Australian Government

Department of Health and Ageing

# SCHEDULE OF PHARMACEUTICAL BENEFITS FOR APPROVED PHARMACISTS AND MEDICAL PRACTITIONERS

This Schedule contains some minor stylistic, formatting and display changes necessary to accommodate other media outputs

www.pbs.gov.au

## EFFECTIVE 1 OCTOBER 2007 - 31 OCTOBER 2007

## (ALL PREVIOUS EDITIONS CANCELLED)

ISSN 1037-3667



This Schedule provides information on the arrangements for the prescribing of pharmaceutical benefits by medical practitioners and participating dental practitioners, and the supply of pharmaceutical benefits by approved pharmacists, approved medical practitioners and approved hospital authorities. These arrangements operate under the *National Health Act 1953*. However, at the time of printing, the relevant legislation giving authority for the changes included in this issue of the Schedule may still be subject to the usual Parliamentary scrutiny. This book is not a legal document, and, in cases of discrepancy, the legislation will be the source document for payment for the supply of pharmaceutical benefits. The legislation is available from the Federal Register of Legislative Instruments website at http://www.frli.gov.au.

# Contents

# PHARMACEUTICAL BENEFITS

These changes to the Schedule of Pharmaceutical Benefits are effective from 1 October 2007. The Schedule is updated on the first day of each month and is available on the Internet at www.pbs.gov.au.

**Fees, Patient Contributions and Safety Net Thresholds**

The following fees, patient contributions and safety net thresholds apply as at 1 October 2007 and are included, where applicable, in prices published in the Schedule—

| | | |
|---|---|---|
| Dispensing Fees: | Ready-prepared | $5.44 |
| | Dangerous drug fee | $2.71 |
| | Extemporaneously-prepared | $7.48 |
| Additional Fees (for safety net prices): | Ready-prepared | $1.01 |
| | Extemporaneously-prepared | $1.40 |
| Patient Co-payments: | General | $30.70 |
| | Concessional | $4.90 |
| Safety Net Thresholds: | General | $1059.00 |
| | Concessional | $274.40 |
| Safety Net Card Issue Fee: | | $7.72 |

# SUMMARY OF CHANGES

## ADDITIONS

*Additions - Items*

2136K **Irbesartan with hydrochlorothiazide**, Tablet 300 mg-25 mg (*Avapro HCT 300/25, Karvezide 300/25*)

2310N **Oxaliplatin**, Solution concentrate for I.V. infusion 200 mg in 40 mL (*Eloxatin*)

The entries for Doxycycline and Omeprazole have been amended to reflect the different salts of the active ingredient in various products. This has resulted in the following new item codes and the addition of notes relating to bioequivalence.

9106G **Doxycycline**, Tablet 50 mg (as monohydrate) ( *Chem mart Doxycycline, Doxyhexal, Frakas, GenRx Doxycycline, Terry White Chemists Doxycycline*)

9108J **Doxycycline**, Tablet 100 mg (as monohydrate) ( *Chem mart Doxycycline, Doxyhexal, Terry White Chemists Doxycycline, GenRx Doxycycline*)

9105F **Doxycycline**, Tablet 100 mg (as monohydrate) ( *Chem mart Doxycycline, Doxyhexal, GenRx Doxycycline, Terry White Chemists Doxycycline*) **(Diff. Max. Qty and Rpts)**

9107H **Doxycycline**, Tablet 100 mg (as monohydrate) ( *Chem mart Doxycycline, Doxyhexal, GenRx Doxycycline, Terry White Chemists Doxycycline*) **(Diff. Max. Qty and Rpts)**

5082L **Doxycycline**, Tablet 100 mg (as monohydrate) ( *Chem mart Doxycycline, Doxyhexal, GenRx Doxycycline, Terry White Chemists Doxycycline*) **(Dental)**

9109K **Omeprazole**, Tablet 20 mg (as magnesium) ( *Acimax Tablets, Omepral, Losec Tablets*)

9110L **Omeprazole**, Tablet 20 mg (as magnesium) ( *Acimax Tablets, Omepral, Losec Tablets*) **(Diff. Max. Rpts)**

*Additions - Brands*

8594H *Amisulpride Sandoz, AV* — **Amisulpride**, Tablet 100 mg

8595J *Amisulpride Sandoz, AV* — **Amisulpride**, Tablet 200 mg

8596K *Amisulpride Sandoz, AV* — **Amisulpride**, Tablet 400 mg

1472L *Fluconazole Winthrop, BG* — **Fluconazole**, Capsule 100 mg

1475P *Fluconazole Winthrop, BG* — **Fluconazole**, Capsule 200 mg
1921D *Apidra SoloStar, SW* — **Insulin glulisine**, Injections (human analogue) 100 units per mL, 3 mL, 5
8470T *Tryzan 10, AF* — **Ramipril**, Capsule 10 mg

## DELETIONS

*Deletions - Items*

8557J **Glucose indicator—blood**, Electrode strips, 50 (*GlucoMen Sensor*)
1425B **Insulin neutral—insulin isophane (n.p.h.), (mixed) (biphasic isophane)**, Injection (human) 100 units (50 units-50 units) per mL, 10 mL (*Mixtard 50/50*)
8006J **Insulin neutral—insulin isophane (n.p.h.), (mixed) (biphasic isophane)**, Injections (human) 100 units (20 units-80 units) per mL, 3 mL, 5 (*Mixtard 20/80 Penfill 3 mL*)
2261B **Lumiracoxib**, Tablet 100 mg (*Prexige*)

*Deletions - Brands*

The entries for Doxycycline and Omeprazole have been amended to reflect the different salts of the active ingredient in various products. This has resulted in new item codes and the addition of notes relating to bioequivalence.

2709N *Chem mart Doxycycline, CH; Doxyhexal, SZ; GenRx Doxycycline, GX; Terry White Chemists Doxycycline, TW* — **Doxycycline**, Tablet 100 mg (as hydrochloride) ( **Note:** These brands are now listed under item 9105F **Doxycycline**, Tablet 100 mg (as monohydrate).)

2711Q *Chem mart Doxycycline, CH; Doxyhexal, SZ; Frakas, AW; GenRx Doxycycline, GX; Terry White Chemists Doxycycline, TW* — **Doxycycline**, Tablet 50 mg (as hydrochloride) ( **Note:** These brands are now listed under item 9106G **Doxycycline**, Tablet 50 mg (as monohydrate).)

2702F *Chem mart Doxycycline, CH; Doxyhexal, SZ; GenRx Doxycycline, GX; Terry White Chemists Doxycycline, TW* — **Doxycycline**, Tablet 100 mg (as hydrochloride) **(Diff. Max. Qty and Rpts)** ( **Note:** These brands are now listed under item 9107H **Doxycycline**, Tablet 100 mg (as monohydrate).)

2714W *Chem mart Doxycycline, CH; Doxyhexal, SZ; GenRx Doxycycline, GX; Terry White Chemists Doxycycline, TW* — **Doxycycline**, Tablet 100 mg (as hydrochloride) **(Diff. Max. Qty)** ( **Note:** These brands are now listed under item 9108J **Doxycycline**, Tablet 100 mg (as monohydrate).)

3321T *Chem mart Doxycycline, CH; Doxyhexal, SZ; GenRx Doxycycline, GX; Terry White Chemists Doxycycline, TW* — **Doxycycline**, Tablet 100 mg (as hydrochloride) **(Dental)** ( **Note:** These brands are now listed under item 5082L **Doxycycline**, Tablet 100 mg (as monohydrate).)

1921D *Apidra, AV* — **Insulin glulisine**, Injections (human analogue) 100 units per mL, 3 mL, 5

1426C *Mixtard 30/70, NO* — **Insulin neutral—insulin isophane (n.p.h.), (mixed) (biphasic isophane)**, Injection (human) 100 units (30 units-70 units) per mL, 10 mL

8331L *Acimax Tablets, AL; Omepral, PM; Losec Tablets, AP* — **Omeprazole**, Tablet 20 mg ( **Note:** These brands are now listed under item 9109K **Omeprazole**, Tablet 20 mg (as magnesium).)

8333N *Acimax Tablets, AL; Omepral, PM; Losec Tablets, AP* — **Omeprazole**, Tablet 20 mg **(Diff. Max. Rpts)** ( **Note:** These brands are now listed under item 9110L **Omeprazole**, Tablet 20 mg (as magnesium).)

2013Y *Lipex 5, FR* — **Simvastatin**, Tablet 5 mg

## ALTERATIONS

*Alterations - Items*

The entries for Doxycycline, Omeprazole, Potassium Chloride and Prochlorperazine have been amended to reflect the different salts of the active ingredient in various products.

*From:*
2711Q **Doxycycline**, Tablet 50 mg ( *Chem mart Doxycycline, Doxy-50, Doxyhexal, Doxylin 50, Frakas, GenRx Doxycycline, Terry White Chemists Doxycycline, Vibra-Tabs*)
*To:*
2711Q **Doxycycline**, Tablet 50 mg (as hydrochloride) ( *Doxy-50, Doxylin 50, Vibra-Tabs*)

*From:*
2709N **Doxycycline**, Tablet 100 mg ( *Chem mart Doxycycline, Doxsig, Doxy-100, Doxyhexal, Doxylin 100, GenRx Doxycycline, Terry White Chemists Doxycycline, Vibramycin*)
*To:*
2709N **Doxycycline**, Tablet 100 mg (as hydrochloride) ( *Doxsig, Doxy-100, Doxylin 100, Vibramycin*)

*From:*
2702F **Doxycycline**, Tablet 100 mg ( *Chem mart Doxycycline, Doxsig, Doxy-100, Doxyhexal, Doxylin 100, GenRx Doxycycline, Terry White Chemists Doxycycline, Vibramycin*)
*To:*
2702F **Doxycycline**, Tablet 100 mg (as hydrochloride) ( *Doxsig, Doxy-100, Doxylin 100, Vibramycin*) **(Diff. Max. Qty and Rpts)**

*From:*
2714W **Doxycycline**, Tablet 100 mg ( *Chem mart Doxycycline, Doxsig, Doxy-100, Doxyhexal, Doxylin 100, Terry White Chemists Doxycycline, GenRx Doxycycline, Vibramycin*)
*To:*
2714W **Doxycycline**, Tablet 100 mg (as hydrochloride) ( *Doxsig, Doxy-100, Doxylin 100, Vibramycin*) **(Diff. Max. Qty)**

*From:*
3321T **Doxycycline**, Tablet 100 mg ( *Chem mart Doxycycline, Doxsig, Doxy-100, Doxyhexal, Doxylin 100, GenRx Doxycycline, Terry White Chemists Doxycycline, Vibramycin*) **(Dental)**
*To:*
3321T **Doxycycline**, Tablet 100 mg (as hydrochloride) ( *Doxsig, Doxy-100, Doxylin 100, Vibramycin*) **(Dental)**

*From:*
2707L **Doxycycline**, Capsule 50 mg ( *DBL Doxycycline, Doryx*)
*To:*
2707L **Doxycycline**, Capsule 50 mg (as hydrochloride) ( *DBL Doxycycline, Doryx*)

*From:*
2708M **Doxycycline**, Capsule 100 mg ( *DBL Doxycycline, Doryx*)
*To:*
2708M **Doxycycline**, Capsule 100 mg (as hydrochloride) ( *DBL Doxycycline, Doryx*)

*From:*
2703G **Doxycycline**, Capsule 100 mg ( *DBL Doxycycline, Doryx*)
*To:*
2703G **Doxycycline**, Capsule 100 mg (as hydrochloride) ( *DBL Doxycycline, Doryx*) **(Diff. Max. Qty and Rpts)**

*From:*
2715X **Doxycycline**, Capsule 100 mg ( *DBL Doxycycline, Doryx*)
*To:*
2715X **Doxycycline**, Capsule 100 mg (as hydrochloride) ( *DBL Doxycycline, Doryx*) **(Diff. Max. Qty)**

From:
3322W **Doxycycline**, Capsule 100 mg ( DBL Doxycycline, Doryx) **(Dental)**
To:
3322W **Doxycycline**, Capsule 100 mg (as hydrochloride) ( *DBL Doxycycline, Doryx*) **(Dental)**

*From:*
3012M **Potassium chloride**, Effervescent tablet 14 mmol K+ and 8 mmol Cl- ( *K-Sol, Chlorvescent*)
*To:*
3012M **Potassium chloride with potassium bicarbonate**, Effervescent tablet 14 mmol potassium and 8 mmol chloride ( *K-Sol, Chlorvescent*)
*From:*
2893G **Prochlorperazine**, Tablet 5 mg ( *Stemzine, Stemetil*)
*To:*
2893G **Prochlorperazine**, Tablet containing prochlorperazine maleate 5 mg ( *Stemzine, Stemetil*)

*From:*
5205Y **Prochlorperazine**, Tablet 5 mg ( *Stemzine, Stemetil*) **(Dental)**
*To:*
5205Y **Prochlorperazine**, Tablet containing prochlorperazine maleate 5 mg ( *Stemzine, Stemetil*) **(Dental)**

*From:*
2369Q **Prochlorperazine**, Injection 12.5 mg in 1 mL ( *Stemetil*)
*To:*
2369Q **Prochlorperazine**, Injection containing prochlorperazine mesylate 12.5 mg in 1 mL ( *Stemetil*)

*From:*
5206B **Prochlorperazine**, Injection 12.5 mg in 1 mL ( *Stemetil*) **(Dental)**
*To:*
5206B **Prochlorperazine**, Injection containing prochlorperazine mesylate 12.5 mg in 1 mL ( *Stemetil*) **(Dental)**

*From:*
3477B **Prochlorperazine**, Injection 12.5 mg in 1 mL ( *Stemetil*) **(Doctor's Bag)**
*To:*
3477B **Prochlorperazine**, Injection containing prochlorperazine mesylate 12.5 mg in 1 mL ( *Stemetil*) **(Doctor's Bag)**
*From:*
2894H **Prochlorperazine**, Suppositories 5 mg, 5 ( *Stemetil*)
*To:*
2894H **Prochlorperazine**, Suppositories containing prochlorperazine equivalent to 5 mg prochlorperazine maleate, 5 ( *Stemetil*)
*From:*
5207C **Prochlorperazine**, Suppositories 5 mg, 5 ( *Stemetil*) **(Dental)**
*To:*
5207C **Prochlorperazine**, Suppositories containing prochlorperazine equivalent to 5 mg prochlorperazine maleate, 5 ( *Stemetil*) **(Dental)**
*From:*
2895J **Prochlorperazine**, Suppositories 25 mg, 5 ( *Stemetil*)
*To:*
2895J **Prochlorperazine**, Suppositories containing prochlorperazine equivalent to 25 mg prochlorperazine maleate, 5 ( *Stemetil*)
*From:*
5208D **Prochlorperazine**, Suppositories 25 mg, 5 ( *Stemetil*) **(Dental)**
*To:*
5208D **Prochlorperazine**, Suppositories containing prochlorperazine equivalent to 25 mg prochlorperazine maleate, 5 ( *Stemetil*) **(Dental)**

*Alterations - Restrictions*

8664B **Riluzole**, Tablet 50 mg (*Rilutek*)

8689H **Rosiglitazone maleate**, Tablet 4 mg (base) (*Avandia*)

8690J **Rosiglitazone maleate**, Tablet 8 mg (base) (*Avandia*)

*Alterations - Manufacturer's Codes*

| | | *From* | *To* |
|---|---|---|---|
| 8406K | **Beclomethasone dipropionate**, Oral pressurised inhalation 50 micrograms per dose (200 doses), CFC-free formulation (*Qvar 50*) | MM | IA |
| 8407L | **Beclomethasone dipropionate**, Oral pressurised inhalation 100 micrograms per dose (200 doses), CFC-free formulation (*Qvar 100*) | MM | IA |
| 8408M | **Beclomethasone dipropionate**, Oral pressurised inhalation in breath actuated device 50 micrograms per dose (200 doses), CFC-free formulation (*Qvar 50 Autohaler*) | MM | IA |
| 8409N | **Beclomethasone dipropionate**, Oral pressurised inhalation in breath actuated device 100 micrograms per dose (200 doses), CFC-free formulation (*Qvar 100 Autohaler*) | MM | IA |
| 3038X | **Benztropine mesylate**, Injection 2 mg in 2 mL (*Cogentin*) | MK | FK |
| 5031T | **Benztropine mesylate**, Injection 2 mg in 2 mL (*Cogentin*) **(Dental)** | MK | FK |
| 3457Y | **Benztropine mesylate**, Injection 2 mg in 2 mL (*Cogentin*) **(Doctor's Bag)** | MK | FK |
| 1121B | **Benzydamine hydrochloride**, Mouth and throat rinse 22.5 mg per 15 mL, 500 mL (*Difflam*) | MM | IA |
| 5032W | **Benzydamine hydrochloride**, Mouth and throat rinse 22.5 mg per 15 mL, 500 mL (*Difflam*) **(Dental)** | MM | IA |
| 5385K | **Benzydamine hydrochloride**, Mouth and throat rinse 22.5 mg per 15 mL, 500 mL (*Difflam*) **(Palliative Care)** | MM | IA |
| 5386L | **Benzydamine hydrochloride**, Mouth and throat rinse 22.5 mg per 15 mL, 500 mL (*Difflam*) **(Palliative Care) (Diff. Max. Rpts)** | MM | IA |
| 3116B | **Calcium**, Tablet (chewable) 500 mg (as carbonate) (*Cal-Sup*) | MM | IA |
| 8853Y | **Ciclesonide**, Oral pressurised inhalation 80 micrograms per dose (120 doses), CFC-free formulation (*Alvesco 80*) | AH | NQ |
| 8854B | **Ciclesonide**, Oral pressurised inhalation 160 micrograms per dose (120 doses), CFC-free formulation (*Alvesco 160*) | AH | NQ |
| 1088G | **Flecainide acetate**, Tablet 50 mg (*Tambocor*) | MM | IA |
| 1090J | **Flecainide acetate**, Tablet 100 mg (*Tambocor*) | MM | IA |
| 8027L | **Glyceryl trinitrate**, Transdermal patch releasing approximately 5 mg per 24 hours (*Minitran 5*) | MM | IA |
| 8028M | **Glyceryl trinitrate**, Transdermal patch releasing approximately 10 mg per 24 hours (*Minitran 10*) | MM | IA |
| 8119H | **Glyceryl trinitrate**, Transdermal patch releasing approximately 15 mg per 24 hours (*Minitran 15*) | MM | IA |
| 3124K | **Hexamine hippurate**, Tablet 1 g (*Hiprex*) | MM | IA |
| 2546B | **Imiquimod**, Cream 50 mg per g (5%), 250 mg single use sachets, 12 (*Aldara*) | MM | IA |
| 8485N | **Oestradiol**, Transdermal patches 2 mg (releasing approximately 25 micrograms per 24 hours), 4 (*Femtran 25*) | MM | IA |
| 8125P | **Oestradiol**, Transdermal patches 3.8 mg (releasing approximately 50 micrograms per 24 hours), 4 (*Femtran 50*) | MM | IA |
| 8126Q | **Oestradiol**, Transdermal patches 7.6 mg (releasing approximately 100 micrograms per 24 hours), 4 (*Femtran 100*) | MM | IA |
| 8399C | **Pantoprazole sodium sesquihydrate**, Tablet (enteric coated), equivalent to 20 mg pantoprazole (*Somac*) | AH | NQ |

| | | | |
|---|---|---|---|
| 8007K | **Pantoprazole sodium sesquihydrate**, Tablet (enteric coated), equivalent to 40 mg pantoprazole (*Somac*) | AH | NQ |
| 8008L | **Pantoprazole sodium sesquihydrate**, Tablet (enteric coated), equivalent to 40 mg pantoprazole (*Somac*) **(Diff. Max. Rpts)** | AH | NQ |
| 3495Y | **Salbutamol sulfate**, Oral pressurised inhalation 100 micrograms (base) per dose (200 doses), CFC-free formulation (*Airomir*) **(Doctor's Bag)** | MM | IA |
| 8288F | **Salbutamol sulfate**, Oral pressurised inhalation 100 micrograms (base) per dose (200 doses), CFC-free formulation (*Airomir*) | MM | IA |
| 8354Q | **Salbutamol sulfate**, Oral pressurised inhalation in breath actuated device 100 micrograms (base) per dose (200 doses), CFC-free formulation (*Airomir Autohaler*) | MM | IA |
| 2634P | **Theophylline**, Tablet 250 mg (sustained release) (*Nuelin-SR 250*) | MM | IA |
| 8230E | **Theophylline**, Tablet 200 mg (sustained release) (*Nuelin-SR 200*) | MM | IA |
| 8231F | **Theophylline**, Tablet 300 mg (sustained release) (*Nuelin-SR 300*) | MM | IA |
| 2614N | **Theophylline**, Syrup 133.3 mg per 25 mL, 500 mL (*Nuelin*) | MM | IA |

## NOTES

*Additions - Notes*

Notes have been **added** in respect of the following **:**

| | |
|---|---|
| 2711Q | **Doxycycline**, Tablet 50 mg (as hydrochloride) ( *Doxy-50*, *Doxylin 50*, *Vibra-Tabs*) |
| 2709N | **Doxycycline**, Tablet 100 mg (as hydrochloride) ( *Doxsig*, *Doxy-100*, *Doxylin 100*, *Vibramycin*) |
| 2702F | **Doxycycline**, Tablet 100 mg (as hydrochloride) ( *Doxsig*, *Doxy-100*, *Doxylin 100*, *Vibramycin*) **(Diff. Max. Qty and Rpts)** |
| 2714W | **Doxycycline**, Tablet 100 mg (as hydrochloride) ( *Doxsig*, *Doxy-100*, *Doxylin 100*, *Vibramycin*) **(Diff. Max. Qty)** |
| 3321T | **Doxycycline**, Tablet 100 mg (as hydrochloride) ( *Doxsig*, *Doxy-100*, *Doxylin 100*, *Vibramycin*) **(Dental)** |
| 8331L | **Omeprazole**, Tablet 20 mg ( *Meprazol*, *Omeprazole-GA*, *Omeprazole Winthrop*) |
| 8333N | **Omeprazole**, Tablet 20 mg ( *Meprazol*, *Omeprazole-GA*, *Omeprazole Winthrop*) **(Diff. Max. Rpts)** |

*Deletion - Note*

The note has been **deleted** in respect of the following **:**

| | |
|---|---|
| 1326T | **Omeprazole**, Capsule 20 mg ( *Probitor*) |

## SECTION 100 - HIGHLY SPECIALISED DRUGS PROGRAM

## ADDITIONS

*Additions - Items*

| | |
|---|---|
| 9613Y | **Infliximab**, Powder for I.V. infusion 100 mg (*Remicade*) |
| 9612X | **Infliximab**, Powder for I.V. infusion 100 mg (*Remicade*) **(Diff. Restriction)** |

## DELETIONS

*Deletions - Brands*

| | |
|---|---|
| 6101D | *CloSyn*, *ZT* — **Clozapine**, Tablet 25 mg |
| 6102E | *CloSyn*, *ZT* — **Clozapine**, Tablet 100 mg |

## SECTION 100 - HUMAN GROWTH HORMONE
## DELETION

*Deletion - Item*

6266T **Somatropin (recombinant human growth hormone)**, Injection 4 mg (12 i.u.) vial with 3.5 mL diluent (with preservative) (*SciTropin*)

## ADVANCE NOTICES

*Advance Notices - Deletion of Items*

The following items will be deleted from the Schedule of Pharmaceutical Benefits on 1 **January** 2008:

Items discontinued by the manufacturer -

8012Q **Oestradiol**, Transdermal patches 3.28 mg (releasing approximately 37.5 micrograms per 24 hours), 8 (*Menorest 37.5*)

8013R **Oestradiol**, Transdermal patches 4.33 mg (releasing approximately 50 micrograms per 24 hours), 8 (*Menorest 50*)

8014T **Oestradiol**, Transdermal patches 6.57 mg (releasing approximately 75 micrograms per 24 hours), 8 (*Menorest 75*)

8041F **Oestradiol**, Transdermal patches 8.66 mg (releasing approximately 100 micrograms per 24 hours), 8 (*Menorest 100*)

2163W **Thioridazine hydrochloride**, Tablet 10 mg (*Aldazine 10*)

2359E **Thioridazine hydrochloride**, Tablet 25 mg (*Aldazine 25*)

2164X **Thioridazine hydrochloride**, Tablet 50 mg (*Aldazine 50*)

2165Y **Thioridazine hydrochloride**, Tablet 100 mg (*Aldazine 100*)

# Addresses — Medicare Australia

**Medicare Australia has responsibility for the operational aspects of the Pharmaceutical Benefits Scheme (PBS). This responsibility covers the processing of pharmaceutical benefit and safety net claims, authority applications and supply of PBS stationery used by medical practitioners, participating dental practitioners and approved pharmacists.**
**Procedures for ordering prescription forms are set out in Section 1 of this Schedule.**

**NEW SOUTH WALES and AUSTRALIAN CAPITAL TERRITORY**
Pharmaceutical Benefits Branch
130 George Street
Parramatta NSW 2150
**General enquiries— Tel: 132 290**
**IME enquiries— Tel: 1300 302 122**

Orange Service Centre
189 Anson Street
Orange NSW 2800
**General enquiries— Tel: 132 290**
**IME enquiries— Tel: 1300 302 122**

**VICTORIA**
Pharmaceutical Branch
Medibank House
460 Bourke Street
Melbourne VIC 3000
**General enquiries— Tel: 132 290**
**IME enquiries— Tel: 1300 302 122**

**QUEENSLAND**
Pharmaceutical Services Branch
444 Queen Street
Brisbane QLD 4000
**General enquiries— Tel: 132 290**
**IME enquiries— Tel: 1300 302 122**

**SOUTH AUSTRALIA and NORTHERN TERRITORY**
Pharmaceutical Services Branch
209 Greenhill Road
Eastwood SA 5063
**General enquiries— Tel: 132 290**
**IME enquiries— Tel: 1300 302 122**

**WESTERN AUSTRALIA**
Pharmaceutical Benefits Branch
11th Floor, Bankwest Tower
108 St George's Terrace
Perth WA 6000
**General enquiries— Tel: 132 290**
**IME enquiries— Tel: 1300 302 122**

**TASMANIA**
Pharmaceutical Branch
242 Liverpool Street
Hobart TAS 7000
**General enquiries— Tel: 132 290**
**IME enquiries— Tel: 1300 302 122**

**NATIONAL PROGRAM MANAGEMENT**
Pharmaceutical Benefits Branch
Medicare Australia
134 Reed Street
Tuggeranong ACT 2900
Telephone— (02) 6124 6333
**Website—** www.medicareaustralia.gov.au
**Email—** pbs@medicareaustralia.gov.au

# Authority Prescription Applications

**Authority required benefits fall into two categories – *Authority required* and *Authority required (STREAMLINED)*. The process in which an authority PBS prescription can be prescribed will depend on the type of Authority required benefit.**

**Prior approval is required for Authority required items as well as all requests for increased quantities and/or repeats for any category of PBS item.**

**Prior approval is not required for Authority required (STREAMLINED) items except if increased quantities and/or repeats are required (see Explanatory Notes for details).**

**Approval is obtained by lodging an application using the REPLY PAID mail service or by using Medicare Australia's FREECALL telephone number:**

| | |
|---|---|
| **Mail Applications:** | REPLY PAID No. 9857<br>PBS Authorities Section<br>Medicare Australia<br>GPO Box 9857<br>In your capital city |
| **Telephone Applications:** | Free call 1800 888 333<br>Australia-wide—24 hour service |

For telephone applications please have the following information available:

| | |
|---|---|
| **Patient:** | Medicare number<br>Surname<br>First name<br>Full residential address (including postcode) |
| **PBS Authority Prescription Number:** | Top right hand side of the handwritten PBS Authority Form |
| **Your Prescriber Number:** | Located below your address block on the personalised forms |
| **Drug Information:** | PBS item<br>Quantity required and number of repeats<br>Daily dose<br>Disease or purpose information |

# Requests for Drugs via the Special Access Scheme (SAS)

**Requests for individual patient approval to obtain drugs that are available only through the SAS may be directed to a delegate within the Drug Safety and Evaluation Branch, Therapeutic Goods Administration, telephone (02) 6232 8111, facsimile (02) 6232 8112, or by mail to PO Box 100 Woden ACT 2606.**

# Department of Veterans' Affairs

**Details of the approving authority for the Department of Veterans' Affairs are listed at the front of the Repatriation Schedule of Pharmaceutical Benefits.**

# Telephone Interpreter Service

**A 24-hour, seven days a week telephone service is available by contacting 131 450.**
**The translating service (TIS) can provide immediate assistance over the telephone or arrange for an interpreter to go to a location specified in either city or country areas. The TIS service has access to 2000 professional interpreters, covering over 100 languages and dialects.**

# Poisons Information Centres

**Phone 131 126 from anywhere in Australia — 24 hours — for information and advice on the treatment of poisoning, bites and stings.**

### NSW
The New Children's Hospital
Hawkesbury Road
Westmead NSW 2148
Tel: (02) 9845 3111

### VIC
Royal Children's Hospital
Flemington Road
Parkville VIC 3052
Tel: (03) 9345 5680

### QLD
Pharmacy Department
Royal Children's Hospital
Herston QLD 4029
Tel: 131 126

### WA
Sir Charles Gairdner Hospital
Hospital Avenue
Nedlands WA 6009
Tel: 131 126

### TAS
Tel: 131 126

### NT
Tel: 131 126

### ACT
Tel: 131 126

# Drug Information Centres

### NSW
Drug Information Pharmacist
New South Wales Medicines Information Centre
PO Box 766
Darlinghurst NSW 2010
Tel: (02) 8382 2136

Drug Information Pharmacists
Hunter Drug Information Service
Newcastle Mater Misericordiae Hospital
Locked Bag 7
Hunter Regional Mail Centre NSW 2310
Tel: (02) 4921 1278
(02) 4921 1328

### QLD
Assistant Director of Pharmacy
Queensland Drug Information Ctr
Royal Brisbane Hospital
E Floor, Block 7
Herston Road
Herston QLD 4029
Tel: (07) 3636 7098
(07) 3636 7599

### WA
Drug Information Pharmacist
Sir Charles Gairdner Hospital
Hospital Avenue
Nedlands WA 6009
Tel: (08) 9346 2923

### TAS
Drug Information Pharmacist
Royal Hobart Hospital
GPO Box 1061L
Hobart TAS 7001
Tel: (03) 6222 8737

### NT
Drug Information Pharmacist
Royal Darwin Hospital
PO Box 41326
Casuarina NT 0811
Tel: (08) 8922 8424

### ACT
Drug Information Pharmacist
Canberra Hospital
Yamba Drive
Garran ACT 2605
Tel: (02) 6244 3333

## VIC

Drug Information
Pharmacist
Austin & Repatriation
Medical Centre
Studley Road
Heidelberg VIC 3084
Tel: (03) 9496 5668

Drug Information
Pharmacist
Drug Information Centre
Southern Health Care
Network
Monash Medical Centre
246 Clayton Road
Clayton VIC 3168
Tel:(03) 9594 2361

## SA

Drug Information
Pharmacist
Royal Adelaide Hospital
North Terrace
Adelaide SA 5000
Tel: (08) 8222 5546

Drug Information
Pharmacist
Flinders Medical Centre
Bedford Park SA 5042
Tel: (08) 8204 5301

Drug Information
Pharmacist
Queen Elizabeth Hospital
Woodville Road
Woodville SA 5011
Tel: (08) 8222 6777

## National Prescribing Service (NPS)

Therapeutic Advice and
Information Service
(TAIS)
Level 7, 418A Elizabeth
Street
Surry Hills NSW 2010
Tel: 1300 138 677
Fax: (03) 9459 4546
Email: tais@nps.org.au
Web: www.nps.org.au

# List of Contact Officers for Recalls of Therapeutic Goods

**For details of consumer level recalls only — telephone 1800 020 512**

These officers may be contacted—

- to obtain information about current recalls
- to report suspected problems relating to the quality, safety or efficacy of a therapeutic good

## Australian Recall Coordinator

Office of Devices, Blood and Tissues
Therapeutic Goods Administration
Department of Health and Ageing
PO Box 100
Woden ACT 2606
*Mr P K Harrison (02) 6232 8636*
*Mr T Byrne (02) 6232 8637*

## Australian Capital Territory

ACT Health
GPO Box 825
Canberra ACT 2601
*Ms J Strang (02) 6205 0961*

## New South Wales

Department of Health, NSW
PO Box 103
Gladesville NSW 1675
*Mr J E Lumby (02) 9879 3214*

## Victoria

Department of Human Services
Drugs and Poisons Unit
GPO Box 1670N
Melbourne VIC 3001
*Mr K Moyle 1300 364 545*
*Mr R Bell 1300 364 545*

## Queensland

Queensland Department of Health
GPO Box 48
Brisbane QLD 4001
*Drugs—*
*Mr A Hawkins (07) 3234 0349*
*Mr C Healey (07) 3234 0960*
*Therapeutic Devices—*
*Mr C Healey (07) 3234 0960*
*Mr D Jones (07) 3406 8068*

## South Australia

Drug Policies and Programs
Metropolitan Health Division
South Australian Department of Health
PO Box 287
Rundle Mall SA 5000
*Mr W Dollman (08) 8226 7110*
*Ms E Anear (08) 8226 7387*

## Western Australia

Health Department of WA
PO Box 8172, Perth Business Centre
Perth WA 6849
*Mr M Patterson (08) 9388 4980*

## Tasmania

Department of Health and Human Services
GPO Box 125B
Hobart TAS 7001
*Drugs—*
*Mr J Galloway (03) 6233 2064*
*Ms M Sharpe (03) 6233 3766*
*Therapeutic Devices—*
*Mr A L Wilkins (03) 6233 3913*

## Northern Territory

Department of Health and Community Sevices
PO Box 40596
Casuarina NT 0811
*Ms H Stone (08) 8922 7035*

# Index of Manufacturers' Codes

| *Code* | *Manufacturer* |
|---|---|
| AB | Abbott Australasia Pty Ltd<br>Sir Joseph Banks Corporate Park<br>32-34 Lord Street Botany NSW 2019<br>Tel: (02) 9384 9700<br>Fax: (02) 9384 9800 |
| AC | Alberto Culver Company<br>14 Loyalty Road<br>North Rocks NSW 2151<br>Tel: (02) 9630 5099<br>Fax: (02) 9683 5026 |
| AE | AFT Pharmaceuticals Pty Limited<br>9 Water Street<br>Caringbah NSW 2229<br>Tel: 1800 097 639<br>Fax: 1800 097 810 |
| AF | Alphapharm Pty Limited<br>Chase Building 2<br>Wentworth Park Road Glebe NSW 2037<br>Tel: (02) 9298 3999<br>Fax: (02) 9566 4686 |
| AG | Allergan Australia Pty Ltd<br>77 Ridge Street<br>Gordon NSW 2072<br>Tel: 1800 252 224<br>Fax: (02) 9498 0290 |
| AL | Alphapharm Medical<br>A Division of Alphapharm Pty Limited<br>Chase Building 2<br>Wentworth Park Road Glebe NSW 2037<br>Tel: (02) 9298 3999<br>Fax: (02) 9566 4686 |
| AN | Amgen Australia Pty Ltd<br>Level 7, 123 Epping Road<br>North Ryde NSW 2113<br>Tel: (02) 9870 1333<br>Fax: (02) 9870 1344 |
| AP | AstraZeneca Pty Ltd<br>Alma Road<br>North Ryde NSW 2113<br>Tel: (02) 9978 3500<br>Fax: (02) 9978 3700 |
| AQ | Alcon Laboratories (Australia) Pty Ltd<br>Allambie Grove Park<br>25 Frenchs Forest Road East Frenchs Forest NSW 2086<br>Tel: 1800 025 004<br>Fax: (02) 9452 5209 |
| AS | Aspen Pharmacare Australia Pty Ltd<br>First Floor<br>34-36 Chandos Street St Leonards NSW 2065<br>Tel: (02) 8436 8300<br>Fax: (02) 9901 3540 |
| AT | Actelion Pharmaceuticals Australia Pty Ltd<br>Level 2 West, Suites 48-50<br>7 Narabang Way Belrose NSW 2085<br>Tel: (02) 9486 4600<br>Fax: (02) 9986 1344 |
| AV | Aventis Pharma<br>Division of Sanofi-Aventis Australia Pty Limited<br>Building D, Talavera Corporate Centre<br>12-24 Talavera Road Macquarie Park NSW 2113<br>Tel: (02) 8666 2000<br>Fax: (02) 8666 3000 |
| AW | Arrow Pharmaceuticals Pty Limited<br>24 Rothschild Avenue<br>Rosebery NSW 2018<br>Tel: (02) 8344 8344<br>Fax: (02) 8344 8355 |
| AX | Sanofi Pasteur Pty Limited<br>Building D, Talavera Corporate Centre<br>12-24 Talavera Road Macquarie Park NSW 2113<br>Tel: 1800 829 468<br>Fax: 1800 829 329 |
| BB | Blackmores Ltd<br>23 Roseberry Street<br>Balgowlah NSW 2093<br>Tel: (02) 9951 0111<br>Fax: (02) 9949 1954 |

| Code | Manufacturer |
|---|---|
| BC | Bristol Laboratories<br>A Division of Bristol-Myers Squibb<br>Australia Pty Ltd<br>556 Princes Highway<br>Noble Park Vic 3174<br>Tel: (03) 9213 4000<br>Fax: (03) 9701 1518 |
| BD | Biogen Idec Australia Pty Ltd<br>Suite 2, Level 4<br>123 Epping Road North Ryde NSW 2113<br>Tel: (02) 8875 3900<br>Fax: (02) 9889 1162 |
| BE | BDF Australia Ltd<br>112-118 Talavera Road<br>North Ryde NSW 2113<br>Tel: 1800 269 933<br>Fax: (02) 9887 3487 |
| BF | Bellwether Pharma Limited<br>Suite 2, Level 2<br>71 Epping Road North Ryde NSW 2113<br>Tel: (02) 8875 5700<br>Fax: (02) 9889 2250 |
| BG | Biochemie Australia<br>A Division of Sandoz Pty Ltd<br>Level 4, Suite 7-19<br>100 Harris Street Pyrmont NSW 2009<br>Tel: (02) 9566 1500<br>Fax: (02) 9566 1458 |
| BI | Biotech Pharmaceuticals Pty Ltd<br>100 Antimony Street<br>Carole Park Qld 4300<br>Tel: (07) 3271 9600<br>Fax: (07) 3271 1315 |
| BK | Becton Dickinson Pty Ltd<br>80 Rushdale Street<br>Knoxfield Vic 3180<br>Tel: (03) 9764 2444<br>Fax: (03) 9764 2550 |
| BN | Bayer Australia Limited<br>875 Pacific Highway<br>Pymble NSW 2073<br>Tel: (02) 9391 6000<br>Fax: (02) 9988 3311 |
| BP | British Pharmaceuticals<br>Unit A, 31-33 Sirius Road<br>Lane Cove NSW 2066<br>Tel: (02) 9428 9411<br>Fax: (02) 9428 1732 |
| BQ | Bristol-Myers Squibb Pharmaceuticals<br>A Division of Bristol-Myers Squibb<br>Australia Pty Ltd<br>556 Princes Highway<br>Noble Park Vic 3174<br>Tel: (03) 9213 4000<br>Fax: (03) 9701 1518 |
| BR | B. Braun Australia Pty Ltd<br>Norwest Business Park<br>17 Lexington Drive Bella Vista NSW 2153<br>Tel: (02) 9629 0200<br>Fax: (02) 9629 0299 |
| BU | Bausch & Lomb Surgical<br>A Division of Bausch & Lomb (Australia)<br>Pty Ltd<br>Level 4, 113 Wicks Road<br>North Ryde NSW 2113<br>Tel: (02) 9887 1444<br>Fax: (02) 9888 9642 |
| BV | B.S.N.<br>315 Ferntree Gully Road<br>Mount Waverley Vic 3149<br>Tel: (03) 8540 6777<br>Fax: 1800 671 000 |
| BX | Baxter Healthcare Pty Limited<br>1 Baxter Drive<br>Old Toongabbie NSW 2146<br>Tel: (02) 9848 1111<br>Fax: (02) 9848 1123 |
| BY | Boehringer Ingelheim Pty Limited<br>85 Waterloo Road<br>North Ryde NSW 2113<br>Tel: (02) 8875 8800<br>Fax: (02) 8875 8801 |
| CC | ConvaTec<br>A Division of Bristol-Myers Squibb<br>Australia Pty Ltd<br>606 Hawthorn Road<br>East Brighton Vic 3187<br>Tel: 1800 335 276<br>Fax: (03) 9525 0920 |

| Code | Manufacturer |
|---|---|
| CF | CNS Pharma Pty Ltd<br>Level 5, Deutsche Bank Place<br>126 Phillip Street Sydney NSW 2000<br>Tel: (02) 9629 0638<br>Fax: (02) 9629 0688 |
| CH | Chem mart Pty Limited<br>Level 7, 5 Queens Road<br>Melbourne Vic 3004<br>Tel: (03) 9918 2500<br>Fax: (03) 9918 2006 |
| CO | Chemists' Own Pty Ltd<br>A member of Sigma Group of Companies<br>96 Merrindale Drive<br>Croydon Vic 3136<br>Tel: (03) 9839 2800<br>Fax: (03) 9839 2801 |
| CR | Pharmacor Limited<br>16 Jubilee Avenue<br>Warriewood NSW 2102<br>Tel: (02) 9997 1466<br>Fax: (02) 9997 0395 |
| CS | CSL Limited<br>45 Poplar Road<br>Parkville Vic 3052<br>Tel: (03) 9389 1911<br>Fax: (03) 9388 2351 |
| CT | Coloplast Pty Ltd<br>33 Gilby Road<br>Mount Waverley Vic 3149<br>Tel: 1800 673 317<br>Fax: (03) 9541 1199 |
| CX | Contact Lens Centre Australia Pty Ltd<br>Unit D6, Hallmark Business Park<br>Cnr Westall and Centre Roads Clayton Vic 3168<br>Tel: (03) 9543 1811<br>Fax: (03) 9543 8066 |
| DB | Diabetes Association of Australia<br>26 Arundel Street<br>Glebe NSW 2037<br>Tel: 1800 451 737<br>Fax: (02) 9566 4235 |
| DN | Digiland Pty Ltd<br>Paragon Building<br>Suite 7, 799 Springvale Road Mulgrave Vic 3170<br>Tel: (03) 8545 0500<br>Fax: (03) 9561 7349 |
| DT | DermaTech Laboratories Pty Ltd<br>Unit 17, 167 Prospect Highway<br>Seven Hills NSW 2147<br>Tel: (02) 9624 5874<br>Fax: (02) 9624 8822 |
| EO | Ego Pharmaceuticals Pty Ltd<br>21-31 Malcolm Road<br>Braeside Vic 3195<br>Tel: (03) 9587 1088<br>Fax: (03) 9580 7647 |
| EP | EpiPharm Pty Ltd<br>Level 13, 1 Collins Street<br>Melbourne Vic 3000<br>Tel: 1800 028 880<br>Fax: (03) 9660 4999 |
| ES | EBOS Group Pty Ltd<br>Unit 2, 109 Vanessa Street<br>Kingsgrove NSW 2208<br>Tel: (02) 9502 8410<br>Fax: (02) 9502 8411 |
| EX | Essex Laboratories<br>Level 4, 66 Waterloo Road<br>North Ryde NSW 2113<br>Tel: (02) 8988 8000<br>Fax: (02) 9852 7500 |
| FA | F.H. Faulding & Co. Limited<br>Level 6, 390 St Kilda Road<br>Melbourne Vic 3004<br>Tel: (03) 9868 0700<br>Fax: (03) 9868 0111 |
| FB | Pierre Fabre Medicament Australia Pty Limited<br>Unit 26B, Parkview Business Centre<br>1 Maitland Place Baulkham Hills NSW 2153<br>Tel: (02) 8858 2800<br>Fax: (02) 8858 2888 |

| *Code* | *Manufacturer* |
|---|---|
| FH | Faulding Healthcare Pty Ltd<br>87 Yarraman Place<br>Virginia Qld 4014<br>Tel: (07) 3212 8777<br>Fax: (07) 3212 8790 |
| FK | PharmaLink Pty Ltd<br>Level 8, 67 Albert Avenue<br>Chatswood NSW 2067<br>Tel: (02) 9080 7200<br>Fax: (02) 9080 7201 |
| FL | C. B. Fleet Co. (Aust.) Pty Ltd<br>25 Macbeth Street<br>Braeside Vic 3195<br>Tel: (03) 9580 2755<br>Fax: (03) 9580 2899 |
| FM | Fawns and McAllan Pty Ltd<br>A member of Sigma Group of Companies<br>96 Merrindale Drive<br>Croydon Vic 3136<br>Tel: (03) 9839 2800<br>Fax: (03) 9839 2801 |
| FP | Ferring Pharmaceuticals Pty Ltd<br>Suite 2B, Level 2<br>802 Pacific Highway Gordon NSW 2072<br>Tel: (02) 9497 2300<br>Fax: (02) 9497 2399 |
| FR | Charles E. Frosst<br>Division of Merck Sharp & Dohme<br>(Australia) Pty Ltd<br>54-68 Ferndell Street<br>South Granville NSW 2142<br>Tel: (02) 9795 9500<br>Fax: (02) 9795 9595 |
| GA | Galderma Australia Pty Ltd<br>Suite 4, 13B Narabang Way<br>Belrose NSW 2085<br>Tel: (02) 9479 0600<br>Fax: (02) 9986 1699 |
| GC | GlaxoSmithKline Consumer Healthcare<br>82 Hughes Avenue<br>Ermington NSW 2115<br>Tel: (02) 9684 0888<br>Fax: (02) 9684 6958 |

| *Code* | *Manufacturer* |
|---|---|
| GH | Goldshield Healthcare<br>(Australia) Pty Ltd<br>Suite 3, Level 1<br>118-124 Willoughby Road Crows Nest<br>NSW 2059<br>Tel: (02) 9431 6333<br>Fax: (02) 9906 7147 |
| GI | Gilead Sciences Pty Ltd<br>Level 1, 128 Jolimont Road<br>East Melbourne Vic 3002<br>Tel: (03) 9272 4400<br>Fax: (03) 9272 4435 |
| GK | GlaxoSmithKline Australia Pty Ltd<br>1061 Mountain Highway<br>Boronia Vic 3155<br>Tel: (03) 9721 6000<br>Fax: (03) 9729 5319 |
| GM | Genepharm Pty Ltd<br>3/10 Inglewood Place<br>Norwest Business Park Baulkham Hills<br>NSW 2153<br>Tel: 1800 678 302<br>Fax: (02) 8818 2122 |
| GN | Genepharm Australasia Limited<br>Level 1, 263 City Road<br>Southbank Vic 3006<br>Tel: 1800 508 168<br>Fax: (03) 9699 8333 |
| GP | GP Laboratories<br>A Division of Pfizer Pty Limited<br>38-42 Wharf Road<br>West Ryde NSW 2114<br>Tel: (02) 9850 3333<br>Fax: (02) 9858 1347 |
| GX | GenRx Pty Ltd<br>Suite 2B, Level 3, Building A<br>11 Talavera Road North Ryde NSW 2113<br>Tel: 1800 195 055<br>Fax: 1800 133 300 |
| GZ | Genzyme Australasia Pty Ltd<br>Level 1, Building C<br>12-24 Talavera Road North Ryde NSW<br>2113<br>Tel: (02) 9978 3900<br>Fax: (02) 9889 3900 |

| *Code* | *Manufacturer* |
|---|---|
| HA | Hamilton Laboratories Pty Ltd<br>217 Flinders Street<br>Adelaide SA 5000<br>Tel: (08) 8223 2957<br>Fax: (08) 8232 1480 |
| HO | Hollister (Distributed in Australia by Liberty Medical Pty Ltd)<br>Unit 6, 345 Ingles Street<br>Port Melbourne Vic 3207<br>Tel: (03) 9673 4300<br>Fax: (03) 9646 4018 |
| HR | Paul Hartmann Pty Ltd<br>27-28/11-21 Underwood Road<br>Homebush NSW 2140<br>Tel: 1800 805 839<br>Fax: (02) 8762 7100 |
| HS | healthsense<br>115 Sherriff Street<br>Underdale SA 5032<br>Tel: (08) 8408 3200<br>Fax: (08) 8408 3383 |
| HX | Hexal Australia Pty Ltd<br>Level 4, Suite 7-19<br>100 Harris Street Pyrmont NSW 2009<br>Tel: (02) 9566 1500<br>Fax: (02) 9566 1458 |
| IA | iNova Pharmaceuticals (Australia) Pty Limited<br>9-15 Chilvers Road<br>Thornleigh NSW 2120<br>Tel: (02) 9875 6333<br>Fax: (02) 9875 6416 |
| IQ | Ioquin<br>A Division of Alcon Laboratories (Australia) Pty Ltd<br>Allambie Grove Park<br>25 Frenchs Forest Road East Frenchs Forest NSW 2086<br>Tel: 1800 025 004<br>Fax: (02) 9452 5209 |
| IS | Ipsen Pty Ltd<br>Suite 6, 40 Montclair Avenue<br>Glen Waverley Vic 3150<br>Tel: (03) 8544 8100<br>Fax: (03) 9562 5152 |

| *Code* | *Manufacturer* |
|---|---|
| IT | InterPharma Pty Ltd<br>Suite 3, 14 Sydney Road<br>Manly NSW 2095<br>Tel: (02) 9976 6876<br>Fax: (02) 9976 6859 |
| IZ | Intensive Care Products Pty Ltd<br>Level 1, APP House<br>14 Rodborough Road Frenchs Forest NSW 2086<br>Tel: (02) 9984 2280<br>Fax: (02) 9984 2222 |
| JC | Janssen-Cilag Pty Ltd<br>1-5 Khartoum Road<br>North Ryde NSW 2113<br>Tel: (02) 8875 3333<br>Fax: (02) 8875 3300 |
| JJ | Johnson & Johnson Medical<br>1-5 Khartoum Road<br>North Ryde NSW 2113<br>Tel: (02) 9878 9111<br>Fax: 1800 808 233 |
| JT | Johnson & Johnson Pacific Pty Limited<br>45 Jones Street<br>Ultimo NSW 2007<br>Tel: 13 1565<br>Fax: (02) 8260 8102 |
| KC | Kimberly-Clark Australia Pty Ltd<br>52 Alfred Street South<br>Milsons Point NSW 2061<br>Tel: (02) 9963 8888<br>Fax: (02) 9957 5687 |
| KE | Kendall Australasia Pty Ltd<br>22 Giffnock Avenue<br>North Ryde NSW 2113<br>Tel: 1800 252 467<br>Fax: (02) 9888 7378 |
| KN | Knoll<br>A Division of Abbott Australasia Pty Ltd<br>Captain Cook Drive<br>Kurnell NSW 2231<br>Tel: (02) 9668 9711<br>Fax: (02) 9668 8459 |

| *Code* | *Manufacturer* |
|---|---|
| KR | Kenral Division of<br>Pharmacia Australia Pty Limited<br>59 Kirby Street<br>Rydalmere NSW 2116<br>Tel: (02) 9848 3000<br>Fax: (02) 9848 3333 |
| KY | Key Pharmaceuticals Pty Ltd<br>12 Lyonpark Road<br>Macquarie Park NSW 2113<br>Tel: (02) 8113 6200<br>Fax: (02) 8113 6222 |
| LB | Life Bioscience Pty Ltd<br>80 Millewa Avenue<br>Malvern East Vic 3145<br>Tel: 1800 114 610<br>Fax: (03) 8660 2785 |
| LF | Laboratoires Fournier S.A.<br>Level 1, Building 2<br>20 Bridge Street Pymble NSW 2073<br>Tel: (02) 9440 0977<br>Fax: (02) 9440 1382 |
| LM | Link Medical Products Pty Ltd<br>Level 1, Bridgepoint Centre<br>3 Brady Street Mosman NSW 2088<br>Tel: (02) 9960 0150<br>Fax: (02) 9960 0149 |
| LN | Lennon Healthcare<br>A Division of Aspen Pharmacare Australia Pty Ltd<br>First Floor<br>34-36 Chandos Street St Leonards NSW 2065<br>Tel: (02) 8436 8300<br>Fax: (02) 9901 3540 |
| LU | Lundbeck Australia Pty Ltd<br>Unit 1, 10 Inglewood Place<br>Norwest Business Park Baulkham Hills NSW 2153<br>Tel: (02) 9836 1655<br>Fax: (02) 9836 1755 |
| LY | Eli Lilly Australia Pty Limited<br>112 Wharf Road<br>West Ryde NSW 2114<br>Tel: (02) 9325 4444<br>Fax: (02) 9325 4410 |

| *Code* | *Manufacturer* |
|---|---|
| MD | Macarthur Research<br>Division of Roche Products Pty Ltd<br>4-10 Inman Road<br>Dee Why NSW 2099<br>Tel: (02) 9454 9000<br>Fax: (02) 9981 3229 |
| ME | Menley & James<br>Division of GlaxoSmithKline Australia Pty Ltd<br>1061 Mountain Highway<br>Boronia Vic 3155<br>Tel: (03) 9721 6000<br>Fax: (03) 9729 5319 |
| MF | Mundipharma Pty Ltd<br>Level 26, 6 O'Connell Street<br>Sydney NSW 2000<br>Tel: (02) 9231 7200<br>Fax: (02) 9223 0011 |
| MH | Molnlycke Health Care Pty Ltd<br>Building 1, Ground Floor<br>14 Aquatic Drive Frenchs Forest NSW 2086<br>Tel: (02) 9453 1144<br>Fax: (02) 9453 1155 |
| MK | Merck Sharp & Dohme (Australia) Pty Ltd<br>54-68 Ferndell Street<br>South Granville NSW 2142<br>Tel: (02) 9795 9500<br>Fax: (02) 9795 9595 |
| MM | 3M Pharmaceuticals Australia Pty Ltd<br>9-15 Chilvers Road<br>Thornleigh NSW 2120<br>Tel: (02) 9875 6333<br>Fax: (02) 9875 6416 |
| MQ | Merck Pharmaceuticals<br>Chase Building 2<br>Wentworth Park Road Glebe NSW 2037<br>Tel: (02) 9298 3999<br>Fax: (02) 9566 4686 |
| MS | Abbott Diabetes Care<br>(A Division of Abbott Australasia Pty Ltd)<br>666 Doncaster Road<br>Doncaster Vic 3108<br>Tel: (03) 9843 7100<br>Fax: (03) 9855 8020 |

| *Code* | *Manufacturer* |
|---|---|
| MT | Mentholatum Australasia Pty Ltd<br>12-16 Janine Street<br>Scoresby Vic 3179<br>Tel: (03) 9763 0322<br>Fax: (03) 9763 2699 |
| MW | McGaw Biomed Australia Pty Ltd<br>c/- B. Braun Australia Pty Ltd<br>Norwest Business Park 17 Lexington Drive<br>Bella Vista NSW 2153<br>Tel: (02) 9629 0200<br>Fax: (02) 9629 0299 |
| MX | Mayne Pharma Pty Ltd<br>(David Bull Laboratories, Faulding Pharmaceuticals) Level 6, 390 St Kilda Road Melbourne Vic 3004<br>Tel: (03) 9868 0700<br>Fax: (03) 9868 0111 |
| NA | National Diagnostic Products<br>22/39 Herbert Street<br>St Leonards NSW 2065<br>Tel: (02) 9432 8100<br>Fax: (02) 9432 1151 |
| NC | Novartis Consumer Health Australasia Pty Ltd<br>327-333 Police Road<br>Mulgrave Vic 3170<br>Tel: (03) 9701 2711<br>Fax: (03) 9701 2911 |
| NE | Norgine Pty Limited<br>3/14 Rodborough Road<br>Frenchs Forest NSW 2086<br>Tel: (02) 9972 7500<br>Fax: (02) 9972 7522 |
| NF | FlexPen Products of<br>Novo Nordisk Pharmaceuticals Pty Ltd<br>Level 3, 21 Solent Circuit<br>Baulkham Hills NSW 2153<br>Tel: (02) 8858 3600<br>Fax: (02) 8858 3799 |
| NI | InnoLet Products of<br>Novo Nordisk Pharmaceuticals Pty Ltd<br>Level 3, 21 Solent Circuit<br>Baulkham Hills NSW 2153<br>Tel: (02) 8858 3600<br>Fax: (02) 8858 3799 |
| NL | NovoLet Products of<br>Novo Nordisk Pharmaceuticals Pty Ltd<br>Level 3, 21 Solent Circuit<br>Baulkham Hills NSW 2153<br>Tel: (02) 8858 3600<br>Fax: (02) 8858 3799 |
| NM | Novartis Medicines<br>A Division of Novartis Pharmaceuticals Australia Pty Ltd<br>54 Waterloo Road<br>North Ryde NSW 2113<br>Tel: (02) 9805 3555<br>Fax: (02) 9887 4551 |
| NO | Novo Nordisk Pharmaceuticals Pty Ltd<br>Level 3, 21 Solent Circuit<br>Baulkham Hills NSW 2153<br>Tel: (02) 8858 3600<br>Fax: (02) 8858 3799 |
| NQ | Nycomed Pty Ltd<br>2 Lyonpark Road<br>North Ryde NSW 2113<br>Tel: (02) 9859 6900<br>Fax: (02) 9859 6950 |
| NT | Nestlé Australia Ltd<br>60 Bathurst Street<br>Sydney NSW 2000<br>Tel: (02) 9931 2345<br>Fax: (02) 9931 2610 |
| NU | Nutricia Australia Pty Limited<br>Talavera Corporate Centre<br>Level 4, Building D 12-24 Talavera Road<br>North Ryde NSW 2113<br>Tel: (02) 8875 0300<br>Fax: (02) 8978 4841 |
| NV | Novartis Pharmaceuticals Australia Pty Ltd<br>54 Waterloo Road<br>North Ryde NSW 2113<br>Tel: (02) 9805 3555<br>Fax: (02) 9887 4551 |
| OA | Orphan Australia Pty Ltd<br>48 Kangan Drive<br>Berwick Vic 3806<br>Tel: (03) 9769 5744<br>Fax: (03) 9769 5944 |

| *Code* | *Manufacturer* |
|---|---|
| OB | Oral B Laboratories Pty Ltd<br>Level 3, 90 Mount Street<br>North Sydney NSW 2060<br>Tel: (02) 9957 6499<br>Fax: (02) 9957 5383 |
| OL | Owen Laboratories<br>Division of Galderma Australia Pty Ltd<br>9 Rodborough Road<br>Frenchs Forest NSW 2086<br>Tel: 1800 800 765<br>Fax: (02) 9975 5374 |
| OM | Colgate Oral Care<br>345 George Street<br>Sydney NSW 2000<br>Tel: (02) 9229 5600<br>Fax: (02) 9232 8448 |
| ON | Orion Laboratories Pty Ltd<br>25-29 Delawney Street<br>Balcatta WA 6021<br>Tel: (08) 9441 7800<br>Fax: (08) 9441 7888 |
| OR | Organon (Australia) Pty Limited<br>31-33 Sirius Road<br>Lane Cove NSW 2066<br>Tel: (02) 9428 9411<br>Fax: (02) 9428 1732 |
| OZ | Medical Specialities Australia Pty Ltd<br>54 Gibbes Street<br>Chatswood NSW 2067<br>Tel: (02) 9417 7955<br>Fax: (02) 9417 5779 |
| PC | Pfizer Consumer Healthcare Pty Ltd<br>32 Cawarra Road<br>Caringbah NSW 2229<br>Tel: (02) 9710 6500<br>Fax: (02) 9710 6644 |
| PD | Parke Davis Pty Ltd<br>32 Cawarra Road<br>Caringbah NSW 2229<br>Tel: (02) 9710 6500<br>Fax: (02) 9710 6400 |
| PE | Pacific EyeCare<br>A Division of Allergan Australia Pty Ltd<br>77 Ridge Street<br>Gordon NSW 2072<br>Tel: 1800 252 224<br>Fax: (02) 9498 0290 |
| PF | Pfizer Pty Limited<br>38-42 Wharf Road<br>West Ryde NSW 2114<br>Tel: (02) 9850 3333<br>Fax: (02) 9858 1347 |
| PH | Pharmacia Australia Pty Limited<br>38-42 Wharf Road<br>West Ryde NSW 2114<br>Tel: (02) 9850 3333<br>Fax: (02) 9858 1347 |
| PI | Pharmion Pty Ltd<br>Level 1, 476 St Kilda Road<br>Melbourne Vic 3004<br>Tel: (03) 9869 8000<br>Fax: (03) 9869 8099 |
| PK | Pharmatel Fresenius Kabi Pty Ltd<br>Unit 6, 6-18 Bridge Road<br>Hornsby NSW 2077<br>Tel: (02) 9472 2222<br>Fax: (02) 9472 2255 |
| PL | Pharmalab<br>332 Burns Bay Road<br>Lane Cove NSW 2066<br>Tel: (02) 9420 9199<br>Fax: (02) 9420 9177 |
| PM | PMC Pharma<br>A Division of AstraZeneca Pty Ltd<br>Alma Road<br>North Ryde NSW 2113<br>Tel: (02) 9978 3500<br>Fax: (02) 9978 3700 |
| PP | Petrus Pharmaceuticals Pty Ltd<br>Level 3, IBM Building<br>1060 Hay Street West Perth WA 6005<br>Tel: (08) 9368 5954<br>Fax: (08) 9368 6692 |

| *Code* | *Manufacturer* |
|---|---|
| PU | Pharmacia & Upjohn Pty Limited<br>38-42 Wharf Road<br>West Ryde NSW 2114<br>Tel: (02) 9850 3333<br>Fax: (02) 9858 1347 |
| PX | Point of Care Diagnostics Australia Pty Ltd<br>Unit 14, 76 Reserve Road<br>Artarmon NSW 2064<br>Tel: (02) 9437 1355<br>Fax: (02) 9437 1399 |
| PY | Procter & Gamble Pharmaceuticals Australia Pty Ltd<br>99 Phillip Street<br>Parramatta NSW 2150<br>Tel: (02) 9685 4500<br>Fax: (02) 9685 4777 |
| RA | Ranbaxy Australia Pty Limited<br>Suite 4.02, Level 4<br>Building D 12-24 Talavera Road North<br>Ryde NSW 2113<br>Tel: (02) 9647 1172<br>Fax: (02) 9647 1172 |
| RC | Reckitt Benckiser (Australia) Pty Limited<br>44 Wharf Road<br>West Ryde NSW 2114<br>Tel: (02) 9857 2000<br>Fax: (02) 9857 2004 |
| RD | Roche Diagnostics Australia Pty Ltd<br>31 Victoria Avenue<br>Castle Hill NSW 2154<br>Tel: (02) 9899 7999<br>Fax: (02) 9634 4696 |
| RE | Real-RL<br>Division of GlaxoSmithKline Australia Pty Ltd<br>1061 Mountain Highway<br>Boronia Vic 3155<br>Tel: (03) 9721 6000<br>Fax: (03) 9721 5319 |
| RO | Roche Products Pty Ltd<br>4-10 Inman Road<br>Dee Why NSW 2099<br>Tel: (02) 9454 9000<br>Fax: (02) 9971 7401 |
| SB | Scientific Hospital Supplies Australia Products<br>c/- Nutricia Australia Pty Limited<br>Talavera Corporate Centre Level 4, Building D 12-24 Talavera Road North Ryde NSW 2113<br>Tel: (02) 8875 0300<br>Fax: (02) 8978 4841 |
| SC | Schering Pty Ltd<br>Australian Subsidiary of Schering AG, Berlin<br>875 Pacific Highway<br>Pymble NSW 2073<br>Tel: (02) 9391 6000<br>Fax: (02) 9988 3311 |
| SE | Servier Laboratories (Aust.) Pty Ltd<br>8 Cato Street<br>Hawthorn Vic 3122<br>Tel: (03) 8823 7333<br>Fax: (03) 9822 9790 |
| SG | Merck Serono Australia Pty Ltd<br>Unit 3-4, 25 Frenchs Forest Road East<br>Frenchs Forest NSW 2086<br>Tel: (02) 8977 4100<br>Fax: (02) 9975 1516 |
| SH | Schering-Plough Pty Ltd<br>Level 4, 66 Waterloo Road<br>North Ryde NSW 2113<br>Tel: (02) 8988 8000<br>Fax: (02) 9852 7500 |
| SI | Sigma Pharmaceuticals Pty Ltd<br>96 Merrindale Drive<br>Croydon Vic 3136<br>Tel: (03) 9839 2800<br>Fax: (03) 9839 2801 |
| SJ | Sharpe Laboratories Pty Ltd<br>12 Hope Street<br>Ermington NSW 2115<br>Tel: (02) 9858 5622<br>Fax: (02) 9858 5957 |

| Code | Manufacturer |
|---|---|
| SM | Solvay Pharmaceuticals<br>Division of Solvay Biosciences Pty Ltd<br>Level 1, Building 2<br>Pymble Corporate Centre 20 Bridge Street<br>Pymble NSW 2073<br>Tel: (02) 9440 0977<br>Fax: (02) 9440 0910 |
| SN | Smith & Nephew Healthcare<br>315 Ferntree Gully Road<br>Mount Waverley Vic 3149<br>Tel: (03) 8540 6777<br>Fax: 1800 671 000 |
| SS | SSL Australia Pty Ltd<br>225 Beach Road<br>Mordialloc Vic 3195<br>Tel: 1800 999 155<br>Fax: (03) 9587 6870 |
| SU | Sauter Laboratories (Aust.) Pty Ltd<br>4-10 Inman Road<br>Dee Why NSW 2099<br>Tel: (02) 9454 9000<br>Fax: (02) 9981 3229 |
| SW | Sanofi-Aventis Australia Pty Ltd<br>Building D, Talavera Corporate Centre<br>12-24 Talavera Road Macquarie Park NSW 2113<br>Tel: (02) 8666 2000<br>Fax: (02) 8666 3000 |
| SX | Stiefel Laboratories Pty Limited<br>Unit 14, 5 Salisbury Road<br>Castle Hill NSW 2154<br>Tel: (02) 9894 5088<br>Fax: (02) 9894 5016 |
| SY | Schering AG<br>875 Pacific Highway<br>Pymble NSW 2073<br>Tel: (02) 9391 6000<br>Fax: (02) 9988 3311 |
| SZ | Sandoz Pty Ltd<br>Level 4, Suite 7-19<br>100 Harris Street Pyrmont NSW 2009<br>Tel: (02) 9566 1500<br>Fax: (02) 9566 1458 |
| TM | Technipro Marketing Pty Ltd<br>Unit 10, 13 Berry Street<br>Clyde NSW 2142<br>Tel: (02) 9897 5899<br>Fax: (02) 9897 5799 |
| TW | Terry White Chemists<br>Level 7, 5 Queens Road<br>Melbourne Vic 3004<br>Tel: (03) 9918 2500<br>Fax: (03) 9918 2006 |
| UC | UCB Pharma<br>A Division of UCB Australia Pty Ltd<br>Level 1, 1155 Malvern Road<br>Malvern Vic 3144<br>Tel: (03) 9828 1800<br>Fax: (03) 9828 1860 |
| UM | Unomedical Pty Ltd<br>11-17 Wilmette Place<br>Mona Vale NSW 2103<br>Tel: (02) 9997 8033<br>Fax: (02) 9997 3760 |
| VF | Vitaflo Australia Pty Ltd<br>23-25 Pinto Way<br>Highton Vic 3216<br>Tel: (03) 5244 5811<br>Fax: (03) 5244 5822 |
| VT | Valeant Pharmaceuticals Australasia Pty Ltd<br>Level 1, 85 St Hilliers Road<br>Auburn NSW 2144<br>Tel: (02) 9648 4266<br>Fax: (02) 9648 4655 |
| WA | Winthrop Pharmaceuticals<br>Division of Sanofi-Aventis Australia Pty Limited<br>Building D, Talavera Corporate Centre<br>12-24 Talavera Road Macquarie Park NSW 2113<br>Tel: (02) 8666 2000<br>Fax: (02) 8666 3000 |
| WF | MedWatchDog Pty Limited<br>27 Goodwin Street<br>West Ryde NSW 2114<br>Tel: (02) 9809 0665<br>Fax: (02) 9989 8469 |

| *Code* | *Manufacturer* |
|---|---|
| WT | Wyeth Consumer Healthcare Pty Ltd<br>17-19 Solent Circuit<br>Norwest Business Park Baulkham Hills<br>NSW 2153<br>Tel: 1800 555 057<br>Fax: (02) 9023 0016 |
| WX | Wyeth Australia Pty Limited<br>17-19 Solent Circuit<br>Norwest Business Park Baulkham Hills<br>NSW 2153<br>Tel: (02) 9761 8200<br>Fax: (02) 9023 0000 |
| WY | Wyeth Pharmaceuticals<br>Division of Wyeth Australia Pty Limited<br>17-19 Solent Circuit<br>Norwest Business Park Baulkham Hills<br>NSW 2153<br>Tel: (02) 9761 8200<br>Fax: (02) 9023 0000 |
| ZP | Spirit Pharmaceuticals Pty Ltd<br>Suite 50, The Upper Deck<br>Jones Bay Wharf 26-32 Pirrama Road<br>Pyrmont NSW 2009<br>Tel: (02) 9571 5522<br>Fax: (02) 9571 6644 |

| *Code* | *Manufacturer* |
|---|---|

# Section 1 — Explanatory Notes

## Introduction

These Explanatory Notes are provided to help doctors, dentists and pharmacists work within the Australian Government's Pharmaceutical Benefits Scheme (PBS).

The PBS is a system of subsidising the cost of most prescription medicines. The subsidies are available to all Australian residents and eligible foreign visitors, i.e., people from countries which have Reciprocal Health Care Agreements with Australia. These countries are the United Kingdom, Ireland, New Zealand, Malta, Italy, Sweden, the Netherlands, Finland, and Norway.

The aim of the PBS, which has been in operation since 1948, is to provide reliable and affordable access to a wide range of necessary medicines.

The Schedule of Pharmaceutical Benefits referred to throughout as the 'Schedule' – lists all of the medicines available under the PBS, and explains how they can be used in order to be subsidised.

The Schedule is produced monthly by the Australian Department of Health and Ageing (effective on the first day of each month).

It is vital therefore that doctors, dentists and pharmacists remain up to date with information on which medicines are included in or excluded from the Schedule, whether restrictions apply to the medicines, and how much patients should pay.

Queries relating to the PBS can be made to the Pharmaceutical Branches of Medicare Australia (telephone 132 290 Mondays to Saturdays, during business hours). Queries relating to the Repatriation Pharmaceutical Benefits Scheme (RPBS) can be made to the State offices of the Department of Veterans' Affairs (DVA) (telephone 1800 552 580).

