SECTION 4: MEDICATIONS

GENERAL INFORMATION

We encourage you to be involved in managing your medications.

If you already have a medication list, our team can help you keep it up to date. If you do not have one and would like one, the View Health – chemo@home Clinical Pharmacist will be happy to prepare this for you. The Clinical Pharmacist ensures your medications are managed safely and effectively while you are in our care and can answer any questions you have about your treatment.

Unless your medications are packed into an administration aid (such as a Webster pack or dosette box), please keep them in their original containers so they can be easily identified. In Australia, most medicines are funded by the Australian Government through the Pharmaceutical Benefits Scheme (PBS). However, some medications can be costly. High-cost medicines may be funded in different ways, including private health insurance, pharmaceutical company compassionate programs or self-funding.

Medication charges cover the pharmacist preparing individual doses (such as chemotherapy and immunotherapy), clinically reviewing the prescription or treatment order, and dispensing. These steps are especially important for chemotherapy and immunotherapy medications.

Your chemotherapy, immunotherapy or supportive care medicines will be supplied by a licensed pharmacy. The pharmacy will invoice you separately for any medications provided. Please contact the pharmacy directly if you have any questions about your medication invoice.

We realise that medication costs can sometimes be confusing. The following information may help answer some common questions about medication costs. Our Clinical Pharmacists are also available to help you understand any fees related to your medications.

Prescription medication can be supplied to consumers through five different ways

1. PHARMACEUTICAL BENEFITS SCHEME (PBS)

The Australian Government subsidises medicines that are necessary to maintain the health of the community in a cost-effective manner. This is achieved by carefully assessing the therapeutic benefits and costs of medicines, including comparisons with other treatments where appropriate. If a medicine is found to be cost-effective, then the government negotiates its price with the supplier (i.e. the pharmaceutical company).

Who is eligible for the PBS?

The PBS is available to all Australian residents who hold a current Medicare card. Overseas visitors from countries with which Australia has a Reciprocal Health Care Agreement (RHCA) are also eligible to access the PBS. Australia currently has RHCAs with the United Kingdom, Ireland, New Zealand, Malta, Italy, Sweden, the Netherlands, Finland, Norway, Belgium, and Slovenia.

Who is eligible for a PBS concession?

To be eligiblefor a PBS concessional benefit, you will have one of the following concession cards:

- Pensioner Concession Card;
- Commonwealth Seniors Health Card;
- Health Care Card;
- Repatriation Health Card GOLD — (eligible for concessional benefits) concessional patients under the Repatriation Pharmaceutical Benefits Scheme (RPBS) for all medical conditions;
- Repatriation Health Card WHITE — only regarded as concessional patients for RPBS prescriptions for specific conditions, unless additional separate entitlement from Centrelink, otherwise general patient;
- Repatriation Pharmaceutical Benefits Card ORANGE - concessional patients under RPBS; or
- Safety Net Concession Card or Safety Net Entitlement Card - issued by the Department of Human Services. Please let us know if you have reached your safety net.

Some State / Territory governments issue Seniors Cards. These are not considered concession cards for the purposes of the PBS.

General benefits apply if you do not have any of the above cards.

What is the PBS charge? (current as of Jan 2026)
Under the PBS, the maximum cost for a pharmaceutical benefit item at a pharmacy is $25.00 for general patients and $7.70 for concessional patients, plus any applicable special patient contribution, brand premium or therapeutic group premium.

Patients who have reached the Safety Net threshold ($1,748.20 for general or $277.20 for concessional) receive pharmaceutical benefits at the respective concessional rate or free, plus any applicable special patient contribution, brand premium or therapeutic group premium.

Special patient contributions, brand premiums and therapeutic group premiums
A special patient contribution is payable for a small number of PBS medications (note this does not apply to RPBS benefits). Any extra charge for a higher-priced benefit is paid by the patient, together with their usual patient contribution.

Under the brand premium arrangements, reimbursement to pharmacists is based on the lowest-priced brand. Any extra charge for a higher-priced brand is paid by the patient, together with their usual patient contribution.

Under the therapeutic group premium arrangements, reimbursement to pharmacists is based on the lowest priced benefit items within identified therapeutic groups. Any extra charge for a higher-priced benefit is paid by the patient, together with their usual patient contribution.

Section 100 programs
There are several programs funded under Section 100:

- The Highly Specialised Drugs Program; and
- Efficient Funding of Chemotherapy

The majority of chemotherapy drugs listed on the PBS are included on the S100 “Efficient Funding of Chemotherapy” schedule.

