



**Australian Government**

**Department of Health,  
Disability and Ageing**



# Schedule of Pharmaceutical Benefits

Palliative Care

**Effective 1 September 2026**

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This Schedule provides information on the arrangements for the prescribing and supply of pharmaceutical benefits. These arrangements operate under the *National Health Act 1953*. However, at the time of printing, the relevant legislation giving authority for the changes included in this issue of the Schedule may still be subject to the usual Parliamentary scrutiny. This book is not a legal document, and, in cases of discrepancy, the legislation will be the source document for payment for the supply of pharmaceutical benefits. The legislation is available from the Federal Register of Legislation website at [www.legislation.gov.au](http://www.legislation.gov.au).

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# 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.

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# 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](http://www.pbs.gov.au).

## Palliative Care

### Additions

#### **Addition – Brand**

- |        |                                                                                                                                                                      |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12522C | <i>OXYCODONE NALOXONE ADVZ XR 5/2.5, BZ</i> – <b>OXYCODONE + NALOXONE</b> , oxycodone hydrochloride 5 mg + naloxone hydrochloride 2.5 mg modified release tablet, 28 |
| 12523D | <i>OXYCODONE NALOXONE ADVZ XR 10/5, BZ</i> – <b>OXYCODONE + NALOXONE</b> , oxycodone hydrochloride 10 mg + naloxone hydrochloride 5 mg modified release tablet, 28   |
| 12486E | <i>OXYCODONE NALOXONE ADVZ XR 20/10, BZ</i> – <b>OXYCODONE + NALOXONE</b> , oxycodone hydrochloride 20 mg + naloxone hydrochloride 10 mg modified release tablet, 28 |
| 12532N | <i>OXYCODONE NALOXONE ADVZ XR 30/15, BZ</i> – <b>OXYCODONE + NALOXONE</b> , oxycodone hydrochloride 30 mg + naloxone hydrochloride 15 mg modified release tablet, 28 |
| 12475N | <i>OXYCODONE NALOXONE ADVZ XR 40/20, BZ</i> – <b>OXYCODONE + NALOXONE</b> , 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](http://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](http://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                                                                                                                                                 |

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## 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.

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# Palliative Care

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## 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | ‡1            | 3           | 0.00       | 22.81   | 24.35    | Diffiam [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                 |
|-----------|---------------|-------------|------------|---------|----------|--------------------------------------------------|---------------------------------------------|
| <b>NP</b> | 6             | 3           | 0.00       | *55.44  | 25.00    | <sup>a</sup> Buscopan [VZ]                       | <sup>a</sup> HYOSCINE BUTYLBROMIDE-AFT [AE] |
|           |               |             |            |         |          | <sup>a</sup> HYOSCINE BUTYLBROMIDE MEDSURGE [DZ] | <sup>a</sup> 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                   |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------------------------|-----------------------------------------------|
| <b>NP</b> | 4             | 2           | 0.00       | *44.00  | 25.00    | <sup>a</sup> Metoclopramide HCl Medsurge [DZ] | <sup>a</sup> 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 |
|-----------|---------------|-------------|--------------------|---------|----------|--------------------------------------|-----------------------------|
| <b>NP</b> | 4             | 5           | 0.00               | *25.32  | 25.00    | <sup>a</sup> APO-Metoclopramide [TX] | <sup>a</sup> EMEXLON [RW]   |
|           |               |             |                    |         |          | <sup>a</sup> METOCLOPRAMIDE-WGR [WG] | <sup>a</sup> Pramin [AF]    |
|           |               |             | <sup>B</sup> 13.24 | 38.56   | 25.00    | <sup>a</sup> Maxolon [IL]            |                             |

## DRUGS FOR CONSTIPATION

## DRUGS FOR CONSTIPATION

*Osmotically acting laxatives*

## MUSCULO-SKELETAL SYSTEM

### 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 2             | 3           | 0.00       | *32.74  | 25.00    | OsmoLax [KY]                |

