



**Australian Government**  

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**Department of Health and Ageing**

**SCHEDULE OF PHARMACEUTICAL BENEFITS**

**SUMMARY OF CHANGES**

**EFFECTIVE 1 OCTOBER 2008**

# PHARMACEUTICAL BENEFITS

These changes to the Schedule of Pharmaceutical Benefits are effective from 1 October 2008. The Schedule is updated on the first day of each month and is available on the Internet at [www.pbs.gov.au](http://www.pbs.gov.au).

## Fees, Patient Contributions and Safety Net Thresholds

The following fees, patient contributions and safety net thresholds apply as at 1 October 2008 and are included, where applicable, in prices published in the Schedule—

Dispensing Fees:	Ready-prepared	\$5.99
	Dangerous drug fee	\$2.71
	Extemporaneously-prepared	\$8.03
	Allowable additional patient charge*	\$3.63
Additional Fees (for safety net prices):	Ready-prepared	\$1.03
	Extemporaneously-prepared	\$1.39
Patient Co-payments:	General	\$31.30
	Concessional	\$5.00
Safety Net Thresholds:	General	\$1141.80
	Concessional	\$290.00
Safety Net Card Issue Fee:		\$7.86

\*The allowable additional patient charge is a discretionary charge to general patients if a pharmaceutical item has a dispensed price for maximum quantity less than the general patient co-payment. The pharmacist may charge general patients the allowable additional fee but the fee cannot take the cost of the prescription above the general patient co-payment for the medicine. This fee does not count towards the Safety Net threshold.

## SUMMARY OF CHANGES

### ADDITIONS

#### *Additions - Items*

(see under 'RESTRICTIONS' below for full details)

- 9195Y **Enoxaparin sodium**, Solution for injection 40 mg (4,000 i.u. anti-Xa) in 0.4 mL (*Clexane*)  
 9196B **Enoxaparin sodium**, Solution for injection 40 mg (4,000 i.u. anti-Xa) in 0.4 mL (*Clexane*) (**Diff. Max. Qty and Rpts**)  
 9194X **Paliperidone**, Tablet 12 mg (prolonged release) (*Invega*)

#### *Additions - Brands*

- 2751T *Ozlodip, RA* — **Amlodipine**, Tablet 5 mg (as besylate)  
 2752W *Ozlodip, RA* — **Amlodipine**, Tablet 10 mg (as besylate)  
 1884E *APO-Amoxycillin, TX* — **Amoxycillin**, Capsule 250 mg  
 3301R *APO-Amoxycillin, TX* — **Amoxycillin**, Capsule 250 mg (**Dental**)  
 1889K *APO-Amoxycillin, TX* — **Amoxycillin**, Capsule 500 mg  
 3300Q *APO-Amoxycillin, TX* — **Amoxycillin**, Capsule 500 mg (**Dental**)  
 2580T *PU* — **Cisplatin**, I.V. injection 100 mg in 100 mL  
 1473M *Fluconazole Hexal, SZ* — **Fluconazole**, Solution for I.V. infusion 100 mg in 50 mL  
 1474N *Fluconazole Hexal, SZ* — **Fluconazole**, Solution for I.V. infusion 200 mg in 100 mL  
 8559L *Gabahexal 600 mg, SZ* — **Gabapentin**, Tablet 600 mg  
 2848X *Lamotrigine Sandoz, SZ* — **Lamotrigine**, Tablet 25 mg  
 2849Y *Lamotrigine Sandoz, SZ* — **Lamotrigine**, Tablet 50 mg  
 2850B *Lamotrigine Sandoz, SZ* — **Lamotrigine**, Tablet 100 mg  
 2851C *Lamotrigine Sandoz, SZ* — **Lamotrigine**, Tablet 200 mg  
 2833D *Pravastatin-GA 10, GN; Pravastatin generichealth, GQ* — **Pravastatin sodium**, Tablet 10 mg  
 2834E *Pravastatin-GA 20, GN; Pravastatin generichealth, GQ* — **Pravastatin sodium**, Tablet 20 mg  
 8197K *Pravastatin-GA 40, GN; Pravastatin generichealth, GQ* — **Pravastatin sodium**, Tablet 40 mg  
 8829Q *Pravastatin-GA 80, GN; Pravastatin generichealth, GQ* — **Pravastatin sodium**, Tablet 80 mg  
 2236Q *Sertraline-GA, GM* — **Sertraline hydrochloride**, Tablet 50 mg (base)  
 2237R *Sertraline-GA, GM* — **Sertraline hydrochloride**, Tablet 100 mg (base)

