Australian Government

Department of Health, Disability and Ageing

PBS

Schedule of Pharmaceutical Benefits

Palliative Care

Effective 1 September 2026

ISSN 1037-3667

Contents

Fees, Patient Contributions and Safety Net Thresholds

The following fees, patient contributions and safety net thresholds apply from 1 September 2026 and are included, where applicable, in prices published in the Schedule.

Dispensing Fees:	Ready-prepared	$9.24
	Dangerous drug fee	$5.73
	Extemporaneously-prepared	$11.28
	Allowable additional patient charge*	$2.79
Additional Fees (for safety net prices):	Ready-prepared	$1.54
	Extemporaneously-prepared	$1.99
Patient Co-payments:	General	$25.00
	Concessional	$7.70
Safety Net Thresholds:	General	$1748.20
	Concessional	$277.20
Safety Net Card Issue Fee:		$12.78

* 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

These changes to the Schedule of Pharmaceutical Benefits - Palliative Care are effective from 1 September 2026. The Schedule is updated on the first day of each month and is also available at www.pbs.gov.au.

Palliative Care

Additions

Addition – Brand

12522C *OXYCODONE NALOXONE ADVZ XR 5/2.5, BZ* – **OXYCODONE + NALOXONE**, oxycodone hydrochloride 5 mg + naloxone hydrochloride 2.5 mg modified release tablet, 28

12523D *OXYCODONE NALOXONE ADVZ XR 10/5, BZ* – **OXYCODONE + NALOXONE**, oxycodone hydrochloride 10 mg + naloxone hydrochloride 5 mg modified release tablet, 28

12486E *OXYCODONE NALOXONE ADVZ XR 20/10, BZ* – **OXYCODONE + NALOXONE**, oxycodone hydrochloride 20 mg + naloxone hydrochloride 10 mg modified release tablet, 28

12532N *OXYCODONE NALOXONE ADVZ XR 30/15, BZ* – **OXYCODONE + NALOXONE**, oxycodone hydrochloride 30 mg + naloxone hydrochloride 15 mg modified release tablet, 28

12475N *OXYCODONE NALOXONE ADVZ XR 40/20, BZ* – **OXYCODONE + NALOXONE**, oxycodone hydrochloride 40 mg + naloxone hydrochloride 20 mg modified release tablet, 28

About the Schedule

The Schedule of Pharmaceutical Benefits lists all ready-prepared items subsidised under the Pharmaceutical Benefits Scheme (PBS).

The Schedule is published and is effective on the first day of each month.

For detailed information about the prescribing and supply of pharmaceutical benefits go to www.pbs.gov.au

For information about the operational aspects of the PBS, such as, PBS claiming, authority applications and stationery supplies contact Services Australia at www.servicesaustralia.gov.au

Symbols and Abbreviations Used in the Schedule

*	An asterisk in the dispensed price column indicates that the manufacturer's pack does not coincide with the maximum quantity
‡	A double dagger in the maximum quantity column indicates where the maximum quantity has been determined to match the manufacturer's pack. These packs cannot be broken and the maximum quantity should be supplied and claimed
#	A gauge in the dispensed price column indicates that the product is not preconstituted and that the dispensed price therefore included a dispensing fee and where appropriate, an amount for purified water
a or b	Located immediately before brand names of an item indicates that the brands are equivalent for the purposes of substitution. These brands may be interchanged without differences in clinical effect
B	Located immediately before an amount in the premium column indicates a brand premium which applies to that particular brand of the item
T	Located immediately before an amount in the premium column indicates a therapeutic group premium which applies to that particular item
S	Located immediately before an amount in the premium column indicates a special patient contribution which applies to that particular item
DPMQ $	Dispensed price for maximum quantity
MRVSN $	Maximum recordable value for safety net
NP	Indicates that the item can be prescribed by an authorised nurse practitioner
MW	Indicates that the item can be prescribed by an authorised midwife
OP	Indicates that the item can be prescribed by an authorised optometrist
DP	Indicates that the item can be prescribed by an authorised dental practitioner

Restricted Benefits

All restricted items have separate headings for authority and non-authority items. In each case these items may be prescribed as pharmaceutical benefits only for use for one of the specified indications. Where more than one indication is specified for an Authority required or Restricted pharmaceutical benefit, each indication is separated from the preceding indication by a semi-colon and commences on the next line. In the case of Authority required (STREAMLINED) items, each restriction will also include a streamlined authority code. The drug may be prescribed as a pharmaceutical benefit for a patient who qualifies under any of the specified indications.

Restricted benefits – above an item indicates where an item can only be prescribed for specific therapeutic uses.

Authority required benefits – above an item indicates that a prescriber must seek approval from Services Australia or the Department of Veterans' Affairs. The prescriber must declare the specific conditions and circumstances that justify the use of these medicines. This is usually done by phone or in writing.

Authority required (STREAMLINED) – authority can be sought electronically.

