

# Standard Drug List PPHC Remote NT Health Guideline

Document Metadata			
Target Audience		All Clinical Employees;	
Jurisdiction		Primary and Public Health Care Remote Central Australia and Barkly Regions; Population and Primary Health Care Remote Big Rivers, East Arnhem and Top End Regions	
Jurisdiction Exclusions		N/A;	
Document Owner		David Reeve General Manager Primary and Public Health Care	
Approval Authority		Fiona Wake Senior Director;	
Author		Siang Cheah; Jacob Whitty; Emilie Meier;	
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## Purpose

To provide guidance to Primary and Public Health Care Central Australia and Barkly Regions and Population and Primary Health Care Big Rivers, East Arnhem and Top End Regions (hereafter referred to collectively as PPHC) remote staff on the agreed list of medicines for use in Department of Health (DoH) PPHC remote health centres throughout the Northern Territory (NT).

## Guideline

The [Standard Drug List](#) (SDL) is an agreed list of medicines for use in DoH PPHC remote health centres throughout the NT, and is standardised to assure the availability of all commonly required medicines used in the NT remote context. It supports the consistent use of approved Scheduled Substance Treatment Protocols (SSTPs) under Section 254 of [NT Medicines, Poisons and Therapeutic Goods Act 2012](#) (MPTGA), providing a comprehensive inventory of medicines routinely required under the approved protocols for the best practice management of most acute and chronic conditions encountered in remote NT locations. Availability of all items on the SDL will support effective [Authorised Prescriber](#) consultations, and enhance quality use of medicines and compliance with the overarching [NT Hospital Formulary](#) endorsed by the NT Drugs and Therapeutics Committee.

The SDL includes medicines and consumables funded by the Department (non PBS items), [Pharmaceutical Benefits Scheme](#) (PBS) and [National Immunisation Program](#).

The SDL applies to all DoH PPHC remote health centres, and includes:

1. Mandatory items – must be stocked in all health centres.
2. Non mandatory items – health centres may opt to hold or not hold on site depending on local need.

Some capacity also exists for items to be approved for use for a particular local health centre, as additional items. See Section [5 Non-Standard Medicine Local Additions](#).

This guideline details how the SDL is maintained and applied. It is important to note that while the SDL is an official document approved by NT Health and governs which medicines are available in PPHC remote health centres, a [Medicines Governance Committee Referral](#) may be completed by any practitioner to contribute to maintenance and ongoing suitability of the List.

Prescribing patterns must consider best practice in regard to standard protocols, PBS inclusions, cost efficiencies and suitability of regimes for remote clients. [Authorised Prescribers](#) are to be guided by the [Standard Drug List](#) when choosing which medicines to prescribe, however they may prescribe medicines not included on the SDL.

## 1 Features of the Standard Drug List

The master SDL details a number of categories of information to cater for various purposes. These include:

Name (generic)	<i>Listed alphabetically</i>
Form	
Strength	
Usual Pack Size	
Dept / PBS / NIP	Department (Dept) / Pharmaceutical Benefits Scheme (PBS) / National Immunisation Program (NIP) funding
Approved SSTP Meds <sup>1</sup>	<i>Section 250 (S250) or Best Practice Group (BPG)</i>
S8 / RS4	<i>Schedule 8 / Restricted Schedule 4 medicines</i>
Mandatory / Optional items	<i>Mandatory substances are in bold text</i>
Category	
Comment	

The [Standard Drug List](#) is available electronically as an excel document. This allows staff to sort or filter the SDL according to information required. Staff may find it useful to sort the SDL by:

Approved SSTP Meds	Dept funded
PBS funded	Category

## 2 Maintenance of the Standard Drug List

The SDL is managed by the NT PPHC Medicines Governance Committee (MGC). It is an approved list of medicines that are held on imprest at NT PPHC remote health centres and aims to support the management of acute and chronic presentations. It is designed to complement approved protocols and accepted best practice.