#### *Additions - Bioequivalence indicator*

The bioequivalence indicator <sup>(b)</sup> has been added to the following **brand**:

- 1473M **Fluconazole**, Solution for I.V. infusion 100 mg in 50 mL (*Diflucan*)

#### *Additions - Notes*

(see under 'NOTES' below for full details)

- 1393H **Levonorgestrel with ethinyloestradiol**, Tablets 150 micrograms-30 micrograms, 21 (*Microgynon 30*)  
 1394J **Levonorgestrel with ethinyloestradiol**, Pack containing 21 tablets 150 micrograms-30 micrograms and 7 inert tablets (*Levlen ED, Microgynon 30 ED*)  
 2772X **Norethisterone with ethinyloestradiol**, Tablets 500 micrograms-35 micrograms, 21 (*Brevinor*)  
 2774B **Norethisterone with ethinyloestradiol**, Pack containing 21 tablets 500 micrograms-35 micrograms and 7 inert tablets (*Norimin 28 Day, Brevinor*)  
 2773Y **Norethisterone with ethinyloestradiol**, Tablets 1 mg-35 micrograms, 21 (*Brevinor-1*)

2775C **Norethisterone with ethinyloestradiol**, Pack containing 21 tablets 1 mg-35 micrograms and 7 inert tablets (*Norimin-1 28 Day, Brevinor-1*)

### DELETIONS

#### *Deletions - Items*

1883D **Amoxicillin**, Chewable tablet 250 mg (*Amoxil*)  
 3303W **Amoxicillin**, Chewable tablet 250 mg (*Amoxil*) (**Dental**)

#### *Deletions - Brands*

2236Q *Sertraline-DP, GM* — **Sertraline hydrochloride**, Tablet 50 mg (base)  
 2237R *Sertraline-DP, GM* — **Sertraline hydrochloride**, Tablet 100 mg (base)

### ALTERATIONS

#### *Alterations - Manufacturer's Code*

		<i>From</i>	<i>To</i>
2544X	<b>Biperiden hydrochloride</b> , Tablet 2 mg ( <i>Akineton</i> )	AB	LM
8658Q	<b>Cyclosporin</b> , Capsule 25 mg ( <i>Cicloral</i> )	HX	SZ
8659R	<b>Cyclosporin</b> , Capsule 50 mg ( <i>Cicloral</i> )	HX	SZ
8660T	<b>Cyclosporin</b> , Capsule 100 mg ( <i>Cicloral</i> )	HX	SZ
2750R	<b>Erythromycin ethyl succinate</b> , Tablet 400 mg (base) ( <i>E.E.S. 400 Filmtab</i> )	AB	LM
3336N	<b>Erythromycin ethyl succinate</b> , Tablet 400 mg (base) ( <i>E.E.S. 400 Filmtab</i> ) ( <b>Dental</b> )	AB	LM
2424N	<b>Erythromycin ethyl succinate</b> , Powder for oral liquid 200 mg (base) per 5 mL, 100 mL ( <i>E.E.S. 200</i> )	AB	LM
3334L	<b>Erythromycin ethyl succinate</b> , Powder for oral liquid 200 mg (base) per 5 mL, 100 mL ( <i>E.E.S. 200</i> ) ( <b>Dental</b> )	AB	LM
2428T	<b>Erythromycin ethyl succinate</b> , Powder for oral liquid 400 mg (base) per 5 mL, 100 mL ( <i>E.E.S. Granules</i> )	AB	LM
3337P	<b>Erythromycin ethyl succinate</b> , Powder for oral liquid 400 mg (base) per 5 mL, 100 mL ( <i>E.E.S. Granules</i> ) ( <b>Dental</b> )	AB	LM
1397M	<b>Erythromycin lactobionate</b> , Powder for I.V. infusion 1 g (base) ( <i>Erythrocin-I.V.</i> )	AB	LM
5088T	<b>Erythromycin lactobionate</b> , Powder for I.V. infusion 1 g (base) ( <i>Erythrocin-I.V.</i> ) ( <b>Dental</b> )	AB	LM
8541M	<b>Hydromorphone hydrochloride</b> , Tablet 2 mg ( <i>Dilaudid</i> )	AB	MF
5115F	<b>Hydromorphone hydrochloride</b> , Tablet 2 mg ( <i>Dilaudid</i> ) ( <b>Dental</b> )	AB	MF
8542N	<b>Hydromorphone hydrochloride</b> , Tablet 4 mg ( <i>Dilaudid</i> )	AB	MF
5116G	<b>Hydromorphone hydrochloride</b> , Tablet 4 mg ( <i>Dilaudid</i> ) ( <b>Dental</b> )	AB	MF
8543P	<b>Hydromorphone hydrochloride</b> , Tablet 8 mg ( <i>Dilaudid</i> )	AB	MF
5117H	<b>Hydromorphone hydrochloride</b> , Tablet 8 mg ( <i>Dilaudid</i> ) ( <b>Dental</b> )	AB	MF
8420E	<b>Hydromorphone hydrochloride</b> , Injection 2 mg in 1 mL ( <i>Dilaudid</i> )	AB	MF
5129Y	<b>Hydromorphone hydrochloride</b> , Injection 2 mg in 1 mL ( <i>Dilaudid</i> ) ( <b>Dental</b> )	AB	MF
8421F	<b>Hydromorphone hydrochloride</b> , Injection 10 mg in 1 mL ( <i>Dilaudid-HP</i> )	AB	MF
5130B	<b>Hydromorphone hydrochloride</b> , Injection 10 mg in 1 mL ( <i>Dilaudid-HP</i> ) ( <b>Dental</b> )	AB	MF
8422G	<b>Hydromorphone hydrochloride</b> , Injection 50 mg in 5 mL ( <i>Dilaudid-HP</i> )	AB	MF
5131C	<b>Hydromorphone hydrochloride</b> , Injection 50 mg in 5 mL ( <i>Dilaudid-HP</i> ) ( <b>Dental</b> )	AB	MF
8423H	<b>Hydromorphone hydrochloride</b> , Injection 500 mg in 50 mL ( <i>Dilaudid-HP</i> )	AB	MF
8424J	<b>Hydromorphone hydrochloride</b> , Oral liquid 1 mg per mL, 473 mL ( <i>Dilaudid</i> )	AB	MF
5132D	<b>Hydromorphone hydrochloride</b> , Oral liquid 1 mg per mL, 473 mL ( <i>Dilaudid</i> ) ( <b>Dental</b> )	AB	MF
8253J	<b>Retepase (recombinant plasminogen activator)</b> , Pack containing 2 vials powder for injection 10 units, 2 single use pre-filled syringes with solvent, 2 reconstitution spikes and 2 needles ( <i>Rapilysin 10 U</i> )	RO	TA

