EXPLANATORY STATEMENT

Veterans' Affairs Pharmaceutical Benefits Schemes Amendment Determination 2020 (Instrument 2020 No. R21/MRCC21)

EMPOWERING PROVISIONS

Subsection 91(3) of the *Veterans' Entitlements Act 1986* (VEA) and subsection 286(3) of the *Military Rehabilitation and Compensation Act 2004* (MRCA).

PURPOSE

The attached instrument (Instrument 2019 No. R44/MRCC44) amends the *Repatriation Pharmaceutical Benefits Scheme* under the VEA (RPBS) and the *MRCA Pharmaceutical Benefits Scheme* under the MRCA (MRCA PBS) (the Schemes).

The Schemes are provided under legislative instruments that set out the circumstances in which the Repatriation Commission and the Military Rehabilitation and Compensation Commission (the Commissions) arrange for pharmaceutical benefits to be provided to veterans, members (including former members) of the Defence Force, or their dependants at a concessional rate.

The Schemes include all of the pharmaceutical benefits available to the general community under the Schedule of Pharmaceutical Benefits (the PBS) as well as the additional items separately listed under the "Repatriation Schedule of Pharmaceutical Benefits" (RSPB) section of the PBS that are available to eligible clients of the Department of Veterans' Affairs (DVA) at a concessional rate.

The PBS (with the exclusion of the RSPB component) is established by a legislative instrument made under section 85 of the *National Health Act 1953* (National Health Act) and provides Australians with timely, reliable and affordable access to necessary and cost-effective medicines.

The pharmaceutical benefits listed as items under the RSPB component of the PBS are those that have been recommended for inclusion by the Repatriation Pharmaceutical Reference Committee.

The National Health Act regulates the listing, prescribing, pricing, charging and payment of subsidies for the supply of drugs and medicinal preparations as pharmaceutical benefits. The Department of Health administers the PBS under the National Health Act.

Seventh Community Pharmacy Agreement

The Schemes requires amendments to replace references to the "Sixth Community Pharmacy Agreement" with references to the "Seventh Community Pharmacy Agreement" (the new Agreement) which is expected to commence from 1 July 2020.

The new Agreement is the latest of the agreements made between the Australian Government and the Pharmacy Guild of Australia in relation to the delivery of medicines under the PBS and related services.

The need for the RPBS to include the updated reference is relevant for the determination under section 21A of the RPBS of the "dispensed price" for those medicines listed on the RSPB available only at a subsidised cost to DVA clients.

Section 21A provides for the dispensed price to be determined as the sum of the following:

(i) the Repatriation Commission and a manufacturer of medicines will agree on the "ex-manufacturer price" for a medicine to be listed on the RSPB being the price at which the manufacturer sells the medicine to a wholesaler;

(ii) the wholesaler's mark–up and the pharmacist's mark-up (now known as the "administration, handling and infrastructure fee") on the medicine is to be worked out as if the medicine is listed on the PBS with the method for working out the wholesaler's mark-up and the administration, handling and infrastructure fee for PBS items being those set out in the current Community Pharmacy Agreement;

(iii) the pharmacist's dispensing fee for ready-prepared or extemporaneously-prepared items and any "dangerous drug fee" for ready-prepared items is also to be worked out as if the medicine is listed on the PBS with that method being also set out in the current Community Pharmacy Agreement.

Active Ingredient Processing

The Schemes were previously amended by the *Veterans' Affairs Pharmaceutical Benefits Schemes (Electronic Prescriptions and Active Ingredient Prescribing) Amendment Instrument 2019* (Instrument 2019 No. R44/MRCC44) to include the amendments to provide for the inclusion of active ingredients on RPBS and MRCA PBS prescriptions (including medications chart prescriptions).

Similar amendments for PBS prescriptions were made by the *National Health (Pharmaceutical Benefits) Amendment (Active Ingredient Prescribing) Regulations 2019* which amended the *National Health (Pharmaceutical Benefits) Regulations 2017*.