The NT PPHC MGC provides a formal avenue for investigation and decision making of medicine related issues arising in PPHC Remote, and is responsible for maintaining the currency of the SDL. All relevant parties are notified of updates by e-mail.

The NT PPHC MGC periodically undertakes comprehensive review of the overall List, but will address ad hoc review of particular items when issues arise which need to be addressed promptly.

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<sup>1</sup> Medicines that may be supplied or administered by a nurse, midwife or ATSIHP according to an approved SSTP:

- S250 = S4 and S8 medicines approved by the NT CHO under Section 250 NT MPTGA
- BPG = Unscheduled, S2, S3 and S5 medicines approved by PHC Remote Best Practice Reference Group

Any staff member may make suggestions or recommend additions or deletions on the list by [referral](#) to the NT PPHC MGC. At the beginning of each meeting members must declare any actual or potential conflicts of interest to the Chair and to other members, if it is likely to have an impact on a discussion or decision being made by the Group. Decisions regarding the SDL are made on a clinical basis and will not be influenced by marketing material from pharmaceutical companies or otherwise. The evidence based decisions are documented in the 'Alterations tab' of the SDL.

### 3 Ordering Medicines from the Standard Drug List

There are three order forms required for ordering items from the SDL, including:

- Pharmacy Order forms (supplied by the contracted pharmacy to each health centre including Imprest, Client DAA packed and Client non specific).
- Hospital Pharmacy Order PPHC Remote Form – for Gove District Hospital.
- [Vaccine Order Form](#).
- COVID-19 Vaccines and consumables may be ordered using local ordering arrangements.

The SDL dictates the content of ordering forms for medicines. As noted above, changes to the SDL are notified to relevant suppliers to allow order forms to be updated.

Supplying Pharmacies will only supply medicines:

- Listed on the SDL.
- Approved [non-standard local additions](#)
- Prescribed for individual clients.

### 4 Medicine Stock Levels

There are no mandated stock levels for the SDL due to the varied requirements of different health centres. Variables include differing client groups, size and profile, visiting [Authorised Prescribers](#) prescribing patterns and other distinctions. Nonetheless, a standard order sheet, detailing stock levels can provide a valuable tool for pharmacy stock control. Health centers should partner with Contracted Pharmacies to establish and maintain appropriate medicine stock levels.

### 5 Non-Standard Medicine Local Additions

While not technically part of the SDL, PPHC Remote supports individual health centres having the opportunity to carry certain additional medicines which may be justified for the site. Health centres wishing to initiate local additions to the SDL may do so by submitting a [request](#). These additional items are subject to endorsement by the NT PPHC MGC and approval by the regional Director of Medical Services (DMS) for PPHC. Approval is based on merit factors including consideration of pre-existing alternatives on the SDL, clinical conditions encountered locally, best practice clinical management and cost. A request for local additions should not be initiated lightly for clients who may be highly mobile, as this may lead to difficulties in providing medicines at other health centres.

Following approval or otherwise, the DMS for PPHC forwards all requests to the relevant PPHC Senior Pharmacist to ensure master lists are updated, and to advise the relevant pharmacy of the authorised addition to a local list.

It is anticipated that there would be few circumstances where items additional to the standard list would be routinely required. In the event of numerous requests for a similar item this will more likely indicate an item that warrants consideration for inclusion on the SDL as either a mandatory or optional item.

Quality Assurance		
	Method	Responsibility
<b>Implementation</b>	Document will be accessible via the Policy Guidelines Centre and Remote Health Atlas	PGC Administrators
<b>Review</b>	Document is to be reviewed within five years, or as changes in practice occur	Senior Pharmacist Primary and Public Health Care; Senior Pharmacist Population and Primary Health Care
<b>Evaluation</b>	Evaluation will be ongoing and informal, based on feedback.	Senior Pharmacist Primary and Public Health Care; Senior Pharmacist Population and Primary Health Care
<b>Compliance</b>	Review Standard Drug List medicines and appropriate usage according to Protocol Monitoring and evaluation of Non-Standard Local Additional applications and approvals	Senior Pharmacist Primary and Public Health Care; Senior Pharmacist Population and Primary Health Care PPHC Medicines Governance Committee