*Alterations - Restrictions*

(see under 'RESTRICTIONS' below for full details)

8689H **Rosiglitazone maleate**, Tablet 4 mg (base) (*Avandia*)

8690J **Rosiglitazone maleate**, Tablet 8 mg (base) (*Avandia*)

**SECTION 100 - HIGHLY SPECIALISED DRUGS PROGRAM****ADDITIONS***Additions - Item*

(see under 'RESTRICTIONS' below for full details)

9632Y **Clozapine**, Oral liquid 50 mg per mL, 100 mL (*Clopine Suspension*)

**ALTERATIONS***Alterations - Manufacturer's Code*

		<i>From</i>	<i>To</i>
6352H	<b>Cyclosporin</b> , Capsule 25 mg ( <i>Cicloral</i> )	HX	SZ
6353J	<b>Cyclosporin</b> , Capsule 50 mg ( <i>Cicloral</i> )	HX	SZ
6354K	<b>Cyclosporin</b> , Capsule 100 mg ( <i>Cicloral</i> )	HX	SZ

**ADVANCE NOTICES***Advance Notices - Deletion of Items*

The following item will be deleted from the Highly Specialised Drugs Program on 1 **December** 2008:

Item discontinued by the manufacturer —

6331F      **Nelfinavir mesylate**, Tablet 250 mg (base) (*Viracept*)

The following item will be deleted from the Schedule of Pharmaceutical Benefits on 1 **January** 2009:

Item discontinued by the manufacturer —

1036M      **Aminoglutethimide**, Tablet 250 mg (*Cytadren 250*)

## RESTRICTIONS

The text of restrictions mentioned above:

