



Australian Government

Department of Health and Ageing

**SCHEDULE OF PHARMACEUTICAL
BENEFITS**

SUMMARY OF CHANGES

EFFECTIVE 1 July 2013

PHARMACEUTICAL BENEFITS

These changes to the Schedule of Pharmaceutical Benefits are effective from 1 July 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 July 2013 and are included, where applicable, in prices published in the Schedule —

Dispensing Fees:	Ready-prepared	\$6.63
	Dangerous drug fee	\$2.71
	Extemporaneously-prepared	\$8.67
	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

- 2637T **Imiquimod**, imiquimod 5% cream, 2 x 2 g pump packs (*Aldara Pump*)
 2416E **Levonorgestrel + Ethinylloestradiol**, levonorgestrel 100 microgram + ethinylloestradiol 20 microgram tablet [84 tablets] (&) inert substance tablet [28 tablets], 112 [4 x 28 tablets] (*Femme-Tab ED 20/100*)

Addition – Brand

- 8254K *APO-Amoxicillin and Clavulanic Acid, TX* – **Amoxicillin + Clavulanic Acid**, amoxicillin 875 mg + clavulanic acid 125 mg tablet, 10
 5006L *APO-Amoxicillin and Clavulanic Acid, TX* – **Amoxicillin + Clavulanic Acid**, amoxicillin 875 mg + clavulanic acid 125 mg tablet, 10 (**Dental**)
 8495D *Pharmacor Donepezil 5, CR* – **Donepezil**, donepezil hydrochloride 5 mg tablet, 28
 2532G *Pharmacor Donepezil 5, CR* – **Donepezil**, donepezil hydrochloride 5 mg tablet, 28
 8496E *Pharmacor Donepezil 10, CR* – **Donepezil**, donepezil hydrochloride 10 mg tablet, 28
 2479L *Pharmacor Donepezil 10, CR* – **Donepezil**, donepezil hydrochloride 10 mg tablet, 28
 9108J *Doxycycline Sandoz, HX* – **Doxycycline**, doxycycline 100 mg tablet, 7
 9107H *Doxycycline Sandoz, HX* – **Doxycycline**, doxycycline 100 mg tablet, 7
 9105F *Doxycycline Sandoz, HX* – **Doxycycline**, doxycycline 100 mg tablet, 7
 5082L *Doxycycline Sandoz, HX* – **Doxycycline**, doxycycline 100 mg tablet, 7
 9155W *Coperin, AF* – **Duloxetine**, duloxetine 30 mg capsule: enteric, 28
 9156X *Coperin, AF* – **Duloxetine**, duloxetine 60 mg capsule: enteric, 28
 8170B *Pharmacy Choice Olanzapine, RI* – **Olanzapine**, olanzapine 2.5 mg tablet, 28
 8185T *Pharmacy Choice Olanzapine, RI* – **Olanzapine**, olanzapine 5 mg tablet, 28
 8186W *Pharmacy Choice Olanzapine, RI* – **Olanzapine**, olanzapine 7.5 mg tablet, 28
 8187X *Pharmacy Choice Olanzapine, RI* – **Olanzapine**, olanzapine 10 mg tablet, 28
 3381Y *Pharmacy Choice Olanzapine ODT, RI* – **Olanzapine**, OLANZAPINE Tablet 5 mg (orally disintegrating), 28
 3382B *Pharmacy Choice Olanzapine ODT, RI* – **Olanzapine**, OLANZAPINE Tablet 10 mg (orally disintegrating), 28
 3381Y *Olanzapine RBX ODT, RA* – **Olanzapine**, OLANZAPINE Tablet 5 mg (orally disintegrating), 28
 3382B *Olanzapine RBX ODT, RA* – **Olanzapine**, OLANZAPINE Tablet 10 mg (orally disintegrating), 28
 8456C *Pharmacy Choice Quetiapine, RI* – **Quetiapine**, quetiapine 25 mg tablet, 60
 8458E *Pharmacy Choice Quetiapine, RI* – **Quetiapine**, quetiapine 200 mg tablet, 60
 8457D *Pharmacy Choice Quetiapine, RI* – **Quetiapine**, quetiapine 100 mg tablet, 90
 8580N *Pharmacy Choice Quetiapine, RI* – **Quetiapine**, quetiapine 300 mg tablet, 60
 8508T *Rabeprazole Actavis 20, TA* – **Rabeprazole**, rabeprazole sodium 20 mg tablet: enteric, 30 tablets
 8509W *Rabeprazole Actavis 20, TA* – **Rabeprazole**, rabeprazole sodium 20 mg tablet: enteric, 30 tablets
 9391G *Acris Once-a-Month, AF* – **Risedronate**, risedronate sodium 150 mg tablet, 1

Addition – Note

- 2546B **Imiquimod**, imiquimod 5% (12.5 mg/250 mg) cream, 12 x 250 mg sachets (*Aldara, APO-Imiquimod*)