### 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                                                    |
|-----------|---------------|-------------|------------|---------|----------|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <b>NP</b> | 2             | 3           | 0.00       | *41.36  | 25.00    | <sup>a</sup> APOHEALTH Macrogol with Electrolytes [GX]<br><sup>a</sup> Chemists' Own Constipation Relief with electrolytes [OW] | <sup>a</sup> APO-MACROGOL plus ELECTROLYTES [TX]<br><sup>a</sup> Macrovic [RF] |

### 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 2             | 3           | 0.00       | *37.38  | 25.00    | Micolette [AE]              |

### 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 7             | 0           | 0.00       | *178.92 | 25.00    | Relistor [LM]               |

#### 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 1             | 0           | 0.00       | 178.94  | 25.00    | Relistor [LM]               |

## MUSCULO-SKELETAL SYSTEM

## ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS

## ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS, NON-STERIODS

### 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**

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

**Propionic acid derivatives**

**IBUPROFEN**

**Restricted benefit**

**6149**

Severe pain

**Clinical criteria:**

- Patient must be receiving palliative care.

**ibuprofen 400 mg tablet, 30**

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

**NAPROXEN**

**Restricted benefit**

**6149**

Severe pain

**Clinical criteria:**

- Patient must be receiving palliative care.

**naproxen 250 mg tablet, 50**

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

**naproxen 750 mg modified release tablet, 28**

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

**naproxen 1 g modified release tablet, 28**

| 5348L     | Max.Qty Packs | No. of Rpts | Premium \$        | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer       | Brand Name and Manufacturer |
|-----------|---------------|-------------|-------------------|---------|----------|-----------------------------------|-----------------------------|
| <b>NP</b> | 1             | 3           | 0.00              | 20.72   | 22.26    | <sup>a</sup> Proxen SR 1000 [IY]  |                             |
|           |               |             | <sup>B</sup> 2.29 | 23.01   | 22.26    | <sup>a</sup> 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**

| 5353R     | Max.Qty Packs | No. of Rpts | Premium \$        | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer   | Brand Name and Manufacturer |
|-----------|---------------|-------------|-------------------|---------|----------|-------------------------------|-----------------------------|
| <b>NP</b> | 1             | 3           | 0.00              | 19.75   | 21.29    | <sup>a</sup> Crysanal [IY]    |                             |
|           |               |             | <sup>B</sup> 2.77 | 22.52   | 21.29    | <sup>a</sup> 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.

## NERVOUS SYSTEM

### naproxen 125 mg/5 mL oral liquid, 474 mL

| 5397C     | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer     |
|-----------|---------------|-------------|------------|---------|----------|---------------------------------|
| <b>NP</b> | ‡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](http://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

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

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

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

### hydromorphone hydrochloride 4 mg tablet, 20

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

### hydromorphone hydrochloride 8 mg tablet, 20

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

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

| 12531M    | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer             | Brand Name and Manufacturer                            |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------------------|--------------------------------------------------------|
| <b>NP</b> | 2             | 1           | 0.00       | *35.77  | 25.00    | <sup>a</sup> Dilaudid-HP [MF]           | <sup>a</sup> Hydromorphone-hameln-HP [HW]              |
|           |               |             |            |         |          | <sup>a</sup> HYDROMORPHONE JUNO-HP [JU] | <sup>a</sup> 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](http://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]

**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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 1             | 1           | 0.00       | 422.96  | 25.00    | <sup>a</sup> 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                                                 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------------------------------------------------------|
| <b>NP</b> | 1             | 1           | 0.00       | 517.98  | 25.00    | <sup>a</sup> 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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](http://www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos)).