## 1. The Schedule — Where to Find What

The Schedule of Pharmaceutical Benefits is divided into sections. At the start of the Schedule, immediately after the table of contents, is a summary of any changes to listed items. This is followed by a list of important information sources, contacts and addresses, then an index of manufacturers' codes.

The last pages of the Schedule provide a generic/proprietary index of PBS and RPBS ready-prepared items.

### Section 1

Section 1 is what you are reading, the Explanatory Notes. It outlines the correct way to prescribe and supply pharmaceutical benefits; patient charges; who qualifies for concessions; how the Safety Net system works; and, for pharmacists, how to claim reimbursement for PBS items.

Please note that except where indicated, the term '**prescriber**' is used in this section to cover both doctors and dentists who work within the PBS.

And except where stated otherwise, the term '**pharmacist**' means a pharmacist approved to supply medicines under the PBS.

### Section 2

This section lists ready-prepared items, and includes the form, manner of administration, brand and brand equivalents which may be prescribed, and the maximum quantity and number of repeats for each item.

Emergency drug (doctor's bag) supplies are also listed at the beginning of this section.

Any medicines that have restrictions on how they can be prescribed are printed in ***bold italics***. Items appearing in more than one therapeutic group are cross-referenced.

The second page of Section 2 explains symbols used throughout the Schedule.

The use of 'NOTE' in this section is used to clarify how some pharmaceutical benefits should be prescribed.

The use of 'CAUTION' is to warn of known adverse reactions from, or precautions to be taken with, a particular pharmaceutical benefit. (The absence of a cautionary note does not imply reactions may not happen.)

A separate list at the end of Section 2 relates to items that can be prescribed by dentists who work within the PBS. This is followed by a list of items that are made available under special arrangements for doctors to prescribe.

### Section 3

This section lists container prices, fees related to dispensing, standard packs and prices for ready-prepared preparations.

### Section 4

This section deals with extemporaneous preparations. It lists the ingredients which can be used, a table of maximum quantities and number of repeats, container prices, and a list of standard formula preparations and prices (based on formularies in common use and referred to in the Schedule as the Standard Formulae List).

Restrictions applying to the use of a pharmaceutical benefit are indicated against the item.

### Repatriation Schedule of Pharmaceutical Benefits

After Section 4, the Schedule provides information about pharmaceutical benefits under the RPBS. These may only be prescribed to DVA beneficiaries holding one of the repatriation health cards (see details under '4. Patient Charges').

## 2. Prescribing Medicines — Information for Doctors and Dentists

### Eligible prescribers

Pharmaceutical benefits can only be prescribed by registered doctors and by dentists who are approved to work within the PBS.

### PBS Prescription forms

Standard PBS prescription forms are available from Medicare Australia for prescribing pharmaceutical benefits.

For doctors:

- *Personalised forms* – are printed with the doctor's name, qualifications, practice address/es, telephone number and prescriber number (which relates to pharmaceutical benefits). They are only provided to doctors who have a Medicare provider number.
- *Non-personalised (blank) forms* – are distributed as an emergency supply (usually when a doctor has temporarily run out of personalised forms).

- *Locum forms* – have the doctor's name, prescriber number and telephone number (if available) and a space to record the practice where the doctor is working.
- *PBS/RPBS Authority Prescription Forms* – can be in personalised, non-personalised or locum format.
- *Computer PBS prescription forms* – are either continuous or single sheet. On the reverse side they list the name, address and telephone number of the practice, and in the case of a sole doctor practice, the doctor's name.

For dentists:

- *Personalised forms* – have the dentist's name, qualifications, practice address/es, telephone number and prescriber number.
- *Non-personalised (blank) forms* – are distributed for emergency supply only.

PBS prescription forms for both doctors and dentists are supplied free of charge.

The inclusion of the prescriber number on a PBS prescription enables the pharmacist to be sure the prescription is from a legitimate prescriber and satisfies State/Territory legislation.

PBS prescriptions should be provided to the patient in duplicate, as both copies make up a valid PBS prescription. The patient should be reminded to present both the original and the duplicate copy to their local pharmacist.

There are separate arrangements for PBS prescriptions in certain public hospitals. To gain access to pharmaceutical benefits under this arrangement a patient must attend a participating public hospital and be a discharge patient or non-admitted patient. Only a medical practitioner, in course of employment with the participating public hospital, may prescribe the subsidised medication. The States of Victoria, Queensland and Western Australia have agreed to implement these arrangements.

#### *Ordering forms*

Prescribers are asked not to over order. Getting the right amount of forms helps to reduce the cost to taxpayers and helps to reduce paper wastage. Also, the pads may deteriorate if stored over time.

Order forms for standard and authority PBS prescription forms are available from Medicare Australia stationery officers. Contact details are listed in the front of the Schedule. Order forms for computer PBS prescription form stationery are obtained from Medicare Australia (at the address below). Orders should be sent to:

Prescription Pad Order Clerk
Pharmaceutical Branch
Medicare Australia
GPO Box 9826
Sydney NSW 2001
Telephone (02) 9895 3295

Orders for PBS prescription stationery will only be accepted by application in writing and through the channels mentioned above.

### Preparing general PBS prescriptions

#### *Do's and Don't's*

A PBS prescription is only valid when it is written by a doctor or dentist.

The PBS prescription must be for the treatment of the person named on the PBS prescription. A PBS prescription may only be written for the treatment of one person.

A prescriber cannot write more than one PBS prescription for the same pharmaceutical benefit for the same person on the same day.

Up to **three** pharmaceutical benefit items may be included on a single PBS prescription form (except in the case of Authority required and Authority required (STREAMLINED) items that must be written on individual forms), but pharmaceutical benefits and non-pharmaceutical benefits should not be listed together on the one PBS prescription form.

There are separate arrangements for PBS prescriptions in certain public hospitals. To gain access to pharmaceutical benefits under this arrangement a patient must attend a participating public hospital and be a discharge patient or non-admitted patient. Only a medical practitioner, in course of employment with the participating public hospital, may prescribe the subsidised medication. The States of Victoria, Queensland and Western Australia have agreed to implement these arrangements.

If an item has a particular manner of administration it may not, as a pharmaceutical benefit, be administered in any other way, e.g., an ophthalmic preparation may not be prescribed for topical use.

If an item is restricted, but the patient is not suffering from one of the specified conditions, it cannot be prescribed as a pharmaceutical benefit. The prescriber should write the prescription either on a private prescription or on a standard prescription with 'PBS/RPBS' clearly struck out. It should also be endorsed 'non-PBS'.

Prescribers must heed State/Territory laws when prescribing drugs listed as narcotic, specified or restricted in the poisons legislation of the particular State or Territory. Legislative requirements in some States/Territories are such that prescribers may be required to prescribe a drug of addiction on a separate PBS prescription.

A prescriber cannot prescribe a narcotic drug for him/herself.

Prescribers are issued with individual PBS prescription pads by Medicare Australia for their own use – these pads should not be used by other prescribers, as this can cause confusion through incorrect pharmacy records.

Doctors should, and dentists are required to, include their prescriber numbers on non-personalised PBS prescriptions.

The following admixtures are not pharmaceutical benefits:

- the admixture of two or more ready-prepared items listed in the Schedule; or
- the admixture of a ready-prepared item and one or more extemporaneous drugs listed in Section 4 of the Schedule; or
- the admixture of a non-pharmaceutical benefit item with a pharmaceutical benefit item.

***Writing the PBS prescription***

The following rules apply for writing PBS prescriptions:

- they must be written in indelible form (i.e., ink or ball-point pen) in the prescriber's own handwriting (exceptions must be approved by Medicare Australia's Chief Executive Officer) either on the standard PBS prescription, or on paper approximately 18 cm x 12 cm, or they can be generated by computer on a form approved by Medicare Australia. For patient safety reasons, both the original and the duplicate must be legible;
- they must record the prescriber's name and address (and, in the case of dentists, the prescriber number), the patient's name, address and entitlement status, and whether the prescription is under the PBS or RPBS;

- they should completely identify the pharmaceutical benefit by detailing the item, dose, form, strength, quantity and instructions for use;
- they should indicate where brand substitution is not permitted. PBS prescriptions must not be prepared using a computer prescribing program that contains a default which would result in all prescriptions being indicated as Brand Substitution Not Permitted;
- where 'solvent required' is included after the form, the volume and number of ampoules must be specifed; and
- they must be signed by the prescriber and dated. Forward or back dating is not permitted.

There are separate arrangements for PBS prescriptions in certain public hospitals. To gain access to pharmaceutical benefits under this arrangement a patient must attend a participating public hospital and be a discharge patient or non-admitted patient. Only a medical practitioner, in course of employment with the participating public hospital, may prescribe the subsidised medication. The States of Victoria, Queensland and Western Australia have agreed to implement these arrangements.

## Restrictions

Pharmaceutical benefits listed in the Schedule fall into three broad categories:
*Unrestricted benefits* –have no restrictions on their therapeutic uses;

*Restricted benefits* –can only be prescribed for specific therapeutic uses (noted as Restricted benefit); and

*Authority required benefits* –Authority required benefits fall into two categories:

- *Authority required benefits* are restricted benefits that require prior approval from Medicare Australia or the DVA (noted as **Authority required**)
- *Authority required (STREAMLINED) benefits* are restricted benefits that do not require prior approval from Medicare Australia or the DVA but require the recording of a streamlined authority code (noted as **Authority required (STREAMLINED)**).

## Authority PBS prescriptions

Authority required benefits fall into two categories – A*uthority required* and *Authority required (STREAMLINED)*. The process in which an authority PBS prescription can be prescribed will depend on the type of Authority required benefit.

Only doctors (not dentists) can write Authority required and Authority required (STREAMLINED) PBS prescriptions.

Authority required and Authority required (STREAMLINED) PBS prescriptions cannot have retrospective approval.

### *Authority required PBS Prescriptions*

Approval of authority PBS prescriptions by Medicare Australia may be sought by:

- posting an Authority Prescription Form to Medicare Australia - after approval, Medicare Australia will forward both copies of the prescription to the patient or the doctor (if it is to be sent direct to the patient, the doctor should mark the box next to the patient's details);
- calling Medicare Australia Authority Freecall service (1800 888 333); or
- using Medicare Australia PBS authorities website at www.medicareaustralia.gov.au/providers.

Approval of authority prescriptions by the DVA may be obtained either by posting an Authority Prescription Form to the DVA, or by using the DVA Authority Freecall service (1800 552 580).

An authority PBS/RPBS prescription is not valid until it has been approved by Medicare Australia or the DVA. Without this approval, a pharmacist must not supply the item as a PBS/RPBS benefit.

Each Authority required PBS/RPBS item must be written on a separate Authority PBS/RPBS Prescription Form. This form consists of 3 copies:

- the patient/pharmacist copy, which records doctor, patient, and pharmaceutical benefit item details. Where required a repeat authorisation, which is used for repeat supply, is attached to the pharmacist/patient copy until the last supply is made. The patient/pharmacist copy is then retained by the pharmacist;
- the Medicare Australia/DVA copy which records doctor, patient, and pharmaceutical benefit item details. After the first dispensing, the Medicare Australia/DVA copy is forwarded to Medicare Australia for processing and payment;
- the doctor's copy (for computer generated scripts, this is the tear off portion at the base of the script) or Prescriber/Medicare Australia/DVA copy (for handwritten scripts this is the long white copy), is kept by Medicare Australia or the DVA for record purposes when approval is sought in writing. When approval is by telephone or by the authorities website, the doctor must keep this copy for 12 months. This copy must record the daily dose, details of the disease, clinical justification for using the item, the patient's age (if the patient is a child) and whether the patient has previously received an authority for this pharmaceutical benefit.

There are separate arrangements for PBS prescriptions in certain public hospitals. To gain access to pharmaceutical benefits under this arrangement a patient must attend a participating public hospital and be a discharge patient or non-admitted patient. Only a medical practitioner, in course of employment with the participating public hospital, may prescribe the subsidised medication. The States of Victoria, Queensland and Western Australia have agreed to implement these arrangements.

***Authority required (STREAMLINED) PBS Prescriptions***

Prior approval is not required from Medicare Australia or DVA to prescribe an Authority required (STREAMLINED) item (except where increased quantities and/or repeats are required). Instead the authority prescription form must include a four digit streamlined authority code.

This code is listed with the corresponding restriction for each Authority required (STREAMLINED) item and the prescriber must write the code on the authority PBS/RPBS prescription form. An authority prescription for an Authority required (STREAMLINED) item is not valid unless the code is included on the prescription form. Without the streamlined authority code, a pharmacist must not supply the item as a PBS benefit.

There are no Authority Required (STREAMLINED) items in the Repatriation Schedule of Pharmaceutical Benefits.

Authority required (STREAMLINED) PBS prescriptions must be written on an Authority PBS/RPBS Prescription Form, this includes:

- the pharmacist/patient copy, which records doctor, patient, and pharmaceutical benefit item details. The prescription is given directly to the patient to be dispensed at their pharmacy;
- the Medicare Australia/DVA copy which records doctor, patient, and pharmaceutical benefit item details. After the first dispensing, the Medicare Australia/DVA copy is forwarded to Medicare Australia for processing and payment;
- the doctor's copy is kept by the doctor for 12 months. This copy must record the daily dose, details of the disease, clinical justification for using the item, the patient's age (if the patient is a child) and whether the patient has previously received an authority for this pharmaceutical benefit.

There are separate arrangements for PBS prescriptions in certain public hospitals. To gain access to pharmaceutical benefits under this arrangement a patient must attend a participating public hospital and be a discharge patient or non-admitted patient. Only a medical practitioner, in course of employment with the participating public hospital, may prescribe the subsidised medication. The States of Victoria, Queensland and Western Australia have agreed to implement these arrangements.

***Writing authority PBS prescriptions***

The following rules apply:

- only one item may be prescribed per PBS prescription;
- PBS prescriptions must be completed by doctors in writing, unless otherwise approved by Medicare Australia;
- doctors should include their name, address, telephone number and **prescriber number** (not provider number);
- doctors must include the patient's name, address and entitlement status (i.e. whether they are a 'concessional' or 'general patient';
- doctors must indicate when brand substitution is not permitted. PBS prescriptions must not be prepared using a computer prescribing program that contains a default which would result in all PBS prescriptions being indicated as Brand Substitution Not Permitted;
- in certain circumstances, the doctor must provide additional information to Medicare Australia with the authority application; and
- the PBS prescription must be signed by the doctor and dated.

Posted applications which lack necessary information, and therefore cannot be approved, will be returned to doctors for correction. If a doctor can clarify the matter via telephone, an Authority to Prescribe Form may be prepared by Medicare Australia or the DVA and sent to the doctor.

In the case of authority PBS prescriptions approved by telephone, the doctor should ensure the approval number is included on the PBS prescription to enable the pharmacist to supply the medication. A prescriber who is granted approval but decides not to continue with the therapy should advise Medicare Australia.

In the case of Authority required (STREAMLINED) prescriptions, the streamlined authority code must be written on the PBS/RPBS prescription form. This enables the pharmacist to supply the medication as a PBS benefit.

There are separate arrangements for PBS prescriptions in certain public hospitals. To gain access to pharmaceutical benefits under this arrangement a patient must attend a participating public hospital and be a discharge patient or non-admitted patient. Only a medical practitioner, in course of employment with the participating public hospital, may prescribe the subsidised medication. The States of Victoria, Queensland and Western Australia have agreed to implement these arrangements.

## Maximum quantities and repeats

The maximum quantity and number of repeats allowed for PBS items are recommended by the Pharmaceutical Benefits Advisory Committee (PBAC). In the case of RPBS items, the recommendations come from the Repatriation Pharmaceutical Reference Committee (RPRC).

Only doctors (not dentists) can prescribe repeats.

PBS prescriptions and repeats can be for any quantity up to the maximum. It is not necessary to prescribe the maximum quantity if a lesser quantity is sufficient for the patient's needs. Please clearly indicate the number of tablets, capsules, etc. required and the number of repeats needed, and **do not use** abbreviations such as 'Max. Qty', 'M.Q.', or 'M.R.'.

If a doctor feels the maximum quantity or number of repeats should be increased for a particular patient, he or she must complete an Authority PBS Prescription Form (see procedures above under 'Authority PBS Prescriptions'). The provision of increased quantities and repeats on authority PBS prescriptions is intended to provide approximately one month's therapy which may be repeated (if clinically appropriate) to provide 6 months' therapy in total. This situation usually arises where higher than normal dosages are required.

Approval for increased quantities and repeats of Authority required, Authority required (STREAMLINED) and Restricted benefit PBS items will be granted only where the reason for the PBS prescription is consistent with the indications published in the Schedule.

Approval for increased quantities and repeats extends only to the provision of a pharmaceutical benefit for the patient and does not imply approval of any aspects of the patient's care, which are the responsibility of the treating doctor.

### Regulation 24

Under this regulation, original and repeat supplies of pharmaceutical benefits can be supplied at the one time if a doctor is first satisfied that certain conditions apply, then endorses the PBS prescription `Regulation 24'. RPBS prescriptions may be endorsed 'hardship conditions apply'.

The doctor must first be satisfied all the following conditions apply:

- the maximum PBS quantity is insufficient for the patient's treatment; **AND**
- the patient has a chronic illness or lives in a remote area where access to PBS supplies is limited; **AND**
- the patient would suffer great hardship trying to get the pharmaceutical benefit on separate occasions.

### Urgent cases

In urgent cases and where State/Territory law allows, a prescriber may telephone a pharmacist and ask that a PBS prescription be supplied. He/she must then forward the written PBS prescription and duplicate to the pharmacist within **seven days of the date of supply**.

This also applies to 'Authority required' authority PBS prescriptions provided prior approval has been given by Medicare Australia or DVA. The follow-up written PBS prescription must include the approval number provided over the phone by Medicare Australia or DVA.

### Drugs of addiction

Prescribers must heed State/Territory laws when prescribing drugs listed as narcotic, specified or restricted and must notify, or receive approval from, the appropriate health authority.

When a PBS/RPBS authority application is for a drug of addiction (other than dexamphetamine sulfate), the following guidelines apply:

- the maximum quantity authorised is generally for one month's therapy (e.g., one week's therapy with three repeats);
- where supply for a longer period is warranted, quantities are usually for up to three months' therapy;
- telephone approvals are limited to one month's therapy.

Doctors should also state the interval of repeat where repeats are called for, and ensure State/Territory health authorities are notified about ongoing treatment.

### Emergency drug (doctor's bag) supplies

Certain pharmaceutical benefits are provided without charge to doctors who in turn can supply them free to patients for emergency use.

A doctor must fill out and sign the Emergency Drug (Doctor's Bag) Order Form in triplicate and give the original and duplicate to a pharmacist. Each form is valid for the month indicated on the form.

Doctors can order the maximum quantity of an item provided they do not already have the maximum quantity on hand. Doctors can only get items once a month. They can also ask for a particular brand of a pharmaceutical benefit. If it is unavailable, they must specify another listed brand, and initial the alteration.

A receipt must be signed by the doctor, or by an authorised representative, when supplies are received.

## 3. Supplying Medicines — What Pharmacists Need to Know

### Eligible suppliers

Pharmaceutical benefits are mainly supplied by approved pharmacists – pharmacists who comply with certain conditions. These pharmacists are approved to dispense pharmaceutical benefits from a particular pharmacy.

Other suppliers include approved doctors (usually practising in isolated areas), Friendly Society pharmacies, and approved hospitals. All suppliers are issued with approval numbers by Medicare Australia. They should follow the procedures in these Explanatory Notes.

Unapproved pharmacists *cannot* supply pharmaceutical benefits.

#### *Approval conditions for pharmacists*

A pharmacist approved to supply medicines under the PBS:

- can only supply benefits from the pharmacy that he/she is operating;
- will not supply to anyone any pharmaceutical benefit that attracts a Commonwealth contribution for free, or for a price that is less than the relevant patient contribution;
- will clearly advertise that any offer for free or cut-price medicines does not include pharmaceutical benefits which have a Commonwealth contribution;
- will not pay rebates or refunds of patient contributions;
- will publicly display a notice setting out the pharmacy's normal trading hours;
- is obliged to supply pharmaceutical benefits at the pharmacy at any hour if a PBS prescription is marked 'urgent' and initialled by the prescriber;
- will keep adequate stocks for the supply of pharmaceutical benefits;
- may be called on by Medicare Australia to provide details of stocks of pharmaceutical benefits or preparations for pharmaceutical benefits; and
- must keep the duplicates of all old format PBS prescriptions, and the patient/pharmacist copies of all new format PBS prescriptions, with a Commonwealth contribution for at least one year from the date of supply. This includes PBS prescriptions ordering repeats when it is the final supply, and order forms for emergency drug (doctor's bag) supplies. Please note that some State/Territory laws require these copies to be kept for longer periods.

### Before supplying pharmaceutical benefits

Several steps must be taken before a pharmaceutical benefit is supplied.

Firstly, a pharmacist must endorse the PBS prescription and duplicate with his/her name and approved supplier number.

Secondly, a PBS prescription identifying number must be given to the PBS prescription item on both the PBS prescription and duplicate. Any recognised series of numbers may be used.

If more than one item is on a PBS prescription, a separate identifying number should be allocated to each item.

In the case of a repeat authorisation, the same PBS prescription identifying number(s) must be carried through for each item. A pharmacist must also allocate his/her own identifying number on the repeat authorisation. It must be written alongside the date and place of supply.

## Supplying pharmaceutical benefits

***Do's and Don't's***

Except in urgent cases (see details under '2. Prescribing Medicines ... Urgent cases'), pharmacists are authorised to supply pharmaceutical benefits only after they receive:

- the pharmacist/patient and Medicare Australia or DVA copies of a valid PBS prescription which is not more than 12 months old; or
- the pharmacist/patient and Medicare Australia or DVA copies of an approved authority PBS prescription or an authority to prescribe which is not more than 12 months old; or
- a repeat authorisation attached to a patient/pharmacist PBS prescription not more than 12 months after the date of the original PBS prescription.

A pharmacist must not supply an Authority required (STREAMLINED) item unless the prescriber has written the four digit streamlined authority code on an authority PBS/RPBS prescription.

A pharmaceutical benefit cannot be supplied more times than specified in the PBS prescription.

A pharmacist cannot add to, delete from, or alter a PBS prescription in any other way. However, there may be circumstances where after contacting a prescriber, the pharmacist can clarify the prescriber's intentions and endorse the PBS prescription accordingly.

Once a pharmaceutical benefit has been supplied to a patient, it may not be supplied to that patient again:

- on the same day or within the next 20 days, if it is a benefit (other than an eye preparation) that has five or more repeats allowed in the Schedule; or
- on the same day or within the next four days (e.g., if a pharmaceutical benefit is supplied on a Monday, it cannot be supplied again to that patient until the next Saturday) in the case of other benefits.

Exceptions to this are:

- when a PBS prescription is endorsed with the words 'Regulation 24' or 'hardship conditions apply' (see below under 'Regulation 24'); and
- If a pharmacist believes supply is urgently needed to treat the person, or a previous supply has been destroyed, lost or stolen. In this case, the pharmacist can provide another supply but must write 'immediate supply necessary' and sign the PBS prescription.

With the agreement of the patient, a pharmacist can supply an alternative brand of a benefit without reference to the prescriber, provided that:

- the PBS prescription does not indicate 'brand substitution not permitted';
- the Schedule shows the prescribed brand and the substitute brand are bioequivalent; and
- supply of the substitute brand does not contravene relevant State/Territory law.

A pharmacist cannot substitute one medicine for another – only an alternative brand of the medicine, as specified above.

Pharmacists must heed State/Territory laws when supplying drugs listed as narcotic, specified or restricted in the poisons legislation of the particular State or Territory.

***What to do if the Schedule changes***

If an item or brand is deleted from the Schedule, it *cannot* be supplied as a pharmaceutical benefit from the date the deletion takes effect – regardless of whether the PBS prescription was written before this date. This includes repeat authorisations. (Special conditions applying to RPBS prescriptions are detailed in the RPBS Explanatory Notes.)

However, if restrictions on the prescribing of a pharmaceutical benefit change, or the maximum quantity or number of repeats is altered in the Schedule, valid PBS prescriptions written before the date of effect of the change *may* still be supplied as pharmaceutical benefits, under the conditions applying at the date of prescribing.

## Suspected forgery

Pharmacists should take all reasonable steps to satisfy themselves that all items on a PBS prescription were written by a doctor or a dentist.

## Regulation 24

This regulation allows pharmacists to supply a pharmaceutical benefit and all of its repeats at the one time.

The PBS prescription must be endorsed by the doctor with the words 'Regulation 24' if it is an item under the PBS, or 'hardship conditions apply' if it is being supplied under the RPBS. (For more information see under `2. Prescribing Medicines ... Regulation 24').

## Repeat authorisations

When a PBS prescription calls for repeat supplies, the pharmacist shall prepare a Repeat Authorisation Form, except when the PBS prescription is marked `Regulation 24'.

The repeat may be requested on a standard PBS prescription, an authority PBS prescription or an Authority to Prescribe Form, or on an earlier repeat authorisation. In the latter case, it must come with the duplicate PBS prescription, or in the new format, the "patient/pharmacist copy".

### *Preparing Repeat Authorisation Forms*

A Repeat Authorisation Form must show:

- the category of benefit (concession or general) – by placing a cross (x) in the relevant box;
- the patient's name and full address;
- in the case of repeats authorised on authority PBS prescriptions, the authority prescription number;
- details of the original PBS prescription stating the item, brand, form, strength, quantity and directions;
- if brand substitution has occurred, the name of the brand actually supplied;
- for the first supply, the pharmacy approval number, the date of the original PBS prescription and the allotted PBS prescription identifying number;
- for subsequent supplies, the pharmacy approval number and the date of the original PBS prescription number;
- the number of times the item is to be repeated and the number of times it has been supplied;
- the name and pharmacy approval number of the pharmacist issuing the repeat authorisation; and
- the date of supply.

When a repeat authorisation is prepared for any further repeats or deferred supply, a pharmacist must attach the duplicate copy of an old format PBS prescription, or the patient/pharmacist copy of a new format PBS prescription, and give both to the patient at the time of supply.

### *Repeat authorisations for injectables and solvents*

Where an injectable pharmaceutical benefit requires a solvent, both items should be treated as one pharmaceutical benefit. If repeats are needed, only one repeat authorisation is to be prepared. Details of the injectable and the solvent should appear in the space provided for the 'original prescription transcription'.

***Repeat authorisations for deferred supply***

When a PBS prescription orders a number of pharmaceutical benefit items, but the patient does not need all of the items at the same time, a separate repeat authorisation for each deferred item must be prepared. The words 'original supply deferred' should be indicated across the relevant item on the original PBS prescription, its duplicate, and on the repeat authorisation.

Deferred items must not be claimed on the original PBS prescription.

The Repeat Authorisation Form when it is used for a deferred supply, is issued in the same way as normal repeat authorisations except that:

- '0' is to be inserted in the space for 'no. of times already dispensed'; and
- if no repeats are ordered, '0' is to be inserted in the space for 'no. of repeats authorised'.

Supplying a benefit on a deferred supply repeat authorisation is to be treated as if it is the first time of supply. If repeats are directed, the normal procedure for repeat authorisations applies. Details of the pharmacy at which the deferred supply was authorised are to be written onto subsequent repeat authorisations.

## Authority PBS prescriptions

If a pharmacist is presented with an authority PBS prescription and is not sure if it has been approved, he or she should contact Medicare Australia. Please note that Medicare Australia will not provide clinical information.

If the authority PBS/RPBS prescription is for an Authority required (STREAMLINED) item the pharmacist should ensure that the prescriber has written the four digit streamlined authority code on the prescription, this enables the pharmacist to supply the item as a PBS benefit.

## Urgent cases

In urgent cases and where State/Territory law allows, pharmacists can supply a pharmaceutical benefit to a person without a PBS prescription, provided details of the prescription are given by the prescriber via telephone or other means. The prescriber must then forward the written PBS prescription and duplicate to the pharmacist within **seven days of the date of supply**.

Where a pharmaceutical benefit needs prior approval from Medicare Australia or the DVA, the prescriber must obtain approval and then advise the pharmacist of the PBS prescription and approval details. Only an original supply can be provided in this manner, not repeats.

## Receipts

A person receiving a pharmaceutical benefit item must sign and date a receipt for it. If the person is not the patient, that person must also endorse the PBS prescription or repeat authorisation with his/her address. A receipt cannot be obtained until supply of the benefit has been made.

If a pharmaceutical benefit has to be sent through the post, by rail, or by other means, and a receipt is not practical, the pharmacist must certify on the PBS prescription or repeat authorisation that the benefit has been supplied, and write the date of supply and details of how it was sent. For example, if a pharmaceutical benefit is mailed to a patient on 1 April 2006, the pharmacist should write: "Certified supplied – mailed to patient 1 April 2006 (name of pharmacist) (signature of pharmacist) (date of certification)".

If an item is supplied in an urgent case, or to a person who cannot read or write, the pharmacist should sign and date a statement on the PBS prescription or repeat authorisation, stating the item has been supplied and the date on which it was supplied, and explaining why there is no receipt. For example, if a pharmaceutical benefit is supplied to a patient with a broken arm on 1 May 2006, the pharmacist should write: "Certified supplied 1 May 2006 – patient has a broken arm and is unable to sign (name of pharmacist) (signature of pharmacist) (date of certification)".

Only the pharmacist approved to supply pharmaceutical benefits can certify supply.

### Emergency drug (doctor's bag) supplies

Pharmacists may supply certain pharmaceutical benefit items free of charge to doctors for emergencies if they receive an Emergency Drug (Doctor's Bag) Order Form in duplicate, signed by the doctor.

Pharmacists must be satisfied the form was completed by a doctor and includes the doctor's name and address. If a pharmacist does not know the doctor, he/she should confirm the doctor's registration and endorse this on the back of the form.

For more information about emergency supplies see under `2. Prescribing Medicines ... Emergency drug (doctor's bag) supplies'.

## 4. Patient Charges

### Type of patient

There are two types of PBS beneficiaries – general patients and concessional patients. General patients hold a Medicare card. Concessional patients hold a Medicare card and one of the following cards from Centrelink or the DVA:

- Pensioner Concession Card
- Commonwealth Seniors Health Card
- Health Care Card
- Repatriation Health Card For All Conditions (gold) – concessional patients under RPBS
- Repatriation Health Card For Specific Conditions (white) – only regarded as concessional patients for RPBS prescriptions unless they hold a separate entitlement from Centrelink, otherwise they are general patients
- Repatriation Pharmaceutical Benefits Card (orange) – concessional patients under RPBS
- Safety Net Concession Card or Safety Net Entitlement Card are also issued by Medicare Australia.

The above concessional patients are recognised by public hospitals in all States and Territories apart from South Australia (where DVA beneficiaries are treated as general patients) and New South Wales (where holders of a white DVA card are treated as general patients).

Under the Reciprocal Health Care Agreements (RHCA), visitors from participating countries (see the introduction of this section for the list of countries) are treated as general patients – they do not have concessional entitlements. To receive pharmaceutical benefits, these visitors may need to present a temporary Medicare card or their passport. Pharmacists should contact Medicare Australia if they have queries about these arrangements.

### Establishing entitlement

PBS prescription forms supplied by Medicare Australia have spaces provided for details of a patient's entitlement status. Anyone can enter this information, which must include:

- a cross (x) in the appropriate box to indicate the level of patient contribution; and
- the complete Medicare number (including individual reference number) or complete Veteran file number on the card; and
- if applicable, the complete concession number on the card.

The person who signs the receipt for pharmaceutical benefits also accepts responsibility for the validity of the entitlement information on the PBS prescription.

All PBS prescriptions must have a Medicare or Veteran file number. All concessional PBS prescriptions must have a concession number. However, it is not necessary for the Medicare (Veteran file) or the concession number to be endorsed on the PBS prescription if it is included in the electronic prescription details supplied by a pharmacist who is using the Claims Transmission System.

## What to charge

### *Patient contribution*

Under the PBS, the maximum cost for a pharmaceutical benefit item at a pharmacy is $30.70 for general patients and $4.90 for concessional patients (except where a special patient contribution, a brand premium, or a therapeutic group premium applies). General patients who have reached the safety net threshold (see details under '5. The Safety Net Scheme') receive pharmaceutical benefit items at the concessional rate of $4.90.

Patients who have a Safety Net Entitlement Card (see details under '5. The Safety Net Scheme') receive PBS items for free, except when a special patient contribution, brand premium, or therapeutic group premium applies.

The contribution rate for general patients as outpatients at public hospitals throughout Australia is $24.60. The exception is Queensland and hospitals participating in the pharmaceutical reforms where they pay the safety net value of an item when it is listed in the Schedule (see details under '5. The Safety Net Scheme'), or up to $30.70 for items not listed in the Schedule. The public hospital pharmaceutical reforms enable participating public hospitals to prescribe and supply pharmaceutical medication from the Pharmaceutical Benefits Scheme to outpatients and patients upon discharge. A range of chemotherapy drugs will also be available for day-admitted and non-admitted chemotherapy patients.

The contribution rate for concessional patients in all public hospitals is $4.90.

The supply of a pharmaceutical benefit or a Repatriation pharmaceutical benefit to a patient is a GST-free supply. Goods and services tax must not be included in the price charged to a patient for the supply of a benefit under the PBS or RPBS.

It is the patient's responsibility to meet any charge lawfully demanded by an approved pharmacist, otherwise supply may be refused.

The patient contribution rates are usually adjusted on 1 January each year in line with inflation.

### *Patient contributions for early supply of some PBS medicines*

Prescriptions for some pharmaceutical benefits are not eligible for Safety Net benefits if resupplied within 20 days of a previous supply of the same pharmaceutical benefit for the same person under the PBS or the RPBS. This is known as the 'Safety Net 20 day rule' which came into effect on 1 January 2006.

Where a prescription is subject to the Safety Net 20 day rule, exclusion from Safety Net benefits has the following effects:

- the patient contribution does not count towards the Safety Net
- after the Safety Net threshold is reached, the usual patient payment amount for the corresponding entitlement level (not the Safety Net amount) applies.

For example: The payment for such a prescription for a patient with a Safety Net Entitlement Card would be $4.90 – not free. For a general patient with a Safety Net Concession Card, the usual general patient amount (up to $30.70) would apply – not the Safety Net concessional amount of $4.90.

The Safety Net 20 day rule does not apply to PBS/RPBS prescriptions originating from hospitals or day hospital facilities.

***Special patient contributions, brand premiums and therapeutic group premiums***

A special patient contribution is payable for a pharmaceutical benefit when there is a disagreement between the manufacturer and the Government over the dispensed price for that benefit item. This extra charge is paid by all patients, together with their usual patient contribution. Other than for bleomycin sulfate, exemptions on medical grounds are available. For RPBS special patient contribution arrangements refer to the RPBS Explanatory Notes.

Under the brand premium arrangements, Commonwealth reimbursement to pharmacists is based on the lowest-priced brand. Patients pay the difference for higher-priced brands, on top of their usual patient contribution.

Under the therapeutic group premium arrangements, Commonwealth reimbursement to pharmacists is based on the lowest priced benefit items within identified therapeutic groups. Patients pay the difference for higher priced items. Exemptions on medical grounds are available, but must be granted by Medicare Australia.

The Schedule's special patient contributions, brand premiums and therapeutic group premiums apply to maximum quantities. When a quantity is less than, or – on an authority or regulation 24 PBS prescription - more than, the maximum, the contributions or premiums will be a fraction or multiple of the maximum quantity, using standard pricing rules.

There are separate arrangements for PBS prescriptions in certain public hospitals. To gain access to pharmaceutical benefits under this arrangement a patient must attend a participating public hospital and be a discharge patient or non-admitted patient. Only a medical practitioner, in course of employment with the participating public hospital, may prescribe the subsidised medication. The States of Victoria, Queensland and Western Australia have agreed to implement these arrangements.

***Solvents***

Where a solvent is prescribed as a part of a pharmaceutical benefit, only one patient contribution is charged.

***Increased quantities***

Where a doctor has written an authority PBS prescription for a quantity greater than the maximum, the relevant patient contribution should be made for each supply of the increased maximum quantity.

***Regulation 24***

For 'Regulation 24' PBS prescriptions, a pharmacist should charge the usual patient contribution for the original and for each repeat quantity needed to make up the total supply (plus any special patient contribution, brand premium or therapeutic group premium if applicable).

***After hours***

A pharmacist may charge an extra fee if he/she supplies a PBS item outside his/her pharmacy's normal trading hours. The charge is paid by the patient and does not count towards the safety net.

***Delivery***

A charge can be added for delivering pharmaceutical benefits from the pharmacy. This charge does not count towards the safety net. For RPBS delivery arrangements refer to the RPBS Explanatory Notes.

## 5. The Safety Net Scheme

The Safety Net Scheme is designed to protect those patients and their families who require a large number of PBS and RPBS items, and applies to each calendar year.

For the purposes of the scheme, the family includes:

- the spouse or de facto spouse;
- family members under the age of 16 who are in the care and control of the patient; or
- dependent full-time students under the age of 25.

The scheme requires pharmacists, on request by patients, to record the supply of PBS and RPBS items on Prescription Record Forms (PRF's). When patients reach a certain spending level (or Safety Net threshold) within a calendar year, they qualify to receive PBS or RPBS items at a cheaper price or free of charge for the rest of that year. The reductions do not apply to special patient contributions, brand premiums or therapeutic group premiums – these charges must still be met by patients.

The Safety Net threshold may be reached by accumulating PBS prescriptions through community pharmacies or public hospitals or a combination of both.

Pharmaceutical benefit items (including authority items) can only be counted towards the safety net threshold when prescribed and supplied according to the Schedule's conditions. A medicine supplied by a pharmacist who is not approved to supply pharmaceutical benefits cannot count towards the Safety Net.

Prescriptions for some pharmaceutical benefits are not eligible for Safety Net benefits if resupplied within 20 days of a previous supply of the same pharmaceutical benefit for the same person under the PBS or RPBS. For such prescriptions, the patient contribution cannot count towards the Safety Net (see also details under '4. Patient Charges' and '7. How Pharmacists Claim Reimbursement'). This does not apply to out-patient medications in public hospitals or to any prescriptions originating from a hospital or day hospital facility.

There are separate arrangements for PBS prescriptions in certain public hospitals. To gain access to pharmaceutical benefits under this arrangement a patient must attend a participating public hospital and be a discharge patient or non-admitted patient. Only a medical practitioner, in course of employment with the participating public hospital, may prescribe the subsidised medication. The States of Victoria, Queensland and Western Australia have agreed to implement these arrangements.

## Safety net thresholds

There are two safety net thresholds – one for general patients and the other for concessional patients.

The general patient safety net threshold is currently $1059.00. When patients and/or their families reach this amount, they can apply for a Safety Net Concession Card and pay only $4.90 per PBS prescription for the rest of the calendar year.

The concessional safety net threshold is $274.40 (this also applies to gold, white or orange card holders under the RPBS). Once patients and/or their families reach this amount, they can apply for a Safety Net Entitlement Card and receive items free of charge for the rest of the calendar year.

Brand premiums, therapeutic group premiums and special patient contributions do not count towards the safety net thresholds.

The thresholds may be adjusted on 1 January each year in line with inflation.

### *Safety net cross-over arrangements*

Some patients and/or members of their families will move in and out of concessional status during the calendar year. Patients should apply for the safety net card appropriate to their status at the time they apply.

Concessional patients who were previously general patients can apply for a Safety Net Entitlement Card once they reach the threshold of $274.40. In this case, any pharmaceutical benefits previously supplied at the general rate in that calendar year will need to be converted to the rate of $4.90 per item.

General patients who were previously concessional patients can apply for a Safety Net Concession Card when they reach the general threshold of $1059.00. In this case, any pharmaceutical benefits previously supplied at the concessional rate in that calendar year will be counted at the rate of $4.90 per item.

In the case of families where one parent holds a concession card and other family members are general patients, the family can choose to apply for either a Safety Net Entitlement Card or a Safety Net Concession Card.

To receive a Safety Net Entitlement Card, all pharmaceutical benefits (including general PBS prescriptions) are counted at $4.90 per item until the $274.40 threshold is reached. To receive a Safety Net Concession Card, general pharmaceutical benefits are counted at the general rate of up to $30.70 per item and concessional pharmaceutical benefits at $4.90 per item, until the threshold of $1059.00 is reached.

White DVA card holders can either be general or concessional patients (depending on their Centrelink entitlements). If they are being treated for a specific disability accepted by the DVA, they are also supplied with specific items under the RPBS at the concessional rate of $4.90 per item. Therefore, these patients are encouraged to maintain a concessional PRF, plus a general PRF for those items not covered under the RPBS.

White card holders may choose at any time during the year to count contributions made at the general level towards the concessional safety net threshold. The patient receives a credit of $4.90 for each PBS prescription item purchased. Alternatively, he/she can count contributions at the concessional level towards the general safety net, and receive a credit of $4.90 for each RPBS prescription item purchased.

Those with gold or orange cards receive all of their prescription items under the RPBS, and only pay $4.90 for each item.

Dependants of white, gold or orange card holders are treated separately and may be either general patients or concessional patients. Their prescriptions may be included in the cross-over arrangements.

### Recording PBS prescriptions

There are two types of PRF's to record PBS prescription items. One (a blue form) is used by general and concessional patients and veterans who pay for items at community pharmacies. It is available from community pharmacies, Medicare offices and Medicare Australia in each State. The other form (grey) is used by out-patients who pay for items at public hospital pharmacies, and is available through hospital out- patient departments or Medicare Australia State offices.

Patients should record their status (general or concessional) in the appropriate box on the front of the PRF, state their Centrelink, DVA and/or Safety Net Concession/Entitlement Card number, and list family members covered. General patients must also record their Medicare number when applying for a Safety Net Concession Card.

Details to be entered on the form by the pharmacist are:

- date of supply;
- PBS/RPBS code number of the item (for community pharmacies only);
- the safety net value of the item (for community pharmacies only);
- pharmacist's approval number (for community pharmacies only);
- item identification – medicine code, name of medicine or abbreviation (for public hospitals only);
- hospital charge (for public hospitals only);
- hospital safety net number (for public hospitals only); and

- signature of the authorised person making the entry.

Community pharmacists should record in the 'safety net value' column:

- the patient contribution when it is less than the PBS dispensed price; or
- the safety net value shown in this Schedule, or any lesser amount charged, if the PBS dispensed price is less than or equal to the patient contribution. The pharmacist may discount the price for these items.

Some computer software suppliers provide a special label to record this information on the PRF. Some suppliers also provide a computer printout option that is an acceptable replacement for the PRF.

The patient is responsible for maintenance and storage of the PRF. However, it may be kept in the pharmacy. An individual (or family) may have more than one PRF.

### Hospital PRF's

Items to be recorded on a hospital PRF must be approved by the hospital's pharmaceutical advisory committee. They can be listed on a hospital's formulary (a list of pharmaceutical items approved by the committee for the treatment of particular illnesses), or authorised on a patient-by-patient basis.

### Multi-item forms

If a patient submits a multi-item PBS prescription form, which would take the PRF past the safety net expenditure limit, any items in excess are to be treated as entitled items once the Safety Net Entitlement/Concession Card is issued.

These excess items should be treated as 'deferred supply' items.

For example, if a family has $1020.00 recorded on their PRF and they have a new PBS prescription for three items, the first item should be supplied at the general rate. If the second item would take the family over the threshold of $1059.00, the pharmacist should then issue a Safety Net Concession Card and supply the other two items at the concessional rate. This involves the deferral of two items, entry of the Safety Net Concession Card number into the computer, and the subsequent supply of these items.

### Qualifying PBS prescriptions

A PBS prescription should be supplied at either the concessional rate or free of charge, as appropriate, when the safety net value or hospital charge for that PBS prescription takes the PRF over the qualifying amount for a Safety Net Entitlement/Concession Card.

### Lost PRF's

If a PRF has been lost, stolen or destroyed, a pharmacist may prepare a duplicate copy, but is under no obligation to do so.

### Retrospective entitlement and patient refunds

Responsibility for claiming entitlements rests with the patient. If items accumulated on a PRF have already exceeded the safety net limit, then the cost to the patient of those items in excess of the limit cannot be refunded by a pharmacist.

However, a patient may get a refund in the following circumstances:

- The patient failed to apply for his/her Safety Net Entitlement/Concession Card on reaching the safety net threshold —
    - The patient should write to Medicare Australia and provide copies of pharmacy accounts or a signed statement from the pharmacist giving the date of supply, description and cost of items supplied and paid for. A copy of the relevant PRF's should also be provided. If they are not available, the patient should give the name of the pharmacy where the card was issued and the number on the card, so Medicare Australia can locate the PRF's through its records. Cash refunds are not available in these circumstances cheques are issued. Patients can write to the Medicare Australia office in their State. Contact details are provided in the front of the Schedule.
- The patient cannot satisfy a pharmacist that he/she has a current entitlement and is charged the general patient price —
    - The pharmacist should issue the patient with a receipt and a claim form (provided to the pharmacist by Medicare Australia). The patient can then get a refund from Medicare Australia via Medicare offices or PBS processing centres. RPBS prescription refunds are paid at DVA State offices.

Medicare Australia can only pay refunds for PBS items supplied through approved pharmacies. Refunds for hospital supplied items should be referred to the relevant State/Territory hospital or health department. Refunds cannot be made where the patient was charged the general or concessional amount instead of the Safety Net concessional or Safety Net entitlement amount, respectively, as a result of the Safety Net 20 day rule. Receipts for prescriptions where the Safety Net 20 day rule has applied must include 'SN20DR' to indicate the reason for the amount charged.

There are separate arrangements for PBS prescriptions in certain public hospitals. To gain access to pharmaceutical benefits under this arrangement a patient must attend a participating public hospital and be a discharge patient or non-admitted patient. Only a medical practitioner, in course of employment with the participating public hospital, may prescribe the subsidised medication. The States of Victoria, Queensland and Western Australia have agreed to implement these arrangements.

### Applying for a Safety Net Entitlement/Concession Card

Once the safety net threshold has been reached, any adult patient covered by the PRF can complete the application and declaration on the back of the form or the computer-generated application to get a Safety Net Entitlement/Concession Card. Please note that software packages that produce computer generated applications must be approved by Medicare Australia.

If the card is issued to a dependent child or student, it should be in the name of a parent.

When issuing entitlement/concession cards, pharmacists do not have to check all PRF details. However, they should ensure each entry has been signed and that the PRF total qualifies the patient for the relevant safety net card.

In the case of a concession card, pharmacists should check that the patient's Medicare card number is on the PRF.

### Issuing a Safety Net Entitlement/Concession Card

When satisfied that the individual or family is entitled, the pharmacist should issue the next blank Safety Net Entitlement/Concession Card with the following details:

- the names of family members covered. If there are more than eight family members, a second card should be issued listing the card holder and family members not listed on the first card. The PRF has space to record that two cards have been issued;

- the two-character code to indicate the relationship to the card holder. Applicable codes are:
  - SP spouse;
  - DC child under 16 years; and
  - DS dependent full-time student under 25 years.

The pharmacist should be satisfied that only family members are listed on the card. The unused space on the card should be ruled through to prevent extra names being added. The sticky label from the Safety Net Entitlement/Concession Card, pre-printed with the card number, should be attached to the PRF. The pharmacist should sign and stamp each PRF with the pharmacy's stamp. He/she must then enter the card issue details on a Safety Net – Claim for Payment Form.

### Issuing supplementary cards

A pharmacist can give a card holder a supplementary card for a spouse or dependant only at the time the original card is issued. The duplicate card should be recorded in the additional box on the PRF.

Requests for supplementary cards at a later stage should be referred to Medicare Australia State offices, as should requests to add a new family member to the original card (e.g., a new baby or adopted child).

### Notification to Medicare Australia and claim for payment

Payment for issuing a Safety Net Entitlement/Concession Card is made after the Safety Net - Claim for Payment Form is sent to Medicare Australia's State office, no later than one month after a card is issued.

Each form must be accompanied by all supporting documentation (PRF's and cancelled or void Safety Net Entitlement/Concession Cards).

Payment will not be made for void cards.

### Lost Safety Net Entitlement/Concession Cards

When a card has been lost, damaged, stolen or destroyed, a pharmacist cannot re-issue a patient with a replacement card. The original card holder (or spouse) must apply to Medicare Australia's office in his/her State.

### Pharmacy record of issued cards

A record of all cards issued must be kept at the pharmacy from which the pharmacist is approved to supply pharmaceutical benefits. The duplicate ('bookfast') copy in the Safety Net – Claim for Payment book is provided for this purpose.

## 6. Medicare Australia Entitlement Checks

***General Patients***

Medicare Australia validates a patient's entitlement to pharmaceutical benefits by checking Medicare and/or Veteran file numbers in pharmacist's claims. If a number is not recorded correctly, a patient cannot be identified against Medicare Australia's Pharmaceutical Benefits Entitlement File and entitlement cannot be established.

If the Medicare or Veteran file number provided in the pharmacists' claims is incorrect or the number and the name supplied do not match Medicare Australia records to enable patient identification, an appropriate warning or rejection code will be returned to the pharmacy. These notifications of missing or incorrect Medicare or Veteran file numbers are provided to pharmacists in their reconciliation statement produced after the claim period has been paid by Medicare Australia.

Special numbers are available for use in certain circumstances for eligible people who are unable to provide a Medicare number.

***Concessional Patients***

Medicare Australia routinely validates a patient's entitlement to free or concessional benefits by checking concessional numbers in pharmacists' claims. If a number is not recorded correctly, a patient cannot be identified against Medicare Australia's Pharmaceutical Benefits Entitlement File and entitlement cannot be established.

When a number is found to be from a card which was incorrect, expired at the time of supply or entitlement was withdrawn, warning or rejection codes will be returned to the pharmacy to assist with validation of concessional entitlement in relation to future claims from the same patient.

### Entitlement checking procedures

***General Patients***

Once a pharmacist has been notified by Medicare Australia of an incorrect Medicare or Veteran file number he/she should correct the number for future claims by:

- updating his/her system to reflect the correct number provided by Medicare Australia (if patient consent to do so has been obtained); or
- speaking to the patient; or
- obtaining patient consent and calling Medicare Australia on the Improved Monitoring of Entitlements (IME) hotline (1300 302 122).

If the patient presents a Medicare card that appears correct, but according to Medicare Australia is not a valid number, or not a valid number for that person, a pharmacist may use a special number. A photocopy of the card, or a form must accompany the use of this number. The form is available on Medicare Australia's website or by calling 132 290.

***Concessional Patients***

Once a pharmacist has been notified by Medicare Australia of an incorrect concessional entitlement number, he/she should view the entitlement card to confirm the entitlement number, and start and end dates, when the patient next presents a PBS prescription.

***Step by step***

Pharmacists should take the following steps where concession entitlement does not appear to be valid or current:

- Re-confirm entitlement with the cardholder/customer;
- Contact Medicare Australia on 132 290, with consent, to confirm the cardholder/customer concession status;
- If Medicare Australia advises that the cardholder/customer is concessionally entitled to receive the PBS medicines on that day, supply the prescription as a concessional entitlement;
- If Medicare Australia advises that the cardholder/customer is not concessionally entitled to receive the PBS medicines on that day, supply as a general prescription. Provide the customer with the information sheet "Your entitlement card" which explains entitlement checking to the customer and the steps they can follow if they are concessionally entitled.

## 7. How Pharmacists Claim Reimbursement: Information Required

Medicare Australia uses a computerised system for pricing PBS prescriptions, repeat authorisations and emergency drug (doctor's bag) orders, and for calculating claims.

The payment system is designed to pay pharmacists correctly for the pharmaceutical benefits they supply. It is essential instructions are followed carefully and that each document includes all relevant information. Accurate and complete data ensures claim payment is not delayed.

## PBS Prescription identification

Pharmacists must include certain information on each PBS prescription sent in for claim, as specified below. It is important that this information is entered correctly and in the right place on the PBS prescription. This information will be included in a sticker produced by pharmacy software.

The sticker should be placed on the extreme left front of a PBS prescription, opposite each item being claimed. It must not obscure any details written by the prescriber. Most prescribers use PBS prescriptions, which have space for the sticker. If a sticker is not used, a PBS prescription identification stamp can be used or the information can be written in the same place, and in the same order.

Pharmacists should avoid writing over, or placing the sticker over, the prescriber number pre-printed on PBS/RPBS prescriptions, or the 'DP No.' box on PBS dental prescriptions.

The sticker is not necessary for current repeat authorisation, emergency drug (doctor's bag), or for old style authority PBS prescription and authority to prescribe forms, as they have printed spaces for the necessary details. However, it is required for the new format authority PBS prescription forms.

The following information should be entered next to the appropriate letter on the sticker or stamp:

- 'S' — the serial number for the claim
- 'A' —
  (a) the price claimed for pricing elected PBS prescriptions, exceptional PBS prescriptions and RPBS non-scheduled prescriptions (see under 'Extemporaneously-prepared pharmaceutical benefits not listed in the Standard Formulae List' for explanations of pricing elected PBS prescriptions and exceptional PBS prescriptions); and/or
  (b) confirmation that the PBS prescription is endorsed 'Regulation 24' or the RPBS prescription is endorsed 'hardship conditions apply'; and/or
  (c) a claim for a glass dropper bottle where applicable; and/or
  (d) any clarification of the prescription which will assist Medicare Australia payment processing.
- 'No.'— the PBS prescription identifying number.

## Serial numbers

PBS prescription, repeat authorisation, authority PBS prescription, and emergency drug (doctor's bag) forms submitted in each claim must bear consecutive serial numbers starting with:

- 1 – for emergency drug (doctor's bag) supplies;
- 1 – for general benefits;
- C1 – for concessional and Safety Net Concession Card benefits;
- E1 – for Safety Net Entitlement Card benefits; and
- R1 – for RPBS benefits.

Each serial number should also be noted on any document kept by the pharmacist for record purposes.

Each emergency drug (doctor's bag) item should be given a serial number, e.g., if there are five items on the first form in the claim, the first item on the second form in the claim will start with the serial number 6.

For prescriptions subject to the Safety Net 20 day rule, the serial number corresponds to the resulting payment category for the pharmaceutical benefit as supplied, not the patient's entitlement category.

***Repeat authorisations for authority PBS prescriptions***

When a benefit is supplied on a repeat authorisation which needed an authority PBS prescription, the serial number must be prefixed with the letter 'A' for a general benefit; 'AC' for a concessional benefit or a benefit supplied to a Safety Net Concession Card holder; 'AE' for a Safety Net Entitlement Card holder; or 'AR' for a RPBS benefit.

***Repeat authorisations for deferred supply***

When a benefit is supplied on a repeat authorisation prepared for deferred supply, the serial number must be prefixed with the letter 'D' for a general benefit; 'DC' for a concessional benefit or a benefit supplied to a Safety Net Concession Card holder; 'DE' for a Safety Net Entitlement Card holder; or 'DR' for a RPBS benefit.

***Injectable item ordered with a solvent***

When both an injectable item and a solvent are to be supplied, only one serial number is used. This number should be placed on the left hand side of the prescription, opposite the injectable item.

### Dropper containers

Dispensed prices for extemporaneously-prepared eye drops, ear drops and nasal instillations include the price of a polythene dropper container. However, if a glass dropper container is supplied, payment should be claimed by writing 'glass bottle' in box 'A' of the stamp.

### Extemporaneously-prepared pharmaceutical benefits not listed in the Standard Formulae List

When a formula is not listed on the Standard Formulae List, the PBS prescription is paid at an average of 10 g/mL rate for the type of preparation, unless the pharmacist elects otherwise. A pharmacist may price an exceptional PBS prescription, or elect to price all non-pre-priced extemporaneous PBS prescriptions.

***PBS prescriptions paid on an average price basis***

If the PBS prescription is to be claimed as an exceptional PBS prescription, the pharmacist should write details of the formula supplied on the PBS prescription or repeat authorisation form; price the PBS prescription in accordance with the pricing principles (as detailed in '9. Pricing PBS Prescriptions'); and enter the calculated price on the sticker.

An exceptional PBS prescription is for an extemporaneously-prepared pharmaceutical benefit that is not included in the Standard Formulae List and for which the price of the ingredients (based on basic pricing rules) is twice or more than the recovery price of the ingredients calculated on an average price basis. Further information on pricing PBS prescriptions can be accessed from the booklet titled *Explanation of Current Pricing* on the Medicare Australia's website at www.medicareaustralia.gov.au (PBS publications for Health Care Providers).

***Pricing non-pre-priced extemporaneous preparations***

Pharmacists should notify Medicare Australia when they elect to price non-pre-priced extemporaneous preparations. Each PBS prescription should be priced in accordance with the pricing principles and that price entered on the sticker.

### RPBS prescriptions for items not included in either the PBS or RPBS Schedule

When a prescription for a RPBS patient is for an item not included in either the PBS or the RPBS Schedule, the price claimed should be entered on the sticker. Full details on pricing and availability of such items under the RPBS are set out in the RPBS Explanatory Notes.

## 8. How Pharmacists Claim Reimbursement: Documents to be Submitted

A claim for pharmaceutical benefits consists of:

- the original and duplicate of a completed Claim for Payment Form;
- the original orders for emergency drug (doctor's bag) supplies in a separate bundle;
- the originals of all old format PBS prescriptions and authority PBS prescriptions, the Medicare Australia/DVA copies of new format PBS prescriptions and authority PBS prescriptions, and all repeat authorisations, separated into four bundles for benefits supplied to the general public; concessional beneficiaries/Safety Net Concession Card holders; Safety Net Entitlement Card holders and RPBS patients.

PBS prescriptions in each bundle should be in serial number order, with serial number 1 at the top of the bundle.

PBS prescriptions subject to the Safety Net 20 day rule are bundled according to the resulting payment category. For prescription forms with multiple PBS items, where the Safety Net 20 day rule would result in different payment categories for different items, dispensing via 'deferred supply' should be used where necessary to allow all items to be included in the correct bundles.

PBS prescriptions in the wrong bundle may be returned to the pharmacist for clarification. If appropriate, they can be resubmitted in the correct bundle in the next claim period.

### Completing the claim form

The claimant's name, address of the pharmacy from which the pharmacist is approved to supply pharmaceutical benefits, approval number, and claim period number should be entered on the Claim for Payment Form. These details should match the latest written information held by Medicare Australia, or payments can be delayed while clarification is sought.

The claim period number should state how many claims have been submitted so far in a calendar year, e.g., the sixth claim submitted by an approved pharmacist in 2005 should have a claim period number of 0506.

The first and last serial numbers given to items in each bundle are to be entered on the Claim for Payment Form.

A total claim amount is not required – this will be calculated by Medicare Australia after the PBS prescriptions have been individually priced.

The declaration must be signed by the pharmacist approved to supply pharmaceutical benefits, unless he/she has made arrangements through Medicare Australia for another pharmacist to sign it.

### Lodging claims

A claim may be lodged at any time during the month at the relevant Medicare Australia State office. Unless other arrangements have been made with Medicare Australia, the following conditions apply:

- only one claim period can exist and only one claim can be lodged per month;
- the claim period shall cover pharmaceutical benefits supplied during one month; and
- the claim shall be sent within 30 days from when the benefits were supplied.

Claims for pharmaceutical benefits supplied over 18 months earlier may not be accepted for computer processing. Pharmacists with such claims should contact Medicare Australia.

### Reconciliation statements

As mentioned earlier, a pharmacist will receive a PBS reconciliation statement after a claim period has been processed. It provides details of each prescription for each brand of each pharmaceutical benefit item supplied in that claim period.

Reasons for non-payment of any item are coded, with the code numbers explained in the statement.

PBS prescriptions and repeat authorisations not accepted for payment will be returned, with the exception of PBS prescriptions with a dispensed price equal to or less than the patient contribution. Any other items on those PBS prescriptions that have been paid will have been cancelled.

If a PBS prescription was not accepted and can be re-submitted, it must be given a new serial number and included in a subsequent claim period.

If a PBS prescription is finally rejected for payment and a pharmacist is not satisfied with the decision, he/she may apply to the Administrative Appeals Tribunal for a review of that decision.

# 9. Pricing PBS Prescriptions

## Pricing principles

The same pricing principles apply to all PBS prescriptions.

For ready-prepared pharmaceutical benefits, payment is made on the basis of the lowest-priced brand.

For a pharmaceutical benefit not listed as a ready-prepared item, and where a formulation title is stated but no formulary specified, payment is made on the basis of precedence given to formularies by State/Territory legislation.

Prices published in the Schedule do not include any component for goods and services tax (GST).

Further information on pricing PBS prescriptions can be accessed from the booklet titled *Explanation of Current Pricing* on the Medicare Australia's website at www.medicareaustralia.gov.au (PBS publications for Health Care Providers).

## Pricing dates

Ready-prepared pharmaceutical benefits are priced on the first day of April, August and December for items supplied as from each of those days respectively.
Extemporaneously-prepared pharmaceutical benefits and containers are priced on the first day of May each year for items supplied as from the first day of August that year.

## Pricing ready-prepared items

### *For maximum quantities*

The price payable for a pharmaceutical benefit is shown in the Schedule against the item. The price is for the maximum quantity available.

If the prescription is for an injectable item and solvent, the price of each is added together, but only one dispensing fee is payable.

The maximum quantity of some pharmaceutical benefits, such as eye drops and oral suspensions, has been determined as a single pack corresponding to the manufacturer's pack. These packs cannot be broken, so if a PBS prescription calls for less, the maximum quantity should be supplied and claimed from Medicare Australia. Packs not to be broken are indicated by a double dagger (‡) in the Schedule.

### *For lesser quantities*

For items where the standard pack is the same as the maximum quantity, and the pack can be broken, the price payable for a lesser quantity is established as follows:

- an amount equal to the dispensing fee, and if applicable the dangerous drug fee, is deducted from the benefit price as shown in the Schedule;
- to this new amount, a wastage percentage is applied, determined from the Wastage Factor Table;
- then the amount equal to the dispensing fee, dangerous drug fee (if applicable), and appropriate container fee, is added.

In no case shall the price for a broken quantity be more than the dispensed price of the Schedule's maximum quantity.

When a standard pack is not the same as the maximum quantity, the price of the pharmaceutical benefit concerned has an asterisk next to it and the standard pack rate is set out in Section 3 of the Schedule. The price payable for the quantity supplied is established by:

- applying the appropriate wastage table percentage to the standard pack rate;
- then adding an amount equivalent to the dispensing fee, the dangerous drug fee where applicable, and the appropriate container fee.

In no case shall the supply of a broken quantity, which is less than the item's maximum quantity, cost more than the dispensed price for the maximum quantity.

No container fee is payable when the quantity of pharmaceutical benefit supplied is more than the quantity contained in the standard pack.

***Wastage table percentage***

The following Wastage Factor Table is used to calculate the price payable for quantities supplied from the standard pack.

## Wastage Factor Table

| | |
|---|---|
| Column A - | 5, 10, 15, 20, 25, 30, 35, 40, 45, 50, 55, 60, 65, 70, 75, 80, 85, 90, 95, 100 |
| Column B - | 10, 18, 26, 32, 38, 44, 50, 54, 58, 62, 66, 70, 74, 78, 82, 86, 90, 94, 98, 100 |

The appropriate wastage table percentage is as follows:

- the percentage of the amount supplied from the amount in the standard pack is determined; and
- where this percentage is the same as a percentage listed in Column A of the table, the percentage used is the figure shown in Column B; or
- where the percentage is not the same as a percentage in Column A, then the nearest upward percentage in Column A applies, and the percentage used is the figure in Column B.

For example, 24 tablets are supplied from a standard pack of 100. Thus 24 per cent of the number contained in the standard pack is supplied. As this percentage does not appear in Column A, the next higher (i.e., 25 per cent) is used. Reading down from 25 per cent to Column B, the wastage table percentage is found to be 38 per cent.

### Pricing extemporaneously-prepared items

***General***

The price payable for supplying the maximum quantity of standard formula preparations is shown in the Standard Formulae List.

The following principles apply in determining prices of all pre-priced extemporaneous formulae on the list.

They also apply when a pharmacist elects to price extemporaneous PBS prescriptions outside the list, including exceptional PBS prescriptions.

The amount payable is the sum of:

- the recovery price of each ingredient as shown in the Drug Tariff;
- the price of the appropriate container as shown in the price section; and
- a dispensing fee as shown in the price section.

***Pricing of ingredients***

When the quantity dispensed is not specified in the Drug Tariff, the recovery price is as follows:

1. determine the basic pricing unit relative to the quantity dispensed by referring to the following table:

| **Quantity** | **Basic Pricing Unit** |
|---|---|
| Up to and including 700 mg | 100 mg price rate |
| Over 700 mg and up to and including 1 g | price as if 1 g |
| Over 1 g and up to and including 7 g | 1 g price rate |
| Over 7 g and up to and including 10 g | price as if 10 g |
| Over 10 g and up to and including 80 g | 10 g price rate |
| Over 80 g and up to and including 90 g | price as if 80 g |
| Over 90 g | 100 g price rate |

2. find the recovery price of the basic pricing unit by applying the following quantity divisors to the recovery price shown for the ingredient in the Drug Tariff:
    - 100 g price is 500 g price divided by 5, or 1 kg price divided by 10
    - 10 g price is 100 g price plus 12.5 per cent divided by 10
    - 1 g price is 10 g price plus 25 per cent divided by 10
    - 100 mg price is 1 g price plus 25 per cent divided by 10
3. find the recovery price by multiplying the price of the basic pricing unit – as established in 2. – by the fraction that the quantity dispensed bears to the basic pricing unit.

For pricing purposes the quantity is to be taken to the next upward 50 milligrams or 0.05 millilitres.

The minimum recovery price for any ingredient is one cent. In other cases where a fraction of a cent occurs, the price is to be taken to the nearest cent (a half cent being taken up to the next cent).

In no case shall the recovery price for a quantity of an ingredient exceed the recovery price for a greater quantity of that ingredient.

Where liquids are purchased by weight, the recovery price includes the 'Specific Gravity Factor'.

Special pricing provisions apply to drugs marked '(a)' or '(b)' in the Drug Tariff.

For drugs marked '(a)', the pricing rules shown above apply to quantities up to the quantity listed in the Drug Tariff. Greater quantities are priced on a linear basis: the recovery price is ascertained by multiplying the fraction that the quantity dispensed bears to the quantity listed in the Drug Tariff by the price shown for the quantity listed.

Drugs marked '(b)' are packed sterile or are unstable, and all quantities are priced as if whole pack(s) were required. The recovery price is ascertained by multiplying the fraction that the quantity dispensed bears to the quantity listed in the Drug Tariff, taken to the next whole number, by the price shown for the quantity listed.

***Pricing PBS prescriptions where extra ingredients are added to a formula***

Where the vehicle is liquid and one or more solid ingredients are added, displacement of the liquid by the solid ingredients is disregarded for pricing purposes.

***Containers***

When a quantity is for more than the container sizes listed in this Schedule, payment will be made as if that quantity had been supplied in the minimum number of containers necessary to supply that quantity.

A double size container is allowed for bulk powders.

***Special provisions for extemporaneous PBS prescriptions outside the Standard Formulae List***

If a pharmacist elects to price extemporaneous PBS prescriptions outside the Standard Formulae List, there can be no variation for three months. This applies to all extemporaneously-prepared formulae not on the list, and includes both PBS and RPBS prescriptions.

If a pharmacist does not elect to price out these PBS prescriptions, he/she will be paid at an average reimbursement rate.

Under this system, payment is made on the basis of an average 10 g/mL rate applied to the category of preparation concerned, i.e., the price will be determined by multiplying the appropriate 10 g/mL rate by the number of 10 g/mL units supplied and adding container and dispensing fees. For example, an 80 mL mixture would be priced at eight times the average 10 mL rate for mixtures, with container and dispensing fee added.

The average 10 g/mL rate for each type of preparation is calculated monthly. It applies to PBS prescriptions supplied in the following month.

PBS prescriptions ordering a combination of standard formula preparations fall outside the scope of the Standard Formulae List and therefore are subject to this section.

Any variant to a formula included in the list (adding or deleting an ingredient or varying the dose) takes the formula dispensed outside the list.

When an ingredient is added to a standard formula and the recovery price for the standard formula plus additive under the average price system is less than for the standard formula alone, the pharmacist may have the PBS prescription priced as a basic standard formula item.

## 10. Miscellaneous

### References

This Schedule identifies monographs of the British Pharmacopoeia, the British Pharmaceutical Codex, and the Australian Pharmaceutical Formulary and Handbook by the letters BP, BPC and APF respectively. References to all editions of the BPC and to earlier editions of the BP and APF also include the year of publication or the number of the edition.

### Standards

Pharmacists can only supply under the PBS medicines which, or whose ingredients, conform to the standards of composition or purity prescribed. These standards are those specified in the *Therapeutic Goods Act 1989*.

## Legislation

Copies of the *National Health Act 1953* and the *National Health (Pharmaceutical Benefits) Regulations 1960* are available from Government AusInfo shops in each capital city. The Act and the Regulations may also be accessed through the Attorney-General's Department website at com.law.gov.au.

# THERAPEUTIC INDEX

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## PHARMACEUTICAL BENEFITS FOR PALLIATIVE CARE



## PHARMACEUTICAL BENEFITS FOR DENTAL USE

# Section 2

**Emergency Drug (Doctor's Bag) Supplies**

**Special Pharmaceutical Benefits**

**General Pharmaceutical Benefits**

**Pharmaceutical Benefits for Palliative Care**

**Pharmaceutical Benefits for Dental Use**

**Items Available Under Special Arrangements (s.100)**

# SYMBOLS USED IN THE SCHEDULE

An arrow ( ➢ ) in front of a restriction indicates an additional or amended purpose in this issue.

An asterisk ( * ) against the dispensed price of a benefit indicates that the manufacturer's pack does not coincide with the maximum quantity.

A double dagger ( ‡ ) in the maximum quantity column indicates an item for which the maximum quantity has been specially determined to correspond to the manufacturer's pack and the manufacturer's standard pack should be prescribed and supplied. For any item where a maximum quantity greater than 1 is marked with a double dagger ( ‡ ), that maximum quantity should be prescribed and supplied.

A gauge sign ( # ) against the dispensed price of a benefit indicates that the product is not preconstituted and that an extemporaneously-prepared dispensing fee is included in the dispensed price and, where appropriate, an amount for purified water.

Where a STATE is indicated after a manufacturer's code, that brand may be available only in the State indicated. NSW–(N); Vic–(V); Qld–(Q); SA–(S); WA–(W); Tas–(T).