In announcing the measure the Government stated that Active Ingredient Prescribing would:

- provide patients and prescribers with a better understanding of the active ingredients in their medicines;
- reduce concerns about patients taking multiple doses of medicines due to confusion;
- promote the provision of generic alternatives and thereby reduce the out-of-pocket expenses for patients; and
- improve the financial sustainability of the PBS.

The amendments made by the *Veterans' Affairs Pharmaceutical Benefits Schemes (Electronic Prescriptions and Active Ingredient Prescribing) Amendment Instrument 2019* also ensured the continued inclusion of a brand on a prescription if it was deemed clinically necessary by the prescriber.

The amendments were carefully targeted and were not intended to interfere with patients' choice of medicines, or the prescribers' ability to prescribe the medicine that best meets their patient's clinical need.

The amendments took effect from 31 October 2019 with a 12 month transition period to ensure prescribers had sufficient time to update prescribing software to meet the new active ingredient prescribing requirements.

The amendments have been proposed following representations from the Medical Software Industry Association to the Department of Health that while the larger software vendors would be able to meet the transition deadline of 31 October 2020, some smaller vendors would not be able to do so because of the need to reallocate resources to implement the COVID-19 response measures in support of telehealth and electronic prescribing.

On 14 June 2020, the Minister for Health, Mr Greg Hunt, gave policy approval for the transitional period to be extended for a further three months.

The proposed amendments to the Schemes will extend the transition period for a further three months until 31 January 2021 and are in line with the proposed amendments to the *National Health (Pharmaceutical Benefits) Regulations 2017* being made by the Department of Health.

Other Amendments

The proposed amendments also include changes to Schedule 2 of the RPBS. Schedule 2 was inserted into the RPBS in the amendments made in response to the bushfire emergency by the *Veterans' Affairs Pharmaceutical Benefits Schemes Amendment (Continued Dispensing—Emergency Measures) Determination 2020* (the Continued Dispensing Determination).

The amendments to Schedule 2 include some additions, omissions and changes to the descriptions of the pharmaceutical benefits which may be prescribed under the emergency arrangements which have been extended as a response to the COVID-19 pandemic. The proposed changes will align the Schedule 2 listings with those of the RSPB which have been amended since the commencement of the emergency.

The remaining amendments will correct some minor errors and repeal some redundant references including the references in the MRCA PBS to the "Sixth Community Pharmacy Agreement".

The instrument is a legislative instrument for the purposes of the *Legislation Act 2003*. The instrument commences on 1 July 2020.

CONSULTATION

Seventh Community Pharmacy Agreement

DVA has been in contact with the Department of Health who have the responsibility for making the agreement with the relevant stakeholders. The information set out below is provided by the Department of Health at https://www1.health.gov.au/internet/main/publishing.nsf/Content/7cpa-communique-14November2019:

> The current five year, Sixth Community Pharmacy Agreement, between the Commonwealth of Australia and the Pharmacy Guild of Australia (the Guild) is due to expire on 30 June 2020.
>
> In line with the Government's commitment to lead early and inclusive consultations to inform the 7CPA, the Department has met with a range of organisations since mid 2019. Negotiations have also continued with the Guild and the Pharmaceutical Society of Australia. Stakeholder advice has focussed on how the 7CPA can achieve ongoing improvements to support affordability and

increased access to Pharmaceutical Benefits Scheme (PBS) medicines, underpinned by effective pharmacy services that achieve the best health outcomes for all Australians.

Thirty representatives attended from more than 20 national pharmacy and health and consumer organisations. Participants received a broad update on the progress of 36 consultation and negotiation meetings to date, and key priorities for Government, while maintaining the confidentiality of information shared by organisations during negotiations and consultations.