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

Pharmaceutical Benefits Scheme

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## NERVOUS SYSTEM

[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 | 2             | 1           | 0.00       | *190.31 | 25.00    | <sup>a</sup> Morphine Phebra [FF] | <sup>a</sup> Ordine 5 [XT]  |

**NP**

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

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

**NP**

### **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 | 2             | 1           | 0.00       | *35.07  | 25.00    | MORPHINE SULFATE 15 mg/1 mL MEDSURGE [DZ] |

**NP**

### **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 | 2             | 1           | 0.00       | *32.37  | 25.00    | Morphine Juno [JU]          |

**NP**

### **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 | 2             | 1           | 0.00       | *39.13  | 25.00    | MORPHINE SULFATE 30 mg/1 mL MEDSURGE [DZ] |

**NP**

### **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 | 2             | 1           | 0.00       | *43.63  | 25.00    | Morphine Juno [JU]          |

**NP**

### **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 | 2             | 1           | 0.00       | *55.37  | 25.00    | Morphine Juno [JU]          |

**NP**

## **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](http://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]

### **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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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](http://www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos)).

## NERVOUS SYSTEM

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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 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                            |
|-----------|---------------|-------------|------------|---------|----------|--------------------------------------------------------|
| <b>NP</b> | 2             | 1           | 0.00       | *29.79  | 25.00    | <sup>a</sup> 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     |
|-----------|---------------|-------------|------------|---------|----------|---------------------------------|
| <b>NP</b> | 2             | 1           | 0.00       | *28.27  | 25.00    | <sup>a</sup> 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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](http://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]

### **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 |
|-----------|---------------|-------------|------------|---------|----------|------------------------------------|-----------------------------|
| <b>NP</b> | 2             | 0           | 0.00       | *41.43  | 25.00    | <sup>a</sup> Oxycodone Sandoz [SZ] | <sup>a</sup> OxyContin [MF] |

**oxycodone hydrochloride 15 mg modified release tablet, 28**

| 12545G    | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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 |
|-----------|---------------|-------------|------------|---------|----------|------------------------------------|-----------------------------|
| <b>NP</b> | 2             | 0           | 0.00       | *57.89  | 25.00    | <sup>a</sup> Oxycodone Sandoz [SZ] | <sup>a</sup> OxyContin [MF] |

**oxycodone hydrochloride 30 mg modified release tablet, 28**

| 12538X    | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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 |
|-----------|---------------|-------------|------------|---------|----------|------------------------------------|-----------------------------|
| <b>NP</b> | 2             | 0           | 0.00       | *77.25  | 25.00    | <sup>a</sup> Oxycodone Sandoz [SZ] | <sup>a</sup> 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 |
|-----------|---------------|-------------|------------|---------|----------|------------------------------------|-----------------------------|
| <b>NP</b> | 2             | 0           | 0.00       | *113.73 | 25.00    | <sup>a</sup> Oxycodone Sandoz [SZ] | <sup>a</sup> 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](http://www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos)).

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**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          |
|-----------|---------------|-------------|------------|---------|----------|---------------------------------------------------|--------------------------------------|
| <b>NP</b> | 2             | 0           | 0.00       | *39.21  | 25.00    | <sup>a</sup> ARX-Oxycodone/Naloxone 2.5/1.25 [TX] | <sup>a</sup> Targin 2.5/1.25 mg [MF] |