## RESTRICTED BENEFITS

All restricted items are printed in ***bold italics***, with separate headings for authority and non-authority items. In each case these items may be prescribed as pharmaceutical benefits only for use for one of the specified indications. Where more than one indication is specified for an Authority required or Restricted pharmaceutical benefit, each indication is separated from the preceding indication by a semi-colon and commences on the next line. In the case of Authority required (STREAMLINED) items, each indication will be prefixed with a four digit streamlined authority code. The drug may be prescribed as a pharmaceutical benefit for a patient who qualifies under any of the specified indications.

A straight line is drawn between entries for different forms and strengths of an item to indicate clearly the different restrictions which apply to these various forms and strengths.

The maximum quantity and/or number of repeats in respect of an item shown in the Schedule may be varied by the Chief Executive Officer of Medicare Australia when approving an Authority Prescription or an Authority to Prescribe. The quantity and number of repeats shown on the authority shall be supplied. (See Explanatory Notes). Payment will be made on the basis of the price shown for that item in the Schedule.

## CODES FOR INJECTABLE ITEMS WITH ALLOWABLE SOLVENTS

The entry in this schedule of those pharmaceutical benefit injectable items which require a solvent includes the codes of the items with the relevant solvents. For each such item the code is for the injectable with 10mL sodium chloride injection 9 mg per mL (0.9%).

## BRAND EQUIVALENCE

'a' located immediately before brand names of a particular strength of an item indicates that the sponsors of these brands have submitted evidence that they have been demonstrated to be bioequivalent or therapeutically equivalent, or that justification for not needing bioequivalence or therapeutic equivalence data has been provided to and accepted by the Therapeutic Goods Administration. It would thus be expected that these brands may be interchanged without differences in clinical effect.

For other brands of an item, i.e., those not indicated as above, it is unknown whether or not they are equivalent. There may be several reasons for this, such as bioequivalence data not being considered necessary when the products were approved for marketing, or that advice or data have not been forthcoming from sponsors. This does not necessarily suggest a lack of safety or efficacy, but in these circumstances caution should be taken if brands are interchanged.

'b' attached to brand names indicates that these brands are also equivalent, but that it is not known if there is equivalence between brands marked 'a' and brands marked 'b'.

## BRAND PREMIUM POLICY

The Brand Premium Policy was introduced on 1 December 1990 to increase price competition by allowing pharmaceutical manufacturers to set their own price on multi-branded items listed on the Pharmaceutical Benefits Scheme and to encourage the development of the generic pharmaceutical industry in Australia. The policy does this by increasing prescribers' and patients' consciousness about the price of drugs. In effect, it makes both groups question whether it is necessary for the patient to pay more for the drugs when a cheaper brand is available. The policy also allows companies to establish prices taking into account competition and consumer acceptance.

The policy operates where there is more than one brand of a particular drug available through the Pharmaceutical Benefits Scheme and where the brands are therapeutically interchangeable. Due to this, the policy mainly applies to out of patent drugs.

Basically the policy operates by:

- the Australian Government subsidising a drug to the level of the lowest priced brand (except in those instances where the lowest priced brand has, as part of its price, a therapeutic group premium);
- suppliers of other brands of that drug being able to set a price above the price charged by the supplier(s) of the lowest priced brand(s); and
- the patient paying the brand premium which is the price difference between the lowest price brand and the brand prescribed.

If a prescription is written generically or for the lowest priced brand, and the lowest priced brand is supplied, there is no brand premium payable.

'B' located immediately before an amount in the premium column indicates a brand premium which applies to that particular brand of the item.

If a brand of a drug which is subject to a therapeutic group premium also has a brand premium, there will be two amounts shown on separate lines in the premium column, prefixed by 'T' and 'B' respectively.

If a brand of a drug which is subject to a special patient contribution also has a brand premium, there will be two amounts shown on separate lines in the premium column, prefixed by 'S' and 'B' respectively.

## THERAPEUTIC GROUP PREMIUM POLICY

The Therapeutic Group Premium Policy was introduced on 1 February 1998 as an extension of the Brand Premium Policy to encourage greater competition between manufacturers of drugs and to make doctors and patients more aware of the costs of medicines.

The Therapeutic Group Premium policy applies within narrowly defined therapeutic sub-groups where the drugs concerned are of similar safety, efficacy and health outcomes.

Basically the policy operates by:

- the Australian Government subsidising drugs within a defined therapeutic sub-group to the level of the lowest priced drug in the sub-group;
- suppliers of other drugs within that sub-group being able to set prices above the price charged by the supplier(s) of the lowest priced drug; and
- the patient paying the therapeutic group premium which is the price difference between the lowest price drug and the drug prescribed.

'T' located immediately before an amount in the premium column indicates a therapeutic group premium which applies to that particular item.

If a brand of a drug which is subject to a therapeutic group premium also has a brand premium, there will be two amounts shown on separate lines in the premium column, prefixed by 'T' and 'B' respectively.

The success of the Government in controlling prices of products supplied through the Pharmaceutical Benefits Scheme has often been criticised by the pharmaceutical industry. Under both the Brand Premium Policy and the Therapeutic Group Premium Policy, suppliers of multi-branded items and therapeutically similar drugs are able to set their own prices at a level that they think the market will bear. At the same time, the prescriber and the patient can decide whether it is necessary to pay more for a particular brand or drug when a cheaper one is available and is therapeutically interchangeable.

The brand premium or therapeutic group premium does not count toward the patient's safety net.

It should be noted that the brand premium or therapeutic group premium is not a Government charge or revenue. The premium arises from the manufacturer's price and the majority goes to the manufacturer with wholesalers and pharmacists receiving a small percentage.

# EMERGENCY DRUG (DOCTOR'S BAG) SUPPLIES

| Code | Name, Manner of Administration and Form | Max. Qty | Dispensed Price for Max. Qty $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | ADRENALINE | | | | |
| 3451P | Injection 1 mg in 1 mL (1 in 1,000) | 5 | 18.75 | AP | |
| | ATROPINE SULFATE | | | | |
| 3453R | Injection 600 micrograms in 1 mL | 10 | 18.95 | AP | |
| | BENZTROPINE MESYLATE | | | | |
| 3457Y | Injection 2 mg in 2 mL | 5 | 21.15 | Cogentin | FK |
| | BENZYLPENICILLIN | | | | |
| 3486L | Powder for injection 600 mg | 10 | * 38.34 | BenPen | CS |
| *or* | *or* | | | | |
| | PROCAINE PENICILLIN | | | | |
| 3485K | Injection 1.5 g | 5 | 51.64 | Cilicaine | SI |
| | BENZYLPENICILLIN | | | | |
| 3487M | Powder for injection 3 g | 1 | 11.09 | BenPen | CS |
| | CHLORPROMAZINE HYDROCHLORIDE | | | | |
| 3455W | Injection 50 mg in 2 mL | 10 | 14.38 | Largactil | SW |
| *or* | *or* | | | | |
| | HALOPERIDOL | | | | |
| 3456X | Injection 5 mg in 1 mL | 10 | 20.61 | Serenace | SI |
| | DEXAMETHASONE SODIUM PHOSPHATE | | | | |
| 3472R | Injection equivalent to 4 mg dexamethasone phosphate in 1 mL | 5 | 16.59 | MX | |
| *or* | *or* | | | | |
| | HYDROCORTISONE SODIUM SUCCINATE | | | | |
| 3470P | Injection equivalent to 100 mg hydrocortisone with 2 mL solvent | 2 | * 15.90 | Solu-Cortef | PH |
| *or* | *or* | | | | |
| 3471Q | Injection equivalent to 250 mg hydrocortisone with 2 mL solvent | 1 | 14.90 | Solu-Cortef | PH |
| | DIAZEPAM | | | | |
| 3458B | Injection 10 mg in 2 mL | 5 | 11.05 | MX | |
| | DIHYDROERGOTAMINE MESYLATE | | | | |
| 3460D | Injection 1 mg in 1 mL | 5 | 15.62 | Dihydergot | NV |
| | DIPHTHERIA and TETANUS VACCINE, ADSORBED, DILUTED FOR ADULT USE | | | | |
| 3463G | Injection 0.5 mL in pre-filled syringe | 20 | * 274.04 | ADT Booster | CS |
| | FRUSEMIDE | | | | |
| 3466K | Injection 20 mg in 2 mL | 5 | 10.62 | [a] Frusehexal | HX |
| | | | | [a] Lasix | SW |

# EMERGENCY DRUG (DOCTOR'S BAG) SUPPLIES

| Code | Name, Manner of Administration and Form | Max. Qty | Dispensed Price for Max. Qty $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | GLUCAGON HYDROCHLORIDE | | | | |
| 3467L | Injection set containing 1 mg (1 i.u.) and 1 mL solvent in disposable syringe | 1 | 41.12 | GlucaGen Hypokit | NO |
| | GLYCERYL TRINITRATE | | | | |
| 3475X | Sublingual spray (pump pack) 400 micrograms per dose (200 doses) | ‡ 1 | 18.55 | Nitrolingual Pumpspray | SW |
| | LIGNOCAINE HYDROCHLORIDE | | | | |
| 3474W | Injection 100 mg in 5 mL | 5 | 35.01 | PF | |
| | METOCLOPRAMIDE HYDROCHLORIDE | | | | |
| 3476Y | Injection 10 mg in 2 mL | 10 | 11.72 | Maxolon | VT |
| *or* | *or* | | | | |
| | PROCHLORPERAZINE | | | | |
| 3477B | Injection containing prochlorperazine mesylate 12.5 mg in 1 mL | 10 | 14.55 | Stemetil | SW |
| | MORPHINE SULFATE | | | | |
| 3479D | Injection 15 mg in 1 mL | 5 | 13.11 | MX | |
| *or* | *or* | | | | |
| 3480E | Injection 30 mg in 1 mL | 5 | 14.49 | MX | |
| | NALOXONE HYDROCHLORIDE | | | | |
| 3481F | Injection 800 micrograms in 2 mL | 5 | * 110.14 | Naloxone Min-I-Jet | CS |
| *or* | *or* | | | | |
| 3482G | Injection 2 mg in 5 mL | 2 | * 72.40 | Naloxone Min-I-Jet | CS |
| | PROMETHAZINE HYDROCHLORIDE | | | | |
| 3488N | Injection 50 mg in 2 mL | 10 | * 20.64 | MX | |
| | SALBUTAMOL SULFATE | | | | |
| 3495Y | Oral pressurised inhalation 100 micrograms (base) per dose (200 doses), CFC-free formulation | ‡ 1 | 11.06 | [a] Airomir | IA |
| | | | | [a] Asmol CFC-free | AL |
| | | | | [a] Epaq | AW |
| | | | 11.81 | [a] Ventolin CFC-free | GK |
| *or* | *or* | | | | |

continued ☞

# EMERGENCY DRUG (DOCTOR'S BAG) SUPPLIES

| Code | Name, Manner of Administration and Form | Max. Qty | Dispensed Price for Max. Qty $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|
| 3496B | Nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30 | ‡ 1 | 14.56 | [a] | Asmol 2.5 uni-dose | AF |
| | | | | [a] | Butamol 2.5 | AW |
| | | | | [a] | Chem mart Salbutamol | CH |
| | | | | [a] | GenRx Salbutamol | GX |
| | | | | [a] | Terry White Chemists Salbutamol | TW |
| | | | | [a] | PU | |
| | | | 15.63 | [a] | Ventolin Nebules | GK |
| | SALBUTAMOL SULFATE | | | | | |
| 3497C | Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30 | ‡ 1 | 15.08 | [a] | Asmol 5 uni-dose | AF |
| | | | | [a] | Butamol 5 | AW |
| | | | | [a] | Chem mart Salbutamol | CH |
| | | | | [a] | GenRx Salbutamol | GX |
| | | | | [a] | Terry White Chemists Salbutamol | TW |
| | | | 16.14 | [a] | Ventolin Nebules | GK |
| | TERBUTALINE SULFATE | | | | | |
| 3491R | Injection 500 micrograms in 1 mL | 5 | 28.56 | | Bricanyl | AP |
| | TRAMADOL HYDROCHLORIDE | | | | | |
| 3484J | Injection 100 mg in 2 mL | 5 | 10.82 | [a] | Tramahexal | HX |
| | | | | [a] | Tramal 100 | CS |
| | VERAPAMIL HYDROCHLORIDE | | | | | |
| 3494X | Injection 5 mg in 2 mL | 5 | 11.14 | | Isoptin | AB |

# SPECIAL PHARMACEUTICAL BENEFITS

The special patient contribution is payable by all patients in addition to the relevant patient contribution for concessional and general patients. Other than for bleomycin sulfate, exemptions on medical grounds are available. For eligible veterans under RPBS provisions, see RPBS EXPLANATORY NOTES, paragraph 28.

| Code | Name, Restriction, Manner of Administration and form | Max. Qty | No. of Rpts | Premium | Reimbursement Price for Max. Qty $ | Total Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **GENERAL PHARMACEUTICAL BENEFITS** | | | | | | | | |
| | AMOXYCILLIN | | | | | | | | |
| 1888J | Powder for paediatric oral drops 100 mg per mL, 20 mL | ‡ 1 | 1 | s0.58 | # 12.08 | # 12.66 | 13.48 | Amoxil | GK |
| | **Authority Required**<br>***Treatment of infections suspected or proven to be due to a susceptible organism in patients who require a liquid formulation and in whom the syrup formulations are unsuitable.*** | | | | | | | | |
| ***9714G*** | ***Powder for paediatric oral drops 100 mg per mL, 20 mL*** | ***‡ 1*** | ***1*** | ***..*** | ***# 12.66*** | ***# 12.66*** | ***14.06*** | ***Amoxil*** | ***GK*** |
| | ***BLEOMYCIN SULFATE*** | | | | | | | | |
| | **Restricted Benefit**<br>***Germ cell neoplasms;***<br>***Lymphoma.*** | | | | | | | | |
| ***2315W*** | ***Powder for injection 15,000 i.u. (solvent required)*** | ***10*** | ***..*** | ***s445.90*** | **** 501.14*** | **** 947.04*** | ***30.70*** | ***[a] MX*** | |
| | | | | ***s445.90*** | ***501.14*** | ***947.04*** | ***30.70*** | ***[a] Blenamax*** | ***SI*** |
| | ***(code 6896Y applies to above item with approved solvent)*** | | | ***B76.86*** | ***501.14*** | ***1023.90*** | ***30.70*** | ***[a] Blenoxane*** | ***BQ*** |
| | | | | ***s445.90*** | | | | | |
| | ***ESCITALOPRAM OXALATE*** | | | | | | | | |
| | **Restricted Benefit**<br>***Major depressive disorders.*** | | | | | | | | |
| ***8849R*** | ***Oral solution 10 mg (base) per mL, 28 mL*** | ***‡ 1*** | ***5*** | ***s4.33*** | ***35.73*** | ***40.06*** | ***30.70*** | ***Lexapro*** | ***LU*** |
| | **Authority Required**<br>***Major depressive disorders, where:***<br>***(a) adverse events have occurred with other suitable PBS-listed drugs; or***<br>***(b) drug interactions have occurred with other suitable PBS-listed drugs; or***<br>***(c) drug interactions are expected to occur with other suitable PBS-listed drugs; or***<br>***(d) transfer to another suitable PBS-listed drug would cause patient confusion resulting in problems with compliance; or***<br>***(e) transfer to another suitable PBS-listed drug is likely to result in adverse clinical consequences.*** | | | | | | | | |
| ***9700M*** | ***Oral solution 10 mg (base) per mL, 28 mL*** | ***‡ 1*** | ***5*** | ***..*** | ***40.06*** | ***40.06*** | ***30.70*** | ***Lexapro*** | ***LU*** |

# SPECIAL PHARMACEUTICAL BENEFITS

The special patient contribution is payable by all patients in addition to the relevant patient contribution for concessional and general patients. Other than for bleomycin sulfate, exemptions on medical grounds are available. For eligible veterans under RPBS provisions, see RPBS EXPLANATORY NOTES, paragraph 28.

| Code | Name, Restriction, Manner of Administration and form | Max. Qty | No. of Rpts | Premium | Reimburse-ment Price for Max. Qty $ | Total Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | ***LANSOPRAZOLE*** | | | | | | | | |
| | **Restricted Benefit**<br>***Initial treatment of peptic ulcer.***<br>**NOTE:**<br>***Helicobacter pylori eradication therapy should be considered.*** | | | | | | | | |
| ***8528W*** | ***Sachet containing granules for oral suspension, 30 mg per sachet*** | ***28*** | ***1*** | ***s3.63*** | ***36.08*** | ***39.71*** | ***30.70*** | ***Zoton*** | ***WX*** |
| | ***NOTE:***<br>***No applications for increased repeats will be authorised.*** | | | | | | | | |
| | **Restricted Benefit**<br>***Gastro-oesophageal reflux disease;***<br>***Scleroderma oesophagus.*** | | | | | | | | |
| ***8529X*** | ***Sachet containing granules for oral suspension, 30 mg per sachet*** | ***28*** | ***5*** | ***s3.63*** | ***36.08*** | ***39.71*** | ***30.70*** | ***Zoton*** | ***WX*** |
| | **Authority Required**<br>***Initial treatment of peptic ulcer, in patients unable to take a solid dose form of a proton pump inhibitor.***<br>**NOTE:**<br>***Helicobacter pylori eradication therapy should be considered.*** | | | | | | | | |
| ***9730D*** | ***Sachet containing granules for oral suspension, 30 mg per sachet*** | ***28*** | ***1*** | ***..*** | ***39.71*** | ***39.71*** | ***30.70*** | ***Zoton*** | ***WX*** |
| | ***NOTE:***<br>***No applications for increased repeats will be authorised.*** | | | | | | | | |
| | **Authority Required**<br>***Gastro-oesophageal reflux disease, in patients unable to take a solid dose form of a proton pump inhibitor;***<br>***Scleroderma oesophagus, in patients unable to take a solid dose form of a proton pump inhibitor.*** | | | | | | | | |
| ***9731E*** | ***Sachet containing granules for oral suspension, 30 mg per sachet*** | ***28*** | ***5*** | ***..*** | ***39.71*** | ***39.71*** | ***30.70*** | ***Zoton*** | ***WX*** |
| | ***LEVETIRACETAM*** | | | | | | | | |
| | **Authority Required**<br>***Treatment of partial epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.*** | | | | | | | | |
| ***8654L*** | ***Tablet 250 mg*** | ***60*** | ***5*** | ***s7.13*** | ***55.44*** | ***62.57*** | ***30.70*** | ***Keppra*** | ***UC*** |
| ***8655M*** | ***Tablet 500 mg*** | ***60*** | ***5*** | ***s11.91*** | ***88.82*** | ***100.73*** | ***30.70*** | ***Keppra*** | ***UC*** |

continued ☞

# SPECIAL PHARMACEUTICAL BENEFITS

The special patient contribution is payable by all patients in addition to the relevant patient contribution for concessional and general patients. Other than for bleomycin sulfate, exemptions on medical grounds are available. For eligible veterans under RPBS provisions, see RPBS EXPLANATORY NOTES, paragraph 28.

| Code | Name, Restriction, Manner of Administration and form | Max. Qty | No. of Rpts | Premium | Reimburse-ment Price for Max. Qty $ | Total Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| *8656N* | ***Tablet 1 g*** | ***60*** | ***5*** | ***s19.84*** | ***144.35*** | ***164.19*** | ***30.70*** | ***Keppra*** | ***UC*** |

**Authority Required**

***Treatment of partial epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs, and where:***

- ***(a) adverse events have occurred with other suitable PBS-listed drugs; or***
- ***(b) drug interactions have occurred with other suitable PBS-listed drugs; or***
- ***(c) drug interactions are expected to occur with other suitable PBS-listed drugs; or***
- ***(d) transfer to another suitable PBS-listed drug would cause patient confusion resulting in problems with compliance; or***
- ***(e) transfer to another suitable PBS-listed drug is likely to result in adverse clinical consequences.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *9708Y* | ***Tablet 250 mg*** | ***60*** | ***5*** | ***..*** | ***62.57*** | ***62.57*** | ***30.70*** | ***Keppra*** | ***UC*** |
| *9709B* | ***Tablet 500 mg*** | ***60*** | ***5*** | ***..*** | ***100.73*** | ***100.73*** | ***30.70*** | ***Keppra*** | ***UC*** |
| *9710C* | ***Tablet 1 g*** | ***60*** | ***5*** | ***..*** | ***164.19*** | ***164.19*** | ***30.70*** | ***Keppra*** | ***UC*** |

***NARATRIPTAN HYDROCHLORIDE***

**CAUTION:**

***Naratriptan is contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.***

**Authority Required**

***Migraine attacks in patients receiving, or who have failed a reasonable trial of, prophylactic medication and where attacks in the past have usually failed to respond to oral therapy with ergotamine and other appropriate agents, or in whom these agents are contraindicated.***

**NOTE:**

***No applications for increased maximum quantities and/or repeats will be authorised.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *8298R* | ***Tablet 2.5 mg (base)*** | ***4*** | ***5*** | ***s2.66*** | **** 24.08*** | **** 26.74*** | ***25.09*** | ***Naramig*** | ***GK*** |

**Authority Required**

***Migraine attacks in patients receiving, or who have failed a reasonable trial of, prophylactic medication and where attacks in the past have usually failed to respond to oral therapy with ergotamine and other appropriate agents, or in whom these agents are contraindicated, and where:***

- ***(a) adverse events have occurred with other suitable PBS-listed drugs; or***
- ***(b) drug interactions have occurred with other suitable PBS-listed drugs; or***
- ***(c) drug interactions are expected to occur with other suitable PBS-listed drugs; or***
- ***(d) transfer to another suitable PBS-listed drug would cause patient confusion resulting in problems with compliance; or***
- ***(e) transfer to another suitable PBS-listed drug is likely to result in adverse clinical consequences.***

**NOTE:**

***No applications for increased maximum quantities and/or repeats will be authorised.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *9734H* | ***Tablet 2.5 mg (base)*** | ***4*** | ***5*** | ***..*** | **** 26.74*** | **** 26.74*** | ***27.75*** | ***Naramig*** | ***GK*** |

# SPECIAL PHARMACEUTICAL BENEFITS

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| Code | Name, Restriction, Manner of Administration and form | Max. Qty | No. of Rpts | Premium | Reimburse-ment Price for Max. Qty $ | Total Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | ***PEMETREXED DISODIUM*** | | | | | | | | |
| | **Authority Required**<br>***Locally advanced or metastatic non-small cell lung cancer, after prior platinum-based chemotherapy.*** | | | | | | | | |
| ***8809P*** | ***Powder for I.V. infusion 500 mg (base)*** | ***2*** | ***2*** | ***s398.72*** | **** 2906.56*** | **** 3305.28*** | ***30.70*** | ***Alimta*** | ***LY*** |
| | **Authority Required**<br>***Locally advanced or metastatic non-small cell lung cancer, after prior platinum-based chemotherapy, where:***<br>***(a) treatment with paclitaxel or docetaxel is contraindicated; or***<br>***(b) intolerance to treatment with either docetaxel or paclitaxel has developed; or***<br>***(c) treatment with either docetaxel or paclitaxel has been unsuccessful; or***<br>***(d) transfer to docetaxel or paclitaxel is likely to result in adverse clinical consequences.*** | | | | | | | | |
| ***9713F*** | ***Powder for I.V. infusion 500 mg (base)*** | ***2*** | ***2*** | ***..*** | **** 3305.28*** | **** 3305.28*** | ***30.70*** | ***Alimta*** | ***LY*** |
| | ***TOPIRAMATE*** | | | | | | | | |
| | **Authority Required**<br>***Treatment of partial epileptic seizures, primary generalised tonic-clonic epileptic seizures and seizures of the Lennox-Gastaut syndrome, which are not controlled satisfactorily by other anti-epileptic drugs.*** | | | | | | | | |
| ***8163P*** | ***Tablet 25 mg*** | ***60*** | ***5*** | ***s2.32*** | ***38.78*** | ***41.10*** | ***30.70*** | ***Topamax*** | ***JC*** |
| ***8164Q*** | ***Tablet 50 mg*** | ***60*** | ***5*** | ***s2.32*** | ***61.02*** | ***63.34*** | ***30.70*** | ***Topamax*** | ***JC*** |
| ***8165R*** | ***Tablet 100 mg*** | ***60*** | ***5*** | ***s2.61*** | ***98.05*** | ***100.66*** | ***30.70*** | ***Topamax*** | ***JC*** |
| ***8166T*** | ***Tablet 200 mg*** | ***60*** | ***5*** | ***s2.62*** | ***161.01*** | ***163.63*** | ***30.70*** | ***Topamax*** | ***JC*** |
| | **Authority Required**<br>***Treatment of partial epileptic seizures, primary generalised tonic-clonic epileptic seizures and seizures of the Lennox-Gastaut syndrome, which are not controlled satisfactorily by other anti-epileptic drugs, and where:***<br>***(a) adverse events have occurred with other suitable PBS-listed drugs; or***<br>***(b) drug interactions have occurred with other suitable PBS-listed drugs; or***<br>***(c) drug interactions are expected to occur with other suitable PBS-listed drugs; or***<br>***(d) transfer to another suitable PBS-listed drug would cause patient confusion resulting in problems with compliance; or***<br>***(e) transfer to another suitable PBS-listed drug is likely to result in adverse clinical consequences.*** | | | | | | | | |
| ***9704R*** | ***Tablet 25 mg*** | ***60*** | ***5*** | ***..*** | ***41.10*** | ***41.10*** | ***30.70*** | ***Topamax*** | ***JC*** |
| ***9705T*** | ***Tablet 50 mg*** | ***60*** | ***5*** | ***..*** | ***63.34*** | ***63.34*** | ***30.70*** | ***Topamax*** | ***JC*** |
| ***9706W*** | ***Tablet 100 mg*** | ***60*** | ***5*** | ***..*** | ***100.66*** | ***100.66*** | ***30.70*** | ***Topamax*** | ***JC*** |
| ***9707X*** | ***Tablet 200 mg*** | ***60*** | ***5*** | ***..*** | ***163.63*** | ***163.63*** | ***30.70*** | ***Topamax*** | ***JC*** |

continued ☞

# SPECIAL PHARMACEUTICAL BENEFITS

The special patient contribution is payable by all patients in addition to the relevant patient contribution for concessional and general patients. Other than for bleomycin sulfate, exemptions on medical grounds are available. For eligible veterans under RPBS provisions, see RPBS EXPLANATORY NOTES, paragraph 28.

| Code | Name, Restriction, Manner of Administration and form | Max. Qty | No. of Rpts | Premium | Reimburse-ment Price for Max. Qty $ | Total Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **Authority Required**<br>***Treatment of partial epileptic seizures, primary generalised tonic-clonic epileptic seizures and seizures of the Lennox-Gastaut syndrome, which are not controlled satisfactorily by other anti-epileptic drugs in patients unable to take a solid dose form of topiramate.*** | | | | | | | | |
| ***8371N*** | ***Capsule 15 mg*** | ***60*** | ***5*** | ***s2.32*** | ***29.45*** | ***31.77*** | ***30.46*** | ***Topamax Sprinkle*** | ***JC*** |
| ***8372P*** | ***Capsule 25 mg*** | ***60*** | ***5*** | ***s2.32*** | ***38.78*** | ***41.10*** | ***30.70*** | ***Topamax Sprinkle*** | ***JC*** |
| ***8520K*** | ***Capsule 50 mg*** | ***60*** | ***5*** | ***s2.32*** | ***61.02*** | ***63.34*** | ***30.70*** | ***Topamax Sprinkle*** | ***JC*** |
| | **Authority Required**<br>***Treatment of partial epileptic seizures, primary generalised tonic-clonic epileptic seizures and seizures of the Lennox-Gastaut syndrome, which are not controlled satisfactorily by other anti-epileptic drugs in patients unable to take a solid dose form of topiramate, and where:***<br>***(a) adverse events have occurred with other suitable PBS-listed drugs; or***<br>***(b) drug interactions have occurred with other suitable PBS-listed drugs; or***<br>***(c) drug interactions are expected to occur with other suitable PBS-listed drugs; or***<br>***(d) transfer to another suitable PBS-listed drug would cause patient confusion resulting in problems with compliance; or***<br>***(e) transfer to another suitable PBS-listed drug is likely to result in adverse clinical consequences.*** | | | | | | | | |
| ***9701N*** | ***Capsule 15 mg*** | ***60*** | ***5*** | ***..*** | ***31.77*** | ***31.77*** | ***30.70*** | ***Topamax Sprinkle*** | ***JC*** |
| ***9702P*** | ***Capsule 25 mg*** | ***60*** | ***5*** | ***..*** | ***41.10*** | ***41.10*** | ***30.70*** | ***Topamax Sprinkle*** | ***JC*** |
| ***9703Q*** | ***Capsule 50 mg*** | ***60*** | ***5*** | ***..*** | ***63.34*** | ***63.34*** | ***30.70*** | ***Topamax Sprinkle*** | ***JC*** |

# SPECIAL PHARMACEUTICAL BENEFITS

The special patient contribution is payable by all patients in addition to the relevant patient contribution for concessional and general patients. Other than for bleomycin sulfate, exemptions on medical grounds are available. For eligible veterans under RPBS provisions, see RPBS EXPLANATORY NOTES, paragraph 28.

| Code | Name, Restriction, Manner of Administration and form | Max. Qty | No. of Rpts | Premium | Reimburse-ment Price for Max. Qty $ | Total Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | ***ZOLMITRIPTAN*** | | | | | | | | |
| | **CAUTION:** | | | | | | | | |
| | ***Zolmitriptan is contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.*** | | | | | | | | |
| | **Authority Required** | | | | | | | | |
| | ***Migraine attacks in patients receiving, or who have failed a reasonable trial of, prophylactic medication and where attacks in the past have usually failed to respond to oral therapy with ergotamine and other appropriate agents, or in whom these agents are contraindicated.*** | | | | | | | | |
| | **NOTE:** | | | | | | | | |
| | ***No applications for increased maximum quantities and/or repeats will be authorised.*** | | | | | | | | |
| ***8266C*** | ***Tablet 2.5 mg*** | ***4*** | ***5*** | ***s2.64*** | **** 24.00*** | **** 26.64*** | ***25.01*** | ***Zomig*** | ***AP*** |
| | **Authority Required** | | | | | | | | |
| | ***Migraine attacks in patients receiving, or who have failed a reasonable trial of, prophylactic medication and where attacks in the past have usually failed to respond to oral therapy with ergotamine and other appropriate agents, or in whom these agents are contraindicated, and where:*** | | | | | | | | |
| | ***(a) adverse events have occurred with other suitable PBS-listed drugs; or*** | | | | | | | | |
| | ***(b) drug interactions have occurred with other suitable PBS-listed drugs; or*** | | | | | | | | |
| | ***(c) drug interactions are expected to occur with other suitable PBS-listed drugs; or*** | | | | | | | | |
| | ***(d) transfer to another suitable PBS-listed drug would cause patient confusion resulting in problems with compliance; or*** | | | | | | | | |
| | ***(e) transfer to another suitable PBS-listed drug is likely to result in adverse clinical consequences.*** | | | | | | | | |
| | **NOTE:** | | | | | | | | |
| | ***No applications for increased maximum quantities and/or repeats will be authorised.*** | | | | | | | | |
| ***9736K*** | ***Tablet 2.5 mg*** | ***4*** | ***5*** | ***..*** | **** 26.64*** | **** 26.64*** | ***27.65*** | ***Zomig*** | ***AP*** |
| | PHARMACEUTICAL BENEFITS FOR DENTAL USE | | | | | | | | |
| | AMOXYCILLIN | | | | | | | | |
| 3310F | Powder for paediatric oral drops 100 mg per mL, 20 mL | ‡ 1 | .. | s0.58 | # 12.08 | # 12.66 | 13.48 | Amoxil | GK |

# ALIMENTARY TRACT AND METABOLISM

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **STOMATOLOGICAL PREPARATIONS** | | | | | | | |
| | **Stomatological preparations** | | | | | | | |
| | • ***Antiinfectives and antiseptics for local oral treatment*** | | | | | | | |
| | AMPHOTERICIN | | | | | | | |
| 2931G | Lozenge 10 mg | 20 | 1 | .. | 9.17 | 10.18 | Fungilin | BQ |
| | NYSTATIN | | | | | | | |
| 3033P | Oral suspension 100,000 units per mL, 24 mL | ‡ 1 | 1 | .. | 9.68 | 10.69 | Mycostatin<br>Nilstat | BQ<br>SI |
| | • ***Other agents for local oral treatment*** | | | | | | | |
| | ***BENZYDAMINE HYDROCHLORIDE*** | | | | | | | |
| | **Restricted Benefit**<br>***Radiation induced mucositis.*** | | | | | | | |
| ***1121B*** | ***Mouth and throat rinse 22.5 mg per 15 mL, 500 mL*** | ***‡ 1*** | ***1*** | ***..*** | ***19.40*** | ***20.41*** | ***Difflam*** | ***IA*** |
| | **DRUGS FOR ACID RELATED DISORDERS** | | | | | | | |
| | **Antacids** | | | | | | | |
| | • ***Combinations and complexes of aluminium, calcium and magnesium compounds*** | | | | | | | |
| | ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE | | | | | | | |
| 2576N | Tablet 200 mg-200 mg | 200 | 5 | .. | * 13.12 | 14.13 | Mylanta P | PC |
| 2157M | Oral suspension 200 mg-200 mg per 5 mL, 500 mL | 2 | 5 | .. | * 13.12 | 14.13 | Mylanta P | PC |
| | ALUMINIUM HYDROXIDE with MAGNESIUM TRISILICATE and MAGNESIUM HYDROXIDE | | | | | | | |
| 2159P | Oral suspension 250 mg-120 mg-120 mg per 5 mL, 500 mL | 2 | 5 | .. | * 13.12 | 14.13 | Gastrogel | FM |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **Drugs for peptic ulcer and gastro-oesophageal reflux disease (GORD)** | | | | | | | |
| | • ***$H_2$-receptor antagonists*** | | | | | | | |
| | **NOTE:** The base-priced drugs in this therapeutic group are cimetidine, famotidine, nizatidine and ranitidine hydrochloride (except ranitidine hydrochloride effervescent tablet 150 mg (base) and syrup 150 mg (base) per 10 mL, 300 mL). | | | | | | | |
| | CIMETIDINE<br>**NOTE:** *Helicobacter pylori* eradication therapy should be considered prior to commencing initial treatment of peptic ulcer with this drug. | | | | | | | |
| 1157X | Tablet 200 mg | 120 | 5 | .. | 22.71 | 23.72 | [a] Magicul 200 | AF |
| | | | | B2.49 | 25.20 | 23.72 | [a] Tagamet | GK |
| 1158Y | Tablet 400 mg | 60 | 5 | .. | 22.71 | 23.72 | [a] GenRx Cimetidine | GX |
| | | | | | | | [a] Magicul 400 | AF |
| | | | | B2.49 | 25.20 | 23.72 | [a] Tagamet | GK |
| 1159B | Tablet 800 mg | 30 | 5 | .. | 22.71 | 23.72 | [a] GenRx Cimetidine | GX |
| | | | | | | | [a] Magicul 800 | AF |
| | FAMOTIDINE<br>**NOTE:** *Helicobacter pylori* eradication therapy should be considered prior to commencing initial treatment of peptic ulcer with this drug. | | | | | | | |
| 2487X | Tablet 20 mg | 60 | 5 | .. | 19.47 | 20.48 | [a] Ausfam 20 | AW |
| | | | | | | | [a] Chem mart Famotidine | CH |
| | | | | | | | [a] Famohexal | SZ |
| | | | | | | | [a] GenRx Famotidine | GX |
| | | | | | | | [a] Pamacid 20 | AF |
| | | | | | | | [a] Pepzan | GM |
| | | | | | | | [a] Terry White Chemists Famotidine | TW |
| | | | | B5.41 | 24.88 | 20.48 | [a] Pepcidine M | MK |
| 2488Y | Tablet 40 mg | 30 | 5 | .. | 19.47 | 20.48 | [a] Ausfam 40 | AW |
| | | | | | | | [a] Chem mart Famotidine | CH |
| | | | | | | | [a] Famohexal | SZ |
| | | | | | | | [a] GenRx Famotidine | GX |
| | | | | | | | [a] Pamacid 40 | AF |
| | | | | | | | [a] Pepzan | GM |
| | | | | | | | [a] Terry White Chemists Famotidine | TW |
| | | | | B5.41 | 24.88 | 20.48 | [a] Pepcidine | MK |

# ALIMENTARY TRACT AND METABOLISM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | NIZATIDINE<br>**NOTE:**<br>*Helicobacter pylori* eradication therapy should be considered prior to commencing initial treatment of peptic ulcer with this drug. | | | | | | | |
| 1505F | Capsule 150 mg | 60 | 5 | .. | 23.40 | 24.41 | [a] Nizac | LN |
| | | | | | | | [a] Tacidine | AF |
| | | | | B5.31 | 28.71 | 24.41 | [a] Tazac | AS |
| 1504E | Capsule 300 mg | 30 | 5 | .. | 23.40 | 24.41 | [a] Nizac | LN |
| | | | | | | | [a] Tacidine | AF |
| | | | | B5.31 | 28.71 | 24.41 | [a] Tazac | AS |
| | RANITIDINE HYDROCHLORIDE<br>**NOTE:**<br>*Helicobacter pylori* eradication therapy should be considered prior to commencing initial treatment of peptic ulcer with this drug. | | | | | | | |
| 1978D | Tablet 150 mg (base) | 60 | 5 | .. | 20.05 | 21.06 | [a] Ausran | SI |
| | | | | | | | [a] Chem mart Ranitidine | CH |
| | | | | | | | [a] GenRx Ranitidine | GX |
| | | | | | | | [a] Rani 2 | AF |
| | | | | | | | [a] Ranihexal | HX |
| | | | | | | | [a] Ranoxyl | GM |
| | | | | | | | [a] Terry White Chemists Ranitidine | TW |
| | | | | | | | [a] Ulcaid | RA |
| | | | | B2.17 | 22.22 | 21.06 | [a] Zantac | GK |
| 1937Y | Effervescent tablet 150 mg (base) | 60 | 5 | T4.18 | * 24.26 | 21.09 | Zantac | GK |
| 1977C | Tablet 300 mg (base) | 30 | 5 | .. | 20.05 | 21.06 | [a] Ausran | SI |
| | | | | | | | [a] Chem mart Ranitidine | CH |
| | | | | | | | [a] GenRx Ranitidine | GX |
| | | | | | | | [a] Rani 2 | AF |
| | | | | | | | [a] Ranihexal | HX |
| | | | | | | | [a] Ranoxyl | GM |
| | | | | | | | [a] Terry White Chemists Ranitidine | TW |
| | | | | | | | [a] Ulcaid | RA |
| | | | | B2.17 | 22.22 | 21.06 | [a] Zantac | GK |
| 8162N | Syrup 150 mg (base) per 10 mL, 300 mL | 2 | 5 | T2.10 | * 22.18 | 21.09 | Zantac Syrup | GK |

continued ☞

# ALIMENTARY TRACT AND METABOLISM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***RANITIDINE HYDROCHLORIDE*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***Helicobacter pylori eradication therapy should be considered prior to commencing initial treatment of peptic ulcer with this drug.*** | | | | | | | |
| | **Authority Required** | | | | | | | |
| | ***Adverse effects occurring with all of the base-priced drugs;*** | | | | | | | |
| | ***Drug interactions occurring with all of the base-priced drugs;*** | | | | | | | |
| | ***Drug interactions expected to occur with all of the base-priced drugs;*** | | | | | | | |
| | ***Transfer to a base-priced drug would cause patient confusion resulting in problems with compliance.*** | | | | | | | |
| *8903N* | ***Effervescent tablet 150 mg (base)*** | ***60*** | ***5*** | ***..*** | **** 24.26*** | ***25.27*** | ***Zantac*** | ***GK*** |
| *8905Q* | ***Syrup 150 mg (base) per 10 mL, 300 mL*** | ***2*** | ***5*** | ***..*** | **** 22.18*** | ***23.19*** | ***Zantac Syrup*** | ***GK*** |
| | ***• Prostaglandins*** | | | | | | | |
| | ***MISOPROSTOL*** | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | ***Misoprostol is a prostaglandin analogue. It should not be used in pregnant women.*** | | | | | | | |
| | **Authority Required (STREAMLINED)** | | | | | | | |
| | **2630** | | | | | | | |
| | ***Reduction in the incidence of gastrointestinal complications in patients who have a history of peptic ulcer disease and where NSAID therapy is essential;*** | | | | | | | |
| | **2631** | | | | | | | |
| | ***Duodenal ulcer (including pyloric and stomal ulcers), proven by current or prior x-ray, endoscopy or surgery. The date and the method by which the ulcer was proven must be documented in the patient's medical records when treatment is initiated;*** | | | | | | | |
| | **2632** | | | | | | | |
| | ***Gastric ulcer, proven by x-ray, endoscopy or surgery within the previous 2 years. The date and the method by which the ulcer was proven must be documented in the patient's medical records when treatment is initiated.*** | | | | | | | |
| *1648R* | ***Tablet 200 micrograms*** | ***120*** | ***2*** | ***..*** | ***50.76*** | ***30.70*** | ***Cytotec*** | ***PH*** |
| | ***• Proton pump inhibitors*** | | | | | | | |
| | ***ESOMEPRAZOLE MAGNESIUM TRIHYDRATE*** | | | | | | | |
| | **Restricted Benefit** | | | | | | | |
| | ***Initial treatment of gastric ulcer.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***Helicobacter pylori eradication therapy should be considered.*** | | | | | | | |
| *8886Q* | ***Tablet (enteric coated), equivalent to 20 mg esomeprazole*** | ***30*** | ***1*** | ***..*** | ***37.44*** | ***30.70*** | ***Nexium*** | ***AP*** |
| | ***NOTE:*** | | | | | | | |
| | ***No applications for increased maximum quantities and/or repeats will be authorised.*** | | | | | | | |

continued ☞

# ALIMENTARY TRACT AND METABOLISM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **Restricted Benefit**<br>***Healing of gastro-oesophageal reflux disease.***<br>**NOTE:**<br>***No applications for increased maximum quantities and/or repeats will be authorised.*** | | | | | | | | |
| ***8601Q*** | ***Tablet (enteric coated), equivalent to 40 mg esomeprazole*** | ***30*** | ***1*** | ***..*** | ***59.87*** | ***30.70*** | | ***Nexium*** | ***AP*** |
| | **Restricted Benefit**<br>***Maintenance of healed gastro-oesophageal reflux disease.***<br>**NOTE:**<br>***No applications for increased maximum quantities will be authorised.*** | | | | | | | | |
| ***8600P*** | ***Tablet (enteric coated), equivalent to 20 mg esomeprazole*** | ***30*** | ***5*** | ***..*** | ***37.44*** | ***30.70*** | | ***Nexium*** | ***AP*** |
| | ***LANSOPRAZOLE***<br>**Restricted Benefit**<br>***Initial treatment of peptic ulcer.***<br>**NOTE:**<br>***Helicobacter pylori eradication therapy should be considered.*** | | | | | | | | |
| ***2240X*** | ***Capsule 30 mg*** | ***30*** | ***1*** | ***..*** | ***37.10*** | ***30.70*** | | ***Zoton*** | ***WX*** |
| | ***NOTE:***<br>***No applications for increased repeats will be authorised.*** | | | | | | | | |
| | **Restricted Benefit**<br>***Gastro-oesophageal reflux disease;***<br>***Scleroderma oesophagus.*** | | | | | | | | |
| ***8198L*** | ***Capsule 15 mg*** | ***30*** | ***5*** | ***..*** | ***23.14*** | ***24.15*** | | ***Zoton*** | ***WX*** |
| ***2241Y*** | ***Capsule 30 mg*** | ***30*** | ***5*** | ***..*** | ***37.10*** | ***30.70*** | | ***Zoton*** | ***WX*** |
| | ***OMEPRAZOLE***<br>**Restricted Benefit**<br>***Initial treatment of peptic ulcer.***<br>**NOTE:**<br>***Helicobacter pylori eradication therapy should be considered.***<br>***No applications for increased repeats will be authorised.*** | | | | | | | | |
| ***9109K*** | ***Tablet 20 mg (as magnesium)*** | ***30*** | ***1*** | ***..*** | ***34.67*** | ***30.70*** | [a] | ***Acimax Tablets*** | ***AL*** |
| | | | | | | | [a] | ***Omepral*** | ***PM*** |
| | | | | ***B2.75*** | ***37.42*** | ***30.70*** | [a] | ***Losec Tablets*** | ***AP*** |

continued ☞

# ALIMENTARY TRACT AND METABOLISM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| *8331L* | *Tablet 20 mg* | *30* | *1* | *..* | *34.67* | *30.70* | [a] *Meprazol* | *HX* |
| | | | | | | | [a] *Omeprazole-GA* | *GM* |
| | | | | | | | [a] *Omeprazole Winthrop* | *WA* |
| | ***NOTE:*** ***Bioequivalence has been demonstrated between omeprazole tablet 20 mg and omeprazole tablet 20 mg (as magnesium).*** | | | | | | | |
| *1326T* | *Capsule 20 mg* | *30* | *1* | *..* | *34.67* | *30.70* | *Probitor* | *SZ* |
| | **Restricted Benefit** ***Gastro-oesophageal reflux disease;*** ***Scleroderma oesophagus;*** ***Zollinger-Ellison syndrome.*** | | | | | | | |
| *8332M* | *Tablet 10 mg (as magnesium)* | *30* | *5* | *..* | *26.04* | *27.05* | *Losec Tablets* | *AP* |
| *9110L* | *Tablet 20 mg (as magnesium)* | *30* | *5* | *..* | *34.67* | *30.70* | [a] *Acimax Tablets* | *AL* |
| | | | | | | | [a] *Omepral* | *PM* |
| | | | | *B2.75* | *37.42* | *30.70* | [a] *Losec Tablets* | *AP* |
| *8333N* | *Tablet 20 mg* | *30* | *5* | *..* | *34.67* | *30.70* | [a] *Meprazol* | *HX* |
| | | | | | | | [a] *Omeprazole-GA* | *GM* |
| | | | | | | | [a] *Omeprazole Winthrop* | *WA* |
| | ***NOTE:*** ***Bioequivalence has been demonstrated between omeprazole tablet 20 mg and omeprazole tablet 20 mg (as magnesium).*** | | | | | | | |
| *1327W* | *Capsule 20 mg* | *30* | *5* | *..* | *34.67* | *30.70* | *Probitor* | *SZ* |
| | ***PANTOPRAZOLE SODIUM SESQUIHYDRATE*** | | | | | | | |
| | **Restricted Benefit** ***Initial treatment of peptic ulcer.*** | | | | | | | |
| | **NOTE:** ***Helicobacter pylori eradication therapy should be considered.*** | | | | | | | |
| *8007K* | *Tablet (enteric coated), equivalent to 40 mg pantoprazole* | *30* | *2* | *..* | *38.04* | *30.70* | *Somac* | *NQ* |
| | ***NOTE:*** ***No applications for increased repeats will be authorised.*** | | | | | | | |
| | **Restricted Benefit** ***Gastro-oesophageal reflux disease.*** | | | | | | | |
| *8399C* | *Tablet (enteric coated), equivalent to 20 mg pantoprazole* | *30* | *5* | *..* | *21.34* | *22.35* | *Somac* | *NQ* |

continued ☞

# ALIMENTARY TRACT AND METABOLISM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **Restricted Benefit**<br>***Gastro-oesophageal reflux disease.*** | | | | | | | |
| | **Restricted Benefit**<br>***Scleroderma oesophagus;***<br>***Zollinger-Ellison syndrome.*** | | | | | | | |
| ***8008L*** | ***Tablet (enteric coated), equivalent to 40 mg pantoprazole*** | ***30*** | ***5*** | ***..*** | ***38.04*** | ***30.70*** | ***Somac*** | ***NQ*** |
| | ***RABEPRAZOLE SODIUM*** | | | | | | | |
| | **Restricted Benefit**<br>***Initial treatment of peptic ulcer.*** | | | | | | | |
| | **NOTE:**<br>***Helicobacter pylori eradication therapy should be considered.*** | | | | | | | |
| ***8509W*** | ***Tablet 20 mg (enteric coated)*** | ***30*** | ***2*** | ***..*** | ***37.31*** | ***30.70*** | ***Pariet*** | ***JC*** |
| | ***NOTE:***<br>***No applications for increased repeats will be authorised.*** | | | | | | | |
| | **Restricted Benefit**<br>***Gastro-oesophageal reflux disease;***<br>***Scleroderma oesophagus.*** | | | | | | | |
| ***8507R*** | ***Tablet 10 mg (enteric coated)*** | ***28*** | ***5*** | ***..*** | ***37.31*** | ***30.70*** | ***Pariet*** | ***JC*** |
| ***8508T*** | ***Tablet 20 mg (enteric coated)*** | ***30*** | ***5*** | ***..*** | ***37.31*** | ***30.70*** | ***Pariet*** | ***JC*** |
| | • ***Combinations for eradication of Helicobacter pylori***<br>***ESOMEPRAZOLE MAGNESIUM TRIHYDRATE and CLARITHROMYCIN and AMOXYCILLIN*** | | | | | | | |
| | **Restricted Benefit**<br>***Eradication of Helicobacter pylori associated with peptic ulcer disease.*** | | | | | | | |
| ***8738X*** | ***Pack containing 14 tablets (enteric coated) equivalent to 20 mg esomeprazole, 14 tablets clarithromycin 500 mg and 28 capsules amoxycillin 500 mg*** | ***‡ 1*** | ***..*** | ***..*** | ***95.55*** | ***30.70*** | ***Nexium Hp7*** | ***AP*** |

# ALIMENTARY TRACT AND METABOLISM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | ***OMEPRAZOLE and CLARITHROMYCIN and AMOXYCILLIN*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Eradication of Helicobacter pylori associated with peptic ulcer disease.*** | | | | | | | | |
| ***8272J*** | ***Pack containing 14 capsules omeprazole 20 mg, 14 tablets clarithromycin 500 mg and 28 capsules amoxycillin 500 mg*** | ***‡ 1*** | ***..*** | ***..*** | ***95.78*** | ***30.70*** | | ***Klacid Hp 7*** | ***AB*** |
| | **• *Other drugs for peptic ulcer and gastro-oesophageal reflux disease (GORD)*** | | | | | | | | |
| | SODIUM ALGINATE with CALCIUM CARBONATE and SODIUM BICARBONATE | | | | | | | | |
| 2014B | Oral liquid 1 g-320 mg-534 mg in 20 mL, 500 mL | 2 | 5 | .. | * 13.34 | 14.35 | | Gaviscon P | RC |
| | SUCRALFATE | | | | | | | | |
| 2055E | Tablet equivalent to 1 g anhydrous sucralfate | 120 | 2 | ..<br>B2.13 | 23.00<br>25.13 | 24.01<br>24.01 | a<br>a | Ulcyte<br>Carafate | AF<br>AS |

## DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS

### Belladonna and derivatives, plain

**• *Belladonna alkaloids, tertiary amines***

ATROPINE SULFATE

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1089H | Injection 600 micrograms in 1 mL | 10 | 1 | .. | 18.95 | 19.96 | | AP | |

### Propulsives

**• *Propulsives***

DOMPERIDONE

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1347X | Tablet 10 mg | 25 | .. | .. | 7.81 | 8.82 | | Motilium | JC |
| | METOCLOPRAMIDE HYDROCHLORIDE | | | | | | | | |
| 1207M | Tablet 10 mg | 25 | .. | ..<br>B2.88 | 6.99<br>9.87 | 8.00<br>8.00 | | Pramin<br>Maxolon | AF<br>VT |
| 1206L | Injection 10 mg in 2 mL | 10 | .. | .. | 11.72 | 12.73 | | Maxolon | VT |

# ALIMENTARY TRACT AND METABOLISM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **ANTIEMETICS AND ANTINAUSEANTS** | | | | | | | | |
| | **Antiemetics and antinauseants** | | | | | | | | |
| | • ***Serotonin ($5HT_3$) antagonists*** | | | | | | | | |
| | ***DOLASETRON MESYLATE*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Management of nausea and vomiting associated with cytotoxic chemotherapy being used to treat malignancy.*** | | | | | | | | |
| *8191D* | *Tablet 200 mg* | *2* | *..* | *..* | *49.22* | *30.70* | | *Anzemet* | *SW* |
| *8192E* | *I.V. injection 100 mg in 5 mL* | *1* | *..* | *..* | *27.32* | *28.33* | | *Anzemet* | *SW* |
| | ***GRANISETRON HYDROCHLORIDE*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Management of nausea and vomiting associated with cytotoxic chemotherapy being used to treat malignancy.*** | | | | | | | | |
| *8728J* | *Tablet 2 mg (base)* | *2* | *..* | *..* | ** 58.00* | *30.70* | | *Kytril* | *MX* |
| *8729K* | *Concentrated injection 3 mg (base) in 3 mL* | *1* | *..* | *..* | *35.50* | *30.70* | | *Kytril* | *MX* |
| | **Authority Required** | | | | | | | | |
| | ***Management of nausea and vomiting associated with radiotherapy being used to treat malignancy.*** | | | | | | | | |
| *8873B* | *Tablet 2 mg (base)* | *5* | *1* | *..* | *136.86* | *30.70* | | *Kytril* | *MX* |
| *8730L* | *Concentrated injection 3 mg (base) in 3 mL* | *1* | *..* | *..* | *35.50* | *30.70* | | *Kytril* | *MX* |
| | ***ONDANSETRON*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Management of nausea and vomiting associated with cytotoxic chemotherapy being used to treat malignancy.*** | | | | | | | | |
| *8224W* | *Tablet 4 mg* | *4* | *..* | *..* | *39.00* | *30.70* | *a* | *Ondansetron-RL* | *RE* |
| | | | | | | | *a* | *Ondaz* | *HX* |
| | | | | | | | *a* | *Onsetron 4* | *AW* |
| | | | | *B0.68* | *39.68* | *30.70* | *a* | *Zofran* | *GK* |
| *8225X* | *Tablet 8 mg* | *4* | *..* | *..* | *58.01* | *30.70* | *a* | *Ondansetron-RL* | *RE* |
| | | | | | | | *a* | *Ondaz* | *HX* |
| | | | | | | | *a* | *Onsetron 8* | *AW* |
| | | | | *B0.69* | *58.70* | *30.70* | *a* | *Zofran* | *GK* |
| *8410P* | *Wafer 4 mg* | *4* | *..* | *..* | *39.00* | *30.70* | *a* | *Ondansetron-RL Zydis* | *RE* |
| | | | | | | | *a* | *Ondaz Zydis* | *HX* |
| | | | | *B0.68* | *39.68* | *30.70* | *a* | *Zofran Zydis* | *GK* |

continued ☞

# ALIMENTARY TRACT AND METABOLISM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| *8411Q* | *Wafer 8 mg* | *4* | *..* | *..* | *58.01* | *30.70* | *a Ondansetron-RL Zydis* | *RE* |
| | | | | | | | *a Ondaz Zydis* | *HX* |
| | | | | | *B0.69* | *58.70* | *30.70* *a Zofran Zydis* | *GK* |
| *8226Y* | *I.V. injection 4 mg in 2 mL* | *1* | *..* | *..* | *24.36* | *25.37* | *a Ondansetron-RL* | *RE* |
| | | | | | | | *a Ondaz* | *HX* |
| | | | | | | | *a Onsetron* | *AW* |
| | | | | | | | *a PF* | |
| | | | | | *B0.69* | *25.05* | *25.37* *a Zofran* | *GK* |
| *8227B* | *I.V. injection 8 mg in 4 mL* | *1* | *..* | *..* | *35.50* | *30.70* | *a Ondansetron-RL* | *RE* |
| | | | | | | | *a Ondaz* | *HX* |
| | | | | | | | *a Onsetron* | *AW* |
| | | | | | | | *a PF* | |
| | | | | | *B0.67* | *36.17* | *30.70* *a Zofran* | *GK* |

**Authority Required**

***Management of nausea and vomiting associated with radiotherapy being used to treat malignancy.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *1594X* | *Tablet 4 mg* | *10* | *1* | *..* | *89.33* | *30.70* | *a Ondansetron-RL* | *RE* |
| | | | | | | | *a Ondaz* | *HX* |
| | | | | | | | *a Onsetron 4* | *AW* |
| | | | | | *B0.69* | *90.02* | *30.70* *a Zofran* | *GK* |
| *1595Y* | *Tablet 8 mg* | *10* | *1* | *..* | *136.86* | *30.70* | *a Ondansetron-RL* | *RE* |
| | | | | | | | *a Ondaz* | *HX* |
| | | | | | | | *a Onsetron 8* | *AW* |
| | | | | | *B0.68* | *137.54* | *30.70* *a Zofran* | *GK* |
| *8412R* | *Wafer 4 mg* | *10* | *1* | *..* | *89.33* | *30.70* | *a Ondansetron-RL Zydis* | *RE* |
| | | | | | | | *a Ondaz Zydis* | *HX* |
| | | | | | *B0.69* | *90.02* | *30.70* *a Zofran Zydis* | *GK* |
| *8413T* | *Wafer 8 mg* | *10* | *1* | *..* | *136.86* | *30.70* | *a Ondansetron-RL Zydis* | *RE* |
| | | | | | | | *a Ondaz Zydis* | *HX* |
| | | | | | *B0.68* | *137.54* | *30.70* *a Zofran Zydis* | *GK* |
| *8233H* | *Syrup 4 mg per 5 mL, 50 mL* | *‡ 1* | *1* | *..* | *89.33* | *30.70* | *Zofran syrup 50 mL* | *GK* |
| *1596B* | *I.V. injection 4 mg in 2 mL* | *1* | *..* | *..* | *24.36* | *25.37* | *a Ondansetron-RL* | *RE* |
| | | | | | | | *a Ondaz* | *HX* |
| | | | | | | | *a Onsetron* | *AW* |
| | | | | | | | *a PF* | |
| | | | | | *B0.69* | *25.05* | *25.37* *a Zofran* | *GK* |

continued ☞

# ALIMENTARY TRACT AND METABOLISM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| *1597C* | *I.V. injection 8 mg in 4 mL* | *1* | *..* | *..* | *35.50* | *30.70* | *a* | *Ondansetron-RL* | *RE* |
| | | | | | | | *a* | *Ondaz* | *HX* |
| | | | | | | | *a* | *Onsetron* | *AW* |
| | | | | | | | *a* | *PF* | |
| | | | | *B0.67* | *36.17* | *30.70* | *a* | *Zofran* | *GK* |

***TROPISETRON HYDROCHLORIDE***

**Restricted Benefit**

***Management of nausea and vomiting associated with cytotoxic chemotherapy being used to treat malignancy.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *2745L* | *Capsule 5 mg (base)* | *2* | *..* | *..* | *49.22* | *30.70* | | *Navoban* | *NV* |
| *2746M* | *I.V. injection 5 mg (base) in 5 mL* | *1* | *..* | *..* | *27.32* | *28.33* | | *Navoban* | *NV* |

## • *Other antiemetics*

***APREPITANT***

**NOTE:**

***Aprepitant is not PBS-subsidised for nausea and vomiting associated with radiotherapy being used to treat malignancy.***

**Authority Required**

***Management of nausea and vomiting associated with cytotoxic chemotherapy being used to treat malignancy, in combination with a 5HT3 antagonist and dexamethasone, where any 1 of the following chemotherapy agents are to be administered:***
***(a) altretamine;***
***(b) carmustine;***
***(c) cisplatin when a single dose constitutes a cycle of chemotherapy;***
***(d) cyclophosphamide at a dose of 1500 mg per square metre per day or greater;***
***(e) dacarbazine;***
***(f) procarbazine when a single dose constitutes a cycle of chemotherapy;***
***(g) streptozocin.***
***No more than 1 pack containing 1 x 125 mg capsule and 2 x 80 mg capsules will be authorised per cycle of cytotoxic chemotherapy;***

***Management of nausea and vomiting associated with cytotoxic chemotherapy being used to treat breast cancer, in combination with a 5HT3 antagonist and dexamethasone, where cyclophosphamide and an anthracycline are to be co-administered.***
***No more than 1 pack containing 1 x 125 mg capsule and 2 x 80 mg capsules will be authorised per cycle of cytotoxic chemotherapy.***

**NOTE:**

***No applications for increased maximum quantities will be authorised. Prescribers should advise Medicare Australia of the number of cycles planned when requesting approval for repeats.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *8808N* | *Pack containing 1 capsule 125 mg and 2 capsules 80 mg* | *‡ 1* | *..* | *..* | *147.36* | *30.70* | | *Emend* | *MK* |

# ALIMENTARY TRACT AND METABOLISM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | PROCHLORPERAZINE<br>**CAUTION:**<br>Prochlorperazine may be associated with parkinsonism and tardive dyskinesia and should be used for short-term treatment only. | | | | | | | | |
| 2893G | Tablet containing prochlorperazine maleate 5 mg | 25 | .. | .. | 7.95 | 8.96 | [a] | Stemzine | AV |
| | | | | B2.09 | 10.04 | 8.96 | [a] | Stemetil | SW |
| 2369Q | Injection containing prochlorperazine mesylate 12.5 mg in 1 mL | 10 | .. | .. | 14.55 | 15.56 | | Stemetil | SW |
| 2894H | Suppositories containing prochlorperazine equivalent to 5 mg prochlorperazine maleate, 5 | ‡ 1 | 2 | .. | 15.71 | 16.72 | | Stemetil | SW |
| 2895J | Suppositories containing prochlorperazine equivalent to 25 mg prochlorperazine maleate, 5 | ‡ 1 | 2 | .. | 17.21 | 18.22 | | Stemetil | SW |
| | **NOTE:**<br>As prochlorperazine may be associated with parkinsonism and tardive dyskinesia it should be used for short-term treatment only. However, authorities for increased maximum quantities and/or repeats of prochlorperazine tablets will be granted for the treatment of emesis associated with malignant disease. | | | | | | | | |

## BILE AND LIVER THERAPY

### Bile therapy

- ***Bile acid preparations***

***URSODEOXYCHOLIC ACID***

**Authority Required (STREAMLINED)**

**1700**

***Primary biliary cirrhosis.***

**NOTE:**

***Not for use in the treatment of sclerosing cholangitis or cholelithiasis.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| ***8448P*** | ***Capsule 250 mg*** | ***100*** | ***2*** | ***..*** | ***185.42*** | ***30.70*** | | ***Ursofalk*** | ***OA*** |

# ALIMENTARY TRACT AND METABOLISM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **LAXATIVES** | | | | | | | | |
| | **Laxatives** | | | | | | | | |
| | • ***Contact laxatives*** | | | | | | | | |
| | ***BISACODYL*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function;*** | | | | | | | | |
| | ***Patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities;*** | | | | | | | | |
| | ***For use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult;*** | | | | | | | | |
| | ***Patients receiving palliative care;*** | | | | | | | | |
| | ***Terminal malignant neoplasia;*** | | | | | | | | |
| | ***Anorectal congenital abnormalities;*** | | | | | | | | |
| | ***Megacolon.*** | | | | | | | | |
| *1259G* | *Tablet 5 mg* | *200* | *2* | *..* | *13.43* | *14.44* | | *Bisalax* | *AS* |
| | | | | | | | | *Lax-Tab* | *AE* |
| *1260H* | *Suppositories 10 mg, 10* | *3* | *5* | *..* | ** 20.53* | *21.54* | *a* | *Petrus Bisacodyl Suppositories* | *PP* |
| | | | | *B1.11* | ** 21.64* | *21.54* | *a* | *Durolax* | *BY* |
| *1258F* | *Suppositories 10 mg, 12* | *3* | *4* | *..* | ** 17.74* | *18.75* | | *Fleet Laxative Suppositories* | *FL* |
| | | | | | | | | *Petrus Bisacodyl Suppositories* | *PP* |
| | • ***Bulk producers*** | | | | | | | | |
| | ***STERCULIA with FRANGULA BARK*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function;*** | | | | | | | | |
| | ***Patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities;*** | | | | | | | | |
| | ***For use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult;*** | | | | | | | | |
| | ***Patients receiving palliative care;*** | | | | | | | | |
| | ***Terminal malignant neoplasia;*** | | | | | | | | |
| | ***Anorectal congenital abnormalities;*** | | | | | | | | |
| | ***Megacolon.*** | | | | | | | | |
| *1104D* | *Granules 620 mg-80 mg per g (62%-8%), 500 g* | *‡ 1* | *1* | *..* | *23.16* | *24.17* | | *Normacol Plus* | *NE* |

# ALIMENTARY TRACT AND METABOLISM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **• *Osmotically acting laxatives*** | | | | | | | | |
| | ***LACTULOSE*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Hepatic coma or precoma (chronic porto-systemic encephalopathy);*** | | | | | | | | |
| | ***Constipation in patients with malignant neoplasia.*** | | | | | | | | |
| *3064G* | *Mixture 3.34 g per 5 mL, 500 mL* | *‡ 1* | *5* | *..* | *15.40* | *16.41* | *a* | *Actilax* | *AF* |
| | | | | | | | *a* | *Genlac* | *AW* |
| | | | | | | | *a* | *GenRx Lactulose* | *GX* |
| | | | | | | | *a* | *Lac-Dol* | *GM* |
| | | | | | | | *a* | *Lactocur* | *HX* |
| | | | | *B2.13* | *17.53* | *16.41* | *a* | *Duphalac* | *SM* |
| | ***MACROGOL 3350*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Constipation in patients with malignant neoplasia;*** | | | | | | | | |
| | ***Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function not responding to other oral therapies.*** | | | | | | | | |
| *8612G* | *Sachets containing powder for solution 13.125 g with electrolytes, 30* | *‡ 1* | *5* | *..* | *23.01* | *24.02* | | *Movicol* | *NE* |
| | **• *Enemas*** | | | | | | | | |
| | ***BISACODYL*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function;*** | | | | | | | | |
| | ***Patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities;*** | | | | | | | | |
| | ***For use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult;*** | | | | | | | | |
| | ***Patients receiving palliative care;*** | | | | | | | | |
| | ***Terminal malignant neoplasia;*** | | | | | | | | |
| | ***Anorectal congenital abnormalities;*** | | | | | | | | |
| | ***Megacolon.*** | | | | | | | | |
| *1263L* | *Enemas 10 mg in 5 mL, 25* | *‡ 1* | *2* | *..* | *35.46* | *30.70* | | *Bisalax* | *AS* |

# ALIMENTARY TRACT AND METABOLISM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***SORBITOL with SODIUM CITRATE and SODIUM LAURYL SULFOACETATE*** | | | | | | | |
| | **Restricted Benefit**<br>***Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function;***<br>***Patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities;***<br>***For use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult;***<br>***Patients receiving palliative care;***<br>***Terminal malignant neoplasia;***<br>***Anorectal congenital abnormalities;***<br>***Megacolon.*** | | | | | | | |
| ***2091C*** | ***Enemas 3.125 g-450 mg-45 mg in 5 mL, 12*** | ***2*** | ***2*** | ***..*** | **** 34.28*** | ***30.70*** | ***Microlax*** | ***PH*** |

### • *Other laxatives*

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | ***GLYCEROL*** | | | | | | | |
| | **Restricted Benefit**<br>***Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function;***<br>***Patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities;***<br>***For use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult;***<br>***Patients receiving palliative care;***<br>***Terminal malignant neoplasia;***<br>***Anorectal congenital abnormalities;***<br>***Megacolon.*** | | | | | | | |
| ***2555L*** | ***Suppositories 700 mg (for infants), 12*** | ***3*** | ***5*** | ***..*** | **** 16.06*** | ***17.07*** | ***PP*** | |
| ***2556M*** | ***Suppositories 1.4 g (for children), 12*** | ***3*** | ***5*** | ***..*** | **** 16.51*** | ***17.52*** | ***PP*** | |
| ***2557N*** | ***Suppositories 2.8 g (for adults), 12*** | ***3*** | ***5*** | ***..*** | **** 16.87*** | ***17.88*** | ***PP*** | |

## ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ ANTIINFECTIVE AGENTS

### Intestinal antiinfectives

### • *Antibiotics*

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | NEOMYCIN SULFATE | | | | | | | |
| 2325J | Tablet 500 mg | 25 | 1 | .. | 13.69 | 14.70 | Neosulf | AF |
| | NYSTATIN | | | | | | | |
| 1696G | Tablet 500,000 units | 50 | .. | .. | 16.50 | 17.51 | Nilstat | SI |
| 1699K | Capsule 500,000 units | 50 | .. | .. | 16.50 | 17.51 | Nilstat | SI |

# ALIMENTARY TRACT AND METABOLISM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | ***VANCOMYCIN*** | | | | | | | | |
| | **Authority Required**<br>***Antibiotic associated pseudomembranous colitis due to Clostridium difficile which is unresponsive to metronidazole;***<br>***Antibiotic associated pseudomembranous colitis due to Clostridium difficile where there is intolerance to metronidazole.*** | | | | | | | | |
| | **NOTE:**<br>***Metronidazole has similar efficacy to vancomycin but may have less selective pressure to vancomycin resistant enterococci and is therefore the preferred treatment.*** | | | | | | | | |
| ***3113W*** | ***Capsule 125 mg (125,000 i.u.) vancomycin activity*** | ***40*** | ***..*** | ***..*** | **** 248.76*** | ***30.70*** | | ***Vancocin*** | ***AS*** |
| ***3114X*** | ***Capsule 250 mg (250,000 i.u.) vancomycin activity*** | ***40*** | ***..*** | ***..*** | **** 474.10*** | ***30.70*** | | ***Vancocin*** | ***AS*** |
| | **Electrolytes with carbohydrates** | | | | | | | | |
| | • ***Oral rehydration salt formulations*** | | | | | | | | |
| | ELECTROLYTE REPLACEMENT (ORAL) | | | | | | | | |
| 3196F | Sachets containing powder for oral solution 4.9 g, 10 | ‡ 1 | .. | .. | 12.18 | 13.19 | a | Chem mart Oral Rehydration Salts | CH |
| | | | | | | | a | O.R.S. | AS |
| | | | | | | | a | Repalyte New Formulation | SW |
| | | | | | | | a | restore O.R.S. | GM |
| | | | | | | | a | Terry White Chemists Oral Rehydration Salts | TW |
| | **NOTE:**<br>Each sachet contains sodium chloride 470 mg, potassium chloride 300 mg, sodium acid citrate 530 mg and glucose 3.56 g. | | | | | | | | |
| | **Antipropulsives** | | | | | | | | |
| | • ***Antipropulsives*** | | | | | | | | |
| | DIPHENOXYLATE HYDROCHLORIDE with ATROPINE SULFATE | | | | | | | | |
| 2501P | Tablet 2.5 mg-25 micrograms | 20 | .. | .. | 7.32 | 8.33 | a | Lofenoxal | KR |
| | | | | B1.78 | 9.10 | 8.33 | a | Lomotil | PH |
| | LOPERAMIDE HYDROCHLORIDE | | | | | | | | |
| 1571Q | Capsule 2 mg | 12 | .. | .. | 7.32 | 8.33 | a | Gastro-Stop Loperamide | AS |
| | | | | B0.90 | 8.22 | 8.33 | a | Imodium | JC |

