



Australian Government

Department of Health

**SCHEDULE OF PHARMACEUTICAL
BENEFITS**

SUMMARY OF CHANGES

EFFECTIVE 1 February 2014

PHARMACEUTICAL BENEFITS

These changes to the Schedule of Pharmaceutical Benefits are effective from 1 February 2014. 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 February 2014 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*	\$4.19
Additional Fees (for safety net prices):	Ready-prepared	\$1.13
	Extemporaneously-prepared	\$1.48
Patient Co-payments:	General	\$36.90
	Concessional	\$6.00
Safety Net Thresholds:	General	\$1421.20
	Concessional	\$360.00
Safety Net Card Issue Fee:		\$9.26

*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

- 10033C **Alogliptin + Metformin**, alogliptin 12.5 mg + metformin hydrochloride 500 mg tablet, 56 (*Nesina Met 12.5/500*)
 10032B **Alogliptin + Metformin**, alogliptin 12.5 mg + metformin hydrochloride 850 mg tablet, 56 (*Nesina Met 12.5/850*)
 10035E **Alogliptin + Metformin**, alogliptin 12.5 mg + metformin hydrochloride 1 g tablet, 56 (*Nesina Met 12.5/1000*)
 10034D **Budesonide**, budesonide 2mg/application enema, 2 x 14 applications (*Budenofalk*)

Addition – Brand

- 2460L *APO-Cefaclor, TX – Cefaclor*, cefaclor 125 mg/5 mL oral liquid: powder for, 100 mL
 2461M *APO-Cefaclor, TX – Cefaclor*, cefaclor 250 mg/5 mL oral liquid: powder for, 75 mL
 5046N *APO-Cefaclor, TX – Cefaclor*, cefaclor 125 mg/5 mL oral liquid: powder for, 100 mL
 5047P *APO-Cefaclor, TX – Cefaclor*, cefaclor 250 mg/5 mL oral liquid: powder for, 75 mL
 9317J *Piax, AF – Clopidogrel*, clopidogrel 75 mg tablet, 28
 9042X *Crosuva 5, ZP – Rosuvastatin*, rosuvastatin 5 mg tablet, 30
 2606E *Crosuva 5, ZP – Rosuvastatin*, rosuvastatin 5 mg tablet, 30
 2590H *Crosuva 5, ZP – Rosuvastatin*, rosuvastatin 5 mg tablet, 30
 3402C *Crosuva 5, ZP – Rosuvastatin*, rosuvastatin 5 mg tablet, 30
 9043Y *Crosuva 10, ZP – Rosuvastatin*, rosuvastatin 10 mg tablet, 30
 2628H *Crosuva 10, ZP – Rosuvastatin*, rosuvastatin 10 mg tablet, 30
 2584B *Crosuva 10, ZP – Rosuvastatin*, rosuvastatin 10 mg tablet, 30
 3403D *Crosuva 10, ZP – Rosuvastatin*, rosuvastatin 10 mg tablet, 30
 9044B *Crosuva 20, ZP – Rosuvastatin*, rosuvastatin 20 mg tablet, 30
 2574L *Crosuva 20, ZP – Rosuvastatin*, rosuvastatin 20 mg tablet, 30
 2609H *Crosuva 20, ZP – Rosuvastatin*, rosuvastatin 20 mg tablet, 30
 3404E *Crosuva 20, ZP – Rosuvastatin*, rosuvastatin 20 mg tablet, 30
 9045C *Crosuva 40, ZP – Rosuvastatin*, rosuvastatin 40 mg tablet, 30
 2594M *Crosuva 40, ZP – Rosuvastatin*, rosuvastatin 40 mg tablet, 30
 3405F *Crosuva 40, ZP – Rosuvastatin*, rosuvastatin 40 mg tablet, 30
 2636R *Crosuva 40, ZP – Rosuvastatin*, rosuvastatin 40 mg tablet, 30
 8398B *APO-Sotalol, TX – Sotalol*, sotalol hydrochloride 80 mg tablet, 60
 2043M *APO-Sotalol, TX – Sotalol*, sotalol hydrochloride 160 mg tablet, 60
 2438H *Orion Temozolomide, ON – Temozolomide*, temozolomide 180 mg capsule, 5