Key themes from the meeting

The Department shared the key themes emerging from stakeholder meetings over recent months, such as timely access to, and appropriate use of, medicines, services for older Australians and Aboriginal and Torres Strait Islander people, 7CPA governance, co-ordinated primary care, and rural and remote pharmacy services. In addition, the Department outlined some of the broader policy changes that will support consumers and the pharmacy sector, such as the Commonwealth:

- finalising the framework to enable the prescribing, dispensing and claiming of PBS medicines in a seamless electronic manner.
- improving medicine safety and reducing medicine related harm by advancing quality use of medicines as a new National Health Priority Area.
- lowering the PBS Safety Net threshold for concessional and non concessional patients, from 1 January 2020.

Participants shared their views on the issues of most importance to their organisation, building upon the views expressed at the 23 July 2019 roundtable. Key areas of discussion are outlined, below.

Pharmacy services for older Australians:

- enabling medication reviews to be conducted more frequently, including when the person has experienced a significant change in their health condition, or if they are changing health care setting; and to support follow up reviews.

Pharmacy services for Aboriginal and Torres Strait Islander people:

- reviewing and designing programs in close consultation with stakeholders.
- opportunities to increase investment to support the appropriate use of medicines, and ensure that Aboriginal and Torres Strait Islander people have access to culturally appropriate pharmacy services.
- increasing access to affordable medication adherence support was raised.

Transparency and consultation:

- increased consultation, including through establishing expert reference group/s, to provide recommendations and advice to the Department about pharmacy policies and programs.
- Increasing monitoring and transparency, including through access to information about pharmacy policies, evaluation, the effectiveness of programs and funding.
- enabling the CPA to be reviewed part-way through, to enable adjustments to be made in response to changing needs and innovations in care and medicines access.
- increasing transparency for consumers, including advising consumers of the cost of a medicine before it is dispensed, to enable consumers to make an informed choice about the dispensing location.

Next steps

The Department will continue to meet with organisations, to clarify information or seek further views. Negotiations with the 7CPA signatories are ongoing and will continue as a matter of priority.

Organisations that participated in the roundtable

Aged and Community Services Australia
Australian Association of Consultant Pharmacy
Australian College of Rural and Remote Medicine
The Australian Friendly Societies Pharmacies Association Inc
Australian Medical Association
Australian Private Hospitals Association

Catholic Health Australia
Chemist Warehouse Group
Chemotherapy Compounding Group
Consumers Health Forum of Australia
COTA Australia (Council on the Ageing)
Generic and Biosimilar Medicines Association
Leading Age Services Australia
The Medical Software Industry Association
Medicines Australia
National Aboriginal Community Controlled Health Organisation
National Pharmaceutical Services Association
The Pharmaceutical Society of Australia
Pharmacy Board of Australia
The Pharmacy Guild of Australia
Primary Health Networks
Professional Pharmacists Australia
Royal Australian College of General Practitioners
The Society of Hospital Pharmacists of Australia

No external consultations have taken place with the ex-service representative bodies as the amendments to the Schemes are both necessary and consequential to the arrangement entered into between the Department of Health and the providers.

Active Ingredient Processing

DVA has been in contact with the Department of Health in relation to this matter as they have the responsibility for negotiating with the relevant stakeholders.

No external consultations have taken place with the ex-service representative bodies as the amendments to the Schemes are both necessary and consequential to the arrangement entered into between the Department of Health and the Medical Software Industry Association.

Other amendments

An internal consultation was undertaken for the amendments concerning the listing of the pharmaceutical benefits in Schedule 2 of the RPBS which may be prescribed without a prescription under the emergency arrangements and for the other amendments to the Schemes to correct errors and remove redundant references. As these changes have little impact on the provision of benefits they were not referred to the ex-service representative bodies for consultation.

RETROSPECTIVITY

1 July 2020. The commencement date is retrospective to ensure that it will commence on the same date that the Seventh Community Pharmacy Agreement commences.

The requirement for retrospectivity is a beneficial measure as it is to ensure that the "dispensed price" of medicines listed on the RSPB for eligible persons under the Schemes will be calculated in the same manner as it is for medicines listed on the PBS for the general public.