# ALIMENTARY TRACT AND METABOLISM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **Intestinal antiinflammatory agents** | | | | | | | |
| | • ***Corticosteroids acting locally*** | | | | | | | |
| | ***HYDROCORTISONE ACETATE*** | | | | | | | |
| | **Restricted Benefit** | | | | | | | |
| | ***Proctitis;*** | | | | | | | |
| | ***Ulcerative colitis.*** | | | | | | | |
| ***1502C*** | ***Rectal foam 90 mg per applicatorful, 14 applications, aerosol 21.1 g*** | ***2*** | ***3*** | ***..*** | **** 35.78*** | ***30.70*** | ***Colifoam*** | ***AS*** |
| | ***[For other listings for this drug see Generic/Proprietary Index]*** | | | | | | | |
| | PREDNISOLONE SODIUM PHOSPHATE | | | | | | | |
| 1920C | Retention enema equivalent to 20 mg prednisolone in 100 mL | 28 | 3 | .. | * 133.00 | 30.70 | Predsol | SI |
| | ***PREDNISOLONE SODIUM PHOSPHATE*** | | | | | | | |
| | **Restricted Benefit** | | | | | | | |
| | ***Proctitis;*** | | | | | | | |
| | ***Ulcerative colitis.*** | | | | | | | |
| ***2554K*** | ***Suppositories equivalent to 5 mg prednisolone, 10*** | ***3*** | ***3*** | ***..*** | **** 46.75*** | ***30.70*** | ***Predsol*** | ***SI*** |
| | • ***Aminosalicylic acid and similar agents*** | | | | | | | |
| | ***BALSALAZIDE SODIUM*** | | | | | | | |
| | **Authority Required (STREAMLINED)** | | | | | | | |
| | **1708** | | | | | | | |
| | ***Ulcerative colitis where hypersensitivity to sulfonamides exists;*** | | | | | | | |
| | **1709** | | | | | | | |
| | ***Ulcerative colitis where intolerance to sulfasalazine exists.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***Not for the treatment of Crohn's disease.*** | | | | | | | |
| ***8845M*** | ***Capsule 750 mg*** | ***180*** | ***5*** | ***..*** | ***123.87*** | ***30.70*** | ***Colazide*** | ***PK*** |
| | ***MESALAZINE*** | | | | | | | |
| | **Restricted Benefit** | | | | | | | |
| | ***Acute episode of mild to moderate ulcerative proctitis.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***Not for the treatment of Crohn's disease.*** | | | | | | | |
| ***8752P*** | ***Suppositories 1 g, 28*** | ***‡ 1*** | ***..*** | ***..*** | ***126.74*** | ***30.70*** | ***Pentasa*** | ***FP*** |

continued ☞

# ALIMENTARY TRACT AND METABOLISM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***NOTE:*** ***No applications for increased maximum quantities and/or repeats will be authorised.*** | | | | | | | |
| | **Authority Required (STREAMLINED)** **1708** ***Ulcerative colitis where hypersensitivity to sulfonamides exists;*** **1709** ***Ulcerative colitis where intolerance to sulfasalazine exists;*** **2268** ***Crohn's disease where hypersensitivity to sulfonamides exists;*** **2269** ***Crohn's disease where intolerance to sulfasalazine exists.*** | | | | | | | |
| *1611T* | *Tablet 250 mg (enteric coated)* | *100* | *5* | *..* | *92.45* | *30.70* | *Mesasal* | *GK* |
| *8731M* | *Tablet 500 mg (enteric coated)* | *100* | *5* | *..* | *155.60* | *30.70* | *Salofalk* | *OA* |
| *2214M* | *Tablet 500 mg (prolonged release)* | *100* | *5* | *..* | *155.60* | *30.70* | *Pentasa* | *FP* |
| *2234N* | *Sachet containing prolonged release granules, 1 g per sachet* | *100* | *5* | *..* | *278.65* | *30.70* | *Pentasa* | *FP* |
| *2287J* | *Sachet containing prolonged release granules, 2 g per sachet* | *60* | *5* | *..* | *311.32* | *30.70* | *Pentasa* | *FP* |
| | **Authority Required (STREAMLINED)** **1708** ***Ulcerative colitis where hypersensitivity to sulfonamides exists;*** **1709** ***Ulcerative colitis where intolerance to sulfasalazine exists.*** **NOTE:** ***Not for the treatment of Crohn's disease.*** | | | | | | | |
| *8598M* | *Sachet containing granules, 500 mg per sachet* | *100* | *5* | *..* | *155.60* | *30.70* | *Salofalk* | *OA* |
| *8599N* | *Sachet containing granules, 1 g per sachet* | *100* | *2* | *..* | *278.65* | *30.70* | *Salofalk* | *OA* |

continued ☞

# ALIMENTARY TRACT AND METABOLISM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **Authority Required (STREAMLINED)**<br>**1707**<br>***Acute episode of mild to moderate ulcerative colitis.*** | | | | | | | | |
| | **NOTE:**<br>***Not for the treatment of Crohn's disease.*** | | | | | | | | |
| ***8753Q*** | ***Enemas 1 g in 100 mL, 7*** | ***4*** | ***..*** | ***..*** | **** 335.24*** | ***30.70*** | | ***Pentasa*** | ***FP*** |
| ***8616L*** | ***Enemas 2 g in 60 mL, 7*** | ***4*** | ***..*** | ***..*** | **** 335.24*** | ***30.70*** | | ***Salofalk*** | ***OA*** |
| ***8617M*** | ***Enemas 4 g in 60 mL, 7*** | ***4*** | ***..*** | ***..*** | **** 444.92*** | ***30.70*** | | ***Salofalk*** | ***OA*** |
| ***8768L*** | ***Rectal foam 1 g per applicatorful, 14 applications, aerosol 80 g*** | ***4*** | ***..*** | ***..*** | **** 335.24*** | ***30.70*** | | ***Salofalk*** | ***OA*** |
| | ***NOTE:***<br>***No applications for increased maximum quantities and/or repeats will be authorised.*** | | | | | | | | |
| | ***OLSALAZINE SODIUM*** | | | | | | | | |
| | **Authority Required (STREAMLINED)**<br>**1708**<br>***Ulcerative colitis where hypersensitivity to sulfonamides exists;*** | | | | | | | | |
| | **1709**<br>***Ulcerative colitis where intolerance to sulfasalazine exists.*** | | | | | | | | |
| | **NOTE:**<br>***Not for the treatment of Crohn's disease.*** | | | | | | | | |
| ***1728Y*** | ***Capsule 250 mg*** | ***100*** | ***5*** | ***..*** | ***60.43*** | ***30.70*** | | ***Dipentum*** | ***UC*** |
| ***8086N*** | ***Tablet 500 mg*** | ***100*** | ***5*** | ***..*** | ***102.31*** | ***30.70*** | | ***Dipentum*** | ***UC*** |
| | SULFASALAZINE | | | | | | | | |
| 2093E | Tablet 500 mg | 200 | 5 | .. | * 52.38 | 30.70 | | Salazopyrin | PH |
| 2096H | Tablet 500 mg (enteric coated) | 200 | 5 | .. | * 57.10 | 30.70 | a | Pyralin EN | KR |
| | | | | B1.60 | * 58.70 | 30.70 | a | Salazopyrin-EN | PH |

## DIGESTIVES, INCL. ENZYMES

### Digestives, incl. enzymes

#### • *Enzyme preparations*

PANCREATIC EXTRACT

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 8556H | Capsule (containing enteric coated minimicrospheres) providing not less than 5,000 BP units of lipase activity | 500 | 10 | .. | * 118.24 | 30.70 | | Creon 5000 | SM |
| 8020D | Capsule (containing enteric coated minimicrospheres) providing not less than 10,000 BP units of lipase activity | 500 | 10 | .. | * 169.79 | 30.70 | | Creon | SM |

continued ☞

# ALIMENTARY TRACT AND METABOLISM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| 8021E | Capsule (containing enteric coated minimicrospheres) providing not less than 25,000 BP units of lipase activity | 200 | 10 | .. | * 136.92 | 30.70 | Creon Forte | SM |
| | PANCRELIPASE | | | | | | | |
| 2495H | Capsule (containing enteric coated microspheres) providing not less than 10,000 BP units of lipase activity | 500 | 10 | .. | * 172.60 | 30.70 | Cotazym-S Forte | OR |
| 8366H | Capsule (containing enteric coated microtablets) providing not less than 25,000 BP units of lipase activity | 200 | 10 | .. | * 136.92 | 30.70 | Panzytrat 25000 | TM |
| | **DRUGS USED IN DIABETES** | | | | | | | |
| | **Insulins and analogues** | | | | | | | |
| | • ***Insulins and analogues for injection, fast-acting*** | | | | | | | |
| | INSULIN ASPART | | | | | | | |
| 8571D | Injection (human analogue) 100 units per mL, 10 mL | 5 | 2 | .. | * 158.29 | 30.70 | NovoRapid | NO |
| 8435Y | Injections (human analogue) 100 units per mL, 3 mL, 5 | 5 | 1 | .. | * 263.24 | 30.70 | NovoRapid FlexPen | NF |
| | | | | | | | NovoRapid Penfill 3 mL | NO |
| | INSULIN GLULISINE | | | | | | | |
| 1921D | Injections (human analogue) 100 units per mL, 3 mL, 5 | 5 | 1 | .. | * 263.24 | 30.70 | Apidra SoloStar | SW |
| | INSULIN LISPRO | | | | | | | |
| 8084L | Injection (human analogue) 100 units per mL, 10 mL | 5 | 2 | .. | * 158.29 | 30.70 | Humalog | LY |
| 8212F | Injections (human analogue) 100 units per mL, 3 mL, 5 | 5 | 1 | .. | * 263.24 | 30.70 | Humalog | LY |
| | INSULIN NEUTRAL | | | | | | | |
| 1713E | Injection (bovine) 100 units per mL, 10 mL | 5 | 2 | .. | * 138.54 | 30.70 | Hypurin Neutral | AS |
| 1531N | Injection (human) 100 units per mL, 10 mL | 5 | 2 | .. | * 132.84 | 30.70 | Actrapid | NO |
| | | | | | | | Humulin R | LY |
| 1762R | Injections (human) 100 units per mL, 3 mL, 5 | 5 | 1 | .. | * 223.34 | 30.70 | Actrapid Penfill 3 mL | NO |
| | | | | | | | Humulin R | LY |

# ALIMENTARY TRACT AND METABOLISM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **• *Insulins and analogues for injection, intermediate-acting*** | | | | | | | |
| | INSULIN ISOPHANE (N.P.H.) | | | | | | | |
| 1711C | Injection (bovine) 100 units per mL, 10 mL | 5 | 2 | .. | * 138.54 | 30.70 | Hypurin Isophane | AS |
| 1533Q | Injection (human) 100 units per mL, 10 mL | 5 | 2 | .. | * 132.84 | 30.70 | Humulin NPH<br>Protaphane | LY<br>NO |
| 1761Q | Injections (human) 100 units per mL, 3 mL, 5 | 5 | 1 | .. | * 223.34 | 30.70 | Humulin NPH<br>Protaphane InnoLet<br>Protaphane NovoLet 3 mL<br>Protaphane Penfill 3 mL | LY<br>NI<br>NL<br>NO |
| | **• *Insulins and analogues for injection, intermediate-acting combined with fast-acting*** | | | | | | | |
| | INSULIN ASPART—INSULIN ASPART PROTAMINE SUSPENSION | | | | | | | |
| 8609D | Injections (human analogue) 100 units (30 units-70 units) per mL, 3 mL, 5 | 5 | 1 | .. | * 263.24 | 30.70 | NovoMix 30 FlexPen<br>NovoMix 30 Penfill 3 mL | NF<br>NO |
| | INSULIN LISPRO—INSULIN LISPRO PROTAMINE SUSPENSION | | | | | | | |
| 8390N | Injections (human analogue) 100 units (25 units-75 units) per mL, 3 mL, 5 | 5 | 1 | .. | * 263.24 | 30.70 | Humalog Mix25 | LY |
| 8874C | Injections (human analogue) 100 units (50 units-50 units) per mL, 3 mL, 5 | 5 | 1 | .. | * 263.24 | 30.70 | Humalog Mix50 | LY |
| | INSULIN NEUTRAL—INSULIN ISOPHANE (N.P.H.), (MIXED) (Biphasic Isophane) | | | | | | | |
| 1426C | Injection (human) 100 units (30 units-70 units) per mL, 10 mL | 5 | 2 | .. | * 132.84 | 30.70 | Humulin 30/70 | LY |
| 1763T | Injections (human) 100 units (30 units-70 units) per mL, 3 mL, 5 | 5 | 1 | .. | * 223.34 | 30.70 | Humulin 30/70<br>Mixtard 30/70 InnoLet<br>Mixtard 30/70 Penfill 3 mL | LY<br>NI<br>NO |
| 2062M | Injections (human) 100 units (50 units-50 units) per mL, 3 mL, 5 | 5 | 1 | .. | * 223.34 | 30.70 | Mixtard 50/50 Penfill 3 mL | NO |

# ALIMENTARY TRACT AND METABOLISM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **• *Insulins and analogues for injection, long-acting*** | | | | | | | | |
| | ***INSULIN DETEMIR*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Type 1 diabetes.*** | | | | | | | | |
| ***9040T*** | ***Injections (human analogue) 100 units per mL, 3 mL, 5*** | ***5*** | ***1*** | ***..*** | **** 431.74*** | ***30.70*** | | ***Levemir FlexPen*** | ***NF*** |
| | | | | | | | | ***Levemir Penfill*** | ***NO*** |
| | INSULIN GLARGINE | | | | | | | | |
| 9039R | Injections (human analogue) 100 units per mL, 3 mL, 5 | 5 | 1 | .. | * 431.74 | 30.70 | | Lantus | SW |
| | | | | | | | | Lantus SoloStar | AV |
| | **Blood glucose lowering drugs, excl. insulins** | | | | | | | | |
| | **• *Biguanides*** | | | | | | | | |
| | METFORMIN HYDROCHLORIDE | | | | | | | | |
| 2430X | Tablet 500 mg | 100 | 5 | .. | 13.94 | 14.95 | a | Chem mart Metformin | CH |
| | | | | | | | a | Diaformin | AF |
| | | | | | | | a | Formet 500 | AW |
| | | | | | | | a | GenRx Metformin | GX |
| | | | | | | | a | Glucohexal | HX |
| | | | | | | | a | Glucomet 500 mg | GM |
| | | | | | | | a | Metforbell | BF |
| | | | | | | | a | Metformin 500 | CR |
| | | | | | | | a | Terry White Chemists Metformin | TW |
| | | | | | | | a | GN | |
| | | | | B1.41 | 15.35 | 14.95 | a | Glucophage | MQ |
| | | | | B1.80 | 15.74 | 14.95 | a | Diabex | AL |
| 8884N | Tablet 500 mg (extended release) | 90 | 5 | .. | 13.10 | 14.11 | | Diabex XR | AL |
| 1801T | Tablet 850 mg | 60 | 5 | .. | 13.94 | 14.95 | a | Chem mart Metformin | CH |
| | | | | | | | a | Diaformin 850 | AF |
| | | | | | | | a | Formet 850 | AW |
| | | | | | | | a | GenRx Metformin | GX |
| | | | | | | | a | Glucohexal | HX |
| | | | | | | | a | Glucomet 850 mg | GM |
| | | | | | | | a | Metforbell | BF |
| | | | | | | | a | Metformin 850 | CR |
| | | | | | | | a | Terry White Chemists Metformin | TW |
| | | | | | | | a | GN | |
| | | | | B1.41 | 15.35 | 14.95 | a | Glucophage | MQ |
| | | | | B1.80 | 15.74 | 14.95 | a | Diabex 850 | AL |

continued ☞

# ALIMENTARY TRACT AND METABOLISM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| 8607B | Tablet 1 g | 90 | 5 | .. | 20.25 | 21.26 | [a] Diaformin 1000 | AF |
| | | | | | | | [a] Formet 1000 | AW |
| | | | | B1.80 | 22.05 | 21.26 | [a] Diabex 1000 | AL |
| | • ***Sulfonamides, urea derivatives*** | | | | | | | |
| | GLIBENCLAMIDE | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | Sulfonylureas may cause hypoglycaemia, particularly in the elderly. | | | | | | | |
| 2939Q | Tablet 5 mg | 100 | 5 | .. | 10.59 | 11.60 | [a] Glimel | AF |
| | | | | B1.19 | 11.78 | 11.60 | [a] Daonil | SW |
| | GLICLAZIDE | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | Sulfonylureas may cause hypoglycaemia, particularly in the elderly. | | | | | | | |
| 8535F | Tablet 30 mg (modified release) | 100 | 5 | .. | 14.76 | 15.77 | [a] Diamicron MR | SE |
| | | | | | | | [a] Oziclide MR | RA |
| 2449X | Tablet 80 mg | 100 | 5 | .. | 14.49 | 15.50 | [a] Chem mart Gliclazide | CH |
| | | | | | | | [a] GenRx Gliclazide | GX |
| | | | | | | | [a] Glyade | AF |
| | | | | | | | [a] Mellihexal | HX |
| | | | | | | | [a] Nidem | AW |
| | | | | | | | [a] Terry White Chemists Gliclazide | TW |
| | | | | B2.60 | 17.09 | 15.50 | [a] Diamicron | SE |
| | GLIMEPIRIDE | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | Sulfonylureas may cause hypoglycaemia, particularly in the elderly. | | | | | | | |
| 8450R | Tablet 1 mg | 30 | 5 | .. | 8.85 | 9.86 | [a] Aylide 1 | AF |
| | | | | | | | [a] Diapride 1 | AW |
| | | | | | | | [a] Dimirel | AV |
| | | | | | | | [a] Glimepiride Sandoz | SZ |
| | | | | B2.41 | 11.26 | 9.86 | [a] Amaryl | SW |
| 8451T | Tablet 2 mg | 30 | 5 | .. | 11.97 | 12.98 | [a] Aylide 2 | AF |
| | | | | | | | [a] Diapride 2 | AW |
| | | | | | | | [a] Dimirel | AV |
| | | | | | | | [a] Glimepiride Sandoz | SZ |
| | | | | B2.41 | 14.38 | 12.98 | [a] Amaryl | SW |
| 8533D | Tablet 3 mg | 30 | 5 | .. | 13.82 | 14.83 | [a] Aylide 3 | AF |
| | | | | | | | [a] Diapride 3 | AW |
| | | | | | | | [a] Dimirel | AV |
| | | | | | | | [a] Glimepiride Sandoz | SZ |
| | | | | B2.43 | 16.25 | 14.83 | [a] Amaryl | SW |

continued ☞

# ALIMENTARY TRACT AND METABOLISM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| 8452W | Tablet 4 mg | 30 | 5 | .. | 15.69 | 16.70 | [a] Aylide 4 | AF |
| | | | | | | | [a] Diapride 4 | AW |
| | | | | | | | [a] Dimirel | AV |
| | | | | | | | [a] Glimepiride Sandoz | SZ |
| | | | | B2.42 | 18.11 | 16.70 | [a] Amaryl | SW |
| | GLIPIZIDE<br>**CAUTION:**<br>Sulfonylureas may cause hypoglycaemia, particularly in the elderly. | | | | | | | |
| 2440K | Tablet 5 mg | 100 | 5 | .. | 10.69 | 11.70 | [a] Melizide | AF |
| | | | | B3.97 | 14.66 | 11.70 | [a] Minidiab | PH |

## • *Combinations of oral blood glucose lowering drugs*

METFORMIN HYDROCHLORIDE with GLIBENCLAMIDE

**CAUTION:**

Sulfonylureas may cause hypoglycaemia, particularly in the elderly.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 8838E | Tablet 250 mg-1.25 mg | 90 | 5 | .. | 13.79 | 14.80 | Glucovance 250mg/ 1.25mg | AL |
| 8810Q | Tablet 500 mg-2.5 mg | 90 | 5 | .. | 16.57 | 17.58 | Glucovance 500mg/ 2.5mg | AL |
| 8811R | Tablet 500 mg-5 mg | 90 | 5 | .. | 17.73 | 18.74 | Glucovance 500mg/ 5mg | AL |

***ROSIGLITAZONE MALEATE with METFORMIN HYDROCHLORIDE***

**NOTE:**

***Rosiglitazone with metformin fixed dose combination tablet is not PBS-subsidised when used in combination with insulin.***

**Authority Required (STREAMLINED)**

**2633**

***Type 2 diabetes in a patient whose HbA1c is greater than 7% prior to initiation of a thiazolidinedione (glitazone) despite treatment with metformin and where a sulfonylurea is contraindicated or not tolerated.***

***The date and level of the HbA1c must be documented in the patient's medical records at the time glitazone treatment is initiated. The HbA1c must be no more than 4 months old at the time glitazone treatment is initiated.***

**NOTE:**

***Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:***
***(a) clinical conditions with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or***
***(b) red cell transfusion within the previous 3 months.***
***A patient in these circumstances will be eligible for treatment where blood glucose monitoring over a 2 week period shows blood glucose levels greater than 10 mmol per L in more than 20% of tests. The results of this blood glucose monitoring, which must be no more than 4 months old at the time of initiation of glitazone therapy, must be documented in the patient's medical records.***

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **Authority Required (STREAMLINED)** | | | | | | | |
| | **2634** | | | | | | | |
| | ***Type 2 diabetes, in combination with a sulfonylurea, in a patient whose HbA1c is greater than 7% prior to initiation of a thiazolidinedione (glitazone) despite treatment with maximally tolerated doses of metformin and a sulfonylurea.*** | | | | | | | |
| | ***The date and level of the HbA1c must be documented in the patient's medical records at the time glitazone treatment is initiated. The HbA1c must be no more than 4 months old at the time glitazone treatment is initiated.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:*** | | | | | | | |
| | ***(a) clinical conditions with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or*** | | | | | | | |
| | ***(b) red cell transfusion within the previous 3 months.*** | | | | | | | |
| | ***A patient in these circumstances will be eligible for treatment where blood glucose monitoring over a 2 week period shows blood glucose levels greater than 10 mmol per L in more than 20% of tests. The results of this blood glucose monitoring, which must be no more than 4 months old at the time of initiation of glitazone therapy, must be documented in the patient's medical records.*** | | | | | | | |
| ***9059T*** | ***Tablet 2 mg (base)-500 mg*** | ***56*** | ***5*** | ***..*** | ***65.30*** | ***30.70*** | ***Avandamet*** | ***GK*** |
| ***9060W*** | ***Tablet 2 mg (base)-1 g*** | ***56*** | ***5*** | ***..*** | ***69.76*** | ***30.70*** | ***Avandamet*** | ***GK*** |
| ***9061X*** | ***Tablet 4 mg (base)-500 mg*** | ***56*** | ***5*** | ***..*** | ***94.97*** | ***30.70*** | ***Avandamet*** | ***GK*** |
| ***9062Y*** | ***Tablet 4 mg (base)-1 g*** | ***56*** | ***5*** | ***..*** | ***99.42*** | ***30.70*** | ***Avandamet*** | ***GK*** |
| | • ***Alpha glucosidase inhibitors*** | | | | | | | |
| | ACARBOSE | | | | | | | |
| 8188Y | Tablet 50 mg | 90 | 5 | .. | 28.86 | 29.87 | Glucobay 50 | BN |
| 8189B | Tablet 100 mg | 90 | 5 | .. | 38.44 | 30.70 | Glucobay 100 | BN |
| | • ***Thiazolidinediones*** | | | | | | | |
| | ***PIOGLITAZONE HYDROCHLORIDE*** | | | | | | | |
| | **Authority Required (STREAMLINED)** | | | | | | | |
| | **2635** | | | | | | | |
| | ***Dual oral combination therapy with metformin or a sulfonylurea*** | | | | | | | |
| | ***Type 2 diabetes, in combination with either metformin or a sulfonylurea, in a patient whose HbA1c is greater than 7% prior to initiation of a thiazolidinedione (glitazone) despite treatment with either metformin or a sulfonylurea and where a combination of metformin and a sulfonylurea is contraindicated or not tolerated. .*** | | | | | | | |
| | ***The date and level of the HbA1c must be documented in the patient's medical records at the time glitazone treatment is initiated. The HbA1c must be no more than 4 months old at the time glitazone treatment is initiated.*** | | | | | | | |

continued ☞

# ALIMENTARY TRACT AND METABOLISM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|

**NOTE:**
***Pioglitazone hydrochloride is not PBS-subsidised for use in combination with metformin and a sulfonylurea (triple oral therapy).***
***Pioglitazone hydrochloride is not PBS-subsidised as monotherapy.***

***Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:***
***(a) clinical conditions with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or***
***(b) red cell transfusion within the previous 3 months.***
***A patient in these circumstances will be eligible for treatment where blood glucose monitoring over a 2 week period shows blood glucose levels greater than 10 mmol per L in more than 20% of tests. The results of this blood glucose monitoring, which must be no more than 4 months old at the time of initiation of glitazone therapy, must be documented in the patent's medical records.***

**Authority Required (STREAMLINED)**
**2638**
***Combination therapy with insulin***
***Type 2 diabetes, in combination with insulin, in a patient whose HbA1c is greater than 7% prior to initiation of a thiazolidinedione (glitazone) despite treatment with insulin and oral anti-diabetic agents, or insulin alone where metformin is contraindicated. .***

***The date and level of the HbA1c must be documented in the patient's medical records at the time glitazone treatment is initiated. The HbA1c must be no more than 4 months old at the time glitazone treatment is initiated.***

**NOTE:**
***Pioglitazone hydrochloride is not PBS-subsidised as monotherapy.***

***Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:***
***(a) clinical conditions with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or***
***(b) red cell transfusion within the previous 3 months.***
***A patient in these circumstances will be eligible for treatment where blood glucose monitoring over a 2 week period shows blood glucose levels greater than 10 mmol per L in more than 20% of tests. The results of this blood glucose monitoring, which must be no more than 4 months old at the time of initiation of glitazone therapy, must be documented in the patient's medical records.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *8694N* | *Tablet 15 mg (base)* | *28* | *5* | *..* | *60.54* | *30.70* | *Actos* | *LY* |
| *8695P* | *Tablet 30 mg (base)* | *28* | *5* | *..* | *90.21* | *30.70* | *Actos* | *LY* |
| *8696Q* | *Tablet 45 mg (base)* | *28* | *5* | *..* | *115.66* | *30.70* | *Actos* | *LY* |

***ROSIGLITAZONE MALEATE***

**Authority Required (STREAMLINED)**
**2635**
***Dual oral combination therapy with metformin or a sulfonylurea***
***Type 2 diabetes, in combination with either metformin or a sulfonylurea, in a patient whose HbA1c is greater than 7% prior to initiation of a thiazolidinedione (glitazone) despite treatment with either metformin or a sulfonylurea and where a combination of metformin and a sulfonylurea is contraindicated or not tolerated. .***

***The date and level of the HbA1c must be documented in the patient's medical records at the time glitazone treatment is initiated. The HbA1c must be no more than 4 months old at the time glitazone treatment is initiated.***

continued ☞

# ALIMENTARY TRACT AND METABOLISM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|---|---|---|

**NOTE:**
***Rosiglitazone maleate is not PBS-subsidised as monotherapy.***

***Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:***
***(a) clinical conditions with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or***
***(b) red cell transfusion within the previous 3 months.***
***A patient in these circumstances will be eligible for treatment where blood glucose monitoring over a 2 week period shows blood glucose levels greater than 10 mmol per L in more than 20% of tests. The results of this blood glucose monitoring, which must be no more than 4 months old at the time of initiation of glitazone therapy, must be documented in the patient's medical records.***

**Authority Required (STREAMLINED)**
**2648**
***Triple oral combination therapy with metformin and a sulfonylurea***
***Type 2 diabetes, in combination with metformin and a sulfonylurea, in a patient whose HbA1c is greater than 7% prior to initiation of a thiazolidinedione (glitazone) despite treatment with maximally tolerated doses of metformin and a sulfonylurea. .***

***The date and level of the HbA1c must be documented in the patient's medical records at the time glitazone treatment is initiated. The HbA1c must be no more than 4 months old at the time glitazone treatment is initiated.***

**NOTE:**
***Rosiglitazone maleate is not PBS-subsidised as monotherapy.***

***Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:***
***(a) clinical conditions with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or***
***(b) red cell transfusion within the previous 3 months.***
***A patient in these circumstances will be eligible for treatment where blood glucose monitoring over a 2 week period shows blood glucose levels greater than 10 mmol per L in more than 20% of tests. The results of this blood glucose monitoring, which must be no more than 4 months old at the time of initiation of glitazone therapy, must be documented in the patient's medical records.***

**Authority Required (STREAMLINED)**
**2730**
➢ ***Combination therapy with insulin***
***Type 2 diabetes, in combination with insulin, in a patient whose HbA1c is greater than 7% prior to initiation of insulin despite treatment with rosiglitazone maleate and at least 1 other oral anti-diabetic agent.***

***The date and level of the HbA1c must be documented in the patient's medical records at the time insulin therapy is initiated. The HbA1c must be no more than 4 months old at the time insulin therapy is initiated.***

**NOTE:**
***Rosiglitazone maleate should not be initiated in patients who already receive insulin.***

***Rosiglitazone maleate is not PBS-subsidised as monotherapy.***

continued ☞

# ALIMENTARY TRACT AND METABOLISM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|

***Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:***
***(a) clinical conditions with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or***
***(b) red cell transfusion within the previous 3 months.***
***A patient in these circumstances will be eligible for treatment where blood glucose monitoring over a 2 week period shows blood glucose levels greater than 10 mmol per L in more than 20% of tests. The results of this blood glucose monitoring, which must be no more than 4 months old at the time of initiation of insulin therapy, must be documented in the patient's medical records.***

**Authority Required (STREAMLINED)**

**2731**

➢ ***Continuation of therapy in type 2 diabetes mellitus in a patient who has previously received and been stabilised on a PBS-subsidised regimen of anti-diabetic medicines which includes both rosiglitazone maleate and insulin.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ***8689H*** | ***Tablet 4 mg (base)*** | ***28*** | ***5*** | ***..*** | ***60.54*** | ***30.70*** | ***Avandia*** | ***GK*** |
| ***8690J*** | ***Tablet 8 mg (base)*** | ***28*** | ***5*** | ***..*** | ***90.21*** | ***30.70*** | ***Avandia*** | ***GK*** |

## VITAMINS

### Vitamin A and D, incl. combinations of the two

- ***Vitamin D and analogues***

***CALCITRIOL***

**Authority Required (STREAMLINED)**

**1165**
***Hypocalcaemia due to renal disease;***

**1166**
***Hypoparathyroidism;***

**1167**
***Hypophosphataemic rickets;***

**1467**
***Vitamin D-resistant rickets;***

**2636**
***Treatment for established osteoporosis in patients with fracture due to minimal trauma. The fracture must have been demonstrated radiologically and the year of plain x-ray or CT-scan or MRI scan must be documented in the patient's medical records when treatment is initiated.***
***A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ***2502Q*** | ***Capsule 0.25 microgram*** | ***100*** | ***3*** | ***..*** | ***52.85*** | ***30.70*** | [a] ***Calcitriol-DP*** | ***GM*** |
| | | | | | | | [a] ***Citrihexal*** | ***HX*** |
| | | | | | | | [a] ***GenRx Calcitriol*** | ***GX*** |
| | | | | | | | [a] ***Kosteo*** | ***AW*** |
| | | | | | | | [a] ***Rocaltrol*** | ***RO*** |
| | | | | | | | [a] ***Sical*** | ***AF*** |

# ALIMENTARY TRACT AND METABOLISM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **Vitamin $B_1$, plain and in combination with vitamin $B_6$ and vitamin $B_{12}$** | | | | | | | | |
| | • ***Vitamin $B_1$, plain*** | | | | | | | | |
| | ***THIAMINE HYDROCHLORIDE*** | | | | | | | | |
| | **Authority Required (STREAMLINED)** | | | | | | | | |
| | **2384** | | | | | | | | |
| | ***Prophylaxis of thiamine deficiency in an Aboriginal or a Torres Strait Islander person.*** | | | | | | | | |
| ***1070H*** | ***Tablet 100 mg*** | ***100*** | ***2*** | ***..*** | ***9.65*** | ***10.66*** | | ***Betamin*** | ***SW*** |
| | MINERAL SUPPLEMENTS | | | | | | | | |
| | **Calcium** | | | | | | | | |
| | • ***Calcium*** | | | | | | | | |
| | ***CALCIUM*** | | | | | | | | |
| | **Authority Required (STREAMLINED)** | | | | | | | | |
| | **2212** | | | | | | | | |
| | ***Hyperphosphataemia associated with chronic renal failure.*** | | | | | | | | |
| ***8560M*** | ***Tablet 250 mg (as citrate)*** | ***120*** | ***1*** | ***..*** | ***12.99*** | ***14.00*** | | ***Citracal*** | ***KY*** |
| ***3116B*** | ***Tablet (chewable) 500 mg (as carbonate)*** | ***120*** | ***1*** | ***..*** | **** 13.88*** | ***14.89*** | | ***Cal-Sup*** | ***IA*** |
| ***3117C*** | ***Tablet 600 mg (as carbonate)*** | ***120*** | ***1*** | ***..*** | ***12.99*** | ***14.00*** | | ***Caltrate*** | ***WT*** |
| | **Potassium** | | | | | | | | |
| | • ***Potassium*** | | | | | | | | |
| | POTASSIUM CHLORIDE | | | | | | | | |
| 2642C | Tablet 600 mg (sustained release) | 200 | 1 | .. | 11.53 | 12.54 | | Span-K | AS |
| | | | | .. | * 11.54 | 12.55 | a | Duro-K | NM |
| | | | | B2.76 | * 14.30 | 12.55 | a | Slow-K | NV |
| | POTASSIUM CHLORIDE with POTASSIUM BICARBONATE | | | | | | | | |
| 3012M | Effervescent tablet 14 mmol potassium and 8 mmol chloride | 60 | 1 | .. | 11.52 | 12.53 | a | K-Sol | LN |
| | | | | B2.54 | 14.06 | 12.53 | a | Chlorvescent | AS |

# ALIMENTARY TRACT AND METABOLISM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|---|---|---|

## ANABOLIC AGENTS FOR SYSTEMIC USE

### Anabolic steroids

#### • *Estren derivatives*

***NANDROLONE DECANOATE***

**Authority Required**

***Monotherapy for osteoporosis, where other treatment has failed and where specialist advice confirms that this is the only suitable treatment option for the patient. Specialist advice need only be obtained for the first authority approval;***

***Monotherapy for osteoporosis, where other treatment is not tolerated and where specialist advice confirms that this is the only suitable treatment option for the patient. Specialist advice need only be obtained for the first authority approval;***

***Monotherapy for osteoporosis, where other treatment is contraindicated and where specialist advice confirms that this is the only suitable treatment option for the patient. Specialist advice need only be obtained for the first authority approval;***

***Patients receiving PBS-subsidised therapy with this drug for osteoporosis prior to 1 February 2004;***

***Patients on long-term treatment with corticosteroids.***

**NOTE:**

***Monotherapy for the treatment of osteoporosis does not exclude calcium supplementation.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *1671Y* | ***Injection 50 mg in 1 mL, disposable syringe*** | ***1*** | ***7*** | ***..*** | ***19.58*** | ***20.59*** | ***Deca-Durabolin*** | ***OR*** |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ANTITHROMBOTIC AGENTS | | | | | | | |
| | **Antithrombotic agents** | | | | | | | |
| | • ***Vitamin K antagonists*** | | | | | | | |
| | WARFARIN SODIUM | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | The listed brands have NOT been shown to be bioequivalent and should not be interchanged. | | | | | | | |
| 2843P | Tablet 1 mg | 50 | 2 | .. | 10.07 | 11.08 | Coumadin<br>Marevan | SI<br>FM |
| 2209G | Tablet 2 mg | 50 | 2 | .. | 10.59 | 11.60 | Coumadin | SI |
| 2844Q | Tablet 3 mg | 50 | 2 | .. | 10.75 | 11.76 | Marevan | FM |
| 2211J | Tablet 5 mg | 50 | 2 | .. | 11.45 | 12.46 | Coumadin<br>Marevan | SI<br>FM |
| | • ***Heparin group*** | | | | | | | |
| | DALTEPARIN SODIUM (Low Molecular Weight Heparin Sodium—porcine mucous) | | | | | | | |
| 8603T | Injection 2,500 units (anti-Xa) in 0.2 mL single dose pre-filled syringe | 10 | 1 | .. | 54.60 | 30.70 | Fragmin | PH |
| 2816F | Injection 5,000 units (anti-Xa) in 0.2 mL single dose pre-filled syringe | 10 | 1 | .. | 56.67 | 30.70 | Fragmin | PH |
| 8271H | Injection 7,500 units (anti-Xa) in 0.75 mL single dose pre-filled syringe | 10 | 1 | .. | 82.67 | 30.70 | Fragmin | PH |
| 8269F | Injection 10,000 units (anti-Xa) in 1 mL single dose pre-filled syringe | 10 | 1 | .. | 108.40 | 30.70 | Fragmin | PH |
| | ***DALTEPARIN SODIUM (Low Molecular Weight Heparin Sodium—porcine mucous)*** | | | | | | | |
| | **Restricted Benefit**<br>***Haemodialysis.*** | | | | | | | |
| ***8641T*** | ***Injection 2,500 units (anti-Xa) in 0.2 mL single dose pre-filled syringe*** | ***20*** | ***3*** | ***..*** | **** 103.76*** | ***30.70*** | ***Fragmin*** | ***PH*** |
| ***8642W*** | ***Injection 5,000 units (anti-Xa) in 0.2 mL single dose pre-filled syringe*** | ***20*** | ***3*** | ***..*** | **** 107.90*** | ***30.70*** | ***Fragmin*** | ***PH*** |
| ***8643X*** | ***Injection 7,500 units (anti-Xa) in 0.75 mL single dose pre-filled syringe*** | ***20*** | ***3*** | ***..*** | **** 159.90*** | ***30.70*** | ***Fragmin*** | ***PH*** |

# BLOOD AND BLOOD FORMING ORGANS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ENOXAPARIN SODIUM | | | | | | | |
| 8558K | Injection 20 mg (2,000 i.u. anti-Xa) in 0.2 mL pre-filled syringe | 10 | 1 | .. | 54.60 | 30.70 | Clexane | SW |
| 8510X | Injection 40 mg (4,000 i.u. anti-Xa) in 0.4 mL pre-filled syringe | 10 | 1 | .. | 56.67 | 30.70 | Clexane | SW |
| 8262W | Injection 60 mg (6,000 i.u. anti-Xa) in 0.6 mL pre-filled syringe | 10 | 1 | .. | 78.70 | 30.70 | Clexane | SW |
| 8263X | Injection 80 mg (8,000 i.u. anti-Xa) in 0.8 mL pre-filled syringe | 10 | 1 | .. | 89.72 | 30.70 | Clexane | SW |
| 8264Y | Injection 100 mg (10,000 i.u. anti-Xa) in 1 mL pre-filled syringe | 10 | 1 | .. | 108.10 | 30.70 | Clexane | SW |
| | ***ENOXAPARIN SODIUM*** | | | | | | | |
| | **Restricted Benefit**<br>***Haemodialysis.*** | | | | | | | |
| ***8716R*** | ***Injection 20 mg (2,000 i.u. anti-Xa) in 0.2 mL pre-filled syringe*** | ***20*** | ***3*** | ***..*** | **** 103.76*** | ***30.70*** | ***Clexane*** | ***SW*** |
| ***8639Q*** | ***Injection 40 mg (4,000 i.u. anti-Xa) in 0.4 mL pre-filled syringe*** | ***20*** | ***3*** | ***..*** | **** 107.90*** | ***30.70*** | ***Clexane*** | ***SW*** |
| ***8640R*** | ***Injection 60 mg (6,000 i.u. anti-Xa) in 0.6 mL pre-filled syringe*** | ***20*** | ***3*** | ***..*** | **** 151.96*** | ***30.70*** | ***Clexane*** | ***SW*** |
| | HEPARIN SODIUM | | | | | | | |
| 1466E | Injection 5,000 units in 0.2 mL | 5 | 5 | .. | 11.77 | 12.78 | MX | |
| 1463B | Injection (preservative-free) 5,000 units in 5 mL | 50 | 5 | .. | 51.65 | 30.70 | PU | |
| 1076P | Injection 35,000 units in 35 mL | 12 | 5 | .. | * 209.20 | 30.70 | MX | |
| | ***• Platelet aggregation inhibitors excl. heparin*** | | | | | | | |
| | ***ABCIXIMAB*** | | | | | | | |
| | **Authority Required (STREAMLINED)**<br>**1716**<br>***Patients undergoing percutaneous coronary balloon angioplasty;*** | | | | | | | |
| | **1717**<br>***Patients undergoing percutaneous coronary atherectomy;*** | | | | | | | |
| | **1718**<br>***Patients undergoing percutaneous coronary stent placement.*** | | | | | | | |
| ***8048N*** | ***I.V. injection 10 mg in 5 mL*** | ***3*** | ***..*** | ***..*** | **** 1436.47*** | ***30.70*** | ***ReoPro*** | ***LY*** |

# BLOOD AND BLOOD FORMING ORGANS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | ASPIRIN | | | | | | | | |
| 8202Q | Tablet 100 mg | 112 | 1 | .. | 7.11 | 8.12 | a | DBL Aspirin 100 mg | FA |
| | | | | B1.32 | 8.43 | 8.12 | a | Astrix | MX |
| 1010E | Tablet 300 mg (dispersible) | 96 | 1 | .. | 7.61 | 8.62 | | Solprin | RC |
| | ***CLOPIDOGREL HYDROGEN SULFATE*** | | | | | | | | |
| | **Authority Required (STREAMLINED)** | | | | | | | | |
| | **1719**<br>***Prevention of recurrence of ischaemic stroke or transient cerebral ischaemic events in patients with a history of symptomatic cerebrovascular ischaemic episodes while on therapy with low-dose aspirin;*** | | | | | | | | |
| | **1720**<br>***Prevention of recurrence of ischaemic stroke or transient cerebral ischaemic events in patients where low-dose aspirin poses an unacceptable risk of gastrointestinal bleeding;*** | | | | | | | | |
| | **1721**<br>***Prevention of recurrence of ischaemic stroke or transient cerebral ischaemic events in patients where there is a history of anaphylaxis, urticaria or asthma within 4 hours of ingestion of aspirin, other salicylates, or NSAIDs;*** | | | | | | | | |
| | **1722**<br>***Prevention of recurrence of myocardial infarction or unstable angina in patients with a history of symptomatic cardiac ischaemic events while on therapy with low-dose aspirin;*** | | | | | | | | |
| | **1723**<br>***Prevention of recurrence of myocardial infarction or unstable angina in patients where low-dose aspirin poses an unacceptable risk of gastrointestinal bleeding;*** | | | | | | | | |
| | **1724**<br>***Prevention of recurrence of myocardial infarction or unstable angina in patients where there is a history of anaphylaxis, urticaria or asthma within 4 hours of ingestion of aspirin, other salicylates, or NSAIDs.*** | | | | | | | | |
| | **NOTE:**<br>***Not for prophylaxis of DVT or peripheral arterial disease.*** | | | | | | | | |
| ***8358X*** | ***Tablet 75 mg (base)*** | ***28*** | ***5*** | ***..*** | ***82.24*** | ***30.70*** | ***a*** | ***Iscover*** | ***BQ*** |
| | | | | | | | ***a*** | ***Plavix*** | ***SW*** |
| | ***DIPYRIDAMOLE*** | | | | | | | | |
| | **Restricted Benefit**<br>***Prevention of recurrence of ischaemic stroke or transient cerebral ischaemic events:***<br>***(a) as adjunctive therapy with low-dose aspirin; or***<br>***(b) where low-dose aspirin poses an unacceptable risk of gastrointestinal bleeding; or***<br>***(c) where there is a history of anaphylaxis, urticaria or asthma within 4 hours of ingestion of aspirin, other salicylates, or NSAIDs.*** | | | | | | | | |
| ***8335Q*** | ***Capsule 200 mg (sustained release)*** | ***60*** | ***5*** | ***..*** | ***34.66*** | ***30.70*** | | ***Persantin SR*** | ***BY*** |

# BLOOD AND BLOOD FORMING ORGANS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | ***DIPYRIDAMOLE with ASPIRIN*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Prevention of recurrence of ischaemic stroke or transient cerebral ischaemic events.*** | | | | | | | | |
| ***8382E*** | ***Capsule 200 mg (sustained release)-25 mg*** | ***60*** | ***5*** | ***..*** | ***33.74*** | ***30.70*** | | ***Asasantin SR*** | ***BY*** |
| | ***EPTIFIBATIDE ACETATE*** | | | | | | | | |
| | **Authority Required (STREAMLINED)** | | | | | | | | |
| | **1884** | | | | | | | | |
| | ***Patients undergoing non-urgent percutaneous intervention with intracoronary stenting.*** | | | | | | | | |
| ***8683B*** | ***Solution for I.V. injection 20 mg (base) in 10 mL*** | ***2*** | ***..*** | ***..*** | **** 261.56*** | ***30.70*** | | ***Integrilin*** | ***SH*** |
| ***8684C*** | ***Solution for I.V. infusion 75 mg (base) in 100 mL*** | ***3*** | ***..*** | ***..*** | **** 1019.38*** | ***30.70*** | | ***Integrilin*** | ***SH*** |
| | ***TICLOPIDINE HYDROCHLORIDE*** | | | | | | | | |
| | **CAUTION:** | | | | | | | | |
| | ***Severe neutropenia is common in the early months of therapy. Haematological monitoring should be undertaken at commencement and every two weeks in the first four months of therapy.*** | | | | | | | | |
| | **Authority Required (STREAMLINED)** | | | | | | | | |
| | **1719** | | | | | | | | |
| | ***Prevention of recurrence of ischaemic stroke or transient cerebral ischaemic events in patients with a history of symptomatic cerebrovascular ischaemic episodes while on therapy with low-dose aspirin;*** | | | | | | | | |
| | **1720** | | | | | | | | |
| | ***Prevention of recurrence of ischaemic stroke or transient cerebral ischaemic events in patients where low-dose aspirin poses an unacceptable risk of gastrointestinal bleeding;*** | | | | | | | | |
| | **1721** | | | | | | | | |
| | ***Prevention of recurrence of ischaemic stroke or transient cerebral ischaemic events in patients where there is a history of anaphylaxis, urticaria or asthma within 4 hours of ingestion of aspirin, other salicylates, or NSAIDs;*** | | | | | | | | |
| | **1260** | | | | | | | | |
| | ***Patients established on this drug as a pharmaceutical benefit prior to 1 November 1999.*** | | | | | | | | |
| ***2095G*** | ***Tablet 250 mg*** | ***60*** | ***5*** | ***..*** | ***148.36*** | ***30.70*** | [a] | ***Ticlopidine Hexal*** | ***HX*** |
| | | | | | | | [a] | ***Tilodene*** | ***AF*** |
| | | | | ***B2.20*** | ***150.56*** | ***30.70*** | [a] | ***Ticlid*** | ***RO*** |

# BLOOD AND BLOOD FORMING ORGANS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***TIROFIBAN HYDROCHLORIDE*** | | | | | | | |
| | **Authority Required (STREAMLINED)**<br>**1729**<br>***Patients with high risk unstable angina who have new transient or persistent ST-T ischaemic changes and anginal pain lasting longer than 20 minutes;***<br>**1730**<br>***Patients with high risk unstable angina who have new transient or persistent ST-T ischaemic changes and repetitive episodes of angina at rest or during minimal exercise in the previous 12 hours;***<br>**1275**<br>***Patients with non-Q-wave myocardial infarction.*** | | | | | | | |
| ***8350L*** | ***Solution concentrate for I.V. infusion 12.5 mg (base) in 50 mL*** | ***1*** | ***2*** | ***..*** | ***362.13*** | ***30.70*** | ***Aggrastat*** | ***MK*** |
| | • ***Enzymes***<br>***DROTRECOGIN ALFA (ACTIVATED)*** | | | | | | | |
| | **Authority Required**<br>***Adult patients with severe sepsis who have a high risk of death as determined by acute dysfunction in at least 2 organs or modified Apache II score of at least 25.***<br>***Acute organ dysfunction is defined as follows:***<br>***(a) (1) For cardiovascular-system dysfunction, an arterial systolic blood pressure of less than or equal to 90 mmHg or mean arterial pressure of less than or equal to 70 mmHg for at least 1 hour despite adequate fluid resuscitation, adequate intravascular volume status or the use of vasopressors in an attempt to maintain a systolic blood pressure of greater than or equal to 90 mmHg or a mean arterial pressure of greater than or equal to 70 mmHg;***<br>***(2) For kidney dysfunction, urine output of less than 0.5 mL per kg of body weight per hour for 1 hour despite adequate fluid resuscitation;***<br>***(3) For respiratory-system dysfunction, a ratio of PaO2 to FiO2 of less than or equal to 250;***<br>***(4) For haematologic dysfunction, a platelet count of less than 80,000 per cubic millimetre or which has decreased by 50 percent in the previous 3 days;***<br>***(5) In the case of unexplained metabolic acidosis, a pH of less than or equal to 7.30 or a base deficit of greater than or equal to 5.0 mmol per L in association with a plasma lactate level of greater than 1.5 times the upper limit of the normal value for the reporting laboratory.***<br>**NOTE:**<br>***Medical practitioners should request the appropriate quantity of vials at the time of the authority application, according to the weight of the patient, to achieve a dose of 24 micrograms per kg per hour over a maximum of 96 hours.*** | | | | | | | |
| ***8614J*** | ***Powder for I.V. infusion 5 mg*** | ***1*** | ***..*** | ***..*** | ***466.16*** | ***30.70*** | ***Xigris*** | ***LY*** |
| ***8615K*** | ***Powder for I.V. infusion 20 mg*** | ***1*** | ***..*** | ***..*** | ***1762.44*** | ***30.70*** | ***Xigris*** | ***LY*** |

# BLOOD AND BLOOD FORMING ORGANS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***RETEPLASE (Recombinant plasminogen activator)*** | | | | | | | |
| | **Restricted Benefit**<br>***Treatment of acute myocardial infarction within 6 hours of onset of attack.*** | | | | | | | |
| ***8253J*** | ***Pack containing 2 vials powder for injection 10 units, 2 single use pre-filled syringes with solvent, 2 reconstitution spikes and 2 needles*** | ***‡ 1*** | ***..*** | ***..*** | ***2035.98*** | ***30.70*** | ***Rapilysin 10 U*** | ***RO*** |
| | ***TENECTEPLASE*** | | | | | | | |
| | **Restricted Benefit**<br>***Treatment of acute myocardial infarction within 12 hours of onset of attack.*** | | | | | | | |
| ***8526R*** | ***Powder for injection 40 mg with solvent*** | ***1*** | ***..*** | ***..*** | ***1929.78*** | ***30.70*** | ***Metalyse*** | ***BY*** |
| ***8527T*** | ***Powder for injection 50 mg with solvent*** | ***1*** | ***..*** | ***..*** | ***2026.08*** | ***30.70*** | ***Metalyse*** | ***BY*** |
| | **• *Direct thrombin inhibitors*** | | | | | | | |
| | ***BIVALIRUDIN TRIFLUOROACETATE*** | | | | | | | |
| | **Authority Required (STREAMLINED)**<br>**2147**<br>***Patients undergoing non-emergency percutaneous coronary intervention.*** | | | | | | | |
| | **NOTE:**<br>***Bivalirudin trifluoroacetate has not been evaluated in patients undergoing emergency percutaneous coronary intervention, i.e. as primary or salvage therapy for myocardial infarction.*** | | | | | | | |
| ***8844L*** | ***Powder for I.V. injection 250 mg (base)*** | ***1*** | ***..*** | ***..*** | ***670.77*** | ***30.70*** | ***Angiomax*** | ***CS*** |
| | **• *Other antithrombotic agents*** | | | | | | | |
| | ***FONDAPARINUX SODIUM*** | | | | | | | |
| | **Authority Required (STREAMLINED)**<br>**2005**<br>***Prevention of venous thromboembolic events in patients undergoing major hip surgery;***<br>**2006**<br>***Prevention of venous thromboembolic events in patients undergoing total knee replacement.*** | | | | | | | |
| | **NOTE:**<br>***No applications for increased maximum quantities and/or repeats will be authorised.*** | | | | | | | |
| ***8775W*** | ***Injection 2.5 mg in 0.5 mL single dose pre-filled syringe*** | ***7*** | ***..*** | ***..*** | ***117.21*** | ***30.70*** | ***Arixtra*** | ***GK*** |

# BLOOD AND BLOOD FORMING ORGANS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **ANTIHEMORRHAGICS** | | | | | | | |
| | **Antifibrinolytics** | | | | | | | |
| | • ***Amino acids*** | | | | | | | |
| | TRANEXAMIC ACID | | | | | | | |
| 2180R | Tablet 500 mg | 100 | 2 | .. | 50.28 | 30.70 | Cyklokapron | PH |
| | **ANTIANEMIC PREPARATIONS** | | | | | | | |
| | **Iron preparations** | | | | | | | |
| | • ***Iron bivalent, oral preparations*** | | | | | | | |
| | FERROUS SULFATE | | | | | | | |
| 8815Y | Oral liquid 30 mg per mL, 250 mL | ‡ 1 | 2 | .. | 17.80 | 18.81 | Ferro-Liquid | AE |
| | • ***Iron trivalent, parenteral preparations*** | | | | | | | |
| | IRON POLYMALTOSE COMPLEX | | | | | | | |
| 2593L | Injection 100 mg (iron) in 2 mL | 5 | .. | .. | 51.53 | 30.70 | [a] Ferrosig<br>[a] Ferrum H | SI<br>AS |
| | ***IRON SUCROSE*** | | | | | | | |
| | **Authority Required (STREAMLINED)** | | | | | | | |
| | **2070** | | | | | | | |
| | ***Iron deficiency anaemia, in combination with either epoetin alfa or darbepoetin alfa, in patients undergoing chronic haemodialysis who have had a documented hypersensitivity reaction to iron polymaltose and in whom continued intravenous iron therapy is appropriate.*** | | | | | | | |
| ***8807M*** | ***Concentrate for solution for infusion 2.7 g (equivalent to 100 mg iron (III)) in 5 mL*** | ***5*** | .. | .. | ***138.50*** | ***30.70*** | ***Venofer*** | ***AS*** |
| | • ***Iron in combination with folic acid*** | | | | | | | |
| | FERROUS FUMARATE with FOLIC ACID | | | | | | | |
| 9011G | Tablet 310 mg (equivalent to 100 mg iron)-350 micrograms | 60 | 1 | .. | 11.06 | 12.07 | Ferro-f-tab | AE |
| | **Vitamin $B_{12}$ and folic acid** | | | | | | | |
| | • ***Vitamin $B_{12}$ (cyanocobalamin and derivatives)*** | | | | | | | |
| | ***HYDROXOCOBALAMIN*** | | | | | | | |
| | **Restricted Benefit** | | | | | | | |
| | ***Pernicious anaemia;*** | | | | | | | |
| | ***Other proven vitamin $B_{12}$ deficiencies;*** | | | | | | | |
| | ***Prophylaxis after gastrectomy.*** | | | | | | | |
| ***9048F*** | ***Injection 1 mg in 1 mL*** | ***3*** | .. | .. | ***15.77*** | ***16.78*** | ***Neo-B12*** | ***MX*** |

continued ☞

# BLOOD AND BLOOD FORMING ORGANS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***NOTE:*** ***One injection of hydroxocobalamin 1 mg every three months provides appropriate maintenance therapy in vitamin $B_{12}$ deficiencies.*** | | | | | | | |
| | ***HYDROXOCOBALAMIN ACETATE*** | | | | | | | |
| | **Restricted Benefit** ***Pernicious anaemia;*** ***Other proven vitamin $B_{12}$ deficiencies;*** ***Prophylaxis after gastrectomy.*** | | | | | | | |
| ***2695W*** | ***Injection 1 mg (base) in 1 mL*** | ***5*** | ***..*** | ***..*** | ***38.56*** | ***30.70*** | ***Goldshield Hydroxo-cobalamin*** | ***MX*** |
| | ***NOTE:*** ***One injection of hydroxocobalamin 1 mg every three months provides appropriate maintenance therapy in vitamin $B_{12}$ deficiencies.*** | | | | | | | |
| | ***• Folic acid and derivatives*** FOLIC ACID | | | | | | | |
| 2958Q | Tablet 500 micrograms | 200 | .. | .. | * 12.40 | 13.41 | Megafol 0.5 | AF |
| 1437P | Tablet 5 mg | 200 | 1 | .. | * 12.60 | 13.61 | Megafol 5 | AF |
| | **NOTE:** The 5 mg strength tablet should be used in malabsorption states only. | | | | | | | |
| | BLOOD SUBSTITUTES AND PERFUSION SOLUTIONS | | | | | | | |
| | **Blood and related products** | | | | | | | |
| | ***• Blood substitutes and plasma protein fractions*** GELATIN - SUCCINYLATED | | | | | | | |
| 8444K | I.V. infusion 20 g per 500 mL, 500 mL | 3 | .. | .. | * 43.75 | 30.70 | Gelofusine | BR |
| | POLYGELINE | | | | | | | |
| 2334W | I.V. infusion 17.5 g per 500 mL (3.5%) with electrolytes, 500 mL | 3 | .. | .. | * 43.75 | 30.70 | Haemaccel | AE |
| | **I.V. solutions** | | | | | | | |
| | ***• Solutions for parenteral nutrition*** GLUCOSE | | | | | | | |
| 2245E | I.V. infusion 278 mmol (anhydrous) per L (5%), 1 L | 5 | 1 | .. | * 24.09 | 25.10 | BX | |

# BLOOD AND BLOOD FORMING ORGANS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | • ***Solutions affecting the electrolyte balance*** | | | | | | | |
| | ELECTROLYTE REPLACEMENT SOLUTION | | | | | | | |
| 3199J | I.V. infusion 1 L | 2 | 1 | .. | * 20.32 | 21.33 | Plasma-Lyte 148 | BX |
| | SODIUM CHLORIDE | | | | | | | |
| 2264E | I.V. infusion 154 mmol per L (0.9%), 1 L | 5 | 1 | .. | * 24.09 | 25.10 | BX | |
| 2260Y | I.V. infusion 513 mmol per L (3%), 1 L | 2 | 1 | .. | * 16.72 | 17.73 | BX | |
| | SODIUM CHLORIDE COMPOUND | | | | | | | |
| 2266G | I.V. infusion 1 L | 4 | 1 | .. | * 28.00 | 29.01 | BX | |
| | SODIUM CHLORIDE with GLUCOSE | | | | | | | |
| 2281C | I.V. infusion 31 mmol-222 mmol (anhydrous) per L (0.18%-4%), 1 L | 5 | 1 | .. | * 24.09 | 25.10 | BX | |
| 2279Y | I.V. infusion 19 mmol-104 mmol (anhydrous) per 500 mL (0.225%-3.75%), 500 mL | 5 | 1 | .. | * 29.94 | 30.70 | BX | |
| 2278X | I.V. infusion 39 mmol-69 mmol (anhydrous) per 500 mL (0.45%-2.5%), 500 mL | 5 | 1 | .. | * 29.94 | 30.70 | BX | |
| | SODIUM LACTATE COMPOUND | | | | | | | |
| 2286H | I.V. infusion 1 L | 5 | 1 | .. | * 24.09 | 25.10 | BX | |

# CARDIOVASCULAR SYSTEM

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **CARDIAC THERAPY** | | | | | | | | |
| | **Cardiac glycosides** | | | | | | | | |
| | • ***Digitalis glycosides*** | | | | | | | | |
| | DIGOXIN | | | | | | | | |
| 2605D | Tablet 62.5 micrograms | 200 | 1 | .. | 9.08 | 10.09 | a | Sigmaxin-PG | FM |
| | | | | B1.74 | 10.82 | 10.09 | a | Lanoxin-PG | SI |
| 1322N | Tablet 250 micrograms | 100 | 1 | .. | 9.36 | 10.37 | a | Sigmaxin | FM |
| | | | | B1.75 | 11.11 | 10.37 | a | Lanoxin | SI |
| 3164M | Oral solution for children 50 micrograms per mL, 60 mL | 2 | 3 | .. | * 26.74 | 27.75 | | Lanoxin | SI |
| | **Antiarrhythmics, class I and III** | | | | | | | | |
| | • ***Antiarrhythmics, class IA*** | | | | | | | | |
| | DISOPYRAMIDE | | | | | | | | |
| 2923W | Capsule 100 mg | 100 | 5 | .. | 25.27 | 26.28 | | Rythmodan | SW |
| 2924X | Capsule 150 mg | 100 | 5 | .. | 33.91 | 30.70 | | Rythmodan | SW |
| | • ***Antiarrhythmics, class IB*** | | | | | | | | |
| | LIGNOCAINE HYDROCHLORIDE | | | | | | | | |
| 2875H | Injection 100 mg in 5 mL | 5 | .. | .. | 35.01 | 30.70 | | PF | |
| 2876J | Infusion 500 mg in 5 mL | 10 | .. | .. | 27.61 | 28.62 | | Xylocard 500 | AP |
| | MEXILETINE HYDROCHLORIDE | | | | | | | | |
| 1682M | Capsule 50 mg | 100 | 5 | .. | 30.08 | 30.70 | | Mexitil | BY |
| 1683N | Capsule 200 mg | 100 | 5 | .. | 60.59 | 30.70 | | Mexitil | BY |
| | • ***Antiarrhythmics, class IC*** | | | | | | | | |
| | ***FLECAINIDE ACETATE*** | | | | | | | | |
| | **CAUTION:** | | | | | | | | |
| | ***Flecainide acetate should be avoided in patients with poor cardiac function.*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Serious supra-ventricular cardiac arrhythmias;*** | | | | | | | | |
| | ***Serious ventricular cardiac arrhythmias where treatment is initiated in a hospital (in-patient or out-patient).*** | | | | | | | | |
| ***1088G*** | ***Tablet 50 mg*** | ***60*** | ***5*** | ***..*** | ***37.93*** | ***30.70*** | | ***Tambocor*** | ***IA*** |
| ***1090J*** | ***Tablet 100 mg*** | ***60*** | ***5*** | ***..*** | ***45.72*** | ***30.70*** | ***a*** | ***Flecatab*** | ***AF*** |
| | | | | ***B2.77*** | ***48.49*** | ***30.70*** | ***a*** | ***Tambocor*** | ***IA*** |

# CARDIOVASCULAR SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **• *Antiarrhythmics, class III*** | | | | | | | | |
| | ***AMIODARONE HYDROCHLORIDE*** | | | | | | | | |
| | **CAUTION:** | | | | | | | | |
| | ***Amiodarone hydrochloride has been reported to cause frequent and potentially serious toxicity. Regular monitoring of hepatic and thyroid function is recommended.*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Severe cardiac arrhythmias.*** | | | | | | | | |
| *2344J* | *Tablet 100 mg* | *30* | *5* | *..* | *16.44* | *17.45* | *a* | *Aratac 100* | *AF* |
| | | | | | | | *a* | *Cardinorm* | *HX* |
| | | | | | | | *a* | *GenRx Amiodarone* | *GX* |
| | | | | | | | *a* | *Rithmik 100* | *AW* |
| | | | | *B0.97* | *17.41* | *17.45* | *a* | *Cordarone X 100* | *SW* |
| *2343H* | *Tablet 200 mg* | *30* | *5* | *..* | *24.98* | *25.99* | *a* | *Aratac 200* | *AF* |
| | | | | | | | *a* | *Cardinorm* | *HX* |
| | | | | | | | *a* | *Chem mart Amiodarone* | *CH* |
| | | | | | | | *a* | *GenRx Amiodarone* | *GX* |
| | | | | | | | *a* | *Rithmik 200* | *AW* |
| | | | | | | | *a* | *Terry White Chemists Amiodarone* | *TW* |
| | | | | *B0.96* | *25.94* | *25.99* | *a* | *Cordarone X 200* | *SW* |
| | ***SOTALOL HYDROCHLORIDE*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Severe cardiac arrhythmias.*** | | | | | | | | |
| *8398B* | *Tablet 80 mg* | *60* | *5* | *..* | *17.38* | *18.39* | *a* | *GenRx Sotalol* | *GX* |
| | | | | | | | *a* | *Solavert* | *AW* |
| | | | | | | | *a* | *Sotahexal* | *HX* |
| | | | | *B1.60* | *18.98* | *18.39* | *a* | *Sotacor* | *BQ* |
| *2043M* | *Tablet 160 mg* | *60* | *5* | *..* | *31.05* | *30.70* | *a* | *Cardol* | *AF* |
| | | | | | | | *a* | *Chem mart Sotalol* | *CH* |
| | | | | | | | *a* | *GenRx Sotalol* | *GX* |
| | | | | | | | *a* | *Solavert* | *AW* |
| | | | | | | | *a* | *Sotab* | *GM* |
| | | | | | | | *a* | *Sotahexal* | *HX* |
| | | | | | | | *a* | *Terry White Chemists Sotalol* | *TW* |
| | | | | *B1.74* | *32.79* | *30.70* | *a* | *Sotacor* | *BQ* |
| | **Cardiac stimulants excl. cardiac glycosides** | | | | | | | | |
| | **• *Adrenergic and dopaminergic agents*** | | | | | | | | |
| | ADRENALINE | | | | | | | | |
| 1016L | Injection 1 mg in 1 mL (1 in 1,000) | 5 | 1 | .. | 18.75 | 19.76 | | AP | |

# CARDIOVASCULAR SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|

***ADRENALINE***

**Authority Required**

***Initial supply for anticipated emergency treatment of acute allergic reactions with anaphylaxis in a patient who:***

***(a) has been assessed to be at significant risk of anaphylaxis by, or in consultation with, a clinical immunologist, allergist, paediatrician or respiratory physician. The name of the specialist consulted must be provided at the time of application for initial supply; or***

***(b) has been discharged from hospital or an emergency department after treatment with adrenaline for acute allergic reaction with anaphylaxis;***

***Continuing supply for anticipated emergency treatment of acute allergic reactions with anaphylaxis, where the patient has previously been issued with an authority prescription for this drug.***

**NOTE:**

***The auto-injector should be provided in the framework of a comprehensive anaphylaxis prevention program and an emergency action plan including training in recognition of the symptoms of anaphylaxis and the use of the auto-injector device. (For further information see the Australasian Society of Clinical Immunology and Allergy website at www.allergy.org.au.)***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ***8697R*** | ***I.M. injection 150 micrograms in 0.3 mL single dose syringe auto-injector*** | ***1*** | ***..*** | ***..*** | ***105.02*** | ***30.70*** | ***EpiPen Jr.*** | ***CS*** |
| ***8698T*** | ***I.M. injection 300 micrograms in 0.3 mL single dose syringe auto-injector*** | ***1*** | ***..*** | ***..*** | ***105.02*** | ***30.70*** | ***EpiPen*** | ***CS*** |

***NOTE:***

***Authorities for increased maximum quantities, up to a maximum of 2, may be authorised for children aged less than 17 years where 2 auto-injectors are necessary to ensure 1 is on hand at all times. No increased maximum quantities will be authorised for patients aged 17 years or older.***

***No repeats will be issued.***

## Vasodilators used in cardiac diseases

### • *Organic nitrates*

GLYCERYL TRINITRATE

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1459T | Tablets 600 micrograms, 100 | ‡ 1 | 5 | .. | 11.27 | 12.28 | [a] Lycinate | FM |
| | | | | B1.61 | 12.88 | 12.28 | [a] Anginine Stabilised | SI |
| 8171C | Sublingual spray (pump pack) 400 micrograms per dose (200 doses) | ‡ 1 | 5 | .. | 18.55 | 19.56 | Nitrolingual Pumpspray | SW |
| | **NOTE:** The spray should not be inhaled. | | | | | | | |
| 8027L | Transdermal patch releasing approximately 5 mg per 24 hours | 30 | 5 | .. | 27.11 | 28.12 | Minitran 5 | IA |
| 1515R | Transdermal patch releasing approximately 5 mg per 24 hours | 30 | 5 | .. | 27.11 | 28.12 | Transiderm-Nitro 25 | NV |
| 8010N | Transdermal patch releasing approximately 5 mg per 24 hours | 30 | 5 | .. | 27.11 | 28.12 | Nitro-Dur 5 | SH |

continued ☞

# CARDIOVASCULAR SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| 8028M | Transdermal patch releasing approximately 10 mg per 24 hours | 30 | 5 | .. | 33.86 | 30.70 | | Minitran 10 | IA |
| 1516T | Transdermal patch releasing approximately 10 mg per 24 hours | 30 | 5 | .. | 33.86 | 30.70 | | Transiderm-Nitro 50 | NV |
| 8011P | Transdermal patch releasing approximately 10 mg per 24 hours | 30 | 5 | .. | 33.86 | 30.70 | | Nitro-Dur 10 | SH |
| 8119H | Transdermal patch releasing approximately 15 mg per 24 hours | 30 | 5 | .. | 33.86 | 30.70 | | Minitran 15 | IA |
| 8026K | Transdermal patch releasing approximately 15 mg per 24 hours | 30 | 5 | .. | 33.86 | 30.70 | | Nitro-Dur 15 | SH |
| | ISOSORBIDE DINITRATE | | | | | | | | |
| 2587E | Tablet 10 mg | 200 | 2 | .. | * 12.98 | 13.99 | a | Sorbidin | AF |
| | | | | B3.72 | * 16.70 | 13.99 | a | Isordil | SI |
| 2588F | Sublingual tablet 5 mg | 200 | 2 | .. | * 13.86 | 14.87 | | Isordil Sublingual | SI |
| | ISOSORBIDE MONONITRATE | | | | | | | | |
| 1558B | Tablet 60 mg (sustained release) | 30 | 5 | .. | 13.68 | 14.69 | a | Chem mart Isosorbide Mononitrate | CH |
| | | | | | | | a | Duride | AF |
| | | | | | | | a | GenRx Isosorbide Mononitrate | GX |
| | | | | | | | a | Imtrate 60 mg | GM |
| | | | | | | | a | Isomonit | HX |
| | | | | | | | a | Monodur 60 mg | PM |
| | | | | | | | a | Terry White Chemists Isosorbide Mononitrate | TW |
| | | | | B2.84 | 16.52 | 14.69 | a | Imdur Durule | AP |
| 8273K | Tablet 120 mg (sustained release) | 30 | 5 | .. | 24.98 | 25.99 | a | Monodur 120 mg | PM |
| | | | | B3.00 | 27.98 | 25.99 | a | Imdur 120 mg | AP |
| | • ***Other vasodilators used in cardiac diseases*** NICORANDIL | | | | | | | | |
| 8228C | Tablets 10 mg, 60 | ‡ 1 | 5 | .. | 21.04 | 22.05 | | Ikorel | SW |
| 8229D | Tablets 20 mg, 60 | ‡ 1 | 5 | .. | 27.53 | 28.54 | | Ikorel | SW |

