

LISTINGS ON THE PBS FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

This list details all PBS items that are limited for prescription to Aboriginal or Torres Strait Islander people.

This is based on the 1 January 2017 Pharmaceutical Benefits Schedule.

ITEM CODE	NAME MANNER OF ADMINISTRATION	BRAND NAME	MANUFACTURER	MAX. QUANTITY	NO. OF REPEATS
Authority Required (STREAMLINED)					
6434: Treatment of a fungal or a yeast infection in an Aboriginal or Torres Strait Islander person.					
9024Y	Ketoconazole 2% (20 mg/g) cream, 30 g	Nizoral 2% Cream	Johnson & Johnson	1	2
9025B	Ketoconazole 1% (10 mg/g) shampoo, 100 mL	Nizoral 1%	Johnson & Johnson	1	1
1574W	Ketoconazole 2% (20 mg/g) shampoo, 60 mL	Nizoral 2%	Johnson & Johnson	1	1
9027D	Miconazole nitrate 2% (20 mg/g), cream, 30 g	Daktarin	Johnson & Johnson	1	2
9028E	Miconazole nitrate 2% (20 mg/g) cream, 70 g	Daktarin	Johnson & Johnson	1	1
9029F	Miconazole nitrate 2% (20 mg/g), dusting powder 30 g	Daktarin	Johnson & Johnson	1	2
9031H	Miconazole 2% solution, 30 mL	Daktarin Tincture	Johnson & Johnson	1	2
1698J	Nystatin 100,000 U/g, cream 15 g	Mycostatin	Fawns and McAllan	2	3
9160D	Terbinafine hydrochloride 1% cream, 15 g	Lamisil	Novartis	2	3
Authority Required (STREAMLINED)					
5139: Prophylaxis of thiamine deficiency in an Aboriginal or Torres Strait Islander person.					
1070H	Thiamine hydrochloride 100 mg tablet	Betavit	Petrus Pharmaceuticals	100	2
Authority Required					
5506 Hypomagnesaemia or 5466 chronic renal disease in an Aboriginal or Torres Strait Islander person.					
5146W	Magnesium Aspartate Dihydrate 500 mg (equivalent to 37.4 mg of magnesium) tablet	Mag-Sup MagMin (PBS)	Petrus Pharmaceuticals Blackmores Limited	50 50	5 5
Authority Required (STREAMLINED)					
5817: Treatment of whipworm infestation in an Aboriginal or Torres Strait Islander person.					
9047E	Albendazole 200 mg tablet, chewable	Zentel	Aspen Pharmacare	6	0
Authority Required					
Treatment of chronic suppurative otitis media in an Aboriginal or Torres Strait Islander person aged 1 month or older.					
2480M	Ciprofloxacin 0.3% ear drops, 5 mL	Ciloxan	Alcon Laboratories	1	1
Authority Required					
Treatment of a dermatophyte infection in an Aboriginal or Torres Strait Islander person where topical treatment has failed.					
2285G	Terbinafine 250 mg tablet	GenRx Terbinafine Lamisil Sebifin 250 Tamsil Terbinafine AN Terbinafine GH Terbinafine Sandoz Terbinafine-DRLA Tinasil	Apotex Novartis Ranbaxy Arrow Pharma Amneal Pharmaceuticals Generic Health Sandoz Dr Reddy's Laboratories Alphapharm	42 42 42 42 42 42 42 42 42	0 0 0 0 0 0 0 0 0
Nicotine dependence					
Clinical criteria: The treatment must be the sole PBS-subsidised therapy for this condition.					
Population criteria: Patient must be an Aboriginal or Torres Strait Islander person.					
Note: Only two courses of PBS-subsidised nicotine replacement therapy may be prescribed per 12-month period. Benefit is improved if used in conjunction with a comprehensive support and counseling program.					
Note: No increase in the maximum quantity or number of units may be authorised.					
Note: No increase in the maximum number of repeats may be authorised.					
5465P	Nicotine 21 mg/24 hours patch	Nicabate P	GlaxoSmithKline	28	2 per yr
5571F	Nicotine 21 mg/24 hours patch	Nicotinell Step 1	Orion Laboratories	28	2 per yr
10076H	Nicotine 25 mg/16 hours patch	Nicorette 16hr Invisipatch	Johnson & Johnson	28	2 per yr
Authority Required (STREAMLINED)					
6647 Nasal colonisation with Staphylococcus aureus in an Aboriginal or Torres Strait Islander person.					
Note: No applications for increased maximum quantities and/or repeats will be authorised.					
9440W	Mupirocin 2% (20 mg/g) ointment, 3g	Bactroban	GlaxoSmithKline	1	0
For treatment of constipation in an Aboriginal or Torres Strait Islander person who:					
<ul style="list-style-type: none"> • is paraplegic or quadriplegic or has severe neurogenic impairment of bowel function • is receiving palliative care • is receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility or • is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult or • has terminal malignant neoplasia, anorectal congenital abnormalities or Megacolon. 					
1258F	Bisacodyl 10mg suppository	Petrus Bisacodyl Suppositories	Petrus	3	4
1260H	Bisacodyl 10mg suppository	Petrus Bisacodyl Suppositories Dulcolax	Petrus Boehringer Ingelheim	3 3	5 5

