

PBS/RPBS Authority Form No: 00553511

Sriramareddy, Suresh
Next Step, 312 Spencer Rd., THORNIE, WA 6108
Ph: 92672400 Fax: 94528681
2293011

Tester, Jill
12 Waltham Road, 399 6399,
CANNINGTON, WA, 6107

5/07/2025



DOB: 06/10/1937

Methadone hydrochloride 5 mg/mL 1 mL Syrup

5mg test only
Qty: 1 mL [1] --- 2 x Repeat/s
(ASPEN METHADONE)
Route: Oral
qweqasdsADADSadskj;hkasnd
hjasbfjasbdfnbknnksfkdnlkjsdaf
sjladfhlsadbfbkjlbnksdnfknasdfkn
hbsaldfblkbjklbnksdnfknksfknadnkn
askjdbflasnfdkfnksdnfknksfknadnkn
kjasbdfaskj;dfn;knkl;lsfd
Pharmacy: Advantage Pharmacy Bedford,BEDFORD
-----1 item-----

Sriramareddy, Suresh

Authority Approval No: 16083

Authorised by Delegate:

- Medicare Australia / DVA Copy -

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Next Step, 312 Spencer Rd., THORNIE, WA 6108

Ph: 92672400 Fax: 94528681 5/07/2025
Prescriber No : 2293011 Approval No : 16083
Patient : Tester, Jill
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sjladfhlsadbfbkjlbnksdnfknasdfkn
hbsaldfblkbjklbnksdnfknksfknadnkn
askjdbflasnfdkfnksdnfknksfknadnkn
kjasbdfaskj;dfn;knkl;lsfd
Pharmacy: Advantage Pharmacy Bedford,BEDFORD
-----1 item-----

Previous Authority ? Y/N
Indication for use of Item:
Chronic severe disabling pain
Treatment Phase: Initial treatment, for

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hbsaldfblkbjklbnksdnfknksfknadnkn
askjdbflasnfdkfnksdnfknksfknadnkn
kjasbdfaskj;dfn;knkl;lsfd
Pharmacy: Advantage Pharmacy Bedford,BEDFORD
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hbsaldfblkbjklbnksdnfknksfknadnkn
askjdbflasnfdkfnksdnfknksfknadnkn
kjasbdfaskj;dfn;knkl;lsfd
Pharmacy: Advantage Pharmacy Bedford,BEDFORD
-----1 item-----

Previous Authority ? Y/N
Indication for use of Item:
Chronic severe disabling pain
Treatment Phase: Initial treatment, for

up to 3 months
 Clinical criteria:
 Patient must be receiving palliative care,
 AND
 The condition must be unresponsive to non-opioid analgesics.

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 Patient must be receiving palliative care,
 AND
 The condition must be unresponsive to non-opioid analgesics.