# CARDIOVASCULAR SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | ***PERHEXILINE MALEATE*** | | | | | | | | |
| | **CAUTION:** | | | | | | | | |
| | ***Regular monitoring of drug serum levels is recommended.*** | | | | | | | | |
| | **Authority Required (STREAMLINED)** | | | | | | | | |
| | **1023** | | | | | | | | |
| | ***Angina not responding to other therapy.*** | | | | | | | | |
| ***1822X*** | ***Tablet 100 mg*** | ***100*** | ***5*** | ***..*** | ***52.28*** | ***30.70*** | | ***Pexsig*** | ***SI*** |
| | ANTIHYPERTENSIVES | | | | | | | | |
| | **Antiadrenergic agents, centrally acting** | | | | | | | | |
| | • ***Methyldopa*** | | | | | | | | |
| | METHYLDOPA | | | | | | | | |
| 1629R | Tablet 250 mg | 100 | 5 | .. | 13.35 | 14.36 | a | Hydopa | AF |
| | | | | B2.85 | 16.20 | 14.36 | a | Aldomet | MK |
| | • ***Imidazoline receptor agonists*** | | | | | | | | |
| | CLONIDINE | | | | | | | | |
| 3145M | Tablet 100 micrograms | 100 | 5 | .. | 26.92 | 27.93 | | Catapres 100 | BY |
| 3141H | Tablet 150 micrograms | 100 | 5 | .. | 35.11 | 30.70 | | Catapres | BY |
| | ***MOXONIDINE*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Hypertension in patients receiving concurrent antihypertensive therapy.*** | | | | | | | | |
| ***9019Q*** | ***Tablet 200 micrograms*** | ***30*** | ***5*** | ***..*** | ***17.98*** | ***18.99*** | | ***Physiotens*** | ***SM*** |
| ***9020R*** | ***Tablet 400 micrograms*** | ***30*** | ***5*** | ***..*** | ***26.82*** | ***27.83*** | | ***Physiotens*** | ***SM*** |
| | **Antiadrenergic agents, peripherally acting** | | | | | | | | |
| | • ***Alpha-adrenoceptor antagonists*** | | | | | | | | |
| | PRAZOSIN HYDROCHLORIDE | | | | | | | | |
| 1479W | Tablet 1 mg (base) | 100 | 5 | .. | 13.35 | 14.36 | a | Chem mart Prazosin | CH |
| | | | | | | | a | GenRx Prazosin | GX |
| | | | | | | | a | Pressin 1 | AF |
| | | | | | | | a | Terry White Chemists Prazosin | TW |
| | | | | B2.95 | 16.30 | 14.36 | a | Minipress | PF |

continued ☞

# CARDIOVASCULAR SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| 1480X | Tablet 2 mg (base) | 100 | 5 | .. | 16.29 | 17.30 | [a] Chem mart Prazosin | CH |
| | | | | | | | [a] GenRx Prazosin | GX |
| | | | | | | | [a] Pressin 2 | AF |
| | | | | | | | [a] Terry White Chemists Prazosin | TW |
| | | | | B3.04 | 19.33 | 17.30 | [a] Minipress | PF |
| 1478T | Tablet 5 mg (base) | 100 | 5 | .. | 23.84 | 24.85 | [a] Chem mart Prazosin | CH |
| | | | | | | | [a] GenRx Prazosin | GX |
| | | | | | | | [a] Pressin 5 | AF |
| | | | | | | | [a] Terry White Chemists Prazosin | TW |
| | | | | B3.29 | 27.13 | 24.85 | [a] Minipress | PF |

**Arteriolar smooth muscle, agents acting on**

- ***Hydrazinophthalazine derivatives***

HYDRALAZINE HYDROCHLORIDE

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1640H | Tablet 25 mg | 200 | 2 | .. | * 14.14 | 15.15 | Alphapress 25 | AF |
| 1639G | Tablet 50 mg | 200 | 2 | .. | * 15.96 | 16.97 | Alphapress 50 | AF |

- ***Pyrimidine derivatives***

***MINOXIDIL***

**Authority Required (STREAMLINED)**

**1733**

***Severe refractory hypertension where treatment with minoxidil was initiated in a hospital (in-patient or out-patient).***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ***2313R*** | ***Tablet 10 mg*** | ***100*** | ***5*** | ***..*** | ***51.54*** | ***30.70*** | ***Loniten*** | ***PH*** |

## DIURETICS

**Low-ceiling diuretics, thiazides**

- ***Thiazides, plain***

HYDROCHLOROTHIAZIDE

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1484D | Tablet 25 mg | 100 | 1 | .. | 19.62 | 20.63 | Dithiazide | PL |

**Low-ceiling diuretics, excl. thiazides**

- ***Sulfonamides, plain***

CHLORTHALIDONE

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1585K | Tablet 25 mg | 100 | 1 | .. | * 12.34 | 13.35 | Hygroton 25 | NV |

# CARDIOVASCULAR SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | INDAPAMIDE HEMIHYDRATE | | | | | | | |
| 8532C | Tablet 1.5 mg (sustained release) | 90 | 1 | .. | 20.55 | 21.56 | Natrilix SR | SE |
| 2436F | Tablet 2.5 mg | 90 | 1 | .. | 19.55 | 20.56 | [a] Chem mart Indapamide | CH |
| | | | | | | | [a] Dapa-Tabs | AF |
| | | | | | | | [a] GenRx Indapamide | GX |
| | | | | | | | [a] Indahexal | HX |
| | | | | | | | [a] Insig | SI |
| | | | | | | | [a] Napamide 2.5 mg | GM |
| | | | | | | | [a] Terry White Chemists Indapamide | TW |
| | | | | B3.26 | 22.81 | 20.56 | [a] Natrilix | SE |
| | **High-ceiling diuretics** | | | | | | | |
| | • ***Sulfonamides, plain*** | | | | | | | |
| | FRUSEMIDE | | | | | | | |
| 2414C | Tablet 20 mg | 100 | 1 | .. | * 8.76 | 9.77 | [a] Lasix-M | SW |
| | | | | | | | Urex-M | FM |
| | | | | .. | 8.76 | 9.77 | [a] Chem mart Frusemide | CH |
| | | | | | | | [a] Frusid | GM |
| | | | | | | | [a] GenRx Frusemide | GX |
| | | | | | | | [a] Terry White Chemists Frusemide | TW |
| 2412Y | Tablet 40 mg | 100 | 1 | .. | 8.45 | 9.46 | [a] Chem mart Frusemide | CH |
| | | | | | | | [a] Frusehexal 40 mg | HX |
| | | | | | | | [a] Frusid | GM |
| | | | | | | | [a] GenRx Frusemide | GX |
| | | | | | | | [a] Lasix | SW |
| | | | | | | | [a] Terry White Chemists Frusemide | TW |
| | | | | | | | [a] Uremide | AF |
| | | | | | | | Urex | FM |
| 2415D | Tablet 500 mg | 50 | 3 | .. | 21.15 | 22.16 | Urex-Forte | FM |
| 2411X | Oral solution 10 mg per mL, 30 mL | ‡ 1 | 3 | .. | 14.34 | 15.35 | Lasix | SW |
| 2413B | Injection 20 mg in 2 mL | 5 | .. | .. | 10.62 | 11.63 | [a] Frusehexal | HX |
| | | | | | | | [a] Lasix | SW |

# CARDIOVASCULAR SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | • ***Aryloxyacetic acid derivatives*** | | | | | | | |
| | ***ETHACRYNIC ACID*** | | | | | | | |
| | **Restricted Benefit** | | | | | | | |
| | ***Patients hypersensitive to other oral diuretics.*** | | | | | | | |
| ***8748K*** | ***Tablet 25 mg*** | ***200*** | ***1*** | ***..*** | **** 56.70*** | ***30.70*** | ***Edecrin*** | ***MK*** |
| | **Potassium-sparing agents** | | | | | | | |
| | • ***Aldosterone antagonists*** | | | | | | | |
| | ***EPLERENONE*** | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | ***Serum electrolytes should be checked regularly.*** | | | | | | | |
| | **Authority Required (STREAMLINED)** | | | | | | | |
| | **2637** | | | | | | | |
| | ***Heart failure with a left ventricular ejection fraction of 40% or less occurring within 3 to 14 days following an acute myocardial infarction. Treatment with eplerenone must be commenced within 14 days of an acute myocardial infarction.*** | | | | | | | |
| | ***The date of the acute myocardial infarction and the date of initiation of eplerenone treatment must be documented in the patient's medical records when PBS-subsidised treatment is initiated.*** | | | | | | | |
| ***8879H*** | ***Tablet 25 mg*** | ***30*** | ***5*** | ***..*** | ***111.79*** | ***30.70*** | ***Inspra*** | ***PF*** |
| ***8880J*** | ***Tablet 50 mg*** | ***30*** | ***5*** | ***..*** | ***111.79*** | ***30.70*** | ***Inspra*** | ***PF*** |
| | SPIRONOLACTONE | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | Serum electrolytes should be checked regularly. | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | Appropriate contraceptive measures should be taken by women of child-bearing age in whom spironolactone therapy has been initiated. | | | | | | | |
| 2339D | Tablet 25 mg | 100 | 5 | .. | 13.18 | 14.19 | [a] Spiractin 25 | AF |
| | | | | B1.84 | 15.02 | 14.19 | [a] Aldactone | PH |
| 2340E | Tablet 100 mg | 100 | 5 | .. | 35.92 | 30.70 | [a] Spiractin 100 | AF |
| | | | | B2.53 | 38.45 | 30.70 | [a] Aldactone | PH |
| | • ***Other potassium-sparing agents*** | | | | | | | |
| | AMILORIDE HYDROCHLORIDE | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | Serum electrolytes should be checked regularly. | | | | | | | |
| 3109P | Tablet 5 mg | 100 | 1 | .. | * 9.80 | 10.81 | Kaluril | AF |

# CARDIOVASCULAR SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **Diuretics and potassium-sparing agents in combination** | | | | | | | | |
| | • ***Low-ceiling diuretics and potassium-sparing agents*** | | | | | | | | |
| | HYDROCHLOROTHIAZIDE with AMILORIDE HYDROCHLORIDE | | | | | | | | |
| | **CAUTION:** | | | | | | | | |
| | Serum electrolytes should be checked regularly. | | | | | | | | |
| 1486F | Tablet 50 mg-5 mg | 100 | 1 | .. | * 11.64 | 12.65 | a | Amizide | AF |
| | | | | B3.30 | * 14.94 | 12.65 | a | Moduretic | MK |
| | HYDROCHLOROTHIAZIDE with TRIAMTERENE | | | | | | | | |
| | **CAUTION:** | | | | | | | | |
| | Serum electrolytes should be checked regularly. | | | | | | | | |
| 1280J | Tablet 25 mg-50 mg | 100 | 1 | .. | 11.63 | 12.64 | | Hydrene 25/50 | AF |
| | PERIPHERAL VASODILATORS | | | | | | | | |
| | **Peripheral vasodilators** | | | | | | | | |
| | • ***Other peripheral vasodilators*** | | | | | | | | |
| | ***PHENOXYBENZAMINE HYDROCHLORIDE*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Phaeochromocytoma;*** | | | | | | | | |
| | ***Neurogenic urinary retention.*** | | | | | | | | |
| ***1862B*** | ***Capsule 10 mg*** | ***100*** | ***5*** | ***..*** | ***51.42*** | ***30.70*** | | ***Dibenyline*** | ***GH*** |
| ***1166J*** | ***Capsules 10 mg, 30*** | ***3*** | ***5*** | ***..*** | **** 203.92*** | ***30.70*** | | ***Dibenyline*** | ***GH*** |
| | BETA BLOCKING AGENTS | | | | | | | | |
| | **Beta blocking agents** | | | | | | | | |
| | • ***Beta blocking agents, non-selective*** | | | | | | | | |
| | OXPRENOLOL HYDROCHLORIDE | | | | | | | | |
| 2942W | Tablet 20 mg | 100 | 5 | .. | 8.86 | 9.87 | | Corbeton 20 | AF |
| 2961W | Tablet 40 mg | 100 | 5 | .. | 10.57 | 11.58 | | Corbeton 40 | AF |
| | PINDOLOL | | | | | | | | |
| 3062E | Tablet 5 mg | 100 | 5 | .. | 11.90 | 12.91 | a | Barbloc 5 | AF |
| | | | | B2.71 | 14.61 | 12.91 | a | Visken 5 | NV |
| 3065H | Tablet 15 mg | 50 | 5 | .. | 14.74 | 15.75 | a | Barbloc 15 | AF |
| | | | | B2.69 | 17.43 | 15.75 | a | Visken 15 | NV |
| | PROPRANOLOL HYDROCHLORIDE | | | | | | | | |
| 2565B | Tablet 10 mg | 100 | 5 | .. | 9.05 | 10.06 | | Deralin 10 | AF |
| | | | | B3.00 | 12.05 | 10.06 | | Inderal | AP |

continued ☞

# CARDIOVASCULAR SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| 2566C | Tablet 40 mg | 100 | 5 | .. | 9.40 | 10.41 | Deralin 40 | AF |
| | | | | B3.00 | 12.40 | 10.41 | Inderal | AP |
| 2899N | Tablet 160 mg | 50 | 5 | .. | 9.83 | 10.84 | Deralin 160 | AF |
| | ***SOTALOL HYDROCHLORIDE*** | | | | | | | |
| | ***For listings see Generic/Proprietary Index*** | | | | | | | |
| | **• *Beta blocking agents, selective*** | | | | | | | |
| | ATENOLOL | | | | | | | |
| 1081X | Tablet 50 mg | 30 | 5 | .. | 10.35 | 11.36 | [a] Anselol 50 mg | GM |
| | | | | | | | [a] Atehexal | SZ |
| | | | | | | | [a] Chem mart Atenolol | CH |
| | | | | | | | [a] GenRx Atenolol | GX |
| | | | | | | | [a] Noten | AF |
| | | | | | | | [a] Tensig | SI |
| | | | | | | | [a] Terry White Chemists Atenolol | TW |
| | | | | B3.55 | 13.90 | 11.36 | [a] Tenormin | AP |
| | ***BISOPROLOL FUMARATE*** | | | | | | | |
| | **Authority Required (STREAMLINED)** | | | | | | | |
| | **1734** | | | | | | | |
| | ***Moderate to severe heart failure in patients stabilised on conventional therapy which must include an ACE-inhibitor if tolerated.*** | | | | | | | |
| ***8604W*** | ***Tablet 2.5 mg*** | ***28*** | ***5*** | ***..*** | ***54.49*** | ***30.70*** | ***Bicor*** | ***AL*** |
| ***8605X*** | ***Tablet 5 mg*** | ***28*** | ***5*** | ***..*** | ***66.77*** | ***30.70*** | ***Bicor*** | ***AL*** |
| ***8606Y*** | ***Tablet 10 mg*** | ***28*** | ***5*** | ***..*** | ***82.08*** | ***30.70*** | ***Bicor*** | ***AL*** |
| | ***METOPROLOL SUCCINATE*** | | | | | | | |
| | **Authority Required (STREAMLINED)** | | | | | | | |
| | **1734** | | | | | | | |
| | ***Moderate to severe heart failure in patients stabilised on conventional therapy which must include an ACE-inhibitor if tolerated.*** | | | | | | | |
| ***8818D*** | ***Pack containing 15 tablets 23.75 mg (controlled release), 15 tablets 47.5 mg (controlled release) and 15 tablets 95 mg (controlled release)*** | ***‡ 1*** | ***..*** | ***..*** | ***93.70*** | ***30.70*** | ***Toprol-XL Titration Pack*** | ***AP*** |
| ***8732N*** | ***Tablet 23.75 mg (controlled release)*** | ***15*** | ***..*** | ***..*** | ***19.42*** | ***20.43*** | ***Toprol-XL 23.75*** | ***AP*** |
| ***8733P*** | ***Tablet 47.5 mg (controlled release)*** | ***30*** | ***5*** | ***..*** | ***71.48*** | ***30.70*** | ***Toprol-XL 47.5*** | ***AP*** |
| ***8734Q*** | ***Tablet 95 mg (controlled release)*** | ***30*** | ***5*** | ***..*** | ***87.98*** | ***30.70*** | ***Toprol-XL 95*** | ***AP*** |

continued ☞

# CARDIOVASCULAR SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| ***8735R*** | ***Tablet 190 mg (controlled release)*** | ***30*** | ***5*** | ***..*** | ***108.62*** | ***30.70*** | | ***Toprol-XL 190*** | ***AP*** |
| | METOPROLOL TARTRATE | | | | | | | | |
| 1324Q | Tablet 50 mg | 100 | 5 | .. | 11.07 | 12.08 | a | Chem mart Metoprolol | CH |
| | | | | | | | a | GenRx Metoprolol | GX |
| | | | | | | | a | Metohexal | HX |
| | | | | | | | a | Metolol | GM |
| | | | | | | | a | Metrol 50 | AW |
| | | | | | | | a | Minax 50 | AF |
| | | | | | | | a | Terry White Chemists Metoprolol | TW |
| | | | | B3.01 | 14.08 | 12.08 | | Lopresor 50 | NV |
| | | | | B3.25 | 14.32 | 12.08 | a | Betaloc | AP |
| 1325R | Tablet 100 mg | 60 | 5 | .. | 12.59 | 13.60 | a | Chem mart Metoprolol | CH |
| | | | | | | | a | GenRx Metoprolol | GX |
| | | | | | | | a | Metohexal | HX |
| | | | | | | | a | Metolol | GM |
| | | | | | | | a | Metrol 100 | AW |
| | | | | | | | a | Minax 100 | AF |
| | | | | | | | a | Terry White Chemists Metoprolol | TW |
| | | | | B3.00 | 15.59 | 13.60 | | Lopresor 100 | NV |
| | | | | B3.25 | 15.84 | 13.60 | a | Betaloc | AP |

## • *Alpha and beta blocking agents*

***CARVEDILOL***

**Authority Required (STREAMLINED)**

**1734**

***Moderate to severe heart failure in patients stabilised on conventional therapy which must include an ACE-inhibitor if tolerated;***

**1735**

***Patients receiving this drug as a pharmaceutical benefit prior to 1 August 2002.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| ***8255L*** | ***Tablet 3.125 mg*** | ***30*** | ***..*** | ***..*** | ***19.15*** | ***20.16*** | ***a*** | ***Chem mart Carvedilol 3.125 mg*** | ***CH*** |
| | | | | | | | ***a*** | ***Dilatrend 3.125*** | ***RO*** |
| | | | | | | | ***a*** | ***GenRx Carvedilol*** | ***GX*** |
| | | | | | | | ***a*** | ***Kredex*** | ***MD*** |
| | | | | | | | ***a*** | ***Terry White Chemists Carvedilol 3.125 mg*** | ***TW*** |

continued ☞

# CARDIOVASCULAR SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| ***8256M*** | ***Tablet 6.25 mg*** | ***60*** | ***5*** | ***..*** | ***70.25*** | ***30.70*** | [a] ***Chem mart Carvedilol 6.25 mg*** | ***CH*** |
| | | | | | | | [a] ***Dilatrend 6.25*** | ***RO*** |
| | | | | | | | [a] ***GenRx Carvedilol*** | ***GX*** |
| | | | | | | | [a] ***Kredex*** | ***MD*** |
| | | | | | | | [a] ***Terry White Chemists Carvedilol 6.25 mg*** | ***TW*** |
| ***8257N*** | ***Tablet 12.5 mg*** | ***60*** | ***5*** | ***..*** | ***86.44*** | ***30.70*** | [a] ***Chem mart Carvedilol 12.5 mg*** | ***CH*** |
| | | | | | | | [a] ***Dilatrend 12.5*** | ***RO*** |
| | | | | | | | [a] ***GenRx Carvedilol*** | ***GX*** |
| | | | | | | | [a] ***Kredex*** | ***MD*** |
| | | | | | | | [a] ***Terry White Chemists Carvedilol 12.5 mg*** | ***TW*** |
| ***8258P*** | ***Tablet 25 mg*** | ***60*** | ***5*** | ***..*** | ***106.71*** | ***30.70*** | [a] ***Chem mart Carvedilol 25 mg*** | ***CH*** |
| | | | | | | | [a] ***Dilatrend 25*** | ***RO*** |
| | | | | | | | [a] ***GenRx Carvedilol*** | ***GX*** |
| | | | | | | | [a] ***Kredex*** | ***MD*** |
| | | | | | | | [a] ***Terry White Chemists Carvedilol 25 mg*** | ***TW*** |
| | LABETALOL HYDROCHLORIDE | | | | | | | |
| 1566K | Tablet 100 mg | 100 | 5 | .. | 14.63 | 15.64 | [a] Presolol 100 | AF |
| | | | | B2.91 | 17.54 | 15.64 | [a] Trandate | SI |
| 1567L | Tablet 200 mg | 100 | 5 | .. | 20.55 | 21.56 | [a] Presolol 200 | AF |
| | | | | B2.91 | 23.46 | 21.56 | [a] Trandate | SI |

## CALCIUM CHANNEL BLOCKERS

### Selective calcium channel blockers with mainly vascular effects

- ***Dihydropyridine derivatives***

**NOTE:**

The base-priced drugs in this therapeutic group are amlodipine, felodipine and nifedipine (except nifedipine controlled release tablet 20 mg).

AMLODIPINE

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 2751T | Tablet 5 mg (as besylate) | 30 | 5 | .. | 18.78 | 19.79 | [a] Amlodipine Sandoz | SZ |
| | | | | | | | [a] Perivasc | AF |
| | | | | B3.91 | 22.69 | 19.79 | [a] Norvasc | PF |

continued ☞

# CARDIOVASCULAR SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| 1343Q | Tablet 5 mg (as maleate) | 30 | 5 | .. | 18.78 | 19.79 | a | Amlo 5 | ZP |
| | **NOTE:** Bioequivalence has been demonstrated between the tablet containing 5 mg amlodipine (as besylate) and the tablet containing 5 mg amlodipine (as maleate). | | | | | | | | |
| 2752W | Tablet 10 mg (as besylate) | 30 | 5 | .. | 28.91 | 29.92 | a | Amlodipine Sandoz | SZ |
| | | | | | | | a | Perivasc | AF |
| | | | | B5.68 | 34.59 | 29.92 | a | Norvasc | PF |
| 1345T | Tablet 10 mg (as maleate) | 30 | 5 | .. | 28.91 | 29.92 | a | Amlo 10 | ZP |
| | **NOTE:** Bioequivalence has been demonstrated between the tablet containing 10 mg amlodipine (as besylate) and the tablet containing 10 mg amlodipine (as maleate). | | | | | | | | |
| | FELODIPINE | | | | | | | | |
| 2361G | Tablet 2.5 mg (extended release) | 30 | 5 | .. | 14.44 | 15.45 | a | Felodur ER 2.5 mg | AL |
| | | | | B2.64 | 17.08 | 15.45 | a | Plendil ER | AP |
| 2366M | Tablet 5 mg (extended release) | 30 | 5 | .. | 17.83 | 18.84 | a | Felodur ER 5 mg | AL |
| | | | | B2.93 | 20.76 | 18.84 | a | Plendil ER | AP |
| 2367N | Tablet 10 mg (extended release) | 30 | 5 | .. | 27.62 | 28.63 | a | Felodur ER 10 mg | AL |
| | | | | B4.08 | 31.70 | 28.63 | a | Plendil ER | AP |
| | LERCANIDIPINE HYDROCHLORIDE | | | | | | | | |
| 8534E | Tablet 10 mg | 30 | 5 | T0.94 | 23.01 | 23.08 | | Zanidip | SM |
| 8679T | Tablet 20 mg | 30 | 5 | T3.23 | 35.95 | 30.70 | | Zanidip | SM |

***LERCANIDIPINE HYDROCHLORIDE***

**Authority Required**

***Adverse effects occurring with all of the base-priced drugs;***

***Drug interactions occurring with all of the base-priced drugs;***

***Drug interactions expected to occur with all of the base-priced drugs;***

***Transfer to a base-priced drug would cause patient confusion resulting in problems with compliance.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| ***8939L*** | ***Tablet 10 mg*** | ***30*** | ***5*** | ***..*** | ***23.01*** | ***24.02*** | | ***Zanidip*** | ***SM*** |
| ***8940M*** | ***Tablet 20 mg*** | ***30*** | ***5*** | ***..*** | ***35.95*** | ***30.70*** | | ***Zanidip*** | ***SM*** |
| | NIFEDIPINE | | | | | | | | |
| 1694E | Tablet 10 mg | 60 | 5 | .. | 17.47 | 18.48 | a | Adefin 10 | AF |
| | | | | | | | a | Nypine 10 | AW |
| | | | | B1.51 | 18.98 | 18.48 | a | Adalat 10 | BN |

continued ☞

# CARDIOVASCULAR SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| 1695F | Tablet 20 mg | 60 | 5 | .. | 20.43 | 21.44 | [a] Adefin 20 | AF |
| | | | | | | | [a] Chem mart Nifedipine | CH |
| | | | | | | | [a] GenRx Nifedipine | GX |
| | | | | | | | [a] Nifehexal | HX |
| | | | | | | | [a] Nyefax 20 mg | GM |
| | | | | | | | [a] Nypine 20 | AW |
| | | | | | | | [a] Terry White Chemists Nifedipine | TW |
| | | | | B2.81 | 23.24 | 21.44 | [a] Adalat 20 | BN |
| 8610E | Tablet 20 mg (controlled release) | 30 | 5 | T2.88 | 23.27 | 21.40 | Adalat Oros 20mg | BN |
| 1906H | Tablet 30 mg (controlled release) | 30 | 5 | .. | 21.57 | 22.58 | [a] Addos XR 30 | AW |
| | | | | | | | [a] Adefin XL 30 | AF |
| | | | | B3.24 | 24.81 | 22.58 | [a] Adalat Oros 30 | BN |
| 1907J | Tablet 60 mg (controlled release) | 30 | 5 | .. | 25.70 | 26.71 | [a] Addos XR 60 | AW |
| | | | | | | | [a] Adefin XL 60 | AF |
| | | | | B3.59 | 29.29 | 26.71 | [a] Adalat Oros 60 | BN |

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***NIFEDIPINE***

**Authority Required**

***Adverse effects occurring with all of the base-priced drugs;***

***Drug interactions occurring with all of the base-priced drugs;***

***Drug interactions expected to occur with all of the base-priced drugs;***

***Transfer to a base-priced drug would cause patient confusion resulting in problems with compliance.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ***8938K*** | ***Tablet 20 mg (controlled release)*** | ***30*** | ***5*** | ***..*** | ***23.27*** | ***24.28*** | ***Adalat Oros 20mg*** | ***BN*** |

## Selective calcium channel blockers with direct cardiac effects

### • *Phenylalkylamine derivatives*

VERAPAMIL HYDROCHLORIDE

**CAUTION:**

The myocardial depressant effects of this drug and of beta-blocking drugs are additive.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1248Q | Tablet 40 mg | 100 | 5 | .. | 11.93 | 12.94 | [a] Anpec 40 | AF |
| | | | | B0.97 | 12.90 | 12.94 | [a] Isoptin | AB |
| 1250T | Tablet 80 mg | 100 | 5 | .. | 16.97 | 17.98 | [a] Anpec 80 | AF |
| | | | | B0.97 | 17.94 | 17.98 | [a] Isoptin | AB |
| 1254B | Tablet 120 mg | 100 | 5 | .. | 22.15 | 23.16 | Isoptin | AB |
| 1253Y | Tablet 160 mg | 60 | 5 | .. | 20.76 | 21.77 | Isoptin | AB |
| 2208F | Tablet 180 mg (sustained release) | 30 | 5 | .. | 14.75 | 15.76 | [a] Cordilox 180 SR | KN |
| | | | | B2.89 | 17.64 | 15.76 | [a] Isoptin 180 SR | AB |

continued ☞

# CARDIOVASCULAR SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| 1241H | Tablet 240 mg (sustained release) | 30 | 5 | .. | 17.85 | 18.86 | [a] Anpec SR | AF |
| | | | | | | | [a] Cordilox SR | KN |
| | | | | B2.89 | 20.74 | 18.86 | [a] Isoptin SR | AB |
| 2206D | Capsule 160 mg (sustained release) | 30 | 5 | .. | 13.12 | 14.13 | Veracaps SR | SI |
| 2207E | Capsule 240 mg (sustained release) | 30 | 5 | .. | 17.97 | 18.98 | Veracaps SR | SI |
| 1060T | Injection 5 mg in 2 mL | 5 | .. | .. | 11.14 | 12.15 | Isoptin | AB |

### • *Benzothiazepine derivatives*

DILTIAZEM HYDROCHLORIDE

**CAUTION:**

The myocardial depressant effects of this drug and of beta-blocking drugs are additive.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1335G | Tablet 60 mg | 90 | 5 | .. | 17.94 | 18.95 | [a] Chem mart Diltiazem | CH |
| | | | | | | | [a] Coras | AF |
| | | | | | | | [a] Diltahexal | HX |
| | | | | | | | [a] Dilzem 60 mg | GM |
| | | | | | | | [a] GenRx Diltiazem | GX |
| | | | | | | | [a] Terry White Chemists Diltiazem | TW |
| | | | | | | | [a] Vasocardol | AV |
| | | | | B2.23 | 20.17 | 18.95 | [a] Cardizem | SW |
| 1312C | Capsule 180 mg (controlled delivery) | 30 | 5 | .. | 19.30 | 20.31 | [a] Chem mart Diltiazem CD | CH |
| | | | | | | | [a] Diltahexal CD | WA |
| | | | | | | | [a] Dilzem CD | GM |
| | | | | | | | [a] GenRx Diltiazem CD | GX |
| | | | | | | | [a] Terry White Chemists Diltiazem CD | TW |
| | | | | | | | [a] Vasocardol CD | AV |
| | | | | B2.23 | 21.53 | 20.31 | [a] Cardizem CD | SW |
| 1313D | Capsule 240 mg (controlled delivery) | 30 | 5 | .. | 24.15 | 25.16 | [a] Chem mart Diltiazem CD | CH |
| | | | | | | | [a] Diltahexal CD | WA |
| | | | | | | | [a] Dilzem CD | GM |
| | | | | | | | [a] GenRx Diltiazem CD | GX |
| | | | | | | | [a] Terry White Chemists Diltiazem CD | TW |
| | | | | | | | [a] Vasocardol CD | AV |
| | | | | B2.23 | 26.38 | 25.16 | [a] Cardizem CD | SW |

continued ☞

# CARDIOVASCULAR SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| 8480H | Capsule 360 mg (controlled delivery) | 30 | 5 | .. | 29.97 | 30.70 | a | Diltahexal CD | WA |
| | | | | | | | a | Vasocardol CD | AV |
| | | | | B2.72 | 32.69 | 30.70 | a | Cardizem CD | SW |

## AGENTS ACTING ON THE RENIN-ANGIOTENSIN SYSTEM

### ACE inhibitors, plain

### • *ACE inhibitors, plain*

**CAUTION:**

Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

CAPTOPRIL

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1147J | Tablet 12.5 mg | 90 | 5 | .. | 18.52 | 19.53 | a | Acenorm 12.5 mg | AF |
| | | | | | | | a | Captohexal | HX |
| | | | | | | | a | Chem mart Captopril | CH |
| | | | | | | | a | GenRx Captopril | GX |
| | | | | | | | a | Terry White Chemists Captopril | TW |
| | | | | | | | a | Topace | FM |
| | | | | | | | a | GM | |
| | | | | B2.46 | 20.98 | 19.53 | a | Capoten | BQ |
| 1148K | Tablet 25 mg | 90 | 5 | .. | 24.37 | 25.38 | a | Acenorm 25 mg | AF |
| | | | | | | | a | Captohexal | HX |
| | | | | | | | a | Chem mart Captopril | CH |
| | | | | | | | a | GenRx Captopril | GX |
| | | | | | | | a | Terry White Chemists Captopril | TW |
| | | | | | | | a | Topace | FM |
| | | | | | | | a | GM | |
| | | | | B2.47 | 26.84 | 25.38 | a | Capoten | BQ |
| 1149L | Tablet 50 mg | 90 | 5 | .. | 42.79 | 30.70 | a | Acenorm 50 mg | AF |
| | | | | | | | a | Captohexal | HX |
| | | | | | | | a | Chem mart Captopril | CH |
| | | | | | | | a | GenRx Captopril | GX |
| | | | | | | | a | Terry White Chemists Captopril | TW |
| | | | | | | | a | Topace | FM |
| | | | | | | | a | GM | |
| | | | | B2.46 | 45.25 | 30.70 | a | Capoten | BQ |

# CARDIOVASCULAR SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | ***CAPTOPRIL*** | | | | | | | | |
| | **Restricted Benefit** *For patients unable to take a solid dose form of an ACE inhibitor.* | | | | | | | | |
| ***8760C*** | ***Oral solution 5 mg per mL, 95 mL*** | ***‡ 1*** | ***5*** | ***..*** | ***53.59*** | ***30.70*** | | ***Capoten*** | ***BQ*** |
| | ENALAPRIL MALEATE | | | | | | | | |
| 1370D | Tablet 5 mg | 30 | 5 | .. | 14.00 | 15.01 | a | Alphapril | AF |
| | | | | | | | a | Auspril | SI |
| | | | | | | | a | Chem mart Enalapril | CH |
| | | | | | | | a | Enahexal | HX |
| | | | | | | | a | Enalabell | BF |
| | | | | | | | a | Enalapril-DP 5mg | GM |
| | | | | | | | a | Enalapril Winthrop | WA |
| | | | | | | | a | GenRx Enalapril | GX |
| | | | | | | | a | Terry White Chemists Enalapril | TW |
| | | | | B3.14 | 17.14 | 15.01 | a | Renitec M | MK |
| 1368B | Tablet 10 mg | 30 | 5 | .. | 19.50 | 20.51 | a | Alphapril | AF |
| | | | | | | | a | Auspril | SI |
| | | | | | | | a | Chem mart Enalapril | CH |
| | | | | | | | a | Enahexal | HX |
| | | | | | | | a | Enalabell | BF |
| | | | | | | | a | Enalapril-DP 10mg | GM |
| | | | | | | | a | Enalapril Winthrop | WA |
| | | | | | | | a | GenRx Enalapril | GX |
| | | | | | | | a | Terry White Chemists Enalapril | TW |
| | | | | B3.14 | 22.64 | 20.51 | a | Amprace 10 | FR |
| | | | | | | | a | Renitec | MK |

continued ☞

# CARDIOVASCULAR SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| 1369C | Tablet 20 mg | 30 | 5 | .. | 23.35 | 24.36 | a | Alphapril | AF |
| | | | | | | | a | Auspril | SI |
| | | | | | | | a | Chem mart Enalapril | CH |
| | | | | | | | a | Enahexal | HX |
| | | | | | | | a | Enalabell | BF |
| | | | | | | | a | Enalapril-DP 20mg | GM |
| | | | | | | | a | Enalapril Winthrop | WA |
| | | | | | | | a | GenRx Enalapril | GX |
| | | | | | | | a | Terry White Chemists Enalapril | TW |
| | | | | B3.14 | 26.49 | 24.36 | a | Amprace 20 | FR |
| | | | | | | | a | Renitec 20 | MK |
| | FOSINOPRIL SODIUM | | | | | | | | |
| 1182F | Tablet 10 mg | 30 | 5 | .. | 17.52 | 18.53 | a | Fosinopril Sandoz | SZ |
| | | | | | | | a | Fosipril 10 | AW |
| | | | | | | | a | GenRx Fosinopril | GX |
| | | | | | | | a | Monace 10 | AF |
| | | | | | | | a | Monopril | BQ |
| 1183G | Tablet 20 mg | 30 | 5 | .. | 23.51 | 24.52 | a | Fosinopril Sandoz | SZ |
| | | | | | | | a | Fosipril 20 | AW |
| | | | | | | | a | GenRx Fosinopril | GX |
| | | | | | | | a | Monace 20 | AF |
| | | | | | | | a | Monopril | BQ |
| | LISINOPRIL | | | | | | | | |
| 2456G | Tablet 5 mg | 30 | 5 | .. | 15.26 | 16.27 | a | Chem mart Lisinopril | CH |
| | | | | | | | a | Fibsol 5 | AW |
| | | | | | | | a | GenRx Lisinopril | GX |
| | | | | | | | a | Liprace | GM |
| | | | | | | | a | Lisinobell | BF |
| | | | | | | | a | Lisinopril 5 | CR |
| | | | | | | | a | Lisinopril Hexal | HX |
| | | | | | | | a | Lisinopril Winthrop | SZ |
| | | | | | | | a | Lisodur | AF |
| | | | | | | | a | Terry White Chemists Lisinopril | TW |
| | | | | B1.95 | 17.21 | 16.27 | a | Prinivil 5 | MK |
| | | | | B2.65 | 17.91 | 16.27 | a | Zestril | AP |

continued ☞

# CARDIOVASCULAR SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| 2457H | Tablet 10 mg | 30 | 5 | .. | 20.19 | 21.20 | [a] Chem mart Lisinopril | CH |
| | | | | | | | [a] Fibsol 10 | AW |
| | | | | | | | [a] GenRx Lisinopril | GX |
| | | | | | | | [a] Liprace | GM |
| | | | | | | | [a] Lisinobell | BF |
| | | | | | | | [a] Lisinopril 10 | CR |
| | | | | | | | [a] Lisinopril Hexal | HX |
| | | | | | | | [a] Lisinopril Winthrop | SZ |
| | | | | | | | [a] Lisodur | AF |
| | | | | | | | [a] Terry White Chemists Lisinopril | TW |
| | | | | [B]1.95 | 22.14 | 21.20 | [a] Prinivil 10 | MK |
| | | | | [B]2.65 | 22.84 | 21.20 | [a] Zestril | AP |
| 2458J | Tablet 20 mg | 30 | 5 | .. | 24.02 | 25.03 | [a] Chem mart Lisinopril | CH |
| | | | | | | | [a] Fibsol 20 | AW |
| | | | | | | | [a] GenRx Lisinopril | GX |
| | | | | | | | [a] Liprace | GM |
| | | | | | | | [a] Lisinobell | BF |
| | | | | | | | [a] Lisinopril 20 | CR |
| | | | | | | | [a] Lisinopril Hexal | HX |
| | | | | | | | [a] Lisinopril Winthrop | SZ |
| | | | | | | | [a] Lisodur | AF |
| | | | | | | | [a] Terry White Chemists Lisinopril | TW |
| | | | | [B]1.95 | 25.97 | 25.03 | [a] Prinivil 20 | MK |
| | | | | [B]2.65 | 26.67 | 25.03 | [a] Zestril | AP |
| | PERINDOPRIL | | | | | | | |
| 3050M | Tablet containing 2 mg perindopril erbumine | 30 | 5 | .. | 14.88 | 15.89 | [a] Chem mart Perindopril | CH |
| | | | | | | | [a] GenRx Perindopril | GX |
| | | | | | | | [a] Perindo | AF |
| | | | | | | | [a] Perindopril 2 | CR |
| | | | | | | | [a] Perindopril-DP | GM |
| | | | | | | | [a] Terry White Chemists Perindopril | TW |
| 9006B | Tablet containing 2.5 mg perindopril arginine | 30 | 5 | .. | 14.88 | 15.89 | [a] Coversyl 2.5mg | SE |

**NOTE:**
Bioequivalence has been demonstrated between perindopril erbumine 2 mg and perindopril arginine 2.5 mg.

continued ☞

# CARDIOVASCULAR SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| 3051N | Tablet containing 4 mg perindopril erbumine | 30 | 5 | .. | 22.42 | 23.43 | [a] Chem mart Perindopril | CH |
| | | | | | | | [a] GenRx Perindopril | GX |
| | | | | | | | [a] Perindo | AF |
| | | | | | | | [a] Perindopril 4 | CR |
| | | | | | | | [a] Perindopril-DP | GM |
| | | | | | | | [a] Terry White Chemists Perindopril | TW |
| 9007C | Tablet containing 5 mg perindopril arginine | 30 | 5 | .. | 22.42 | 23.43 | [a] Coversyl 5mg | SE |
| | **NOTE:** Bioequivalence has been demonstrated between perindopril erbumine 4 mg and perindopril arginine 5 mg. | | | | | | | |
| 8704D | Tablet containing 8 mg perindopril erbumine | 30 | 5 | .. | 31.06 | 30.70 | [a] Chem mart Perindopril | CH |
| | | | | | | | [a] GenRx Perindopril | GX |
| | | | | | | | [a] Perindo | AF |
| | | | | | | | [a] Perindopril 8 | CR |
| | | | | | | | [a] Perindopril-DP | GM |
| | | | | | | | [a] Terry White Chemists Perindopril | TW |
| 9008D | Tablet containing 10 mg perindopril arginine | 30 | 5 | .. | 31.06 | 30.70 | [a] Coversyl 10mg | SE |
| | **NOTE:** Bioequivalence has been demonstrated between perindopril erbumine 8 mg and perindopril arginine 10 mg. | | | | | | | |
| | QUINAPRIL HYDROCHLORIDE | | | | | | | |
| 1968N | Tablet 5 mg (base) | 30 | 5 | .. | 15.92 | 16.93 | [a] Acquin 5 | AW |
| | | | | | | | [a] Filpril | AF |
| | | | | [B]0.49 | 16.41 | 16.93 | [a] Accupril | PF |
| 1969P | Tablet 10 mg (base) | 30 | 5 | .. | 20.21 | 21.22 | [a] Acquin 10 | AW |
| | | | | | | | [a] Filpril | AF |
| | | | | [B]0.66 | 20.87 | 21.22 | [a] Accupril | PF |
| 1970Q | Tablet 20 mg (base) | 30 | 5 | .. | 23.66 | 24.67 | [a] Acquin 20 | AW |
| | | | | | | | [a] Filpril | AF |
| | | | | [B]0.98 | 24.64 | 24.67 | [a] Accupril | PF |
| | RAMIPRIL | | | | | | | |
| 1944H | Tablet 1.25 mg | 30 | 5 | .. | 12.43 | 13.44 | [a] Prilace 1.25 | AW |
| | | | | | | | [a] Ramace 1.25 mg | AV |
| | | | | | | | [a] Ramipril Sandoz | SZ |
| | | | | | | | [a] Ramipril Winthrop | WA |
| | | | | [B]3.00 | 15.43 | 13.44 | [a] Tritace 1.25 mg | SW |

continued ☞

# CARDIOVASCULAR SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| 1945J | Tablet 2.5 mg | 30 | 5 | .. | 15.65 | 16.66 | [a] Prilace 2.5 | AW |
| | | | | | | | [a] Ramace 2.5 mg | AV |
| | | | | | | | [a] Ramipril Sandoz | SZ |
| | | | | | | | [a] Ramipril Winthrop | WA |
| | | | | B3.00 | 18.65 | 16.66 | [a] Tritace 2.5 mg | SW |
| 1946K | Tablet 5 mg | 30 | 5 | .. | 18.24 | 19.25 | [a] Prilace 5 | AW |
| | | | | | | | [a] Ramace 5 mg | AV |
| | | | | | | | [a] Ramipril Sandoz | SZ |
| | | | | | | | [a] Ramipril Winthrop | WA |
| | | | | B3.00 | 21.24 | 19.25 | [a] Tritace 5 mg | SW |
| 1316G | Tablet 10 mg | 30 | 5 | B3.00 | 31.03 | 29.04 | [a] Tritace | SW |
| 8470T | Capsule 10 mg | 30 | 5 | .. | 28.03 | 29.04 | [a] Prilace 10 | AW |
| | | | | | | | [a] Ramace 10 mg | AV |
| | | | | | | | [a] Ramipril Sandoz | SZ |
| | | | | | | | [a] Ramipril Winthrop | WA |
| | | | | | | | [a] Tryzan 10 | AF |
| | | | | B3.00 | 31.03 | 29.04 | [a] Tritace 10 mg | SW |
| | **NOTE:** The ramipril 10 mg tablets and capsules are bioequivalent. | | | | | | | |
| 8668F | Pack containing 7 tablets 2.5 mg, 21 tablets 5 mg and 10 capsules 10 mg | ‡ 1 | .. | .. | 25.34 | 26.35 | Tritace Titration Pack | SW |
| | TRANDOLAPRIL | | | | | | | |
| 2791X | Capsule 500 micrograms | 28 | 5 | .. | 13.79 | 14.80 | [a] Odrik | KN |
| | | | | | | | [a] Tranalpha | AF |
| | | | | B1.50 | 15.29 | 14.80 | [a] Gopten | AB |
| 2792Y | Capsule 1 mg | 28 | 5 | .. | 18.71 | 19.72 | [a] Odrik | KN |
| | | | | | | | [a] Tranalpha | AF |
| | | | | B1.50 | 20.21 | 19.72 | [a] Gopten | AB |
| 2793B | Capsule 2 mg | 28 | 5 | .. | 19.81 | 20.82 | [a] Odrik | KN |
| | | | | | | | [a] Tranalpha | AF |
| | | | | B1.50 | 21.31 | 20.82 | [a] Gopten | AB |
| 8758Y | Capsule 4 mg | 28 | 5 | .. | 32.36 | 30.70 | [a] Gopten | AB |
| | | | | | | | [a] Tranalpha | AF |

# CARDIOVASCULAR SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **ACE inhibitors, combinations** | | | | | | | | |
| | **CAUTION:** Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero. | | | | | | | | |
| | • ***ACE inhibitors and diuretics*** | | | | | | | | |
| | ***ENALAPRIL MALEATE with HYDROCHLOROTHIAZIDE*** | | | | | | | | |
| | **Restricted Benefit** ***Hypertension in patients who are not adequately controlled with 20 mg enalapril maleate.*** | | | | | | | | |
| ***8477E*** | ***Tablet 20 mg-6 mg*** | ***30*** | ***5*** | ***..*** | ***27.10*** | ***28.11*** | | ***Renitec Plus 20/6*** | ***MK*** |
| | ***FOSINOPRIL SODIUM with HYDROCHLOROTHIAZIDE*** | | | | | | | | |
| | **Restricted Benefit** ***Hypertension in patients who are not adequately controlled with either hydrochlorothiazide or fosinopril sodium monotherapy.*** | | | | | | | | |
| ***8400D*** | ***Tablet 10 mg-12.5 mg*** | ***30*** | ***5*** | ***..*** | ***20.90*** | ***21.91*** | [a] | ***Fosinopril/HCT Sandoz 10mg/ 12.5mg*** | ***SZ*** |
| | | | | | | | [a] | ***Hyforil*** | ***RA*** |
| | | | | | | | [a] | ***Monoplus 10/12.5*** | ***BQ*** |
| ***8401E*** | ***Tablet 20 mg-12.5 mg*** | ***30*** | ***5*** | ***..*** | ***28.13*** | ***29.14*** | [a] | ***Fosinopril/HCT Sandoz 20mg/ 12.5mg*** | ***SZ*** |
| | | | | | | | [a] | ***Hyforil*** | ***RA*** |
| | | | | | | | [a] | ***Monoplus 20/12.5*** | ***BQ*** |
| | PERINDOPRIL with INDAPAMIDE HEMIHYDRATE | | | | | | | | |
| 2190G | Tablet containing 2.5 mg perindopril arginine-0.625 mg indapamide hemihydrate | 30 | 5 | .. | 16.06 | 17.07 | | Coversyl Plus LD 2.5mg/0.625mg | SE |

continued ☞

# CARDIOVASCULAR SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***PERINDOPRIL with INDAPAMIDE HEMIHYDRATE*** | | | | | | | |
| | **Restricted Benefit**<br>***Hypertension in patients who are not adequately controlled with either indapamide hemihydrate or perindopril monotherapy.*** | | | | | | | |
| ***8449Q*** | ***Tablet containing 4 mg perindopril erbumine-1.25 mg indapamide hemihydrate*** | ***30*** | ***5*** | ***..*** | ***28.98*** | ***29.99*** | [a] ***Chem mart Perindopril/ Indapamide 4/ 1.25*** | ***CH*** |
| | | | | | | | [a] ***GenRx Perindopril/ Indapamide 4/ 1.25*** | ***GX*** |
| | | | | | | | [a] ***Terry White Chemists Perindopril/ Indapamide 4/ 1.25*** | ***TW*** |
| ***2845R*** | ***Tablet containing 5 mg perindopril arginine-1.25 mg indapamide hemihydrate*** | ***30*** | ***5*** | ***..*** | ***28.98*** | ***29.99*** | [a] ***Coversyl Plus 5mg/ 1.25mg*** | ***SE*** |
| | ***NOTE:***<br>***Bioequivalence has been demonstrated between perindopril erbumine/indapamide hemihydrate tablet 4 mg-1.25 mg and perindopril arginine/indapamide hemihydrate tablet 5 mg-1.25 mg.*** | | | | | | | |
| | ***QUINAPRIL HYDROCHLORIDE with HYDROCHLOROTHIAZIDE*** | | | | | | | |
| | **Restricted Benefit**<br>***Hypertension in patients who are not adequately controlled with either hydrochlorothiazide or quinapril hydrochloride monotherapy.*** | | | | | | | |
| ***8589C*** | ***Tablet 10 mg (base)-12.5 mg*** | ***30*** | ***5*** | ***..*** | ***22.34*** | ***23.35*** | ***Accuretic 10/ 12.5mg*** | ***PF*** |
| ***8590D*** | ***Tablet 20 mg (base)-12.5 mg*** | ***30*** | ***5*** | ***..*** | ***25.78*** | ***26.79*** | ***Accuretic 20/ 12.5mg*** | ***PF*** |
| | • ***ACE inhibitors and calcium channel blockers***<br>***RAMIPRIL with FELODIPINE*** | | | | | | | |
| | **Restricted Benefit**<br>***Hypertension in a patient not adequately controlled with either ramipril or felodipine monotherapy.*** | | | | | | | |
| ***2626F*** | ***Tablet 2.5 mg-2.5 mg (modified release)*** | ***30*** | ***5*** | ***..*** | ***25.93*** | ***26.94*** | ***Triasyn 2.5/2.5*** | ***SW*** |
| ***2629J*** | ***Tablet 5 mg-5 mg (modified release)*** | ***30*** | ***5*** | ***..*** | ***32.40*** | ***30.70*** | ***Triasyn 5.0/5.0*** | ***SW*** |

# CARDIOVASCULAR SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***TRANDOLAPRIL with VERAPAMIL HYDROCHLORIDE*** | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | ***The myocardial depressant effects of verapamil hydrochloride and of beta-blocking drugs are additive.*** | | | | | | | |
| | **Restricted Benefit** | | | | | | | |
| | ***Hypertension in a patient who is stabilised on treatment with trandolapril 4 mg and verapamil hydrochloride sustained release 240 mg.*** | | | | | | | |
| ***2857J*** | ***Tablet 4 mg-240 mg (sustained release)*** | ***28*** | ***5*** | ***..*** | ***43.94*** | ***30.70*** | ***Tarka 4/240*** | ***AB*** |
| | **Angiotensin II antagonists, plain** | | | | | | | |
| | • ***Angiotensin II antagonists, plain*** | | | | | | | |
| | CANDESARTAN CILEXETIL | | | | | | | |
| 8295N | Tablet 4 mg | 30 | 5 | .. | 19.42 | 20.43 | Atacand | AP |
| 8296P | Tablet 8 mg | 30 | 5 | .. | 23.08 | 24.09 | Atacand | AP |
| 8297Q | Tablet 16 mg | 30 | 5 | .. | 28.69 | 29.70 | Atacand | AP |
| 8889W | Tablet 32 mg | 30 | 5 | .. | 44.96 | 30.70 | Atacand | AP |
| | EPROSARTAN MESYLATE | | | | | | | |
| 8397Y | Tablet 400 mg (base) | 56 | 5 | .. | * 27.56 | 28.57 | Teveten | SM |
| 8447N | Tablet 600 mg (base) | 28 | 5 | .. | 27.53 | 28.54 | Teveten | SM |
| | IRBESARTAN | | | | | | | |
| 8246B | Tablet 75 mg | 30 | 5 | .. | 19.49 | 20.50 | [a] Avapro<br>[a] Karvea | BQ<br>SW |
| 8247C | Tablet 150 mg | 30 | 5 | .. | 23.36 | 24.37 | [a] Avapro<br>[a] Karvea | BQ<br>SW |
| 8248D | Tablet 300 mg | 30 | 5 | .. | 28.22 | 29.23 | [a] Avapro<br>[a] Karvea | BQ<br>SW |
| | OLMESARTAN MEDOXOMIL | | | | | | | |
| 2147B | Tablet 20 mg | 30 | 5 | .. | 23.36 | 24.37 | Olmetec | SH |
| 2148C | Tablet 40 mg | 30 | 5 | .. | 28.22 | 29.23 | Olmetec | SH |
| | TELMISARTAN | | | | | | | |
| 8355R | Tablet 40 mg | 28 | 5 | .. | 20.02 | 21.03 | Micardis | BY |
| 8356T | Tablet 80 mg | 28 | 5 | .. | 26.96 | 27.97 | Micardis | BY |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **Angiotensin II antagonists, combinations** | | | | | | | | |
| | • ***Angiotensin II antagonists and diuretics*** | | | | | | | | |
| | ***CANDESARTAN CILEXETIL with HYDROCHLOROTHIAZIDE*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Hypertension in patients who are not adequately controlled with 16 mg candesartan cilexetil.*** | | | | | | | | |
| *8504N* | *Tablet 16 mg-12.5 mg* | *30* | *5* | *..* | *30.82* | *30.70* | | *Atacand Plus 16/ 12.5* | *AP* |
| | ***EPROSARTAN MESYLATE with HYDROCHLOROTHIAZIDE*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Hypertension in patients who are not adequately controlled with either hydrochlorothiazide or eprosartan mesylate monotherapy.*** | | | | | | | | |
| *8624X* | *Tablet 600 mg (base)-12.5 mg* | *28* | *5* | *..* | *29.53* | *30.54* | | *Teveten Plus 600/ 12.5* | *SM* |
| | ***IRBESARTAN with HYDROCHLOROTHIAZIDE*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Hypertension in patients who are not adequately controlled with either hydrochlorothiazide or irbesartan monotherapy.*** | | | | | | | | |
| *8404H* | *Tablet 150 mg-12.5 mg* | *30* | *5* | *..* | *25.48* | *26.49* | [a] | *Avapro HCT 150/ 12.5* | *BQ* |
| | | | | | | | [a] | *Karvezide 150/12.5* | *SW* |
| *8405J* | *Tablet 300 mg-12.5 mg* | *30* | *5* | *..* | *30.34* | *30.70* | [a] | *Avapro HCT 300/ 12.5* | *BQ* |
| | | | | | | | [a] | *Karvezide 300/12.5* | *SW* |
| *2136K* | *Tablet 300 mg-25 mg* | *30* | *5* | *..* | *32.48* | *30.70* | [a] | *Avapro HCT 300/ 25* | *BQ* |
| | | | | | | | [a] | *Karvezide 300/25* | *SW* |
| | ***OLMESARTAN MEDOXOMIL with HYDROCHLOROTHIAZIDE*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Hypertension in patients who are not adequately controlled with either hydrochlorothiazide or olmesartan medoxomil monotherapy.*** | | | | | | | | |
| *2161R* | *Tablet 20 mg-12.5 mg* | *30* | *5* | *..* | *25.47* | *26.48* | | *Olmetec Plus* | *SH* |
| *2166B* | *Tablet 40 mg-12.5 mg* | *30* | *5* | *..* | *30.33* | *30.70* | | *Olmetec Plus* | *SH* |
| *2170F* | *Tablet 40 mg-25 mg* | *30* | *5* | *..* | *32.48* | *30.70* | | *Olmetec Plus* | *SH* |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***TELMISARTAN with HYDROCHLOROTHIAZIDE*** | | | | | | | |
| | **Restricted Benefit** ***Hypertension in patients who are not adequately controlled with either hydrochlorothiazide or telmisartan monotherapy.*** | | | | | | | |
| ***8622T*** | ***Tablet 40 mg-12.5 mg*** | ***28*** | ***5*** | ***..*** | ***22.00*** | ***23.01*** | ***Micardis Plus 40/ 12.5 mg*** | ***BY*** |
| ***8623W*** | ***Tablet 80 mg-12.5 mg*** | ***28*** | ***5*** | ***..*** | ***28.94*** | ***29.95*** | ***Micardis Plus 80/ 12.5 mg*** | ***BY*** |

LIPID MODIFYING AGENTS

## GENERAL STATEMENT FOR LIPID-LOWERING DRUGS PRESCRIBED AS PHARMACEUTICAL BENEFITS

Use the following criteria to determine patient eligibility for subsidisation under the PBS for the following drugs:

- atorvastatin calcium
- fluvastatin sodium
- pravastatin sodium
- rosuvastatin calcium
- simvastatin
- fenofibrate
- gemfibrozil

**By writing a PBS prescription, the prescriber is certifying the patient satisfies the qualifying criteria set out below and the use is in accordance with the registered indications which differ between agents in this class - refer to the current Product Information for details. Note also that patients already established on a particular lipid-lowering drug, where use satisfies the PBS qualifying criteria, but is outside the registered indications for that drug, are not required to switch to another drug in the class to retain PBS eligibility.**

Patients in very high risk categories (see below) may commence drug therapy with statins or fibrates immediately (ie simultaneously with an appropriate diet). For all other patients, dietary therapy should be trialled prior to initiation of drug therapy.

continued ☞

# CARDIOVASCULAR SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|---|---|---|

Dietary therapy should be continued concurrently with pharmacological therapy and should be reviewed on at least an annual basis.

Patients identified as being in one of the following very high risk categories may commence drug therapy with statins or fibrates at any cholesterol level:

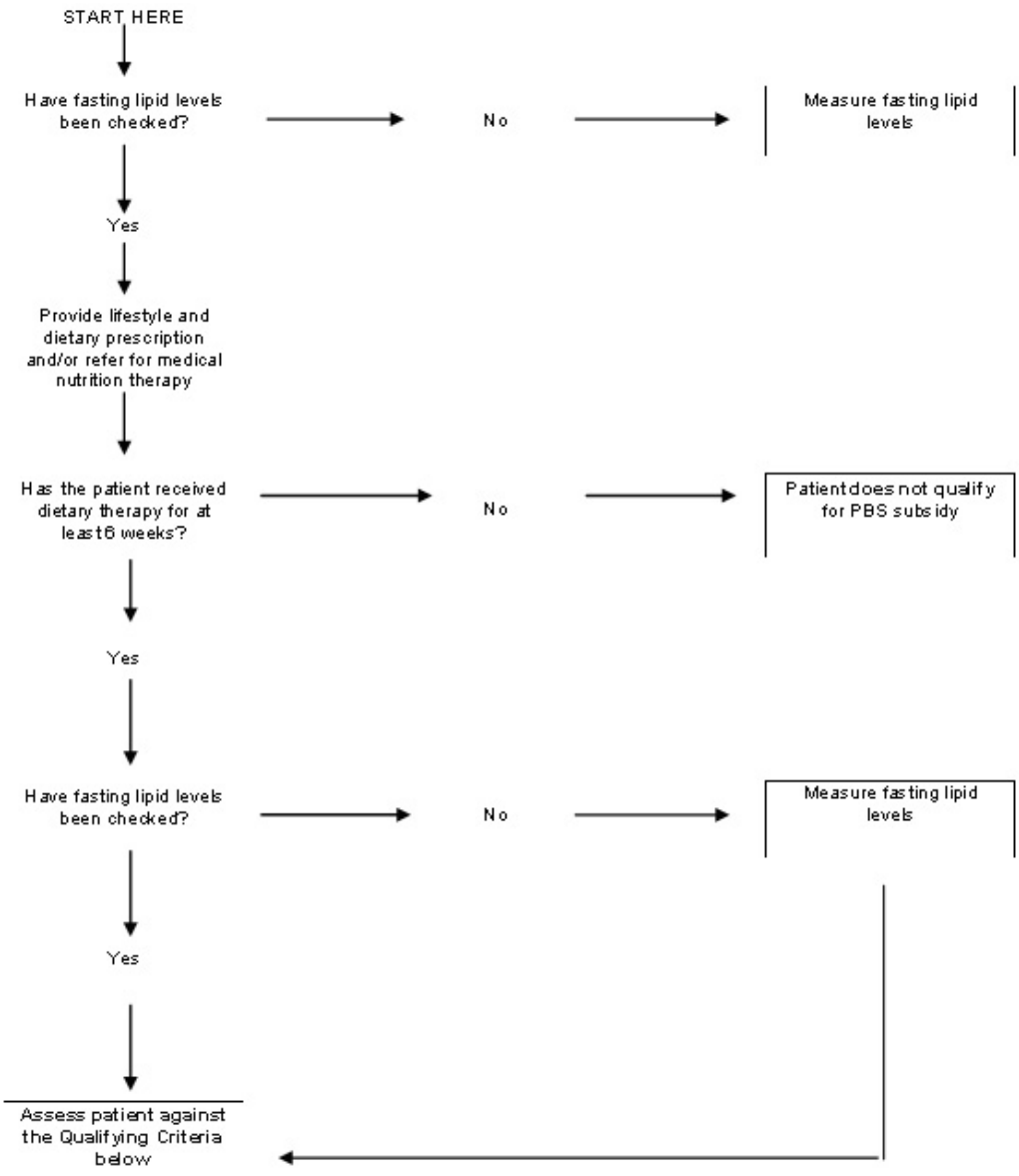
- coronary heart disease which has become symptomatic
- cerebrovascular disease which has become symptomatic
- peripheral vascular disease which has become symptomatic
- diabetes mellitus with microalbuminuria (defined as urinary albumin excretion rate of >20mcg/min or urinary albumin to creatinine ratio of > 2.5 for males, > 3.5 for females)
- diabetes mellitus in Aboriginal or Torres Strait Islander patients
- diabetes mellitus in patients aged 60 years or more
- family history of coronary heart disease which has become symptomatic before the age of 55 years in two or more first degree relatives
- family history of coronary heart disease which has become symptomatic before the age of 45 years in one or more first degree relatives

**If your patient is not identified as being in any of the above very high risk categories, then use the flow-chart and table below to determine whether your patient satisfies the following criteria for subsidisation under the PBS. Document how the patient meets each of these steps in the patient record. Lipid levels must be measured at an accredited laboratory.**

continued ☞

# CARDIOVASCULAR SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|---|---|---|

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| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|---|---|---|

**POST-DIETARY QUALIFYING CRITERIA**

Dietary therapy should be continued concurrently with pharmacological therapy and should be reviewed on at least an annual basis.

| PATIENT CATEGORY | LIPID LEVELS FOR PBS SUBSIDY |
|---|---|
| Patients with diabetes mellitus not otherwise included | total cholesterol > 5.5 mmol/L |
| Aboriginal or Torres Strait Islander patients<br>Patients with hypertension | total cholesterol > 6.5 mmol/L<br>or<br>total cholesterol > 5.5 mmol/L and<br>HDL cholesterol < 1 mmol/L |
| Patients with HDL cholesterol < 1 mmol/L | total cholesterol > 6.5 mmol/L |
| Patients with familial hypercholesterolaemia identified by:<br>• DNA mutation; or<br>• tendon xanthomas in the patient or their first or second degree relative<br><br>Patients with:<br>• family history of coronary heart disease which has become symptomatic before the age of 60 years in one or more first degree relatives; or<br>• family history of coronary heart disease which has become symptomatic before the age of 50 years in one or more second degree relatives | If aged 18 years or less at treatment initiation:<br>LDL cholesterol > 4 mmol/L<br><br>If aged more than 18 years at treatment initiation:<br>LDL cholesterol > 5 mmol/L<br>or<br>total cholesterol > 6.5 mmol/L<br>or<br>total cholesterol > 5.5 mmol/L and<br>HDL cholesterol < 1 mmol/L |

continued ☞

# CARDIOVASCULAR SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|---|---|---|

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Patients not eligible under the above:

- men aged 35 to 75 years
- post-menopausal women aged up to 75 years

total cholesterol > 7.5 mmol/L
or
triglyceride > 4 mmol/L

---

Patients not otherwise included

total cholesterol > 9 mmol/L
or
triglyceride > 8 mmol/L

---

**Lipid modifying agents, plain**

***• HMG CoA reductase inhibitors***

***ATORVASTATIN CALCIUM***

**Restricted Benefit**

***For use in patients that meet the criteria set out in the General Statement for Lipid-Lowering Drugs.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *8213G* | *Tablet 10 mg (atorvastatin)* | *30* | *5* | *..* | *40.40* | *30.70* | *Lipitor* | *PF* |
| *8214H* | *Tablet 20 mg (atorvastatin)* | *30* | *5* | *..* | *57.02* | *30.70* | *Lipitor* | *PF* |
| *8215J* | *Tablet 40 mg (atorvastatin)* | *30* | *5* | *..* | *78.07* | *30.70* | *Lipitor* | *PF* |
| *8521L* | *Tablet 80 mg (atorvastatin)* | *30* | *5* | *..* | *109.27* | *30.70* | *Lipitor* | *PF* |

***FLUVASTATIN SODIUM***

**Restricted Benefit**

***For use in patients that meet the criteria set out in the General Statement for Lipid-Lowering Drugs.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *8023G* | *Capsule 20 mg (fluvastatin)* | *28* | *5* | *..* | *25.19* | *26.20* | *[a] Lescol* | *NV* |
| | | | | *B1.60* | *26.79* | *26.20* | *[a] Vastin* | *NM* |
| *8024H* | *Capsule 40 mg (fluvastatin)* | *28* | *5* | *..* | *29.64* | *30.65* | *[a] Lescol* | *NV* |
| | | | | *B1.74* | *31.38* | *30.65* | *[a] Vastin* | *NM* |
| *2863Q* | *Tablet 80 mg (fluvastatin) (prolonged release)* | *28* | *5* | *..* | *46.58* | *30.70* | *Lescol XL* | *NV* |