Palliative Care

ALIMENTARY TRACT AND METABOLISM

STOMATOLOGICAL PREPARATIONS

STOMATOLOGICAL PREPARATIONS

Other agents for local oral treatment

BENZYDAMINE

Authority Required (STREAMLINED)

6197

Painful mouth

Clinical criteria:

- Patient must be receiving palliative care.

benzydamine hydrochloride 0.15% mouthwash, 500 mL

5385K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	3	0.00	22.81	24.35	Difflam [IL]

DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS

BELLADONNA AND DERIVATIVES, PLAIN

Belladonna alkaloids, semisynthetic, quaternary ammonium compounds

HYOSCINE BUTYLBROMIDE

Authority Required (STREAMLINED)

6207

For use in patients receiving palliative care

hyoscine butylbromide 20 mg/mL injection, 5 x 1 mL ampoules

5317W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	6	3	0.00	*55.44	25.00	[a] Buscopan [VZ]	[a] HYOSCINE BUTYLBROMIDE-AFT [AE]
						[a] HYOSCINE BUTYLBROMIDE MEDSURGE [DZ]	[a] HYOSCINE BUTYLBROMIDE SXP [XN]

PROPULSIVES

Propulsives

METOCLOPRAMIDE

Authority Required (STREAMLINED)

6084

Nausea or gastric stasis

Clinical criteria:

- Patient must be receiving palliative care.

metoclopramide hydrochloride 10 mg/2 mL injection, 10 x 2 mL ampoules

10762K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	2	0.00	*44.00	25.00	[a] Metoclopramide HCl Medsurge [DZ]	[a] METOCLOPRAMIDE INJECTION BP [WZ]

METOCLOPRAMIDE

Restricted benefit

11683

For use in patients receiving palliative care

metoclopramide hydrochloride 10 mg tablet, 25

12507G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	5	0.00	*25.32	25.00	[a] APO-Metoclopramide [TX]	[a] EMEXLON [RW]
						[a] METOCLOPRAMIDE-WGR [WG]	[a] Pramin [AF]
			[B]13.24	38.56	25.00	[a] Maxolon [IL]	

DRUGS FOR CONSTIPATION

DRUGS FOR CONSTIPATION

Osmotically acting laxatives

MACROGOL-3350

Authority Required (STREAMLINED)

6170

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

macrogol-3350 1 g/g powder for oral liquid, 510 g

5426N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	0.00	*32.74	25.00	OsmoLax [KY]

NP

MACROGOL-3350 + SODIUM CHLORIDE + BICARBONATE + POTASSIUM CHLORIDE

Authority Required (STREAMLINED)

6171

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

macrogol-3350 13.125 g + sodium chloride 350.7 mg + sodium bicarbonate 178.5 mg + potassium chloride 46.6 mg powder for oral liquid, 30 sachets

5389P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	3	0.00	*41.36	25.00	[a] APOHEALTH Macrogol with Electrolytes [GX]	[a] APO-MACROGOL plus ELECTROLYTES [TX]
					[a] Chemists' Own Constipation Relief with electrolytes [OW]	[a] Macrovic [RF]

NP

Enemas

CITRIC ACID + LAURYL SULFOACETATE SODIUM + SORBITOL

Restricted benefit

6139

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

sodium citrate dihydrate 450 mg/5 mL + lauryl sulfoacetate sodium 45 mg/5 mL + sorbitol 3.125 g/5 mL enema, 12 x 5 mL

5331N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	0.00	*37.38	25.00	Micolette [AE]

NP

Peripheral opioid receptor antagonists

METHYLNALTREXONE

Authority Required (STREAMLINED)

6180

Opioid-induced constipation

Clinical criteria:

- The treatment must be in combination with oral laxatives, **AND**
- Patient must be receiving palliative care, **AND**
- Patient must have failed to respond to laxatives.

methylnaltrexone bromide 12 mg/0.6 mL injection, 0.6 mL vial

5423K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
7	0	0.00	*178.92	25.00	Relistor [LM]

NP

methylnaltrexone bromide 12 mg/0.6 mL injection, 7 x 0.6 mL vials

5424L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	0	0.00	178.94	25.00	Relistor [LM]

NP

MUSCULO-SKELETAL SYSTEM

ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS

ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS, NON-STEROIDS

Acetic acid derivatives and related substances

INDOMETACIN

Restricted benefit

6149

Severe pain

Clinical criteria:

- Patient must be receiving palliative care.

indometacin 25 mg capsule, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5377B NP	2	3	0.00	*21.04	22.58	[a] Arthrexin [AF]	
			[B]4.68	*25.72	22.58	[a] Indocid [AS]	

Propionic acid derivatives

IBUPROFEN

Restricted benefit

6149

Severe pain

Clinical criteria:

- Patient must be receiving palliative care.

ibuprofen 400 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5368M NP	3	3	0.00	*22.59	24.13	[a] APO-Ibuprofen 400 [TX]	[a] WGR-IBUPROFEN 400 [WG]
			[B]7.02	*29.61	24.13	[a] Brufen [GO]	

NAPROXEN

Restricted benefit

6149

Severe pain

Clinical criteria:

- Patient must be receiving palliative care.

naproxen 250 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5345H NP	2	3	0.00	*23.62	25.00	Naprosyn [IX]

naproxen 750 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5347K NP	1	3	0.00	19.14	20.68	[a] Proxen SR 750 [IY]	
			[B]2.30	21.44	20.68	[a] Naprosyn SR750 [IX]	

naproxen 1 g modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5348L NP	1	3	0.00	20.72	22.26	[a] Proxen SR 1000 [IY]	
			[B]2.29	23.01	22.26	[a] Naprosyn SR1000 [IX]	

NAPROXEN

Restricted benefit

6196

Severe pain

Clinical criteria:

- Patient must be receiving palliative care.

