOBACILLUS ACIDOPHILIS (Infloran®) | Capsule | 1 x 109  1 x 109 | R | Restricted to Special Care Nursery and Neonatal Intensive Care Unit. |
| BIFIDOBACTERIUM INFANTIS, BIFIDOBACTERIUM BIFIDUM, LACTOBACILLUS ACIDOPHILUS (Labinic Paediatric Drops ®) | Drops | 1.5 billion CFU/0.16mL | R | Restricted to Special Care Nursery and Neonatal Intensive Care Unit during the period that Infloran® is unavailable.  This is a Special Access Scheme (SAS) product. Please complete appropriate SAS form which can be located on the [TGA website](https://www.tga.gov.au/products/unapproved-therapeutic-goods/special-access-scheme-sas-and-authorised-prescriber/prescribe-unapproved-therapeutic-good/unapproved-products-individual-patients-special-access-scheme). |
| BISACODYL | Tablet | 5 mg | Y |  |
| BISACODYL | Enema | 10mg/5mL | Y |  |
| BISACODYL | Suppository | 10mg | Y |  |
| BISMUTH & IODOFORM GAUZE | GAUZE |  | Y |  |
| BISOPROLOL | Tablet | 2.5mg, 5mg & 10mg | Y |  |
| BIVALIRUDIN | Injection | 250mg | R | Restricted to use in RDH ICU by ICU specialists only – please refer to RDH ICU: Medical Management of suspected Heparin Induced Thrombocytopaenia with or without Thrombosis (HIT/HITTS) guideline |
| BLEOMYCIN | Injection | 15,000 international units | R | Restricted to Haematology and Oncology for PBS listed indications. |
| BNT162b2 [mRNA] COVID-19 VACCINE (Comirnaty®) | Injection |  | R | As per eligibility criteria outlined in the Australian Government Immunisation Implementation plan January 2021 |
| BONE CEMENT with TOBRAMYCIN |  |  | Y |  |
| BORTEZOMIB | Injection | 1mg & 3.5mg | R | Restricted to Haematology and Oncology for PBS listed indications. |
| BOSENTAN | Tablet | 62.5mg & 125mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria.  Restricted to patients <18 years old. Macitentan is first line for adults. |
| BOTULINUM A TOXIN | Injection | 100 units & 500 units | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria.  Restricted to surgical division/gastroenterology for treatment of anal fissure repair for patients who have failed conservative/first-line medical measures (100 unit injection only).  Restricted to Maxillofacial surgeons for patients ≥12 years of age for the following indications (100 unit injection only): • For muscle relaxation/myofascial pain in MRI-proven temporomandibular joint dysfunction; first bite syndrome  • For salivary leaks/collections following procedures on or through (access to mandibular condyle) the parotid gland/parotidectomy • For fracture management (e.g. condylar fractures) • For the management of ‘gustatory sweating’ (Frey Syndrome) after parotid surgery |
| BRANCHED CHAIN AMINO ACIDS POWDER | Sachet |  | Y |  |
| BREXPIPRAZOLE | Tablet | 1mg, 2mg, 3mg & 4mg | Y |  |
| BRIMONIDINE | Eye drops | 0.20% | Y |  |
| BRINZOLAMIDE | Eye drops | 1% | Y |  |
| BROMHEXINE | Elixir  Tablet | 4mg/5mL  8mg | Y |  |
| BROMOCRIPTINE | Tablet | 2.5mg | Y |  |
| BUDESONIDE | Nasal Spray | 64mcg | Y |  |
| BUDESONIDE | Capsule and Tablet | 3mg & 9mg | R | Blanket approval for inpatient and outpatient supply. Restricted to gastroenterologists for the;   * Induction therapy for extensive ulcerative colitis if no response to sulfasalazine or mesalazine, or intolerance to either drug – 8 weeks therapy * Treatment of microscopic colitis – ongoing * Contraindications to prednisolone for the treatment of autoimmune gastrointestinal diseases (e.g. refractory coeliac disease, eosinophilic esophagitis, autoimmune hepatitis, inflammatory bowel disease) – ongoing |
| BUDESONIDE | Turbuhaler | 100mcg, 200mcg & 400mcg | Y |  |
| BUDESONIDE | Respule | 500mcg/2mL & 1mg/2mL | Y |  |
| BUDESONIDE/ FORMOTEROL (EFORMETEROL) (Symbicort®) | Rapihaler | 50/3mcg &  100/3mcg & 200/6mcg | Y |  |
| BUPIVACAINE | Infusion | 0.125%, 0.25% & 0.5% | Y |  |
| BUPIVACAINE & ADRENALINE | Injection | 0.25%/ 1:400,000 | Y |  |
| BUPIVACAINE & FENTANYL | Injection | 0.125%/2mcg/ mL | Y |  |
| BUPIVACAINE & FENTANYL | Injection | 0.0625%/2.5mcg/mL | Y | \*For use as labour epidural |
| BUPIVACAINE & GLUCOSE | Injection | 0.5% | R | Operating Theatre |
| BUPRENORPHINE | Sublingual Tablet | 400mcg, 2mg & 8mg | R | Restricted to Addiction medicine prescribers |
| BUPRENORPHINE | Sublingual Tablet | 200mcg | R | Restricted to Acute Pain Specialists for patients who are:  Inpatients only  **and**  The patient is unable to absorb via the oral route  **and**  A discharge plan for analgesia has been considered  **or**  It’s a continuation of regular mediation |
| BUPRENORPHINE (Norspan®) | Patch | 5mg (5 mcg/hr), 10mg (10 mcg/hr) & 20mg (20 mcg/hr) | R | Chronic severe disabling pain not responding to non-narcotic analgesics. |
| BUPRENORPHINE & NALOXONE | Sublingual Film | 2mg/0.5mg & 8mg/2mg | R | Restricted to Addiction medicine prescribers |
| BUPRENORPHINE (Buvidal®) | Weekly Depot Injection | 8 mg/0.16 mL,  16 mg/0.32 mL,  24 mg/0.48 mL &  32 mg/0.64 mL | R | Restricted to Addiction medicine prescribers |
| BUPRENORPHINE (Buvidal®) | Monthly Depot Injection | 64 mg/0.18 mL,  96 mg/0.27 mL,  128 mg/0.36 mL &  160mg/0.45mL | R | Restricted to Addiction medicine prescribers |
| BUPRENORPHINE (Sublocade®) | Monthly Depot Injection | 100mg/0.5mL &  300mg/1.5mL | R | Restricted to Addiction medicine prescribers |
| CABAZITAXEL | Injection | 60mg | R | Restricted to Haematology and Oncology for PBS listed indications. |
| CABERGOLINE | Tablet | 1mg | Y |  |
| CABOTEGRAVIR | Tablet | 30mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| CABOTEGRAVIR & RILPIRIVINE (combination pack) | Injection | 600mg/3mL & 900mg/3mL | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| CAFFEINE (BASE) | Oral Solution | 10mg/mL (50mL) | Y |  |
| CAFFEINE (BASE) | Injection | 20mg/2mL | Y |  |
| CALAMINE | Lotion | 15% | Y |  |
| CALCITRIOL | Capsule | 0.25mcg | Y |  |
| CALCIUM & MAGNESIUM CHLORIDE | Haemofiltration infusion |  | R | To ICU only |
| CALCIUM CARBONATE | Tablet | 1.25g | Y |  |
| CALCIUM CARBONATE/COLECALCIFEROL (CHOLECALCIFEROL) | Tablet | 1.5g/12.5mcg | R | Restricted to Haematology and Oncology. |
| CALCIUM CHLORIDE | Injection | 10% | Y |  |
| CALCIUM DISODIUM EDETATE | Injection | 500mg/10mL | R | Stock held by RDH Emergency Department for treatment of severe lead poisoning. |
| CALCIUM FOLINATE | Injection | 50mg | Y |  |
| CALCIUM FOLINATE | Tablet | 15mg | Y |  |
| CALCIUM GLUCONATE | Injection | 931mg/10mL  (2.2 mmol/10mL elemental calcium); also formerly known as Calcium Gluconate  10% | Y |  |
| CALCIUM GLUCONATE | Gel | 2.50% | Y |  |
| CANDESARTAN | Tablet | 4mg & 16mg | Y |  |
| CAPECITABINE | Tablet | 150mg & 500mg | R | Restricted to Haematology and Oncology for PBS listed indications AND for EOX protocol for upper GI. |
| CAPSAICIN | Cream | 0.075% | Y | For acute treatment of cannabinoid hyperemesis syndrome. |
| CAPTOPRIL | Solution | 25mg/5mL | Y |  |
| CARBAMAZEPINE | Modified release Tablets | 200mg & 400mg | Y |  |
| CARBAMAZEPINE | Tablet | 200mg | Y |  |
| CARBAMAZEPINE | Suspension | 100mg/5mL | Y |  |
| CARBIMAZOLE | Tablet | 5mg | Y |  |
| CARBETOCIN | Injection | 100mcg/mL | R | Restricted to Obstetrician or Anaesthetist in attendance for prevention of uterine atony and postpartum haemorrhage following the delivery of an infant by elective caesarean section under epidural or spinal anaesthesia |
| CARBOPLATIN | Injection | 150mg/5mL, 450mg/45mL & 50mg/5mL | R | Restricted to Haematology and Oncology for PBS listed indications. |
| CARBOPROST | Injection | 250mcg/mL | Y |  |
| CARMELLOSE (Cellufresh®) | Eye drop | 0.50% | Y |  |
| CARNITINE | Solution | 1g/10mL | Y |  |
| CARVEDILOL | Tablet | 3.125mg, 6.25mg, 12.5mg & 25mg | Y |  |
| CASPOFUNGIN | Injection | 50mg & 70mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| CEFALEXIN MONOHYDRATE | Capsules | 250mg & 500mg | Y |  |
| CEFALEXIN MONOHYDRATE | Suspension | 250mg/5mL | Y |  |
| CEFAZOLIN | Eye drop | 5% | R | Restricted to eye clinic (Manufactured at RDH).  Blanket outpatient approval for treatment or prevention of ophthalmic infections. |
| CEFAZOLIN | Injection | 1g | Y |  |
| CEFAZOLIN | Infusor |  | Y |  |
| CEFEPIME | Injection | 1g | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| CEFIDEROCOL | Injection | 1g | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  Prescribing to be restricted to Infectious disease (IFD) in susceptible infections for patients in whom other alternatives are inappropriate |
| CEFOTAXIME | Injection | 1g | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| CEFOXITIN | Infusor | 1g & 12g | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| CEFTAROLINE | Injection | 600mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| CEFTAZIDIME | Injection | 1g & 2g | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| CEFTAZIDIME | 24 hour Infusor | 2g, 3g, 4g, 5g & 6g | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| CEFTAZIDIME/AVIBACTAM | Injection | 2g/0.5g | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  Prescribing to be restricted to Infectious disease (IFD) in susceptible infections for patients in whom other alternatives are inappropriate |
| CEFTRIAXONE | Infusor |  | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| CEFTRIAXONE | Injection | 1g | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| CEFUROXIME | Tablet | 250mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| CEFUROXIME | Suspension | 125mg/5mL | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| CELECOXIB | Capsule | 100mg & 200mg | Y |  |
| CETIRIZINE | Tablet | 10mg | R | For patients who fail to respond to loratadine. Restricted to dermatology and immunology. |
| CETOMACROGOL | Cream | 100g | Y |  |
| CETUXIMAB | Injection | 100mg/20mL & 500mg/100mL | R | Restricted to Haematology and Oncology for PBS listed indications. |
| CHLORAL HYDRATE | Solution | 1g/10mL | Y |  |
| CHLORAMBUCIL | Tablet | 2mg | Y | Blanket approval for outpatient supply with PBS prescription. Restricted to: Haematology/Oncology. |
| CHLORAMPHENICOL | Injection | 1g | R | Restricted to ICU and IFD only.  This is a Special Access Scheme (SAS) product. Please complete appropriate SAS form which can be located on the [TGA website](https://www.tga.gov.au/products/unapproved-therapeutic-goods/special-access-scheme-sas-and-authorised-prescriber/prescribe-unapproved-therapeutic-good/unapproved-products-individual-patients-special-access-scheme). |
| CHLORAMPHENICOL (Chlorsig®) | Eye ointment | 1% | Y |  |
| CHLORAMPHENICOL (Chlorsig®) | Eye Drops | 0.50% | Y |  |
| CHLORHEXIDINE | Obstetric cream | 1% | Y |  |
| CHLORHEXIDINE | Mouth wash | 0.20% | Y |  |
| CHLORHEXIDINE 3mg/PHENYLEPHRINE 2.5mg | Nasal Ointment | 0.3%/0.25% | Y |  |
| CHLORHEXIDINE IN ALCOHOL 70% | Solution | 0.50% | Y |  |
| CHLORHEXIDINE SCRUB | Medisponge |  | Y |  |
| CHLORHEXIDINE/ CETRIMIDE | Irrigation | 0.015/0.15% | Y |  |
| CHLORHEXIDINE/ CETRIMIDE | Solution | 0.015/0.15% | Y |  |
| CHLORHEXIDINE/ CETRIMIDE | Cream | 0.1%/0.5% | Y |  |
| CHLORPROMAZINE | Injection | 50mg/2mL | Y |  |
| CHLORPROMAZINE | Tablet | 10mg, 25mg & 100mg | Y |  |
| CHLORPROMAZINE | Syrup | 25mg/5mL | Y |  |
| CHOLINE SALICYLATE/CETALKONIUM CHLORIDE/MENTHOL (Sedagel®) | Dental Gel | 8.7%/0.01%/0.057% | Y |  |
| CICLOSPORIN | Injection | 50mg/mL | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| CICLOSPORIN | Capsule | 10mg, 25mg, 50mg & 100mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| CINACALCET | Tablet | 30mg, 60mg & 90mg | R | Restricted to nephrologists for patients who meet the PBS criteria |
| CINCHOCAINE & HYDROCORTISONE (Proctosedyl®) | Suppositories | 5mg/5mg | Y |  |
| CINCHOCAINE & HYDROCORTISONE (Proctosedyl®) | Ointment | 0.5%/0.5% | Y |  |
| CINCHOCAINE & ZINC OXIDE (Rectinol®) | Ointment | 0.5%/20% | Y |  |
| CIPROFLOXACIN | Ear Drops | 0.30% | Y |  |
| CIPROFLOXACIN | Tablet | 250mg, 500mg & 750mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  Blanket outpatient approval for susceptible infections not listed on the PBS approved by Infectious Diseases. |
| CIPROFLOXACIN | Injection | 200mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| CIPROFLOXACIN/ HYDROCORTISONE (CIPROFLOXACIN CO®) | Ear Drops | 0.2%/1% | Y |  |
| CISPLATIN | Injection | 100mg/100mL & 50mg/50mL | R | Restricted to Haematology and Oncology for PBS listed indications. |
| CITALOPRAM | Tablet | 20mg | Y |  |
| CLADRIBINE | Injection | 10mg/10mL & 10mg/5mL | R | Restricted to Haematology and Oncology for PBS listed indications. |
| CLARITHROMYCIN | Tablet | 250mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  Blanket outpatient approval for susceptible infections not listed on the PBS approved by Infectious Diseases. |
| CLINDAMYCIN | Capsule | 150mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| CLINDAMYCIN | Solution | 75mg/5mL | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  Use restricted to discharge and outpatients only.  This is a Special Access Scheme (SAS) product. Please complete appropriate SAS form which can be located on the [TGA website](https://www.tga.gov.au/products/unapproved-therapeutic-goods/special-access-scheme-sas-and-authorised-prescriber/prescribe-unapproved-therapeutic-good/unapproved-products-individual-patients-special-access-scheme). |