## NERVOUS SYSTEM

### 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                        |
|-----------|---------------|-------------|------------|---------|----------|------------------------------------------------------------------------------------|----------------------------------------------------|
| <b>NP</b> | 2             | 0           | 0.00       | *45.71  | 25.00    | <sup>a</sup> ARX-Oxycodone/Naloxone 5/2.5 [TX]<br><sup>a</sup> Targin 5/2.5mg [MF] | <sup>a</sup> 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                       |
|-----------|---------------|-------------|------------|---------|----------|----------------------------------------------------------------------------------|---------------------------------------------------|
| <b>NP</b> | 2             | 0           | 0.00       | *47.35  | 25.00    | <sup>a</sup> ARX-Oxycodone/Naloxone 10/5 [TX]<br><sup>a</sup> Targin 10/5mg [MF] | <sup>a</sup> 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       |
|-----------|---------------|-------------|------------|---------|----------|-------------------------------------------------|-----------------------------------|
| <b>NP</b> | 2             | 0           | 0.00       | *64.87  | 25.00    | <sup>a</sup> ARX-Oxycodone/Naloxone 15/7.5 [TX] | <sup>a</sup> 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                        |
|-----------|---------------|-------------|------------|---------|----------|------------------------------------------------------------------------------------|----------------------------------------------------|
| <b>NP</b> | 2             | 0           | 0.00       | *68.45  | 25.00    | <sup>a</sup> ARX-Oxycodone/Naloxone 20/10 [TX]<br><sup>a</sup> Targin 20/10mg [MF] | <sup>a</sup> 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                        |
|-----------|---------------|-------------|------------|---------|----------|-------------------------------------------------------------------------------------|----------------------------------------------------|
| <b>NP</b> | 2             | 0           | 0.00       | *96.47  | 25.00    | <sup>a</sup> ARX-Oxycodone/Naloxone 30/15 [TX]<br><sup>a</sup> Targin 30/15 mg [MF] | <sup>a</sup> 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                        |
|-----------|---------------|-------------|------------|---------|----------|------------------------------------------------------------------------------------|----------------------------------------------------|
| <b>NP</b> | 2             | 0           | 0.00       | *93.17  | 25.00    | <sup>a</sup> ARX-Oxycodone/Naloxone 40/20 [TX]<br><sup>a</sup> Targin 40/20mg [MF] | <sup>a</sup> 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    |
|-----------|---------------|-------------|------------|---------|----------|------------------------------------------------|--------------------------------|
| <b>NP</b> | 2             | 0           | 0.00       | *148.75 | 25.00    | <sup>a</sup> ARX-Oxycodone/Naloxone 60/30 [TX] | <sup>a</sup> 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    |
|-----------|---------------|-------------|------------|---------|----------|------------------------------------------------|--------------------------------|
| <b>NP</b> | 2             | 0           | 0.00       | *155.87 | 25.00    | <sup>a</sup> ARX-Oxycodone/Naloxone 80/40 [TX] | <sup>a</sup> 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 2             | 0           | 0.00       | *143.17 | 25.00    | Abstral [FK]                |

**fentanyl 100 microgram orally disintegrating tablet, 4**

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

**fentanyl 200 microgram lozenge, 9**

|                 | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-----------------|---------------|-------------|------------|---------|----------|-----------------------------|
| 5401G <b>NP</b> | 1             | 0           | 0.00       | 89.51   | 25.00    | Actiq [TB]                  |

**fentanyl 200 microgram sublingual tablet, 10**

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

**fentanyl 200 microgram orally disintegrating tablet, 4**

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

**fentanyl 300 microgram sublingual tablet, 10**

|                  | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|------------------|---------------|-------------|------------|---------|----------|-----------------------------|
| 10606F <b>NP</b> | 1             | 0           | 0.00       | 81.08   | 25.00    | Abstral [FK]                |

**fentanyl 400 microgram lozenge, 9**

|                 | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-----------------|---------------|-------------|------------|---------|----------|-----------------------------|
| 5402H <b>NP</b> | 1             | 0           | 0.00       | 89.51   | 25.00    | Actiq [TB]                  |

**fentanyl 400 microgram sublingual tablet, 10**

|                  | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|------------------|---------------|-------------|------------|---------|----------|-----------------------------|
| 10603C <b>NP</b> | 1             | 0           | 0.00       | 81.08   | 25.00    | Abstral [FK]                |

**fentanyl 600 microgram sublingual tablet, 10**

|                  | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|------------------|---------------|-------------|------------|---------|----------|-----------------------------|
| 10604D <b>NP</b> | 1             | 0           | 0.00       | 81.08   | 25.00    | Abstral [FK]                |

**fentanyl 800 microgram sublingual tablet, 10**

|                  | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|------------------|---------------|-------------|------------|---------|----------|-----------------------------|
| 10612M <b>NP</b> | 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**