Note Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.

naproxen sodium 550 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5353R NP	1	3	0.00	19.75	21.29	[a] Crysanal [IY]	
			[B]2.77	22.52	21.29	[a] Anaprox 550 [IX]	

NAPROXEN

Restricted benefit

6150

Severe pain

Treatment criteria:

- Patient must be undergoing palliative care.

Clinical criteria:

- Patient must be unable to take a solid dose form of a non-steroidal anti-inflammatory agent.

naproxen 125 mg/5 mL oral liquid, 474 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5397C NP	‡1	3	0.00	121.58	25.00	Phebra Naproxen Suspension [FF]

NERVOUS SYSTEM

ANALGESICS

OPIOIDS

Natural opium alkaloids

HYDROMORPHONE

Caution The risk of drug dependence is high.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.

Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:

Pharmaceutical Benefits Scheme

Reply Paid 9857

[Your capital city]

Authority Required (STREAMLINED)

11697

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; **OR**
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Patient must be undergoing palliative care.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

hydromorphone hydrochloride 2 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12497R NP	2	1	0.00	*32.87	25.00	Dilaudid [MF]

hydromorphone hydrochloride 2 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12493M NP	2	1	0.00	*31.85	25.00	[a] Dilaudid [MF]	[a] Hydromorphone-hameln [HW]
						[a] HYDROMORPHONE JUNO [JU]	[a] MEDSURGE HYDROMORPHONE 2 mg/1 mL [DZ]

hydromorphone hydrochloride 4 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12484C NP	2	1	0.00	*37.27	25.00	Dilaudid [MF]

hydromorphone hydrochloride 8 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12515Q NP	2	1	0.00	*53.59	25.00	Dilaudid [MF]

hydromorphone hydrochloride 10 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12531M NP	2	1	0.00	*35.77	25.00	[a] Dilaudid-HP [MF]	[a] Hydromorphone-hameln-HP [HW]
						[a] HYDROMORPHONE JUNO-HP [JU]	[a] MEDSURGE HYDROMORPHONE HP 10 mg/1 mL [DZ]

HYDROMORPHONE

Caution The risk of drug dependence is high.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

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[Your capital city]

Note Pharmaceutical benefits that have the brand Hydromorphone hydrochloride oral solution, USP (Medsurge) and pharmaceutical benefits that have the brand Hikma are equivalent for the purposes of substitution in the case of a shortage.

Authority Required (STREAMLINED)

11697

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; **OR**
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Patient must be undergoing palliative care.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

hydromorphone hydrochloride 1 mg/mL oral liquid, 473 mL

12565H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	1	0.00	422.96	25.00	[a] Hikma [LM]

hydromorphone hydrochloride 1 mg/mL oral liquid, 473 mL

13806P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	1	0.00	517.98	25.00	[a] Hydromorphone hydrochloride oral solution, USP (Medsurge) [DZ]

MORPHINE

Caution The risk of drug dependence is high.

Note Telephone approvals are limited to 1 month's therapy.

Authority Required

6168

Severe disabling pain

Clinical criteria:

- Patient must be receiving palliative care, **AND**
- The condition must be unresponsive to non-opioid analgesics.

morphine sulfate pentahydrate 10 mg tablet, 20

5393W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	2	0.00	24.44	25.00	Sevredol [MF]

morphine sulfate pentahydrate 20 mg tablet, 20

5394X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	2	0.00	25.19	25.00	Sevredol [MF]

morphine sulfate pentahydrate 30 mg tablet, 20

14655H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	2	0.00	31.32	25.00	Anamorph [RW]

MORPHINE

Caution The risk of drug dependence is high.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

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Pharmaceutical Benefits Scheme

Reply Paid 9857

[Your capital city]

Authority Required (STREAMLINED)

11697

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; **OR**
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Patient must be undergoing palliative care.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

morphine hydrochloride trihydrate 5 mg/mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12549L NP	2	1	0.00	*190.31	25.00	[a] Morphine Phebra [FF]	[a] Ordine 5 [XT]

morphine hydrochloride trihydrate 10 mg/mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12472K NP	2	1	0.00	*288.89	25.00	Ordine 10 [XT]

morphine sulfate pentahydrate 15 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12548K NP	2	1	0.00	*35.07	25.00	MORPHINE SULFATE 15 mg/1 mL MEDSURGE [DZ]

morphine hydrochloride trihydrate 20 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12494N NP	2	1	0.00	*32.37	25.00	Morphine Juno [JU]

morphine sulfate pentahydrate 30 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12503C NP	2	1	0.00	*39.13	25.00	MORPHINE SULFATE 30 mg/1 mL MEDSURGE [DZ]

morphine hydrochloride trihydrate 50 mg/5 mL injection, 5 x 5 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12470H NP	2	1	0.00	*43.63	25.00	Morphine Juno [JU]

morphine hydrochloride trihydrate 100 mg/5 mL injection, 5 x 5 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12537W NP	2	1	0.00	*55.37	25.00	Morphine Juno [JU]

MORPHINE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:

Pharmaceutical Benefits Scheme

Reply Paid 9857

[Your capital city]

Authority Required

11753

Severe disabling pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; **OR**
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Patient must be undergoing palliative care.