# CARDIOVASCULAR SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***PRAVASTATIN SODIUM*** | | | | | | | |
| | **Restricted Benefit** | | | | | | | |
| | ***For use in patients that meet the criteria set out in the General Statement for Lipid-Lowering Drugs.*** | | | | | | | |
| ***2833D*** | ***Tablet 10 mg*** | ***30*** | ***5*** | ***..*** | ***24.87*** | ***25.88*** | [a] ***Chem mart Pravastatin*** | ***CH*** |
| | | | | | | | [a] ***Cholstat 10*** | ***AF*** |
| | | | | | | | [a] ***GenRx Pravastatin*** | ***GX*** |
| | | | | | | | [a] ***Lipostat 10*** | ***AW*** |
| | | | | | | | [a] ***Liprachol*** | ***SZ*** |
| | | | | | | | [a] ***Pravastatin 10*** | ***CR*** |
| | | | | | | | [a] ***Pravastatin-DP*** | ***GM*** |
| | | | | | | | [a] ***Pravastatin-RL*** | ***RE*** |
| | | | | | | | [a] ***Pravastatin Winthrop*** | ***WA*** |
| | | | | | | | [a] ***Terry White Chemists Pravastatin*** | ***TW*** |
| | | | | ***B4.50*** | ***29.37*** | ***25.88*** | [a] ***Pravachol*** | ***BQ*** |
| ***2834E*** | ***Tablet 20 mg*** | ***30*** | ***5*** | ***..*** | ***36.31*** | ***30.70*** | [a] ***Chem mart Pravastatin*** | ***CH*** |
| | | | | | | | [a] ***Cholstat 20*** | ***AF*** |
| | | | | | | | [a] ***GenRx Pravastatin*** | ***GX*** |
| | | | | | | | [a] ***Lipostat 20*** | ***AW*** |
| | | | | | | | [a] ***Liprachol*** | ***SZ*** |
| | | | | | | | [a] ***Pravastatin 20*** | ***CR*** |
| | | | | | | | [a] ***Pravastatin-DP*** | ***GM*** |
| | | | | | | | [a] ***Pravastatin-RL*** | ***RE*** |
| | | | | | | | [a] ***Pravastatin Winthrop*** | ***WA*** |
| | | | | | | | [a] ***Terry White Chemists Pravastatin*** | ***TW*** |
| | | | | ***B4.50*** | ***40.81*** | ***30.70*** | [a] ***Pravachol*** | ***BQ*** |

continued ☞

# CARDIOVASCULAR SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| *8197K* | *Tablet 40 mg* | *30* | *5* | *..* | *53.52* | *30.70* | *a* | *Chem mart Pravastatin* | *CH* |
| | | | | | | | *a* | *Cholstat 40* | *AF* |
| | | | | | | | *a* | *GenRx Pravastatin* | *GX* |
| | | | | | | | *a* | *Lipostat 40* | *AW* |
| | | | | | | | *a* | *Liprachol* | *SZ* |
| | | | | | | | *a* | *Pravastatin 40* | *CR* |
| | | | | | | | *a* | *Pravastatin-DP* | *GM* |
| | | | | | | | *a* | *Pravastatin-RL* | *RE* |
| | | | | | | | *a* | *Pravastatin Winthrop* | *WA* |
| | | | | | | | *a* | *Terry White Chemists Pravastatin* | *TW* |
| | | | | *B4.50* | *58.02* | *30.70* | *a* | *Pravachol* | *BQ* |
| *8829Q* | *Tablet 80 mg* | *30* | *5* | *..* | *79.15* | *30.70* | *a* | *Lipostat 80* | *AW* |
| | | | | *B4.50* | *83.65* | *30.70* | *a* | *Pravachol* | *BQ* |
| | *ROSUVASTATIN CALCIUM* | | | | | | | | |
| | **Restricted Benefit** *For use in patients that meet the criteria set out in the General Statement for Lipid-Lowering Drugs.* | | | | | | | | |
| *9042X* | *Tablet 5 mg (rosuvastatin)* | *30* | *5* | *..* | *49.73* | *30.70* | | *Crestor* | *AP* |
| *9043Y* | *Tablet 10 mg (rosuvastatin)* | *30* | *5* | *..* | *68.93* | *30.70* | | *Crestor* | *AP* |
| *9044B* | *Tablet 20 mg (rosuvastatin)* | *30* | *5* | *..* | *95.45* | *30.70* | | *Crestor* | *AP* |
| *9045C* | *Tablet 40 mg (rosuvastatin)* | *30* | *5* | *..* | *133.46* | *30.70* | | *Crestor* | *AP* |
| | *SIMVASTATIN* | | | | | | | | |
| | **Restricted Benefit** *For use in patients that meet the criteria set out in the General Statement for Lipid-Lowering Drugs.* | | | | | | | | |
| *2013Y* | *Tablet 5 mg* | *30* | *5* | *..* | *22.66* | *23.67* | *a* | *Simvabell* | *BF* |
| | | | | | | | *a* | *Simvahexal* | *HX* |
| | | | | | | | *a* | *Simvastatin-RL* | *RE* |
| | | | | | | | *a* | *Simvastatin Winthrop* | *WA* |
| | | | | | | | *a* | *Simvasyn* | *CR* |
| | | | | | | | *a* | *Zimstat* | *AF* |
| | | | | *B0.70* | *23.36* | *23.67* | *a* | *Zocor* | *MK* |

continued ☞

# CARDIOVASCULAR SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| *2011W* | *Tablet 10 mg* | *30* | *5* | *..* | *29.23* | *30.24* | *a* | *Chem mart Simvastatin* | *CH* |
| | | | | | | | *a* | *GenRx Simvastatin* | *GX* |
| | | | | | | | *a* | *Ransim* | *RA* |
| | | | | | | | *a* | *Simvabell* | *BF* |
| | | | | | | | *a* | *Simvahexal* | *HX* |
| | | | | | | | *a* | *Simvar 10* | *AW* |
| | | | | | | | *a* | *Simvastatin-DP* | *GM* |
| | | | | | | | *a* | *Simvastatin-RL* | *RE* |
| | | | | | | | *a* | *Simvastatin Winthrop* | *WA* |
| | | | | | | | *a* | *Simvasyn* | *CR* |
| | | | | | | | *a* | *Terry White Chemists Simvastatin* | *TW* |
| | | | | | | | *a* | *Zimstat* | *AF* |
| | | | | | | | *a* | *GN* | |
| | | | | *B0.71* | *29.94* | *30.24* | *a* | *Lipex 10* | *FR* |
| | | | | | | | *a* | *Zocor* | *MK* |
| *2012X* | *Tablet 20 mg* | *30* | *5* | *..* | *39.64* | *30.70* | *a* | *Chem mart Simvastatin* | *CH* |
| | | | | | | | *a* | *GenRx Simvastatin* | *GX* |
| | | | | | | | *a* | *Ransim* | *RA* |
| | | | | | | | *a* | *Simvabell* | *BF* |
| | | | | | | | *a* | *Simvahexal* | *HX* |
| | | | | | | | *a* | *Simvar 20* | *AW* |
| | | | | | | | *a* | *Simvastatin-DP* | *GM* |
| | | | | | | | *a* | *Simvastatin-RL* | *RE* |
| | | | | | | | *a* | *Simvastatin Winthrop* | *WA* |
| | | | | | | | *a* | *Simvasyn* | *CR* |
| | | | | | | | *a* | *Terry White Chemists Simvastatin* | *TW* |
| | | | | | | | *a* | *Zimstat* | *AF* |
| | | | | | | | *a* | *GN* | |
| | | | | *B0.70* | *40.34* | *30.70* | *a* | *Lipex 20* | *FR* |
| | | | | | | | *a* | *Zocor* | *MK* |

continued ☞

# CARDIOVASCULAR SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| *8173E* | *Tablet 40 mg* | *30* | *5* | *..* | *54.65* | *30.70* | *a* | *Chem mart Simvastatin* | *CH* |
| | | | | | | | *a* | *GenRx Simvastatin* | *GX* |
| | | | | | | | *a* | *Ransim* | *RA* |
| | | | | | | | *a* | *Simvabell* | *BF* |
| | | | | | | | *a* | *Simvahexal* | *HX* |
| | | | | | | | *a* | *Simvar 40* | *AW* |
| | | | | | | | *a* | *Simvastatin-DP* | *GM* |
| | | | | | | | *a* | *Simvastatin-RL* | *RE* |
| | | | | | | | *a* | *Simvastatin Winthrop* | *WA* |
| | | | | | | | *a* | *Simvasyn* | *CR* |
| | | | | | | | *a* | *Terry White Chemists Simvastatin* | *TW* |
| | | | | | | | *a* | *Zimstat* | *AF* |
| | | | | | | | *a* | *GN* | |
| | | | | *B0.70* | *55.35* | *30.70* | *a* | *Lipex 40* | *FR* |
| | | | | | | | *a* | *Zocor* | *MK* |
| *8313M* | *Tablet 80 mg* | *30* | *5* | *..* | *76.17* | *30.70* | *a* | *Chem mart Simvastatin* | *CH* |
| | | | | | | | *a* | *GenRx Simvastatin* | *GX* |
| | | | | | | | *a* | *Ransim* | *RA* |
| | | | | | | | *a* | *Simvabell* | *BF* |
| | | | | | | | *a* | *Simvahexal* | *HX* |
| | | | | | | | *a* | *Simvar 80* | *AW* |
| | | | | | | | *a* | *Simvastatin-DP* | *GM* |
| | | | | | | | *a* | *Simvastatin-RL* | *RE* |
| | | | | | | | *a* | *Simvastatin Winthrop* | *WA* |
| | | | | | | | *a* | *Simvasyn* | *CR* |
| | | | | | | | *a* | *Terry White Chemists Simvastatin* | *TW* |
| | | | | | | | *a* | *Zimstat* | *AF* |
| | | | | | | | *a* | *GN* | |
| | | | | *B0.70* | *76.87* | *30.70* | *a* | *Lipex 80* | *FR* |
| | | | | | | | *a* | *Zocor* | *MK* |

# CARDIOVASCULAR SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **• *Fibrates*** | | | | | | | |
| | ***FENOFIBRATE*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***The risk of serious muscle toxicity is increased if fenofibrate is used concomitantly with HMG CoA reductase inhibitors or other fibrates. Such combination therapy should be used with caution in patients with severe combined dyslipidaemia and high cardiovascular risk without any history of muscular disease and patients monitored closely for chronic signs of muscle toxicity.*** | | | | | | | |
| | **Restricted Benefit** | | | | | | | |
| | ***For use in patients that meet the criteria set out in the General Statement for Lipid-Lowering Drugs.*** | | | | | | | |
| ***9022W*** | ***Tablet 48 mg*** | ***60*** | ***5*** | ***..*** | ***28.05*** | ***29.06*** | ***Lipidil*** | ***LF*** |
| ***9023X*** | ***Tablet 145 mg*** | ***30*** | ***5*** | ***..*** | ***39.35*** | ***30.70*** | ***Lipidil*** | ***LF*** |
| | ***GEMFIBROZIL*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***The risk of serious muscle toxicity is increased if gemfibrozil is used concomitantly with HMG CoA reductase inhibitors or other fibrates. Such combination therapy should be used with caution in patients with severe combined dyslipidaemia and high cardiovascular risk without any history of muscular disease and patients monitored closely for chronic signs of muscle toxicity.*** | | | | | | | |
| | **Restricted Benefit** | | | | | | | |
| | ***For use in patients that meet the criteria set out in the General Statement for Lipid-Lowering Drugs.*** | | | | | | | |
| ***1453L*** | ***Tablet 600 mg*** | ***60*** | ***5*** | ***..*** | ***39.35*** | ***30.70*** | [a] ***Ausgem*** | ***SI*** |
| | | | | | | | [a] ***Chem mart Gemfibrozil*** | ***CH*** |
| | | | | | | | [a] ***Gemhexal*** | ***HX*** |
| | | | | | | | [a] ***GenRx Gemfibrozil*** | ***GX*** |
| | | | | | | | [a] ***Jezil*** | ***AF*** |
| | | | | | | | [a] ***Lipazil 600 mg*** | ***GM*** |
| | | | | | | | [a] ***Terry White Chemists Gemfibrozil*** | ***TW*** |
| | | | | ***B3.38*** | ***42.73*** | ***30.70*** | [a] ***Lopid*** | ***PF*** |
| | **• *Bile acid sequestrants*** | | | | | | | |
| | CHOLESTYRAMINE | | | | | | | |
| 2967E | Sachets 4.7 g (equivalent to 4 g cholestyramine), 50 | 2 | 5 | .. | * 56.48 | 30.70 | Questran Lite | BQ |
| 2978R | Sachets 9.4 g (equivalent to 8 g cholestyramine), 50 | ‡ 1 | 5 | .. | 53.46 | 30.70 | Questran Lite | BQ |
| | COLESTIPOL HYDROCHLORIDE | | | | | | | |
| 1224K | Sachets 5 g, 120 | ‡ 1 | 5 | .. | 66.71 | 30.70 | Colestid | PH |

# CARDIOVASCULAR SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|---|---|---|

## • *Other lipid modifying agents*

***EZETIMIBE***

**Authority Required (STREAMLINED)**

***Treatment, in conjunction with dietary therapy and exercise, for co-administration with an HMG CoA reductase inhibitor (statin) in patients whose cholesterol levels are inadequately controlled with a statin and who have:***

**2649**

***(a) coronary heart disease; or***

**2650**

***(b) diabetes mellitus; or***

**2651**

***(c) peripheral vascular disease; or***

**2652**

***(d) heterozygous familial hypercholesterolaemia; or***

**2653**

***(e) symptomatic cerebrovascular disease; or***

**2667**

***(f) family history of coronary heart disease; or***

**2668**

***(g) hypertension.***

***Inadequate control with a statin is defined as follows:***
***(1) where the patient falls into a category for which the General Statement for Lipid-Lowering Drugs includes an initial cholesterol threshold for PBS-subsidy, a cholesterol level in excess of that threshold after at least 3 months of treatment at a daily dose of 40 mg or greater of a statin, in conjunction with dietary therapy and exercise. The dose and duration of statin treatment and the cholesterol level which shows inadequate control must be documented in the patient's medical records when ezetimibe is initiated. The cholesterol level which shows inadequate control must be no more than 2 months old when ezetimibe is initiated; or***
***(2) where the patient falls into a category for which the General Statement for Lipid-Lowering Drugs allows PBS-subsidised treatment with a statin at any cholesterol level, a cholesterol level in excess of 4 mmol per L after at least 3 months of treatment at a daily dose of 40 mg or greater of a statin, in conjunction with dietary therapy and exercise. The dose and duration of statin treatment and the cholesterol level which shows inadequate control must be documented in the patient's medical records when ezetimibe is initiated. The cholesterol level which shows inadequate control must be no more than 2 months old when ezetimibe is initiated.***

**Authority Required (STREAMLINED)**

**1989**

***Patients eligible for PBS-subsidised lipid-lowering medication (according to the criteria set out in the General Statement for Lipid-Lowering Drugs) where treatment with an HMG CoA reductase inhibitor (statin) is contraindicated;***

**2669**

continued ☞

# CARDIOVASCULAR SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|

***Patients eligible for PBS-subsidised lipid-lowering medication (according to the criteria set out in the General Statement for Lipid-Lowering Drugs) where treatment with an HMG CoA reductase inhibitor (statin) must be discontinued or reduced to a dose of 20 mg or less per day, because the patient developed a clinically important product-related adverse event during treatment with a statin.***
***A clinically important product-related adverse event is defined as follows:***
***(i) Severe myalgia (muscle symptoms without CK elevation) which is proven to be temporally associated with statin treatment; or***
***(ii) Myositis (clinically important CK elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or***
***(iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin.***

**Authority Required (STREAMLINED)**

**1991**
***Homozygous sitosterolaemia;***

**2438**
***Patients with homozygous familial hypercholesterolaemia who are eligible for PBS-subsidised lipid-lowering medication (according to the criteria set out in the General Statement for Lipid-Lowering Drugs), in combination with an HMG CoA reductase inhibitor (statin).***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *8757X* | *Tablet 10 mg* | *30* | *5* | *..* | *69.99* | *30.70* | *Ezetrol* | *MK* |

## Lipid modifying agents, combinations

### • *HMG CoA reductase inhibitors in combination with other lipid modifying agents*

***EZETIMIBE with SIMVASTATIN***

**Authority Required (STREAMLINED)**

***Treatment, in conjunction with dietary therapy and exercise, in patients whose cholesterol levels are inadequately controlled with an HMG CoA reductase inhibitor (statin) and who have:***

**2654**
***(a) coronary heart disease; or***

**2655**
***(b) diabetes mellitus; or***

**2656**
***(c) peripheral vascular disease; or***

**2657**
***(d) heterozygous familial hypercholesterolaemia; or***

**2658**
***(e) cerebrovascular disease which has become symptomatic; or***

**2678**
***(f) family history of coronary heart disease; or***

**2679**
***(g) hypertension;***

***Inadequate control with a statin is defined as follows:***

continued ☞

# CARDIOVASCULAR SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***(1) where the patient falls into a category for which the General Statement for Lipid-Lowering Drugs includes an initial cholesterol threshold for PBS-subsidy, a cholesterol level in excess of that threshold after at least 3 months of treatment at a daily dose of 40 mg or greater of a statin, in conjunction with dietary therapy and exercise. The dose and duration of statin treatment and the cholesterol level which shows inadequate control must be documented in the patient's medical records when the ezetimibe component is initiated. The cholesterol level which shows inadequate control must be no more than 2 months old when the ezetimibe component is initiated; or*** | | | | | | | |
| | ***(2) where the patient falls into a category for which the General Statement for Lipid-Lowering Drugs allows PBS-subsidised treatment with a statin at any cholesterol level, a cholesterol level in excess of 4 mmol per L after at least 3 months of treatment at a daily dose of 40 mg or greater of a statin, in conjunction with dietary therapy and exercise. The dose and duration of statin treatment and the cholesterol level which shows inadequate control must be documented in the patient's medical records when the ezetimibe component is initiated. The cholesterol level which shows inadequate control must be no more than 2 months old when the ezetimibe component is initiated;*** | | | | | | | |
| | **2431** | | | | | | | |
| | ***Patients with homozygous familial hypercholesterolaemia who are eligible for PBS-subsidised lipid-lowering medication (according to the criteria set out in the General Statement for Lipid-Lowering Drugs).*** | | | | | | | |
| ***8881K*** | ***Tablet 10 mg-40 mg*** | ***30*** | ***5*** | ***..*** | ***119.20*** | ***30.70*** | ***Vytorin*** | ***MK*** |
| ***8882L*** | ***Tablet 10 mg-80 mg*** | ***30*** | ***5*** | ***..*** | ***140.72*** | ***30.70*** | ***Vytorin*** | ***MK*** |

### • *HMG CoA reductase inhibitors, other combinations*

***AMLODIPINE BESYLATE with ATORVASTATIN CALCIUM***

**Restricted Benefit**

***For use in patients who have hypertension and/or angina and who meet the criteria set out in the General Statement for Lipid-Lowering Drugs, and:***

- ***(a) who are currently receiving treatment with a dihydropyridine calcium channel blocker; or***
- ***(b) whose blood pressure and/or angina is inadequately controlled with other classes of antihypertensive and/or anti-anginal agent, and in whom adjunctive therapy with a dihydropyridine calcium channel blocker would be appropriate; or***
- ***(c) who are intolerant of the side effects of other classes of antihypertensive and/or anti-anginal agent, and in whom replacement therapy with a dihydropyridine calcium channel blocker would be appropriate.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ***9049G*** | ***Tablet 5 mg (base)-10 mg (base)*** | ***30*** | ***5*** | ***..*** | ***53.74*** | ***30.70*** | ***Caduet 5/10*** | ***PF*** |
| ***9050H*** | ***Tablet 5 mg (base)-20 mg (base)*** | ***30*** | ***5*** | ***..*** | ***70.36*** | ***30.70*** | ***Caduet 5/20*** | ***PF*** |
| ***9051J*** | ***Tablet 5 mg (base)-40 mg (base)*** | ***30*** | ***5*** | ***..*** | ***91.42*** | ***30.70*** | ***Caduet 5/40*** | ***PF*** |
| ***9052K*** | ***Tablet 5 mg (base)-80 mg (base)*** | ***30*** | ***5*** | ***..*** | ***122.61*** | ***30.70*** | ***Caduet 5/80*** | ***PF*** |
| ***9053L*** | ***Tablet 10 mg (base)-10 mg (base)*** | ***30*** | ***5*** | ***..*** | ***63.87*** | ***30.70*** | ***Caduet 10/10*** | ***PF*** |
| ***9054M*** | ***Tablet 10 mg (base)-20 mg (base)*** | ***30*** | ***5*** | ***..*** | ***80.49*** | ***30.70*** | ***Caduet 10/20*** | ***PF*** |
| ***9055N*** | ***Tablet 10 mg (base)-40 mg (base)*** | ***30*** | ***5*** | ***..*** | ***101.55*** | ***30.70*** | ***Caduet 10/40*** | ***PF*** |
| ***9056P*** | ***Tablet 10 mg (base)-80 mg (base)*** | ***30*** | ***5*** | ***..*** | ***132.74*** | ***30.70*** | ***Caduet 10/80*** | ***PF*** |

# DERMATOLOGICALS

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **ANTIFUNGALS FOR DERMATOLOGICAL USE** | | | | | | | |
| | **Antifungals for topical use** | | | | | | | |
| | • ***Antibiotics*** | | | | | | | |
| | ***NYSTATIN*** | | | | | | | |
| | **Authority Required (STREAMLINED)**<br>**2354**<br>***Treatment of a fungal or a yeast infection in an Aboriginal or a Torres Strait Islander person.*** | | | | | | | |
| *1698J* | *Cream 100,000 units per g, 15 g* | *2* | *3* | *..* | ** 14.14* | *15.15* | *Mycostatin* | *BQ* |
| | • ***Imidazole and triazole derivatives*** | | | | | | | |
| | ***BIFONAZOLE*** | | | | | | | |
| | **Authority Required (STREAMLINED)**<br>**2354**<br>***Treatment of a fungal or a yeast infection in an Aboriginal or a Torres Strait Islander person.*** | | | | | | | |
| *8066M* | *Cream 10 mg per g (1%), 15 g* | *2* | *3* | *..* | ** 23.98* | *24.99* | *Mycospor* | *BN* |
| | ***CLOTRIMAZOLE*** | | | | | | | |
| | **Authority Required (STREAMLINED)**<br>**2354**<br>***Treatment of a fungal or a yeast infection in an Aboriginal or a Torres Strait Islander person.*** | | | | | | | |
| *1027C* | *Lotion 10 mg per mL (1%), 20 mL* | *2* | *3* | *..* | ** 16.86* | *17.87* | *Canesten* | *BN* |
| | ***KETOCONAZOLE*** | | | | | | | |
| | **Authority Required (STREAMLINED)**<br>**2354**<br>***Treatment of a fungal or a yeast infection in an Aboriginal or a Torres Strait Islander person.*** | | | | | | | |
| *9024Y* | *Cream 20 mg per g (2%), 30 g* | *‡ 1* | *2* | *..* | *21.41* | *22.42* | *Nizoral 2% Cream* | *JC* |
| *9025B* | *Shampoo 10 mg per g (1%), 100 mL* | *‡ 1* | *1* | *..* | *16.13* | *17.14* | *Nizoral 1%* | *JC* |
| *1574W* | *Shampoo 20 mg per g (2%), 60 mL* | *‡ 1* | *1* | *..* | *16.81* | *17.82* | *Nizoral 2%* | *JC* |
| | ***MICONAZOLE*** | | | | | | | |
| | **Authority Required (STREAMLINED)**<br>**2354**<br>***Treatment of a fungal or a yeast infection in an Aboriginal or a Torres Strait Islander person.*** | | | | | | | |
| *9031H* | *Tincture 20 mg per mL (2%), 30 mL* | *‡ 1* | *2* | *..* | *17.93* | *18.94* | *Daktarin* | *JC* |

# DERMATOLOGICALS—CONT.

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|---|---|---|---|---|---|---|---|---|---|
| | ***MICONAZOLE NITRATE*** | | | | | | | | |
| | **Authority Required (STREAMLINED)**<br>**2354**<br>***Treatment of a fungal or a yeast infection in an Aboriginal or a Torres Strait Islander person.*** | | | | | | | | |
| ***9026C*** | ***Cream 20 mg per g (2%), 15 g*** | ***2*** | ***3*** | ***..*** | **** 14.50*** | ***15.51*** | | ***Daktarin*** | ***JC*** |
| ***9027D*** | ***Cream 20 mg per g (2%), 30 g*** | ***‡ 1*** | ***2*** | ***..*** | ***13.45*** | ***14.46*** | | ***Daktarin*** | ***JC*** |
| ***9028E*** | ***Cream 20 mg per g (2%), 70 g*** | ***‡ 1*** | ***1*** | ***..*** | ***15.36*** | ***16.37*** | | ***Daktarin*** | ***JC*** |
| ***9029F*** | ***Powder 20 mg per g (2%), 30 g*** | ***‡ 1*** | ***2*** | ***..*** | ***14.19*** | ***15.20*** | | ***Daktarin*** | ***JC*** |
| ***9030G*** | ***Lotion 20 mg per mL (2%), 30 g*** | ***‡ 1*** | ***2*** | ***..*** | ***15.30*** | ***16.31*** | | ***Daktarin*** | ***JC*** |
| | **Antifungals for systemic use** | | | | | | | | |
| | • ***Antifungals for systemic use*** | | | | | | | | |
| | GRISEOFULVIN | | | | | | | | |
| 1460W | Tablet 125 mg | 100 | 2 | .. | 20.90 | 21.91 | | Grisovin | SI |
| 2982Y | Tablet 500 mg | 28 | 2 | .. | 19.73 | 20.74 | | Grisovin 500 | SI |
| | ***TERBINAFINE HYDROCHLORIDE*** | | | | | | | | |
| | **Authority Required**<br>***Proximal or extensive (greater than 80% nail involvement) onychomycosis due to dermatophyte infection where topical treatment has failed. This infection must be proven by microscopy or culture and confirmed by an Approved Pathology Authority. The date of the pathology report must be provided at the time of application and must not be more than 12 months old.*** | | | | | | | | |
| | **NOTE:**<br>***No applications for increased maximum quantities and/or repeats will be authorised.*** | | | | | | | | |
| ***2804N*** | ***Tablet 250 mg (base)*** | ***42*** | ***1*** | ***..*** | ***133.98*** | ***30.70*** | ***a*** | ***GenRx Terbinafine*** | ***GX*** |
| | | | | | | | ***a*** | ***Tamsil*** | ***AW*** |
| | | | | | | | ***a*** | ***Terbihexal*** | ***SZ*** |
| | | | | | | | ***a*** | ***Terbinafine 250*** | ***CR*** |
| | | | | | | | ***a*** | ***Terbinafine-DP*** | ***GM*** |
| | | | | | | | ***a*** | ***Zabel*** | ***AF*** |
| | | | | ***B1.93*** | ***135.91*** | ***30.70*** | ***a*** | ***Lamisil*** | ***NV*** |

## ANTIPSORIATICS

**Antipsoriatics for topical use**

• ***Tars***

COAL TAR - PREPARED

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 8864M | Gel 10 mg per g (1%), 100 mL | ‡ 1 | 2 | .. | 30.94 | 30.70 | | Exorex | EP |

# DERMATOLOGICALS—CONT.

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|---|---|---|---|---|---|---|---|---|
| | • ***Other antipsoriatics for topical use*** | | | | | | | |
| | ***CALCIPOTRIOL*** | | | | | | | |
| | **Restricted Benefit** | | | | | | | |
| | ***Chronic stable plaque type psoriasis vulgaris.*** | | | | | | | |
| *8291J* | *Ointment 50 micrograms per g (0.005%), 30 g* | *‡ 1* | *1* | *..* | *22.13* | *23.14* | *Daivonex* | *CS* |
| *2080L* | *Cream 50 micrograms per g (0.005%), 30 g* | *‡ 1* | *1* | *..* | *22.13* | *23.14* | *Daivonex* | *CS* |
| | **Antipsoriatics for systemic use** | | | | | | | |
| | • ***Retinoids for treatment of psoriasis*** | | | | | | | |
| | ***ACITRETIN*** | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | ***This drug is a potent teratogen—pregnancy should be avoided for at least two years after cessation of therapy.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***Care must be taken to comply with the provisions of State/Territory law when prescribing acitretin.*** | | | | | | | |
| | **Authority Required (STREAMLINED)** | | | | | | | |
| | **1366** | | | | | | | |
| | ***Severe intractable psoriasis;*** | | | | | | | |
| | **1363** | | | | | | | |
| | ***Severe forms of disorders of keratinisation.*** | | | | | | | |
| *2019G* | *Capsule 10 mg* | *100* | *2* | *..* | *204.79* | *30.70* | *Neotigason* | *RO* |
| *2020H* | *Capsule 25 mg* | *100* | *2* | *..* | *392.23* | *30.70* | *Neotigason* | *RO* |
| | ANTIBIOTICS AND CHEMOTHERAPEUTICS FOR DERMATOLOGICAL USE | | | | | | | |
| | **Chemotherapeutics for topical use** | | | | | | | |
| | • ***Sulfonamides*** | | | | | | | |
| | ***SILVER SULFADIAZINE with CHLORHEXIDINE GLUCONATE*** | | | | | | | |
| | **Restricted Benefit** | | | | | | | |
| | ***Prevention and treatment of infection in partial or full skin thickness loss due to burns;*** | | | | | | | |
| | ***Prevention and treatment of infection in partial or full skin thickness loss due to epidermolysis bullosa;*** | | | | | | | |
| | ***Stasis ulcers.*** | | | | | | | |
| *1996C* | *Cream 10 mg-2 mg per g (1%-0.2%), 50 g* | *‡ 1* | *..* | *..* | *16.78* | *17.79* | *Silvazine* | *SN* |
| *1997D* | *Cream 10 mg-2 mg per g (1%-0.2%), 100 g* | *‡ 1* | *..* | *..* | *19.33* | *20.34* | *Silvazine* | *SN* |

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|---|---|---|---|---|---|---|---|---|---|
| | **CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS** | | | | | | | | |
| | **Corticosteroids, plain** | | | | | | | | |
| | • ***Corticosteroids, weak (group I)*** | | | | | | | | |
| | ***HYDROCORTISONE*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Treatment of corticosteroid-responsive dermatoses.*** | | | | | | | | |
| *1495Q* | *Cream 10 mg per g (1%), 50 g* | *‡ 1* | *1* | *..* | *7.66* | *8.67* | | *Egocort Cream 1%* | *EO* |
| | ***HYDROCORTISONE ACETATE*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Treatment of corticosteroid-responsive dermatoses.*** | | | | | | | | |
| *2887Y* | *Cream 10 mg per g (1%), 30 g* | *‡ 1* | *1* | *..* | *7.21* | *8.22* | *a* | *Cortic-DS 1%* | *FM* |
| | | | | *B1.85* | *9.06* | *8.22* | *a* | *Sigmacort* | *SI* |
| *2881P* | *Cream 10 mg per g (1%), 50 g* | *‡ 1* | *1* | *..* | *7.66* | *8.67* | *a* | *Cortic-DS 1%* | *FM* |
| | | | | *B0.08* | *7.74* | *8.67* | | *Cortef* | *DT* |
| | | | | *B1.86* | *9.52* | *8.67* | *a* | *Sigmacort* | *SI* |
| *2888B* | *Topical ointment 10 mg per g (1%), 30 g* | *‡ 1* | *1* | *..* | *7.21* | *8.22* | *a* | *Cortic-DS 1%* | *FM* |
| | | | | *B1.85* | *9.06* | *8.22* | *a* | *Sigmacort* | *SI* |
| *2882Q* | *Topical ointment 10 mg per g (1%), 50 g* | *‡ 1* | *1* | *..* | *7.66* | *8.67* | *a* | *Cortic-DS 1%* | *FM* |
| | | | | *B1.86* | *9.52* | *8.67* | *a* | *Sigmacort* | *SI* |
| | ***[For other listings for this drug see Generic/Proprietary Index]*** | | | | | | | | |
| | • ***Corticosteroids, moderately potent (group II)*** | | | | | | | | |
| | ***TRIAMCINOLONE ACETONIDE*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Treatment of corticosteroid-responsive dermatoses.*** | | | | | | | | |
| *2117K* | *Cream 200 micrograms per g (0.02%), 100 g* | *2* | *..* | *..* | ** 13.72* | *14.73* | *a* | *Tricortone* | *FM* |
| | | | | *B3.18* | ** 16.90* | *14.73* | *a* | *Aristocort 0.02%* | *SI* |
| *2118L* | *Ointment 200 micrograms per g (0.02%), 100 g* | *2* | *..* | *..* | ** 13.72* | *14.73* | *a* | *Tricortone* | *FM* |
| | | | | *B3.18* | ** 16.90* | *14.73* | *a* | *Aristocort 0.02%* | *SI* |
| | • ***Corticosteroids, potent (group III)*** | | | | | | | | |
| | ***BETAMETHASONE DIPROPIONATE*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Treatment of corticosteroid-responsive dermatoses.*** | | | | | | | | |
| *1115Q* | *Cream 500 micrograms (base) per g (0.05%), 15 g* | *‡ 1* | *1* | *..* | *8.17* | *9.18* | *a* | *Diprosone* | *SH* |
| | | | | | | | *a* | *Eleuphrat* | *EX* |
| *1119X* | *Ointment 500 micrograms (base) per g (0.05%), 15 g* | *‡ 1* | *1* | *..* | *8.17* | *9.18* | *a* | *Diprosone* | *SH* |
| | | | | | | | *a* | *Eleuphrat* | *EX* |

# DERMATOLOGICALS—CONT.

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|---|---|---|---|---|---|---|---|---|
| | ***BETAMETHASONE VALERATE*** | | | | | | | |
| | **Restricted Benefit**<br>***Treatment of corticosteroid-responsive dermatoses.*** | | | | | | | |
| *2812B* | *Cream 200 micrograms (base) per g (0.02%), 100 g* | *2* | *..* | *..* | ** 13.72* | *14.73* | *[a] Antroquoril* | *EX* |
| | | | | | | | *[a] Celestone-M* | *SH* |
| | | | | | | | *[b] Cortival 1/5* | *FM* |
| | | | | *B6.00* | ** 19.72* | *14.73* | *[b] Betnovate 1/5* | *SI* |
| *2813C* | *Cream 500 micrograms (base) per g (0.05%), 15 g* | *‡ 1* | *1* | *..* | *7.52* | *8.53* | *[b] Cortival 1/2* | *FM* |
| | | | | *B1.86* | *9.38* | *8.53* | *[b] Betnovate 1/2* | *SI* |
| *2820K* | *Ointment 200 micrograms (base) per g (0.02%), 100 g* | *2* | *..* | *..* | ** 13.72* | *14.73* | *[a] Antroquoril* | *EX* |
| | | | | | | | *[a] Celestone-M* | *SH* |
| *2815E* | *Ointment 500 micrograms (base) per g (0.05%), 15 g* | *‡ 1* | *1* | *..* | *7.52* | *8.53* | *[b] Cortival 1/2* | *FM* |
| | | | | *B1.86* | *9.38* | *8.53* | *[b] Betnovate 1/2* | *SI* |
| | ***METHYLPREDNISOLONE ACEPONATE*** | | | | | | | |
| | **Restricted Benefit**<br>***Treatment of corticosteroid-responsive dermatoses.*** | | | | | | | |
| *8054X* | *Cream 1 mg per g (0.1%), 15 g* | *‡ 1* | *..* | *..* | *10.92* | *11.93* | *Advantan* | *CS* |
| *8055Y* | *Ointment 1 mg per g (0.1%), 15 g* | *‡ 1* | *..* | *..* | *10.92* | *11.93* | *Advantan* | *CS* |
| *8128T* | *Fatty ointment 1 mg per g (0.1%), 15 g* | *‡ 1* | *..* | *..* | *10.92* | *11.93* | *Advantan* | *CS* |
| | **Restricted Benefit**<br>***Eczema.*** | | | | | | | |
| *8618N* | *Lotion 1 mg per g (0.1%), 20 g* | *‡ 1* | *..* | *..* | *11.64* | *12.65* | *Advantan* | *CS* |
| | ***MOMETASONE FUROATE*** | | | | | | | |
| | **Restricted Benefit**<br>***Treatment of corticosteroid-responsive dermatoses.*** | | | | | | | |
| *1913Q* | *Cream 1 mg per g (0.1%), 15 g* | *‡ 1* | *..* | *..* | *10.92* | *11.93* | *[a] Elocon* | *SH* |
| | | | | | | | *[a] Novasone* | *EX* |
| *1915T* | *Ointment 1 mg per g (0.1%), 15 g* | *‡ 1* | *..* | *..* | *10.92* | *11.93* | *[a] Elocon* | *SH* |
| | | | | | | | *[a] Novasone* | *EX* |
| *8043H* | *Lotion 1 mg per g (0.1% w/w), 30 mL* | *‡ 1* | *..* | *..* | *14.81* | *15.82* | *[a] Elocon* | *SH* |
| | | | | | | | *[a] Novasone* | *EX* |

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|---|---|---|---|---|---|---|---|---|---|
| | **ANTI-ACNE PREPARATIONS** | | | | | | | | |
| | **Anti-acne preparations for systemic use** | | | | | | | | |
| | • ***Retinoids for treatment of acne*** | | | | | | | | |
| | ***ISOTRETINOIN*** | | | | | | | | |
| | **CAUTION:** | | | | | | | | |
| | ***This drug causes birth defects. Isotretinoin has been reported to cause other frequent and potentially serious toxicity.*** | | | | | | | | |
| | **NOTE:** | | | | | | | | |
| | ***Care must be taken to comply with the provisions of State/Territory law when prescribing isotretinoin.*** | | | | | | | | |
| | **Authority Required (STREAMLINED)** | | | | | | | | |
| | **1354** | | | | | | | | |
| | ***Severe cystic acne not responsive to other therapy.*** | | | | | | | | |
| ***2591J*** | ***Capsule 10 mg*** | ***60*** | ***3*** | ***..*** | ***95.37*** | ***30.70*** | [a] | ***GenRx Isotretinoin*** | ***GX*** |
| | | | | | | | [a] | ***Oratane*** | ***GM*** |
| | | | | | | | [a] | ***Roaccutane*** | ***RO*** |
| ***2592K*** | ***Capsule 20 mg*** | ***60*** | ***3*** | ***..*** | ***145.61*** | ***30.70*** | [a] | ***Chem mart Isotretinoin*** | ***CH*** |
| | | | | | | | [a] | ***GenRx Isotretinoin*** | ***GX*** |
| | | | | | | | [a] | ***Isohexal*** | ***HX*** |
| | | | | | | | [a] | ***Oratane*** | ***GM*** |
| | | | | | | | [a] | ***Terry White Chemists Isotretinoin*** | ***TW*** |
| | | | | ***B2.42*** | ***148.03*** | ***30.70*** | [a] | ***Roaccutane*** | ***RO*** |
| ***2549E*** | ***Capsule 40 mg*** | ***30*** | ***3*** | ***..*** | ***131.94*** | ***30.70*** | | ***Oratane*** | ***GM*** |
| | **OTHER DERMATOLOGICAL PREPARATIONS** | | | | | | | | |
| | **Other dermatological preparations** | | | | | | | | |
| | • ***Other dermatologicals*** | | | | | | | | |
| | DAPSONE | | | | | | | | |
| 8801F | Tablet 25 mg | 100 | 1 | .. | 99.60 | 30.70 | | LM | |
| 1272Y | Tablet 100 mg | 100 | 1 | .. | 112.86 | 30.70 | | LM | |
| | ***IMIQUIMOD*** | | | | | | | | |
| | **Authority Required** | | | | | | | | |
| | ***Treatment of biopsy confirmed primary (previously untreated) superficial basal cell carcinoma (sBCC) in immunocompetent patients who cannot have surgical excision, cryotherapy, or curettage with diathermy.*** | | | | | | | | |
| | ***The date of the pathology report and name of the Approved Pathology Authority must be provided at the time of application.*** | | | | | | | | |
| | **NOTE:** | | | | | | | | |
| | ***The patient or carer must be able to understand and administer the imiquimod dosing regimen.*** | | | | | | | | |
| | ***No applications for increased maximum quantities and/or repeats will be authorised.*** | | | | | | | | |
| | ***Treatment of recurrent (previously treated) lesions will not be authorised.*** | | | | | | | | |

continued ☞

# DERMATOLOGICALS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| *2546B* | ***Cream 50 mg per g (5%), 250 mg single use sachets, 12*** | ***1*** | ***1*** | ***..*** | ***158.97*** | ***30.70*** | ***Aldara*** | ***IA*** |

***PIMECROLIMUS***

**Authority Required**

***Treatment of facial or eyelid atopic dermatitis in patients aged at least 3 months with 1 or more of the following contraindications to topical corticosteroids:***
***(i) perioral dermatitis;***
***(ii) periorbital dermatitis;***
***(iii) rosacea;***
***(iv) epidermal atrophy;***
***(v) dermal atrophy;***
***(vi) allergy to topical corticosteroids;***
***(vii) cataracts;***
***(viii) glaucoma;***
***(ix) raised intraocular pressure.***

**Authority Required**

***Short-term (up to 3 weeks) intermittent treatment of atopic dermatitis of the face or eyelids in patients aged at least 3 months who fail to achieve satisfactory disease control with intermittent topical corticosteroid therapy, and where more than 3 months have passed since the initial diagnosis of atopic dermatitis.***

***Failure to achieve satisfactory disease control with intermittent topical corticosteroid therapy is manifest by:***
***(i) failure of the facial skin to clear despite at least 2 weeks of topical hydrocortisone 1% applied every day; or***
***(ii) failure of the facial skin to clear despite at least 1 week of a moderate or potent topical corticosteroid applied every day; or***
***(iii) clearing of the facial skin with at least 2 weeks of topical hydrocortisone 1% applied every day, but almost immediate and significant flare in facial disease (within 48 hours) upon stopping topical corticosteroids, occurring on at least 2 consecutive occasions; or***
***(iv) clearing of the facial skin with at least 1 week of a moderate or potent topical corticosteroid applied every day, but almost immediate and significant flare in facial disease (within 48 hours) upon stopping topical corticosteroids, occurring on at least 2 consecutive occasions.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *8802G* | ***Cream 10 mg per g (1%), 15 g*** | ***‡ 1*** | ***1*** | ***..*** | ***31.62*** | ***30.70*** | ***Elidel*** | ***NV*** |

***NOTE:***
***No applications for increased maximum quantities and/or repeats will be authorised. Only 1 authority application per 6 months, per patient, will be authorised.***

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **OTHER GYNECOLOGICALS** | | | | | | | | |
| | **Contraceptives for topical use** | | | | | | | | |
| | • ***Intrauterine contraceptives*** | | | | | | | | |
| | ***LEVONORGESTREL*** | | | | | | | | |
| | **Restricted Benefit**<br>***Contraception;***<br>***Idiopathic menorrhagia where oral treatments are ineffective;***<br>***Idiopathic menorrhagia where oral treatments are contraindicated.*** | | | | | | | | |
| *8633J* | *Intrauterine drug delivery system 52 mg (releasing approximately 20 micrograms per 24 hours)* | *1* | *..* | *..* | *245.43* | *30.70* | | *Mirena* | *SC* |
| | **Other gynecologicals** | | | | | | | | |
| | • ***Prolactine inhibitors*** | | | | | | | | |
| | ***BROMOCRIPTINE MESYLATE*** | | | | | | | | |
| | **Restricted Benefit**<br>***Prevention of the onset of lactation in the puerperium for medical reasons.*** | | | | | | | | |
| *1444B* | *Tablet 2.5 mg (base)* | *30* | *..* | *..* | *19.38* | *20.39* | *a* | *Kripton 2.5* | *AF* |
| | | | | *B2.84* | *22.22* | *20.39* | *a* | *Parlodel* | *NV* |
| | **Restricted Benefit**<br>***Acromegaly;***<br>***Parkinson's disease;***<br>***Pathological hyperprolactinaemia where surgery is not indicated;***<br>***Pathological hyperprolactinaemia where surgery has already been used with incomplete resolution;***<br>***Pathological hyperprolactinaemia where radiotherapy is not indicated;***<br>***Pathological hyperprolactinaemia where radiotherapy has already been used with incomplete resolution.*** | | | | | | | | |
| *1443Y* | *Tablet 2.5 mg (base)* | *60* | *5* | *..* | *33.29* | *30.70* | *a* | *Kripton 2.5* | *AF* |
| | | | | *B2.92* | *36.21* | *30.70* | *a* | *Parlodel* | *NV* |
| *1446D* | *Capsule 5 mg (base)* | *60* | *5* | *..* | *60.21* | *30.70* | *a* | *Kripton 5* | *AF* |
| | | | | *B2.91* | *63.12* | *30.70* | *a* | *Parlodel* | *NV* |
| *1445C* | *Capsule 10 mg (base)* | *100* | *5* | *..* | *201.60* | *30.70* | *a* | *Kripton 10* | *AF* |
| | | | | *B3.08* | *204.68* | *30.70* | *a* | *Parlodel* | *NV* |
| | ***CABERGOLINE*** | | | | | | | | |
| | **Restricted Benefit**<br>***Prevention of the onset of lactation in the puerperium for medical reasons.*** | | | | | | | | |
| *8115D* | *Tablet 500 micrograms* | *2* | *..* | *..* | *25.13* | *26.14* | | *Dostinex* | *PH* |

continued ☞

# GENITO URINARY SYSTEM AND SEX HORMONES—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **Authority Required (STREAMLINED)**<br>**2659**<br>***Pathological hyperprolactinaemia where surgery is not indicated;***<br>**2660**<br>***Pathological hyperprolactinaemia where surgery has already been used with incomplete resolution;***<br>**2661**<br>***Pathological hyperprolactinaemia where radiotherapy is not indicated;***<br>**2662**<br>***Pathological hyperprolactinaemia where radiotherapy has already been used with incomplete resolution.*** | | | | | | | | |
| ***8114C*** | ***Tablet 500 micrograms*** | ***8*** | ***5*** | ***..*** | ***75.24*** | ***30.70*** | | ***Dostinex*** | ***PH*** |
| | ***QUINAGOLIDE HYDROCHLORIDE***<br>**Authority Required (STREAMLINED)**<br>**2659**<br>***Pathological hyperprolactinaemia where surgery is not indicated;***<br>**2660**<br>***Pathological hyperprolactinaemia where surgery has already been used with incomplete resolution;***<br>**2661**<br>***Pathological hyperprolactinaemia where radiotherapy is not indicated;***<br>**2662**<br>***Pathological hyperprolactinaemia where radiotherapy has already been used with incomplete resolution.*** | | | | | | | | |
| ***8860H*** | ***Pack containing 3 tablets 25 micrograms (base) and 3 tablets 50 micrograms (base)*** | ***‡ 1*** | ***..*** | ***..*** | ***10.27*** | ***11.28*** | | ***Norprolac*** | ***FP*** |
| ***8822H*** | ***Tablet 75 micrograms (base)*** | ***30*** | ***5*** | ***..*** | ***53.70*** | ***30.70*** | | ***Norprolac*** | ***FP*** |
| | SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM | | | | | | | | |
| | **Hormonal contraceptives for systemic use** | | | | | | | | |
| | • ***Progestogens and estrogens, fixed combinations*** | | | | | | | | |
| | LEVONORGESTREL with ETHINYLOESTRADIOL | | | | | | | | |
| 1456P | Pack containing 21 tablets 125 micrograms-50 micrograms and 7 inert tablets | 4 | 2 | .. | 16.41 | 17.42 | | Microgynon 50 ED | SC |
| 1393H | Tablets 150 micrograms-30 micrograms, 21 | 4 | 2 | B11.17 | 27.58 | 17.42 | a | Microgynon 30 | SC |

continued ☞

# GENITO URINARY SYSTEM AND SEX HORMONES—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| 1394J | Pack containing 21 tablets 150 micrograms-30 micrograms and 7 inert tablets | 4 | 2 | .. | 16.41 | 17.42 | a | Levlen ED | SY |
| | | | | | | | b | Monofeme 28 | WX |
| | | | | B11.17 | 27.58 | 17.42 | a | Microgynon 30 ED | SC |
| | | | | B11.50 | 27.91 | 17.42 | b | Nordette 28 | WY |
| | NORETHISTERONE with ETHINYLOESTRADIOL | | | | | | | | |
| 2772X | Tablets 500 micrograms-35 micrograms, 21 | 4 | 2 | B7.68 | * 23.56 | 16.89 | a | Brevinor | PH |
| 2774B | Pack containing 21 tablets 500 micrograms-35 micrograms and 7 inert tablets | 4 | 2 | .. | * 15.88 | 16.89 | a | Norimin 28 Day | KR |
| | | | | B7.68 | * 23.56 | 16.89 | a | Brevinor | PH |
| 2773Y | Tablets 1 mg-35 micrograms, 21 | 4 | 2 | B7.68 | * 23.56 | 16.89 | a | Brevinor-1 | PH |
| 2775C | Pack containing 21 tablets 1 mg-35 micrograms and 7 inert tablets | 4 | 2 | .. | * 15.88 | 16.89 | a | Norimin-1 28 Day | KR |
| | | | | B7.68 | * 23.56 | 16.89 | a | Brevinor-1 | PH |
| | NORETHISTERONE with MESTRANOL | | | | | | | | |
| 3176E | Tablets 1 mg-50 micrograms, 21 | 4 | 2 | .. | * 15.88 | 16.89 | | Norinyl-1 | PH |
| 3179H | Pack containing 21 tablets 1 mg-50 micrograms and 7 inert tablets | 4 | 2 | .. | * 15.88 | 16.89 | | Norinyl-1/28 | PH |
| | **• *Progestogens and estrogens, sequential preparations*** | | | | | | | | |
| | LEVONORGESTREL with ETHINYLOESTRADIOL | | | | | | | | |
| 1392G | Pack containing 6 tablets 50 micrograms-30 micrograms, 5 tablets 75 micrograms-40 micrograms, 10 tablets 125 micrograms-30 micrograms and 7 inert tablets | 4 | 2 | .. | 16.41 | 17.42 | a | Logynon ED | SY |
| | | | | | | | b | Trifeme 28 | WX |
| | | | | B11.17 | 27.58 | 17.42 | a | Triquilar ED | SC |
| | | | | B11.50 | 27.91 | 17.42 | b | Triphasil 28 | WY |
| | NORETHISTERONE with ETHINYLOESTRADIOL | | | | | | | | |
| 2776D | Pack containing 12 tablets 500 micrograms-35 micrograms, 9 tablets 1 mg-35 micrograms and 7 inert tablets | 4 | 2 | .. | * 15.88 | 16.89 | a | Improvil 28 Day | KR |
| | | | | B7.68 | * 23.56 | 16.89 | a | Synphasic | PH |
| | **• *Progestogens*** | | | | | | | | |
| | ETONOGESTREL | | | | | | | | |
| 8487Q | Subcutaneous implant 68 mg | 1 | .. | .. | 214.94 | 30.70 | | Implanon | OR |
| | LEVONORGESTREL | | | | | | | | |
| 2913H | Tablets 30 micrograms, 28 | 4 | 2 | .. | 15.87 | 16.88 | | Microlut 28 | SC |

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|---|---|---|---|---|---|---|---|---|---|
| | MEDROXYPROGESTERONE ACETATE | | | | | | | | |
| 3118D | Injection 150 mg in 1 mL | 1 | 1 | .. | 13.47 | 14.48 | a | Depo-Ralovera | KR |
| | | | | B3.25 | 16.72 | 14.48 | a | Depo-Provera | PH |
| | *[For other listings for this drug see Generic/Proprietary Index]* | | | | | | | | |
| | NORETHISTERONE | | | | | | | | |
| 1967M | Tablets 350 micrograms, 28 | 4 | 2 | .. | * 15.88 | 16.89 | a | Locilan 28 Day | KR |
| | | | | | | | | Micronor | JC |
| | | | | B3.88 | * 19.76 | 16.89 | a | Noriday 28 Day | PH |

## Androgens

### • *3-oxoandrosten (4) derivatives*

***TESTOSTERONE***

**Authority Required**

***Androgen deficiency in males with established pituitary or testicular disorders;***

***Androgen deficiency in males 40 years and older who do not have established pituitary or testicular disorders other than aging, confirmed by at least 2 morning blood samples taken on different mornings. Androgen deficiency is confirmed by testosterone less than 8 nmol per L, or 8-15 nmol per L with high LH (greater than 1.5 times the upper limit of the eugonadal reference range for young men);***

***Micropenis, pubertal induction, or constitutional delay of growth or puberty, in males under 18 years of age.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *8098F* | ***Subcutaneous implant 100 mg*** | ***6*** | *..* | *..* | ** 208.60* | *30.70* | | ***OR*** | |
| *8099G* | ***Subcutaneous implant 200 mg*** | ***3*** | *..* | *..* | ** 208.57* | *30.70* | | ***OR*** | |
| *8830R* | ***Transdermal gel 50 mg in 5 g sachet, 30*** | *‡ 1* | *5* | *..* | *94.14* | *30.70* | | ***Testogel*** | ***SC*** |
| *8460G* | ***Transdermal patches 12.2 mg (releasing approximately 2.5 mg per 24 hours), 60*** | *‡ 1* | *5* | *..* | *94.86* | *30.70* | | ***Androderm*** | ***MX*** |
| *8619P* | ***Transdermal patches 24.3 mg (releasing approximately 5 mg per 24 hours), 30*** | *‡ 1* | *5* | *..* | *94.86* | *30.70* | | ***Androderm*** | ***MX*** |

***TESTOSTERONE ENANTHATE***

**Authority Required**

***Androgen deficiency in males with established pituitary or testicular disorders;***

***Androgen deficiency in males 40 years and older who do not have established pituitary or testicular disorders other than aging, confirmed by at least 2 morning blood samples taken on different mornings. Androgen deficiency is confirmed by testosterone less than 8 nmol per L, or 8-15 nmol per L with high LH (greater than 1.5 times the upper limit of the eugonadal reference range for young men);***

***Micropenis, pubertal induction, or constitutional delay of growth or puberty, in males under 18 years of age.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *2114G* | ***Injection 250 mg in 1 mL*** | *3* | *3* | *..* | *31.32* | *30.70* | | ***Primoteston Depot*** | ***SC*** |

# GENITO URINARY SYSTEM AND SEX HORMONES—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***TESTOSTERONE ESTERS*** | | | | | | | |
| | **Authority Required**<br>***Androgen deficiency in males with established pituitary or testicular disorders;***<br>***Androgen deficiency in males 40 years and older who do not have established pituitary or testicular disorders other than aging, confirmed by at least 2 morning blood samples taken on different mornings. Androgen deficiency is confirmed by testosterone less than 8 nmol per L, or 8-15 nmol per L with high LH (greater than 1.5 times the upper limit of the eugonadal reference range for young men);***<br>***Micropenis, pubertal induction, or constitutional delay of growth or puberty, in males under 18 years of age.*** | | | | | | | |
| ***2670M*** | ***Injection 100 mg*** | ***3*** | ***3*** | ***..*** | **** 19.06*** | ***20.07*** | ***Sustanon 100*** | ***OR*** |
| ***2101N*** | ***Injection 250 mg*** | ***3*** | ***3*** | ***..*** | **** 31.30*** | ***30.70*** | ***Sustanon 250*** | ***OR*** |
| | ***TESTOSTERONE UNDECANOATE*** | | | | | | | |
| | **Authority Required**<br>***Androgen deficiency in males with established pituitary or testicular disorders;***<br>***Androgen deficiency in males 40 years and older who do not have established pituitary or testicular disorders other than aging, confirmed by at least 2 morning blood samples taken on different mornings. Androgen deficiency is confirmed by testosterone less than 8 nmol per L, or 8-15 nmol per L with high LH (greater than 1.5 times the upper limit of the eugonadal reference range for young men);***<br>***Micropenis, pubertal induction, or constitutional delay of growth or puberty, in males under 18 years of age.*** | | | | | | | |
| ***2115H*** | ***Capsule 40 mg*** | ***60*** | ***5*** | ***..*** | ***35.20*** | ***30.70*** | ***Andriol Testocaps*** | ***OR*** |
| ***9004X*** | ***I.M. injection 1,000 mg in 4 mL*** | ***1*** | ***1*** | ***..*** | ***146.43*** | ***30.70*** | ***Reandron 1000*** | ***SC*** |
| | **Estrogens** | | | | | | | |
| | • ***Natural and semisynthetic estrogens, plain*** | | | | | | | |
| | OESTRADIOL | | | | | | | |
| 8274L | Tablet 2 mg | 56 | 2 | .. | 12.83 | 13.84 | Zumenon | SM |
| 1742Q | Vaginal tablets 25 micrograms, 15 | ‡ 1 | 2 | .. | 21.06 | 22.07 | Vagifem | NO |
| | ***OESTRADIOL*** | | | | | | | |
| | **Restricted Benefit**<br>***For use for post-menopausal symptoms where a trial of peri- or post-menopausal low-dose oestrogen therapy has demonstrated intolerance to oral oestrogens.***<br>**NOTE:**<br>***Oestradiol should be used in conjunction with an oral progestogen in women with an intact uterus.*** | | | | | | | |
| ***8286D*** | ***Transdermal gel 1 mg in 1 g sachet, 28*** | ***‡ 1*** | ***5*** | ***..*** | ***16.51*** | ***17.52*** | ***Sandrena*** | ***OR*** |
| ***8761D*** | ***Transdermal patches 390 micrograms (releasing approximately 25 micrograms per 24 hours), 8*** | ***‡ 1*** | ***5*** | ***..*** | ***16.51*** | ***17.52*** | ***Estradot 25*** | ***NV*** |

continued ☞

# GENITO URINARY SYSTEM AND SEX HORMONES—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| *8311K* | ***Transdermal patches 750 micrograms (releasing approximately 25 micrograms per 24 hours), 8*** | ***‡ 1*** | ***5*** | ***..*** | ***16.51*** | ***17.52*** | | ***Estraderm MX 25*** | ***NV*** |
| *8485N* | ***Transdermal patches 2 mg (releasing approximately 25 micrograms per 24 hours), 4*** | ***‡ 1*** | ***5*** | ***..*** | ***16.51*** | ***17.52*** | ***a*** | ***Climara 25*** | ***SC*** |
| | | | | | | | ***a*** | ***Femtran 25*** | ***IA*** |
| *1743R* | ***Transdermal patches 2 mg (releasing approximately 25 micrograms per 24 hours), 8*** | ***‡ 1*** | ***5*** | ***..*** | ***16.51*** | ***17.52*** | | ***Estraderm 25*** | ***NV*** |
| *8762E* | ***Transdermal patches 585 micrograms (releasing approximately 37.5 micrograms per 24 hours), 8*** | ***‡ 1*** | ***5*** | ***..*** | ***16.51*** | ***17.52*** | ***b*** | ***Estradot 37.5*** | ***NV*** |
| *8012Q* | ***Transdermal patches 3.28 mg (releasing approximately 37.5 micrograms per 24 hours), 8*** | ***‡ 1*** | ***5*** | ***B1.50*** | ***18.01*** | ***17.52*** | ***b*** | ***Menorest 37.5*** | ***NV*** |
| | ***NOTE:*** | | | | | | | | |
| | ***Bioequivalence has been demonstrated between Estradot 37.5 and Menorest 37.5 patches.*** | | | | | | | | |
| *8140K* | ***Transdermal patches 1.5 mg (releasing approximately 50 micrograms per 24 hours), 8*** | ***‡ 1*** | ***5*** | ***..*** | ***16.51*** | ***17.52*** | | ***Estraderm MX 50*** | ***NV*** |
| *8125P* | ***Transdermal patches 3.8 mg (releasing approximately 50 micrograms per 24 hours), 4*** | ***‡ 1*** | ***5*** | ***..*** | ***16.51*** | ***17.52*** | ***a*** | ***Climara 50*** | ***SC*** |
| | | | | | | | ***a*** | ***Femtran 50*** | ***IA*** |
| *1744T* | ***Transdermal patches 4 mg (releasing approximately 50 micrograms per 24 hours), 8*** | ***‡ 1*** | ***5*** | ***..*** | ***16.51*** | ***17.52*** | | ***Estraderm 50*** | ***NV*** |
| *8763F* | ***Transdermal patches 780 micrograms (releasing approximately 50 micrograms per 24 hours), 8*** | ***‡ 1*** | ***5*** | ***..*** | ***16.51*** | ***17.52*** | ***b*** | ***Estradot 50*** | ***NV*** |
| *8013R* | ***Transdermal patches 4.33 mg (releasing approximately 50 micrograms per 24 hours), 8*** | ***‡ 1*** | ***5*** | ***B1.50*** | ***18.01*** | ***17.52*** | ***b*** | ***Menorest 50*** | ***NV*** |
| | ***NOTE:*** | | | | | | | | |
| | ***Bioequivalence has been demonstrated between Estradot 50 and Menorest 50 patches.*** | | | | | | | | |
| *8486P* | ***Transdermal patches 5.7 mg (releasing approximately 75 micrograms per 24 hours), 4*** | ***‡ 1*** | ***5*** | ***..*** | ***18.62*** | ***19.63*** | | ***Climara 75*** | ***SC*** |
| *8764G* | ***Transdermal patches 1.17 mg (releasing approximately 75 micrograms per 24 hours), 8*** | ***‡ 1*** | ***5*** | ***..*** | ***18.62*** | ***19.63*** | ***b*** | ***Estradot 75*** | ***NV*** |

continued ☞

# GENITO URINARY SYSTEM AND SEX HORMONES—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| ***8014T*** | ***Transdermal patches 6.57 mg (releasing approximately 75 micrograms per 24 hours), 8*** | ***‡ 1*** | ***5*** | ***B1.49*** | ***20.11*** | ***19.63*** | ***b*** | ***Menorest 75*** | ***NV*** |
| | ***NOTE:*** ***Bioequivalence has been demonstrated between Estradot 75 and Menorest 75 patches.*** | | | | | | | | |
| ***8312L*** | ***Transdermal patches 3 mg (releasing approximately 100 micrograms per 24 hours), 8*** | ***‡ 1*** | ***5*** | ***..*** | ***18.62*** | ***19.63*** | | ***Estraderm MX 100*** | ***NV*** |
| ***8126Q*** | ***Transdermal patches 7.6 mg (releasing approximately 100 micrograms per 24 hours), 4*** | ***‡ 1*** | ***5*** | ***..*** | ***18.62*** | ***19.63*** | ***a*** | ***Climara 100*** | ***SC*** |
| | | | | | | | ***a*** | ***Femtran 100*** | ***IA*** |
| ***1745W*** | ***Transdermal patches 8 mg (releasing approximately 100 micrograms per 24 hours), 8*** | ***‡ 1*** | ***5*** | ***..*** | ***18.62*** | ***19.63*** | | ***Estraderm 100*** | ***NV*** |
| ***8765H*** | ***Transdermal patches 1.56 mg (releasing approximately 100 micrograms per 24 hours), 8*** | ***‡ 1*** | ***5*** | ***..*** | ***18.62*** | ***19.63*** | ***b*** | ***Estradot 100*** | ***NV*** |
| ***8041F*** | ***Transdermal patches 8.66 mg (releasing approximately 100 micrograms per 24 hours), 8*** | ***‡ 1*** | ***5*** | ***B1.49*** | ***20.11*** | ***19.63*** | ***b*** | ***Menorest 100*** | ***NV*** |
| | ***NOTE:*** ***Bioequivalence has been demonstrated between Estradot 100 and Menorest 100 patches.*** | | | | | | | | |
| | ***OESTRADIOL HEMIHYDRATE*** | | | | | | | | |
| | **Restricted Benefit** ***For use for post-menopausal symptoms where a trial of peri- or post-menopausal low-dose oestrogen therapy has demonstrated intolerance to oral oestrogens.*** | | | | | | | | |
| | **NOTE:** ***Oestradiol should be used in conjunction with an oral progestogen in women with an intact uterus.*** | | | | | | | | |
| ***8645B*** | ***Nasal spray 150 micrograms per actuation, 60 actuations, 4.2 mL*** | ***‡ 1*** | ***5*** | ***..*** | ***19.76*** | ***20.77*** | | ***Aerodiol*** | ***SE*** |
| | OESTRADIOL VALERATE | | | | | | | | |
| 1663M | Tablet 1 mg | 56 | 2 | .. | 10.89 | 11.90 | | Progynova | SC |
| 1664N | Tablet 2 mg | 56 | 2 | .. | 13.20 | 14.21 | | Progynova | SC |
| | OESTRIOL | | | | | | | | |
| 1771F | Pessaries 500 micrograms, 15 | ‡ 1 | 2 | .. | 19.63 | 20.64 | | Ovestin Ovula | OR |
| 1781R | Vaginal cream 1 mg per g (0.1%), 15 g | ‡ 1 | 1 | .. | 17.56 | 18.57 | | Ovestin | OR |

# GENITO URINARY SYSTEM AND SEX HORMONES—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | OESTROGENS—CONJUGATED | | | | | | | | |
| 1733F | Tablet 300 micrograms | 56 | 2 | .. | * 13.42 | 14.43 | | Premarin | WX |
| 1734G | Tablet 625 micrograms | 56 | 2 | .. | * 13.92 | 14.93 | | Premarin | WX |
| | PIPERAZINE OESTRONE SULFATE | | | | | | | | |
| 1777M | Tablet 730 micrograms (equivalent to 625 micrograms sodium oestrone sulfate) | 56 | 2 | .. | 10.89 | 11.90 | a | Genoral 0.625 | KR |
| | | | | B1.43 | 12.32 | 11.90 | a | Ogen .625 | PH |
| 1778N | Tablet 1.46 mg (equivalent to 1.25 mg sodium oestrone sulfate) | 56 | 2 | .. | 13.20 | 14.21 | a | Genoral 1.25 | KR |
| | | | | B1.45 | 14.65 | 14.21 | a | Ogen 1.25 | PH |

## Progestogens

### • *Pregnen (4) derivatives*

MEDROXYPROGESTERONE ACETATE

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2323G | Tablet 5 mg | 56 | 2 | .. | 14.02 | 15.03 | a | Ralovera | KR |
| | | | | B1.71 | 15.73 | 15.03 | a | Provera | PH |
| 2321E | Tablet 10 mg | 30 | 2 | .. | 14.65 | 15.66 | a | Medroxyhexal | HX |
| | | | | | | | a | Ralovera | KR |
| | | | | B1.70 | 16.35 | 15.66 | a | Provera | PH |
| 2319C | Injection 50 mg in 1 mL | 1 | 1 | .. | 10.80 | 11.81 | | Depo-Provera | PH |

---

***MEDROXYPROGESTERONE ACETATE***

**Restricted Benefit**
***Endometriosis.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| ***2722G*** | ***Tablet 10 mg*** | ***100*** | ***2*** | ***..*** | ***30.62*** | ***30.70*** | ***a*** | ***Ralovera*** | ***KR*** |
| | | | | ***B1.59*** | ***32.21*** | ***30.70*** | ***a*** | ***Provera*** | ***PH*** |

***[For other listings for this drug see Generic/Proprietary Index]***

### • *Pregnadien derivatives*

DYDROGESTERONE

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1350C | Tablet 10 mg | 28 | 2 | .. | 14.02 | 15.03 | | Duphaston | SM |

### • *Estren derivatives*

NORETHISTERONE

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2993M | Tablet 5 mg | 30 | 2 | .. | 31.92 | 30.70 | | Primolut N | SC |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **Progestogens and estrogens in combination** | | | | | | | |
| | • ***Progestogens and estrogens, combinations*** | | | | | | | |
| | OESTRADIOL with NORETHISTERONE ACETATE | | | | | | | |
| 8353P | Tablets 1 mg-500 micrograms, 28 | ‡ 1 | 5 | .. | 16.44 | 17.45 | Kliovance | NO |
| 8081H | Tablets 2 mg-1 mg, 28 | ‡ 1 | 5 | .. | 16.44 | 17.45 | Kliogest | NO |
| | ***OESTRADIOL with NORETHISTERONE ACETATE*** | | | | | | | |
| | **Restricted Benefit** | | | | | | | |
| | ***For use for post-menopausal symptoms where a trial of peri- or post-menopausal low-dose oestrogen therapy has demonstrated intolerance to oral oestrogens.*** | | | | | | | |
| ***8427M*** | ***Transdermal patches 620 micrograms-2.7 mg (releasing approximately 50 micrograms-140 micrograms per 24 hours), 8*** | ***‡ 1*** | ***5*** | ***..*** | ***18.62*** | ***19.63*** | ***Estalis continuous 50/140*** | ***NV*** |
| ***8428N*** | ***Transdermal patches 510 micrograms-4.8 mg (releasing approximately 50 micrograms-250 micrograms per 24 hours), 8*** | ***‡ 1*** | ***5*** | ***..*** | ***18.62*** | ***19.63*** | ***Estalis continuous 50/250*** | ***NV*** |
| | OESTROGENS—CONJUGATED with MEDROXYPROGESTERONE ACETATE | | | | | | | |
| 8168X | Tablets 625 micrograms-2.5 mg, 28 | ‡ 1 | 5 | .. | 16.44 | 17.45 | Premia 2.5 Continuous | WX |
| 8169Y | Tablets 625 micrograms-5 mg, 28 | ‡ 1 | 5 | .. | 16.44 | 17.45 | Premia 5 Continuous | WX |
| | • ***Progestogens and estrogens, sequential preparations*** | | | | | | | |
| | OESTRADIOL and OESTRADIOL with DYDROGESTERONE | | | | | | | |
| 8244X | Pack containing 14 tablets oestradiol 2 mg and 14 tablets oestradiol 2 mg with dydrogesterone 10 mg | ‡ 1 | 5 | .. | 16.44 | 17.45 | Femoston 2/10 | SM |
| | OESTRADIOL and OESTRADIOL with NORETHISTERONE ACETATE | | | | | | | |
| 1764W | Pack containing 12 tablets oestradiol 2 mg, 10 tablets oestradiol 2 mg with norethisterone acetate 1 mg and 6 tablets oestradiol 1 mg | ‡ 1 | 5 | .. | 16.44 | 17.45 | Trisequens | NO |

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***OESTRADIOL and OESTRADIOL with NORETHISTERONE ACETATE*** | | | | | | | |
| | **Restricted Benefit**<br>***For use for post-menopausal symptoms where a trial of peri- or post-menopausal low-dose oestrogen therapy has demonstrated intolerance to oral oestrogens.*** | | | | | | | |
| ***8425K*** | ***Pack containing 4 transdermal patches oestradiol 4.33 mg (releasing approximately 50 micrograms per 24 hours) and 4 transdermal patches oestradiol with norethisterone acetate 620 micrograms-2.7 mg (releasing approximately 50 micrograms-140 micrograms per 24 hours)*** | ***‡ 1*** | ***5*** | ***..*** | ***18.62*** | ***19.63*** | ***Estalis sequi 50/140*** | ***NV*** |
| ***8426L*** | ***Pack containing 4 transdermal patches oestradiol 4.33 mg (releasing approximately 50 micrograms per 24 hours) and 4 transdermal patches oestradiol with norethisterone acetate 510 micrograms-4.8 mg (releasing approximately 50 micrograms-250 micrograms per 24 hours)*** | ***‡ 1*** | ***5*** | ***..*** | ***18.62*** | ***19.63*** | ***Estalis sequi 50/250*** | ***NV*** |
| ***8029N*** | ***Pack containing 4 transdermal patches oestradiol 4 mg (releasing approximately 50 micrograms per 24 hours) and 4 transdermal patches oestradiol with norethisterone acetate 10 mg-30 mg (releasing approximately 50 micrograms- 250 micrograms per 24 hours)*** | ***‡ 1*** | ***5*** | ***..*** | ***18.62*** | ***19.63*** | ***Estracombi*** | ***NV*** |

## Gonadotropins and other ovulation stimulants

### • *Gonadotropins*

***FOLLITROPIN ALFA***

**Restricted Benefit**

***Anovulatory infertility.***

**NOTE:**

***Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomiphene citrate and/or gonadorelin and failed to have conceived.***

***Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.***

***Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to treatment.***

***Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.***

continued ☞

# GENITO URINARY SYSTEM AND SEX HORMONES—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| *8672K* | ***Injection set containing 1 vial powder for injection 75 i.u. and 1 pre-filled syringe solvent 1 mL*** | *5* | *5* | *..* | ** 246.59* | *30.70* | *Gonal-f 75* | *SG* |
| *8674M* | ***Injection set containing 1 vial powder for injection 1,050 i.u. and 1 pre-filled syringe solvent 2 mL*** | *1* | *5* | *..* | *655.21* | *30.70* | *Gonal-f* | *SG* |

**Restricted Benefit**
***Anovulatory infertility.***

**NOTE:**
***Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomiphene citrate and/or gonadorelin and failed to have conceived.***

***Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.***

***Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to treatment.***

***Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.***

**Restricted Benefit**
***For the treatment of infertility in males due to hypogonadotrophic hypogonadism, following failure of 6 months' treatment with human chorionic gonadotrophin to achieve adequate spermatogenesis. Combined treatment with HCG must be given.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *8673L* | ***Injection set containing 10 vials powder for injection 75 i.u. and 10 pre-filled syringes solvent 1 mL*** | *1* | *5* | *..* | *469.70* | *30.70* | *Gonal-f 75* | *SG* |
| *8713N* | ***Injection 300 i.u. in 0.5 mL multi-dose cartridge*** | *3* | *5* | *..* | ** 562.45* | *30.70* | *Gonal-f Pen* | *SG* |
| *8675N* | ***Injection set containing 1 vial powder for injection 450 i.u. and 1 pre-filled syringe solvent 1 mL*** | *3* | *5* | *..* | ** 840.91* | *30.70* | *Gonal-f* | *SG* |
| *8714P* | ***Injection 450 i.u. in 0.75 mL multi-dose cartridge*** | *3* | *5* | *..* | ** 840.94* | *30.70* | *Gonal-f Pen* | *SG* |
| *8715Q* | ***Injection 900 i.u. in 1.5 mL multi-dose cartridge*** | *2* | *5* | *..* | ** 1111.62* | *30.70* | *Gonal-f Pen* | *SG* |

