









Azacitidine (Vidaza®) is an exception. The PBS copayment 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 mark-up, 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 between \$40-60) 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 significant.

## 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 an 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 that 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 significant.

## Health Funds and Pharmacy Charges

There are a number of different ways that Health Funds manage pharmacy charges. Each fund is different, and it is best to confirm with the Health Fund and chemo@home how this affects your pharmacy charges.

As a guide:

- Patients NOT admitted to hospital (or hospital-substitute service)  
Prescriptions dispensed for patients NOT admitted to hospital are charged depending on the way they are supplied (i.e PBS, Private, Clinical Trial, Compassionate Supply or SAS). For PBS prescriptions, health funds cannot pay the co-payment, hence this cost is paid by the consumer. For private and compassionate supply, the health funds may pay some of the cost of the prescription.
- Patients admitted to hospital (or hospital-substitute service)  
Some Health Funds may include pharmacy charges in the admission costs (known as bundled charges), and some Health Funds may not. For those who do not include pharmacy charges in their admission costs, these are generally charged by the pharmacy separately.

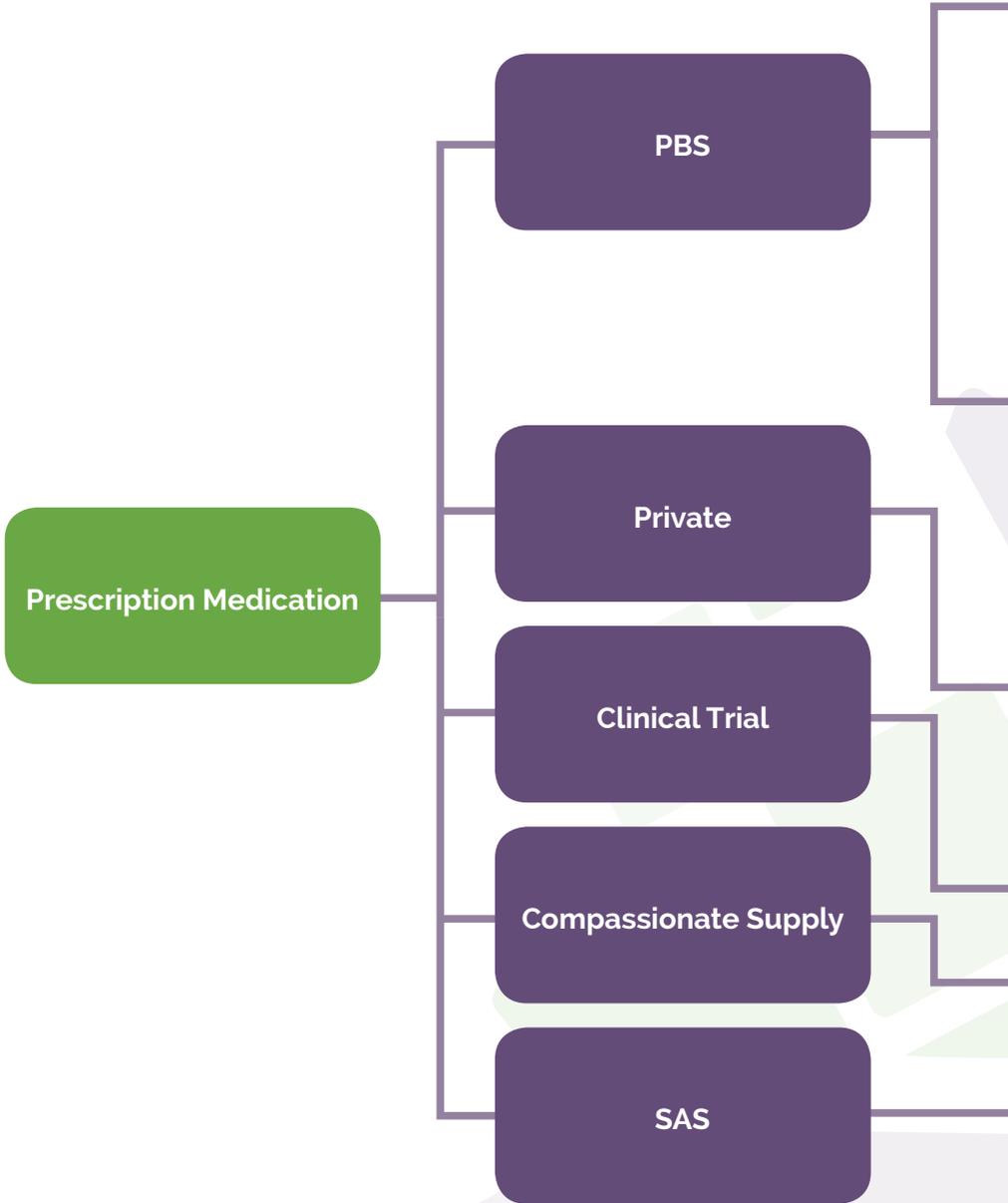
For high cost medications (usually Private, Compassionate Supply or SAS), Health Funds have different rules about how they cover some or all of the costs of these medications. The Health Fund may limit the amount which can be claimed per admission, per year or per lifetime.