Authority requests for treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

morphine sulfate pentahydrate 5 mg modified release tablet, 28

12492L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*33.23	25.00	MS Contin [MF]

morphine sulfate pentahydrate 10 mg modified release capsule, 28

12501Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*38.49	25.00	Kapanol [YN]

morphine sulfate pentahydrate 10 mg modified release tablet, 28

12547J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*33.95	25.00	MS Contin [MF]

morphine sulfate pentahydrate 15 mg modified release tablet, 28

12476P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*45.57	25.00	MS Contin [MF]

morphine sulfate pentahydrate 20 mg modified release capsule, 28

12539Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*40.21	25.00	Kapanol [YN]

morphine sulfate pentahydrate 30 mg modified release capsule, 14

12490J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*39.21	25.00	MS Mono [MF]

morphine sulfate pentahydrate 30 mg modified release tablet, 28

12500X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*54.03	25.00	MS Contin [MF]

morphine sulfate pentahydrate 50 mg modified release capsule, 28

12489H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*63.43	25.00	Kapanol [YN]

morphine sulfate pentahydrate 60 mg modified release capsule, 14

12487F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*53.99	25.00	MS Mono [MF]

morphine sulfate pentahydrate 60 mg modified release tablet, 28

12544F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*79.67	25.00	MS Contin [MF]

morphine sulfate pentahydrate 90 mg modified release capsule, 14

12514P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*61.05	25.00	MS Mono [MF]

morphine sulfate pentahydrate 100 mg modified release tablet, 28

12483B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*104.13	25.00	MS Contin [MF]

morphine sulfate pentahydrate 100 mg modified release capsule, 28

12529K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*101.43	25.00	Kapanol [YN]

morphine sulfate pentahydrate 120 mg modified release capsule, 14

12512M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*79.65	25.00	MS Mono [MF]

morphine sulfate pentahydrate 200 mg modified release tablet, 28

5391R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*223.85	25.00	MS Contin [MF]

MORPHINE

Caution The risk of drug dependence is high.

Note Pharmaceutical benefits that have the forms morphine sulfate 10 mg/mL injection and morphine hydrochloride 10 mg/mL injection are equivalent for the purposes of substitution.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.

Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:

Pharmaceutical Benefits Scheme

Reply Paid 9857

[Your capital city]

Authority Required (STREAMLINED)

11697

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; **OR**
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Patient must be undergoing palliative care.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

morphine sulfate pentahydrate 10 mg/mL injection, 5 x 1 mL ampoules

12499W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	1	0.00	*29.79	25.00	[a] MORPHINE SULFATE 10 mg/1 mL MEDSURGE [DZ]

morphine hydrochloride trihydrate 10 mg/mL injection, 5 x 1 mL ampoules

12502B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	1	0.00	*28.27	25.00	[a] Morphine Juno [JU]

MORPHINE

Caution The risk of drug dependence is high.

Note Where consultation with a palliative care specialist or service has occurred, applications for increased repeats for up to 3 months' supply may be authorised.

Note Treatment should be initiated by a specialist knowledgeable in the use of potent opioids for the management of chronic breathlessness.

Note Applications for an increased maximum quantity to provide for 1 month's supply of this drug will be authorised.

Restricted benefit

9248

Chronic Breathlessness

Clinical criteria:

- Patient must be receiving palliative care.

morphine sulfate pentahydrate 10 mg modified release capsule, 28

11760Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	29.29	25.00	Kapanol [YN]

morphine sulfate pentahydrate 20 mg modified release capsule, 28

11761B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	30.15	25.00	Kapanol [YN]

OXYCODONE

Caution The risk of drug dependence is high.

Note OxyContin modified release tablets are intended to be crush-deterrent and to reduce the rapid release of oxycodone upon accidental or intentional misuse.

Note This treatment is not suitable for 'as-required' pain relief.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:

Pharmaceutical Benefits Scheme

Reply Paid 9857

[Your capital city]

Authority Required

11753

Severe disabling pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; **OR**
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Patient must be undergoing palliative care.

Authority requests for treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

oxycodone hydrochloride 10 mg modified release tablet, 28

12518W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	0	0.00	*41.43	25.00	[a] Oxycodone Sandoz [SZ]	[a] OxyContin [MF]

oxycodone hydrochloride 15 mg modified release tablet, 28

12545G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*57.41	25.00	OxyContin [MF]

oxycodone hydrochloride 20 mg modified release tablet, 28

12510K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	0	0.00	*57.89	25.00	[a] Oxycodone Sandoz [SZ]	[a] OxyContin [MF]

oxycodone hydrochloride 30 mg modified release tablet, 28

12538X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*83.75	25.00	OxyContin [MF]

oxycodone hydrochloride 40 mg modified release tablet, 28

12525F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	0	0.00	*77.25	25.00	[a] Oxycodone Sandoz [SZ]	[a] OxyContin [MF]

oxycodone hydrochloride 80 mg modified release tablet, 28

12527H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	0	0.00	*113.73	25.00	[a] Oxycodone Sandoz [SZ]	[a] OxyContin [MF]

OXYCODONE + NALOXONE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:

Pharmaceutical Benefits Scheme

Reply Paid 9857

[Your capital city]

Authority Required

11753

Severe disabling pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; **OR**
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Patient must be undergoing palliative care.