| CLINDAMYCIN | Injection | 600mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| CLOFAZAMINE/ DAPSONE/ RIFAMPICIN (LEPROSY PACK) | Capsules & Tablets | 300mg/100mg/ 100mg | R | This is a Special Access Scheme (SAS) product. Please complete appropriate SAS form which can be located on the [TGA website](https://www.tga.gov.au/products/unapproved-therapeutic-goods/special-access-scheme-sas-and-authorised-prescriber/prescribe-unapproved-therapeutic-good/unapproved-products-individual-patients-special-access-scheme). |
| CLONAZEPAM | Injection | 1mg | Y | Blanket outpatient approval for Palliative care patients. |
| CLONAZEPAM | Solution | 2.5mg/mL | Y | Blanket outpatient approval for Palliative care patients. |
| CLONAZEPAM | Tablet | 500mcg & 2mg | Y | Blanket outpatient approval for Palliative care patients. |
| CLONIDINE | Injection | 150mcg/1mL | Y |  |
| CLONIDINE | Tablet | 100mcg & 150mcg | Y |  |
| CLOPIDOGREL | Tablet | 75mg | Y |  |
| CLOTRIMAZOLE | Pessary | 500mg | Y |  |
| CLOTRIMAZOLE | Vaginal Cream | 1% | Y |  |
| CLOTRIMAZOLE | Cream | 1% | Y |  |
| CLOVE OIL BP | Oil | 10mL | Y |  |
| CLOZAPINE | Tablet | 25mg, 50mg, 100mg & 200mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| COAL TAR | Solution | 200mL | Y |  |
| COBICISTAT, ELVITEGRAVIR, EMTRICITABINE & TENOFOVIR ALAFENAMIDE | Tablet | 150mg+150mg+  200mg+10mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| COCAINE | Solution | 10% | Y |  |
| CODEINE PHOSPHATE | Tablet | 30mg | Y |  |
| COLCHICINE | Tablet | 500mcg | Y |  |
| COLECALCIFEROL | Capsule | 1000 units | Y |  |
| COLECALCIFEROL | Oral Solution | 5000 units / mL | Y |  |
| COLESTYRAMINE LIGHT | Sachets | 4g | Y |  |
| Colistimethate Sodium (Colistin) | Injection | 150mg/2ml | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| COLLOIDAL OATMEAL (DermaVeen®) | Lotion | 20mg/g | R | Restricted to burns unit & wound clinic |
| COMBINATION ANTACIDS | Suspension  Tablet |  | Y |  |
| CONJUGATED ESTROGENS | Tablet | 300microg & 625microg | Y |  |
| CORTISONE ACETATE | Tablet | 5mg & 25mg | Y |  |
| CROTAMITON | Cream | 10% | Y |  |
| CYCLIZINE | Tablet | 50mg | R | Restricted to Anaesthetics and Palliative Care. Blanket outpatient approval for prevention of nausea and vomiting in Palliative Care patients.  Restricted to Obstetrics as a 2nd line treatment of nausea and vomiting in pregnancy. |
| CYCLIZINE | Injection | 50mg/mL | R | Restricted to Anaesthetics and Palliative Care.  Blanket outpatient approval for prevention of nausea and vomiting in Palliative Care patients. |
| CYCLOPENTOLATE | eye drop & Minims | 1% | Y |  |
| CYCLOPENTOLATE | Minims | 0.50% | Y |  |
| CYCLOPHOSPHAMIDE | Infusor |  | Y |  |
| CYCLOPHOSPHAMIDE | Injection | 500mg, 1gram & 2gram | Y |  |
| CYCLOPHOSPHAMIDE | Tablet | 50mg | Y | Blanket approval for outpatient supply with PBS prescription. Restricted to: Haematology/Oncology. |
| CYPROTERONE | Tablet | 50mg | Y |  |
| CYTARABINE | Injection | 100mg/5mL | R | Restricted to Haematology and Oncology for PBS listed indications. |
| DABRAFENIB | Capsules | 50mg, 75mg | R | Restricted to Haematology and Oncology for PBS listed indications. |
| DACARBAZINE | Infusion |  | R | Restricted to Haematology and Oncology for Metastatic Melanoma and Hodgkin’s Lymphoma. |
| DACTINOMYCIN | Injection |  | R | Restricted to Haematology and Oncology for Low Risk Gestational Trophoblastic Disease. |
| DANTROLENE | Injection | 20mg | Y |  |
| DANTROLENE | Capsules | 25mg & 50mg | Y |  |
| DAPAGLIFLOZIN | TABLET | 10mg | Y |  |
| DAPSONE | Tablet | 100mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| DAPTOMYCIN | Injection | 500mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| DARBEPOETIN ALFA | Injection | 10mcg, 20mcg, 30mcg, 40mcg, 60mcg, 80mcg, 100mcg & 150mcg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| DARUNAVIR | Tablet | 600mg & 800mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| DARUNAVIR & COBICISTAT | Tablet | 800mg+150mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| DARUNAVIR, COBICISTAT, EMTRICITABINE & TENOFOVIR ALAFENAMIDE | Tablet | 800mg+150mg+  200mg+10mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| DAUNORUBICIN MINIBAG | Injection |  | R | Restricted to Haematology and Oncology for Acute Myeloid Leukaemia. |
| DEFERASIROX (JADENU®) | tablets | 90mg, 180mg & 360mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| DEGARELIX | Injection | 80mg & 120mg | R | Restricted for PBS listed indications.  Blanket approval for outpatient supply with PBS prescription. |
| DENOSUMAB | Injection | 60mg & 120mg | R | Restricted to Haematology and Oncology for PBS listed indications.  Blanket approval for outpatient supply with PBS prescription. Restricted to: Haematology/Oncology. |
| DESFERASIOXAMINE | Injection | 2g | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| DESFLURANE | Solution | 240mL | Y |  |
| DESLORATADINE | Liquid | 2.5mg/5mL | Y |  |
| DESMOPRESSIN | Injection | 4mcg | Y |  |
| DESMOPRESSIN | Nasal Solution | 100mcg/mL | Y |  |
| DESMOPRESSIN | Tablet | 200mcg | Y |  |
| DESMOPRESSIN | Nasal Spray | 10mcg/dose | Y |  |
| DEXAMETHASONE | eye drop | 0.10% | Y | Blanket approval for outpatient supply. Restricted to: Haematology/Oncology. |
| DEXAMETHASONE | Tablet | 500mcg & 4mg | Y | Blanket approval for outpatient supply. Restricted to: Haematology/Oncology. |
| DEXAMETHASONE | Liquid | 1mg/mL | Y |  |
| DEXAMETHASONE | Injection | 4mg & 8mg | Y |  |
| DEXAMETHASONE, FRAMYCETIN & GRAMICIDIN (Sofradex®/Otodex®) | Ear Drops | 0.05%/ 0.5%/ 0.005% | Y |  |
| DEXAMFETAMINE | Tablet | 5mg | R | Use in attention deficit hyperactivity disorder |
| DEXCHLORPHENIRAMINE | Tablet | 2mg | Y |  |
| DEXMEDETOMIDINE | Injection | 200mcg/2mL | R | Restricted to ICU, Palliative Care and Anaesthetics only |
| DIAZEPAM | Suspension | 10mg/10mL | Y |  |
| DIAZEPAM | Rectal Solution | 5mg/5mL | Y |  |
| DIAZEPAM | Tablet | 2mg & 5mg | Y |  |
| DIAZEPAM | Injection | 10mg | Y |  |
| DIAZOXIDE | Tablet | 25mg | R | This is a Special Access Scheme (SAS) product. Please complete appropriate SAS form which can be located on the [TGA website](https://www.tga.gov.au/products/unapproved-therapeutic-goods/special-access-scheme-sas-and-authorised-prescriber/prescribe-unapproved-therapeutic-good/unapproved-products-individual-patients-special-access-scheme). |
| DICLOFENAC | Enteric Coated Tablet | 25mg & 50mg | Y |  |
| DICLOFENAC | Gel | 1% | Y |  |
| DICLOFENAC | Suppositories | 100mg | Y |  |
| DICLOXACILLIN | Capsule | 250mg & 500mg | Y |  |
| DIGOXIN | Suspension | 250mcg/5mL | Y |  |
| DIGOXIN | Tablet | 62.5mcg & 250mcg | Y |  |
| DIGOXIN | Injection | 50mcg & 500mcg | Y |  |
| DIGOXIN-SPECIFIC ANTIBODY (DigiFab®) | Injection | 40mg | R | This medication is restricted to ED, ICU and CCU for the treatment of digoxin toxicity, or for other cardiac glycoside poisoning such as Oleander and Bufotoxin (cane toad). |
| DILTIAZEM | Modified release Capsules | 180mg, 240mg & 360mg | Y |  |
| DILTIAZEM | Tablet | 60mg | Y |  |
| DIMERCAPROL | Injection | 200mg | R | Stock held by RDH Emergency Department for treatment of severe lead poisoning. |
| DIMETHICONE (Hedrin 15®) | Gel Spray | 4% | Y |  |
| DIMETHICREAM | Cream | 100g | Y |  |
| DINOPROSTONE | Vaginal Gel | 1mg & 2mg | R | Restricted to Specialist Obstetricians and their Registrars for induction of labour according to local guidelines. |
| DINOPROSTONE CR | Controlled Release Pessary | 10mg | R | Restricted to Specialist Obstetricians and their Registrars for induction of labour according to local guidelines. |
| DIPHENOXYLATE & ATROPINE (Lomotil®) | Tablet | 2.5/0.025mg | Y |  |
| DIPHTHERIA & TETANUS VACCINE (ADT®) | Injection |  | Y |  |
| DIPHTHERIA TETANUS & PERTUSSIS VACCINE (Boostrix®) | Injection |  | Y |  |
| DIPHTHERIA, TETANUS, PERTUSSIS & POLIO (Infanrix-IPV®) | Injection |  | Y |  |
| DISODIUM EDETATE | Injection | 3% | Y |  |
| DOBUTAMINE | Injection | 250mg | Y |  |
| DOCETAXEL | Injection | 20mg, 80mg & 160mg | R | Restricted to Haematology and Oncology for PBS listed indications. |
| DOCUSATE & SENNA (Coloxyl & Senna®) | Tablet | 50/8mg | Y |  |
| DOCUSATE SODIUM | Tablet | 50mg & 120mg | Y |  |
| DOCUSATE SODIUM EAR DROPS (Waxsol®) | Ear Drops |  | Y |  |
| DOLUTEGRAVIR | Tablet | 50mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| DOLUTEGRAVIR, ABACAVIR & LAMIVUDINE | Tablet | 50mg+600mg+  300mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| DOLUTEGRAVIR & LAMIVUDINE | Tablet | 50mg+300mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| DOLUTEGRAVIR & RILPIVIRINE | Tablet | 50mg+25mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| DOMPERIDONE | Tablet | 10mg | Y | Blanket outpatient approval for the stimulation of lactation. |
| DONEPEZIL | Tablet | 5mg & 10mg | Y |  |
| DOPAMINE | Injection | 200mg | Y |  |
| DORNASE ALFA | Nebulised solution | 2.5mg/2.5mL | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria.  Restricted for use by with respiratory specialists/advanced trainees with experience in its use for empyema management. |
| DOSULEPIN (DOTHIEPIN) | Tablet | 75mg | Y |  |
| DOSULEPIN (DOTHIEPIN) | Capsule | 25mg | Y |  |
| DOXORUBICIN | Injection | 50mg/25mL & 200mg/100mL | R | Restricted to Haematology and Oncology for PBS listed indications. |
| DOXORUBICIN LIPOSOMAL | Injection | 20mg/10mL & 50mg/25mL | R | Restricted to Haematology and Oncology for PBS listed indications. |
| DOXYCYCLINE | Tablet | 100mg | Y | Blanket outpatient approval for melioidosis eradication in patients who cannot tolerate trimethoprim/sulfamethoxazole approved by IFD. |
| DOXYCYCLINE | Injection | 100mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  This is a Special Access Scheme (SAS) product. Please complete appropriate SAS form which can be located on the [TGA website](https://www.tga.gov.au/products/unapproved-therapeutic-goods/special-access-scheme-sas-and-authorised-prescriber/prescribe-unapproved-therapeutic-good/unapproved-products-individual-patients-special-access-scheme). |
| DOXYLAMINE | Tablets | 25mg | Y |  |
| DROPERIDOL | Injection | 2.5mg/1mL 10mg/2mL | Y/ R | 10mg/2mL restricted to Emergency Departments and Mental Health |
| DULAGLUTIDE | Syringe | 1.5mg | R | Restricted to PBS indications  (Use restricted to continuation treatment only; Treatment initiation requires IPU approval) |
| DULOXETINE | Capsules | 30mg & 60mg | R | Restricted to PBS indications. |
| DUTASTERIDE/TAMSULOSIN | Capsules | 500mcg/400mcg | R | Restricted to PBS indications. |
| ECULIZUMAB | Injection | 300mg/30mL | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria.  Note: Eculizumab is reimbursed by the PBS under S100 HSD arrangements for both outpatients and public hospital admitted patients for the treatment of aHUS. |
| EDROPHONIUM | Injection | 10mg | Y |  |
| EFAVIRENZ | Tablet | 200mg & 600mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| EMICIZUMAB | Syringe | 30mg/mL  60mg/0.4mL  105mg/0.7mL &  150mg/1mL | R | Restricted to inpatient and outpatient Haematology patients that meet the National Product List (NPL) restrictions. |
| EMPAGLIFLOZIN | Tablet | 10mg & 25mg | Y |  |
| EMTRICITABINE, RILPIVIRINE & TENOFOVIR ALAFENAMIDE | Tablet | 200mg+25mg+25mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| EMTRICITABINE & TENOFOVIR ALAFENAMIDE | Tablet | 200mg+25mg & 200mg+10mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| ENALAPRIL | Tablet | 5mg, 10mg, 20mg | Y | For paediatric patients with heart failure or breastfeeding women with hypertension or heart failure |
| ENOXAPARIN | Injection | 20mg, 40mg, 60mg, 80mg 100mg, 120mg & 150mg | Y |  |
| ENTECAVIR | Tablet | 500mcg & 1mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria.  Blanket outpatient approval for the prevention of hepatitis B virus reactivation or progression in patients >16 years old who are immunosuppressed or live in a remote area and do not meet PBS criteria restricted to prescribers under the direction of Infectious Diseases or Liver Clinic Specialists. |
| EPHEDRINE | Injection | 30mg | Y |  |
| EPIRUBICIN | Injection | 2mg/mL | R | Restricted to Oncology/Haematologist use only |
| EPLERENONE | Tablet | 25mg & 50mg | R | Restricted to Cardiology |
| EPOPROSTENOL | Injection | 500 mcg & 1.5mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| EPTACOG ALPHA (NovoSeven RT®) | Injection | 1mg & 2mg | R | Available at RDH only. Restricted to ICU, stock is kept in ICU. 1.2mg strength is non-formulary and stock is supplied by blood transfusion services for Haematology protocol use. |
| ERGOMETRINE | Injection | 500mcg | Y |  |
| ERGOMETRINE & OXYTOCIN | Injection | 500mcg/5 IU | Y |  |
| ERLOTINIB | Tablet | 25mg, 100mg & 150mg | R | Restricted to Haematology and Oncology for PBS listed indications. |