Deletions

Deletion – Brand

- 2130D *Xanax, PF – Alprazolam*, alprazolam 250 microgram tablet, 50
 2131E *Xanax, PF – Alprazolam*, alprazolam 500 microgram tablet, 50
 2132F *Xanax, PF – Alprazolam*, alprazolam 1 mg tablet, 50
 8118G *Xanax Tri-Score, PF – Alprazolam*, alprazolam 2 mg tablet, 50
 1969P *Quinapril generichealth, GQ – Quinapril*, quinapril 10 mg tablet, 30
 8621R *Chem mart Risedronate, CH – Risedronate*, risedronate sodium 35 mg tablet, 4
 8621R *Terry White Chemists Risedronate, TW – Risedronate*, risedronate sodium 35 mg tablet, 4

Deletion – Note

- 8461H **Pamidronate Disodium**, pamidronate disodium 15 mg/5 mL injection, 1 x 5 mL vial (*Pamisol*)

Alterations

Alteration – Brand Name

From:

- 1746X *Paracetamol Sandoz, SZ – Paracetamol*, paracetamol 500 mg tablet, 100

To:

- 1746X *Paracetamol (Sandoz), SZ – Paracetamol*, paracetamol 500 mg tablet, 100

From:

- 5196L *Paracetamol Sandoz, SZ – Paracetamol*, paracetamol 500 mg tablet, 100

To:

- 5196L *Paracetamol (Sandoz), SZ – Paracetamol*, paracetamol 500 mg tablet, 100

From:
8784H *Paracetamol Sandoz, SZ – Paracetamol*, paracetamol 500 mg tablet, 100
To:
8784H *Paracetamol (Sandoz), SZ – Paracetamol*, paracetamol 500 mg tablet, 100
From:
5224Y *Paracetamol Sandoz, SZ – Paracetamol*, paracetamol 500 mg tablet, 100
To:
5224Y *Paracetamol (Sandoz), SZ – Paracetamol*, paracetamol 500 mg tablet, 100

Alteration – Restriction and Note

2391W **Simvastatin + Sitagliptin**, simvastatin 10 mg + sitagliptin 100 mg tablet: film-coated, 28 (*Juvisor*)
2377D **Simvastatin + Sitagliptin**, simvastatin 20 mg + sitagliptin 100 mg tablet: film-coated, 28 (*Juvisor*)
2383K **Simvastatin + Sitagliptin**, simvastatin 40 mg + sitagliptin 100 mg tablet: film-coated, 28 (*Juvisor*)

Alteration – Authority required (STREAMLINED) Code

Please note the restriction for these items has not changed.

8461H **Pamidronate Disodium**, pamidronate disodium 15 mg/5 mL injection, 1 x 5 mL vial (*Pamisol*)
8209C **Pamidronate Disodium**, pamidronate disodium 30 mg injection [2 x 30 mg vials] (&) inert substance diluent [2 x 10 mL ampoules], 1 pack (*Aredia 30 mg*)
8462J **Pamidronate Disodium**, pamidronate disodium 30 mg/10 mL injection, 1 x 10 mL vial (*Pamisol*)
8463K **Pamidronate Disodium**, pamidronate disodium 60 mg/10 mL injection, 1 x 10 mL vial (*Pamisol*)

Advance Notices

Advance Notices – Deletion of Item

The following items will be deleted from the Schedule of Pharmaceutical Benefits on 1 March 2014:

8545R **Amino Acid Formula With Vitamins And Minerals Without Phenylalanine**, amino acid formula with vitamins and minerals without phenylalanine oral liquid: powder for, 400 g (*Phenex-2*)
5456E **Degarelix**, degarelix 120 mg injection: subcutaneous infusion [2 x 120 mg vials] (&) inert substance diluent [2 x 3 mL vials], 1 pack (*Firmagon 120mg*)
5455D **Degarelix**, degarelix 80 mg injection: subcutaneous infusion [1 x 80 mg vial] (&) inert substance diluent [1 x 4.2 mL vial], 1 pack (*Firmagon 80mg*)

The following item will be deleted from the Schedule of Pharmaceutical Benefits on 1 April 2014:

1252X **Terbutaline**, terbutaline sulfate 500 microgram/actuation inhalation: powder for, 200 actuations (*Bricanyl Turbuhaler*)
2745L **Tropisetron**, tropisetron 5 mg capsule, 2 (*Navoban*)

Advance Notices – Deletion of Brand

The following brand will be deleted from the Schedule of Pharmaceutical Benefits on 1 April 2014:

2746M *Navoban, NV – Tropisetron*, tropisetron 5 mg/5 mL injection, 1 x 5 mL ampoule

SECTION 100 – HIGHLY SPECIALISED DRUGS PROGRAM

Deletions

Deletion – Note

6286W **Pamidronate Disodium**, pamidronate disodium 15 mg/5 mL injection, 1 x 5 mL vial (*Pamisol*) (**Private**)
5667G **Pamidronate Disodium**, pamidronate disodium 15 mg/5 mL injection, 1 x 5 mL vial (*Pamisol*) (**Public**)

Alterations

Alteration – Authority required (STREAMLINED) Code

Please note the restriction for these items has not changed.