Authority requests for treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

oxycodone hydrochloride 2.5 mg + naloxone hydrochloride 1.25 mg modified release tablet, 28

12471J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	0	0.00	*39.21	25.00	[a] ARX-Oxycodone/Naloxone 2.5/1.25 [TX]	[a] Targin 2.5/1.25 mg [MF]

oxycodone hydrochloride 5 mg + naloxone hydrochloride 2.5 mg modified release tablet, 28

12522C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	0	0.00	*45.71	25.00	[a] ARX-Oxycodone/Naloxone 5/2.5 [TX] [a] Targin 5/2.5mg [MF]	[a] OXYCODONE NALOXONE ADVZ XR 5/2.5 [BZ]

oxycodone hydrochloride 10 mg + naloxone hydrochloride 5 mg modified release tablet, 28

12523D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	0	0.00	*47.35	25.00	[a] ARX-Oxycodone/Naloxone 10/5 [TX] [a] Targin 10/5mg [MF]	[a] OXYCODONE NALOXONE ADVZ XR 10/5 [BZ]

oxycodone hydrochloride 15 mg + naloxone hydrochloride 7.5 mg modified release tablet, 28

12540B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	0	0.00	*64.87	25.00	[a] ARX-Oxycodone/Naloxone 15/7.5 [TX]	[a] Targin 15/7.5mg [MF]

oxycodone hydrochloride 20 mg + naloxone hydrochloride 10 mg modified release tablet, 28

12486E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	0	0.00	*68.45	25.00	[a] ARX-Oxycodone/Naloxone 20/10 [TX] [a] Targin 20/10mg [MF]	[a] OXYCODONE NALOXONE ADVZ XR 20/10 [BZ]

oxycodone hydrochloride 30 mg + naloxone hydrochloride 15 mg modified release tablet, 28

12532N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	0	0.00	*96.47	25.00	[a] ARX-Oxycodone/Naloxone 30/15 [TX] [a] Targin 30/15 mg [MF]	[a] OXYCODONE NALOXONE ADVZ XR 30/15 [BZ]

oxycodone hydrochloride 40 mg + naloxone hydrochloride 20 mg modified release tablet, 28

12475N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	0	0.00	*93.17	25.00	[a] ARX-Oxycodone/Naloxone 40/20 [TX] [a] Targin 40/20mg [MF]	[a] OXYCODONE NALOXONE ADVZ XR 40/20 [BZ]

oxycodone hydrochloride 60 mg + naloxone hydrochloride 30 mg modified release tablet, 28

12511L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	0	0.00	*148.75	25.00	[a] ARX-Oxycodone/Naloxone 60/30 [TX]	[a] Targin 60/30 [MF]

oxycodone hydrochloride 80 mg + naloxone hydrochloride 40 mg modified release tablet, 28

12498T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	0	0.00	*155.87	25.00	[a] ARX-Oxycodone/Naloxone 80/40 [TX]	[a] Targin 80/40 [MF]

Phenylpiperidine derivatives

FENTANYL

Caution The risk of drug dependence is high.

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

Authority Required

6026

Breakthrough pain

Treatment Phase: Initial treatment for dose titration

Clinical criteria:

- Patient must have cancer, **AND**
- Patient must have pain directly attributable to cancer, **AND**
- Patient must be assessed as receiving adequate management of their persistent pain with opioids, **AND**
- Patient must have previously experienced inadequate pain relief following adequate doses of short acting opioids for the treatment of breakthrough pain; **OR**
- The treatment must be used as short acting opioids are considered clinically inappropriate; **OR**
- Patient must have previously experienced adverse effects following the use of short acting opioids for breakthrough pain.

Treatment criteria:

- Patient must be undergoing palliative care.

fentanyl 100 microgram sublingual tablet, 10

10601Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*143.17	25.00	Abstral [FK]

fentanyl 100 microgram orally disintegrating tablet, 4

10729Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*76.83	25.00	Fentora [TB]

fentanyl 200 microgram lozenge, 9

5401G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	89.51	25.00	Actiq [TB]

fentanyl 200 microgram sublingual tablet, 10

10600X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*143.17	25.00	Abstral [FK]

fentanyl 200 microgram orally disintegrating tablet, 4

10697B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*76.83	25.00	Fentora [TB]

fentanyl 300 microgram sublingual tablet, 10

10606F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	81.08	25.00	Abstral [FK]

fentanyl 400 microgram lozenge, 9

5402H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	89.51	25.00	Actiq [TB]

fentanyl 400 microgram sublingual tablet, 10

10603C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	81.08	25.00	Abstral [FK]

fentanyl 600 microgram sublingual tablet, 10

10604D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	81.08	25.00	Abstral [FK]

fentanyl 800 microgram sublingual tablet, 10

10612M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	81.08	25.00	Abstral [FK]

FENTANYL

Caution The risk of drug dependence is high.