| ERTAPENEM | Injection | 1g | Y |  |
| ERYTHROMYCIN | Capsule | 250mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| ERYTHROMYCIN ETHYL SUCCINATE | Suspension | 200mg/5mL | Y |  |
| ERYTHROMYCIN LACTOBIONATE | Injection | 1g | Y |  |
| ESCITALOPRAM | Tablets | 10mg & 20mg | R | PBS indications only. |
| ESMOLOL | Injection | 100mg/10mL | Y |  |
| ESTRIOL (ESTRADIOL VALERATE) | Tablet | 1mg | Y |  |
| ESTRIOL (ESTRADIOL) | Patch | 25mcg, 50mcg & 100mcg | Y |  |
| ESTRIOL (ESTRADIOL) | Implant | 100mg | Y |  |
| ESTRIOL (ESTRIOL) | Vaginal Cream | 1mg/g | Y |  |
| ETANERCEPT | Injection | 25mg | Y |  |
| ETHAMBUTOL | Tablet | 100mg & 400mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  Blanket outpatient approval for the treatment of Tuberculosis approved by TB clinic/IFD. |
| ETONOGESTREL (Implanon NXT®) | Implant | 68mg | R | Restricted to:  O&G use for inpatients where access to Implanon NXT® insertion in primary care is not appropriate or not available  or  Paediatricians (for TEHS only) for high risk adolescents |
| ETOPOSIDE | Capsule | 50mg & 100mg | R | Restricted to Haematology and Oncology for PBS listed indications.  Blanket approval for outpatient supply with PBS prescription. Restricted to: Haematology/Oncology. |
| ETOPOSIDE | Injection | 100mg & 1gram | R | Restricted to Haematology and Oncology for PBS listed indications. |
| ETRAVIRINE | Tablet | 200mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| EVEROLIMUS | Tablet | 500mcg & 750mcg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| EXEMESTANE | Tablet | 25mg | Y |  |
| EZETIMIBE | Tablet | 10mg | R | Restricted for use in patients who are on an HMG CoA reductase inhibitor (statin) in patients whose cholesterol levels are inadequately controlled |
| FAMOTIDINE | Tablet | 20mg & 40mg | Y |  |
| FENOFIBRATE | Tablet | 48mg & 145mg | Y |  |
| FENTANYL | Injection | 100mcg & 500mcg | Y |  |
| FENTANYL | Patch | 12mcg, 25mcg, 50mcg, 75mcg & 100mcg | Y |  |
| FENTANYL (ABSTRAL®) | Sublingual Tablets | 100mcg, 300mcg & 400mcg | R | Restricted to Palliative Care as per the PBS Criteria |
| FERRIC CARBOXYMALTOSE (IRON) | Injection | 500mg/10mL & 100mg/2mL | R | Restricted to use in remote health according to approved protocol. All stock to be dispensed from pharmacy on an individual patient basis.  Restricted to use in outpatients who are able to access supply via a PBS prescription (500mg/10mL strength only).  Restricted to use in inpatients for the following indications;   * Previously documented adverse drug reaction to iron polymaltose. * Heart failure with a documented fluid restriction. |
| FERRIC DERISOMALTOSE (IRON) | Injection | 500mg/5mL | R | Restricted to use in outpatients who are able to access supply via a PBS prescription.  Restricted to use in inpatients for the following indications for patients requiring more than 1000mg of elemental iron:   * Previously documented adverse drug reaction to iron polymaltose. * Heart failure with a documented fluid restriction. |
| FERRIC SUBSULPHATE (IRON) | Gel | 21% | R | Restricted to gynaecology use only. |
| FERROUS FUMARATE (Ferro-tab®) | Tablets | 200mg | Y |  |
| FERROUS FUMARATE & FOLIC ACID (Ferro-F®) | Modified Release Tablets | 310mg/350mcg | Y |  |
| FERROUS SULFATE HEPTAHYDRATE | Liquid | 150mg/5mL | Y |  |
| FILGRASTIM | Injection | 300mcg & 480mcg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| FLECAINIDE | Injection | 150mg | Y |  |
| FLECAINIDE | Tablet | 50mg & 100mg | Y |  |
| FLUCLOXACILLIN | Injection | 500mg & 1g | Y |  |
| FLUCLOXACILLIN | Infusor | 4g, 6g, 8g & 12g | Y |  |
| FLUCLOXACILLIN | Suspension | 250mg/5mL | Y |  |
| FLUCONAZOLE | Capsule | 50mg, 100mg & 200mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  Restricted to Haematology and Oncology for PBS listed indications.  Blanket outpatient approval for susceptible infections not listed on the PBS approved by Infectious Diseases and for antifungal prophylaxis in haematological malignancies with immunosuppressive chemotherapy. |
| FLUCONAZOLE | Injection | 100mg & 200mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  Restricted to Haematology and Oncology for PBS listed indications. |
| FLUCONAZOLE | Suspension | 50mg/5mL | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  Restricted to Haematology and Oncology for PBS listed indications. |
| FLUCYTOSINE | Capsule | 500mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  This is a Special Access Scheme (SAS) product. Please complete appropriate SAS form which can be located on the [TGA website](https://www.tga.gov.au/products/unapproved-therapeutic-goods/special-access-scheme-sas-and-authorised-prescriber/prescribe-unapproved-therapeutic-good/unapproved-products-individual-patients-special-access-scheme). |
| FLUDARABINE | Injection | 50mg | R | Restricted to Haematology and Oncology for PBS listed indications. |
| FLUDARABINE | Tablet | 10mg | R | Restricted to Haematology and Oncology for PBS listed indications. |
| FLUDROCORTISONE | Tablet | 100mcg | Y |  |
| FLUMAZENIL | Injection | 500mcg | Y |  |
| FLUORESCEIN | Strips | 1mg | Y |  |
| FLUORESCEIN SODIUM | Minims | 2% | Y |  |
| FLUORESCEIN SODIUM | Injection | 10% | Y |  |
| FLUOROMETHOLONE (Flucon®) | Eye drops | 0.10% | R | Restricted to Ophthalmologist use only |
| FLUOROMETHOLONE ACETATE (Flarex®) | Eye drops | 0.10% | R | Restricted to Ophthalmologist use only |
| FLUOROURACIL | Infusion |  | R | Restricted to Haematology and Oncology for PBS listed indications. |
| FLUOROURACIL | Injection | 500mg, 1gram, 2.5gram & 5gram | R | Restricted to Haematology and Oncology for PBS listed indications. |
| FLUOXETINE | Capsule & Dispersible tablets | 20mg | R | Dispersible tablets are restricted to Paediatrics and Mental Health |
| FLUPENTHIXOL DECANOATE | Injection | 20mg, 40mg & 100mg | Y | \*Order on request |
| FLUTICASONE | Inhaler | 125mcg, 250mcg & 50mcg | Y |  |
| FLUTICASONE & SALMETEROL (Seretide®) | Accuhaler | 100/50mcg, 250/50mcg & 500/50mcg | Y |  |
| FLUTICASONE & SALMETEROL (Seretide®) | Inhaler | 50/25mcg, 125/25mcg & 250/25mcg | Y |  |
| FLUTICASONE / VILANTEROL (Ellipta Breo®) | Inhaler | 100mcg/25mcg, 200mcg/25mcg | Y |  |
| FOLIC ACID | Injection | 15mg | Y |  |
| FOLIC ACID | Tablet | 500mcg & 5mg | Y | Blanket outpatient approval for prevention of sulfamethoxazole/trimethoprim induced folate deficiency in patients receiving treatment for melioidosis. |
| FONDAPARINUX | Injection | 2.5mg/0.5mL | R | Restricted to use by ICU and Haematology for Heparin Inducted Thrombocytopenia/Thrombosis (HIT). |
| FORMALIN | Solution | 10% | Y |  |
| FOSAMPRENAVIR | Tablet | 700mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| FOSAPREPITANT | Injection | 150mg | R | Restricted to Haematology and Oncology for PBS listed indications in patients who cannot tolerate orals |
| FOSFOMYCIN | Granules for Solution | 3g Sachet | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  Blanket outpatient approval for multi-resistant UTI approved by IFD |
| FOSFOMYCIN | Injection | 4g | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  This is a Special Access Scheme (SAS) product. Please complete appropriate SAS form which can be located on the [TGA website](https://www.tga.gov.au/products/unapproved-therapeutic-goods/special-access-scheme-sas-and-authorised-prescriber/prescribe-unapproved-therapeutic-good/unapproved-products-individual-patients-special-access-scheme). |
| FOTEMUSTINE | Injection | 208mg | R | Restricted to Haematology and Oncology for PBS listed indications. |
| FUROSEMIDE | Solution (SyrSpend®) | 50mg/5mL | Y | PBS 20mg tablets should be prescribed where doses can be divided into 5mg increments.  Blanket outpatient approval for paediatrics where the dose is not in 5mg increments. |
| FUROSEMIDE | Injection | 20mg & 250mg | Y |  |
| FUROSEMIDE | Tablet | 20mg, 40mg & 500mg | Y |  |
| GABAPENTIN | Capsule | 100mg, 300mg, 400mg & 800mg | Y | Blanket outpatient approval for the treatment of neuropathic pain. |
| GANCICLOVIR | Injection | 500mg | S | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| GEFITINIB | Tablet | 250mg | R | Restricted to Haematology and Oncology for PBS listed indications. |
| GEMCITABINE | Injection | 200mg, 1g & 2g | R | Restricted to Haematology and Oncology for PBS listed indications. |
| GENTAMICIN | Injection | 80mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| GENTAMICIN/CITRATE | Syringe | 10mg/31.3mg | Y |  |
| GLECAPREVIR/PIBRENTASVIR (Maviret®) | Tablets | 100/40mg | S | Restricted to specialists working in the liver clinic running the HCV treatment program. For initiation in outpatients via the Highly specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| GLICLAZIDE | Modified release tablets | 30mg | Y |  |
| GLICLAZIDE | Modified release tablets | 60mg | R | For discharge prescriptions only |
| GLICLAZIDE | Tablet | 80mg | Y |  |
| GLIMEPIRIDE | Tablet | 1mg, 2mg & 4mg | Y |  |
| GLUCAGON | Injection | 1mg | Y |  |
| GLUCOSE | Injection | 10% | Y |  |
| GLUCOSE | Injection | 5% - 500mL & 1L | Y |  |
| GLUCOSE | Injection & mini-jet | 50% - 50mL, 500mL | Y | Mini-jet is restricted to resuscitation room in the emergency department |
| GLUCOSE & SODIUM CHLORIDE | 2.5%/0.45%, 4%/0.18% | 500mL & 1L | Y |  |
| GLUCOSE & SODIUM CHLORIDE | 5%/0.9% | 1L | Y |  |
| GLUCOSE TOLERANCE TEST | Solution | 75g | Y |  |
| GLYCEROL | Suppositories | 700mg, 2.8g | Y |  |
| GLYCEROL BP | Solution | 200mL | Y |  |
| GLYCERYL TRINITRATE | Sublingual Tablet | 300mcg, 600mcg | Y | \*300mcg added for short-term listing while 600mcg is out of stock. |
| GLYCERYL TRINITRATE | Ointment | 0.20% | Y |  |
| GLYCERYL TRINITRATE | Spray | 400mcg | Y |  |
| GLYCERYL TRINITRATE | Patch | 5mg/24 hour & 10mg/24 hour | Y |  |
| GLYCERYL TRINITRATE | Injection | 50mg | Y |  |
| GLYCINE | Irrigation | 1.50% | Y |  |
| GLYCOPYRRONIUM BROMIDE | Injection | 200mcg | Y | Blanket outpatient approval for Palliative care patients. |
| GOSERELIN | Implant | 3.6mg & 10.8mg | R | Restricted to PBS listed indications AND for Ovarian Suppression with chemotherapy (3.6mg only).  Blanket approval for outpatient supply with PBS prescription. |
| GRAMICIDIN/NEOMYCIN/NYSTATIN/TRIAMCINOLONE ACETONIDE (Otocomb Otic®) | Ear Ointment | 0.25mg/2.5mg/100,000 units/1mg/g | Y |  |
| GRANISETRON | Tablet | 2mg | R | Restricted to Haematology and Oncology for PBS listed indications (outpatient/same day admission only). |
| GRISEOFULVIN | Tablet | 125mg & 500mg | Y |  |
| HAEMOFILTRATION (CITRATE) | Solution |  | R | Restricted to ICU only |
| HAEMOFILTRATION LACTATE FREE | Solution |  | R | Restricted to ICU only |
| HAEMOPHILUS INFLUENZA B VACCINE | Injection |  | Y |  |
| HALOPERIDOL | Tablet | 500mcg, 1.5mg & 5mg | Y |  |
| HALOPERIDOL | Injection | 5mg | Y | Blanket outpatient approval for Palliative care patients. |
| HALOPERIDOL | Solution | 10mg/5mL | Y |  |
| HALOPERIDOL DECANOATE | Injection | 50mg | Y |  |
| HEPARIN SODIUM | Injection | 5000units/0.2mL, 5000units/5mL, 25000units/5mL | Y |  |
| HEPARINISED SALINE | Injection | 50units/5mL | Y |  |
| HEPARINOIDS (HEPARINOID CREAM) | Cream | 0.3% | Y |  |
| HEPATITIS A VACCINE | Injection |  | Y |  |
| HEPATITIS A&B VACCINE | Injection |  | Y |  |
| HEPATITIS B VACCINE (ADULT) | Injection |  | Y | Available brands:  H-B-Vax II (Adult)® or Engerix B (Adult)® |
| HEPATITIS B VACCINE (PAEDIATRIC) | Injection |  | Y | Available brands:  H-B-Vax II (Paediatric)® or Engerix B (Paediatric)® |
| HEPATITIS B VACCINE (DIALYSIS FORMULATION) | Injection |  | Y | Available brands:  H-B-Vax II (Dialysis formulation)® |
| HEPATITIS B, Hib & POLIO (Infanrix-Hexa®) | Injection |  | Y |  |
| HEPATITIS-B VACCINE (DIALYSIS) | Injection | 40mcg/mL | Y |  |
| HUMAN PAPILLOMAVIRUS (HPV) VACCINE | Injection |  | Y |  |
| HYALURONIDASE | Injection | 1500 u | Y |  |
| HYDRALAZINE | Injection | 20mg | Y |  |
| HYDRALAZINE | Tablet | 25mg & 50mg | Y |  |
| HYDROCHLORIC ACID | Injection | 2M | Y |  |
| HYDROCHLOROTHIAZIDE | Tablet | 25mg | Y |  |
| HYDROCORTISONE | Ointment | 1% | Y |  |
| HYDROCORTISONE | Cream | 1% | Y |  |
| HYDROCORTISONE | Tablet | 4mg & 20mg | Y |  |
| HYDROCORTISONE | Eye ointment | 1% | Y |  |
| HYDROCORTISONE | Foam | 10% | Y |  |
| HYDROCORTISONE SODIUM SUCCINATE | Injection | 100mg | Y | Blanket approval for outpatient supply. Restricted to: Haematology/Oncology. |
| HYDROCORTISONE/ CLOTRIMAZOLE | Cream | 1% | Y |  |
| HYDROGEN PEROXIDE | Solution | 3% | Y |  |
| HYDROMORPHONE | Tablet | 2mg, 4mg & 8mg | R | Restricted to Palliative Care, Rehabilitation and Pain teams only |
| HYDROMORPHONE | Liquid | 5mg/5mL | R | Restricted to Palliative Care, Rehabilitation and Pain teams only |
| HYDROMORPHONE | Injection | 2mg, 10mg & 50mg | R | Restricted to Palliative Care, Rehabilitation and Pain teams only.  Blanket outpatient approval for chronic pain in palliative care patients. |
| HYDROXOCOBALAMIN | Injection | 1000mcg | Y | Blanket approval for outpatient supply. Restricted to: Haematology/Oncology. |