All information in this publication is correct as at 1 January 2017

Further information is available at www.pbs.gov.au and the listings for Aboriginal and Torres Strait Islander people can be found at:
<http://www.pbs.gov.au/info/publication/factsheets/shared/pbs-listings-for-aboriginal-and-torres-strait-islander-people>

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The following items are for the treatment of a patient identifying as an Aboriginal or Torres Strait Islander person.					
1010E or 5018D (Dental)	Aspirin 300mg tablet, effervescent	Solprin	Reckitt Benckiser	96	1 (No repeats for Dental)
8202Q	Aspirin 100mg tablet	Spren 100	Aspen Pharma	112	1
3196F	Sodium chloride, potassium chloride, glucose monohydrate and citrate oral liquid powder, 10 x 4.9g sachets	Repalyte New Formulation Restore O.R.S	Sanofi-aventis Amneal	1 1	0 0
1437P	Folic acid 5mg tablet, for malabsorption states only	Megafof 5	Alphapharm	200	1
2958Q	Folic acid 500mcg tablet	Foltabs 500 Megafof 0.5	Petrus Alphapharm	200 200	0 0
3106L	Glucose and ketone indicator urine 50 diagnostic strips	Keto-Diabur-Test 5000	Roche Diagnostics	2	2
3107M	Glucose and ketone indicator urine 50 diagnostic strips	Keto-Diastix	Bayer	2	2
3104J	Glucose indicator urine 50 diagnostic strips	Diastix	Bayer	2	2
1746X or 5196L (Dental)	Paracetamol 500mg tablet Note: No repeats for dental	APO-Paracetamol Febridol Generic Health Panamax Paracetamol (Sandoz) Paralgin Parapane	Apotex Amneal Generic Health Sanofi-aventis Sandoz Fawns and McAllan Alphapharm	100 100 100 100 100 100 100	1 1 1 1 1 1 1
1747Y	Paracetamol 120mg/5mL oral liquid, 100mL	Panamax	Sanofi-aventis	1	2
1770E	Paracetamol 240mg/5mL oral liquid, 200mL	Panamax 240 Elixir	Sanofi-aventis	1	2
3348F	Paracetamol (Dental) 120mg/5mL oral liquid, 100mL	Panamax	Sanofi-aventis	1	0
3349G	Paracetamol (Dental) 240mg/5mL oral liquid, 200mL	Panamax 240 Elixir	Sanofi-aventis	1	0
For the treatment of chronic arthropathies in an Aboriginal or Torres Strait Islander person.					
8784H or 5224Y (Dental)	Paracetamol 500mg tablet Note: No repeats for dental.	APO-Paracetamol Febridol Generic Health Panamax Paracetamol (Sandoz) Paralgin Parapane	Apotex Amneal Generic Health Sanofi-aventis Sandoz Fawns and McAllan Alphapharm	300 300 300 300 300 300 300	4 4 4 4 4 4 4
For the treatment of persistent pain associated with osteoarthritis in an Aboriginal or Torres Strait Islander person.					
Note: Pharmaceutical benefits that have the form paracetamol 665mg tablet: modified release, 96 and pharmaceutical benefits that have the form paracetamol 665mg tablet: modified release, 192 are equivalent for the purposes of substitution.					
8814X	Paracetamol 665mg tablet, modified release, 96	Osteomol 665 Paracetamol	Pharmacor	192	5
10797G	Paracetamol 665mg tablet, modified release, 192	Osteomol 665 Paracetamol	Pharmacor	192	5
For the treatment of pernicious anaemia or proven vitamin B12 deficiencies other than pernicious anaemia in an Aboriginal or Torres Strait Islander person, or for prophylaxis of anaemias associated with vitamin B12 deficiency for a person who has had a gastrectomy.					
Note: One injection of hydroxocobalamin 1 mg every three months provides appropriate maintenance therapy in vitamin B12 deficiencies.					
Note: Pharmaceutical benefits that have the form hydroxocobalamin injection 1 mg (as acetate) in 1 mL and pharmaceutical benefits that have the form hydroxocobalamin injection 1 mg (as chloride) in 1 mL are equivalent for the purposes of substitution.					
2162T	Hydroxocobalamin 1mg/mL injection, 3 x 1mL ampoules	(Vita-B12)	Mercury Pharma	3	0
9048F	Hydroxocobalamin 1mg/mL injection, 3 x 1mL ampoules	(Neo-B12)	Hospira	3	0

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