DOCUMENTS INCORPORATED BY REFERENCE

The proposed amendments to section 21A will replace references to a document, the "Sixth Community Pharmacy Agreement" which is incorporated by reference with

references to a document, the "Seventh Community Pharmacy Agreement" which is also incorporated by reference under the exception to subsection 14(2) of the *Legislation Act 2003* provided by subsection 91(5B) of the VEA.

Consequential amendments are also made to the list of incorporated documents in Schedule 1 of the RPBS.

HUMAN RIGHTS STATEMENT

Prepared in accordance with Part 3 of the *Human Rights (Parliamentary Scrutiny) Act 2011*

The *Veterans' Affairs Pharmaceutical Benefits Schemes (Seventh Community Pharmacy Agreement) Amendment Determination 2020* is compatible with the human rights and freedoms recognised or declared in the international instruments listed in section 3 of the *Human Rights (Parliamentary Scrutiny) Act 201*1.

Overview of the Legislative Instrument

The Repatriation Pharmaceutical Benefits Scheme (RPBS) and the MRCA Pharmaceutical Benefits Scheme (MRCA PBS) (the Schemes) provide veterans and other eligible persons with access to all the pharmaceutical items available to the general community under the Pharmaceutical Benefits Scheme (PBS), and also an additional list contained in the Repatriation Schedule of Pharmaceutical Benefits (RSPB) which is available only to veterans and other eligible persons.

The PBS (which includes the RSPB as a separate component) is made under section 85 of the *National Health Act 1953*.

The primary purposes of the instrument are to amend the RPBS to update the references to the current Community Pharmacy Agreement, to extend the transitional period for the implementation of Active Ingredient Prescribing and to update the references in Schedule 2 of the RPBS to the pharmaceutical benefits which may be prescribed without a prescription under the emergency arrangements which were put in place for the bushfires and extended for the COVID-19 pandemic.

Human rights implications

Broadly, the Schemes provide subsidised access to medicines for veterans and their eligible dependents. It engages Articles 2 and 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), as it is a positive step towards attaining the highest standard of health for veterans and their families, and it assists in the progressive realisation by all appropriate means of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. The Schemes are compatible with Articles 2 and 12 of the ICESCR.

The amendments made by the instrument will ensure the continued provision of subsidised pharmaceutical benefits to eligible persons under the Schemes.

Conclusion

The instrument is compatible with human rights as they do not raise any human rights issues or impinge on any applicable rights or freedoms.

FURTHER EXPLANATION OF PROVISIONS
See: Attachment A

Darren Chester
Minister for Veterans' Affairs
Rule-Maker

Attachment A

FURTHER EXPLANATION OF PROVISIONS

Section 1 – Name

This section provides that the title of the instrument is the *Veterans' Affairs Pharmaceutical Benefits Schemes (Seventh Community Pharmacy Agreement) Amendment Determination 2020.*

Section 2 – Commencement

This section provides that the instrument commences on 1 July 2020.

Section 3 – Authority

This section provides that the instrument is made under the *Veterans' Entitlements Act 1986* and the *Military Rehabilitation and Compensation Act 2004*.

Section 4 – Schedule(s)

This section provides that each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.

Schedule 1 - *MRCA Pharmaceutical Benefits Scheme* (Instrument 2013 No. MRCC 34)

Items [1] to [9] - Section 3

Item 1 amends the definition of 'accepted disability' to replace the reference to "SRCA disability" with a reference to "DRCA disability" (inserted by Item 3 of this Schedule.

Items 3 and 9 omit the reference to 'SRCA disability' and insert a new definition for a "DRCA disability'.

A "DRCA disability' is defined as being an injury as defined in section 5A of the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* for which the Military Rehabilitation and Compensation Commission has accepted liability to pay compensation under that Act and for which the person is eligible for treatment to be provided under Part 3 of Chapter 6 of the MRCA.

The amendments are consequential amendment that reflect the transfer of compensation and rehabilitation coverage for ADF members from the *Safety, Rehabilitation and Compensation Act 1988* (SRCA) to the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA) upon its enactment on 12 October 2017.

Item 2 repeals the definition of 'Diagnostic Agents'. The term does not appear in any other provision of the MRCA PBS.