| HYDROXYCHLOROQUINE | Tablet | 200mg | Y |  |
| HYDROXYCARBAMIDE (HYDROXYUREA) | Capsule | 500mg | Y |  |
| HYOSCINE BUTYLBROMIDE | Injection | 20mg | Y | Blanket outpatient approval for Palliative care patients. |
| HYOSCINE BUTYLBROMIDE | Tablet | 10mg | Y |  |
| HYOSCINE HYDROBROMIDE | Injection | 400mcg | Y | Blanket outpatient approval for excess respiratory tract secretions. |
| HYOSCINE HYDROBROMIDE | Tablet | 300mcg | R | For the treatment of hypersalivation restricted to inpatients who have clozapine induced sialorrhoea (CIS). |
| HYPERTONIC SALINE | Inhalation | 6% | R | Restricted to cystic fibrosis (CF) or non-CF bronchiectasis in paediatric patients.  Blanket approval for outpatient supply to CF or non-CF bronchiectasis in paediatric patients. |
| HYPROMELLOSE | Eye drop | 0.50% | Y |  |
| HYPROMELLOSE/ CARBOMER GEL (Genteal®) | Eye drop | 3mg/2mg | Y |  |
| IBUPROFEN | Injection | 10mg | Y |  |
| IBUPROFEN | Tablet | 200mg & 400mg | Y |  |
| IBUPROFEN | Syrup | 100mg/5mL | Y |  |
| ICATIBANT ACETATE | Pre-filled Syringe | 30mg/3mL | R | Restricted to Emergency Medicine consultants under the advice of the duty immunologist for the emergency treatment of:   * Alteplase induced angioedema; * Severe angioedema affecting the airway due to ACE inhibitors; * Symptomatic treatment of acute attacks of hereditary angioedema in adults with C1 esterase inhibitor deficiency. |
| IDARUBICIN | Injection | 5mg & 10mg | R | Restricted to Haematology and Oncology for PBS listed indications. |
| IDARUBICIN | Capsules | 5mg & 10mg | R | Restricted to Haematology and Oncology for PBS listed indications AND for Myeloma. |
| IFOSFAMIDE | Injection | 1gram & 2gram | R | Restricted to Haematology and Oncology for PBS listed indications. |
| ILOPROST | Injection | 20mcg/2mL | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| INCREMIN IRON MIXTURE | Mixture |  | Y |  |
| INDAPAMIDE | Modified Release Tablets | 1.5mg | Y |  |
| INDOMETHACIN | Capsule | 25mg | Y |  |
| INDOMETHACIN | Injection | 1mg | Y |  |
| INDOMETHACIN | Suppositories | 100mg | Y |  |
| INFLIXIMAB | Injection | 100mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| INFLUENZA VACCINE | Injection | 60 microg/0.5mL | Y |  |
| INSULIN ASPART Injection (NovoRapid®) | Flexpen (3mL), Penfill (3mL) & Vial (10mL) | 100 units/mL | Y |  |
| INSULIN ASPART PROTAMINE 70 units/mL + INSULIN ASPART 30 units/mL Injection (Novomix 30 ®) | Flexpen (3mL) & Penfill (3mL) | 100 units/mL | Y |  |
| INSULIN ASPART 30 units/mL + INSULIN DEGLUDEC 70 units/mL injection (Ryzodeg® 70/30) | Flexpen (3mL) & Penfill (3mL) | 100 units/mL | Y |  |
| INSULIN GLARGINE Injection (Lantus®/Optisulin®) | Penfill & Vial | 100 units/mL | Y |  |
| INSULIN ISOPHANE Injection (Protaphane®) | Vial, Innolet, Novolet and Penfill | 100 units/mL | Y |  |
| INSULIN ISOPHANE NPH Injection (Humulin NPH®) | Penfill | 100 units/mL | R | To be used second line when other formulary insulin products are not suitable, or as continuing therapy for patients commenced in the community. |
| INSULIN LISPRO Injection (Humalog®) | Penfill,  Kwik Pen | 100 units/mL | R | To be used second line when other formulary insulin products are not suitable, or as continuing therapy for patients commenced in the community. |
| INSULIN LISPRO 25 units/mL /INSULIN LISPRO PROTAMINE 75 units/mL Injection (Humalog 25®) | Flexpen (3mL) & Penfill (3mL) | 100 units/mL | R | To be used second line when other formulary insulin products are not suitable, or as continuing therapy for patients commenced in the community. |
| INSULIN NEUTRAL (Actrapid®) | Penfill & Vial | 100 units/mL | Y |  |
| INSULIN NEUTRAL/ ISOPHANE (Mixtard 30/70®) | Vial, Innolet & Penfill | 100 units/mL | Y |  |
| IODINE/POTASSIUM IODIDE (Lugol’s®) | Solution (100mL) | 5%/10% w/v | Y |  |
| IPILIMUMAB | Injection | 213mg | R | For oncologist use only - restricted to patients eligible for compassionate supply programme. |
| IPILIMUMAB | Injection | 50mg & 200mg | R | Restricted to Haematology and Oncology for PBS listed indications. |
| IPRATROPIUM | Inhaler | 21microg | Y |  |
| IPRATROPIUM | nebulised solution | 500microg | Y |  |
| IRBESARTAN | Tablet | 75mg, 150mg & 300mg | Y |  |
| IRBESARTAN &HYDROCHLOROTHIAZIDE | Tablet | 150/12.5mg & 300/12.5mg | Y |  |
| IRINOTECAN | Injection | 40mg, 100mg & 500mg | R | Restricted to Haematology and Oncology for PBS listed indications. |
| IRON POLYMALTOSE | Injection | 100mg | Y |  |
| ISOFLURANE | Liquid for inhalation |  | Y |  |
| ISONIAZID | Tablet | 100mg & 300mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  Blanket outpatient approval for the treatment of active or latent tuberculosis by TB clinic/IFD. |
| ISONIAZID & RIFAMPICIN | Tablet | 50mg + 75mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  Blanket outpatient approval for the treatment of active or latent tuberculosis by TB clinic/IFD.  This is a Special Access Scheme (SAS) product. Please complete appropriate SAS form which can be located on the [TGA website](https://www.tga.gov.au/products/unapproved-therapeutic-goods/special-access-scheme-sas-and-authorised-prescriber/prescribe-unapproved-therapeutic-good/unapproved-products-individual-patients-special-access-scheme). |
| ISONIAZID & RIFAMPICIN | Tablet | 75mg + 150mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  Blanket outpatient approval for the treatment of active or latent tuberculosis by TB clinic/IFD.  This is a Special Access Scheme (SAS) product. Please complete appropriate SAS form which can be located on the [TGA website](https://www.tga.gov.au/products/unapproved-therapeutic-goods/special-access-scheme-sas-and-authorised-prescriber/prescribe-unapproved-therapeutic-good/unapproved-products-individual-patients-special-access-scheme). |
| ISONIAZID & RIFAPENTINE | Tablet | 300mg + 300mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  Blanket outpatient approval for the treatment of latent tuberculosis by TB clinic/IFD.  This is a Special Access Scheme (SAS) product. Please complete appropriate SAS form which can be located on the [TGA website](https://www.tga.gov.au/products/unapproved-therapeutic-goods/special-access-scheme-sas-and-authorised-prescriber/prescribe-unapproved-therapeutic-good/unapproved-products-individual-patients-special-access-scheme). |
| ISONIAZID, PYRAZINAMIDE & RIFAMPICIN | Tablet | 50mg +150mg + 75mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  Blanket outpatient approval for the treatment of active or latent tuberculosis by TB clinic/IFD.  This is a Special Access Scheme (SAS) product. Please complete appropriate SAS form which can be located on the [TGA website](https://www.tga.gov.au/products/unapproved-therapeutic-goods/special-access-scheme-sas-and-authorised-prescriber/prescribe-unapproved-therapeutic-good/unapproved-products-individual-patients-special-access-scheme). |
| ISONIAZID, ETHAMBUTOL, PYRAZINAMIDE & RIFAMPICIN | Tablet | 75mg + 275mg + 400mg + 150mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  Blanket outpatient approval for the treatment of active or latent tuberculosis by TB clinic/IFD.  This is a Special Access Scheme (SAS) product. Please complete appropriate SAS form which can be located on the [TGA website](https://www.tga.gov.au/products/unapproved-therapeutic-goods/special-access-scheme-sas-and-authorised-prescriber/prescribe-unapproved-therapeutic-good/unapproved-products-individual-patients-special-access-scheme). |
| ISOPRENALINE | Injection | 200mcg | Y |  |
| ISOPROPYL ALCOHOL BP | Solution |  | Y |  |
| ISOSORBIDE DINITRATE | Sublingual Tablet | 5mg | Y |  |
| ISOSORBIDE MONONITRATE | Modified Release Tablets | 60mg | Y |  |
| ITRACONAZOLE | Solution | 50mg/5mL | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| ITRACONAZOLE (LOZANOC®) | Capsule | 50mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| IVABRADINE | Tablet | 5mg & 7.5mg | R | Restricted to Cardiologists for treatment of Chronic heart failure for patients that meet the PBS criteria.  Restricted to Cardiology for use in patients with a heart rate greater than 60 beats per minute prior to computed tomography coronary angiography (CTCA) when beta blockers and/or calcium channel blockers are contraindicated or insufficient. |
| IVERMECTIN | Tablet | 3mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| KETAMINE | Injection | 200mg | Y |  |
| KETAMINE | Wafer | 25mg | R | Restricted to use by RDH Acute Pain Service (APS) as an analgesic agent for painful procedures on the ward. |
| KETOCONAZOLE | Shampoo | 2% | Y |  |
| KETOROLAC | Injection | 30mg | Y |  |
| KETOROLAC | Eye drop | 0.50% | Y |  |
| KIDNEY PERFUSION | Infusion |  | R | Restricted for kidney harvesting |
| LABETALOL | Tablet | 100mg | Y |  |
| LABETALOL | Injection | 50mg/10mL | R | Restricted to ICU/OT for severe pre-eclampsia - refer to protocol on the PGC.  Restricted to ED/ICU for the management of hypertension in Stroke Thrombolysis or Pulmonary Embolism thrombolysis – refer to protocols on the PGC. |
| LACTASE | Drops |  | Y |  |
| LACTULOSE | Syrup |  | Y |  |
| LAMIVUDINE | Solution | 10mg/mL | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| LAMIVUDINE | Tablet | 100mg, 150mg & 300mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| LAMIVUDINE & ZIDOVUDINE | Tablet | 150mg+300mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| LAMOTRIGINE | Tablet | 5mg, 25mg, 50mg & 100mg | Y |  |
| LANOLIN BP | Ointment | 5gram | Y |  |
| LANREOTIDE | Injection | 60mg & 90mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| LATANOPROST | Eye drop | 50mcg | Y |  |
| LENALIDOMIDE | Capsule | 5mg, 10mg, 15mg & 25mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| LETROZOLE | Tablet | 2.5mg | R | Restricted to Haematology and Oncology |
| LEUCOVORIN | Tablet | 15mg | R | Restricted to Haematology and Oncology for PBS listed indications. |
| LEUCOVORIN | Injection | 50mg, 100mg, 300mg & 1gram | R | Restricted to Haematology and Oncology for PBS listed indications. |
| LEVAMISOLE | Tablets | 50mg | R | Blanket outpatient/inpatient approval. Restricted to Paediatric nephrologists.  This is a Special Access Scheme (SAS) product. Please complete appropriate SAS form which can be located on the [TGA website](https://www.tga.gov.au/products/unapproved-therapeutic-goods/special-access-scheme-sas-and-authorised-prescriber/prescribe-unapproved-therapeutic-good/unapproved-products-individual-patients-special-access-scheme). |
| LEVETIRACETAM | Injection | 500mg/5mL | Y |  |
| LEVETIRACETAM | Solution | 500mg/5mL | Y |  |
| LEVETIRACETAM | Tablet | 250mg, 500mg & 1000mg | Y |  |
| LEVODOPA/ CARBIDOPA MONOHYDRATE (Kinson® or Sinemet®) | Tablet | 100/25mg & 250/25mg | Y |  |
| LEVODOPA/BENSERAZIDE (Madopar®) | Tablet | 100/25mg | Y |  |
| LEVODOPA/BENSERAZIDE (Madopar®) | Capsule | 100mg/25mg & 200mg/50mg | Y |  |
| LEVODOPA/BENSERAZIDE(Madopar® HBS) | Controlled Release Capsules | 100/25mg | Y |  |
| LEVODOPA/CARBIDOPA MONOHYDRATE (Sinemet CR®) | Controlled Release Tablets | 200/50mg | Y |  |
| LEVOFLOXACIN | Tablets | 500mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  This is a Special Access Scheme (SAS) product. Please complete appropriate SAS form which can be located on the [TGA website](https://www.tga.gov.au/products/unapproved-therapeutic-goods/special-access-scheme-sas-and-authorised-prescriber/prescribe-unapproved-therapeutic-good/unapproved-products-individual-patients-special-access-scheme).  Blanket outpatient/inpatient approval for the treatment of Helicobacter pylori (H. pylori) infection following documented treatment failure with a clarithromycin based regimen; or, for primary treatment of H. pylori infection in a patient who cannot tolerate clarithromycin (due to drug allergy or unavoidable drug interactions). |
| LEVOMEPROMAZINE | Injection | 25mg/mL | R | This is a Special Access Scheme (SAS) product. Please complete appropriate SAS form which can be located on the [TGA website](https://www.tga.gov.au/products/unapproved-therapeutic-goods/special-access-scheme-sas-and-authorised-prescriber/prescribe-unapproved-therapeutic-good/unapproved-products-individual-patients-special-access-scheme).  Blanket outpatient/inpatient approval for intractable nausea and vomiting and second line sedative for delirium/agitation in palliative care patients. |
| LEVONORGESTREL | Tablet | 1.5mg | Y |  |
| LEVONORGESTREL (Mirena®) | Intra-uterine system (IUS) | 52mg | R | Restricted to O&G use for:   * Inpatients where access to Mirena® insertion in primary care is not appropriate or not available. * Outpatients where supply cannot be accessed via the PBS.   All Mirena® will be supplied by hospital pharmacies on an individual patient basis. |
| LEVOSIMENDAN | Injection | 12.5mg | R | Restricted to ICU.  This is a Special Access Scheme (SAS) product. Please complete appropriate SAS form which can be located on the [TGA website](https://www.tga.gov.au/products/unapproved-therapeutic-goods/special-access-scheme-sas-and-authorised-prescriber/prescribe-unapproved-therapeutic-good/unapproved-products-individual-patients-special-access-scheme). |