Deletions

Deletion – Brand

- 2964B *Keflin Neutral, AS* – **Cephalothin**, cephalothin 1 g injection, 10 x 1 g vials
 3376Q *Keflin Neutral, AS* – **Cephalothin**, cephalothin 1 g injection, 10 x 1 g vials (**Dental**)
 2456G *Lisodur, AF* – **Lisinopril**, lisinopril 5 mg tablet, 30
 2457H *Lisodur, AF* – **Lisinopril**, lisinopril 10 mg tablet, 30
 2458J *Lisodur, AF* – **Lisinopril**, lisinopril 20 mg tablet, 30

Alterations

Alteration – Brand Name

From:

- 9346X *Coveram, SE* – **Amlodipine + Perindopril**, amlodipine 5 mg + perindopril arginine 5 mg tablet, 30

To:

- 9346X *Coveram 5/5, SE* – **Amlodipine + Perindopril**, amlodipine 5 mg + perindopril arginine 5 mg tablet, 30

From:

- 9347Y *Coveram, SE* – **Amlodipine + Perindopril**, amlodipine 10 mg + perindopril arginine 5 mg tablet, 30

To:
9347Y *Coveram 5/10, SE – Amlodipine + Perindopril*, amlodipine 10 mg + perindopril arginine 5 mg tablet, 30
From:
9348B *Coveram, SE – Amlodipine + Perindopril*, amlodipine 5 mg + perindopril arginine 10 mg tablet, 30
To:
9348B *Coveram 10/5, SE – Amlodipine + Perindopril*, amlodipine 5 mg + perindopril arginine 10 mg tablet, 30
From:
9349C *Coveram, SE – Amlodipine + Perindopril*, amlodipine 10 mg + perindopril arginine 10 mg tablet, 30
To:
9349C *Coveram 10/10, SE – Amlodipine + Perindopril*, amlodipine 10 mg + perindopril arginine 10 mg tablet, 30

Alteration – Restriction

9380Q **Sorafenib**, sorafenib 200 mg tablet, 60 (*Nexavar*)

Alteration – Note

Notes have been altered to address an error in the PBS Schedule which has been the subject of an errata.

9198D **Nicotine**, NICOTINE Transdermal patch releasing approximately 15 mg per 16 hours, 28 (*Nicorette Patch*)
5465P **Nicotine**, nicotine 21 mg/24 hours patch, 28 (*Nicabate P*)

Alteration – Manufacturer's Code

		<i>From</i>	<i>To</i>
1330B	<i>iNova Pharmaceuticals (Australia) Pty Ltd, IA – Tetrabenazine</i> , tetrabenazine 25 mg tablet, 112	OA	IA

Advance Notices

Advance Notices – Deletion of Item

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

2003K **Salbutamol**, salbutamol 0.5% (5 mg/mL) inhalation: solution, 1 x 30 mL bottle (*Pfizer Australia Pty Ltd*)

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

2103Q **Tiaprofenic Acid**, tiaprofenic acid 300 mg tablet, 60 (*Surgam*)

REPATRIATION PHARMACEUTICAL BENEFITS

Additions

Addition – Note

4657D **Bandage Compression**, bandage compression 10 cm x 3.5 m bandage: high stretch, 1 bandage (*Setopress 3505*)
4669R **Bandage Zinc Paste**, bandage zinc paste 7.5 cm x 6 m bandage, 1 (*Steripaste 3610*)

Deletions

Deletion – Item

4938X **Bandage Compression**, bandage compression 18 cm to 22 cm bandage: two layer, 1 bandage (*ProGuide 66000780*)
4939Y **Bandage Compression**, bandage compression 22 cm to 28 cm bandage: two layer, 1 bandage (*ProGuide 66000781*)
4940B **Bandage Compression**, bandage compression 28 cm to 32 cm bandage: two layer, 1 bandage (*ProGuide 66000782*)
4941C **Bandage Compression**, bandage compression 18 cm to 22 cm bandage: two layer, 1 bandage (*ProGuide 66000780*)
4942D **Bandage Compression**, bandage compression 22 cm to 28 cm bandage: two layer, 1 bandage (*ProGuide 66000781*)
4943E **Bandage Compression**, bandage compression 28 cm to 32 cm bandage: two layer, 1 bandage (*ProGuide 66000782*)

Alterations

Alteration – Manufacturer's Code

		<i>From</i>	<i>To</i>
4669R	<i>Steripaste 3610, MH – Bandage Zinc Paste</i> , bandage zinc paste 7.5 cm x 6 m bandage, 1	XP	MH
4657D	<i>Setopress 3505, MH – Bandage Compression</i> , bandage compression 10 cm x 3.5 m bandage: high stretch, 1 bandage	SS	MH

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
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IMIQUIMOD

Authority required

Superficial basal cell carcinoma

The Clinical criteria is:

The condition must be previously untreated,

AND the Clinical criteria is:

The condition must be confirmed by biopsy,

AND the Clinical criteria is:

Patient must have normal immune function,

AND the Clinical criteria is:

The condition must not be suitable for treatment with cryotherapy; OR

The condition must not be suitable for treatment with curettage with diathermy; OR

The condition must not be suitable for treatment with surgical excision,

AND the Clinical criteria is:

Patient must require topical drug therapy.