Key Associated Documents	
<b>Key Legislation, By-Laws, Standards, Delegations, Aligned &amp; Supporting Documents</b>	<p>Hospital Pharmacy Order PPHC Remote Form – for GDH</p> <p><a href="#">Non Standard Medicine Local Addition PHC Remote Form</a></p> <p><a href="#">NT PHC Remote Medicines Group Referral Form</a></p> <p>S100 Medicine Order forms – available from relevant contracted pharmacy</p> <p><a href="#">Vaccine Order Form</a></p> <p><a href="#">Authorised Clinical Protocols and Procedure Manual PHC Remote Guideline</a></p> <p><a href="#">Prescriptions PHC Remote Guideline</a></p> <p><a href="#">Return of Unwanted Medicines PHC Remote Guideline</a></p> <p><a href="#">Schedule 8 and Restricted Schedule 4 Medicines PHC Remote Guideline</a></p> <p><a href="#">Pharmacy Arrangements and Ordering PPHC Remote NT Health Guideline</a></p> <p><a href="#">Section 250 NT MPTGA PPHC Remote NT Health Guideline</a></p> <p><a href="#">Standard Drug List PPHC Remote NT Health Master Document</a></p> <p><a href="#">NT Medicines Poisons and Therapeutic Goods Act (MPTGA) 2012 and Regulations 2014</a></p> <p><a href="#">Medicines and Poisons Control</a> website</p> <p><a href="#">Gazette Notices</a> (Section 250, 252, 254)</p> <p><a href="#">NT Hospital Formulary</a></p> <p><a href="#">NT Medicines Management Framework</a></p> <p><a href="#">Pharmaceutical Benefits Scheme (PBS)</a></p> <p><a href="#">PBS Explanatory Notes</a></p> <p><a href="#">Remote Primary Health Care Manuals</a> website:</p> <p>Central Australian Rural Practitioners Association (CARPA) Standard Treatment Manual</p> <p>Minymaku Kutju Tjukurpa - Women's Business Manual</p>

References	As Above
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Definitions, Acronyms and Alternative Search Terms	
Term	Description
<b>Authorised Prescriber</b>	a medical officer, nurse practitioner or other health practitioner (eg Dentist, Optometrist) who is authorised to issue a prescription under the <a href="#">NT MPTGA 2012</a> , and issues the prescription in the course of practising within their scope of practice.
<b>Pharmaceutical Benefits Scheme (PBS)</b>	a scheme through which the Australian Government subsidises the cost of prescription medicines.
<b>Scheduled Substance Treatment Protocol (SSTP)</b>	is a protocol for possessing, supplying or administering a scheduled substance as approved by the Chief Health Officer under Section 254 of the <a href="#">NT MPTGA 2012</a> .
<b>Section 100 (S100)</b>	a section of the <a href="#">National Health Act 1953</a> which allows for special supply arrangements to be made by the Minister for Health to ensure appropriate access to a pharmaceutical service to all Australians where general PBS mechanisms aren't easily applied. For PPHC remote health centres S100 provisions relate to people "who are living in isolated areas." Pharmaceuticals provided under this scheme to PPHC remote clients include all PBS listed medicines <b>with the exception of</b> Schedule 8, extemporaneous products (ie products that need to be manufactured at the pharmacy) AND Highly Specialised Drugs.

Evidence			
Reference	Method	Evidence Level (I-V)	Summary of Recommendation from this Reference
N/A	N/A	N/A	N/A

National Safety and Quality Health Service Standards							
 Clinical Governance	 Partnering with Consumers	 Preventing and Controlling Healthcare Associated Infection	 Medication Safety	 Comprehensive Care	 Communicating for Safety	 Blood Management	 Recognising & Responding to Acute Deterioration
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>