



Australian Government

Department of Health and Ageing

**SCHEDULE OF PHARMACEUTICAL
BENEFITS**

SUMMARY OF CHANGES

EFFECTIVE 1 March 2013

PHARMACEUTICAL BENEFITS

These changes to the Schedule of Pharmaceutical Benefits are effective from 1 March 2013. The Schedule is updated on the first day of each month and is available on the Internet at www.pbs.gov.au.

Fees, Patient Contributions and Safety Net Thresholds

The following fees, patient contributions and safety net thresholds apply as at 1 March 2013 and are included, where applicable, in prices published in the Schedule —

Dispensing Fees:	Ready-prepared	\$6.52
	Dangerous drug fee	\$2.71
	Extemporaneously-prepared	\$8.56
	Allowable additional patient charge*	\$4.11
Additional Fees (for safety net prices):	Ready-prepared	\$1.11
	Extemporaneously-prepared	\$1.45
Patient Co-payments:	General	\$36.10
	Concessional	\$5.90
Safety Net Thresholds:	General	\$1390.60
	Concessional	\$354.00
Safety Net Card Issue Fee:		\$9.06

*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

Addition – Item

2373X	Macrogol-3350 , macrogol-3350 1 g/g oral liquid: powder for, 30 x 17 g sachets (<i>MediHealth ClearLax</i>)
2351R	Macrogol-3350 , macrogol-3350 1 g/g oral liquid: powder for, 30 x 17 g sachets (<i>MediHealth ClearLax</i>) (Palliative Care)
2353W	Macrogol-3350 , macrogol-3350 1 g/g oral liquid: powder for, 30 x 17 g sachets (<i>MediHealth ClearLax</i>) (Palliative Care)
2348N	Pregabalin , pregabalin 25 mg capsule, 56 (<i>Lyrica</i>)
2335X	Pregabalin , pregabalin 75 mg capsule, 56 (<i>Lyrica</i>)
2355Y	Pregabalin , pregabalin 150 mg capsule, 56 (<i>Lyrica</i>)
2363J	Pregabalin , pregabalin 300 mg capsule, 56 (<i>Lyrica</i>)
2341F	Testosterone , testosterone 2% (30 mg/1.5 mL actuation) transdermal solution, 60 actuations (<i>Axiron</i>)

Addition – Brand

8336R	<i>APO-Azithromycin, TX</i> – Azithromycin , azithromycin 500 mg tablet, 2
8336R	<i>Chem mart Azithromycin, CH</i> – Azithromycin , azithromycin 500 mg tablet, 2
8336R	<i>Terry White Chemists Azithromycin, TW</i> – Azithromycin , azithromycin 500 mg tablet, 2
8200N	<i>APO-Azithromycin, TX</i> – Azithromycin , azithromycin 500 mg tablet, 2
8200N	<i>Chem mart Azithromycin, CH</i> – Azithromycin , azithromycin 500 mg tablet, 2
8200N	<i>Terry White Chemists Azithromycin, TW</i> – Azithromycin , azithromycin 500 mg tablet, 2
2851C	<i>Lamotrigine Aspen 200, FM</i> – Lamotrigine , lamotrigine 200 mg tablet, 56

Addition – Note

3416T	Macrogol-3350 , macrogol-3350 1 g/g oral liquid: powder for, 510 g (<i>MediHealth ClearLax, OsmoLax</i>)
5426N	Macrogol-3350 , macrogol-3350 1 g/g oral liquid: powder for, 510 g (<i>MediHealth ClearLax, OsmoLax</i>)(Palliative Care)
5427P	Macrogol-3350 , macrogol-3350 1 g/g oral liquid: powder for, 510 g (<i>OsmoLax, MediHealth ClearLax</i>)(Palliative Care)

Deletions

Deletion – Brand

1313D	<i>Diltahexal CD, HX</i> – Diltiazem , diltiazem hydrochloride 240 mg capsule: modified release, 30 capsules
8480H	<i>Diltahexal CD, HX</i> – Diltiazem , diltiazem hydrochloride 360 mg capsule: modified release, 30 capsules
1977C	<i>Ulcaid, RA</i> – Ranitidine , ranitidine 300 mg tablet, 30
8868R	<i>Venla RBX, RA</i> – Venlafaxine , venlafaxine 37.5 mg capsule: modified release, 28 capsules

