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 July 2019 Pharmaceutical Benefits Schedule.

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200.05 1.00 (cm) pigly sampou, 100 mL 1 1 1 1 1 1 1 1 1	Authority Required (STREAMLINED) 6434: Treatment of a fungal or a yeast infection in an Aboriginal or Torres Strait Islander person.										
10.00 1.00	9024Y		Nizoral 2% Cream	Johnson & Johnson	1	2					
1574W Refocoarsies National 29% 20/800 20/8000 1 1 2 2 2 2 2 2 2 2	9025B	(5.5, , 5	Nizoral 1%	Johnson & Johnson	1	1					
90270 20 (20 mgg) sampos, 65 mt. Daktarin Johnson 1 2 2 2 2 2 2 2 2 2	1574W	(5,5, 1 ,	Nizoral 20%	Johnson & Johnson		1					
9028E Michaecke intrate 9028F		2% (20 mg/g) shampoo, 60 mL									
99.029F Microarde Intracts 90.31 H Microarde Intracts 90.31 H Microarde Intracts 90.31 H Microarde Intracts 10.32 H Microarde Intracts 10.33 H Microarde Intracts 10.34 H Microarde 10.34 H Micr	9027D		Daktarın	Johnson & Johnson	1	2					
9031H Microsazel Diff. 9031H Microsazel Diff. 9031H Microsazel Diff. 9031H Microsazel Diff. 9031D Microsazel Diff.	9028E		Daktarin	Johnson & Johnson	1	1					
Second Company Seco	9029F		Daktarin	Johnson & Johnson	1	2					
1988 Nystatin Promoting Communication of the Commun	9031H	Miconazole	Daktarin Tincture	Johnson & Johnson	1	2					
### State St	1698J	Nystatin	Mycostatin	Fawns and McAllan	2	3					
State Training State State Standard State Standard State Standard St		Terbinafine hydrochloride 1% cream, 15 g	Lamisil	Novartis	2	3					
1070H Thiamine hydrochloride Betavit Petrus Pharmaceutcals 100 2 10 ong tablet Authority Required S306H Nypomagnesaemils or \$4666 chronic renal disease in an Aboriginal or Torres Strait Islander person. \$146W Magnetium Aspartate Dihydrate Mag-Sup Detucing Strait Strain S			al or Torres Strait Islander persor	n.							
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Soli mp (equivalent to 37.4 mp of magnetism) tablet					50	5					
SSI2.7 treatment of whitpworm infestation in an Aboriginal or Torres Strait Islander person. 9047E Albendazole Authority Required Treatment of chronic singurative otitis media in an Aboriginal or Torres Strait Islander person aged 1 month or older. 2480M Ciprofloxacia Ciprofloxacia Ciprofloxacia Ciloxan Acon Laboratorics 1 1 1. Authority Required Treatment of chronic singurative otitis media in an Aboriginal or Torres Strait Islander person where topical treatment has failed. Authority Required Treatment of a dermatophyte infection in an Aboriginal or Torres Strait Islander person where topical treatment has failed. Authority Required Treatment of a dermatophyte infection in an Aboriginal or Torres Strait Islander person where topical treatment has failed. Apote: 42 0 Apote: 42 0 Apote: 42 0 Controlled Apote: 42 0 Controlled Apote: 42 0 Apote: 42 0 Apote: 42 0 Apote: 42 0 Amneal Pharmacuticals 42 0 Treshinafine GH Terbinafine GH Terbina		500 mg (equivalent to 37.4 mg of magnesium) tablet									
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250 mg tablet Genkx Terbinafine Lamisil Novaris 42 0 1 Tamisil Arrow Pharma 42 0 1 Terbinafine AN Armow Pharmacutcals 42 0 1 Terbinafine CN Terbinafine CN Terbinafine GN Terbinafine M Terbinafic GN Terbinafic			or Torres Strait Islander person w	here topical treatment has fa	iled.						
Lamisil Arrow Pharma 42 0 0 Terbinafine AN Amneal Pharmaceuticls 42 0 Terbinafine GN Generi Health 42 0 Terbinafine GN Generi Health 42 0 Terbinafine Sandoz Sandoz 42 0 Terbinafine Sandoz Sandoz 42 0 Terbinafine-DRLA Dr Reddy's Laboratories 42 0 Terbinafine-DRLA Dr Reddy's Laboratories 42 0 Alphapharm 42 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 quantity or number of units may be authorised. S465P Nicotine 21 mg/24 hours patch Nicotine Nicotine Nicotine Nicotineli Step 1 Orion Laboratories 28 2 per yr 21 mg/24 hours patch Nicotine Nicotine Nicotineli Step 1 Orion Laboratories 28 2 per yr 21 mg/24 hours patch Nicotine Nicotine Nicotine Nicotette 16hr Invisipatch Johnson & Johnson 28 2 per yr 25 mg/16 hours patch 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. 940W Mupirocin Bactroban GiaxoSmithikine 1 0 2½ (20 mg/g) ointment, 3g For treatment of constipation in an Aboriginal or Torres Strait Islander person who: • is paraplegic or quadriplegic or has severe neurogenic impairment of bowel function • is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult 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 Petrus Bisacodyl Petrus 3 5 100 Suppositories 10	2285G										
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10mg suppository Suppositories Suppositories	1258F	Bisacodyl 10mg suppository	Petrus Bisacodyl Suppositories	Petrus							
	1260H	•	•	Petrus	3	5					
		· ,		Sanofi-aventis	3	5					