Note For first continuing supply, applications for increased repeats for up to 3 months' supply may be authorised.

Note Where consultation with a palliative care specialist or service has occurred, applications for increased repeats for up to 3 months' supply may be authorised.

Note Telephone approvals are limited to 1 months' therapy.

Authority Required

6027

Breakthrough pain

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have cancer, **AND**
- Patient must have pain directly attributable to cancer, **AND**
- Patient must be assessed as receiving adequate management of their persistent pain with opioids, **AND**
- Patient must have previously experienced inadequate pain relief following adequate doses of short acting opioids for the treatment of breakthrough pain; **OR**
- The treatment must be used as short acting opioids are considered clinically inappropriate; **OR**
- Patient must have previously experienced adverse effects following the use of short acting opioids for breakthrough pain.

Treatment criteria:

- Patient must be undergoing palliative care.

fentanyl 100 microgram sublingual tablet, 30

10602B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*399.35	25.00	Abstral [FK]

fentanyl 100 microgram orally disintegrating tablet, 28

10684H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*432.13	25.00	Fentora [TB]

fentanyl 200 microgram lozenge, 30

5407N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*501.05	25.00	Actiq [TB]

fentanyl 200 microgram sublingual tablet, 30

10607G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*399.35	25.00	Abstral [FK]

fentanyl 200 microgram orally disintegrating tablet, 28

10698C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*432.13	25.00	Fentora [TB]

fentanyl 300 microgram sublingual tablet, 30

10610K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*399.35	25.00	Abstral [FK]

fentanyl 400 microgram lozenge, 30

5408P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*501.05	25.00	Actiq [TB]

fentanyl 400 microgram sublingual tablet, 30

10608H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*399.35	25.00	Abstral [FK]

fentanyl 400 microgram orally disintegrating tablet, 28

10737D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*278.49	25.00	Fentora [TB]

fentanyl 600 microgram lozenge, 30

5409Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*367.95	25.00	Actiq [TB]

fentanyl 600 microgram sublingual tablet, 30

10613N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*399.35	25.00	Abstral [FK]

fentanyl 600 microgram orally disintegrating tablet, 28

10713W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*278.49	25.00	Fentora [TB]

fentanyl 800 microgram lozenge, 30

5410R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*367.95	25.00	Actiq [TB]

fentanyl 800 microgram sublingual tablet, 30

10611L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*399.35	25.00	Abstral [FK]

fentanyl 800 microgram orally disintegrating tablet, 28

10738E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	0	0.00	*278.49	25.00	Fentora [TB]

FENTANYL

Caution The risk of drug dependence is high.

Note Fentanyl transdermal patches are not recommended in opioid naive patients with non-cancer pain because of a high incidence of adverse events in these patients. Patients with cancer pain may be initiated on the lowest strength patch (12 micrograms per hour).

Note This treatment is not suitable for 'as-required' pain relief.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:

Pharmaceutical Benefits Scheme

Reply Paid 9857

[Your capital city]

Authority Required

11696

Severe disabling pain

Clinical criteria:

- Patient must not be opioid naive, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; **OR**

- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Patient must be undergoing palliative care.

Authority requests for treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

fentanyl 12 microgram/hour patch, 5

12541C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	0	0.00	*33.99	25.00	[a] APO-Fentanyl [TX]	[a] Fentanyl Sandoz [SZ]

fentanyl 25 microgram/hour patch, 5

12504D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	0	0.00	*37.77	25.00	[a] APO-Fentanyl [TX]	[a] Fentanyl Sandoz [SZ]

fentanyl 50 microgram/hour patch, 5

12477Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	0	0.00	*52.57	25.00	[a] APO-Fentanyl [TX]	[a] Fentanyl Sandoz [SZ]

fentanyl 75 microgram/hour patch, 5

12474M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	0	0.00	*64.59	25.00	[a] APO-Fentanyl [TX]	[a] Fentanyl Sandoz [SZ]

fentanyl 100 microgram/hour patch, 5

12509J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	0	0.00	*75.31	25.00	[a] APO-Fentanyl [TX]	[a] Fentanyl Sandoz [SZ]

Diphenylpropylamine derivatives

METHADONE

Caution The risk of drug dependence is high.

Note Where consultation with a palliative care specialist or service has occurred, applications for increased repeats for up to 3 months' supply may be authorised.

Note Telephone approvals are limited to 1 month's therapy.

Authority Required

4902

Chronic severe disabling pain

Treatment Phase: Initial treatment, for up to 3 months

Clinical criteria:

- Patient must be receiving palliative care, **AND**
- The condition must be unresponsive to non-opioid analgesics.

methadone hydrochloride 5 mg/mL oral liquid, 200 mL

5399E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	2	0.00	28.34	25.00	Aspen Methadone Syrup [AS]

METHADONE

Caution The risk of drug dependence is high.

Note Where consultation with a palliative care specialist or service has occurred, applications for increased repeats for up to 3 months' supply may be authorised.