Alterations

Alteration – Manufacturer's Code

		<i>From</i>	<i>To</i>
8700X	<i>Escicor 10, RA</i> – Escitalopram , escitalopram 10 mg tablet, 28	MI	RA
8701Y	<i>Escicor 20, RA</i> – Escitalopram , escitalopram 20 mg tablet, 28	MI	RA
9357L	<i>Bondronat, RO</i> – Ibandronic Acid , ibandronic acid 50 mg tablet, 28	HH	RO
2848X	<i>Lamotrigine Aspen 25, FM</i> – Lamotrigine , lamotrigine 25 mg tablet, 56	AS	FM
2850B	<i>Lamotrigine Aspen 100, FM</i> – Lamotrigine , lamotrigine 100 mg tablet, 56	AS	FM

Advance Notices

Advance Notices – Deletion of Brand

The following brand will be deleted from the Schedule of Pharmaceutical Benefits on 1 April 2013:

1417N	<i>Eulexin, MK</i> – Flutamide , flutamide 250 mg tablet, 100
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The following brand will be deleted from the Schedule of Pharmaceutical Benefits on 1 May 2013:

8511Y	<i>Fosamax Once Weekly, MK</i> – Alendronate , alendronate 70 mg tablet, 4
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SECTION 100 – HIGHLY SPECIALISED DRUGS PROGRAM

Additions

Addition – Brand

9506H *Nevirapine RBX, RA – Nevirapine*, nevirapine 200 mg tablet, 60 **(Public)**
 6215D *Nevirapine RBX, RA – Nevirapine*, nevirapine 200 mg tablet, 60 **(Private)**

Alterations

Alteration – Manufacturer's Code

		<i>From</i>	<i>To</i>
9619G	<i>Bondronat, RO – Ibandronic Acid</i> , ibandronic acid 6 mg/6 mL injection, 1 x 6 mL vial (Private)	HH	RO
5750P	<i>Bondronat, RO – Ibandronic Acid</i> , ibandronic acid 6 mg/6 mL injection, 1 x 6 mL vial (Public)	HH	RO

Advance Notices

Advance Notices – Deletion of Item

The following item will be deleted from the Schedule of Pharmaceutical Benefits on 1 June 2013:

6486J **Epoetin Beta**, epoetin beta 20 000 international units/0.6 mL injection, 6 x 0.6 mL syringes (*NeoRecormon*)**(Private)**
 5730N **Epoetin Beta**, epoetin beta 20 000 international units/0.6 mL injection, 6 x 0.6 mL syringes (*NeoRecormon*)**(Public)**

GENERAL PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Brand Name and Manufacturer
MACROGOL-3350							
<u>Restricted benefit</u>							
Constipation							
The Clinical criteria is:							
Patient must have malignant neoplasia.							
<u>Restricted benefit</u>							
Constipation							
The Clinical criteria is:							
Patient must be paraplegic, quadriplegic or have severe neurogenic impairment of bowel function,							
AND the Clinical criteria is:							
The condition must be unresponsive to other oral therapies.							
<u>Restricted benefit</u>							
Constipation							
The Clinical criteria is:							
Patient must be receiving palliative care.							
<u>Restricted benefit</u>							
Chronic constipation							
The Clinical criteria is:							
The condition must be inadequately controlled with first line interventions such as bulk-forming agents.							
<u>Restricted benefit</u>							
Faecal impaction							
The Clinical criteria is:							
The condition must be inadequately controlled with first line interventions such as bulk-forming agents.							
<u>Note</u>							
Pharmaceutical benefits that have the form macrogol-3350 1 g/g oral liquid: powder for, 510 g and pharmaceutical benefits that have the form macrogol-3350 1 g/g oral liquid: powder for, 30 x 17 g sachets are equivalent for the purposes of substitution.							
2373X NP	macrogol-3350 1 g/g oral liquid: powder for, 30 x 17 g sachets	1	5	..	20.65	21.76 ^a	MediHealth ClearLax ON
3416T NP	macrogol-3350 1 g/g oral liquid: powder for, 510 g	1	5	..	20.65	21.76 ^a	MediHealth ClearLax ON
						^a OsmoLax	KY
PREGABALIN							
<u>Authority required (STREAMLINED)</u>							
4174							
Neuropathic pain							
The Clinical criteria is:							
The condition must be refractory to treatment with other drugs.							
<u>Note</u>							
Continuing Therapy Only:							
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
2348N NP	pregabalin 25 mg capsule, 56	1	5	..	26.20	27.31	Lyrica PF
PREGABALIN							
<u>Authority required (STREAMLINED)</u>							
4172							
Neuropathic pain							
The Clinical criteria is:							
The condition must be refractory to treatment with other drugs.							
<u>Note</u>							
Continuing Therapy Only:							
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
2335X NP	pregabalin 75 mg capsule, 56	1	5	..	48.87	36.10	Lyrica PF