| LEVOTHYROXINE SODIUM (Brands: Eutroxsig and Oroxine only) | Tablet | 50mcg & 100mcg | Y |  |
| LEVOTHYROXINE | Injection | 200mcg/mL | R | Restricted to Endocrinologists, Emergency Medicine and Intensive Care Specialists for the treatment of myxoedema coma and symptomatic hypothyroidism in patients unable to be treated effectively with oral medications  This is a Special Access Scheme (SAS) product. Please complete appropriate SAS form which can be located on the [TGA website](https://www.tga.gov.au/products/unapproved-therapeutic-goods/special-access-scheme-sas-and-authorised-prescriber/prescribe-unapproved-therapeutic-good/unapproved-products-individual-patients-special-access-scheme). |
| LIDOCAINE/ ADRENALINE | Injection | 1%/1:100,000, 2%/1:80,000, 2%/1:200,000 | Y |  |
| LIDOCAINE | Ointment | 5% | Y |  |
| LIDOCAINE | Injection | 0.5%, 1% & 2% & 500mg | Y |  |
| LIDOCAINE | Topical Solution | 4% | Y |  |
| LIDOCAINE | Jelly | 2% | Y |  |
| LIDOCAINE | Catheter Syringe | 2% | Y |  |
| LIDOCAINE | Spray | 10% | Y |  |
| LIDOCAINE | Oral Gel | 2% | Y |  |
| LIDOCAINE / GLUCOSE | Injection | 0.4%/5% | Y |  |
| LIDOCAINE/PRILOCAINE (Emla®) | Patch | 2.5%/2.5% | Y |  |
| LIGNOCAINE/PHENYEPHRINE (Co-phenylcaine Forte®) | Nasal Spray | 5%/0.5% | Y |  |
| LINAGLIPTIN | Tablet | 5mg | Y |  |
| LINEZOLID | Infusion | 600mg/300mL | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| LINEZOLID | Tablet | 600mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  Blanket outpatient approval for treatment of infections approved by IFD. |
| LINEZOLID | Suspension | 100mg/5mL | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| LIOTHYRONINE | Injection | 20mcg | R | This is a Special Access Scheme (SAS) product. Please complete appropriate SAS form which can be located on the [TGA website](https://www.tga.gov.au/products/unapproved-therapeutic-goods/special-access-scheme-sas-and-authorised-prescriber/prescribe-unapproved-therapeutic-good/unapproved-products-individual-patients-special-access-scheme). |
| LIOTHYRONINE | Tablet | 20mcg | Y |  |
| LIPASE/AMYLASE/PROTEASE (Creon®) | Micro granules | 5000 units | Y |  |
| LIPASE/AMYLASE/PROTEASE (Creon®) | Capsule | 10,000 & 25,000 units | Y |  |
| LIPID EMULSION (SMOFlipid®) | Emulsion | 20% | Y | Blanket approval for Renal outpatients |
| LIQUID PARAFFIN EMULSION (Parachoc®) | Emulsion |  | Y |  |
| LIQUID PARAFFIN LIGHT (Hamilton®) | Bath Oil | 500mL | Y |  |
| LIRAGLUTIDE (Saxenda®) | Syringe | 6mg/mL | R | Blanket outpatient approval for RDPH Weight Management Clinic |
| LITHIUM CARBONATE | Tablet | 250mg | Y |  |
| LITHIUM CARBONATE | Modified Release Tablets | 450mg | Y |  |
| LOPERAMIDE (Gastro-Stop®) | Capsule | 2mg | Y | Blanket approval for outpatient supply. Restricted to: Haematology/Oncology. |
| LOPINAVIR & RITONAVIR | Tablet | 200mg+50mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| LOPINAVIR & RITONAVIR | Liquid | 400mg+100mg/5mL (60mL) | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| LORATADINE | Tablet | 10mg | Y |  |
| LORAZEPAM | Tablet | 1mg & 2.5mg | Y |  |
| LUBRICATING JELLY | Sachets or Tube |  | Y |  |
| MACITENTAN | Tablets | 10mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| MACROGOL/POTASSIUM CHLORIDE/SODIUM BICARBONATE/SODIUM CHLORIDE LAXATIVE (Lax®) | Sachets | 13.125g/46.6mg/178.5mg/350.7mg | Y |  |
| MAGNESIUM ASPARTATE TETRAHYDRATE | Tablet | 500mg | Y |  |
| MAGNESIUM CHLORIDE | Injection | 5mmol | Y |  |
| MAGNESIUM SULPHATE | Injection | 2mmol & 10mmol | Y |  |
| MAGNESIUM SULPHATE CO (Magnoplasm®) | Paste |  | Y |  |
| MANNITOL | Injection | 20% | Y |  |
| MEDIUM CHAIN TRIGLYCERIDE | Oil |  | Y |  |
| MEDIUM CHAIN TRIGLYCERIDES | Emulsion |  | Y |  |
| MEDROXYPROGESTERONE | Tablet | 10mg & 100mg | Y |  |
| MEDROXYPROGESTERONE | Injection | 150mg | Y |  |
| MEFLOQUINE | Tablet | 250mg | Y |  |
| MELATONIN | Modified Release Tablet | 2mg | Y | Restricted to Geriatrics, Rehabilitation and General medicine for inpatient use only for patients greater than 55 years of age with sleep disturbance, where other hypnotics are contraindicated (e.g. falls risk, dementia, behavioural disturbance), and non-pharmacological measures have been ineffective. For a maximum of 13 weeks. |
| MELPHALAN | Tablet | 2mg | Y | Blanket approval for outpatient supply with PBS prescription. Restricted to: Haematology/Oncology. |
| MEMANTINE | Tablet | 10mg | R | Restricted to patients who meet the PBS criteria |
| MENINGOCOCCAL ACWY VACCINE 4vMenCV | Injection | 0.5mL | Y | For patients eligible under National Immunisation Program (NIP) Schedule only. |
| MENINGOCOCCAL C VACCINE (NeisVac-C®) | Injection |  | Y |  |
| MENINGOCOCCAL MULTICOMPONENT GROUP B VACCINE (Bexsero®) | Injection | 0.5mL | Y | For patients eligible under National Immunisation Program (NIP) Schedule only. |
| MERCAPTOPURINE | Tablet | 50mg | Y |  |
| MEROPENEM | Injection | 500mg & 1g | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| MESALAZINE | Enteric Coated Tablet | 250mg | Y |  |
| MESNA | Injection | 400mg & 1g | R | Restricted to Haematology and Oncology for PBS listed indications. |
| MESNA | Tablets | 400mg & 600mg | R | Restricted to Haematology and Oncology for the prevention of haemorrhagic cystitis with cyclophosphamide or ifosfamide. |
| METARAMINOL | Injection | 10mg/mL | Y |  |
| METARAMINOL | Pre-filled syringe | 2.5mg/5mL & 5mg/10mL | Y | Stocked syringes:  RDH, GDH, KH: 2.5mg/5mL  ASH: 5mg/10mL |
| METFORMIN | Tablet | 500mg, 850mg & 1000mg | Y |  |
| METFORMIN MR | Modified Release Tablet | 500mg & 1000mg | Y |  |
| METHADONE | Tablet | 10mg | Y |  |
| METHADONE | Injection | 10mg | Y |  |
| METHADONE | Syrup | 5mg/mL | R | Restricted to Addiction medicine prescribers, Pain team and Palliative Care. |
| METHOTREXATE | Tablet | 2.5mg & 10mg | Y | Blanket approval for outpatient supply with PBS prescription. Restricted to: Haematology/Oncology. |
| METHOTREXATE | Syringe | 10mg, 12mg, 15mg, 20mg, 25mg, 50mg & 75mg | Y |  |
| METHOTREXATE | Injection | 5mg, 50mg, 500mg, 1gram & 5gram | R | Restricted to Haematology and Oncology for PBS listed indications. |
| METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA | Injection | 30mcg, 50mcg, 75mcg, 100mcg, 120mcg, 200mcg & 360mcg. | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| METHOXYFLURANE | Liquid for inhalation | 3mL | R | Restricted to haematology use for analgesia during bone marrow biopsy procedure |
| METHYL SALICYLATE/EUCALYPTUS MENTHOL | Rub |  | Y |  |
| METHYLDOPA SESQUIHYDRATE | Tablet | 250mg | Y |  |
| METHYLENE BLUE | Injection | 1% (50mg) | Y |  |
| METHYLNALTREXONE | Injection | 12mg | R | Palliative Care and ICU only for treatment of opioid-induced constipation in patients who have failed to respond to laxatives. |
| METHYLPHENIDATE | Tablet | 10mg | R | Use in attention deficit hyperactivity disorder |
| METHYLPREDISOLONE ACETATE (Depo- Nisolone®) | Depot injection | 40mg/mL | Y |  |
| METHYLPREDISOLONE ACETATE in FATTY OINTMENT | Ointment | 0.1% | Y |  |
| METHYLPREDNISOLONE SODIUM SUCCINATE | Injection | 1g & 40mg | Y |  |
| METOCLOPRAMIDE | Injection | 10mg | Y |  |
| METOCLOPRAMIDE | Tablet | 10mg | Y | Blanket approval for outpatient supply. Restricted to: Haematology/Oncology. |
| METOPROLOL | Modified Release Tablet | 23.75mg, 47.5mg, 95mg & 190mg | Y |  |
| METOPROLOL | Tablet | 50mg & 100mg | Y |  |
| METOPROLOL TARTRATE | Injection | 1mg | Y |  |
| METRONIDAZOLE | Suspension | 200mg/5mL | Y |  |
| METRONIDAZOLE | Suppositories | 500mg | Y |  |
| METRONIDAZOLE | Tablet | 200mg & 400mg | Y |  |
| METRONIDAZOLE | Infusion | 500mg | Y |  |
| MICONAZOLE | Oral gel | 2% | Y |  |
| MIDAZOLAM | Injection | 5mg/mL, 5mg/5mL, 15mg/3mL & 50mg/10mL | Y | Blanket outpatient approval for epilepsy in paediatric patients (5mg/mL plastic ampoules).  Blanket outpatient approval for palliative care patients for various indications. |
| MIDODRINE | Tablet | 2.5mg & 5mg | R | Blanket outpatient approval for management of symptomatic hypotension (including orthostatic and intradialytic) where non-pharmacological management has failed, restricted to medical and renal physicians. |
| MIFEPRISTONE | Tablet | 200mg | Y | Restricted to Obstetrics & Gynaecology specialists for the medical termination of pregnancy beyond the first trimester up to 22 completed weeks gestation and beyond 22 weeks for foetal death in utero only. |
| MIFEPRISTONE/ MISOPROSTOL (MS 2 STEP®) | Tablet | 200mg/200mcg | Y | Restricted to Katherine Hospital only, for medical termination of an intrauterine pregnancy (MTOP) up to 63 days gestation (PBS indications).  MS2Step can be accessed in community pharmacies in other areas of the NT. |
| MILRINONE | Injection | 10mg/10mL | R | Restricted to ICU and CCU |
| MINOCYCLINE | Tablet | 50mg | Y |  |
| MINOCYCLINE | Injection | 100mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  Prescribing to be restricted to Infectious disease (IFD) in susceptible infections for patients in whom other alternatives are inappropriate |
| MINOXIDIL | Tablet | 10mg | Y |  |
| MIRTAZAPINE | Orally disintegrating tablet & tablets | 15mg, 30mg & 45mg | Y |  |
| MISOPROSTOL | Tablet | 200mcg | Y |  |
| MITOMYCIN | Eye drop | 0.02% | R | Restricted to Ophthalmologist use only |
| MITOMYCIN | Bladder instillation Syringe | 40mg | R | Restricted to Urologist |
| MITOMYCIN | Injection |  | R | 0.02% & 0.05% for Ophthalmologist use.  Oncologist use for treatment of Anal Cancer. |
| MITOZANTRONE | Injection | 20mg/10mL & 25mg/12.5mL | R | Restricted to Haematology and Oncology for PBS listed indications. |
| MIVACURIUM | Injection | 20mg/10mL | Y |  |
| MMR VACCINE | Injection |  | Y |  |
| MOLNUPIRAVIR | Capsule | 400mg | R | Restricted for COVID-19 Treatment where Nirmatrelvir & Ritonavir AND Remdesivir are contraindicated, OR when recommended by IFD.  Outpatient use per PBS criteria. |
| MOMETASONE FUROATE | Nasal Spray | 50mcg | Y |  |
| MOMETASONE FUROATE | Lotion | 1% | Y |  |
| MONKEYPOX (Jynneos®) VACCINE |  |  | R | Stock via National Medicines Stockpile (NMS). |
| MONKEYPOX VIRUS TREATMENTS |  |  | R | Restricted for use by Infectious Diseases and/or Sexual Health physicians.  Approved treatments are Tecovirimat 200mg capsules (Tpoxx®), Vaccinia Immunoglobulin (VIG) ≥50,000 units/15mL and Cidofovir 375mg/5mL injection vials (Empovir®).  Stock is managed via National Medicines Stockpile (NMS). NMS approval required prior to access. |
| MORPHINE HCl MIXTURE | Mixture | 1mg/mL & 5mg/mL | Y |  |
| MORPHINE INTRATHECAL | Injection | 500microgram/mL | R | Restricted for use by anaesthetics for patients requiring spinal anaesthetic undergoing a caesarean section or as an adjunct analgesia for patients undergoing major surgery |
| MORPHINE SULFATE | Injection | 10mg & 30mg | Y | Blanket outpatient approval for Palliative care patients. |
| MORPHINE SULFATE (Kapanol®) | Capsule | 10mg, 20mg, 50mg & 100mg | Y |  |
| MORPHINE SULPHATE (MS Contin®) SLOW RELEASE | Slow Release Tablets | 5mg, 10mg, 30mg, 60mg & 100mg | Y |  |
| MORPHINE TATRATE | Injection | 120mg | R | Restricted to palliative care and pain team  Blanket outpatient approval for Palliative care patients. |
| MOXIFLOXACIN | Tablet & Injection | 400mg & 400mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  Blanket outpatient approval for treatment of infections approved by IFD (for oral form). |
| MOXONIDINE | Tablet | 200mcg | Y |  |
| MULTI-B VITAMINS (Cenovis Mega-B®) | Tablet |  | Y |  |
| MULTIVITAMIN & MINERALS (Cenovis®) | Tablets |  | Y |  |
| MULTIVITAMIN (CERNEVIT) | Injection |  | Y |  |
| MULTIVITAMIN (Pentavite Infant®) | Infant drops |  | Y |  |
| MULTIVITAMIN WITH IRON (Pentavite®) | Syrup |  | Y |  |
| MULTIVITAMINS PLUS ZINC (VitABDECK®) | Capsule |  | R | Vitamin for Cystic Fibrosis patients.  Blanket outpatient approval as a vitamin for Cystic Fibrosis patients. |
| MUPIROCIN | Ointment & Nasal Ointment | 2% | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| MYCOPHENOLATE MOFETIL | Capsule | 250mg & 500mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria.  Formulary for renal transplant use |
| MYCOPHENOLATE MOFETIL | Injection | 500mg | Y |  |
| MYCOPHENOLATE SODIUM  (MYFORTIC®) | Tablet | 180mg & 360mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria.  Restricted for use in Lupus Nephritis HSD indications only. The capsules are the formulary mycophenolate option for renal transplant indications. |
| NALOXONE | Injection | 400mcg | Y |  |
| NALOXONE | Nasal Spray | 1.8mg | R | Restricted to Alcohol and Other Drug (AOD) prescribers for Opioid Pharmacotherapy (OPP) patients |
| NALTREXONE | Tablet | 50mg | R | Restricted to Addiction Medicine prescribers for use as an adjunct for the treatment of alcohol dependence. |
| NAPHAZOLINE/ PHEIRAMINE (Naphcon-A®) | Eye drop | 0.025%/0.3% | Y |  |
| NAPROXEN | Tablet | 250mg | Y |  |