Note Telephone approvals are limited to 1 month's therapy.

Authority Required

4941

Chronic severe disabling pain

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must be receiving palliative care, **AND**
- The condition must be unresponsive to non-opioid analgesics.

methadone hydrochloride 5 mg/mL oral liquid, 200 mL

5400F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	0	0.00	28.34	25.00	Aspen Methadone Syrup [AS]

METHADONE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note This treatment is not recommended for use in ambulant patients.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:

Pharmaceutical Benefits Scheme

Reply Paid 9857

[Your capital city]

Authority Required

11696

Severe disabling pain

Clinical criteria:

- Patient must not be opioid naive, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; **OR**
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Patient must be undergoing palliative care.

Authority requests for treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

methadone hydrochloride 5 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
15412E NP	6	0	0.00	*39.87	25.00	METHADONE-AFT [AE]

methadone hydrochloride 10 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12520Y NP	6	0	0.00	*51.09	25.00	[a] METHADONE-AFT [AE]	[a] Physeptone [AS]

methadone hydrochloride 10 mg/mL injection, 5 x 1 mL vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14193B NP	24	0	0.00	*887.37	25.00	Physeptone [AS]

Oripavine derivatives

BUPRENORPHINE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:

Pharmaceutical Benefits Scheme

Reply Paid 9857

[Your capital city]

Authority Required

11753

Severe disabling pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; **OR**
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Patient must be undergoing palliative care.

Authority requests for treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

buprenorphine 5 microgram/hour patch, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10957Q NP	2	0	0.00	*34.71	25.00	[a] B-Patch [IU]	[a] Bupredermal [TX]

10957Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
						[a] Buprenorphine Sandoz [SZ]	[a] Norspan [MF]

buprenorphine 10 microgram/hour patch, 2

10948F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	0	0.00	*46.41	25.00	[a] B-Patch [IU]	[a] Bupredermal [TX]
						[a] Buprenorphine Sandoz [SZ]	[a] Norspan [MF]

buprenorphine 15 microgram/hour patch, 2

10953L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	0	0.00	*53.55	25.00	[a] B-Patch [IU]	[a] Bupredermal [TX]
						[a] Buprenorphine Sandoz [SZ]	[a] Norspan [MF]

buprenorphine 20 microgram/hour patch, 2

10970J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	0	0.00	*60.71	25.00	[a] B-Patch [IU]	[a] Bupredermal [TX]
						[a] Buprenorphine Sandoz [SZ]	[a] Norspan [MF]

buprenorphine 25 microgram/hour patch, 2

10964C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	0	0.00	*67.47	25.00	[a] Bupredermal [TX]	[a] Buprenorphine Sandoz [SZ]
						[a] Norspan [MF]	

buprenorphine 30 microgram/hour patch, 2

10949G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	0	0.00	*74.23	25.00	[a] Bupredermal [TX]	[a] Buprenorphine Sandoz [SZ]
						[a] Norspan [MF]	

buprenorphine 40 microgram/hour patch, 2

10959T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	0	0.00	*87.79	25.00	[a] Bupredermal [TX]	[a] Buprenorphine Sandoz [SZ]
						[a] Norspan [MF]	

OTHER ANALGESICS AND ANTIPYRETICS

Anilides

PARACETAMOL

Restricted benefit

6225

Analgesia or fever

Clinical criteria:

- Patient must be receiving palliative care, **AND**
- Patient must be intolerant to alternative therapy.

Note Pharmaceutical benefits that have the form paracetamol 665 mg modified release tablet, 96 and pharmaceutical benefits that have the form paracetamol 665 mg modified release tablet, 192 are equivalent for the purposes of substitution.

paracetamol 665 mg modified release tablet, 96

5343F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	3	0.00	*21.84	23.38	[a] APOHEALTH Osteo Relief Paracetamol 665 mg [TX]	[a] Chemists' Own Osteo Relief Paracetamol [RF]
						[a] Osteomol 665 Paracetamol [CR]	[a] Parapane OSTEO [XT]
						[a] Pharmacy Action Paracetamol Osteo 665 [GQ]	

paracetamol 665 mg modified release tablet, 192

10796F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	3	0.00	21.66	23.20	[a] Osteomol 665 Paracetamol [CR]	[a] Parapane OSTEO [XT]

PARACETAMOL

Restricted benefit

6167

Analgesia or fever

Clinical criteria:

- Patient must be receiving palliative care, **AND**
- Patient must be intolerant to alternative therapy.

paracetamol 500 mg suppository, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12210P NP	10	3	0.00	*96.84	25.00	Panadol [GJ]

ANTIEPILEPTICS

ANTIEPILEPTICS

Benzodiazepine derivatives

CLONAZEPAM

Restricted benefit

11683

For use in patients receiving palliative care

clonazepam 1 mg/mL injection [5 x 1 mL ampoules] (&) inert substance diluent [5 x 1 mL ampoules], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12534Q NP	1	1	0.00	24.61	25.00	Rivotril [PB]

CLONAZEPAM

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

Restricted benefit

11746

For use in patients receiving palliative care

clonazepam 2 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5338Y NP	1	3	0.00	23.57	25.00	Paxam 2 [AF]

clonazepam 2.5 mg/mL (0.1 mg/drop) oral liquid, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5339B NP	2	3	0.00	*21.84	23.38	Rivotril [PB]

CLONAZEPAM

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

Note Pharmaceutical benefits that have form pack size clonazepam 500 microgram tablet, 100 and clonazepam 500 microgram tablet, 50 are equivalent for the purposes of substitution.