All information in this publication is correct as at 1 July 2019

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

LISTINGS ON THE PBS FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

This list details all PBS items that are limited for prescription to Aboriginal and Torres Strait Islander people. This is based on the 1 July 2019 Pharmaceutical Benefits Schedule.

ITEM CODE	NAME MANNER OF ADMINISTRATION	BRAND NAME	MANUFACTURER	MAX. QUANTITY	NO. OF REPEATS				
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	O.R.S Restore O.R.S	Aspen Pharma Amneal	1 1	0 0				
1437P	Folic acid 5mg tablet, for malabsorbtion states only	Megafol 5	Alphapharm	200	1				
2958Q	Folic acid 500mcg tablet	Foltabs 500 Megafol 0.5	Petrus Alphapharm	200 200	0 0				
3107M	Glucose and ketone indicator urine 50 diagnostic strips	Keto-Diastix	Ascensia	2	2				
3104J	Glucose indicator urine	Diastix	Ascensia	2	2				
1746X or 5196L (Dental)	50 diagnostic strips Paracetamol 500mg tablet Note: No repeats for dental	APO-Paracetamol Febridol Mendeleev Pharmacy Care Panamax Paracetamol (Sandoz) Paralgin Parapane	Apotex Amneal Sandoz Sigma Sanofi-aventis Sandoz Generic Health Arrow Pharma Alphapharm	100 100 100 100 100 100 100 100	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 treatmer	nt of chronic arthropathies in an Aborig	inal or Torres Strait Islander perso	1.						
8784H or	Paracetamol	APO-Paracetamol	Apotex	300	4				
5224Y	500mg tablet	Febridol	Amneal Sandoz	300	4				
(Dental)	Note: No repeats for dental.	Mendeleev	Sigma	300 300	4 4				
		Pharmacy Care Generic Health	Generic Health	300	4				
		Panamax	Sanofi-aventis	300	4				
		Paracetamol (Sandoz)	Sandoz	300	4				
		Paralgin	Arrow Pharma	300	4				
		Parapane	Alphapharm	300	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	APOHEALTH Osteo Relief Osteomol 665 Paracetamol	Apotex Pharmacor	192 192	5 5				
10797G	Paracetamol 665mg tablet, modified release, 192	Osteomol 665 Paracetamol	Pharmacor	192	5				
Strait Islander po Note: One inject Note: Pharmace	nt of pernicious anaemia or proven vita erson, or for prophylaxis of anaemias a ion of hydroxocobalamin 1 mg every th utical benefits that have the form hydro in injection 1 mg (as chloride) in 1 mL :	ssociated with vitamin B12 deficier aree months provides appropriate n exocobalamin injection 1 mg (as acc	ncy for a person who has h naintenance therapy in vita etate) in 1 mL and pharma	ad a gastrectomy. amin B12 deficiend	cies.				
2162T	Hydroxocobalamin 1mg/mL injection, 3 x 1mL ampoules	Cobal-B12 Vita-B12	Juno Pharmaceuticals Mercury Pharma	3 3	0				
9048F	Hydroxocobalamin	Hvdroxo-B12	Aspen Pharma	3	0				
	1mg/ml injection 3 v 1ml amnoules	Neo-R12	Pfizer	3	ŏ				

All information in this publication is correct as at 1 July 2019

Neo-B12

1mg/mL injection, 3 x 1mL ampoules

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Information on changes to PBS listings from 1 July 2019 available at: http://www.pbs.gov.au/browse/changes