***FOLLITROPIN BETA***

**Restricted Benefit**
***Anovulatory infertility.***

continued ☞

# GENITO URINARY SYSTEM AND SEX HORMONES—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **NOTE:**<br>***Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomiphene citrate and/or gonadorelin and failed to have conceived.***<br>***Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.***<br>***Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to treatment.***<br>***Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.***<br>**Restricted Benefit**<br>***For the treatment of infertility in males due to hypogonadotrophic hypogonadism, following failure of 6 months' treatment with human chorionic gonadotrophin to achieve adequate spermatogenesis. Combined treatment with HCG must be given.*** | | | | | | | |
| ***8565T*** | ***Solution for injection 300 i.u. in 0.36 mL multi-dose cartridge*** | ***3*** | ***5*** | ***..*** | **** 562.45*** | ***30.70*** | ***Puregon 300 IU/ 0.36 mL*** | ***OR*** |
| ***8566W*** | ***Solution for injection 600 i.u. in 0.72 mL multi-dose cartridge*** | ***2*** | ***5*** | ***..*** | **** 748.10*** | ***30.70*** | ***Puregon 600 IU/ 0.72 mL*** | ***OR*** |
| ***8871X*** | ***Solution for injection 900 i.u. in 1.08 mL multi-dose cartridge*** | ***2*** | ***5*** | ***..*** | **** 1111.60*** | ***30.70*** | ***Puregon 900 IU/ 1.08 mL*** | ***OR*** |
| | ***HUMAN CHORIONIC GONADOTROPHIN***<br>**Restricted Benefit**<br>***Anovulatory infertility.***<br>**NOTE:**<br>***Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomiphene citrate and/or gonadorelin and failed to have conceived.***<br>***Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.***<br>***Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to treatment.***<br>***Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.***<br>**Restricted Benefit**<br>***For the treatment of infertility in males due to hypogonadotrophic hypogonadism;***<br>***For the treatment of infertility in males associated with isolated luteinising hormone deficiency;***<br>***For the treatment of males who have combined deficiency of human growth hormone and gonadotrophins and in whom the absence of secondary sexual characteristics indicates a lag in maturation.***<br>**Restricted Benefit**<br>***For the treatment of boys over the age of 16 years who show clinical evidence of hypogonadism or delayed puberty. Treatment must not extend beyond 6 months.*** | | | | | | | |
| ***1579D*** | ***Injection set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1 mL*** | ***1*** | ***5*** | ***..*** | ***28.83*** | ***29.84*** | ***Pregnyl*** | ***OR*** |

continued ☞

# GENITO URINARY SYSTEM AND SEX HORMONES—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| *1581F* | ***Injection set containing 3 ampoules powder for injection 1,500 units and 3 ampoules solvent 1 mL*** | *1* | *5* | *..* | *38.63* | *30.70* | | ***Pregnyl*** | ***OR*** |
| | **Restricted Benefit**<br>***Cryptorchism not due to organic obstruction in boys over 12 months of age.*** | | | | | | | | |
| *1583H* | ***Injection set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1 mL*** | *2* | *1* | *..* | ** 52.22* | *30.70* | | ***Pregnyl*** | ***OR*** |
| | • ***Ovulation stimulants, synthetic***<br>***CLOMIPHENE CITRATE***<br>**NOTE:**<br>***Care must be taken to comply with the provisions of State/Territory law when prescribing clomiphene citrate.*** | | | | | | | | |
| | **Restricted Benefit**<br>***Anovulatory infertility;***<br>***Patients undergoing in-vitro fertilisation.*** | | | | | | | | |
| *1211R* | ***Tablet 50 mg*** | *10* | *5* | *..* | ** 39.46* | *30.70* | [a] | ***Clomhexal*** | ***HX*** |
| | | | | | | | [a] | ***Fermil*** | ***AW*** |
| | | | | | | | [a] | ***GenRx Clomiphene*** | ***GX*** |
| | | | | *B 0.18* | *39.64* | *30.70* | [a] | ***Serophene*** | ***SG*** |
| | | | | *B 3.61* | *43.07* | *30.70* | [a] | ***Clomid*** | ***SW*** |
| | **Antiandrogens**<br>• ***Antiandrogens, plain preparations***<br>***CYPROTERONE ACETATE*** | | | | | | | | |
| | **Authority Required (STREAMLINED)**<br>**1230**<br>***Moderate to severe androgenisation in non-pregnant women (acne alone is not a sufficient indication of androgenisation).*** | | | | | | | | |
| | **CAUTION:**<br>***This drug should not be used during pregnancy as it may result in feminisation of the male foetus.*** | | | | | | | | |
| *1269T* | ***Tablet 50 mg*** | *20* | *5* | *..* | *66.78* | *30.70* | [a] | ***Cyprohexal*** | ***HX*** |
| | | | | | | | [a] | ***Cyprone*** | ***AF*** |
| | | | | | | | [a] | ***Cyprostat*** | ***SY*** |
| | | | | | | | [a] | ***GenRx Cyproterone Acetate*** | ***GX*** |
| | | | | | | | [a] | ***Procur*** | ***GM*** |
| | | | | *B 4.58* | *71.36* | *30.70* | [a] | ***Androcur*** | ***SC*** |

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|---|---|---|
| | **Authority Required (STREAMLINED)**<br>**1014**<br>***Advanced carcinoma of the prostate;***<br>**1404**<br>***To reduce drive in sexual deviations in males.*** | | | | | | |
| *1270W* | *Tablet 50 mg* | *100* | *5* | *..* | ** 267.84* | *30.70* | *[a] Cyprohexal HX*<br>*[a] Cyprone AF*<br>*[a] Cyprostat SY*<br>*[a] GenRx Cyproterone Acetate GX*<br>*[a] Procur GM* |
| | | | | *B4.00* | ** 271.84* | *30.70* | *[a] Androcur SC* |
| *8019C* | *Tablet 100 mg* | *50* | *5* | *..* | *221.42* | *30.70* | *[a] Cyprohexal HX*<br>*[a] Cyprostat-100 SY*<br>*[a] GenRx Cyproterone Acetate GX*<br>*[a] Procur 100 GM* |
| | | | | *B2.01* | *223.43* | *30.70* | *[a] Androcur-100 SC* |
| | **Other sex hormones and modulators of the genital system**<br>• ***Antigonadotropins and similar agents***<br>***DANAZOL***<br>**CAUTION:**<br>***Pregnancy must be excluded prior to administration of this drug.***<br>**Authority Required (STREAMLINED)**<br>**1090**<br>***Endometriosis, visually proven;***<br>**1151**<br>***Hereditary angio-oedema;***<br>**2639**<br>***Short-term treatment (up to 6 months) of intractable primary menorrhagia (Treatment of this indication is limited to 6 months. See Australian Product Information);***<br>**2640**<br>***Short-term treatment (up to 6 months) of severe benign (fibrocystic) breast disease or mastalgia associated with severe symptomatic benign breast disease in patients refractory to other treatments (Treatment of this indication is limited to 6 months. See Australian Product Information).*** | | | | | | |
| *1285P* | *Capsule 100 mg* | *100* | *5* | *..* | *57.60* | *30.70* | *Azol 100 AF* |
| *1287R* | *Capsule 200 mg* | *100* | *5* | *..* | *85.99* | *30.70* | *Azol 200 AF* |

# GENITO URINARY SYSTEM AND SEX HORMONES—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | ***GESTRINONE*** | | | | | | | | |
| | **Authority Required** | | | | | | | | |
| | ***Short-term treatment (up to 6 months) of visually proven endometriosis (only 1 course of not more than 6 months' therapy will be authorised).*** | | | | | | | | |
| *8015W* | *Capsule 2.5 mg* | *8* | *5* | *..* | *76.97* | *30.70* | | *Dimetriose* | *SW* |
| | • ***Selective estrogen receptor modulators*** | | | | | | | | |
| | ***RALOXIFENE HYDROCHLORIDE*** | | | | | | | | |
| | ***For listings see Generic/Proprietary Index*** | | | | | | | | |

## UROLOGICALS

### Other urologicals, incl. antispasmodics

• ***Urinary antispasmodics***

***OXYBUTYNIN HYDROCHLORIDE***

**Restricted Benefit**

***Detrusor overactivity where propantheline bromide has failed.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *8039D* | *Tablet 5 mg* | *100* | *5* | *..* | *14.76* | *15.77* | *a* | *Ditropan* | *SW* |
| | | | | | | | *a* | *Oxybutynin Sandoz* | *SZ* |

***PROPANTHELINE BROMIDE***

**Restricted Benefit**

***Detrusor overactivity.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *1953T* | *Tablet 15 mg* | *200* | *5* | *..* | ** 24.60* | *25.61* | | *Pro-Banthine* | *SI* |

• ***Other urologicals***

***PHENOXYBENZAMINE HYDROCHLORIDE***

**Restricted Benefit**

***Phaeochromocytoma;***

***Neurogenic urinary retention.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *1862B* | *Capsule 10 mg* | *100* | *5* | *..* | *51.42* | *30.70* | | *Dibenyline* | *GH* |
| *1166J* | *Capsules 10 mg, 30* | *3* | *5* | *..* | ** 203.92* | *30.70* | | *Dibenyline* | *GH* |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **PITUITARY AND HYPOTHALAMIC HORMONES AND ANALOGUES** | | | | | | | |
| | **Anterior pituitary lobe hormones and analogues** | | | | | | | |
| | • ***ACTH*** | | | | | | | |
| | TETRACOSACTRIN | | | | | | | |
| 2832C | Injection 1 mg in 1 mL | 5 | 5 | .. | * 70.29 | 30.70 | Synacthen Depot 1 mg/1 mL | NV |
| | • ***Thyrotropin*** | | | | | | | |
| | ***THYROTROPIN ALFA*** | | | | | | | |
| | **Authority Required** | | | | | | | |
| | ***Ablation of thyroid remnant tissue, in combination with radioactive iodine, in a post thyroidectomy adult aged 18 years or older without known metastatic disease. This drug is only PBS-subsidised for 1 treatment in a patient's lifetime.*** | | | | | | | |
| ***2700D*** | ***Powder for injection 0.9 mg, 2*** | ***1*** | ***..*** | ***..*** | ***1870.44*** | ***30.70*** | ***Thyrogen*** | ***GZ*** |
| | **Posterior pituitary lobe hormones** | | | | | | | |
| | • ***Vasopressin and analogues*** | | | | | | | |
| | ***DESMOPRESSIN ACETATE*** | | | | | | | |
| | **Authority Required (STREAMLINED)** | | | | | | | |
| | **1678** | | | | | | | |
| | ***Cranial diabetes insipidus.*** | | | | | | | |
| ***8662X*** | ***Tablet 200 micrograms*** | ***90*** | ***5*** | ***..*** | **** 150.37*** | ***30.70*** | ***Minirin*** | ***FP*** |
| ***2129C*** | ***Intranasal solution 100 micrograms per mL, 2.5 mL*** | ***5*** | ***5*** | ***..*** | **** 160.19*** | ***30.70*** | ***Minirin*** | ***FP*** |
| ***8711L*** | ***Nasal spray (pump pack) 10 micrograms per actuation, 60 actuations, 6 mL*** | ***2*** | ***5*** | ***..*** | **** 160.06*** | ***30.70*** | ***Minirin Nasal Spray*** | ***FP*** |
| | **Authority Required (STREAMLINED)** | | | | | | | |
| | **2641** | | | | | | | |
| | ***Primary nocturnal enuresis in patients aged 6 years or older who are refractory to an enuresis alarm;*** | | | | | | | |
| | **2642** | | | | | | | |
| | ***Primary nocturnal enuresis in patients aged 6 years or older for whom an enuresis alarm is contraindicated. The reason that an alarm is contraindicated must be documented in the patient's medical records when treatment is initiated.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***Not to be used in preference to enuresis alarms.*** | | | | | | | |
| ***8663Y*** | ***Tablet 200 micrograms*** | ***30*** | ***5*** | ***..*** | ***53.75*** | ***30.70*** | ***Minirin*** | ***FP*** |
| | ***NOTE:*** | | | | | | | |
| | ***Only one application per six months with no more than twice the maximum quantity will be authorised for the tablets.*** | | | | | | | |

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| ***8712M*** | ***Nasal spray (pump pack) 10 micrograms per actuation, 60 actuations, 6 mL*** | ***‡ 1*** | ***5*** | ***..*** | ***82.75*** | ***30.70*** | ***Minirin Nasal Spray*** | ***FP*** |

### Hypothalamic hormones

#### • *Gonadotropin-releasing hormones*

***NAFARELIN ACETATE***

**Authority Required**

***Initial treatment (up to 6 months) of visually proven endometriosis;***

***Subsequent treatment (up to 6 months) of visually proven endometriosis, where 2 years or more have elapsed since the end of the previous course and where a recent bone density assessment has been made. The date of the assessment must be provided.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ***2962X*** | ***Nasal spray (pump pack) 200 micrograms (base) per dose (60 doses)*** | ***‡ 1*** | ***5*** | ***..*** | ***94.53*** | ***30.70*** | ***Synarel*** | ***PH*** |

## CORTICOSTEROIDS FOR SYSTEMIC USE

### Corticosteroids for systemic use, plain

#### • *Mineralocorticoids*

FLUDROCORTISONE ACETATE

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1433K | Tablet 100 micrograms | 200 | 1 | .. | * 17.12 | 18.13 | Florinef | BQ |

#### • *Glucocorticoids*

***BETAMETHASONE ACETATE with BETAMETHASONE SODIUM PHOSPHATE***

**Restricted Benefit**

***Alopecia areata;***

***For local intra-articular or peri-articular infiltration;***

***Granulomata, dermal;***

***Keloid;***

***Lichen planus hypertrophic;***

***Lichen simplex chronicus;***

***Lupus erythematosus, chronic discoid;***

***Necrobiosis lipoidica;***

***Uveitis.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ***2694T*** | ***Injection 3 mg-3.9 mg (equivalent to 5.7 mg betamethasone) in 1 mL*** | ***5*** | ***..*** | ***..*** | ***24.71*** | ***25.72*** | ***Celestone Chronodose*** | ***SH*** |

CORTISONE ACETATE

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1246N | Tablet 5 mg | 50 | 4 | .. | 13.62 | 14.63 | Cortate | AS |
| 1247P | Tablet 25 mg | 60 | 4 | .. | 15.40 | 16.41 | Cortate | AS |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | DEXAMETHASONE | | | | | | | |
| 1292B | Tablet 500 micrograms | 30 | 4 | .. | 7.67 | 8.68 | Dexmethsone | AS |
| 2507Y | Tablet 4 mg | 30 | 4 | .. | 10.94 | 11.95 | Dexmethsone | AS |
| | DEXAMETHASONE SODIUM PHOSPHATE | | | | | | | |
| 2509C | Injection equivalent to 4 mg dexamethasone phosphate in 1 mL | 5 | .. | .. | 16.59 | 17.60 | MX | |
| 1291Y | Injection equivalent to 8 mg dexamethasone phosphate in 2 mL | 5 | 1 | .. | 25.68 | 26.69 | MX | |
| 2508B | Injection equivalent to 120 mg dexamethasone phosphate in 5 mL | 1 | .. | .. | 99.62 | 30.70 | MX | |
| | HYDROCORTISONE | | | | | | | |
| 1499X | Tablet 4 mg | 50 | 4 | .. | 10.09 | 11.10 | Hysone 4 | AF |
| 1500Y | Tablet 20 mg | 60 | 4 | .. | 13.65 | 14.66 | Hysone 20 | AF |
| | HYDROCORTISONE SODIUM SUCCINATE | | | | | | | |
| 1501B | Injection equivalent to 100 mg hydrocortisone with 2 mL solvent | 2 | .. | .. | * 15.90 | 16.91 | Solu-Cortef | PH |
| 3096Y | Injection equivalent to 250 mg hydrocortisone with 2 mL solvent | 1 | .. | .. | 14.90 | 15.91 | Solu-Cortef | PH |
| | ***HYDROCORTISONE SODIUM SUCCINATE*** | | | | | | | |
| | **Restricted Benefit** ***For use in a hospital.*** | | | | | | | |
| ***1510L*** | ***Injection equivalent to 100 mg hydrocortisone with 2 mL solvent*** | ***6*** | .. | .. | * ***36.82*** | ***30.70*** | ***Solu-Cortef*** | ***PH*** |
| ***1511M*** | ***Injection equivalent to 250 mg hydrocortisone with 2 mL solvent*** | ***6*** | .. | .. | * ***62.20*** | ***30.70*** | ***Solu-Cortef*** | ***PH*** |
| | ***METHYLPREDNISOLONE ACETATE*** | | | | | | | |
| | **Restricted Benefit** ***For local intra-articular or peri-articular infiltration.*** | | | | | | | |
| ***1928L*** | ***Injection 40 mg in 1 mL*** | ***5*** | .. | .. | ***23.39*** | ***24.40*** | [a] ***Depo-Nisolone*** | ***KR*** |
| | | | | ***B0.74*** | ***24.13*** | ***24.40*** | [a] ***Depo-Medrol*** | ***PH*** |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | METHYLPREDNISOLONE SODIUM SUCCINATE | | | | | | | | |
| 2981X | Powder for injection equivalent to 40 mg methylprednisolone with diluent | 5 | .. | .. | 31.95 | 30.70 | | Solu-Medrol | PF |
| 8834Y | Powder for injection equivalent to 1 g methylprednisolone with diluent | 1 | .. | .. | 100.01 | 30.70 | | Solu-Medrol | PF |
| | PREDNISOLONE | | | | | | | | |
| 3152X | Tablet 1 mg | 100 | 4 | .. | 7.90 | 8.91 | a | Predsolone | LN |
| | | | | B0.60 | 8.50 | 8.91 | a | Panafcortelone | AS |
| 1917X | Tablet 5 mg | 60 | 4 | .. | 8.20 | 9.21 | | Panafcortelone | AS |
| | | | | | | | | Solone | FM |
| 1916W | Tablet 25 mg | 30 | 4 | .. | 10.42 | 11.43 | | Panafcortelone | AS |
| | | | | | | | | Solone | FM |
| | PREDNISOLONE SODIUM PHOSPHATE | | | | | | | | |
| 8285C | Oral solution equivalent to 5 mg prednisolone per mL, 30 mL | ‡ 1 | 5 | .. | 13.50 | 14.51 | a | PredMix | LN |
| | | | | B1.79 | 15.29 | 14.51 | a | Redipred | AS |
| | PREDNISONE | | | | | | | | |
| 1934T | Tablet 1 mg | 100 | 4 | .. | 7.90 | 8.91 | a | Predsone | LN |
| | | | | B0.60 | 8.50 | 8.91 | a | Panafcort | AS |
| 1935W | Tablet 5 mg | 60 | 4 | .. | 8.20 | 9.21 | | Panafcort | AS |
| | | | | | | | | Sone | FM |
| 1936X | Tablet 25 mg | 30 | 4 | .. | 10.42 | 11.43 | | Panafcort | AS |
| | | | | | | | | Sone | FM |
| | ***TRIAMCINOLONE ACETONIDE*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Alopecia areata;*** | | | | | | | | |
| | ***For local intra-articular or peri-articular infiltration;*** | | | | | | | | |
| | ***Granulomata, dermal;*** | | | | | | | | |
| | ***Keloid;*** | | | | | | | | |
| | ***Lichen planus hypertrophic;*** | | | | | | | | |
| | ***Lichen simplex chronicus;*** | | | | | | | | |
| | ***Lupus erythematosus, chronic discoid;*** | | | | | | | | |
| | ***Necrobiosis lipoidica;*** | | | | | | | | |
| | ***Psoriasis.*** | | | | | | | | |
| ***2990J*** | ***Injection 10 mg in 1 mL*** | ***5*** | ***..*** | ***..*** | ***24.71*** | ***25.72*** | | ***Kenacort-A10*** | ***BQ*** |

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|---|---|---|---|---|---|---|---|---|---|
| | **Antiadrenal preparations** | | | | | | | | |
| | • ***Anticorticosteroids*** | | | | | | | | |
| | AMINOGLUTETHIMIDE | | | | | | | | |
| 1036M | Tablet 250 mg | 100 | 5 | .. | 158.62 | 30.70 | | Cytadren 250 | NV |
| | THYROID THERAPY | | | | | | | | |
| | **Thyroid preparations** | | | | | | | | |
| | • ***Thyroid hormones*** | | | | | | | | |
| | ***LIOTHYRONINE SODIUM*** | | | | | | | | |
| | **Authority Required (STREAMLINED)** | | | | | | | | |
| | **1219** | | | | | | | | |
| | ***Management of patients with thyroid cancer;*** | | | | | | | | |
| | **1858** | | | | | | | | |
| | ***Replacement therapy for hypothyroid patients who have documented intolerance to thyroxine sodium;*** | | | | | | | | |
| | **1859** | | | | | | | | |
| | ***Replacement therapy for hypothyroid patients who have documented resistance to thyroxine sodium;*** | | | | | | | | |
| | **1182** | | | | | | | | |
| | ***Initiation of thyroid therapy in severely hypothyroid patients.*** | | | | | | | | |
| ***2318B*** | ***Tablet 20 micrograms*** | ***100*** | ***2*** | ***..*** | ***81.29*** | ***30.70*** | | ***Tertroxin*** | ***SI*** |
| | THYROXINE SODIUM | | | | | | | | |
| 2174K | Tablet equivalent to 50 micrograms anhydrous thyroxine sodium | 200 | 1 | ..<br>B1.27 | 20.31<br>21.58 | 21.32<br>21.32 | a<br>a | Eutroxsig<br>Oroxine | FM<br>SI |
| 2175L | Tablet equivalent to 100 micrograms anhydrous thyroxine sodium | 200 | 1 | ..<br>B1.27 | 21.36<br>22.63 | 22.37<br>22.37 | a<br>a | Eutroxsig<br>Oroxine | FM<br>SI |
| 2173J | Tablet equivalent to 200 micrograms anhydrous thyroxine sodium | 200 | 1 | ..<br>B1.26 | 26.57<br>27.83 | 27.58<br>27.58 | a<br>a | Eutroxsig<br>Oroxine | FM<br>SI |
| | **Antithyroid preparations** | | | | | | | | |
| | • ***Thiouracils*** | | | | | | | | |
| | PROPYLTHIOURACIL | | | | | | | | |
| 1955X | Tablet 50 mg | 200 | 2 | .. | * 45.84 | 30.70 | | PL | |
| | • ***Sulfur-containing imidazole derivatives*** | | | | | | | | |
| | CARBIMAZOLE | | | | | | | | |
| 1153Q | Tablet 5 mg | 200 | 2 | .. | * 28.98 | 29.99 | | Neo-Mercazole | RO |

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|---|---|---|---|---|---|---|---|---|
| | **PANCREATIC HORMONES** | | | | | | | |
| | **Glycogenolytic hormones** | | | | | | | |
| | • ***Glycogenolytic hormones*** | | | | | | | |
| | GLUCAGON HYDROCHLORIDE | | | | | | | |
| 1449G | Injection set containing 1 mg (1 i.u.) and 1 mL solvent in disposable syringe | 1 | 1 | .. | 41.12 | 30.70 | GlucaGen Hypokit | NO |
| | **CALCIUM HOMEOSTASIS** | | | | | | | |
| | **Anti-parathyroid agents** | | | | | | | |
| | • ***Calcitonin preparations*** | | | | | | | |
| | ***SALCATONIN*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***The maximum quantities for salcatonin shown represent the number of individual ampoules and NOT multiples of the manufacturer's packs. The pack size for both strengths is five ampoules.*** | | | | | | | |
| | **Authority Required (STREAMLINED)** | | | | | | | |
| | **1392** | | | | | | | |
| | ***Symptomatic Paget's disease of bone;*** | | | | | | | |
| | **1412** | | | | | | | |
| | ***Treatment initiated in a hospital (in-patient or out-patient) of hypercalcaemia.*** | | | | | | | |
| ***2995P*** | ***Injection 50 i.u. in 1 mL*** | ***30*** | ***5*** | ***..*** | **** 206.68*** | ***30.70*** | ***Miacalcic 50*** | ***NV*** |
| ***2997R*** | ***Injection 100 i.u. in 1 mL*** | ***15*** | ***5*** | ***..*** | **** 160.15*** | ***30.70*** | ***Miacalcic 100*** | ***NV*** |

# ANTIINFECTIVES FOR SYSTEMIC USE

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **ANTIBACTERIALS FOR SYSTEMIC USE** | | | | | | | |
| | **Tetracyclines** | | | | | | | |
| | • ***Tetracyclines*** | | | | | | | |
| | DOXYCYCLINE | | | | | | | |
| 9105F | Tablet 100 mg (as monohydrate) | 7 | 1 | .. | 8.05 | 9.06 | [a] Chem mart Doxycycline | CH |
| | | | | | | | [a] Doxyhexal | SZ |
| | | | | | | | [a] GenRx Doxycycline | GX |
| | | | | | | | [a] Terry White Chemists Doxycycline | TW |
| 2709N | Tablet 100 mg (as hydrochloride) | 7 | 1 | .. | 8.05 | 9.06 | [a] Doxsig | SI |
| | | | | | | | [a] Doxy-100 | GM |
| | | | | | | | [a] Doxylin 100 | AF |
| | | | | B1.53 | 9.58 | 9.06 | [a] Vibramycin | PF |
| | **NOTE:** Bioequivalence has been demonstrated between doxycycline tablet 100 mg (as hydrochloride) and doxycycline tablet 100 mg (as monohydrate). | | | | | | | |
| 2708M | Capsule 100 mg (as hydrochloride) | 7 | 1 | .. | 8.05 | 9.06 | [a] DBL Doxycycline | FA |
| | | | | B1.46 | 9.51 | 9.06 | [a] Doryx | MX |
| | ***DOXYCYCLINE*** | | | | | | | |
| | **Restricted Benefit** ***Bronchiectasis in patients aged 8 years or older; Chronic bronchitis in patients aged 8 years or older; Severe acne.*** | | | | | | | |
| ***9106G*** | ***Tablet 50 mg (as monohydrate)*** | ***25*** | ***5*** | ***..*** | ***10.09*** | ***11.10*** | [a] ***Chem mart Doxycycline*** | ***CH*** |
| | | | | | | | [a] ***Doxyhexal*** | ***SZ*** |
| | | | | | | | [a] ***Frakas*** | ***AW*** |
| | | | | | | | [a] ***GenRx Doxycycline*** | ***GX*** |
| | | | | | | | [a] ***Terry White Chemists Doxycycline*** | ***TW*** |
| ***2711Q*** | ***Tablet 50 mg (as hydrochloride)*** | ***25*** | ***5*** | ***..*** | ***10.09*** | ***11.10*** | [a] ***Doxy-50*** | ***GM*** |
| | | | | | | | [a] ***Doxylin 50*** | ***AF*** |
| | | | | ***B1.60*** | ***11.69*** | ***11.10*** | [a] ***Vibra-Tabs*** | ***PF*** |
| | ***NOTE:*** ***Bioequivalence has been demonstrated between doxycycline tablet 50 mg (as hydrochloride) and doxycycline tablet 50 mg (as monohydrate).*** | | | | | | | |

continued ☞

# ANTIINFECTIVES FOR SYSTEMIC USE—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| *2707L* | ***Capsule 50 mg (as hydrochloride)*** | ***25*** | ***5*** | ***..*** | ***10.09*** | ***11.10*** | ª | ***DBL Doxycycline*** | ***FA*** |
| | | | | ***B1.66*** | ***11.75*** | ***11.10*** | ª | ***Doryx*** | ***MX*** |
| | **Restricted Benefit** *Pelvic inflammatory disease.* | | | | | | | | |
| *9107H* | ***Tablet 100 mg (as monohydrate)*** | ***28*** | ***..*** | ***..*** | **** 15.88*** | ***16.89*** | ª | ***Chem mart Doxycycline*** | ***CH*** |
| | | | | | | | ª | ***Doxyhexal*** | ***SZ*** |
| | | | | | | | ª | ***GenRx Doxycycline*** | ***GX*** |
| | | | | | | | ª | ***Terry White Chemists Doxycycline*** | ***TW*** |
| *2702F* | ***Tablet 100 mg (as hydrochloride)*** | ***28*** | ***..*** | ***..*** | **** 15.88*** | ***16.89*** | ª | ***Doxsig*** | ***SI*** |
| | | | | | | | ª | ***Doxy-100*** | ***GM*** |
| | | | | | | | ª | ***Doxylin 100*** | ***AF*** |
| | | | | ***B6.12*** | **** 22.00*** | ***16.89*** | ª | ***Vibramycin*** | ***PF*** |
| | ***NOTE:*** ***Bioequivalence has been demonstrated between doxycycline tablet 100 mg (as hydrochloride) and doxycycline tablet 100 mg (as monohydrate).*** | | | | | | | | |
| *2703G* | ***Capsule 100 mg (as hydrochloride)*** | ***28*** | ***..*** | ***..*** | **** 15.88*** | ***16.89*** | ª | ***DBL Doxycycline*** | ***FA*** |
| | | | | ***B5.84*** | **** 21.72*** | ***16.89*** | ª | ***Doryx*** | ***MX*** |
| | **Restricted Benefit** *Urethritis.* | | | | | | | | |
| *9108J* | ***Tablet 100 mg (as monohydrate)*** | ***21*** | ***..*** | ***..*** | **** 13.27*** | ***14.28*** | ª | ***Chem mart Doxycycline*** | ***CH*** |
| | | | | | | | ª | ***Doxyhexal*** | ***SZ*** |
| | | | | | | | ª | ***Terry White Chemists Doxycycline*** | ***TW*** |
| | | | | ***..*** | ***13.27*** | ***14.28*** | ª | ***GenRx Doxycycline*** | ***GX*** |
| *2714W* | ***Tablet 100 mg (as hydrochloride)*** | ***21*** | ***..*** | ***..*** | **** 13.27*** | ***14.28*** | ª | ***Doxsig*** | ***SI*** |
| | | | | | | | ª | ***Doxy-100*** | ***GM*** |
| | | | | | | | ª | ***Doxylin 100*** | ***AF*** |
| | | | | ***B4.59*** | **** 17.86*** | ***14.28*** | ª | ***Vibramycin*** | ***PF*** |
| | ***NOTE:*** ***Bioequivalence has been demonstrated between doxycycline tablet 100 mg (as hydrochloride) and doxycycline tablet 100 mg (as monohydrate).*** | | | | | | | | |
| *2715X* | ***Capsule 100 mg (as hydrochloride)*** | ***21*** | ***..*** | ***..*** | ***13.22*** | ***14.23*** | ª | ***DBL Doxycycline*** | ***FA*** |
| | | | | ***B2.66*** | ***15.88*** | ***14.23*** | ª | ***Doryx*** | ***MX*** |

# ANTIINFECTIVES FOR SYSTEMIC USE—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | MINOCYCLINE<br>**CAUTION:**<br>There are concerns about the incidence of benign intracranial hypertension associated with this drug. | | | | | | | | |
| 3037W | Capsule 100 mg | 11 | .. | .. | 9.57 | 10.58 | | Akamin 100 | AF |
| | **NOTE:**<br>No applications for increased maximum quantities and/or repeats will be authorised. | | | | | | | | |
| | _____ | | | | | | | | |
| | ***MINOCYCLINE***<br>**CAUTION:**<br>***There are concerns about the incidence of benign intracranial hypertension associated with this drug.*** | | | | | | | | |
| | **Restricted Benefit**<br>***Severe acne not responding to other tetracyclines.*** | | | | | | | | |
| | **NOTE:**<br>***No applications for increased maximum quantities and/or repeats will be authorised.*** | | | | | | | | |
| ***1616C*** | ***Tablet 50 mg*** | ***60*** | ***5*** | ***..*** | ***17.01*** | ***18.02*** | ***a*** | ***Akamin 50*** | ***AF*** |
| | | | | ***B1.08*** | ***18.09*** | ***18.02*** | ***a*** | ***Minomycin-50*** | ***SI*** |
| | **Beta-lactam antibacterials, penicillins**<br>• ***Penicillins with extended spectrum***<br>AMOXYCILLIN | | | | | | | | |
| 1883D | Chewable tablet 250 mg | 20 | 1 | .. | 9.02 | 10.03 | | Amoxil | GK |
| 1884E | Capsule 250 mg | 20 | 1 | .. | 8.16 | 9.17 | a | Alphamox 250 | AF |
| | | | | | | | a | Amohexal | HX |
| | | | | | | | a | Amoxycillin-DP | GM |
| | | | | | | | a | Chem mart Amoxycillin | CH |
| | | | | | | | a | Cilamox | SI |
| | | | | | | | a | GenRx Amoxycillin | GX |
| | | | | | | | a | Terry White Chemists Amoxycillin | TW |
| | | | | B1.00 | 9.16 | 9.17 | a | Amoxil | GK |

continued ☞

# ANTIINFECTIVES FOR SYSTEMIC USE—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| 1889K | Capsule 500 mg | 20 | 1 | .. | 10.84 | 11.85 | [a] Alphamox 500 | AF |
| | | | | | | | [a] Amohexal | HX |
| | | | | | | | [a] Amoxycillin-DP | GM |
| | | | | | | | [a] Chem mart Amoxycillin | CH |
| | | | | | | | [a] Cilamox | SI |
| | | | | | | | [a] GenRx Amoxycillin | GX |
| | | | | | | | [a] Moxacin | CS |
| | | | | | | | [a] Terry White Chemists Amoxycillin | TW |
| | | | | B1.00 | 11.84 | 11.85 | [a] Amoxil | GK |
| 1878W | Sachet containing oral powder 3 g | 1 | .. | .. | 8.87 | 9.88 | Amoxil | GK |
| 1886G | Powder for syrup 125 mg per 5 mL, 100 mL | ‡ 1 | 1 | .. | # 10.45 | 11.85 | [a] Alphamox 125 | AF |
| | | | | | | | [a] Amohexal | HX |
| | | | | | | | [a] Bgramin | GM |
| | | | | | | | [a] Chem mart Amoxycillin | CH |
| | | | | | | | [a] GenRx Amoxycillin | GX |
| | | | | | | | [a] Terry White Chemists Amoxycillin | TW |
| | | | | B1.22 | # 11.67 | 11.85 | [a] Amoxil | GK |
| 1887H | Powder for syrup 250 mg per 5 mL, 100 mL | ‡ 1 | 1 | .. | # 11.52 | 12.92 | [a] Alphamox 250 | AF |
| | | | | | | | [a] Amohexal | HX |
| | | | | | | | [a] Bgramin | GM |
| | | | | | | | [a] Chem mart Amoxycillin | CH |
| | | | | | | | [a] Cilamox | SI |
| | | | | | | | [a] GenRx Amoxycillin | GX |
| | | | | | | | [a] Terry White Chemists Amoxycillin | TW |
| | | | | B1.01 | # 12.53 | 12.92 | [a] Amoxil Forte | GK |
| 8705E | Powder for oral suspension 500 mg per 5 mL, 100 mL | ‡ 1 | 1 | .. | # 14.23 | 15.63 | Maxamox | SZ |

continued ☞

# ANTIINFECTIVES FOR SYSTEMIC USE—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | ***AMOXYCILLIN*** | | | | | | | | |
| | **Restricted Benefit**<br>***Acute exacerbations of chronic bronchitis.*** | | | | | | | | |
| ***8581P*** | ***Tablet 1 g*** | ***14*** | ***1*** | ***..*** | ***11.01*** | ***12.02*** | ***a*** | ***Amoxycillin Sandoz*** | ***BG*** |
| | | | | ***B1.49*** | ***12.50*** | ***12.02*** | ***a*** | ***Amoxil Duo*** | ***GK*** |
| | | | | | | | ***a*** | ***Maxamox*** | ***SZ*** |
| | AMPICILLIN | | | | | | | | |
| 2390T | Powder for injection 500 mg | 5 | 1 | .. | 11.38 | 12.39 | a | Austrapen | LN |
| | | | | | | | a | Ibimicyn | GM |
| 2977Q | Powder for injection 1 g | 5 | 1 | .. | 15.19 | 16.20 | a | Aspen Ampicyn | AS |
| | | | | | | | a | Austrapen | LN |
| | | | | | | | a | Ibimicyn | GM |
| | • ***Beta-lactamase sensitive penicillins***<br>BENZATHINE PENICILLIN | | | | | | | | |
| 8167W | Injection 900 mg in 2 mL cartridge-needle unit (for use with Tubex Injector) | 1 | .. | .. | 25.72 | 26.73 | | Bicillin L-A Tubex | AS |
| 9002T | Powder for injection 900 mg (1,200,000 i.u.) | 1 | .. | .. | * 42.69 | 30.70 | | Pan Benzathine Benzylpenicillin | AS |
| | ***BENZATHINE PENICILLIN*** | | | | | | | | |
| | **Restricted Benefit**<br>***Syphilis.*** | | | | | | | | |
| ***8743E*** | ***Injection 900 mg in 2 mL cartridge-needle unit (for use with Tubex Injector)*** | ***2*** | ***..*** | ***..*** | **** 46.00*** | ***30.70*** | | ***Bicillin L-A Tubex*** | ***AS*** |
| ***9003W*** | ***Powder for injection 900 mg (1,200,000 i.u.)*** | ***2*** | ***..*** | ***..*** | **** 71.07*** | ***30.70*** | | ***Pan Benzathine Benzylpenicillin*** | ***AS*** |
| | BENZYLPENICILLIN | | | | | | | | |
| 1775K | Powder for injection 600 mg | 10 | 1 | .. | * 38.34 | 30.70 | | BenPen | CS |
| 2647H | Powder for injection 3 g | 10 | .. | .. | * 61.94 | 30.70 | | BenPen | CS |
| | PHENOXYMETHYLPENICILLIN | | | | | | | | |
| 1787C | Tablet 250 mg | 50 | .. | .. | * 12.00 | 13.01 | | Abbocillin-VK Filmtab | SI |

continued ☞

# ANTIINFECTIVES FOR SYSTEMIC USE—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| 3028J | Tablet 500 mg | 50 | .. | .. | * 15.18 | 16.19 | | Abbocillin-VK Filmtab | SI |
| 1789E | Capsule 250 mg | 50 | .. | .. | 11.80 | 12.81 | a | Cilicaine VK | FM |
| | | | | | | | a | Cilopen VK | GM |
| | | | | | | | | LPV | CS |
| | | | | | | | a | Penhexal VK | HX |
| 2965C | Capsule 500 mg | 50 | .. | .. | 14.90 | 15.91 | a | Cilicaine VK | FM |
| | | | | | | | a | Cilopen VK | GM |
| | | | | | | | | LPV | CS |
| | | | | | | | a | Penhexal VK | HX |
| 2356B | Paediatric oral suspension 125 mg per 5 mL, 100 mL | 2 | .. | .. | * 12.78 | 13.79 | a | Cilicaine V | FM |
| | | | | B1.82 | * 14.60 | 13.79 | a | Abbocillin-V | SI |
| 2354X | Oral suspension 250 mg per 5 mL, 100 mL | 2 | .. | .. | * 15.48 | 16.49 | a | Cilicaine V | FM |
| | | | | B1.80 | * 17.28 | 16.49 | a | Abbocillin-V | SI |

***PHENOXYMETHYLPENICILLIN***

**Restricted Benefit**
***Prophylaxis of recurrent streptococcal infections (including rheumatic fever).***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| ***1703P*** | ***Tablet 250 mg*** | ***50*** | ***5*** | ***..*** | **** 12.00*** | ***13.01*** | | ***Abbocillin-VK Filmtab*** | ***SI*** |
| ***1705R*** | ***Capsule 250 mg*** | ***50*** | ***5*** | ***..*** | ***11.80*** | ***12.81*** | ***a*** | ***Cilicaine VK*** | ***FM*** |
| | | | | | | | ***a*** | ***Cilopen VK*** | ***GM*** |
| | | | | | | | | ***LPV*** | ***CS*** |
| | | | | | | | ***a*** | ***Penhexal VK*** | ***HX*** |

PROCAINE PENICILLIN

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1794K | Injection 1.5 g | 5 | .. | .. | 51.64 | 30.70 | | Cilicaine | SI |

## • *Beta-lactamase resistant penicillins*

DICLOXACILLIN

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 8123M | Powder for injection 500 mg | 5 | .. | .. | 17.12 | 18.13 | | Diclocil | BQ |
| 8124N | Powder for injection 1 g | 5 | 1 | .. | 23.78 | 24.79 | | Diclocil | BQ |

continued ☞

# ANTIINFECTIVES FOR SYSTEMIC USE—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | ***DICLOXACILLIN*** | | | | | | | | |
| | **Restricted Benefit**<br>***Serious staphylococcal infections.*** | | | | | | | | |
| ***8121K*** | ***Capsule 250 mg*** | ***24*** | ***..*** | ***..*** | ***11.85*** | ***12.86*** | ***a*** | ***Diclocil*** | ***BQ*** |
| | | | | | | | ***a*** | ***Dicloxsig*** | ***SI*** |
| | | | | | | | ***a*** | ***Distaph 250*** | ***AF*** |
| ***8122L*** | ***Capsule 500 mg*** | ***24*** | ***..*** | ***..*** | ***18.86*** | ***19.87*** | ***a*** | ***Diclocil*** | ***BQ*** |
| | | | | | | | ***a*** | ***Dicloxsig*** | ***SI*** |
| | | | | | | | ***a*** | ***Distaph 500*** | ***AF*** |
| | FLUCLOXACILLIN<br>**CAUTION:**<br>Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days. | | | | | | | | |
| 1524F | Powder for injection 500 mg | 5 | .. | .. | 17.01 | 18.02 | a | Flopen | CS |
| | | | | | | | a | Flubiclox | GM |
| 1525G | Powder for injection 1 g | 5 | 1 | .. | 23.59 | 24.60 | a | Aspen Flucil | AS |
| | | | | | | | a | Flopen | CS |
| | | | | | | | a | Flubiclox | GM |
| | | | | | | | a | MX | |
| | ***FLUCLOXACILLIN***<br>**CAUTION:**<br>***Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.*** | | | | | | | | |
| | **Restricted Benefit**<br>***Serious staphylococcal infections.*** | | | | | | | | |
| ***1526H*** | ***Capsule 250 mg*** | ***24*** | ***..*** | ***..*** | ***11.85*** | ***12.86*** | ***a*** | ***Flopen*** | ***CS*** |
| | | | | | | | ***a*** | ***Staphylex 250*** | ***AF*** |
| | | | | ***B0.45*** | ***12.30*** | ***12.86*** | ***a*** | ***Floxapen*** | ***GK*** |
| ***1527J*** | ***Capsule 500 mg*** | ***24*** | ***..*** | ***..*** | ***18.86*** | ***19.87*** | ***a*** | ***Flopen*** | ***CS*** |
| | | | | | | | ***a*** | ***Staphylex 500*** | ***AF*** |
| | | | | ***B0.57*** | ***19.43*** | ***19.87*** | ***a*** | ***Floxapen*** | ***GK*** |
| ***1528K*** | ***Powder for syrup 125 mg per 5 mL, 100 mL*** | ***‡ 1*** | ***..*** | ***..*** | ***# 13.81*** | ***15.21*** | | ***Floxapen*** | ***GK*** |
| ***1529L*** | ***Powder for syrup 250 mg per 5 mL, 100 mL*** | ***‡ 1*** | ***..*** | ***..*** | ***# 17.41*** | ***18.81*** | ***a*** | ***Flopen*** | ***CS*** |
| | | | | ***B0.09*** | ***# 17.50*** | ***18.81*** | ***a*** | ***Floxapen*** | ***GK*** |

# ANTIINFECTIVES FOR SYSTEMIC USE—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **• *Combinations of penicillins, incl. beta-lactamase inhibitors*** | | | | | | | | |
| | ***AMOXYCILLIN with CLAVULANIC ACID*** | | | | | | | | |
| | **CAUTION:** | | | | | | | | |
| | ***Hepatotoxicity has been reported with this drug.*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Infections where resistance to amoxycillin is suspected;*** | | | | | | | | |
| | ***Infections where resistance to amoxycillin is proven.*** | | | | | | | | |
| *1891M* | *Tablet 500 mg-125 mg* | *10* | *1* | *..* | *12.76* | *13.77* | *a* | *Clamohexal Duo 500mg/125mg* | *HX* |
| | | | | | | | *a* | *Clamoxyl Duo* | *AL* |
| | | | | | | | *a* | *Clavulin Duo* | *ME* |
| | | | | | | | *a* | *Curam 500/125* | *SZ* |
| | | | | | | | *a* | *Moxiclav Duo 500/125* | *AW* |
| | | | | *B0.99* | *13.75* | *13.77* | *a* | *Augmentin Duo* | *GK* |
| *8254K* | *Tablet 875 mg-125 mg* | *10* | *1* | *..* | *15.87* | *16.88* | *a* | *Chem mart Amoxycillin and Clavulanic Acid* | *CH* |
| | | | | | | | *a* | *Clamohexal Duo Forte 875mg/125mg* | *HX* |
| | | | | | | | *a* | *Clamoxyl Duo forte* | *AL* |
| | | | | | | | *a* | *Clavulin Duo Forte* | *ME* |
| | | | | | | | *a* | *Clavycillin 875/125* | *CR* |
| | | | | | | | *a* | *Curam 875/125* | *SZ* |
| | | | | | | | *a* | *GenRx Amoxycillin and Clavulanic Acid* | *GX* |
| | | | | | | | *a* | *Moxiclav Duo Forte 875/125* | *AW* |
| | | | | | | | *a* | *Terry White Chemists Amoxycillin and Clavulanic Acid* | *TW* |
| | | | | *B1.30* | *17.17* | *16.88* | *a* | *Augmentin Duo forte* | *GK* |
| *1892N* | *Powder for syrup 125 mg-31.25 mg per 5 mL, 75 mL* | *‡ 1* | *1* | *..* | *# 12.53* | *13.93* | *a* | *Clamohexal 125mg/31.25mg/5mL* | *HX* |
| | | | | | | | *a* | *Clamoxyl* | *AL* |
| | | | | | | | *a* | *Clavulin* | *ME* |
| | | | | *B0.96* | *# 13.49* | *13.93* | *a* | *Augmentin* | *GK* |

continued ☞

# ANTIINFECTIVES FOR SYSTEMIC USE—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| ***8319W*** | ***Powder for syrup 400 mg-57 mg per 5 mL, 60 mL*** | ***‡ 1*** | ***1*** | ***..*** | ***# 14.45*** | ***15.85*** | ***a*** | ***Clamohexal Duo 400mg/57mg/ 5mL*** | ***HX*** |
| | | | | | | | ***a*** | ***Clamoxyl Duo 400*** | ***AL*** |
| | | | | | | | ***a*** | ***Clavulin Duo 400*** | ***ME*** |
| | | | | ***B0.98*** | ***# 15.43*** | ***15.85*** | ***a*** | ***Augmentin Duo 400*** | ***GK*** |
| | ***TICARCILLIN with CLAVULANIC ACID*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Infections where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent;*** | | | | | | | | |
| | ***Septicaemia, suspected;*** | | | | | | | | |
| | ***Septicaemia, proven.*** | | | | | | | | |
| ***2179Q*** | ***Powder for injection 3 g-100 mg (solvent required)*** ***(code 6884H applies to above item with approved solvent)*** | ***10*** | ***..*** | ***..*** | ***148.08*** | ***30.70*** | | ***Timentin*** | ***GK*** |
| | **Other beta-lactam antibacterials** | | | | | | | | |
| | • ***First-generation cephalosporins*** | | | | | | | | |
| | CEPHALEXIN | | | | | | | | |
| 3058Y | Capsule 250 mg | 20 | 1 | .. | 8.53 | 9.54 | a | Chem mart Cephalexin | CH |
| | | | | | | | a | Cilex | GM |
| | | | | | | | a | GenRx Cephalexin | GX |
| | | | | | | | a | Ialex | LN |
| | | | | | | | a | Ibilex 250 | AF |
| | | | | | | | a | Rancef | RA |
| | | | | | | | a | Sporahexal | HX |
| | | | | | | | a | Terry White Chemists Cephalexin | TW |
| | | | | B2.39 | 10.92 | 9.54 | a | Keflex | AS |
| 3119E | Capsule 500 mg | 20 | 1 | .. | 10.98 | 11.99 | a | Chem mart Cephalexin | CH |
| | | | | | | | a | Cilex | GM |
| | | | | | | | a | GenRx Cephalexin | GX |
| | | | | | | | a | Ialex | LN |
| | | | | | | | a | Ibilex 500 | AF |
| | | | | | | | a | Rancef | RA |
| | | | | | | | a | Sporahexal | HX |
| | | | | | | | a | Terry White Chemists Cephalexin | TW |
| | | | | B2.84 | 13.82 | 11.99 | a | Keflex | AS |

continued ☞

# ANTIINFECTIVES FOR SYSTEMIC USE—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| 3094W | Granules for syrup 125 mg per 5 mL, 100 mL | ‡ 1 | 1 | .. | # 11.72 | 13.12 | [a] Chem mart Cephalexin | CH |
| | | | | | | | [a] Cilex | GM |
| | | | | | | | [a] GenRx Cephalexin | GX |
| | | | | | | | [a] Ialex | LN |
| | | | | | | | [a] Ibilex 125 | AF |
| | | | | | | | [a] Terry White Chemists Cephalexin | TW |
| | | | | B2.47 | # 14.19 | 13.12 | [a] Keflex | AS |
| 3095X | Granules for syrup 250 mg per 5 mL, 100 mL | ‡ 1 | 1 | .. | # 13.50 | 14.90 | [a] Chem mart Cephalexin | CH |
| | | | | | | | [a] Cilex | GM |
| | | | | | | | [a] GenRx Cephalexin | GX |
| | | | | | | | [a] Ialex | LN |
| | | | | | | | [a] Ibilex 250 | AF |
| | | | | | | | [a] Terry White Chemists Cephalexin | TW |
| | | | | B2.82 | # 16.32 | 14.90 | [a] Keflex | AS |
| | CEPHALOTHIN | | | | | | | |
| 2964B | Powder for injection 1 g | 10 | 1 | .. | 43.01 | 30.70 | [a] Keflin Neutral | AS |
| | | | | | | | [a] MX | |
| | ***CEPHAZOLIN*** | | | | | | | |
| | **Restricted Benefit** | | | | | | | |
| | ***Infections where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent;*** | | | | | | | |
| | ***Septicaemia, suspected;*** | | | | | | | |
| | ***Septicaemia, proven.*** | | | | | | | |
| ***1256D*** | ***Powder for injection 500 mg*** | ***10*** | ***..*** | ***..*** | **** 44.32*** | ***30.70*** | ***MX*** | |
| ***1257E*** | ***Powder for injection 1 g*** | ***10*** | ***..*** | ***..*** | ***66.78*** | ***30.70*** | ***[a] Kefzol*** | ***AS*** |
| | | | | ***..*** | **** 66.78*** | ***30.70*** | ***[a] Cefazolin Sandoz*** | ***SZ*** |
| | | | | | | | ***[a] MX*** | |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | • ***Second-generation cephalosporins*** | | | | | | | | |
| | CEFACLOR | | | | | | | | |
| | **CAUTION:** | | | | | | | | |
| | Serum sickness-like reactions have been reported with this drug, especially in children. | | | | | | | | |
| 1169M | Tablet 375 mg (sustained release) | 10 | 1 | .. | 13.70 | 14.71 | a | Chem mart Cefaclor CD | CH |
| | | | | | | | a | Douglas Cefaclor-CD | GM |
| | | | | | | | a | GenRx Cefaclor CD | GX |
| | | | | | | | a | Karlor CD | LN |
| | | | | | | | a | Keflor CD | AF |
| | | | | | | | a | Ozcef | RA |
| | | | | | | | a | Terry White Chemists Cefaclor CD | TW |
| | | | | B2.91 | 16.61 | 14.71 | a | Ceclor CD | AS |
| 2460L | Powder for oral suspension 125 mg per 5 mL, 100 mL | ‡ 1 | 1 | .. | # 13.84 | 15.24 | a | Aclor 125 | AW |
| | | | | | | | a | Chem mart Cefaclor | CH |
| | | | | | | | a | GenRx Cefaclor | GX |
| | | | | | | | a | Keflor | AF |
| | | | | | | | a | Terry White Chemists Cefaclor | TW |
| | | | | B2.54 | # 16.38 | 15.24 | a | Ceclor | AS |
| 2461M | Powder for oral suspension 250 mg per 5 mL, 75 mL | ‡ 1 | 1 | .. | # 14.25 | 15.65 | a | Aclor 250 | AW |
| | | | | | | | a | Chem mart Cefaclor | CH |
| | | | | | | | a | GenRx Cefaclor | GX |
| | | | | | | | a | Keflor | AF |
| | | | | | | | a | Terry White Chemists Cefaclor | TW |
| | | | | B2.62 | # 16.87 | 15.65 | a | Ceclor | AS |
| | CEFUROXIME AXETIL | | | | | | | | |
| 8292K | Tablet 250 mg (base) | 14 | 1 | .. | 15.16 | 16.17 | | Zinnat | GK |

# ANTIINFECTIVES FOR SYSTEMIC USE—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **• *Third-generation cephalosporins*** | | | | | | | | |
| | ***CEFOTAXIME*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Infections where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent;*** | | | | | | | | |
| | ***Septicaemia, suspected;*** | | | | | | | | |
| | ***Septicaemia, proven.*** | | | | | | | | |
| *1085D* | *Powder for injection 1 g* | *10* | *..* | *..* | *26.14* | *27.15* | *a* | *MX* | |
| | | | | *B26.40* | ** 52.54* | *27.15* | *a* | *Cefotaxime Sandoz* | *SZ* |
| *1086E* | *Powder for injection 2 g* | *10* | *..* | *..* | *43.74* | *30.70* | *a* | *MX* | |
| | | | | *B48.60* | ** 92.34* | *30.70* | *a* | *Cefotaxime Sandoz* | *SZ* |
| | ***CEFTRIAXONE*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Gonorrhoea.*** | | | | | | | | |
| *9058R* | *Powder for injection 500 mg* | *1* | *..* | *..* | *9.41* | *10.42* | | *Ceftriaxone ICP* | *IZ* |
| | **Restricted Benefit** | | | | | | | | |
| | ***Infections where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent;*** | | | | | | | | |
| | ***Septicaemia, suspected;*** | | | | | | | | |
| | ***Septicaemia, proven.*** | | | | | | | | |
| *1783W* | *Powder for injection 500 mg* | *5* | *..* | *..* | ** 25.29* | *26.30* | | *Ceftriaxone ICP* | *IZ* |
| *1784X* | *Powder for injection 1 g* | *5* | *..* | *..* | ** 36.44* | *30.70* | *a* | *Ceftriaxone ICP* | *IZ* |
| | | | | | | | *a* | *Ceftriaxone Sandoz* | *SZ* |
| | | | | | | | *a* | *Rocephin* | *RO* |
| | | | | *..* | *36.44* | *30.70* | *a* | *DBL Ceftriaxone* | *MX* |
| *1785Y* | *Powder for injection 2 g* | *5* | *..* | *..* | ** 62.99* | *30.70* | *a* | *Ceftriaxone ICP* | *IZ* |
| | | | | | | | *a* | *Ceftriaxone Sandoz* | *SZ* |
| | | | | | | | *a* | *DBL Ceftriaxone* | *MX* |
| | | | | | | | *a* | *Rocephin* | *RO* |
| | **• *Fourth-generation cephalosporins*** | | | | | | | | |
| | ***CEFEPIME*** | | | | | | | | |
| | **Authority Required** | | | | | | | | |
| | ***Treatment of febrile neutropenia.*** | | | | | | | | |
| *8315P* | *Powder for injection 1 g (solvent required)* | *10* | *..* | *..* | ** 182.84* | *30.70* | | *Maxipime* | *BQ* |
| | ***(code 7079N applies to above item with approved solvent)*** | | | | | | | | |

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| ***8316Q*** | ***Powder for injection 2 g (solvent required)***<br>***(code 7085X applies to above item with approved solvent)*** | ***10*** | ***..*** | ***..*** | **** 330.64*** | ***30.70*** | | ***Maxipime*** | ***BQ*** |
| | **Sulfonamides and trimethoprim** | | | | | | | | |
| | • ***Trimethoprim and derivatives***<br>TRIMETHOPRIM | | | | | | | | |
| 2922T | Tablet 300 mg | 7 | 1 | .. | 8.07 | 9.08 | a | Alprim | AF |
| | | | | B1.32 | 9.39 | 9.08 | a | Triprim | SI |
| | • ***Combinations of sulfonamides and trimethoprim, incl. derivatives***<br>TRIMETHOPRIM with SULFAMETHOXAZOLE<br>**CAUTION:**<br>There is an increased risk of severe adverse reactions with this combination in the elderly. | | | | | | | | |
| 2949F | Tablet 80 mg-400 mg | 10 | 1 | .. | 8.31 | 9.32 | a | Resprim | AF |
| | | | | | | | a | Septrin | SI |
| 2951H | Tablet 160 mg-800 mg | 10 | 1 | .. | 9.22 | 10.23 | a | Bactrim DS | RO |
| | | | | | | | a | Chem mart Trimethoprim with Sulfamethoxazole DS | CH |
| | | | | | | | a | GenRx Trimethoprim with Sulfamethoxazole DS | GX |
| | | | | | | | a | Resprim Forte | AF |
| | | | | | | | a | Terry White Chemists Trimethoprim with Sulfamethoxazole DS | TW |
| | | | | B1.41 | 10.63 | 10.23 | a | Septrin Forte | SI |
| 3103H | Oral suspension 40 mg-200 mg per 5 mL, 100 mL | ‡ 1 | 1 | .. | 8.80 | 9.81 | | Bactrim | RO |
| | | | | | | | a | Resprim | AF |
| | | | | B1.85 | 10.65 | 9.81 | a | Septrin | SI |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **Macrolides, lincosamides and streptogramins** | | | | | | | | |
| | • ***Macrolides*** | | | | | | | | |
| | ***AZITHROMYCIN*** | | | | | | | | |
| | **Restricted Benefit**<br>***Uncomplicated urethritis due to Chlamydia trachomatis;***<br>***Uncomplicated cervicitis due to Chlamydia trachomatis.***<br>**NOTE:**<br>***No applications for increased maximum quantities and/or repeats will be authorised.*** | | | | | | | | |
| ***8200N*** | ***Tablet 500 mg*** | ***2*** | ***..*** | ***..*** | ***22.15*** | ***23.16*** | | ***Zithromax*** | ***PF*** |
| | **Restricted Benefit**<br>***Trachoma.***<br>**NOTE:**<br>***No applications for increased maximum quantities and/or repeats will be authorised.*** | | | | | | | | |
| ***8336R*** | ***Tablet 500 mg*** | ***2*** | ***2*** | ***..*** | ***22.15*** | ***23.16*** | | ***Zithromax*** | ***PF*** |
| ***8201P*** | ***Powder for oral suspension 200 mg per 5 mL, 15 mL*** | ***‡ 1*** | ***..*** | ***..*** | ***# 21.86*** | ***23.26*** | | ***Zithromax*** | ***PF*** |
| | CLARITHROMYCIN | | | | | | | | |
| 8318T | Tablet 250 mg | 14 | 1 | .. | 13.42 | 14.43 | a | Chem mart Clarithromycin | CH |
| | | | | | | | a | Clarac | GM |
| | | | | | | | a | Clarihexal | HX |
| | | | | | | | a | Clarithro 250 | AW |
| | | | | | | | a | GenRx Clarithromycin | GX |
| | | | | | | | a | Kalixocin | AF |
| | | | | | | | a | Terry White Chemists Clarithromycin | TW |
| | | | | B2.50 | 15.92 | 14.43 | a | Klacid | AB |
| | ERYTHROMYCIN | | | | | | | | |
| 1404X | Capsule 250 mg | 25 | 1 | .. | 9.28 | 10.29 | a | DBL Erythromycin | FA |
| | | | | B1.72 | 11.00 | 10.29 | a | Eryc | MX |
| | ERYTHROMYCIN ETHYL SUCCINATE | | | | | | | | |
| 2750R | Tablet 400 mg (base) | 25 | 1 | .. | 9.19 | 10.20 | a | E-Mycin | AF |
| | | | | B3.00 | 12.19 | 10.20 | a | E.E.S. 400 Filmtab | AB |
| 2424N | Powder for oral liquid 200 mg (base) per 5 mL, 100 mL | ‡ 1 | 1 | .. | # 11.20 | 12.60 | a | E-Mycin 200 | AF |
| | | | | B2.12 | # 13.32 | 12.60 | a | E.E.S. 200 | AB |

continued ☞

# ANTIINFECTIVES FOR SYSTEMIC USE—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| 2428T | Powder for oral liquid 400 mg (base) per 5 mL, 100 mL | ‡ 1 | 1 | .. | # 12.77 | 14.17 | a | E-Mycin 400 | AF |
| | | | | B1.71 | # 14.48 | 14.17 | a | E.E.S. Granules | AB |
| | ERYTHROMYCIN LACTOBIONATE | | | | | | | | |
| 1397M | Powder for I.V. infusion 1 g (base) | 5 | .. | .. | * 49.94 | 30.70 | | Erythrocin-I.V. | AB |
| | ROXITHROMYCIN | | | | | | | | |
| 8129W | Tablet for oral suspension 50 mg | 10 | 1 | .. | 11.31 | 12.32 | | Rulide D | SW |
| 1760P | Tablet 150 mg | 10 | 1 | .. | 12.24 | 13.25 | a | Biaxsig | AV |
| | | | | | | | a | Roxar 150 | AW |
| | | | | | | | a | Roxide | SZ |
| | | | | | | | a | Roximycin | AF |
| | | | | | | | a | Roxithromycin-RL | RE |
| | | | | B2.42 | 14.66 | 13.25 | a | Rulide | SW |
| 8016X | Tablet 300 mg | 5 | 1 | .. | 12.24 | 13.25 | a | Biaxsig | AV |
| | | | | | | | a | Roxar 300 | AW |
| | | | | | | | a | Roxide | SZ |
| | | | | | | | a | Roximycin | AF |
| | | | | | | | a | Roxithromycin-RL | RE |
| | | | | B2.42 | 14.66 | 13.25 | a | Rulide | SW |

## • *Lincosamides*

***CLINDAMYCIN***

**Restricted Benefit**

***Gram-positive coccal infections where these cannot be safely and effectively treated with a penicillin.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| ***3138E*** | ***Capsule 150 mg*** | ***25*** | ***..*** | ***..*** | ***19.00*** | ***20.01*** | ***a*** | ***Cleocin*** | ***KR*** |
| | | | | ***B1.41*** | ***20.41*** | ***20.01*** | ***a*** | ***Dalacin C*** | ***PH*** |
| | LINCOMYCIN | | | | | | | | |
| 2530E | Injection 600 mg in 2 mL | 5 | .. | .. | 29.02 | 30.03 | | Lincocin | PH |

## Aminoglycoside antibacterials

## • *Other aminoglycosides*

GENTAMICIN SULFATE

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2824P | Injection 80 mg (base) in 2 mL | 10 | 1 | .. | * 19.16 | 20.17 | a | MX | |
| | | | | .. | 19.16 | 20.17 | a | PU | |

# ANTIINFECTIVES FOR SYSTEMIC USE—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | ***TOBRAMYCIN SULFATE*** | | | | | | | | |
| | **Restricted Benefit**<br>***Infections where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent;***<br>***Septicaemia, suspected;***<br>***Septicaemia, proven.*** | | | | | | | | |
| *1356J* | ***Injection 80 mg (base) in 2 mL*** | ***10*** | ***1*** | ***..*** | **** 64.04*** | ***30.70*** | | ***MX*** | |
| *8872Y* | ***Injection 80 mg (base) in 2 mL (without preservative)*** | ***10*** | ***1*** | ***..*** | **** 64.04*** | ***30.70*** | | ***PU*** | |
| | **Quinolone antibacterials** | | | | | | | | |
| | • ***Fluoroquinolones*** | | | | | | | | |
| | ***CIPROFLOXACIN*** | | | | | | | | |
| | **Restricted Benefit**<br>***Gonorrhoea.*** | | | | | | | | |
| | **NOTE:**<br>***No applications for increased maximum quantities and/or repeats will be authorised.*** | | | | | | | | |
| *1311B* | ***Tablet 250 mg*** | ***2*** | ***..*** | ***..*** | ***12.68*** | ***13.69*** | | ***Ciproxin 250*** | ***BN*** |
| | **Authority Required**<br>***Respiratory tract infection proven or suspected to be caused by Pseudomonas aeruginosa in severely immunocompromised patients;***<br>***Bacterial gastroenteritis in severely immunocompromised patients;***<br>***Treatment of infections proven to be due to Pseudomonas aeruginosa or other gram-negative bacteria resistant to all other oral antimicrobials;***<br>***Treatment of joint and bone infections, epididymo-orchitis, prostatitis or perichondritis of the pinna, suspected or proven to be caused by gram-negative bacteria or gram-positive bacteria resistant to all other appropriate antimicrobials.*** | | | | | | | | |
| *1208N* | ***Tablet 250 mg*** | ***14*** | ***..*** | ***..*** | ***30.83*** | ***30.70*** | [a] | ***C-Flox 250*** | ***AL*** |
| | | | | | | | [a] | ***Ciprofloxacin-BC*** | ***BG*** |
| | | | | | | | [a] | ***Ciprol 250*** | ***AW*** |
| | | | | | | | [a] | ***GenRx Ciprofloxacin*** | ***GX*** |
| | | | | | | | [a] | ***Profloxin*** | ***HX*** |
| | | | | ***B1.85*** | ***32.68*** | ***30.70*** | [a] | ***Ciproxin 250*** | ***BN*** |

continued ☞

# ANTIINFECTIVES FOR SYSTEMIC USE—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| *1209P* | ***Tablet 500 mg*** | ***14*** | ***..*** | ***..*** | ***55.05*** | ***30.70*** | [a] | ***C-Flox 500*** | ***AL*** |
| | | | | | | | [a] | ***Ciprofloxacin 500*** | ***CR*** |
| | | | | | | | [a] | ***Ciprofloxacin-BC*** | ***BG*** |
| | | | | | | | [a] | ***Ciprofloxacin-BW*** | ***BF*** |
| | | | | | | | [a] | ***Ciprol 500*** | ***AW*** |
| | | | | | | | [a] | ***GenRx Ciprofloxacin*** | ***GX*** |
| | | | | | | | [a] | ***Profloxin*** | ***HX*** |
| | | | | | | | [a] | ***Proquin*** | ***GM*** |
| | | | | | | | [a] | ***GN*** | |
| | | | | ***B1.85*** | ***56.90*** | ***30.70*** | [a] | ***Ciproxin 500*** | ***BN*** |
| *1210Q* | ***Tablet 750 mg*** | ***14*** | ***..*** | ***..*** | ***80.21*** | ***30.70*** | [a] | ***C-Flox 750*** | ***AL*** |
| | | | | | | | [a] | ***Ciprofloxacin 750*** | ***CR*** |
| | | | | | | | [a] | ***Ciprofloxacin-BW*** | ***BF*** |
| | | | | | | | [a] | ***Ciprol 750*** | ***AW*** |
| | | | | | | | [a] | ***GenRx Ciprofloxacin*** | ***GX*** |
| | | | | | | | [a] | ***Profloxin*** | ***HX*** |
| | | | | | | | [a] | ***Proquin*** | ***GM*** |
| | | | | | | | [a] | ***GN*** | |
| | | | | ***B1.83*** | ***82.04*** | ***30.70*** | [a] | ***Ciproxin 750*** | ***BN*** |
| | ***NORFLOXACIN*** | | | | | | | | |
| | **Authority Required** *Acute bacterial enterocolitis;* *Complicated urinary tract infection.* | | | | | | | | |
| *3010K* | ***Tablet 400 mg*** | ***14*** | ***1*** | ***..*** | ***19.86*** | ***20.87*** | [a] | ***Chem mart Norfloxacin*** | ***CH*** |
| | | | | | | | [a] | ***GenRx Norfloxacin*** | ***GX*** |
| | | | | | | | [a] | ***Norflohexal*** | ***HX*** |
| | | | | | | | [a] | ***Nufloxib*** | ***AF*** |
| | | | | | | | [a] | ***Roxin*** | ***AW*** |
| | | | | | | | [a] | ***Terry White Chemists Norfloxacin*** | ***TW*** |
| | | | | | | | [a] | ***GM*** | |
| | | | | ***B3.61*** | ***23.47*** | ***20.87*** | [a] | ***Noroxin*** | ***MK*** |

# ANTIINFECTIVES FOR SYSTEMIC USE—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **Other antibacterials** | | | | | | | | |
| | • ***Glycopeptide antibacterials*** | | | | | | | | |
| | ***VANCOMYCIN*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Prophylaxis of endocarditis in patients hypersensitive to penicillin.*** | | | | | | | | |
| ***3130R*** | ***Powder for injection 500 mg (500,000 i.u.) vancomycin activity*** | ***2*** | ***..*** | ***..*** | **** 51.10*** | ***30.70*** | ***a*** | ***Vancocin*** | ***AS*** |
| | | | | | | | ***a*** | ***MX*** | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Endophthalmitis;*** | | | | | | | | |
| | ***Use initiated in a hospital for infections where vancomycin is an appropriate antibiotic.*** | | | | | | | | |
| ***3131T*** | ***Powder for injection 500 mg (500,000 i.u.) vancomycin activity*** | ***5*** | ***..*** | ***..*** | **** 119.59*** | ***30.70*** | ***a*** | ***Vancocin*** | ***AS*** |
| | | | | | | | ***a*** | ***MX*** | |
| | • ***Steroid antibacterials*** | | | | | | | | |
| | ***FUSIDIC ACID*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***For use in combination with another antibiotic in the treatment of proven serious staphylococcal infections.*** | | | | | | | | |
| ***2312Q*** | ***Tablet (sodium salt) 250 mg*** | ***36*** | ***1*** | ***..*** | ***84.38*** | ***30.70*** | | ***Fucidin*** | ***CS*** |
| | • ***Imidazole derivatives*** | | | | | | | | |
| | METRONIDAZOLE | | | | | | | | |
| 1636D | Tablet 200 mg | 21 | 1 | .. | 7.40 | 8.41 | a | Metrogyl 200 | AF |
| | | | | | | | a | Metronide 200 | AV |
| | | | | B1.92 | 9.32 | 8.41 | a | Flagyl | SW |
| 1626N | Tablet 400 mg | 5 | 2 | .. | 7.30 | 8.31 | | Metrogyl 400 | AF |
| 1642K | Suppositories 500 mg, 10 | ‡ 1 | .. | .. | 20.44 | 21.45 | | Flagyl | SW |
| | ***METRONIDAZOLE*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Treatment of anaerobic infections.*** | | | | | | | | |
| ***1621H*** | ***Tablet 400 mg*** | ***21*** | ***1*** | ***..*** | ***10.04*** | ***11.05*** | ***a*** | ***Metrogyl 400*** | ***AF*** |
| | | | | | | | ***a*** | ***Metronide 400*** | ***AV*** |
| | | | | ***B2.00*** | ***12.04*** | ***11.05*** | ***a*** | ***Flagyl*** | ***SW*** |

continued ☞

# ANTIINFECTIVES FOR SYSTEMIC USE—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **Restricted Benefit**<br>***Prophylaxis in large bowel surgery;***<br>***Treatment, in a hospital, of acute anaerobic sepsis.*** | | | | | | | | |
| ***1638F*** | ***I.V. infusion 500 mg in 100 mL*** | ***5*** | ***1*** | ***..*** | **** 42.64*** | ***30.70*** | | ***BX*** | |
| | METRONIDAZOLE BENZOATE | | | | | | | | |
| 1630T | Oral suspension 320 mg per 5 mL (equivalent to 200 mg metronidazole in 5 mL), 100 mL | ‡ 1 | .. | .. | 14.76 | 15.77 | | Flagyl S | SW |
| | TINIDAZOLE | | | | | | | | |
| 1465D | Tablet 500 mg | 4 | .. | .. | 8.16 | 9.17 | a | Simplotan | GP |
| | | | | B2.44 | 10.60 | 9.17 | a | Fasigyn | PF |
| | • ***Nitrofuran derivatives***<br>NITROFURANTOIN<br>**CAUTION:**<br>Nitrofurantoin may cause peripheral neuritis and severe pulmonary reactions. | | | | | | | | |
| 1692C | Capsule 50 mg | 30 | 1 | .. | 15.02 | 16.03 | | Macrodantin | PU |
| 1693D | Capsule 100 mg | 30 | 1 | .. | 22.42 | 23.43 | | Macrodantin | PU |
| | • ***Other antibacterials***<br>HEXAMINE HIPPURATE | | | | | | | | |
| 3124K | Tablet 1 g | 100 | 5 | .. | 37.34 | 30.70 | | Hiprex | IA |