Item 4 repeals the definition of 'hospital treatment'. The term does not appear in any other provision of the MRCA PBS.

Item 5 inserts a definition for the term 'relevant streamlined authority code'. The term as used in paragraph 11B(4)(b) was included in that new paragraph inserted by the *Veterans' Affairs Pharmaceutical Benefits Schemes (Electronic Prescriptions and Active Ingredient Prescribing) Amendment Instrument 2019* (Electronic Prescriptions Instrument).

A 'relevant streamlined authority code' is the authority code issued either in the circumstances determined under paragraph 85(7)(b) or the conditions determined under subsection 85A(2A) of the National Health Act for the pharmaceutical benefit.

The *National Health (Listing of Pharmaceutical Benefits) Instrument 2012* was made under a number of provisions of the National Health Act including paragraph 85(7)(b) and subsection 85A(2A). The instrument provides for the listing of pharmaceutical benefits on the PBS and determines the forms used, administration of the PBS and for related matters including responsible persons, prescribing circumstances, maximum quantities and numbers of repeats, and whether the pharmaceutical benefit is to be available generally or available only under special arrangements.

Item 6 omits and substitutes a clearer definition for the term 'Repatriation Schedule of Pharmaceutical Benefits'.

The 'Repatriation Schedule of Pharmaceutical Benefits' is defined as all of the content in the Pharmaceutical Benefits Scheme under the heading of the "Repatriation Pharmaceutical Benefits Scheme' which lists the pharmaceutical benefits which are only available to persons who have eligibility under the Schemes.

Item 7 omits and substitutes the definition of 'service injury' and 'service disease' to replace the references to the SRCA with references to the "DRCA".

Item 8 omits the definition of 'Sixth Community Pharmacy Agreement'. The reference is not required as that Agreement was not referenced in the MRCA PBS.

Items [10], [11] and [12] – Section 11B

Section 11B provides for the requirements for written prescriptions which are completed using medication charts at a residential care service or n approved hospital.

Item 10 omits and substitutes paragraph 11B(4)(a) to replace the paragraph inserted in error in the amendments made by the Electronic Prescriptions Instrument. The incorrect paragraph included the procedures used under the *National Health (Pharmaceutical Benefits) Regulations 2017* for an 'authority prescription'.

The replacement paragraph correctly refers to the need in the circumstances where it was required to obtain an "authority approval number". Such a number will be provided when "prior approval" for the prescription is obtained as set out in section 6 of the MRCA PBS.

Item 11 is a technical amendment to italicize the reference to "relevant streamlined authority code" in paragraph 11B(4)(b) as an indication that the term is defined in section 3 of the MRCA PBS (Item 5 refers).

Item 12 omits subsection 11B(5). The content of subsection 11B(5) was duplicated in new subsection 11B(4A) which was inserted by the Electronic Prescriptions Instrument and is redundant.

Item [13] – Subsection 47(1)

The reference to '1 November 2020" is omitted and replaced in the transitional provision that allows for prescriptions to be written which do not meet the requirements of sections 11A and 11B as amended by the Electronic Prescriptions Instrument. The transitional period is extended until "1 February 2021".

Item [14] - Schedule 1: Listing of Incorporated documents

The reference to the 'Sixth Community Pharmacy Agreement' is omitted from the list of incorporated documents for the purposes of the MRCA PBS. The reference is not required as the Agreement was not referenced by the MRCA PBS.

Repatriation Pharmaceutical Benefits Scheme (Instrument 2013 No. R34)

Items [15] to [23] - Section 3

Item 15 amends the definition of 'accepted disability' to replace the reference to "SRCA disability" with a reference to "DRCA disability" (inserted by Item 17 of this Schedule.

Items 17 and 22 omit the reference to 'SRCA disability' and insert a new definition for a "DRCA disability'.

A "DRCA disability' is defined as being an injury as defined in section 5A of the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* for which the Military Rehabilitation and Compensation Commission has accepted liability to pay compensation under that Act and for which the person is eligible for treatment to be provided under Part V of the VEA.

