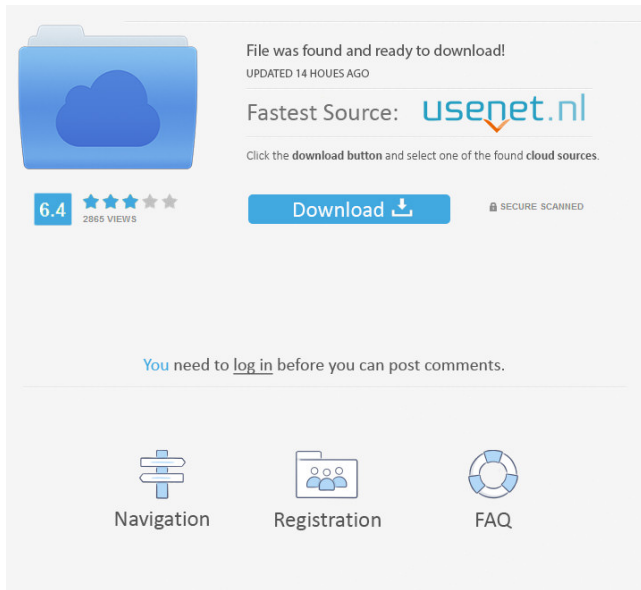


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y/pharmacist/availability\_basics.htm - accessed 23rd April 2018. Australian. Pharmaceutical. Formulary. 23. pdf. Australian. Pharmaceutical. Formulary. 23. Pharmacy. Guidelines -2016. 7 September 2017 (PDF). Australian. Pharmaceutical. Formulary. 23. Is it safe to compound with medications sourced from international suppliers? It is. There are certain medicines for which you need to be highly careful when sourcing from overseas when compounding medicines for your patients. They are summarised in the document titled "Guidelines for international medicines compounding" which is available on the APF23 website. The document can be downloaded from the link below or via the link here: [www.aph.gov.au/AusGovPortals/apf/utills/guidelines\\_compound-pharma.pdf](http://www.aph.gov.au/AusGovPortals/apf/utills/guidelines_compound-pharma.pdf). - accessed 23rd April 2018 Australian. Pharmaceutical. Formulary. 23. Pharmacy. Counter Checklist. -2016.

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This functionality is similar to the discontinued Excel Drug List. There are a limited number of drugs appearing in the AIF/CHF. The FDA first published a set of rules for prescription drugs in 1981, which included a proposal for a comprehensive drug list known as the Blue Book. The Australian Pharmaceutical and Herbal Remedy List (Blue Book) became the basic regulatory instrument for the control of prescription drugs in Australia. The current AIF/CHF was introduced in 1998. The 4th edition (2000) and subsequent editions have updated and strengthened the principles of the AIF. Annual pharmaceutical expenditure growth is the fastest component of overall health spending, increasing by 9.2% a year. Figure 5.2 compares the prescription drug expenditure growth of countries with strong and weak health systems, based on data from six groups of Organisation for Economic Co-operation and Development (OECD) countries. Figure 5.2 Comparison of Pharmaceutical Spending in 2003 in Countries with Strong and Weak Health Systems (AU\$/capita, 2003). Australian Pharmaceutical Formulary 23 Pdf Download Almost all of the countries with strong health systems had pharmaceutical expenditure growth below 9.2% (a). Unfortunately, most of the countries with weak health systems had pharmaceutical expenditure growth around 18.1% a year (b). Provision of Pharmaceutical Services in Australia. Source: [9]. The Pharmaceutical Benefits Scheme provides free community-based pharmaceutical services in Australia for all persons resident in Australia. The Pharmaceutical Benefits Scheme (PBS) provides subsidised medications for people with a PBS Card and includes: medications for allergic reactions, asthma, diabetes, epilepsy, malaria, mental health, eczema, rheumatic disorders, hereditary disorders, fertility and contraception, injury and wound care and dialysis. RUBEN LEPI Continuum [8]. The PBS is an integral part of the Australian health care system and accounts for around 20% of the pharmaceutical expenditure in Australia. The PBS was first introduced in 1983 with the first tier of the medicines scheme (Table 5.1). The first medicine listed on the PBS: zidovudine, was an anti-retroviral used in the treatment of HIV. From the first tier of medicine, the PBS gradually expanded to include over 340 medications for chronic and acute conditions. Information from the PBS is used by the National Prescribing Service to subsidise medicines including: zidovudine, zalcitabine 3ef4e8ef8d

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