- 9632Y **Clozapine**, Oral liquid 50 mg per mL, 100 mL (*Clopine Suspension*)  
**Private hospital authority required**  
 Schizophrenia in patients who are non-responsive to other neuroleptic agents  
**Private hospital authority required**  
 Schizophrenia in patients who are intolerant of other neuroleptic agents
- 9196B **Enoxaparin sodium**, Solution for injection 40 mg (4,000 i.u. anti-Xa) in 0.4 mL (*Clexane*)  
**Restricted benefit**  
 Haemodialysis
- 9194X **Paliperidone**, Tablet 12 mg (prolonged release) (*Invega*)  
**Authority required (STREAMLINED)**  
**1589**  
 Schizophrenia
- 8689H **Rosiglitazone maleate**, Tablet 4 mg (base) (*Avandia*)
- 8690J **Rosiglitazone maleate**, Tablet 8 mg (base) (*Avandia*)  
**Authority required (STREAMLINED)**  
**2635**  
 Dual oral combination therapy with metformin or a sulfonylurea.  
 Type 2 diabetes, in combination with either metformin or a sulfonylurea, in a patient whose HbA1c is greater than 7% prior to initiation of a thiazolidinedione (glitazone) despite treatment with either metformin or a sulfonylurea and where a combination of metformin and a sulfonylurea is contraindicated or not tolerated.  
 The date and level of the HbA1c must be documented in the patient's medical records at the time glitazone treatment is initiated. The HbA1c must be no more than 4 months old at the time glitazone treatment is initiated  
**NOTE:**  
 Rosiglitazone maleate is not PBS-subsidised as monotherapy  
 Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:  
 (a) clinical conditions with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or  
 (b) red cell transfusion within the previous 3 months  
 A patient in these circumstances will be eligible for treatment where blood glucose monitoring over a 2 week period shows blood glucose levels greater than 10 mmol per L in more than 20% of tests. The results of this blood glucose monitoring, which must be no more than 4 months old at the time of initiation of glitazone therapy, must be documented in the patient's medical records.  
**Authority required (STREAMLINED)**  
**2648**  
 Triple oral combination therapy with metformin and a sulfonylurea.

Type 2 diabetes, in combination with metformin and a sulfonylurea, in a patient whose HbA1c is greater than 7% prior to initiation of a thiazolidinedione (glitazone) despite treatment with maximally tolerated doses of metformin and a sulfonylurea.

The date and level of the HbA1c must be documented in the patient's medical records at the time glitazone treatment is initiated. The HbA1c must be no more than 4 months old at the time glitazone treatment is initiated

**NOTE:**

Rosiglitazone maleate is not PBS-subsidised as monotherapy

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

- (a) clinical conditions with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or
- (b) red cell transfusion within the previous 3 months

A patient in these circumstances will be eligible for treatment where blood glucose monitoring over a 2 week period shows blood glucose levels greater than 10 mmol per L in more than 20% of tests. The results of this blood glucose monitoring, which must be no more than 4 months old at the time of initiation of glitazone therapy, must be documented in the patient's medical records.

## NOTES

The text of notes mentioned above:

1393H **Levonorgestrel with ethinyloestradiol**

This product may be interchanged with products with "a" flagging in item 1394J.

1394J **Levonorgestrel with ethinyloestradiol**

The products with "a" flagging may also be interchanged with item 1393H.

2772X **Norethisterone with ethinyloestradiol**

This product may be interchanged with the products in item 2774B.

2774B **Norethisterone with ethinyloestradiol**

These products may also be interchanged with item 2772X.

2773Y **Norethisterone with ethinyloestradiol**

This product may be interchanged with the products in item 2775C.

2775C **Norethisterone with ethinyloestradiol**

These products may also be interchanged with item 2773Y.

# REPATRIATION PHARMACEUTICAL BENEFITS

*This Schedule is effective from 1 October 2008 and all previous issues are cancelled.*

*New Schedules take effect on the first day of each month.*

## SUMMARY OF CHANGES

### DELETIONS

#### *Deletions - Items*

4534P	<b>Alefacept</b> , Pack containing 4 vials powder for I.V. injection 7.5 mg with 4 vials solvent ( <i>Amevive</i> )
4535Q	<b>Alefacept</b> , Pack containing 4 vials powder for I.M. injection 15 mg with 4 vials solvent ( <i>Amevive</i> )
4377J	<b>Oxymetazoline hydrochloride</b> , Nasal drops 500 micrograms per mL (0.05%), 15 mL ( <i>Drixine</i> )

### ALTERATIONS

#### *Alterations - Maximum Quantity*

		<i>From</i>	<i>To</i>
4697F	<b>Dressing—hydrocolloid (cavity wound)</b> , Powder 6 g ( <i>Comfeel Powder 4706</i> )	2	5
4895P	<b>Dressing—hydrocolloid (cavity wound)</b> , Paste 50 g ( <i>Comfeel Paste 4701</i> )	6	2

#### *Alterations - Number of Repeats*

		<i>From</i>	<i>To</i>
4697F	<b>Dressing—hydrocolloid (cavity wound)</b> , Powder 6 g ( <i>Comfeel Powder 4706</i> )	..	2
4895P	<b>Dressing—hydrocolloid (cavity wound)</b> , Paste 50 g ( <i>Comfeel Paste 4701</i> )	..	3