Additionally, a financial advisor may be able to provide information on how you can access funds from your assets or superannuation to assist with the costs of your medical treatment.

**Please Note:** All medication costs in this information brochure (PBS general, concessional and Safety Net threshold limits) are subject to change by the Australian Government.



# Prescription Medication Charges



General \$41.00 plus premiums for: special; brand; therapeutic group

Efficient Funding of Chemotherapy: PBS copayment charged on first dispensing, but not on repeats

If Safety Net threshold reached (\$1,550.70)  
Concession \$6.60 plus premiums as above

Admitted to a hospital or hospital-substitute service

*Health Fund may bundle the copayment with health service fees; otherwise separate pharmacy account*

Not admitted to a hospital or hospital-substitute service

*Consumer pays copayment*

Concession \$6.60 plus premiums for: special; brand; therapeutic group

Efficient Funding of Chemotherapy: PBS copayment charged on first dispensing, but not on repeats

If Safety Net threshold reached (\$330)  
No charge plus premiums as above

Admitted to a hospital or hospital-substitute service

*Health Fund may bundle the copayment with health service fees; otherwise separate pharmacy account*

Not admitted to a hospital or hospital-substitute service

*Consumer pays copayment*

Based on the cost of the medication plus mark-up, 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 significant

Medication not TGA approved

*Health Funds do not generally cover costs*

Costs vary; may be significant

*Health Funds do not generally cover costs*

# MISTAKES CAN HAPPEN WITH YOUR MEDICINES

Mistakes can happen with your medicines when you go into and come out of hospital, change wards or see different health professionals in the community. Having the right information about your medicines at all times will help prevent mistakes.

Health professionals need to know about all the medicines you use so they can make the right decisions about your health. Medicines include prescription, over-the-counter, herbal and natural medicines, and come in different forms, such as tablets, lotions, patches and drops.

## You and your carer can help prevent medicine mistakes

Keep track of all your medicines with a *Medicines List*. Your doctor, nurse or pharmacist can help you fill it out. Speak up if you're ever unsure about your medicines.



### LEAVING HOSPITAL

- ▶ Ask which medicines you should continue using at home and for all changes to be explained.
- ▶ Leave with an up-to-date *Medicines List*.
- ▶ Check the active ingredients of all your medicines to avoid doubling up. Ask your health professional if you're unsure.
- ▶ Show your regular doctor and pharmacist your updated *Medicines List* and hospital discharge information so they can update their records.

## HELP PREVENT MEDICINE MISTAKES WITH AN UP-TO-DATE **MEDICINES LIST**

Order, print or download an NPS *Medicines List* from [www.nps.org.au/medicineslist](http://www.nps.org.au/medicineslist) or ask your pharmacist. It is also available in other languages and as an iPhone app.



### AT HOME/SEEING ANY HEALTH PROFESSIONAL

- ▶ Keep your *Medicines List* up to date.
- ▶ Take your *Medicines List* every time you visit your regular health professional or someone new. If you stop or start a medicine, let them know.
- ▶ Ask your doctor or pharmacist for a medicines review if you have any problems with your medicines.



### GOING INTO HOSPITAL

- ▶ Take your *Medicines List* and medicine containers with you and show them to the doctor, nurse or pharmacist.
- ▶ Your medicines should be checked on arrival and when you're moved around the hospital.
- ▶ For your safety, you may be asked questions about your medicines, so answer them honestly.

## BE MEDICINEWISE

Find out how at [www.nps.org.au/medicinewise](http://www.nps.org.au/medicinewise)

## AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

The role of the Australian Commission on Safety and Quality in Health Care is to lead and coordinate improvements in safety and quality in health care across Australia.

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