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

**fentanyl 100 microgram orally disintegrating tablet, 28**

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

**fentanyl 200 microgram lozenge, 30**

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

## NERVOUS SYSTEM

### fentanyl 200 microgram sublingual tablet, 30

| 10607G    | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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](http://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       |
|-----------|---------------|-------------|------------|---------|----------|--------------------------------|-----------------------------------|
| <b>NP</b> | 2             | 0           | 0.00       | *33.99  | 25.00    | <sup>a</sup> APO-Fentanyl [TX] | <sup>a</sup> 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       |
|-----------|---------------|-------------|------------|---------|----------|--------------------------------|-----------------------------------|
| <b>NP</b> | 2             | 0           | 0.00       | *37.77  | 25.00    | <sup>a</sup> APO-Fentanyl [TX] | <sup>a</sup> 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       |
|-----------|---------------|-------------|------------|---------|----------|--------------------------------|-----------------------------------|
| <b>NP</b> | 2             | 0           | 0.00       | *52.57  | 25.00    | <sup>a</sup> APO-Fentanyl [TX] | <sup>a</sup> 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       |
|-----------|---------------|-------------|------------|---------|----------|--------------------------------|-----------------------------------|
| <b>NP</b> | 2             | 0           | 0.00       | *64.59  | 25.00    | <sup>a</sup> APO-Fentanyl [TX] | <sup>a</sup> 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       |
|-----------|---------------|-------------|------------|---------|----------|--------------------------------|-----------------------------------|
| <b>NP</b> | 2             | 0           | 0.00       | *75.31  | 25.00    | <sup>a</sup> APO-Fentanyl [TX] | <sup>a</sup> 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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 |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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.

## NERVOUS SYSTEM

**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](http://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**

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

### **methadone hydrochloride 10 mg tablet, 20**

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

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

| 14193B    | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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](http://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**

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

|                                                 |               |             |            |         |          |                                        |                                        |
|-------------------------------------------------|---------------|-------------|------------|---------|----------|----------------------------------------|----------------------------------------|
| 10957Q                                          | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer            | Brand Name and Manufacturer            |
|                                                 |               |             |            |         |          | <sup>a</sup> Buprenorphine Sandoz [SZ] | <sup>a</sup> Norspan [MF]              |
| <b>buprenorphine 10 microgram/hour patch, 2</b> |               |             |            |         |          |                                        |                                        |
| 10948F                                          | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer            | Brand Name and Manufacturer            |
| <b>NP</b>                                       | 2             | 0           | 0.00       | *46.41  | 25.00    | <sup>a</sup> B-Patch [IU]              | <sup>a</sup> Bupredermal [TX]          |
|                                                 |               |             |            |         |          | <sup>a</sup> Buprenorphine Sandoz [SZ] | <sup>a</sup> Norspan [MF]              |
| <b>buprenorphine 15 microgram/hour patch, 2</b> |               |             |            |         |          |                                        |                                        |
| 10953L                                          | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer            | Brand Name and Manufacturer            |
| <b>NP</b>                                       | 2             | 0           | 0.00       | *53.55  | 25.00    | <sup>a</sup> B-Patch [IU]              | <sup>a</sup> Bupredermal [TX]          |
|                                                 |               |             |            |         |          | <sup>a</sup> Buprenorphine Sandoz [SZ] | <sup>a</sup> Norspan [MF]              |
| <b>buprenorphine 20 microgram/hour patch, 2</b> |               |             |            |         |          |                                        |                                        |
| 10970J                                          | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer            | Brand Name and Manufacturer            |
| <b>NP</b>                                       | 2             | 0           | 0.00       | *60.71  | 25.00    | <sup>a</sup> B-Patch [IU]              | <sup>a</sup> Bupredermal [TX]          |
|                                                 |               |             |            |         |          | <sup>a</sup> Buprenorphine Sandoz [SZ] | <sup>a</sup> Norspan [MF]              |
| <b>buprenorphine 25 microgram/hour patch, 2</b> |               |             |            |         |          |                                        |                                        |
| 10964C                                          | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer            | Brand Name and Manufacturer            |
| <b>NP</b>                                       | 2             | 0           | 0.00       | *67.47  | 25.00    | <sup>a</sup> Bupredermal [TX]          | <sup>a</sup> Buprenorphine Sandoz [SZ] |
|                                                 |               |             |            |         |          | <sup>a</sup> Norspan [MF]              |                                        |
| <b>buprenorphine 30 microgram/hour patch, 2</b> |               |             |            |         |          |                                        |                                        |
| 10949G                                          | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer            | Brand Name and Manufacturer            |
| <b>NP</b>                                       | 2             | 0           | 0.00       | *74.23  | 25.00    | <sup>a</sup> Bupredermal [TX]          | <sup>a</sup> Buprenorphine Sandoz [SZ] |
|                                                 |               |             |            |         |          | <sup>a</sup> Norspan [MF]              |                                        |
| <b>buprenorphine 40 microgram/hour patch, 2</b> |               |             |            |         |          |                                        |                                        |
| 10959T                                          | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer            | Brand Name and Manufacturer            |
| <b>NP</b>                                       | 2             | 0           | 0.00       | *87.79  | 25.00    | <sup>a</sup> Bupredermal [TX]          | <sup>a</sup> Buprenorphine Sandoz [SZ] |
|                                                 |               |             |            |         |          | <sup>a</sup> 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                              |
| <b>NP</b> | 2             | 3           | 0.00       | *21.84  | 23.38    | <sup>a</sup> APOHEALTH Osteo Relief Paracetamol 665 mg [TX] | <sup>a</sup> Chemists' Own Osteo Relief Paracetamol [RF] |
|           |               |             |            |         |          | <sup>a</sup> Osteomol 665 Paracetamol [CR]                  | <sup>a</sup> Parapane OSTEO [XT]                         |
|           |               |             |            |         |          | <sup>a</sup> 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      |
| <b>NP</b> | 1             | 3           | 0.00       | 21.66   | 23.20    | <sup>a</sup> Osteomol 665 Paracetamol [CR] | <sup>a</sup> 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.