| NAPROXEN | Modified Release Tablet | 1g | Y |  |
| NATALIZUMAB | Injection | 300mg/15mL | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| NATALIZUMAB | Injection | 150mg/1mL | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| NATAMYCIN | Eye drop | 5% | Y | This is a Special Access Scheme (SAS) product. Please complete appropriate SAS form which can be located on the [TGA website](https://www.tga.gov.au/products/unapproved-therapeutic-goods/special-access-scheme-sas-and-authorised-prescriber/prescribe-unapproved-therapeutic-good/unapproved-products-individual-patients-special-access-scheme). |
| NEBIVOLOL | Tablet | 1.25mg, 5mg | Y | Restricted to PBS criteria. |
| NEISSERIA MENINGITIDIS/HAEMOPHILUS INFLUENZAE TYPE B (HIB) (Menitorix®) | Injection | 5microg/5microg | Y |  |
| NEOSTIGMINE | Injection | 500mcg & 2.5mg | Y |  |
| NETUPITANT/PALONOSETRON | Capsules | 300mcg/500mcg | R | Restricted to Haematology and Oncology for PBS listed indications. |
| NEVIRAPINE | Tablet | 200mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| NEVIRAPINE | Modified Release Tablet | 400mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| NICORANDIL | Tablet | 10mg & 20mg | Y |  |
| NICOTINE | Inhaler | 15mg | Y |  |
| NICOTINE | Patch | 7mg, 14mg & 21mg | Y |  |
| NICOTINE | Gum | 2mg & 4mg | Y |  |
| NICOTINE | Oral Strips | 2.5mg | R | Restricted to Remote Health |
| NIFEDIPINE | Tablet | 10mg & 20mg | Y |  |
| NIFEDIPINE MR | Modified Release Tablet | 30mg & 60mg | Y |  |
| NIMODIPINE | Injection | 10mg | Y |  |
| NIMODIPINE | Tablet | 30mg | Y |  |
| NIRMATRELVIR & RITONAVIR (PAXLOVID®) | Tablet | 150mg & 100mg | R | Per COVID-19 Treatment of at Risk Adults and Adolescents not Requiring Oxygen Guidelines.  Outpatient use per PBS criteria. |
| NITAZOXANIDE | Suspension | 100mg/5mL | Y |  |
| NITRIC OXIDE | Inhalation | 800ppm | Y |  |
| NITROFURANTOIN | Capsule | 50mg & 100mg | Y |  |
| NIVOLUMAB | Infusion | Variable | R | Restricted to Medical Oncologists for use in patients enrolled in the Nivolumab Extended Access Program. |
| NORADRENALINE | Injection | 2mg | Y |  |
| NORETHISTERONE | Tablet | 5mg | Y |  |
| NORFLOXACIN | Tablet | 400mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| NYSTATIN | Capsules | 500 000 units | Y |  |
| NYSTATIN | Oral drops | 100 000 units | Y |  |
| OCTREOTIDE | Depot Injection | 10mg, 20mg & 30mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| OCTREOTIDE | Injection | 50mcg, 100mcg & 500mg | Y |  |
| OFLOXACIN | Eye drop | 3mg | R | Restricted to Ophthalmologist use only |
| OLANZAPINE | Tablet | 2.5mg, 5mg & 10mg | Y |  |
| OLANZAPINE | Injection | 10mg | R | Restricted to Mental Health & ED |
| OLANZAPINE (Zyprexa Zydis®) | Wafers | 5mg, 10mg. 15mg & 20mg | Y |  |
| OLANZAPINE PAMOATE (Zyprexa Relprevv®) | Long Acting Injection | 210mg, 300mg & 405mg | R | Restricted to Mental Health |
| OLIVE OIL | Liquid |  | Y |  |
| OMEPRAZOLE | Solution | 2mg/mL | Y | Manufactured at RDH.  Blanket outpatient approval for administration via NG/PEG tube in paediatric patients. |
| OMEPRAZOLE | Injection | 40mg | Y | Pantoprazole is first line therapy |
| OMEPRAZOLE | Tablet | 10mg & 20mg | Y | Pantoprazole is first line therapy |
| ONDANSETRON | Injection | 4mg & 8mg | Y |  |
| ONDANSETRON | Wafers | 4mg & 8mg | Y |  |
| OPSITE SPRAY DRESSING | Spray |  | Y |  |
| ORABASE (CARMELLOSE/ PECTIN/ GELATIN) | Paste |  | Y |  |
| ORAL REHYDRATION SALTS SOLUTION | Sachets  Ice Blocks |  | Y |  |
| OSELTAMIVIR | Liquid | 6mg/mL | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| OSELTAMIVIR (Tamiflu®) | Capsule | 30mg & 75mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| OXALIPLATIN | Injection | 50mg, 100mg & 200mg | R | Restricted to Haematology and Oncology for PBS listed indications. |
| OXAZEPAM | Tablet | 15mg & 30mg | Y |  |
| OXYBUPROCAINE | Minims | 0.40% | Y |  |
| OXYBUTYNIN | Tablet | 5mg | Y |  |
| OXYCODONE | Liquid | 5mg/5mL | Y |  |
| OXYCODONE (Endone®) | Tablet | 5mg | Y |  |
| OXYCODONE (Oxycontin SR ®) | Slow Release Tablets | 10mg, 15mg 20mg, 30mg, 40mg & 80mg | Y | NB: Not all strengths are stocked at all sites |
| OXYCODONE (Oxynorm®) | Capsule | 10mg & 20mg | Y |  |
| OXYCODONE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE DIHYDRATE (Targin®) | Tablet | 5/2.5mg, 10/5mg, 20/10mg & 40/20mg | R | Restricted to chronic pain when opioid-induced constipation is refractory to optimised regular laxatives |
| OXYCODONE | Intravenous | 50mg/mL | R | Restricted to Acute Pain Service/Anaesthetics for Patient Controlled Analgesia (PCA) |
| OXYMETAZOLINE | Nasal Spray | 0.05% | Y |  |
| OXYTOCIN | Injection | 10units | Y |  |
| PACLITAXEL | Injection | 30mg, 100mg, 150mg & 300mg | R | Restricted to Haematology and Oncology for PBS listed indications AND advanced or recurrent endometrial cancer, AND as neoadjuvant upper GI with RT. |
| PACLITAXEL NANOPARTICLE ALBUMIN BOUND | Injection | 100mg | R | Restricted to Haematology and Oncology for PBS listed indications. |
| PALACOS R BONE CEMENT with GENTAMICIN | Cement |  | Y |  |
| PALIPERIDONE | Modified Release Tablet | 3mg, 6mg & 9mg | R | Restricted to Mental Health |
| PALIPERIDONE PALMITATE 1 MONTHLY | Depot injection | 25mg, 50mg, 75mg, 100mg & 150mg | R | Restricted to Mental Health |
| PALIPERIDONE PALMITATE **3 MONTHLY** | Depot injection | 175mg, 263mg, 350mg & 525mg | R | Restricted to Mental Health.  For initiation in the outpatient setting only in patients who meet PBS criteria. |
| PALONOSETRON | Injection | 250mcg/5mL | R | Restricted to Haematology and Oncology for prevention of nausea and vomiting induced by moderately emetogenic chemotherapy protocols. |
| PAMIDRONATE DISODIUM | Injection | 15mg & 90mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| PANCURONIUM | Injection | 4mg | Y |  |
| PANITUMUMAB | Injection | 100mg/5mL & 400mg/20mL | R | Restricted to Haematology and Oncology for PBS listed indications. |
| PANTHENOL/BENZALKONIUM CHLORIDE (BEPANTHEN®) | Cream | 5%/0.05% | Y |  |
| PANTOPRAZOLE | Tablet | 20mg & 40mg | Y |  |
| PANTOPRAZOLE | Injection | 40mg | Y |  |
| PAPAVERINE | Injection | 120mg | Y |  |
| PARACETAMOL | Tablet | 500mg | Y | Blanket approval for outpatient supply. Restricted to: Haematology/Oncology. |
| PARACETAMOL | Suppositories | 125mg, 250mg & 500mg | Y |  |
| PARACETAMOL | Drops & Elixir | 100mg/mL & 240mg/5mL | Y |  |
| PARACETAMOL | Soluble Tablet | 500mg | Y |  |
| PARACETAMOL | Injection | 1000mg | R | Restricted for post-surgery and patients unable to tolerate oral or rectal route |
| PARACETAMOL & CODEINE | Tablet | 500mg/30mg | Y |  |
| PARACETAMOL MR | Modified Release Tablet | 665mg | R | Restricted to Palliative Care & Remote Health |
| PARAFFIN CO | Eye ointment | 3.5g | Y |  |
| PARAFFIN EMULSION (Parachoc®) | Oral Liquid | 2.5mL/5mL | Y |  |
| PARAFFIN STERILE | Sterile Liquid | 5g | Y |  |
| PARAFFIN WHITE SOFT | Cream | 10g (sterile), 50g & 500g | Y |  |
| PARAFFIN WHITE SOFT & LIQUID PARAFFIN | Ointment | 50%/50% | Y |  |
| PARALDEHYDE | Injection |  | Y | NB: Not stocked at all sites. May need to be ordered on a case by case basis. |
| PARECOXIB SODIUM | Injection | 40mg | R | Restricted to Pain team and ICU |
| PATENT BLUE VIOLET 2.5% | Pre-Filled Syringe | 2.50% | Y |  |
| PATIROMER | Sachets | 8.4g | R | Restricted to renal team/nephrologists for short-term use in patients with End Stage Renal Disease on haemodialysis where renal replacement therapy is not accessible. |
| PAW-PAW OINTMENT | Ointment |  | Y |  |
| PAZOPANIB | Tablet | 200mg & 400mg | R | Restricted to Haematology and Oncology for PBS listed indications. |
| PEGFILGRASTIM | Injection | 6mg/0.6mL | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| PEMETREXED | Injection | 100mg & 500mg | R | Restricted to Haematology and Oncology for PBS listed indications. |
| PENTAMIDINE | Injection | 300mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  Restricted to haematology/oncology patients and others under the management /recommendation of IFD |
| PEPPERMINT | Lip Balm | 20g | R | Restricted to Palliative Care only |
| PERHEXILINE | Tablet | 100mg | Y |  |
| PERICIAZINE | Tablet | 2.5mg, 10mg | Y |  |
| PERINDOPRIL | Tablet | 2.5mg, 5mg & 10mg | Y |  |
| PERINDOPRIL ARGININE & INDAPAMIDE | Tablet | 5mg/1.25mg | Y |  |
| PERMETHRIN | Cream | 5% | Y |  |
| PHENTERMINE | Tablet | 15mg | R | Blanket outpatient approval for RDPH Weight Management Clinic |
| PHENTOLAMINE MESYLATE | Injection | 5mg | R | Restricted to Emergency Department for the treatment of dermal necrosis and sloughing following intravenous administration or extravasation of noradrenaline or adrenaline.  This is a Special Access Scheme (SAS) product. Please complete appropriate SAS form which can be located on the [TGA website](https://www.tga.gov.au/products/unapproved-therapeutic-goods/special-access-scheme-sas-and-authorised-prescriber/prescribe-unapproved-therapeutic-good/unapproved-products-individual-patients-special-access-scheme). |
| PHENOBARBITAL | Injection | 200mg | Y |  |
| PHENOBARBITAL | Tablet | 30mg | Y |  |
| PHENOBARBITAL | Syrup | 15mg/5mL | Y |  |
| PHENOXYMETHYLPENICILLIN | Capsule | 250mg & 500mg | Y |  |
| PHENOXYMETHYLPENICILLIN (PENICILLIN V) | Suspension | 150mg/5mL | Y |  |
| PHENYLEPHRINE | Minims | 2.5% & 10% | Y |  |
| PHENYTOIN | Injection | 100mg & 250mg | Y |  |
| PHENYTOIN | Chewable tablets | 50mg | Y |  |
| PHENYTOIN | Capsule | 30mg & 100mg | Y |  |
| PHENYTOIN | Suspension | 30mg/5mL | Y |  |
| PHOSPHATE (Fleet®) | Enema | 133mL | Y |  |
| PHOSPHATE, SODIUM ACID (Phosphate Sandoz®) | Effervescent Tablet | 500mg | Y |  |
| PHYSOSTIGMINE | Injection | 2mg | Y |  |
| PHYTOMENADIONE (Vitamin K®) | Injection | 2mg & 10mg | Y | Blanket outpatient approval. |
| PILOCARPINE | Minims | 2% | R | Restricted to eye department |
| PILOCARPINE (with preservative) | Eye drop | 1%, 2% & 4% | Y |  |
| PIMECROLIMUS | Cream | 1% | R | For patients who fail to hydrocortisone 1% cream/ointment. |
| PIPERACILLIN & TAZOBACTAM | Infusor | Variable | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| PIPERACILLIN & TAZOBACTAM | Injection | 4g/0.5g | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| PIROXICAM | Capsule | 10mg | Y |  |
| PLASMA-LYTE 148 in WATER | IV fluid |  | Y |  |
| PLASMA-LYTE 148 with GLUCOSE 5% | IV fluid | 1 L | R | For paediatric use |
| PNEUMOCOCCAL 13-VALENT CONJUGATE VACCINE (Paediatric) | Injection |  | Y |  |
| PNEUMOCOCCAL VACCINE 23 VALENT (Adult) | Injection |  | Y |  |
| PODOPHYLLOTOXIN | Solution | 0.50% | Y |  |
| PODOPHYLLOTOXIN | Cream | 0.15% | Y |  |
| POLIOMYELITIS VACCINE (Ipol®) | Injection |  | Y |  |
| POLOXAMER | Drops | 100mg/mL | Y |  |
| POLYMYXIN B | Injection | 500,000 units | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  Prescribing to be restricted to Infectious disease (IFD) in susceptible infections for patients in whom other alternatives are inappropriate |
| POLYVINYL ALCOHOL | Eye drops | 1.40% | Y |  |
| PORACTANT | Suspension for intratracheal administration | 240mg/3mL | Y |  |
| POSACONAZOLE | Modified Release Tablet & Oral Suspension | 100mg & 40mg/mL (105mL) | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  Blanket outpatient approval for non-PBS indications, restricted to Haematology and Oncology/ Infectious Diseases. |
| POSACONAZOLE | Injection | 300mg/16.7mL | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| POTASSIUM ACETATE | Injection | 25mmol | Y |  |
| POTASSIUM CHLORIDE | Effervescent tablets | 14mmol | Y |  |
| POTASSIUM CHLORIDE | Injection | 10mmol/10mL | Y |  |
| POTASSIUM CHLORIDE | Modified Release Tablet | 600mg | Y |  |
| POTASSIUM CHLORIDE FOR DIALYSIS | Solution | 26.1%w/v | Y |  |
| POTASSIUM CHLORIDE in GLUCOSE | IV fluid | 10mmol/10% in 500mL | Y |  |
| POTASSIUM CHLORIDE in SODIUM CHLORIDE | IV fluid | 10mmol/0.29% in 100mL, 20mmol/0.9% in 1000mL, 30mmol/0.9% in 1000mL, 40mmol/0.9% in 1000mL | Y |  |
| POTASSIUM CHLORIDE in SODIUM LACTATE COMPOUND | IV fluid | 30mmol in 1L | Y |  |
| POTASSIUM CHLORIDE in SODIUM CHLORIDE with GLUCOSE | IV fluid | 20mmol/0.18%/4% in 1L,  20mmol/0.9%/5% in 1L,  40mmol/0.9%/5% in 1L,  10mmol/0.225%/  10% in 500mL | Y |  |
| POTASSIUM DIHYDROGEN PHOSPHATE | Injection | 10mmol/10mL | R | Wards can contact pharmacy or ICU liaison if further support is required |
| POTASSIUM PERMANGANATE | Crystals |  | Y |  |
| POVIDONE IODINE | Solution | 7.50% | Y |  |
| POVIDONE IODINE | Scrub Brush |  | Y |  |
| POVIDONE IODINE | Ointment Sachets | 10% | Y |  |
| POVIDONE IODINE (100mL) | Solution | 10% | Y |  |
| POVIDONE IODINE ALCOHOLIC | Skin Preparation |  | Y |  |
| PRALIDOXIME IODIDE | Injection | 500mg | Y |  |
| PRAMIPEXOLE | Tablet | 180mcg & 250mcg | R | Restricted to remote patients with Machado Joseph Disease |
| PRAZIQUANTEL | Tablet | 600mg | Y | Blanket approval for outpatient supply. Restricted to the treatment of *Hymenolepsis nana* (dwarf tape worm) infection. |
| PRAZOSIN | Tablet | 1mg, 2mg & 5mg | Y |  |