The date of the pathology report and name of the Approved Pathology Authority must be provided at the time of application.

Note

The patient or carer must be able to understand and administer the imiquimod dosing regimen.

Note

No increase in the maximum quantity or number of units may be authorised.

Note

No increase in the maximum number of repeats may be authorised.

Note

Treatment of recurrent (previously treated) lesions will not be authorised.

Note

Pharmaceutical benefits that have the form imiquimod single use sachets and pharmaceutical benefits that have the form imiquimod multi-use pump are equivalent for the purposes of substitution.

2637T	imiquimod 5% cream, 2 x 2 g pump packs	1	1	..	135.59	36.10	^a	Aldara Pump	IA
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LEVONORGESTREL + ETHINYLOESTRADIOL

2416E NP	levonorgestrel 100 microgram + ethinyloestradiol 20 microgram tablet [84 tablets] (& inert substance tablet [28 tablets], 112 [4 x 28 tablets])	1	2	..	15.51	16.62		Femme-Tab ED 20/100	AE
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NICOTINE

Authority required

Nicotine dependence

The Population criteria is:

Patient must be an Aboriginal or a Torres Strait Islander person,

AND the Clinical criteria is:

The treatment must be the sole PBS-subsidised therapy for this condition.

Note

Only 2 courses of PBS-subsidised nicotine replacement therapy will be authorised per year.

Benefit is improved if used in conjunction with a comprehensive support and counselling program.

Note

No increase in the maximum quantity or number of units may be authorised.

Note

No increase in the maximum number of repeats may be authorised.

Authority required

Nicotine dependence

The Clinical criteria is:

The treatment must be the sole PBS-subsidised therapy for this condition,

AND the Clinical criteria is:

Patient must have indicated they are ready to cease smoking,

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
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AND the Clinical criteria is:

Patient must have entered a comprehensive support and counselling program,

AND the Clinical criteria is:

Patient must not receive more than 12 weeks of PBS-subsidised nicotine replacement therapy per year.

Details of the support and counselling program must be specified in the initial authority application.

Note

No increase in the maximum quantity or number of units may be authorised.

Note

No increase in the maximum number of repeats may be authorised.

Authority required

Nicotine dependence

The Clinical criteria is:

The treatment must be the sole PBS-subsidised therapy for this condition,

AND the Clinical criteria is:

Patient must have indicated they are ready to cease smoking,

AND the Clinical criteria is:

Patient must be entering a comprehensive support and counselling program during the consultation at which this authority is requested,

AND the Clinical criteria is:

Patient must not receive more than 12 weeks of PBS-subsidised nicotine replacement therapy per year.

Details of the support and counselling program must be specified in the initial authority application.

Note

No increase in the maximum quantity or number of units may be authorised.

Note

No increase in the maximum number of repeats may be authorised.

9198D NP	NICOTINE Transdermal patch releasing approximately 15 mg per 16 hours, 28	1	2	..	55.43	36.10	Nicorette Patch	JT
5465P NP	nicotine 21 mg/24 hours patch, 28	1	2	..	55.43	36.10	Nicabate P	GC

SORAFENIB

Authority required (STREAMLINED)

4230

Advanced Barcelona Clinic Liver Cancer Stage C hepatocellular carcinoma

Treatment Phase: Initial

The Clinical criteria is:

The treatment must be the sole PBS-subsidised therapy for this condition,

AND the Clinical criteria is:

Patient must have a WHO performance status of 2 or less,

AND the Clinical criteria is:

Patient must have Child Pugh class A.

Authority required (STREAMLINED)

4234

Advanced Barcelona Clinic Liver Cancer Stage C hepatocellular carcinoma

Treatment Phase: Continuing

The Clinical criteria is:

The treatment must be the sole PBS-subsidised therapy for this condition,

AND the Clinical criteria is:

Patient must have previously been treated with PBS-subsidised sorafenib,

AND the Clinical criteria is:

Patient must not have progressive disease.

Note

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	
Sorafenib is not PBS-subsidised for adjunctive treatment after resection, ablation or chemoembolization.								
Sorafenib is not PBS-subsidised for maintenance therapy after disease progression.								
Note								
No increase in the maximum quantity or number of units may be authorised.								
Note								
No increase in the maximum number of repeats may be authorised.								
Note								
Special Pricing Arrangements apply.								
9380Q	sorafenib 200 mg tablet, 60	2	2	..	*6457.29	36.10	Nexavar	BN