GENERAL PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Brand Name and Manufacturer	
PREGABALIN								
<u>Authority required (STREAMLINED)</u>								
4178								
Neuropathic pain								
The Clinical criteria is:								
The condition must be refractory to treatment with other drugs.								
<u>Note</u>								
Continuing Therapy Only:								
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
2355Y NP	pregabalin 150 mg capsule, 56	1	5	..	70.39	36.10	Lyrica	PF
PREGABALIN								
<u>Authority required (STREAMLINED)</u>								
4175								
Neuropathic pain								
The Clinical criteria is:								
The condition must be refractory to treatment with other drugs.								
<u>Note</u>								
Continuing Therapy Only:								
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
2363J NP	pregabalin 300 mg capsule, 56	1	5	..	101.81	36.10	Lyrica	PF
TESTOSTERONE								
<u>Authority required</u>								
Androgen deficiency in males with established pituitary or testicular disorders								
<u>Authority required</u>								
Androgen deficiency in males 40 years and older who do not have established pituitary or testicular disorders other than aging, confirmed by at least 2 morning blood samples taken on different mornings. Androgen deficiency is confirmed by testosterone less than 8 nmol per L, or 8-15 nmol per L with high LH (greater than 1.5 times the upper limit of the eugonadal reference range for young men)								
<u>Authority required</u>								
Micropenis, pubertal induction, or constitutional delay of growth or puberty, in males under 18 years of age								
2341F	testosterone 2% (30 mg/1.5 mL actuation) transdermal solution, 60 actuations	#1	5	..	82.55	36.10	Axiron	LY

**PREPARATIONS WHICH MAY BE PRESCRIBED FOR
PATIENTS RECEIVING PALLIATIVE CARE**

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$		Brand Name and Manufacturer	
MACROGOL-3350									
<u>Authority required (STREAMLINED)</u>									
4176									
Constipation									
Treatment Phase: Initial treatment									
The Clinical criteria is:									
Patient must be receiving palliative care,									
AND the Clinical criteria is:									
Patient must not receive more than 4 months treatment under this restriction.									
<u>Note</u>									
Pharmaceutical benefits that have the form macrogol-3350 1 g/g oral liquid: powder for, 510 g and pharmaceutical benefits that have the form macrogol-3350 1 g/g oral liquid: powder for, 30 x 17 g sachets are equivalent for the purposes of substitution.									
2351R NP	macrogol-3350 1 g/g oral liquid: powder for, 30 x 17 g sachets	2	3	..	*34.78	35.89	^a	MediHealth ClearLax	ON
5426N NP	macrogol-3350 1 g/g oral liquid: powder for, 510 g	2	3	..	*34.78	35.89	^a	MediHealth ClearLax	ON
							^a	OsmoLax	KY
MACROGOL-3350									
<u>Authority required (STREAMLINED)</u>									
4170									
Constipation									
Treatment Phase: Continuing treatment									
The Clinical criteria is:									
Patient must be receiving palliative care.									
<u>Note</u>									
Written or telephone authority applications for increased repeats may be approved where consultation with a palliative care specialist or service has occurred.									
<u>Note</u>									
Pharmaceutical benefits that have the form macrogol-3350 1 g/g oral liquid: powder for, 510 g and pharmaceutical benefits that have the form macrogol-3350 1 g/g oral liquid: powder for, 30 x 17 g sachets are equivalent for the purposes of substitution.									
2353W NP	macrogol-3350 1 g/g oral liquid: powder for, 30 x 17 g sachets	2	*34.78	35.89	^a	MediHealth ClearLax	ON
5427P NP	macrogol-3350 1 g/g oral liquid: powder for, 510 g	2	*34.78	35.89	^a	MediHealth ClearLax	ON
							^a	OsmoLax	KY