| PREDNISOLONE | Tablet | 1mg, 5mg & 25mg | Y | Blanket approval for outpatient supply. Restricted to: Haematology/Oncology. |
| PREDNISOLONE | Suspension | 25mg/5mL | Y |  |
| PREDNISOLONE & PHENYLEPHRINE (PREDNEFRIN FORTE EYE®) | Eye drops | 1%/0.12% | Y |  |
| PREDNISOLONE ENEMA | Enema | 0.2mg/mL | Y |  |
| PREDNISOLONE SODIUM PHOSPHATE | Eye drop minims | 0.5% | R | Restricted to use by ophthalmology.  Blanket outpatient approval for patients with allergy to preservatives in prednisolone containing eye drops or for patients where prednisolone as a single ingredient is required. |
| PREGABALIN | Capsule | 25mg, 75mg & 150mg | R | Blanket outpatient approval for neuropathic pain for patients with fibromyalgia syndrome only. Prescriber to annotate script as “fibromyalgia syndrome/non-PBS indication”. |
| PREGNANCY TEST | Strip |  | Y |  |
| PRILOCAINE | Injection | 0.50% | Y |  |
| PRIMAQUINE | Tablet | 7.5mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  Blanket outpatient approval for prevention or relapse of malaria or treatment of Pneumocystis carinii pneumonia (PCP). |
| PRIMIDONE | Tablet | 250mg | Y |  |
| PROBENECID | Tablet | 500mg | Y |  |
| PROCARBAZINE | Capsule | 50mg | R | Restricted to Haematology and Oncology for BEACOPP (Hodgkin Lymphoma) AND PCV (Neuro). |
| PROCHLORPERAZINE | Injection | 12.5mg/5mL | Y |  |
| PROCHLORPERAZINE | Tablet | 5mg | Y |  |
| PROGESTERONE | Pessaries | 200mg | R | Restricted to O&G for PBS listed indications. |
| PROMETHAZINE | Elixir | 1mg/mL | Y |  |
| PROMETHAZINE | Tablet | 10mg & 25mg | Y |  |
| PROMETHAZINE | Injection | 50mg | R | Restricted to haematology/oncology patients on chemotherapy requiring hypersensitivity reaction rescue AND remote primary health care for indications outlined in CARPA |
| PROPANTHELINE | Tablet | 15mg | Y |  |
| PROPOFOL | Injection | 200mg & 500mg | Y |  |
| PROPRANOLOL | Suspension | 10mg/5mL | Y |  |
| PROPRANOLOL | Tablet | 10mg, 40mg & 160mg | Y |  |
| PROPYLENE GLYCOL | Solution |  | Y |  |
| PROPYLTHIOURACIL | Tablet | 50mg | Y |  |
| PROTAMINE SULPHATE | Injection | 50mg/5mL | Y |  |
| PSEUDOEPHEDRINE | Tablet | 60mg | Y |  |
| PSYLLIUM | Powder |  | Y |  |
| PYRANTEL | Tablet | 125mg | Y |  |
| PYRAZINAMIDE | Tablet | 500mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  Blanket outpatient approval for the treatment of tuberculosis by TB clinic/IFD. |
| PYRIDOSTIGMINE | Tablet | 10mg & 60mg | Y |  |
| PYRIDOXINE | Tablet | 25mg | Y | Blanket outpatient approval for the prevention of isoniazid-induced peripheral neuropathy. |
| PYRIMETHAMINE | Tablet | 25mg | Y |  |
| QUETIAPINE | Tablet | 25mg, 100mg, 200mg & 300mg | Y |  |
| QUETIAPINE | Modified Release Tablet | 50mg, 200mg & 300mg | Y |  |
| RABIES VACCINE | Injection |  | Y |  |
| RALTEGRAVIR | Tablet | 400mg  600mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| RALTITREXED | Injection | 2mg | R | Restricted to Haematology and Oncology for PBS listed indications. |
| RAMIPRIL | Tablet & capsules | 1.25mg, 2.5mg, 5mg & 10mg | Y |  |
| RANIBIZUMAB | Injection | 2.3mg & 3mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| RASBURICASE | Injection | 1.5mg/1mL | R | Restricted to use in Haematology and Oncology for the treatment of acute hyperuricaemia of presumed or confirmed tumour lysis syndrome, in accordance with approved guidelines. |
| REMDESIVIR | Injection | 100mg | R | Approved for use as per the NT Health COVID-19 Treatment of at Risk Adults and Adolescents not Requiring Oxygen Guidelines AND in patients requiring oxygen but do not require ventilation. |
| REMIFENTANIL | Injection | 1mg & 5mg | Y |  |
| RETEPLASE | Injection | 10 units | Y | Short-term listing for thrombolysis in acute STEMI while tenecteplase is out of stock. |
| RIBAVIRIN (Ibavyr®) | Tablet | 200mg | S | Restricted to specialists working in the liver clinic running the HCV treatment program. For initiation in outpatients via the Highly specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| RIFABUTIN | Capsule | 150mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| RIFAMPICIN | Syrup | 100mg/5mL | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  Blanket outpatient approval for susceptible infections not listed on the PBS approved by Infectious Diseases. |
| RIFAMPICIN | Injection | 600mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| RIFAMPICIN | Capsule | 150mg & 300mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  Blanket outpatient approval for susceptible infections not listed on the PBS approved by Infectious Diseases. |
| RIFAPENTINE | Tablet | 150mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  Blanket outpatient approval for the treatment of latent tuberculosis by TB clinic/IFD.  This is a Special Access Scheme (SAS) product. Please complete appropriate SAS form which can be located on the [TGA website](https://www.tga.gov.au/products/unapproved-therapeutic-goods/special-access-scheme-sas-and-authorised-prescriber/prescribe-unapproved-therapeutic-good/unapproved-products-individual-patients-special-access-scheme). |
| RIFAXIMIN | Tablet | 550mg | Y | Restricted to PBS indications. |
| RILPIVIRINE | Tablet | 25mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| RISPERIDONE | Solution | 5mg/5mL | Y |  |
| RISPERIDONE | Tablet | 0.5mg, 1mg 2mg, 3mg & 4mg | Y |  |
| RISPERIDONE (CONSTA®) | Depot Injection | 25mg, 37.5mg & 50mg | R | Restricted to Mental Health for continuing treatment in patients already stabilised on Risperidone depot, or initial treatment in patients where paliperidone depot is unsuitable or not tolerated. |
| RITONAVIR | Tablet | 100mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| RITUXIMAB | Injection | 100mg/10mL, 500mg/50mL | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| RITUXIMAB | Infusion |  | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| RIVAROXABAN | Tablets | 10mg,15mg & 20mg | R | Restricted to PBS indications. |
| RIZATRIPTAN | Wafer | 10mg | Y | Short-term listing while oral zolmitriptan is out of stock. |
| ROCURONIUM | Injection | 50mg | Y |  |
| ROPIVACAINE | Injection | 75mg/10mL | Y | Other strengths are available on request. |
| ROSUVASTATIN | Tablets | 5mg, 10mg, 20mg & 40mg | Y |  |
| ROTAVIRUS ORAL VACCINE | Oral Solution |  | Y |  |
| ROXITHROMYCIN | Tablet | 150mg | Y |  |
| SACUBITRIL WITH VALSARTAN | Tablet | 24mg/26mg, 49mg/51mg, 97mg/103mg | Y | Restricted to PBS indications. |
| SALBUTAMOL | Injection | 500mcg | Y |  |
| SALBUTAMOL | Nebuliser | 2.5mg & 5mg | Y |  |
| SALBUTAMOL | Inhaler | 100mcg | Y |  |
| SALICYLIC ACID / COAL TAR in AQUEOUS CREAM | Cream | 6%/6% | Y |  |
| SALICYLIC ACID/ LACTIC ACID | Paint | 16.70% | Y |  |
| SALINE LAXATIVE (Fleet®) FLEET | Mixture & Enema |  | Y |  |
| SALIVA ARTIFICIAL | Solution |  | Y |  |
| SEMAGLUTIDE | Syringe | 1.34mg/mL (1.5mL & 3mL) | R | Restricted to PBS indications.  (Use restricted to continuation treatment only; Treatment initiation requires IPU approval) |
| SENNA | Tablets | 7.5mg | Y |  |
| SERTRALINE | Tablets | 50mg & 100mg | Y |  |
| SEVELAMER | Tablets | 800mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| SEVOFLURANE | Liquid for inhalation |  | Y |  |
| SILDENAFIL | Injection | 10mg/12.5ml | R | Restricted to ICU use only for patients with pulmonary arterial hypertension. |
| SILDENAFIL | Tablets | 20mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| SILVER NITRATE/POTASSIUM NITRATE | Pencil & Sticks | 427.5mg/22.5mg | Y |  |
| SILVER SULPHADIAZINE | Cream | 1% | Y |  |
| SIMETHICONE | Drops | 100mg/mL | Y |  |
| SIMETHICONE | Liquid | 120mg/mL | Y | \*For short-term listing while drops are out of stock |
| SIMVASTATIN | Tablet | 10mg, 20mg 40mg & 80mg | Y |  |
| SIROLIMUS | Tablet | 0.5mg, 1mg & 2mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| SITAGLIPTIN | Tablet | 25mg, 50mg & 100mg | Y |  |
| SOAP ENEMA | Enema | 5% | Y |  |
| SODA LIME (Medisorb®) | Prepacked Canister |  | Y |  |
| SODIUM BENZOATE | Injection | 2g/10mL | R | Restricted to Paediatricians under the advice of a Metabolic Specialist for the emergency treatment of hyperammonaemia in urea cycle defects.  This is a Special Access Scheme (SAS) product. Please complete appropriate SAS form which can be located on the [TGA website](https://www.tga.gov.au/products/unapproved-therapeutic-goods/special-access-scheme-sas-and-authorised-prescriber/prescribe-unapproved-therapeutic-good/unapproved-products-individual-patients-special-access-scheme). |
| SODIUM BICARBONATE | Capsule | 840mg | Y |  |
| SODIUM BICARBONATE | Injection & Mini-jet | 100mmol | Y | Mini-jet is restricted to resuscitation room in the emergency department |
| SODIUM CHLORIDE | Tablets | 600mg | Y |  |
| SODIUM CHLORIDE | Injection | 0.9%/5% (1L) | Y |  |
| SODIUM CHLORIDE | Eye Drops | 5% | R | This is a Special Access Scheme (SAS) product. Please complete appropriate SAS form which can be located on the [TGA website](https://www.tga.gov.au/products/unapproved-therapeutic-goods/special-access-scheme-sas-and-authorised-prescriber/prescribe-unapproved-therapeutic-good/unapproved-products-individual-patients-special-access-scheme).  Blanket outpatient approval for corneal oedema. |
| SODIUM CHLORIDE | Injection | 0.45% (500mL), 0.9% (10mL, 20mL, 50mL, 100mL, 250mL, 500mL, 1L & 2L), 3% (1L), 23.4% (10mL), | Y |  |
| SODIUM CHLORIDE, SODIUM BICARBONATE, POTASSIUM CHLORIDE, GLUCOSE ANHYDROUS, CALCIUM LACTATE PENTAHYDRATE (Flo®) | Nasal Sachets/ Irrigation kit |  | R | Restricted to ENT and Radiation Oncology |
| SODIUM CHONDROITIN SULPHATE/SODIUM HYALURONATE (Viscoat®) | Eye Irrigation | 40mg/30mg/mL | Y |  |
| SODIUM CITRATE | Solution | 8.80% | Y |  |
| SODIUM CITRATE/ SODIUM LAURYL SULFOACETATE (Microlax®) | Enema | 90mg/9mg/mL | Y |  |
| SODIUM CITRO-TARTRATE | Sachets |  | Y |  |
| SODIUM CROMOGLYCATE | Eye Drops | 2% | Y |  |
| SODIUM DIHYDROGEN PHOSPHATE | Injection | 10mmol/10mL | Y |  |
| FUSIDIC ACID HEMIHYDRATE | Tablet | 250mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  Blanket outpatient approval for susceptible infections not listed on the PBS approved by Infectious Diseases. |
| SODIUM HYALURONATE (Provisc®) | Intraocular Injection | 8.5mg/0.85mL | Y |  |
| SODIUM LACTATE CO (Hartmann’s®) | IV fluid |  | Y |  |
| SODIUM NITROPRUSSIDE | Injection | 50mg | Y |  |
| SODIUM PICOSULFATE | Oral liquid | 7.5mg/mL | R | Restricted to palliative care. |
| SODIUM PICOSULFATE, MAGNESIUM OXIDE & CITRIC ACID (Picoprep®) | Sachets |  | Y |  |
| SODIUM POLYSTYRENE SULFONATE (Resonium A®) | Powder | 454g | Y |  |
| SODIUM SULFATE DECAHYDRATE / MACROGOL/ ELECTROLYTES (COLONLYTELY®) | Sachets |  | Y |  |
| SODIUM TETRADECYL SULPHATE | Injection | 3% | Y |  |
| SODIUM THIOSULFATE | Injection | 25g/100mL | R | This is a Special Access Scheme (SAS) product. Please complete appropriate SAS form which can be located on the [TGA website](https://www.tga.gov.au/products/unapproved-therapeutic-goods/special-access-scheme-sas-and-authorised-prescriber/prescribe-unapproved-therapeutic-good/unapproved-products-individual-patients-special-access-scheme).  Blanket outpatient approval for calciphylaxis, restricted to nephology. |
| SODIUM VALPROATE | Injection | 400mg | Y |  |
| SODIUM VALPROATE | Suspension | 200mg/5mL | Y |  |
| SODIUM VALPROATE | Chewable tablets | 100mg | Y |  |
| SODIUM VALPROATE | Enteric Coated Tablet | 200mg & 500mg | Y |  |
| SOFOSBUVIR/VELPATASVIR (Epclusa®) | Tablet | 400mg/100mg | S | Restricted to specialists working in the liver clinic running the HCV treatment program. For initiation in outpatients via the Highly specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| SOFOSBUVIR/VELPATASVIR/ VOXILAPREVIR (VOSEVI®) | Tablet | 400mg/100mg/ 100mg | S | Restricted to specialists working in the liver clinic running the HCV treatment program. For initiation in outpatients via the Highly specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| SOMATROPIN | Injection | 1mg, 8mg, 10mg & 12mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| SORAFENIB | Tablet | 200mg | R | Restricted to Haematology and Oncology for PBS listed indications.  Blanket approval for outpatient supply with PBS prescription. Restricted to: Haematology/Oncology. |
| SORBITOL | Solution | 70% | Y |  |
| SOTALOL | Injection | 40mg | Y |  |
| SOTALOL | Tablet | 80mg & 160mg | Y |  |
| SPACER – DISPOSABLE |  |  | R | For use by Emergency Department and NCCRTC only. |
| SPACER FOR AEROSOL |  |  | Y |  |
| SPILL KIT FOR CYTOTOXIC DRUGS |  |  | Y |  |
| SPIRONOLACTONE | Tablet | 25mg & 100mg | Y |  |
| SPIRONOLACTONE | Solution | 12.5mg/5mL | Y |  |
| STREPTOMYCIN | Injection | 1g | Y |  |
| SUCROFERRIC OXYHYDROXIDE | Chewable tablet | 2.5 g | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| SUCROSE | Oral Solution | 24% | Y |  |