5667G **Pamidronate Disodium**, pamidronate disodium 15 mg/5 mL injection, 1 x 5 mL vial (*Pamisol*) (**Public**)
5702D **Pamidronate Disodium**, pamidronate disodium 30 mg injection [2 x 30 mg vials] (&) inert substance diluent [2 x 10 mL ampoules], 1 pack (*Aredia 30 mg*) (**Public**)
5668H **Pamidronate Disodium**, pamidronate disodium 30 mg/10 mL injection, 1 x 10 mL vial (*Pamisol*) (**Public**)
5669J **Pamidronate Disodium**, pamidronate disodium 60 mg/10 mL injection, 1 x 10 mL vial (*Pamisol*) (**Public**)
5703E **Pamidronate Disodium**, pamidronate disodium 90 mg injection [1 x 90 mg vial] (&) inert substance diluent [1 x 10 mL ampoule], 1 pack (*Aredia 90 mg*) (**Public**)
5670K **Pamidronate Disodium**, pamidronate disodium 90 mg/10 mL injection, 1 x 10 mL vial (*Pamisol*) (**Public**)

REPATRIATION PHARMACEUTICAL BENEFITS

Deletions

Deletion – Item

4736G **Bandage Compression**, bandage compression 7.5 cm x 3 m bandage: high stretch, 1 bandage (*Tensopress 71723-01*)

Alterations

Alteration – Brand Name

From:

4760M *ZipZoc 66051550, SN* – **Bandage Zinc Paste**, bandage zinc paste 80 cm (stockings) bandage, 4

To:

4760M *ZipZoc 66000747, SN* – **Bandage Zinc Paste**, bandage zinc paste 80 cm (stockings) bandage, 4

From:

4681J *Actisorb Plus MAC031, JJ* – **Dressing Activated Charcoal Malodorous Wound**, dressing activated charcoal malodorous wound 10.5 cm x 10.5 cm dressing, 1

To:

4681J *Actisorb Plus MAP105, JJ* – **Dressing Activated Charcoal Malodorous Wound**, dressing activated charcoal malodorous wound 10.5 cm x 10.5 cm dressing, 1

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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ALOGLIPTIN + METFORMIN

Authority required (STREAMLINED)

4423

Diabetes mellitus type 2

Clinical criteria:

Patient must have, or have had, a HbA1c measurement greater than 7% despite treatment with metformin; OR

Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period despite treatment with metformin.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a gliitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

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

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

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a gliitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

A patient whose diabetes was previously demonstrated unable to be controlled with metformin does not need to requalify on this criterion before being eligible for PBS-subsidised treatment with this fixed dose combination.

Authority required (STREAMLINED)

4427

Diabetes mellitus type 2

Treatment Phase: Continuing

Clinical criteria:

Patient must have previously received and been stabilised on a PBS-subsidised regimen of oral diabetic medicines which includes metformin and alogliptin.

Note

This fixed dose combination tablet is not PBS-subsidised for use in combination with a sulfonylurea (triple oral therapy), as initial therapy or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 or an SGLT2 inhibitor.

10033C NP	alogliptin 12.5 mg + metformin hydrochloride 500 mg tablet, 56	1	5	..	61.47	36.90	Nesina Met 12.5/500	TK
10032B NP	alogliptin 12.5 mg + metformin hydrochloride 850 mg tablet, 56	1	5	..	63.05	36.90	Nesina Met 12.5/850	TK
10035E NP	alogliptin 12.5 mg + metformin hydrochloride 1 g tablet, 56	1	5	..	63.70	36.90	Nesina Met 12.5/1000	TK

BUDESONIDE

Note

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.

10034D NP	budesonide 2mg/application enema, 2 x 14 applications	1	3	..	211.52	36.90	Budenofalk	OA
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PAMIDRONATE DISODIUM

Authority required (STREAMLINED)

4422

Symptomatic Paget disease of bone

Note

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

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	
	initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
8461H NP	pamidronate disodium 15 mg/5 mL injection, 1 x 5 mL vial	4	..	..	*130.75	36.90	Pamisol	HH
8463K NP	pamidronate disodium 60 mg/10 mL injection, 1 x 10 mL vial	1	..	..	130.75	36.90	Pamisol	HH

PAMIDRONATE DISODIUM

Authority required (STREAMLINED)

4420

Symptomatic Paget disease of bone

Note

Pharmaceutical benefits that have the form disodium pamidronate powder for I.V. infusion 30 mg (after reconstitution) and pharmaceutical benefits that have the form disodium pamidronate concentrated injection 30 mg are equivalent for the purposes of substitution.