The PBS co-payment for chemotherapy drugs listed in the S100 “Efficient Funding of Chemotherapy” schedule is charged on the first time the chemotherapy drug is dispensed, but not on the repeats. If a new prescription is written (e.g.because of a dose change), then the co-payment will be charged again with the first dispensing.

2. PRIVATE PRESCRIPTIONS (NON-PBS MEDICATIONS)

Medications which are approved by the Australian Government's Therapeutic Goods Administration (TGA), but have not been added to the PBS schedule are available on a private prescription. The cost of dispensing a private prescription is largely based on the cost price of the medication, but includes a markup, preparation, and dispensing fees. For chemotherapy and immunotherapy medications, the preparation fee involves making up the dose using highly specialised facilities and equipment, and there is usually a charge (commonly around $80-100) for each item dispensed.

3. CLINICAL TRIALS

Clinical trials are research investigations in which people volunteer to test new medications. Some investigations look at how people respond to a new medication and what side effects might occur. This helps to determine if a new medication works, if it is safe, and if it is better than the medications that are already available. Medications provided on clinical trials in Australia are generally provided at no cost to people participating in the trial.

4. COMPASSIONATE USE PROGRAMS

Sometimes, a pharmaceutical company will make medications available to certain patients under a compassionate use program. This may be because:

- The medication has not been approved by the TGA for use in Australia yet;
- It is approved by the TGA but has not yet been marketed by the pharmaceutical company; or
- It is being used for a disease or condition which has not been approved by the TGA (off-label use)

These programs are provided by pharmaceutical companies through health services, usually with a patient contribution towards the cost of the medication. This cost can be high.

5. MEDICATIONS NOT MARKETED IN AUSTRALIA

Medications not marketed in Australia can be supplied under the TGA's Special Access Scheme (SAS). The SAS allows for the import and/or supply of unapproved medication for a single patient, on a case-by-case basis.

Patients are grouped into two categories under the scheme:

- Category A is defined as 'persons who are seriously ill with a condition from which death is reasonably likely to occur within a matter of months, or from which premature death is reasonably likely to occur in the absence of early treatment'. Most medications for cancer and other serious illnesses fall into this category; or
- Category B includes all other patients who do not fit the Category A definition.

The cost of medications supplied under the SAS (including importation costs) is generally charged to the patient. The costs can be high.

HEALTH FUNDS AND PHARMACYCHARGES

Every health fund handles pharmacy charges in its own way. To avoid surprises, it's best to confirm the details with your health fund as well as with View Health – chemo@home.

As a guide:

- *Patients not admitted to hospital (or a hospital-substitute service).* Pharmacy charges depend on how the medication is supplied (PBS, Private, Clinical Trial, Compassionate Supply or SAS).
    - For PBS prescriptions, Health Funds cannot pay the co-payment; the patient pays this cost.
    - For Private or Compassionate Supply items, some Health Funds may cover part of the cost.
- *Patients admitted to hospital (or a hospital-substitute service).* Some Health Funds bundle pharmacy charges into admission costs; others do not. If not bundled, pharmacy charges are billed separately.