| SUFENTANIL | Injection | 50mcg | R | This is a Special Access Scheme (SAS) product. Please complete appropriate SAS form which can be located on the [TGA website](https://www.tga.gov.au/products/unapproved-therapeutic-goods/special-access-scheme-sas-and-authorised-prescriber/prescribe-unapproved-therapeutic-good/unapproved-products-individual-patients-special-access-scheme).  Blanket outpatient approval for cancer pain. |
| SUGAMMADEX | Injection | 200mg | R | Restricted to use by Anaesthetic, ICU and ED specialists only. |
| SULFASALAZINE | Enteric Coated Tablet | 500mg | Y |  |
| SULPHAMETHOXAZOLE/ TRIMETHOPRIM (Bactrim®) | Suspension | 200mg/40mg/ 5mL | Y |  |
| SULPHAMETHOXAZOLE/ TRIMETHOPRIM (Bactrim®) | Tablet | 400mg/80mg & 800mg/160mg | Y | Blanket outpatient approval for melioidosis eradication and Pneumocystis carinii pneumonia (PCP). Restricted to: Haematology/Oncology and Infectious Diseases. |
| SULPHAMETHOXAZOLE/ TRIMETHOPRIM (Bactrim®) | Injection | 400mg/80mg | Y |  |
| SUNITINIB | Capsule | 12.5mg, 25mg & 50mg | R | Restricted to Haematology and Oncology for PBS listed indications. |
| SUNSCREEN SPF | Lotion | 15+, 30+ | Y |  |
| SUNSCREEN with ZINC | CREAM | 50+ | Y |  |
| SUXAMETHONIUM | Injection | 100mg | Y |  |
| TACROLIMUS | Capsule | 500mcg, 1mg & 5mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| TACROLIMUS XL | Extended Release Capsule | 500mcg, 1mg, 3mg & 5mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| TALC (STERILE LARGE PARTICLE) (Steritalc®) | Powder | 4g | Y |  |
| TAMOXIFEN | Tablet | 10mg & 20mg | Y |  |
| TAMSULOSIN | Tablets | 400mcg | R | Restricted to urologists and geriatricians.  Restricted ONLY for the treatment of benign prostate hypertension (BPH) in patients where prazosin is not appropriate or not tolerated. |
| TAPENTADOL IR | Immediate Release Tablet | 50mg | R | Restricted to;  Continuing inpatient use (regular medicine) **OR**  Initiation of treatment by Acute Pain Service, Geriatricians or Rehabilitation Consultants that meet the following;   * Inpatient use only **AND** * Patients with severe incident-pain and complex pain management needs where its use will form part of a multimodal analgesic regimen **AND** * Patient has contraindications to the use of tramadol (indicate reason) * Taking other medication with serotonergic effects * At risk of seizures (*Note: Tapentadol should be prescribed with care in patient at risk of seizures)* * Other (reasons to be provided)   **AND**   * Plan for analgesia requirements on discharge has been considered and documented if required. **Tapentadol immediate release tablets cannot be supplied on discharge from hospital** |
| TAPENTADOL SR | Slow Release Tablet | 50mg, 100mg, 150mg, 200mg & 250mg | R | Restricted to PBS indications. |
| TEA TREE | Oil |  | Y |  |
| TEICOPLANIN | Injection | 400mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| TEMAZEPAM | Tablet | 10mg | Y |  |
| TEMOZOLOMIDE | Capsule | 5mg, 20mg, 100mg, 140mg, 180mg & 250mg | R | Restricted to Haematology and Oncology for PBS listed indications. |
| TENECTEPLASE | Injection | 50mg | Y | Restricted for acute myocardial infarction in the settings of pre-hospital thrombolysis (e.g. ambulance service, Careflight, RFDS), small rural hospitals (GDH, KDH, Tennant Creek Hospital), Alice Springs Hospital and remote facilities (Aboriginal health services). |
| TENOFOVIR DISOPROXIL | Tablet | 300mg OR 291mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria.  Blanket outpatient approval for management of Hepatitis B in pregnancy. |
| TENOFOVIR DISOPROXIL & EMTRICITABINE | Tablet | 300mg+200mg  OR 291mg+200mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| TENOFOVIR DISOPROXIL, EMTRICITABINE & EFAVIRENZ | Tablet | 300mg+200mg+ 600mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| TERBINAFINE | Tablet | 250mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| TERBINAFINE | Cream | 1% | R | Restricted to indications meeting PBS criteria. |
| TERBUTALINE | Injection | 500mcg/mL | R | Restricted to use in obstetrics for pregnant women with foetal distress requiring immediate delivery, or prior to External Cephalic Version (ECV) |
| TERBUTALINE | Turbuhaler | 500mcg | Y |  |
| TERLIPRESSIN | Injection | 0.85mg/mL | R | * Restricted to Emergency Physicians, Intensive Care Physicians and Gastroenterologists for haemorrhaging oesophageal varices. * Restricted to Intensive Care Physicians, Gastroenterologists and Nephrologists for Type 1 Hepatorenal Syndrome. |
| TESTOSTERONE ESTERS | Injection | 100mg & 250mg | Y |  |
| TETRABENAZINE | Tablet | 25mg | Y |  |
| TETRACAINE (AMETHOCAINE) HYDROCHLORIDE | Minims | 1% | Y |  |
| TETRACAINE (AMETHOCAINE) HYDROCHLORIDE | Gel | 4% | Y |  |
| TETRACAINE (AMETHOCAINE) HYDROCHLORIDE / LIDOCAINE/ ADRENALINE (EPINEPHRINE) (LACERAINE®) | Gel | 40mg/5mg/1mg/5mL | Y |  |
| TETRACAINE (AMETHOCAINE) / LIDOCAINE/ ADRENALINE (EPINEPHRINE) | Injection | 0.5%/ 4%/ 1:1000 | Y |  |
| TETRACOSACTIDE (TETRACOSACTRIN) (Synacthen®) | Injection | 250mcg & 1mg | Y |  |
| THALIDOMIDE | Capsule | 50mg, 100mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| THEOPHYLLINE | Modified Release Tablet | 200mg, 250mg & 300mg | Y |  |
| THIAMINE | Tablet | 100mg | Y |  |
| THIAMINE | Injection | 300mg | Y |  |
| THIOPENTONE | Injection | 500mg | Y |  |
| THROMBIN | Injection | 5000units | Y |  |
| THYMOL | Mouthwash |  | Y |  |
| TICAGRELOR | Tablet | 90mg | R | Restricted to Cardiologists & Interventional Cardiologists for patients undergoing planned PCI and CABG, and for patients who have had a cardiac event whilst taking clopidogrel. |
| TIGECYCLINE | Injection | 50mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| TIMOLOL | Eye Drops | 0.25% & 0.5% | Y |  |
| TIMOLOL LA | Long Acting Eye drops | 0.50% | Y |  |
| TIOGUANINE | Tablet | 40mg | R | Restricted to Haematology and Oncology for PBS listed indications.  Blanket approval for outpatient supply with PBS prescription. Restricted to: Haematology/Oncology. |
| TIOTROPIUM | Capsules for Inhalation | 18mcg | Y |  |
| TIOTROPIUM | Inhaler |  | Y |  |
| TIROFIBAN | Injection | 12.5mg | R | Restricted to Cardiology |
| TOBRAMYCIN | Injection | 80mg (with preservative & preservative free for inhalation) & 500mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| TOBRAMYCIN | Eye drops | 0.3% & 1.4% (1.4% compounded) | R | Restricted to Ophthalmologist use only.  Blanket outpatient approval for treatment or prevention of ophthalmic infections. |
| TOBRAMYCIN | Eye ointment | 0.30% | Y |  |
| TOCILIZUMAB | Injection | 200mg/10mL 400mg/20mL | R  S | Restricted to ICU for COVID-19 where there is evidence of systemic inflammation.  Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| TOPIRAMATE | Sprinkle Capsule | 25mg | Y |  |
| TOPIRAMATE | Tablet | 25mg, 50mg & 100mg | Y | Blanket outpatient approval for RDPH Weight Management Clinic |
| TOPOTECAN | Injection | 4mg | R | Restricted to Haematology and Oncology for PBS listed indications AND Small Cell Lung Cancer, AND Neuroendocrine Unknown Primary Cancer. |
| TPN ADULT STD TRIPLE PHASE BAG (SmofKabiven®) | IV fluid | 1970mL | Y |  |
| TPN NEONATE 34 WEEK TO TERM | IV fluid | 1200mL | Y | Order on request |
| TPN NEONATE CONCENTRATED PRETERM | IV fluid | 750mL | Y | Order on request |
| TPN NEONATE HIGH SODIUM PRETERM | IV fluid | 750mL | Y | Order on request |
| TPN NEONATE PRETERM (7.5% GLUCOSE) | IV fluid | 750mL | Y | Order on request |
| TPN NEONATE STANDARD PRETERM | IV fluid | 750mL | Y | RDH Stocked |
| TPN NEONATE STARTER | IV fluid | 750mL | Y | RDH Stocked |
| TRAMADOL | Capsule | 50mg | Y |  |
| TRAMADOL | Injection | 100mg | Y |  |
| TRANEXAMIC ACID | Injection | 1000mg/10mL | Y |  |
| TRANEXAMIC ACID | Tablet | 500mg | Y |  |
| TRASTUZUMAB | Injection | 60mg, 150mg, 600mg/5mL | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| TRIAMCINOLONE | Injection | 10mg & 40mg | Y |  |
| TRIAMCINOLONE | Dental paste | 0.10% | Y |  |
| TRICLOSAN | Solution | 1% | Y |  |
| TRIHEXYPHENIDYL (BENZHEXOL) HYDROCHLORIDE | Tablet | 2mg | Y |  |
| TRIMETHOPRIM | Tablet | 300mg | Y |  |
| TROPICAMIDE | Minims | 0.5% & 1% | Y |  |
| TROPONIN | Test strips |  | Y |  |
| TRYPAN BLUE | Injection | 0.10% | Y |  |
| TUBERCULIN PPD | Injection | 100units/mL | Y |  |
| ULIPRISTAL ACETATE | Tablet | 30mg | R | Restricted to women who require emergency contraception between 72 to 120 hours after unprotected intercourse or contraception failure (For GDH only). |
| UMECLIDINIUM (Ellipta Incruse®) | Inhaler | 62.5mcg | Y |  |
| UMECLIDINIUM / FLUTICASONE/ VILANTEROL (Ellipta Trelegy®) | Inhaler | 62.5mcg/ 100mcg/ 25mcg | Y |  |
| UMECLIDINIUM / VILANTEROL (Ellipta Anoro®) | Inhaler | 62.5mcg/ 25mcg | Y |  |
| UREA & LACTIC ACID (Calmurid®) | Cream | 10%/5% | Y |  |
| UREA (Dermadrate®) | Cream | 10% | Y |  |
| UREA (Ure-Na®) | Sachets | 15gm | R | Restricted to Endocrinology.  This is a Special Access Scheme (SAS) product. Please complete appropriate SAS form which can be located on the [TGA website](https://www.tga.gov.au/products/unapproved-therapeutic-goods/special-access-scheme-sas-and-authorised-prescriber/prescribe-unapproved-therapeutic-good/unapproved-products-individual-patients-special-access-scheme). |
| URINE STRIPS | Strips |  |  |  |
| UROKINASE | Vial | 5,000 units  10,000 units  25,000 units  100,000 units | Y | Short-term listing for fibrinolytic management of obstructed Central Vascular Access Devices (CVADs).  \*Strengths subject to availability |
| URSODEOXYCHOLIC ACID | Suspension | 250mg/5mL | Y |  |
| URSODEOXYCHOLIC ACID | Capsule | 250mg | Y | Blanket outpatient approval for obstetric cholestasis. |
| USTEKINUMAB | Injection | 130mg and 45mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria.  Note: The 45mg injection is to be sourced under PBS general schedule for outpatients. |
| VALACICLOVIR | Tablet | 500mg | S | Restricted to PBS criteria  Blanket inpatient/outpatient approval for viral prophylaxis in haematology patients undergoing suppressive chemotherapy OR Ophthalmic Herpes Simplex. |
| VALGANCICLOVIR | Tablet  Oral Liquid | 450mg  50mg/mL | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  Blanket inpatient/outpatient approval for treatments and prophylaxis of susceptible infections not listed on the PBS approved by Infectious Diseases. |
| VANCOMYCIN | Infusor | Variable | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| VANCOMYCIN | Injection | 500mg & 1g | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| VARICELLA ZOSTER (Chicken Pox®) VACCINE | Injection |  | Y |  |
| VECURONIUM | Injection | 4mg, 10mg | Y |  |
| VEDOLIZUMAB | Injection | 300mg | S | Restricted to Gastroenterologists for Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| VENLAFAXINE | Modified Release Capsule | 37.5mg, 75mg & 150mg | Y |  |
| VERAPAMIL | Injection | 5mg | Y |  |
| VERAPAMIL | Tablet | 40mg & 80mg | Y |  |
| VERAPAMIL | Modified Release Capsule | 180mg & 240mg | Y |  |
| VINBLASTINE | Injection | 10mg/10mL | R | Restricted to Haematology and Oncology for PBS listed indications. |
| VINCRISTINE | Injection | 1mg/mL | R | Restricted to Haematology and Oncology for PBS listed indications. |
| VINORELBINE | Capsule | 20mg & 30mg | R | Restricted to Haematology and Oncology for PBS listed indications. |
| VINORELBINE | Injection | 10mg/mL, 50mg/5mL | R | Restricted to Haematology and Oncology for PBS listed indications. |
| VITAMIN A | Ointment |  | Y |  |
| VITAMIN A (RETINOL PALMITATE) | Oral Liquid | 5000 IU/0.2mL | Y |  |
| VITAMIN B COMPLEX (Cenovis Mega B®) | Tablets |  | Y |  |
| VITAMIN E | Oral Liquid | 156iu | Y |  |
| VITAMIN PREGNANCY & BREASTFEEDING (I-Folic®) | Tablets |  | R | Restricted to remote health and maternity inpatients for women who are pregnant or breastfeeding. |
| VORICONAZOLE | Injection | 200mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT |
| VORICONAZOLE | Tablet | 50mg & 200mg | R | Restricted antimicrobial - Please refer to the Restricted Antimicrobial Guideline NT  Blanket outpatient approval for susceptible infections not listed on the PBS approved by Infectious Diseases. |
| WARFARIN  (Coumadin® Brand) | Tablet | 1mg, 2mg & 5mg | Y |  |
| WATER FOR INJECTIONS | Injection | 10mL, 20mL & 1L | Y |  |
| WATER FOR IRRIGATION | Irrigation | 1L & 2L | Y |  |
| WOOL ALCOHOLS | Ointment | 100g | Y |  |
| XYLOMETAZOLINE | Nasal Drops | 0.05% | Y |  |
| ZINC & CASTOR OIL | Cream | 20g | Y |  |
| ZINC (Elemental) | Capsule | 50mg | Y |  |
| ZINC OXIDE | Cream |  | Y |  |
| ZINC SULPHATE | Solution | 50mg/mL | Y | Contains elemental Zinc 11.3mg/mL. |
| ZOLEDRONIC ACID | Injection | 5mg | R | Restricted to PBS listed indications. |
| ZOLEDRONIC ACID | Injection | 4mg | S | Highly Specialised Drugs Program (Section 100). Refer to PBS Criteria. |
| ZOLMITRIPTAN | Tablet | 2.5 | Y |  |
| ZOSTER VACCINE (Shingrix®) | Injection | 0.5mL | Y | For patients eligible under National Immunisation Program (NIP) Schedule only. |
| ZUCLOPENTHIXOL ACETATE | Injection | 50mg | R | Restricted to prescribing by or upon consultation with psychiatrists. |
| ZUCLOPENTHIXOL | Tablet | 10mg | Y |  |
| ZUCLOPENTHIXOL DECANOATE | Injection | 200mg | Y |  |

# Appendices