Note

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.

8209C NP	pamidronate disodium 30 mg injection [2 x 30 mg vials] (& inert substance diluent [2 x 10 mL ampoules], 1 pack	1	..	..	130.77	36.90	^a Aredia 30 mg	NV
8462J NP	pamidronate disodium 30 mg/10 mL injection, 1 x 10 mL vial	2	..	..	*130.77	36.90	^a Pamisol	HH

SIMVASTATIN + SITAGLIPTIN

Authority required (STREAMLINED)

4419

Diabetes mellitus type 2 and hypercholesterolaemia

Clinical criteria:

Patient must meet the criteria set out in the General Statement for Lipid-Lowering Drugs,

AND

The treatment must be in combination with metformin; OR

The treatment must be in combination with a sulfonylurea,

AND

Patient must have a contraindication to a combination of metformin and a sulfonylurea; OR

Patient must not have tolerated a combination of metformin and a sulfonylurea,

AND

Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with either metformin or a sulfonylurea; OR

Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with either metformin or a sulfonylurea.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

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

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

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

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	
Note								
This fixed dose combination tablet is not PBS-subsidised for use in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 or an SGLT2 inhibitor.								
2391W NP	simvastatin 10 mg + sitagliptin 100 mg tablet: film-coated, 28	1	5	..	94.70	36.90	Juvicor	MK
2377D NP	simvastatin 20 mg + sitagliptin 100 mg tablet: film-coated, 28	1	5	..	96.40	36.90	Juvicor	MK
2383K NP	simvastatin 40 mg + sitagliptin 100 mg tablet: film-coated, 28	1	5	..	98.84	36.90	Juvicor	MK

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Brand Name and Manufacturer	
PAMIDRONATE DISODIUM							
<u>Authority required (STREAMLINED)</u>							
4433							
Hypercalcaemia of malignancy							
Clinical criteria:							
Patient must have a malignancy refractory to anti-neoplastic therapy.							
5667G	pamidronate disodium 15 mg/5 mL injection, 1 x 5 mL vial	4	2	..	*104.96	Pamisol	HH
5669J	pamidronate disodium 60 mg/10 mL injection, 1 x 10 mL vial	1	2	..	104.95	Pamisol	HH
PAMIDRONATE DISODIUM							
<u>Authority required (STREAMLINED)</u>							
4425							
Hypercalcaemia of malignancy							
Clinical criteria:							
Patient must have a malignancy refractory to anti-neoplastic therapy.							
<u>Note</u>							
Pharmaceutical benefits that have the form disodium pamidronate powder for I.V. infusion 30 mg (after reconstitution) and pharmaceutical benefits that have the form disodium pamidronate concentrated injection 30 mg are equivalent for the purposes of substitution.							
5702D	pamidronate disodium 30 mg injection [2 x 30 mg vials] (& inert substance diluent [2 x 10 mL ampoules], 1 pack	1	2	..	104.96	^a Aredia 30 mg	NV
5668H	pamidronate disodium 30 mg/10 mL injection, 1 x 10 mL vial	2	2	..	*104.96	^a Pamisol	HH
PAMIDRONATE DISODIUM							
<u>Authority required (STREAMLINED)</u>							
4421							
Hypercalcaemia of malignancy							
Clinical criteria:							
Patient must have a malignancy refractory to anti-neoplastic therapy.							
<u>Authority required (STREAMLINED)</u>							
4432							
Multiple myeloma							
<u>Authority required (STREAMLINED)</u>							
4426							
Bone metastases							
Clinical criteria:							
The condition must be due to breast cancer.							
<u>Note</u>							
Pharmaceutical benefits that have the form disodium pamidronate powder for I.V. infusion 90 mg (after reconstitution) and pharmaceutical benefits that have the form disodium pamidronate concentrated injection 90 mg are equivalent for the purposes of substitution.							
5670K	pamidronate disodium 90 mg/10 mL injection, 1 x 10 mL vial	1	11	..	157.43	^a Pamisol	HH
5703E	pamidronate disodium 90 mg injection [1 x 90 mg vial] (& inert substance diluent [1 x 10 mL ampoule], 1 pack	1	11	..	157.43	^a Aredia 90 mg	NV