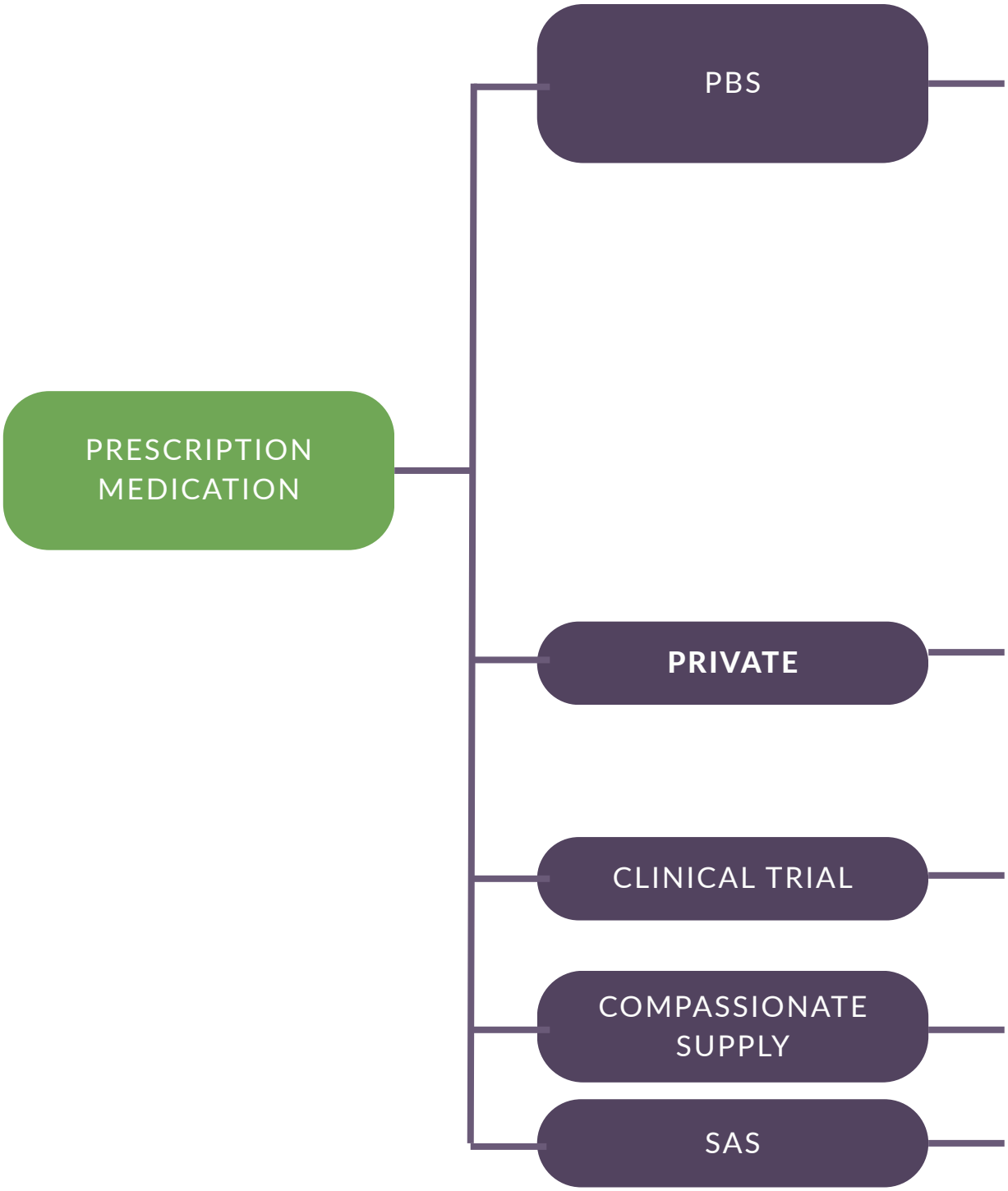
High-cost medicines

Private health funds have different rules for high-cost medicines. They may only pay part of the cost, and they may have limits each year or over your lifetime.

A financial adviser can help you check if you can use personal savings or superannuation to help with treatment costs.

Medication prices can change because they are set by the Australian Government, including PBS and Safety Net amounts.

PRESCRIPTION MEDICATION CHARGES



General $25.00
plus premiums for: special brand; therapeutic group

Efficient Funding of Chemotherapy: PBS co-payment charged on first dispensing, but not on repeats

If the Safety Net threshold is reached ($1748.20), then concession $7.70 plus premiums as above

- Admitted to a hospital or hospital-substitute service

  Health Fund may bundle the co-payment with health service fees; otherwise, separate pharmacy account

- Not admitted to a hospital or hospital-substitute service

  Consumer pays co-payment

Concession $7.70
plus premiums for: special, brand, therapeutic group

Efficient Funding of Chemotherapy: PBS co-payment charged on first dispensing, but not on repeats

If the Safety Net threshold is reached ($277.20), no charge plus premiums as above

- Admitted to a hospital or hospital-substitute service

  Health Fund may bundle the co-payment with health service fees; otherwise, separate pharmacy account

- Not admitted to a hospital or hospital-substitute service

  Consumer pays co-payment

Based on the cost of the medication plus markup, preparation*, dispensing fees

*including chemotherapy and immunotherapy preparation

- Admitted to a hospital or hospital-substitute service

  Health Funds may cover some or all of the costs. Health Funds may limit the amount which can be claimed per admission, per year or per lifetime

- Not admitted to a hospital or hospital-substitute service

  Health Funds may cover some costs under ancillary cover

Usually no cost

- TGA approved medication

  Health Funds may cover some costs

Costs vary; may be high

- Medication not TGA approved

  Health Funds do not generally cover costs

Costs vary; may be high

- Health Funds do not generally cover costs