## NERVOUS SYSTEM

### paracetamol 500 mg suppository, 10

| 12210P    | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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

| 12534Q    | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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

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

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

| 5339B     | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 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

| 5337X     | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 1             | 3           | 0.00       | 20.93   | 22.47    | <sup>a</sup> Paxam 0.5 [AF] |

### clonazepam 500 microgram tablet, 50

| 11520H    | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 2             | 3           | 1.72       | *22.86  | 22.68    | <sup>a</sup> 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

| 12519X    | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer            | Brand Name and Manufacturer |
|-----------|---------------|-------------|------------|---------|----------|----------------------------------------|-----------------------------|
| <b>NP</b> | 1             | 2           | 0.00       | 25.23   | 25.00    | <sup>a</sup> HALOPERIDOL MEDSURGE [DZ] | <sup>a</sup> 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**

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

**diazepam 5 mg tablet, 50**

| 5356X     | Max.Qty Packs | No. of Rpts | Premium \$        | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer    | Brand Name and Manufacturer    |
|-----------|---------------|-------------|-------------------|---------|----------|--------------------------------|--------------------------------|
| <b>NP</b> | 1             | 3           | 0.00              | 17.10   | 18.64    | <sup>a</sup> Antenex 5 [AF]    | <sup>a</sup> APX-Diazepam [TY] |
|           |               |             |                   |         |          | <sup>a</sup> DIAZEPAM-WGR [WG] | <sup>a</sup> Valpam 5 [RW]     |
|           |               |             | <sup>b</sup> 3.07 | 20.17   | 18.64    | <sup>a</sup> 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**

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

**oxazepam 30 mg tablet, 25**

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

| 5359C     | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer | Brand Name and Manufacturer |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|-----------------------------|
| <b>NP</b> | 2             | 3           | 0.00       | *19.84  | 21.38    | <sup>a</sup> Alodorm [AF]   | <sup>a</sup> 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**

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

# Index of Manufacturer Codes

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

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