The amendments are consequential amendment that reflect the transfer of compensation and rehabilitation coverage for ADF members from the *Safety, Rehabilitation and Compensation Act 1988* (SRCA) to the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA) upon its enactment on 12 October 2017.

Item 16 repeals the definition of 'Diagnostic Agents'. The term does not appear in any other provision of the RPBS.

Item 18 repeals the definition of 'hospital treatment'. The term does not appear in any other provision of the RPBS.

Item 19 inserts a definition for the term 'relevant streamlined authority code'. The term as used in paragraph 11B(4)(b) was included in that new paragraph inserted by the *Veterans' Affairs Pharmaceutical Benefits Schemes (Electronic Prescriptions and Active Ingredient Prescribing) Amendment Instrument 2019* (Electronic Prescriptions Instrument).

A 'relevant streamlined authority code' is the authority code issued either in the circumstances determined under paragraph 85(7)(b) or the conditions determined under subsection 85A(2A) of the National Health Act for the pharmaceutical benefit.

The *National Health (Listing of Pharmaceutical Benefits) Instrument 2012* was made under a number of provisions of the National Health Act including paragraph 85(7)(b) and subsection 85A(2A). The instrument provides for the listing of pharmaceutical benefits on the PBS and determines the forms used, administration of the PBS and for related matters including responsible persons, prescribing circumstances, maximum quantities and numbers of repeats, and whether the pharmaceutical benefit is to be available generally or available only under special arrangements.

Item 20 omits and substitutes a clearer definition for the term 'Repatriation Schedule of Pharmaceutical Benefits'.

The 'Repatriation Schedule of Pharmaceutical Benefits' is defined as all of the content in the Pharmaceutical Benefits Scheme under the heading of the "Repatriation Pharmaceutical Benefits Scheme' which lists the pharmaceutical benefits which are only available to persons who have eligibility under the Schemes.

Item 21 omits the definition of 'Sixth Community Pharmacy Agreement' and substitutes a definition for the 'Seventh Community Pharmacy Agreement'.

The 'Seventh Community Pharmacy Agreement' is defined to mean the written agreement between the Australian Government and the Pharmacy Guild of Australia. The agreement is the latest of the agreements made between the Australian Government and the Pharmacy Guild of Australia in relation to the delivery of medicines under the PBS and related services.

Item 23 omits the definition of 'war-caused or defence-caused injuries or diseases' and substitutes a new definition for the term to include updated references to a 'DRCA disability' and to the DRCA that replace the references to 'SRCA disability' and the SRCA.

Items [24], [25] and [26] - Section 11B

Section 11B provides for the requirements for written prescriptions which are completed using medication charts at a residential care service or an approved hospital.

Item 24 omits and substitutes paragraph 11B(4)(a) to replace the paragraph inserted in error in the amendments made by the Electronic Prescriptions Instrument. The incorrect paragraph included the procedures used under the *National Health (Pharmaceutical Benefits) Regulations 2017* for an 'authority prescription'.

The replacement paragraph correctly refers to the need in the circumstances where it was required to obtain an "authority approval number". Such a number will be provided when "prior approval" for the prescription is obtained as set out in section 6 of the RPBS.

Item 25 is a technical amendment to italicize the reference to "relevant streamlined authority code" in paragraph 11B(4)(b) as an indication that the term is defined in section 3 of the RPBS (Item 18 refers).

Item 26 omits subsection 11B(5). The content of subsection 11B(5) was duplicated in new subsection 11B(4A) which was inserted by the Electronic Prescriptions Instrument and is redundant.

Items [27], [28] and [29] – Section 21A

Item 27 omits Note (2) to subsection 21A(1). The Note referring to the "Repatriation Pharmaceutical Reference Committee is no longer relevant for the purposes of the RPBS.

Item 28 omits the reference in paragraph 21A(2)(b) to the 'Sixth Community Pharmacy Agreement' and substitutes a reference to the 'Seventh Community Pharmacy Agreement'.