Restricted benefit

11746

For use in patients receiving palliative care

clonazepam 500 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5337X NP	1	3	0.00	20.93	22.47	[a] Paxam 0.5 [AF]

clonazepam 500 microgram tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11520H NP	2	3	1.72	*22.86	22.68	[a] Rivotril [PB]

PSYCHOLEPTICS

ANTIPSYCHOTICS

Butyrophenone derivatives

HALOPERIDOL

Restricted benefit

11683

For use in patients receiving palliative care

haloperidol 5 mg/mL injection, 10 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12519X NP	1	2	0.00	25.23	25.00	[a] HALOPERIDOL MEDSURGE [DZ]	[a] Serenace [AS]

ANXIOLYTICS

Benzodiazepine derivatives

DIAZEPAM

Authority Required

6176

Anxiety

Clinical criteria:

- Patient must be receiving palliative care.

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

diazepam 2 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5355W							
NP	1	3	0.00	17.10	18.64	[a] APX-Diazepam [TY]	[a] DIAZEPAM-WGR [WG]
						[a] Valpam 2 [RW]	
			[B]2.78	19.88	18.64	[a] Antenex 2 [AF]	

diazepam 5 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5356X							
NP	1	3	0.00	17.10	18.64	[a] Antenex 5 [AF]	[a] APX-Diazepam [TY]
						[a] DIAZEPAM-WGR [WG]	[a] Valpam 5 [RW]
			[B]3.07	20.17	18.64	[a] Valium [IX]	

OXAZEPAM

Authority Required

6176

Anxiety

Clinical criteria:

- Patient must be receiving palliative care.

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

oxazepam 15 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5371Q							
NP	2	3	0.00	*19.84	21.38	[a] Alepam 15 [AF]	[a] Serepax [AS]

oxazepam 30 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5372R							
NP	2	3	0.00	*19.84	21.38	[a] Alepam 30 [AF]	[a] APO-Oxazepam [TX]
						[a] OXAZEPAM-WGR [WG]	
			[B]1.60	21.44	21.38	[a] Murelax [RW]	
			[B]7.40	27.24	21.38	[a] Serepax [AS]	

HYPNOTICS AND SEDATIVES

Benzodiazepine derivatives

NITRAZEPAM

Authority Required

6175

Insomnia

Clinical criteria:

- Patient must be receiving palliative care.

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

nitrazepam 5 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5359C							
NP	2	3	0.00	*19.84	21.38	[a] Alodorm [AF]	[a] Mogadon [IL]

TEMAZEPAM

Authority Required

6175

Insomnia

Clinical criteria:

- Patient must be receiving palliative care.

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

temazepam 10 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5375X							
NP	2	3	0.00	*19.84	21.38	[a] APO-Temazepam [TX]	[a] Temaze [AF]
						[a] TEMAZEPAM-WGR [WG]	[a] Temtabs [LN]
			[B]9.62	29.46	21.38	[a] Normison [AS]	

Index of Manufacturer Codes

Code	Manufacturer
AE	AFT Pharmaceuticals (AU) Pty Ltd
AF	Alphapharm Pty Ltd
AS	Aspen Pharmacare Australia Pty Limited
BZ	Boucher & Muir Pty Ltd
CR	Pharmacor Pty Limited
DZ	Medsurge Healthcare Pty Ltd
FF	Phebra Pty Ltd
FK	A.Menarini Australia Pty Limited
GJ	HALEON AUSTRALIA PTY LTD
GO	Viatris Pty Ltd
GQ	Generic Health Pty Ltd
GX	Apotex Pty Ltd
HW	HAMELN PHARMA PTY. LTD.
IL	iNova Pharmaceuticals (Australia) Pty Limited
IU	AUPHARMA PTY LTD
IX	Clinect Pty Ltd
IY	Clinect Pty Ltd
JU	Juno Pharmaceuticals Pty Ltd
KY	Key Pharmaceuticals Pty Ltd
LM	Link Medical Products Pty Ltd
LN	Aspen Pharmacare Australia Pty Limited
MF	Mundipharma Pty Limited
OW	Arrow Pharma Pty Ltd
PB	Pharmaco (Australia) Limited
RF	Arrow Pharma Pty Ltd
RW	Arrow Pharma Pty Ltd
SZ	Sandoz Pty Ltd
TB	Teva Pharma Australia Pty Ltd
TX	Apotex Pty Ltd
TY	Apotex Pty Ltd
VZ	Sanofi-aventis Healthcare Pty Ltd
WG	WAGNER PHARMACEUTICALS PTY LTD
WZ	Bridgewest Perth Pharma Pty Ltd
XN	Southern XP Pty Ltd
XT	Arrotex Pharmaceuticals Pty Ltd
YN	Mayne Pharma International Pty Ltd

Generic/Proprietary Index