Item 29 omits the reference in the Note to subsection 21A(2) to the 'Sixth Community Pharmacy Agreement' and substitutes a reference to the 'Seventh Community Pharmacy Agreement'.

Item [30] – Subsection 47(1)

The reference to '1 November 2020" is omitted and replaced in the transitional provision that allows for prescriptions to be written which do not meet the requirements of sections 11A and 11B as amended by the Electronic Prescriptions Instrument. The transitional period is extended until "1 February 2021".

Item [31] - Schedule 1: Listing of Incorporated documents

The listing in Schedule 1 to the 'Sixth Community Pharmacy Agreement' is omitted and substituted by a reference to the 'Seventh Community Pharmacy Agreement'. The listing for the link to the former Agreement is replaced with a list of the link to the current Agreement.

Items [32] to [38] – Schedule 2 – Pharmaceutical benefits not covered by PBS—continued dispensing

The amendments to Schedule 2 are consequential amendments to align the items listed in the Schedule with the equivalent items as listed in the RSPB component of the PBS. The RSPB listings have been revised since the emergency arrangements were first put in place on 13 January 2020.

The amendments made by Items 32 to 38 concern the omission (strikethrough) and addition (new listing) of new items in Schedule 2. The amendments to the 'form' (Column 3) of a listing are indicated by the omission (strikethrough) and additional content of an existing listing:

Pharmaceutical benefits not covered by the PBS—continued dispensing		
Column 1 **RPBS item code**	**Column 2** **Name**	**Column 3** **Form**
~~04001N~~	~~nystatin~~	~~nystatin 100 000 units/g cream, 15 g~~ Delete
~~04386W~~	~~salicylic acid + lactic acid~~	~~salicylic acid 16.7% + lactic acid 16.7% solution, 15 mL~~
04419N	psyllium husk powder	~~psyllium hydrophilic mucilloid oral powder (orange-flavoured, sugar-free) 283 g, 1~~ psyllium husk powder 3.4 g/5.9 g powder for oral liquid, 283 g
04422R	psyllium husk powder	~~psyllium hydrophilic mucilloid oral powder (non-flavoured) 336 g, 1~~ psyllium husk powder 3.4 g/7 g powder for oral liquid, 336 g
10574M	sodium chloride + potassium chloride + glucose monohydrate + citric acid	~~sodium chloride 470 mg + potassium chloride 300 mg + glucose monohydrate 3.56 g + sodium acid citrate 530 mg powder for oral liquid, 10 x 4.9 g sachets~~ sodium chloride 470 mg + potassium chloride 300 mg (potassium 4 mmol) + glucose monohydrate 3.56 g + sodium acid citrate 530 mg powder for oral liquid, 10 x 4.9 g sachets
~~11707E~~	~~methyl salicylate + menthol + camphor + eucalyptus oil + pine oil pumilio + turpentine oil + peppermint oil + cajuput oil + capsicum annuum~~	~~methyl salicylate 20% + menthol 5% + camphor 3.5% + eucalyptus oil 3% + pine oil pumilio 1% + turpentine oil 1% + peppermint oil 0.5% + cajuput oil 0.5% + capsicum annuum 0.15% cream, 100 g~~
11707E	methyl salicylate + menthol + camphor + eucalyptus oil + pine oil pumilio + turpentine oil + peppermint oil + cajuput	methyl salicylate 20% + menthol 5% + camphor 3.5% + eucalyptus oil 3% + pine oil pumilio 1% + turpentine oil 1% + peppermint oil 0.5% + cajuput oil 0.5% + capsicum extract 0.15%

Pharmaceutical benefits not covered by the PBS—continued dispensing		
Column 1	**Column 2**	**Column 3**
RPBS item code	**Name**	**Form**
	oil + capsicum extract	cream, 100 g
11959K	salicylic acid + lactic acid	salicylic acid 16.7% + lactic acid 15% solution, 15 mL
12077P	silodosin	silodosin 8 mg capsule, 30
12079R	silodosin	silodosin 4 mg capsule, 30