## ANTIMYCOTICS FOR SYSTEMIC USE

**Antimycotics for systemic use**

• ***Antibiotics***

AMPHOTERICIN

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1047D | Powder for injection 50 mg | 1 | .. | .. | 27.63 | 28.64 | | Fungizone | BQ |

• ***Imidazole derivatives***

***KETOCONAZOLE***

**Authority Required**

***Symptomatic genital candidiasis recurring after treatment of at least 2 episodes with topical therapy.***

**CAUTION:**

***Hepatotoxicity has been reported with ketoconazole.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| ***1573T*** | ***Tablet 200 mg*** | ***10*** | ***..*** | ***..*** | ***17.99*** | ***19.00*** | | ***Nizoral*** | ***JC*** |

continued ☞

# ANTIINFECTIVES FOR SYSTEMIC USE—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **Authority Required**<br>***Oral candidiasis in severely immunocompromised persons where topical therapy has failed;***<br>***Systemic or deep mycoses where other forms of therapy have failed.***<br>**CAUTION:**<br>***Hepatotoxicity has been reported with ketoconazole.*** | | | | | | | |
| *1572R* | *Tablet 200 mg* | *30* | *5* | *..* | *39.18* | *30.70* | *Nizoral* | *JC* |
| | • ***Triazole derivatives***<br>***FLUCONAZOLE***<br>**Authority Required**<br>***Treatment of cryptococcal meningitis in patients unable to take or tolerate amphotericin;***<br>***Maintenance therapy in patients with cryptococcal meningitis and immunosuppression;***<br>***Treatment of oropharyngeal candidiasis in immunosuppressed patients;***<br>***Treatment of oesophageal candidiasis in immunosuppressed patients;***<br>***Secondary prophylaxis of oropharyngeal candidiasis in immunosuppressed patients;***<br>***Treatment of serious and life-threatening candida infections in patients unable to tolerate amphotericin.*** | | | | | | | |
| *1471K* | *Capsule 50 mg* | *28* | *5* | *..* | *151.72* | *30.70* | [a] *DBL Fluconazole* | *MX* |
| | | | | | | | [a] *Diflucan* | *PF* |
| | | | | | | | [a] *Dizole 50* | *AF* |
| | | | | | | | [a] *Fluconazole Hexal* | *HX* |
| | | | | | | | [a] *Fluzole 50* | *AW* |
| | | | | | | | [a] *Ozole* | *RA* |
| *1472L* | *Capsule 100 mg* | *28* | *5* | *..* | *282.50* | *30.70* | [a] *DBL Fluconazole* | *MX* |
| | | | | | | | [a] *Diflucan* | *PF* |
| | | | | | | | [a] *Dizole 100* | *AF* |
| | | | | | | | [a] *Fluconazole Hexal* | *HX* |
| | | | | | | | [a] *Fluconazole Winthrop* | *BG* |
| | | | | | | | [a] *Ozole* | *RA* |
| *1475P* | *Capsule 200 mg* | *28* | *5* | *..* | *530.28* | *30.70* | [a] *DBL Fluconazole* | *MX* |
| | | | | | | | [a] *Diflucan* | *PF* |
| | | | | | | | [a] *Dizole 200* | *AF* |
| | | | | | | | [a] *Fluconazole Hexal* | *HX* |
| | | | | | | | [a] *Fluconazole Winthrop* | *BG* |
| | | | | | | | [a] *Fluzole 200* | *AW* |
| | | | | | | | [a] *Ozole* | *RA* |
| *1473M* | *Solution for I.V. infusion 100 mg in 50 mL* | *7* | *..* | *..* | * *191.08* | *30.70* | *Diflucan* | *PF* |
| *1474N* | *Solution for I.V. infusion 200 mg in 100 mL* | *7* | *..* | *..* | * *340.95* | *30.70* | *Diflucan* | *PF* |
| *1757L* | *Solution for I.V. infusion 400 mg in 200 mL* | *1* | *..* | *..* | *83.96* | *30.70* | *BX* | |

# ANTIINFECTIVES FOR SYSTEMIC USE—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***ITRACONAZOLE*** | | | | | | | |
| | **Authority Required**<br>***Systemic aspergillosis;***<br>***Systemic sporotrichosis;***<br>***Systemic histoplasmosis;***<br>***Treatment and maintenance therapy in patients with AIDS who have disseminated pulmonary histoplasmosis infection;***<br>***Treatment and maintenance therapy in patients with AIDS who have chronic pulmonary histoplasmosis infection;***<br>***Treatment of oropharyngeal candidiasis in immunosuppressed patients;***<br>***Treatment of oesophageal candidiasis in immunosuppressed patients.*** | | | | | | | |
| ***8196J*** | ***Capsule 100 mg*** | ***60*** | ***5*** | ***..*** | ***241.64*** | ***30.70*** | ***Sporanox*** | ***JC*** |
| | ANTIMYCOBACTERIALS | | | | | | | |
| | **Drugs for treatment of tuberculosis** | | | | | | | |
| | • ***Hydrazides*** | | | | | | | |
| | ISONIAZID | | | | | | | |
| 1554T | Tablet 100 mg | 100 | 2 | .. | 9.97 | 10.98 | FM | |
| | **Drugs for treatment of lepra** | | | | | | | |
| | • ***Drugs for treatment of lepra*** | | | | | | | |
| | DAPSONE | | | | | | | |
| 8801F | Tablet 25 mg | 100 | 1 | .. | 99.60 | 30.70 | LM | |
| 1272Y | Tablet 100 mg | 100 | 1 | .. | 112.86 | 30.70 | LM | |
| | ***RIFAMPICIN*** | | | | | | | |
| | **Restricted Benefit**<br>***Prophylaxis of meningococcal disease in close contacts and carriers;***<br>***Prophylactic treatment of contacts of patients with Haemophilus influenzae type B.*** | | | | | | | |
| ***1981G*** | ***Capsule 150 mg*** | ***10*** | ***..*** | ***..*** | ***9.35*** | ***10.36*** | ***Rimycin 150*** | ***AF*** |
| ***1984K*** | ***Capsule 300 mg*** | ***10*** | ***..*** | ***..*** | ***12.26*** | ***13.27*** | ***Rimycin 300*** | ***AF*** |
| ***8025J*** | ***Syrup 100 mg per 5 mL, 60 mL*** | ***‡ 1*** | ***..*** | ***..*** | ***23.67*** | ***24.68*** | ***Rifadin*** | ***SW*** |
| | **Authority Required**<br>***Leprosy in adults.*** | | | | | | | |
| ***1982H*** | ***Capsule 150 mg*** | ***100*** | ***..*** | ***..*** | ***34.70*** | ***30.70*** | ***Rimycin 150*** | ***AF*** |
| ***1983J*** | ***Capsule 300 mg*** | ***100*** | ***..*** | ***..*** | ***63.96*** | ***30.70*** | ***Rimycin 300*** | ***AF*** |

# ANTIINFECTIVES FOR SYSTEMIC USE—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|

## ANTIVIRALS FOR SYSTEMIC USE

### Direct acting antivirals

#### • *Nucleosides and nucleotides excl. reverse transcriptase inhibitors*

***ACICLOVIR***

**Authority Required**

***Moderate to severe initial genital herpes. Microbiological confirmation of diagnosis (viral culture, antigen detection or nucleic acid amplification by PCR) is desirable but need not delay treatment.***

**NOTE:**

***Aciclovir 200 mg is not PBS-subsidised for chickenpox, herpes zoster or herpes simplex infections other than genital herpes.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *1003T* | *Tablet 200 mg* | *50* | *..* | *..* | ** 89.60* | *30.70* | *a* | *Acihexal* | *HX* |
| | | | | | | | *a* | *Acyclo-V 200* | *AF* |
| | | | | | | | *a* | *Lovir* | *GM* |
| | | | | *..* | *89.60* | *30.70* | *a* | *GenRx Aciclovir* | *GX* |
| | | | | *B5.78* | ** 95.38* | *30.70* | *a* | *Zovirax 200 mg* | *GK* |

***NOTE:***

***No applications for increased maximum quantities and/or repeats will be authorised.***

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**Authority Required**

***Episodic treatment or suppressive therapy of moderate to severe recurrent genital herpes. Microbiological confirmation of diagnosis (viral culture, antigen detection or nucleic acid amplification by PCR) is required but need not delay treatment.***

**NOTE:**

***Aciclovir 200 mg is not PBS-subsidised for chickenpox, herpes zoster or herpes simplex infections other than genital herpes.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *1007B* | *Tablet 200 mg* | *90* | *5* | *..* | *159.41* | *30.70* | *a* | *Aciclovir 200* | *CR* |
| | | | | | | | *a* | *Acihexal* | *HX* |
| | | | | | | | *a* | *Acyclo-V 200* | *AF* |
| | | | | | | | *a* | *Chem mart Aciclovir* | *CH* |
| | | | | | | | *a* | *GenRx Aciclovir* | *GX* |
| | | | | | | | *a* | *Lovir* | *GM* |
| | | | | | | | *a* | *Ozvir* | *RA* |
| | | | | | | | *a* | *Terry White Chemists Aciclovir* | *TW* |
| | | | | *B4.28* | *163.69* | *30.70* | *a* | *Zovirax 200 mg* | *GK* |

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**Authority Required**

***Treatment of patients with herpes zoster within 72 hours of the onset of the rash;***

***Herpes zoster ophthalmicus.***

continued ☞

# ANTIINFECTIVES FOR SYSTEMIC USE—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **NOTE:** | | | | | | | | |
| | ***Aciclovir is effective only if commenced within 72 hours of onset of rash.*** | | | | | | | | |
| | ***Aciclovir 800 mg is not PBS-subsidised for herpes simplex or chickenpox.*** | | | | | | | | |
| ***1052J*** | ***Tablet 800 mg*** | ***35*** | ***..*** | ***..*** | ***191.97*** | ***30.70*** | [a] | ***Aciclovir 800*** | ***CR*** |
| | | | | | | | [a] | ***Acihexal*** | ***HX*** |
| | | | | | | | [a] | ***Acyclo-V 800*** | ***AF*** |
| | | | | | | | [a] | ***GenRx Aciclovir*** | ***GX*** |
| | | | | | | | [a] | ***Lovir*** | ***GM*** |
| | | | | ***B2.09*** | ***194.06*** | ***30.70*** | [a] | ***Zovirax 800 mg*** | ***GK*** |
| | ***NOTE:*** | | | | | | | | |
| | ***No applications for repeats will be authorised.*** | | | | | | | | |
| | **Authority Required** | | | | | | | | |
| | ***Patients with advanced HIV disease (CD4 cell counts of less than 150 million per litre).*** | | | | | | | | |
| ***8234J*** | ***Tablet 800 mg*** | ***120*** | ***5*** | ***..*** | ***590.49*** | ***30.70*** | [a] | ***Acihexal*** | ***HX*** |
| | | | | | | | [a] | ***Acyclo-V 800*** | ***AF*** |
| | | | | | | | [a] | ***Lovir*** | ***GM*** |
| | | | | ***B7.19*** | ***597.68*** | ***30.70*** | [a] | ***Zovirax 800 mg*** | ***GK*** |
| | ***FAMCICLOVIR*** | | | | | | | | |
| | **Authority Required** | | | | | | | | |
| | ***Episodic treatment of moderate to severe recurrent genital herpes. Microbiological confirmation of diagnosis (viral culture, antigen detection or nucleic acid amplification by PCR) is required but need not delay treatment.*** | | | | | | | | |
| | **NOTE:** | | | | | | | | |
| | ***Famciclovir 125 mg is not PBS-subsidised for chickenpox, herpes zoster or herpes simplex infections other than genital herpes.*** | | | | | | | | |
| ***8092X*** | ***Tablet 125 mg*** | ***40*** | ***1*** | ***..*** | ***136.08*** | ***30.70*** | | ***Famvir*** | ***NV*** |
| | **Authority Required** | | | | | | | | |
| | ***Treatment of patients with herpes zoster within 72 hours of the onset of the rash.*** | | | | | | | | |
| | **NOTE:** | | | | | | | | |
| | ***Famciclovir is effective only if commenced within 72 hours of onset of rash.*** | | | | | | | | |
| | ***Famciclovir 250 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.*** | | | | | | | | |
| ***8002E*** | ***Tablet 250 mg*** | ***21*** | ***..*** | ***..*** | ***142.60*** | ***30.70*** | | ***Famvir*** | ***NV*** |
| | ***NOTE:*** | | | | | | | | |
| | ***No applications for repeats will be authorised.*** | | | | | | | | |

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **Authority Required**<br>***Suppressive therapy of moderate to severe recurrent genital herpes. Microbiological confirmation of diagnosis (viral culture, antigen detection or nucleic acid amplification by PCR) is required but need not delay treatment.***<br>**NOTE:**<br>***Famciclovir 250 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.*** | | | | | | | |
| ***8217L*** | ***Tablet 250 mg*** | ***56*** | ***5*** | ***..*** | ***355.95*** | ***30.70*** | ***Famvir*** | ***NV*** |
| | **Authority Required**<br>***Treatment of immunocompromised patients with herpes zoster within 72 hours of the onset of the rash.***<br>**NOTE:**<br>***Famciclovir is effective only if commenced within 72 hours of onset of rash.***<br>***Famciclovir 500 mg is not PBS-subsidised for chickenpox.***<br>***Famciclovir 500 mg is not PBS-subsidised for herpes zoster, genital herpes or other herpes simplex infections in immunocompetent patients.*** | | | | | | | |
| ***8897G*** | ***Tablet 500 mg*** | ***30*** | ***..*** | ***..*** | ***201.37*** | ***30.70*** | ***Famvir*** | ***NV*** |
| | ***NOTE:***<br>***No applications for repeats will be authorised.*** | | | | | | | |
| | **Authority Required**<br>***Episodic treatment or suppressive therapy of moderate to severe recurrent genital herpes in immunocompromised patients. Microbiological confirmation of diagnosis (viral culture, antigen detection or nucleic acid amplification by PCR) is required but need not delay treatment.*** | | | | | | | |
| | **Authority Required**<br>***Episodic treatment of moderate to severe recurrent oral or labial herpes in a patient with HIV infection and a CD4 cell count of less than 500 million per litre. Microbiological confirmation of diagnosis (viral culture, antigen detection or nucleic acid amplification by PCR) is required but need not delay treatment.*** | | | | | | | |
| | **Authority Required**<br>***Suppressive therapy of moderate to severe recurrent oral or labial herpes in a patient with HIV infection and:***<br>***(a) a CD4 cell count of less than 150 million per litre; or***<br>***(b) other opportunistic infections or AIDS defining tumours.***<br>***Microbiological confirmation of diagnosis (viral culture, antigen detection or nucleic acid amplification by PCR) is required but need not delay treatment.*** | | | | | | | |
| ***8896F*** | ***Tablet 500 mg*** | ***56*** | ***5*** | ***..*** | ***355.95*** | ***30.70*** | ***Famvir*** | ***NV*** |
| | ***NOTE:***<br>***Famciclovir 500 mg is not PBS-subsidised for chickenpox.***<br>***Famciclovir 500 mg is not PBS-subsidised for herpes zoster, genital herpes or other herpes simplex infections in immunocompetent patients.*** | | | | | | | |

# ANTIINFECTIVES FOR SYSTEMIC USE—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***VALACICLOVIR HYDROCHLORIDE*** | | | | | | | |
| | **Authority Required**<br>***Moderate to severe initial genital herpes. Microbiological confirmation of diagnosis (viral culture, antigen detection or nucleic acid amplification by PCR) is desirable but need not delay treatment.*** | | | | | | | |
| | **NOTE:**<br>***Valaciclovir 500 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.*** | | | | | | | |
| ***8133C*** | ***Tablet 500 mg (base)*** | ***20*** | ***..*** | ***..*** | **** 104.80*** | ***30.70*** | ***Valtrex*** | ***GK*** |
| | ***NOTE:***<br>***No applications for increased maximum quantities and/or repeats will be authorised.*** | | | | | | | |
| | **Authority Required**<br>***Episodic treatment or suppressive therapy of moderate to severe recurrent genital herpes. Microbiological confirmation of diagnosis (viral culture, antigen detection or nucleic acid amplification by PCR) is required but need not delay treatment.*** | | | | | | | |
| | **NOTE:**<br>***Valaciclovir 500 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.*** | | | | | | | |
| ***8134D*** | ***Tablet 500 mg (base)*** | ***30*** | ***5*** | ***..*** | ***154.45*** | ***30.70*** | ***Valtrex*** | ***GK*** |
| | **Authority Required**<br>***Treatment of patients with herpes zoster within 72 hours of the onset of the rash;***<br>***Herpes zoster ophthalmicus.*** | | | | | | | |
| | **NOTE:**<br>***Valaciclovir is effective only if commenced within 72 hours of onset of rash.***<br>***Valaciclovir 500 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.*** | | | | | | | |
| ***8064K*** | ***Tablet 500 mg (base)*** | ***42*** | ***..*** | ***..*** | ***213.08*** | ***30.70*** | ***Valtrex*** | ***GK*** |
| | ***NOTE:***<br>***No applications for repeats will be authorised.*** | | | | | | | |

## VACCINES

### Bacterial vaccines

- ***Pneumococcal vaccines***

***PNEUMOCOCCAL VACCINE, POLYVALENT***

**Restricted Benefit**

***Splenectomised persons over 2 years of age;***

***Persons with Hodgkin's disease;***

***Persons at high risk of pneumococcal infections.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ***1903E*** | ***Injection 0.5 mL (23 valent)*** | ***1*** | ***..*** | ***..*** | ***40.08*** | ***30.70*** | ***Pneumovax 23*** | ***CS*** |

# ANTIINFECTIVES FOR SYSTEMIC USE—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **• *Tetanus vaccines*** | | | | | | | |
| | DIPHTHERIA and TETANUS VACCINE, ADSORBED | | | | | | | |
| | **NOTE:** | | | | | | | |
| | For immunisation of children up to the age of eight years. | | | | | | | |
| 1341N | Injection 0.5 mL | 3 | .. | .. | * 18.91 | 19.92 | CS | |
| | DIPHTHERIA and TETANUS VACCINE, ADSORBED, DILUTED FOR ADULT USE | | | | | | | |
| | **NOTE:** | | | | | | | |
| | For immunisation of adults and children aged greater than or equal to 8 years. | | | | | | | |
| 8783G | Injection 0.5 mL in pre-filled syringe | 5 | .. | .. | 74.36 | 30.70 | ADT Booster | CS |
| | **Viral vaccines** | | | | | | | |
| | **• *Influenza vaccines*** | | | | | | | |
| | ***INFLUENZA VACCINE*** | | | | | | | |
| | **Restricted Benefit** | | | | | | | |
| | ***Persons at special risk of adverse consequences from infections of the lower respiratory tract.*** | | | | | | | |
| ***2852D*** | ***Injection (trivalent) 0.5 mL (containing A/New Caledonia/20/99, A/Wisconsin/67/2005 and B/Malaysia/2506/2004 like strains)*** | ***1*** | .. | .. | ***18.08*** | ***19.09*** | ***Fluarix*** <br> ***Fluvax*** <br> ***Influvac*** <br> ***Vaxigrip*** | ***GK*** <br> ***CS*** <br> ***SM*** <br> ***AX*** |

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **ANTINEOPLASTIC AGENTS** | | | | | | | |
| | **Alkylating agents** | | | | | | | |
| | • ***Nitrogen mustard analogues*** | | | | | | | |
| | CHLORAMBUCIL | | | | | | | |
| 1163F | Tablet 2 mg | 100 | 2 | .. | * 137.00 | 30.70 | Leukeran | GK |
| | CYCLOPHOSPHAMIDE | | | | | | | |
| 1266P | Tablet 50 mg | 50 | 2 | .. | 29.23 | 30.24 | Cycloblastin | PH |
| 1079T | Powder for injection 500 mg (solvent required)<br>(code 6704W applies to above item with approved solvent) | 2 | .. | .. | * 27.78 | 28.79 | Endoxan | BX |
| 1080W | Powder for injection 1 g (solvent required)<br>(code 6710E applies to above item with approved solvent) | 1 | .. | .. | 25.14 | 26.15 | Endoxan | BX |
| 1031G | Powder for injection 2 g (solvent required)<br>(code 7055H applies to above item with approved solvent) | 1 | .. | .. | 40.53 | 30.70 | Endoxan | BX |
| | ***IFOSFAMIDE*** | | | | | | | |
| | **Restricted Benefit**<br>***Relapsed or refractory germ cell tumours following first-line chemotherapy;***<br>***Relapsed or refractory sarcomas following first-line chemotherapy.*** | | | | | | | |
| ***8076C*** | ***Powder for I.V. injection 1 g*** | ***5*** | ***5*** | ***..*** | **** 260.59*** | ***30.70*** | ***Holoxan*** | ***BX*** |
| ***8077D*** | ***Powder for I.V. injection 2 g*** | ***5*** | ***5*** | ***..*** | **** 476.19*** | ***30.70*** | ***Holoxan*** | ***BX*** |
| | MELPHALAN | | | | | | | |
| 2547C | Tablet 2 mg | 25 | 1 | .. | 27.42 | 28.43 | Alkeran | GK |
| | • ***Alkyl sulphonates*** | | | | | | | |
| | BUSULFAN | | | | | | | |
| 1128J | Tablet 2 mg | 100 | .. | .. | 45.36 | 30.70 | Myleran | GK |
| | • ***Ethylene imines*** | | | | | | | |
| | THIOTEPA | | | | | | | |
| 2345K | Powder for injection 15 mg | 2 | 1 | .. | * 135.54 | 30.70 | SI | |

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **• *Nitrosoureas*** | | | | | | | |
| | ***CARMUSTINE*** | | | | | | | |
| | **Restricted Benefit** | | | | | | | |
| | ***Glioblastoma multiforme, suspected or confirmed, at the time of initial surgery.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***Carmustine is not PBS-subsidised for use in conjunction with PBS-subsidised temozolomide.*** | | | | | | | |
| *8898H* | *Implants 7.7 mg, 8* | *‡ 1* | *..* | *..* | *16013.88* | *30.70* | *Gliadel* | *OA* |
| | ***FOTEMUSTINE*** | | | | | | | |
| | **Authority Required** | | | | | | | |
| | ***Metastatic malignant melanoma.*** | | | | | | | |
| *8786K* | *Powder for injection 208 mg with solvent* | *1* | *4* | *..* | *1097.52* | *30.70* | *Muphoran* | *SE* |
| | **• *Other alkylating agents*** | | | | | | | |
| | ***TEMOZOLOMIDE*** | | | | | | | |
| | **Authority Required** | | | | | | | |
| | ***Glioblastoma multiforme concomitantly with radiotherapy.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***Temozolomide is not PBS-subsidised for use in conjunction with PBS-subsidised carmustine.*** | | | | | | | |
| *8819E* | *Capsule 5 mg* | *15* | *2* | *..* | ** 216.73* | *30.70* | *Temodal* | *SH* |
| *8820F* | *Capsule 20 mg* | *15* | *2* | *..* | ** 596.50* | *30.70* | *Temodal* | *SH* |
| *8821G* | *Capsule 100 mg* | *15* | *2* | *..* | ** 2480.05* | *30.70* | *Temodal* | *SH* |
| | ***NOTE:*** | | | | | | | |
| | ***Applications for doses above 150 mg per day will not be authorised. No applications for increased repeats will be authorised.*** | | | | | | | |
| | **Authority Required** | | | | | | | |
| | ***Recurrence of anaplastic astrocytoma following standard therapy;*** | | | | | | | |
| | ***Recurrence of glioblastoma multiforme following standard therapy;*** | | | | | | | |
| | ***Glioblastoma multiforme following radiotherapy.*** | | | | | | | |
| *8378Y* | *Capsule 5 mg* | *5* | *5* | *..* | *76.31* | *30.70* | *Temodal* | *SH* |
| *8379B* | *Capsule 20 mg* | *5* | *5* | *..* | *212.88* | *30.70* | *Temodal* | *SH* |
| *8380C* | *Capsule 100 mg* | *5* | *5* | *..* | *849.44* | *30.70* | *Temodal* | *SH* |
| *8381D* | *Capsule 250 mg* | *5* | *5* | *..* | *1922.70* | *30.70* | *Temodal* | *SH* |

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **Antimetabolites** | | | | | | | | |
| | • ***Folic acid analogues*** | | | | | | | | |
| | METHOTREXATE | | | | | | | | |
| 1622J | Tablet 2.5 mg | 30 | 5 | .. | 12.39 | 13.40 | [a] | Methoblastin | PH |
| | | | | | | | [a] | MX | |
| 1623K | Tablet 10 mg | 50 | 2 | .. | 46.43 | 30.70 | | Methoblastin | PH |
| 2396D | Injection 5 mg in 2 mL | 5 | .. | .. | 36.33 | 30.70 | | MX | |
| 2395C | Injection 50 mg in 2 mL | 5 | .. | .. | 35.64 | 30.70 | | MX<br>PU | |
| 8850T | Solution concentrate for I.V. infusion 500 mg in 5 mL | 1 | .. | .. | 65.84 | 30.70 | | Methotrexate Ebewe | IT |
| 8863L | Solution concentrate for I.V. infusion 500 mg in 20 mL | 1 | .. | .. | 65.84 | 30.70 | | MX | |
| 8851W | Solution concentrate for I.V. infusion 1000 mg in 10 mL | 1 | .. | .. | 126.24 | 30.70 | [a] | Methotrexate Ebewe | IT |
| | | | | | | | [a] | MX | |
| 8852X | Solution concentrate for I.V. infusion 5000 mg in 50 mL | 1 | .. | .. | 576.50 | 30.70 | | Methotrexate Ebewe | IT |
| | ***RALTITREXED*** | | | | | | | | |
| | **Authority Required**<br>***For use as a single agent in the treatment of advanced colorectal cancer.*** | | | | | | | | |
| ***8284B*** | ***Powder for I.V. infusion 2 mg*** | ***3*** | ***2*** | ***..*** | **** 855.31*** | ***30.70*** | | ***Tomudex*** | ***AP*** |
| | • ***Purine analogues*** | | | | | | | | |
| | ***CLADRIBINE*** | | | | | | | | |
| | **Authority Required**<br>***Hairy cell leukaemia.*** | | | | | | | | |
| ***8800E*** | ***Injection 10 mg in 5 mL*** | ***7*** | ***..*** | ***..*** | **** 4544.24*** | ***30.70*** | | ***Litak*** | ***OA*** |
| ***1811H*** | ***Solution for I.V. infusion 10 mg in 10 mL*** | ***7*** | ***..*** | ***..*** | ***4544.41*** | ***30.70*** | | ***Leustatin*** | ***JC*** |
| | MERCAPTOPURINE | | | | | | | | |
| 1598D | Tablet 50 mg | 100 | 2 | .. | * 231.32 | 30.70 | | Purinethol | GK |
| | THIOGUANINE | | | | | | | | |
| 1233X | Tablet 40 mg | 25 | 1 | .. | 101.56 | 30.70 | | Lanvis | GK |

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | ***• Pyrimidine analogues*** | | | | | | | | |
| | ***CAPECITABINE*** | | | | | | | | |
| | **Authority Required**<br>***Advanced breast cancer after failure of prior therapy which includes a taxane and an anthracycline;***<br>***Advanced breast cancer where therapy with a taxane and/or an anthracycline is contraindicated;***<br>***Advanced breast cancer in combination with docetaxel after failure of prior anthracycline-containing chemotherapy;***<br>***Treatment of advanced or metastatic colorectal cancer;***<br>***Adjuvant treatment of stage III (Dukes C) colon cancer, following complete resection of the primary tumour.***<br>**NOTE:**<br>***In the adjuvant setting, the recommended treatment duration is 24 weeks.***<br>***Capecitabine is not PBS-subsidised for the treatment of patients with stage II (Dukes B) colon cancer.***<br>***Capecitabine is not PBS-subsidised for the adjuvant treatment of patients with rectal cancer.*** | | | | | | | | |
| ***8361C*** | ***Tablet 150 mg*** | ***60*** | ***2*** | ***..*** | ***122.95*** | ***30.70*** | | ***Xeloda*** | ***RO*** |
| ***8362D*** | ***Tablet 500 mg*** | ***120*** | ***2*** | ***..*** | ***694.19*** | ***30.70*** | | ***Xeloda*** | ***RO*** |
| | CYTARABINE | | | | | | | | |
| 2884T | Injection 100 mg in 5 mL | 10 | 1 | .. | * 66.96 | 30.70 | | PU | |
| | FLUOROURACIL | | | | | | | | |
| 2528C | Injection 500 mg in 10 mL | 10 | .. | .. | * 57.74 | 30.70 | [a] | Fluorouracil Ebewe | IT |
| | | | | | | | [a] | MX | |
| 9005Y | Injection 1000 mg in 20 mL | 5 | .. | .. | * 49.94 | 30.70 | | Fluorouracil Ebewe | IT |
| | ***GEMCITABINE HYDROCHLORIDE*** | | | | | | | | |
| | **Authority Required**<br>***Advanced breast cancer in combination with paclitaxel after failure of prior therapy which includes an anthracycline;***<br>***Advanced epithelial ovarian cancer, in combination with carboplatin, in patients who relapse more than 6 months after platinum-based therapy;***<br>***Locally advanced or metastatic non-small cell lung cancer;***<br>***Locally advanced or metastatic adenocarcinoma of the pancreas;***<br>***Locally advanced or metastatic bladder cancer, in combination with cisplatin.*** | | | | | | | | |
| ***8049P*** | ***Powder for I.V. infusion 200 mg (base)*** | ***4*** | ***2*** | ***..*** | **** 234.96*** | ***30.70*** | | ***Gemzar*** | ***LY*** |
| ***8050Q*** | ***Powder for I.V. infusion 1 g (base)*** | ***2*** | ***2*** | ***..*** | **** 548.56*** | ***30.70*** | | ***Gemzar*** | ***LY*** |
| | **Plant alkaloids and other natural products** | | | | | | | | |
| | ***• Vinca alkaloids and analogues*** | | | | | | | | |
| | VINBLASTINE SULFATE | | | | | | | | |
| 2199R | Solution for I.V. injection 10 mg in 10 mL | 5 | .. | .. | 104.86 | 30.70 | | MX | |

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | VINCRISTINE SULFATE | | | | | | | |
| 2374Y | I.V. injection 1 mg in 1 mL | 10 | .. | .. | * 163.54 | 30.70 | [a] MX<br>[a] PU | |
| | ***VINORELBINE TARTRATE*** | | | | | | | |
| | **Authority Required**<br>***Locally advanced or metastatic non-small cell lung cancer.*** | | | | | | | |
| ***9009E*** | ***Capsule 20 mg (base)*** | ***20*** | ***2*** | ***..*** | **** 2101.84*** | ***30.70*** | ***Navelbine*** | ***FB*** |
| ***9010F*** | ***Capsule 30 mg (base)*** | ***16*** | ***2*** | ***..*** | **** 2499.68*** | ***30.70*** | ***Navelbine*** | ***FB*** |
| | **Authority Required**<br>***Advanced breast cancer after failure of prior therapy which includes an anthracycline;***<br>***Locally advanced or metastatic non-small cell lung cancer.*** | | | | | | | |
| ***8280T*** | ***Solution for I.V. infusion 10 mg (base) in 1 mL*** | ***16*** | ***2*** | ***..*** | **** 1200.48*** | ***30.70*** | ***[a] Navelbine***<br>***[a] Vinorelbine Ebewe***<br>***[a] MX*** | ***FB***<br>***IT*** |
| ***8281W*** | ***Solution for I.V. infusion 50 mg (base) in 5 mL*** | ***4*** | ***2*** | ***..*** | **** 1250.56*** | ***30.70*** | ***[a] Navelbine***<br>***[a] Vinorelbine Ebewe***<br>***[a] MX*** | ***FB***<br>***IT*** |
| | ***• Podophyllotoxin derivatives*** | | | | | | | |
| | ETOPOSIDE | | | | | | | |
| 1396L | Capsule 50 mg | 20 | .. | .. | 479.60 | 30.70 | Vepesid | BQ |
| 1389D | Capsule 100 mg | 10 | .. | .. | 420.58 | 30.70 | Vepesid | BQ |
| 1390E | Solution for I.V. infusion 100 mg in 5 mL | 5 | .. | .. | * 175.74 | 30.70 | [a] Etoposide Ebewe<br>[a] MX | IT |
| | ETOPOSIDE PHOSPHATE | | | | | | | |
| 8120J | Powder for I.V. infusion 113.6 mg (equivalent to 100 mg etoposide) | 5 | .. | .. | * 175.74 | 30.70 | Etopophos | BQ |
| 8515E | Powder for I.V. infusion 1136 mg (equivalent to 1 g etoposide) | 1 | .. | .. | 332.99 | 30.70 | Etopophos | BQ |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **• *Taxanes*** | | | | | | | |
| | ***DOCETAXEL*** | | | | | | | |
| | **Authority Required** | | | | | | | |
| | ***Adjuvant treatment of node-positive breast cancer in combination with an anthracycline and cyclophosphamide;*** | | | | | | | |
| | ***Advanced breast cancer after failure of prior therapy which includes an anthracycline;*** | | | | | | | |
| | ***Advanced metastatic ovarian cancer after failure of prior therapy which includes a platinum compound;*** | | | | | | | |
| | ***Locally advanced or metastatic non-small cell lung cancer;*** | | | | | | | |
| | ***Treatment of HER2 positive early breast cancer in combination with trastuzumab.*** | | | | | | | |
| ***8071T*** | ***Injection set containing 1 single use vial concentrate for I.V. infusion 20 mg (anhydrous) in 0.5 mL and 1 single use vial solvent 1.5 mL*** | ***2*** | ***..*** | ***..*** | **** 660.10*** | ***30.70*** | ***Taxotere*** | ***SW*** |
| ***8074Y*** | ***Injection set containing 1 single use vial concentrate for I.V. infusion 80 mg (anhydrous) in 2 mL and 1 single use vial solvent 6 mL*** | ***1*** | ***..*** | ***..*** | ***1289.59*** | ***30.70*** | ***Taxotere*** | ***SW*** |
| | ***PACLITAXEL*** | | | | | | | |
| | **Authority Required** | | | | | | | |
| | ***Adjuvant treatment of node-positive breast cancer administered sequentially to an anthracycline and cyclophosphamide;*** | | | | | | | |
| | ***Advanced breast cancer after failure of prior therapy which includes an anthracycline;*** | | | | | | | |
| | ***Advanced metastatic ovarian cancer after failure of prior therapy which includes a platinum compound;*** | | | | | | | |
| | ***Primary treatment of ovarian cancer in combination with a platinum compound;*** | | | | | | | |
| | ***Locally advanced or metastatic non-small cell lung cancer;*** | | | | | | | |
| | ***Treatment of HER2 positive early breast cancer in combination with trastuzumab.*** | | | | | | | |
| ***3026G*** | ***Solution concentrate for I.V. infusion 30 mg in 5 mL*** | ***5*** | ***..*** | ***..*** | **** 988.74*** | ***30.70*** | ***[a] Anzatax*** | ***MX*** |
| | | | | | | | ***[a] Paclitaxel Ebewe*** | ***IT*** |
| | | | | | | | ***[a] Taxol*** | ***BQ*** |
| ***8018B*** | ***Solution concentrate for I.V. infusion 100 mg in 16.7 mL*** | ***2*** | ***..*** | ***..*** | **** 1299.92*** | ***30.70*** | ***[a] Anzatax*** | ***MX*** |
| | | | | | | | ***[a] Paclitaxel Ebewe*** | ***IT*** |
| | | | | | | | ***[a] Taxol*** | ***BQ*** |
| ***3017T*** | ***Solution concentrate for I.V. infusion 150 mg in 25 mL*** | ***2*** | ***..*** | ***..*** | **** 1874.04*** | ***30.70*** | ***[a] Anzatax*** | ***MX*** |
| | | | | | | | ***[a] Paclitaxel Ebewe*** | ***IT*** |
| | | | | | | | ***[a] Taxol*** | ***BQ*** |
| ***8360B*** | ***Solution concentrate for I.V. infusion 300 mg in 50 mL*** | ***1*** | ***..*** | ***..*** | ***1891.79*** | ***30.70*** | ***[a] Anzatax*** | ***MX*** |
| | | | | | | | ***[a] Paclitaxel Ebewe*** | ***IT*** |
| | | | | | | | ***[a] Taxol*** | ***BQ*** |

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **Cytotoxic antibiotics and related substances** | | | | | | | |
| | • ***Anthracyclines and related substances*** | | | | | | | |
| | DOXORUBICIN HYDROCHLORIDE | | | | | | | |
| 1336H | Solution for I.V. injection or intravesical administration 10 mg in 5 mL | 4 | .. | .. | * 144.64 | 30.70 | [a] Adriamycin Solution | PH |
| | | | | | | | [a] Doxorubicin Ebewe | IT |
| | | | | | | | [a] MX | |
| 1340M | Solution for I.V. injection or intravesical administration 20 mg in 10 mL | 4 | .. | .. | * 249.80 | 30.70 | Adriamycin Solution | PH |
| 1342P | Solution for I.V. injection or intravesical administration 50 mg in 25 mL | 3 | .. | .. | * 424.81 | 30.70 | [a] Adriamycin Solution | PH |
| | | | | | | | [a] Doxorubicin Ebewe | IT |
| | | | | | | | [a] MX | |
| 8827N | Solution for I.V. injection or intravesical administration 100 mg in 50 mL | 1 | .. | .. | 291.00 | 30.70 | Doxorubicin Ebewe | IT |
| 8828P | Solution for I.V. injection or intravesical administration 200 mg in 100 mL | 1 | .. | .. | 561.98 | 30.70 | [a] Adriamycin | PF |
| | | | | | | | [a] Doxorubicin Ebewe | IT |
| | ***DOXORUBICIN HYDROCHLORIDE, PEGYLATED LIPOSOMAL*** | | | | | | | |
| | **Authority Required** | | | | | | | |
| | ***Advanced epithelial ovarian cancer in women who have failed a first-line platinum-based chemotherapy regimen;*** | | | | | | | |
| | ***Metastatic breast cancer, as monotherapy, after failure of prior therapy which includes capecitabine and a taxane;*** | | | | | | | |
| | ***Metastatic breast cancer, as monotherapy, where therapy with capecitabine and/or a taxane is contraindicated.*** | | | | | | | |
| ***8569B*** | ***Suspension for I.V. infusion 20 mg in 10 mL*** | ***1*** | .. | .. | ***702.07*** | ***30.70*** | ***Caelyx*** | ***SH*** |
| ***8570C*** | ***Suspension for I.V. infusion 50 mg in 25 mL*** | ***1*** | .. | .. | ***1598.68*** | ***30.70*** | ***Caelyx*** | ***SH*** |
| | EPIRUBICIN HYDROCHLORIDE | | | | | | | |
| 1375J | Solution for injection 10 mg in 5 mL | 4 | .. | .. | * 222.80 | 30.70 | [a] Epirubicin Ebewe | IT |
| | | | | | | | [a] Pharmorubicin Solution | PH |
| 1376K | Solution for injection 20 mg in 10 mL | 4 | .. | .. | * 408.20 | 30.70 | Pharmorubicin Solution | PH |
| 1377L | Solution for injection 50 mg in 25 mL | 4 | .. | .. | * 994.92 | 30.70 | [a] Epirubicin Ebewe | IT |
| | | | | | | | [a] Pharmorubicin Solution | PH |
| | | | | | | | [a] MX | |
| 9018P | Powder for injection 50 mg | 4 | .. | .. | * 994.92 | 30.70 | [a] MX | |

continued ☞

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **NOTE:** The solution for injection 50 mg and powder for injection 50 mg (after reconstitution) are bioequivalent. | | | | | | | |
| 8817C | Solution for injection 100 mg in 50 mL | 2 | .. | .. | * 981.62 | 30.70 | [a] Epirubicin Ebewe<br>[a] MX | IT |
| 8858F | Solution for injection 200 mg in 100 mL | 1 | .. | .. | 967.00 | 30.70 | Epirubicin Ebewe | IT |
| | ***IDARUBICIN HYDROCHLORIDE*** | | | | | | | |
| | **Restricted Benefit**<br>***Acute myelogenous leukaemia.*** | | | | | | | |
| ***2446R*** | ***Capsule 5 mg*** | ***3*** | ***..*** | ***..*** | **** 246.13*** | ***30.70*** | ***Zavedos*** | ***PH*** |
| ***2448W*** | ***Capsule 10 mg*** | ***3*** | ***..*** | ***..*** | **** 450.64*** | ***30.70*** | ***Zavedos*** | ***PH*** |
| ***8530Y*** | ***Solution for I.V. injection 5 mg in 5 mL*** | ***3*** | ***..*** | ***..*** | ***567.90*** | ***30.70*** | ***Zavedos Solution*** | ***PH*** |
| ***8531B*** | ***Solution for I.V. injection 10 mg in 10 mL*** | ***6*** | ***..*** | ***..*** | ***2073.82*** | ***30.70*** | ***Zavedos Solution*** | ***PH*** |
| | MITOZANTRONE HYDROCHLORIDE | | | | | | | |
| 1932Q | Injection 10 mg (base) in 5 mL | 1 | .. | .. | 160.45 | 30.70 | [a] Mitozantrone Ebewe<br>[a] PU | IT |
| 1929M | Injection 20 mg (base) in 10 mL | 1 | .. | .. | 305.27 | 30.70 | [a] Mitozantrone Ebewe<br>[a] Onkotrone<br>[a] MX<br>[a] PU | IT<br>BX |
| 1930N | Injection 25 mg (base) in 12.5 mL | 1 | .. | .. | 375.51 | 30.70 | [a] Onkotrone<br>[a] PU | BX |
| | **Other antineoplastic agents**<br>• ***Platinum compounds***<br>CARBOPLATIN | | | | | | | |
| 1160C | Solution for I.V. injection 50 mg in 5 mL | 2 | .. | .. | * 68.58 | 30.70 | [a] Carboplatin Ebewe<br>[a] MX<br>[a] PU | IT |
| 1161D | Solution for I.V. injection 150 mg in 15 mL | 6 | .. | .. | * 439.30 | 30.70 | [a] Carboplatin Ebewe<br>[a] MX<br>[a] PU | IT |
| 1162E | Solution for I.V. injection 450 mg in 45 mL | 2 | .. | .. | * 284.62 | 30.70 | [a] Carboplatin Ebewe<br>[a] MX<br>[a] PU | IT |

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | CISPLATIN | | | | | | | |
| 2578Q | I.V. injection 10 mg in 10 mL | 1 | .. | .. | 13.67 | 14.68 | PU | |
| 2579R | I.V. injection 50 mg in 50 mL | 1 | .. | .. | 27.51 | 28.52 | [a] MX<br>[a] PU | |
| 2580T | I.V. injection 100 mg in 100 mL | 1 | .. | .. | 61.05 | 30.70 | [a] Cisplatin Ebewe<br>[a] MX | IT |
| | ***OXALIPLATIN*** | | | | | | | |
| | **Authority Required**<br>***Metastatic colorectal cancer in patients with a WHO performance status of 2 or less, to be used in combination with 5-fluorouracil and folinic acid;***<br>***Adjuvant treatment of stage III (Dukes C) colon cancer, in combination with 5-fluorouracil and folinic acid, following complete resection of the primary tumour.*** | | | | | | | |
| | **NOTE:**<br>***Oxaliplatin is not PBS-subsidised for the treatment of patients with stage II (Dukes B) colon cancer.***<br>***Oxaliplatin is not PBS-subsidised for the adjuvant treatment of patients with rectal cancer.*** | | | | | | | |
| ***8847P*** | ***Solution concentrate for I.V. infusion 50 mg in 10 mL*** | ***1*** | ***2*** | ***..*** | ***376.77*** | ***30.70*** | [a] ***Eloxatin*** | ***SW*** |
| ***8539K*** | ***Powder for I.V. infusion 50 mg*** | ***1*** | ***2*** | ***..*** | ***376.77*** | ***30.70*** | [a] ***Oxalatin***<br>[a] ***Oxaliplatin Ebewe***<br>[a] ***Winthrop Oxaliplatin***<br>[a] ***MX*** | ***ZP***<br>***IT***<br>***WA*** |
| | ***NOTE:***<br>***The solution concentrate for I.V. infusion 50 mg and powder for I.V. infusion 50 mg (after reconstitution) are bioequivalent.*** | | | | | | | |
| ***8848Q*** | ***Solution concentrate for I.V. infusion 100 mg in 20 mL*** | ***1*** | ***2*** | ***..*** | ***715.24*** | ***30.70*** | [a] ***Eloxatin*** | ***SW*** |
| ***8540L*** | ***Powder for I.V. infusion 100 mg*** | ***1*** | ***2*** | ***..*** | ***715.24*** | ***30.70*** | [a] ***Oxalatin***<br>[a] ***Oxaliplatin Ebewe***<br>[a] ***Winthrop Oxaliplatin***<br>[a] ***MX*** | ***ZP***<br>***IT***<br>***WA*** |
| | ***NOTE:***<br>***The solution concentrate for I.V. infusion 100 mg and powder for I.V. infusion 100 mg (after reconstitution) are bioequivalent.*** | | | | | | | |
| ***2310N*** | ***Solution concentrate for I.V. infusion 200 mg in 40 mL*** | ***1*** | ***2*** | ***..*** | ***1384.92*** | ***30.70*** | ***Eloxatin*** | ***SW*** |

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **• *Monoclonal antibodies*** | | | | | | | |
| | ***CETUXIMAB*** | | | | | | | |
| | **Authority Required**<br>***Initial treatment of stage III, IVa or IVb squamous cell cancer of the larynx, oropharynx or hypopharynx for the week prior to radiotherapy, where cisplatin is contraindicated according to the TGA-approved Product Information;***<br>***Initial treatment of stage III, IVa or IVb squamous cell cancer of the larynx, oropharynx or hypopharynx, in combination with radiotherapy, where cisplatin is not tolerated.***<br>**NOTE:**<br>***No applications for repeats will be authorised.*** | | | | | | | |
| ***9097T*** | ***Solution for I.V. infusion 100 mg in 50 mL*** | ***6*** | ***..*** | ***..*** | **** 2245.30*** | ***30.70*** | ***Erbitux*** | ***SG*** |
| | **Authority Required**<br>***Continuing treatment of stage III, IVa or IVb squamous cell cancer of the larynx, oropharynx or hypopharynx, in combination with radiotherapy, where cisplatin is either contraindicated or not tolerated.***<br>**NOTE:**<br>***A maximum lifetime supply for this indication is limited to a maximum of 8 treatments per site and to 10 treatments per site for patients in whom radiotherapy is suspended.*** | | | | | | | |
| ***9098W*** | ***Solution for I.V. infusion 100 mg in 50 mL*** | ***4*** | ***6*** | ***..*** | **** 1512.00*** | ***30.70*** | ***Erbitux*** | ***SG*** |
| | ***RITUXIMAB*** | | | | | | | |
| | **Authority Required**<br>***Relapsed or refractory low-grade B-cell non-Hodgkin's lymphoma;***<br>***Relapsed or refractory follicular B-cell non-Hodgkin's lymphoma.*** | | | | | | | |
| ***8293L*** | ***Solution for I.V. infusion 100 mg in 10 mL*** | ***2*** | ***3*** | ***..*** | ***947.09*** | ***30.70*** | ***Mabthera*** | ***RO*** |
| ***8294M*** | ***Solution for I.V. infusion 500 mg in 50 mL*** | ***1*** | ***3*** | ***..*** | ***2309.01*** | ***30.70*** | ***Mabthera*** | ***RO*** |
| | **Authority Required**<br>***Treatment of previously untreated, CD20 positive, diffuse large B-cell non-Hodgkin's lymphoma, in combination with chemotherapy;***<br>***Treatment of symptomatic patients with previously untreated, CD20 positive, Stage III or IV, follicular, B-cell non-Hodgkin's lymphoma, in combination with chemotherapy.*** | | | | | | | |
| ***8665C*** | ***Solution for I.V. infusion 100 mg in 10 mL*** | ***2*** | ***7*** | ***..*** | ***947.09*** | ***30.70*** | ***Mabthera*** | ***RO*** |
| ***8666D*** | ***Solution for I.V. infusion 500 mg in 50 mL*** | ***1*** | ***7*** | ***..*** | ***2309.01*** | ***30.70*** | ***Mabthera*** | ***RO*** |

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|---|---|---|

## • *Protein kinase inhibitors*

***DASATINIB***

**NOTE:**

***Any queries concerning the arrangements to prescribe dasatinib may be directed to Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

***Prescribing information (including Authority Application forms) is available on the Medicare Australia website at www.medicareaustralia.gov.au.***

***Any queries concerning patients who are enrolled on the Dasatinib Compassionate Program may be directed to Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

***Applications for authority to prescribe dasatinib should be forwarded to:***

***Medicare Australia***
***Prior Written Approval of Specialised Drugs***
***Reply Paid 9826***
***GPO Box 9826***
***HOBART TAS 7001***

**Authority Required**

***Initial treatment, as the sole PBS-subsidised therapy, of a patient with chronic myeloid leukaemia in any disease phase bearing the Philadelphia chromosome or expressing the transcript, BCR-ABL, who has active leukaemia (as defined by presence on current pathology assessments of either the Philadelphia chromosome on cytogenetic or FISH analysis, or the presence of the transcript BCR-ABL and morphological evidence of leukaemia) and who has failed an adequate trial of imatinib.***

***Failure of an adequate trial of imatinib is defined as:***

***(i) Lack of response to initial imatinib therapy, defined as either:***
***— failure to achieve a haematological response after a minimum of 3 months therapy with imatinib for patients initially treated in chronic phase; or***
***— failure to achieve any cytogenetic response after a minimum of 6 months therapy with imatinib for patients initially treated in chronic phase as demonstrated on bone marrow biopsy by presence of greater than 95% Philadelphia chromosome positive cells; or***
***— failure to achieve a major cytogenetic response or a peripheral blood BCR-ABL level of less than 1% after a minimum of 12 months therapy with imatinib; OR***

***(ii) Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing imatinib therapy;***
***OR***

***(iii) Development of accelerated phase or blast crisis in a patient previously prescribed imatinib for any phase of chronic myeloid leukaemia.***

***Accelerated phase is defined by the presence of 1 or more of the following:***
***(1) Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 15% but less than 30%; or***
***(2) Percentage of blasts plus promyelocytes in the peripheral blood or bone marrow greater than or equal to 30%; or***

***(3) Peripheral basophils greater than or equal to 20%; or***
***(4) Progressive splenomegaly to a size greater than or equal to 10 cm below the left costal margin to be confirmed on 2 occasions at least 4 weeks apart, or a greater than or equal to 50% increase in size below the left costal margin over 4 weeks; or***
***(5) Karyotypic evolution (chromosomal abnormalities in addition to a single Philadelphia chromosome).***

continued ☞

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|---|---|---|

***Blast crisis is defined as either:***
***(1) Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 30%; or***
***(2) Extramedullary involvement other than spleen and liver; OR***

***(iv) Disease progression (defined as a greater than or equal to 50% increase in peripheral white blood cell count, blast count, basophils or platelets) during first-line imatinib therapy in patients with accelerated phase or blast crisis chronic myeloid leukaemia;***
***OR***

***(v) Detection of a mutation in BCR-ABL (L248V, G250E, Q252H/R, Y253H/F, E255K/V, H396P/R, and D276G) that infers high level imatinib resistance. (Patients with these mutations but without active leukaemia, will not be approved);***
***OR***

***(vi) Grade 3 or 4 non-haematological toxicity that is imatinib related.***

***Applications for authorisation must be in writing and must include:***
***(a) a completed authority prescription form; and***
***(b) a completed Chronic Myeloid Leukaemia Dasatinib PBS Authority Application - Supporting Information Form; and***
***(c) a signed patient acknowledgement; and***
***(d) a bone marrow biopsy pathology report demonstrating the patient has active chronic myeloid leukaemia, either manifest as cytogenetic evidence of the Philadelphia chromosome, or morphological evidence of chronic myeloid leukaemia plus qualitative RT-PCR evidence of BCR-ABL transcript. (The date of the relevant pathology report needs to be provided); and***
***(e) a copy of the current confirming pathology report(s) from an Approved Pathology Authority or details of the dates of assessment in the case of progressive splenomegaly or extramedullary involvement or details of Grade 3 or 4 non-haematological toxicity.***

**NOTE:**
***Dasatinib will only be subsidised for patients with chronic myeloid leukaemia who are not receiving concomitant PBS-subsidised imatinib mesylate or interferon alfa therapy.***

***Patients should be commenced on a dose of dasatinib of at least 100 mg (base) daily. Continuing therapy is dependent on patients demonstrating a major cytogenetic response to dasatinib therapy or a peripheral blood BCR-ABL level of less than 1% at 12 monthly intervals, irrespective of the daily dasatinib dose received.***

**Authority Required**
***Continuing treatment, as the sole PBS-subsidised therapy, of a patient who has received initial treatment with dasatinib as a pharmaceutical benefit for chronic myeloid leukaemia, and who has demonstrated either a major cytogenetic response, or less than 1% BCR-ABL level in the blood, to dasatinib in the preceding 12 months.***

***Applications for authorisation must be in writing and must include:***
***(1) a completed authority prescription form; and***
***(2) a completed Chronic Myeloid Leukaemia Dasatinib Authority Application Form for continuing treatment; and***
***(3) demonstration of continued response to treatment as evidenced by either:***
***(a) major cytogenetic response [see Note explaining definitions of response]. Where this has been supplied within the previous 12 months, only the date of the relevant pathology report need be provided; or***
***(b) a peripheral blood level of BCR-ABL of less than 1% on the international scale [see Note explaining definitions of response]. Where this has been supplied within the previous 12 months, only the date of the relevant pathology report need be provided.***

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|

**NOTE:**

***Definitions of response.***

***A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells.***

***A bone marrow or peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response.***

***Authority approval requirements.***

***For the purposes of assessing response to PBS-subsidised treatment with dasatinib, either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be submitted. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be submitted. The cytogenetic or peripheral blood quantitative PCR analyses must be submitted as follows:***

***(i) between 10 and 12 months of the commencement of treatment with dasatinib, at which time patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% has been demonstrated may receive authorisation for a further 12 months of treatment; and***

***(ii) at no greater than 12 month intervals thereafter, to demonstrate that the major cytogenetic response or peripheral blood BCR-ABL level of less than 1% has been sustained.***

***For each authority application where eligibility for continuing PBS-subsidised treatment is to be demonstrated, a copy of the cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or a copy of the quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be submitted as described in (i) and (ii) above. For bone marrow analyses, where the standard karyotyping conducted at the time of application is not informative, a copy of a cytogenetic analysis conducted on the bone marrow using FISH with BCR-ABL specific probe must be submitted with the authority application. A copy of the non-informative standard karyotype analysis must be included with the authority application.***

***Where a patient has previously received PBS-subsidised treatment with dasatinib, no approval will be granted for PBS-subsidised re-treatment where that patient has at any time failed to meet the criteria for continuing treatment.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *2478K* | *Tablet 20 mg* | *60* | *5* | *..* | *3215.38* | *30.70* | *Sprycel* | *BQ* |
| *2482P* | *Tablet 50 mg* | *60* | *5* | *..* | *5219.70* | *30.70* | *Sprycel* | *BQ* |
| *2485T* | *Tablet 70 mg* | *60* | *5* | *..* | *6434.03* | *30.70* | *Sprycel* | *BQ* |

***GEFITINIB***

**NOTE:**

***Any queries concerning the arrangements to prescribe gefitinib may be directed to Medicare Australia on 1800 700 270.***

***Written applications for authority to prescribe gefitinib should be forwarded to:***

***Medicare Australia***
***Prior Written Approval of Specialised Drugs***
***Reply Paid 9826***
***GPO Box 9826***
***HOBART TAS 7001***

continued ☞

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **Authority Required**<br>***Initial PBS-subsidised treatment, as monotherapy, of locally advanced or metastatic non-small cell lung cancer in patients with a WHO performance status of 2 or less, where:***<br>***(1) disease progression has occurred following treatment with at least 1 chemotherapy agent; and***<br>***(2) there is evidence that the patient has an activating mutation(s) of the epidermal growth factor receptor (EGFR) gene in tumour material. The mutation(s) must be demonstrated by analysis of the DNA sequence of the EGFR gene.***<br>***The authority application must be made in writing and must include:***<br>***(1) a completed authority prescription form; and***<br>***(2) a completed Gefitinib (Iressa) PBS Authority Application for Use in the Treatment of Locally Advanced or Metastatic Non-Small Cell Lung Cancer - Supporting Information Form [may be downloaded from the Medicare Australia website (visit www.medicareaustralia.gov.au/providers/forms/pbs.htm and click on 'Medical Practitioners')]; and***<br>***(3) details of the prior chemotherapy including the name(s) of drug(s) and date of the most recent treatment cycle; and***<br>***(4) details of the patient's WHO performance status; and***<br>***(5) a copy of the pathology report providing evidence of the presence of activating mutation(s) of the EGFR gene from an Approved Pathology Authority.***<br>***Patients commenced on gefitinib therapy between 1 July 2004 and 1 December 2004 must demonstrate that they would have met the criteria for initial PBS-subsidised treatment at the time treatment with gefitinib was commenced.***<br>***Medical practitioners who wish to apply for authority to prescribe gefitinib for patients who commenced on gefitinib therapy prior to 1 July 2004 should contact Medicare Australia on 1800 700 270.***<br>**Authority Required**<br>***Continuing PBS-subsidised treatment, as monotherapy, of locally advanced or metastatic non-small cell lung cancer in patients with a WHO performance status of 2 or less, where the patient has previously been issued with an authority prescription for gefitinib.***<br>***Applications for continuing treatment may be made in writing or on the telephone by contacting Medicare Australia on 1800 700 270.*** | | | | | | | |
| ***8769M*** | ***Tablet 250 mg*** | ***30*** | ***1*** | ***..*** | ***3820.38*** | ***30.70*** | ***Iressa*** | ***AP*** |
| | ***NOTE:***<br>***No applications for increased maximum quantities and/or repeats will be authorised.*** | | | | | | | |
| | • ***Other antineoplastic agents***<br>HYDROXYUREA | | | | | | | |
| 3093T | Capsule 500 mg | 100 | .. | .. | 75.48 | 30.70 | Hydrea | BQ |
| | ***IRINOTECAN HYDROCHLORIDE TRIHYDRATE***<br>**Authority Required**<br>***Metastatic colorectal cancer in patients with a WHO performance status of 2 or less.***<br>**NOTE:**<br>***In first-line usage, effectiveness and tolerance may be improved when irinotecan is combined with an infusional 5-fluorouracil regimen.*** | | | | | | | |
| ***8414W*** | ***I.V. injection 40 mg in 2 mL*** | ***1*** | ***3*** | ***..*** | ***145.15*** | ***30.70*** | ***[a] Camptosar [a] MX*** | ***PU*** |

continued ☞

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| *8415X* | ***I.V. injection 100 mg in 5 mL*** | ***2*** | ***3*** | ***..*** | **** 665.88*** | ***30.70*** | ***[a] Camptosar [a] MX*** | ***PU*** |

***TOPOTECAN HYDROCHLORIDE***

**Authority Required**

***Advanced metastatic ovarian cancer after failure of prior therapy which includes a platinum compound.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *8199M* | ***Powder for I.V. infusion 4 mg (base)*** | ***5*** | ***1*** | ***..*** | ***2095.38*** | ***30.70*** | ***Hycamtin*** | ***GK*** |

## ENDOCRINE THERAPY

### Hormones and related agents

#### • *Progestogens*

***MEDROXYPROGESTERONE ACETATE***

**Restricted Benefit**

***Hormone-dependent advanced breast cancer.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *2728N* | ***Tablet 500 mg*** | ***30*** | ***2*** | ***..*** | ***134.94*** | ***30.70*** | ***Provera*** | ***PH*** |

**Restricted Benefit**

***Hormone-dependent breast cancer;***

***Endometrial cancer.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *2725K* | ***Tablet 100 mg*** | ***100*** | ***2*** | ***..*** | ***96.48*** | ***30.70*** | ***Provera*** | ***PH*** |
| *2316X* | ***Tablet 200 mg*** | ***60*** | ***2*** | ***..*** | ***108.84*** | ***30.70*** | ***Provera*** | ***PH*** |
| *2727M* | ***Tablet 250 mg*** | ***60*** | ***2*** | ***..*** | ***134.70*** | ***30.70*** | ***Provera*** | ***PH*** |

***[For other listings for this drug see Generic/Proprietary Index]***

***MEGESTROL ACETATE***

**Restricted Benefit**

***Hormone-dependent advanced breast cancer.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *2734X* | ***Tablet 160 mg*** | ***30*** | ***2*** | ***..*** | ***71.97*** | ***30.70*** | ***Megace*** | ***BQ*** |

#### • *Gonadotropin releasing hormone analogues*

***GOSERELIN ACETATE***

**Authority Required**

***Locally advanced (equivalent to stage C) or metastatic (equivalent to stage D) carcinoma of the prostate;***

***Hormone-dependent locally advanced (equivalent to stage III) or metastatic (equivalent to stage IV) breast cancer in pre-menopausal women;***

***Short-term treatment (up to 6 months) of visually proven endometriosis (only 1 course of not more than 6 months' therapy will be authorised).***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *1454M* | ***Subcutaneous implant 3.6 mg (base) in pre-filled injection syringe*** | ***1*** | ***5*** | ***..*** | ***332.02*** | ***30.70*** | ***Zoladex Implant*** | ***AP*** |

continued ☞

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **Authority Required**<br>***Locally advanced (equivalent to stage C) or metastatic (equivalent to stage D) carcinoma of the prostate.*** | | | | | | | |
| ***8093Y*** | ***Subcutaneous implant (long acting) 10.8 mg (base) in pre-filled injection syringe*** | ***1*** | ***1*** | ***..*** | ***1105.38*** | ***30.70*** | ***Zoladex 10.8 Implant*** | ***AP*** |
| | ***GOSERELIN ACETATE and BICALUTAMIDE*** | | | | | | | |
| | **Authority Required**<br>***Metastatic (equivalent to stage D) prostatic carcinoma in patients for whom a combination of an antiandrogen and a GnRH (LH-RH) agonist is required.*** | | | | | | | |
| | **NOTE:**<br>***No applications for increased maximum quantities and/or repeats will be authorised.*** | | | | | | | |
| ***9064C*** | ***Pack containing 1 subcutaneous implant goserelin 3.6 mg in pre-filled injection syringe and 28 tablets bicalutamide 50 mg*** | ***‡ 1*** | ***5*** | ***..*** | ***530.59*** | ***30.70*** | ***ZolaCos CP 3.6/50*** | ***AP*** |
| ***9065D*** | ***Pack containing 1 subcutaneous implant goserelin 10.8 mg in pre-filled injection syringe and 28 tablets bicalutamide 50 mg*** | ***‡ 1*** | ***..*** | ***..*** | ***1288.01*** | ***30.70*** | ***ZolaCos CP 10.8/ 50(28)*** | ***AP*** |
| ***9066E*** | ***Pack containing 1 subcutaneous implant goserelin 10.8 mg in pre-filled injection syringe and 84 tablets bicalutamide 50 mg*** | ***‡ 1*** | ***1*** | ***..*** | ***1653.26*** | ***30.70*** | ***ZolaCos CP 10.8/ 50(84)*** | ***AP*** |
| | ***LEUPRORELIN ACETATE*** | | | | | | | |
| | **Authority Required**<br>***Locally advanced (equivalent to stage C) or metastatic (equivalent to stage D) carcinoma of the prostate.*** | | | | | | | |
| ***8875D*** | ***I.M. injection (modified release), powder for injection 7.5 mg with diluent in pre-filled dual-chamber syringe*** | ***1*** | ***5*** | ***..*** | ***419.22*** | ***30.70*** | ***Lucrin Depot 7.5mg PDS*** | ***AB*** |
| ***8707G*** | ***Suspension for subcutaneous injection (modified release), 7.5 mg injection set*** | ***1*** | ***5*** | ***..*** | ***419.22*** | ***30.70*** | ***Eligard 1 month*** | ***MX*** |
| ***8876E*** | ***I.M. injection (modified release), powder for injection 22.5 mg with diluent in pre-filled dual-chamber syringe*** | ***1*** | ***1*** | ***..*** | ***1105.38*** | ***30.70*** | ***Lucrin Depot 3 Month PDS*** | ***AB*** |
| ***8708H*** | ***Suspension for subcutaneous injection (modified release), 22.5 mg injection set*** | ***1*** | ***1*** | ***..*** | ***1105.38*** | ***30.70*** | ***Eligard 3 month*** | ***MX*** |

continued ☞

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| *8877F* | ***I.M. injection (modified release), powder for injection 30 mg with diluent in pre-filled dual-chamber syringe*** | *1* | *1* | *..* | *1434.78* | *30.70* | | ***Lucrin Depot 4 Month PDS*** | ***AB*** |
| *8709J* | ***Suspension for subcutaneous injection (modified release), 30 mg injection set*** | *1* | *1* | *..* | *1434.78* | *30.70* | | ***Eligard 4 month*** | ***MX*** |
| *8859G* | ***Suspension for subcutaneous injection (modified release), 45 mg injection set*** | *1* | *..* | *..* | *2093.00* | *30.70* | | ***Eligard 6 month*** | ***MX*** |

## Hormone antagonists and related agents

### • *Anti-estrogens*

***TAMOXIFEN CITRATE***

**Restricted Benefit**

***Treatment of hormone-dependent breast cancer.***

**NOTE:**

***This drug is not PBS-subsidised for primary prevention of breast cancer.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *2109B* | ***Tablet 10 mg (base)*** | *60* | *5* | *..* | *46.84* | *30.70* | [a] | ***Genox 10*** | ***AF*** |
| | | | | | | | [a] | ***Tamoxen 10 mg*** | ***GM*** |
| | | | | *B 2.12* | ** 48.96* | *30.70* | [a] | ***Nolvadex*** | ***AP*** |
| *2110C* | ***Tablet 20 mg (base)*** | *60* | *5* | *..* | *77.20* | *30.70* | [a] | ***Chem mart Tamoxifen*** | ***CH*** |
| | | | | | | | [a] | ***Genox 20*** | ***AF*** |
| | | | | | | | [a] | ***GenRx Tamoxifen*** | ***GX*** |
| | | | | | | | [a] | ***Tamosin*** | ***SI*** |
| | | | | | | | [a] | ***Tamoxen 20 mg*** | ***GM*** |
| | | | | | | | [a] | ***Tamoxifen Hexal*** | ***HX*** |
| | | | | | | | [a] | ***Terry White Chemists Tamoxifen*** | ***TW*** |
| | | | | *B 3.82* | ** 81.02* | *30.70* | [a] | ***Nolvadex-D*** | ***AP*** |

***TOREMIFENE CITRATE***

**Restricted Benefit**

***Treatment of hormone-dependent metastatic breast cancer in post-menopausal patients.***

**NOTE:**

***This drug is not PBS-subsidised for primary prevention of breast cancer.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *8216K* | ***Tablet 60 mg (base)*** | *30* | *5* | *..* | *68.13* | *30.70* | | ***Fareston*** | ***SH*** |

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **• *Anti-androgens*** | | | | | | | | |
| | ***BICALUTAMIDE*** | | | | | | | | |
| | **Authority Required** | | | | | | | | |
| | ***Metastatic (equivalent to stage D) prostatic carcinoma in combination with GnRH (LH-RH) agonist therapy.*** | | | | | | | | |
| | **NOTE:** | | | | | | | | |
| | ***No applications for increased maximum quantities and/or repeats will be authorised.*** | | | | | | | | |
| *8094B* | ***Tablet 50 mg*** | ***28*** | ***5*** | ***..*** | ***219.80*** | ***30.70*** | | ***Cosudex*** | ***AP*** |
| | ***CYPROTERONE ACETATE*** | | | | | | | | |
| | **Authority Required (STREAMLINED)** | | | | | | | | |
| | **1014** | | | | | | | | |
| | ***Advanced carcinoma of the prostate;*** | | | | | | | | |
| | **1404** | | | | | | | | |
| | ***To reduce drive in sexual deviations in males.*** | | | | | | | | |
| *1270W* | ***Tablet 50 mg*** | ***100*** | ***5*** | ***..*** | **** 267.84*** | ***30.70*** | [a] | ***Cyprohexal*** | ***HX*** |
| | | | | | | | [a] | ***Cyprone*** | ***AF*** |
| | | | | | | | [a] | ***Cyprostat*** | ***SY*** |
| | | | | | | | [a] | ***GenRx Cyproterone Acetate*** | ***GX*** |
| | | | | | | | [a] | ***Procur*** | ***GM*** |
| | | | | ***B4.00*** | **** 271.84*** | ***30.70*** | [a] | ***Androcur*** | ***SC*** |
| *8019C* | ***Tablet 100 mg*** | ***50*** | ***5*** | ***..*** | ***221.42*** | ***30.70*** | [a] | ***Cyprohexal*** | ***HX*** |
| | | | | | | | [a] | ***Cyprostat-100*** | ***SY*** |
| | | | | | | | [a] | ***GenRx Cyproterone Acetate*** | ***GX*** |
| | | | | | | | [a] | ***Procur 100*** | ***GM*** |
| | | | | ***B2.01*** | ***223.43*** | ***30.70*** | [a] | ***Androcur-100*** | ***SC*** |
| | ***[For other listings for this drug see Generic/Proprietary Index]*** | | | | | | | | |
| | ***FLUTAMIDE*** | | | | | | | | |
| | **Authority Required** | | | | | | | | |
| | ***Metastatic (equivalent to stage D) prostatic carcinoma in combination with GnRH (LH-RH) agonist therapy.*** | | | | | | | | |
| | **NOTE:** | | | | | | | | |
| | ***No applications for increased maximum quantities and/or repeats will be authorised.*** | | | | | | | | |
| *1417N* | ***Tablet 250 mg*** | ***100*** | ***5*** | ***..*** | ***215.90*** | ***30.70*** | [a] | ***Eulexin*** | ***SH*** |
| | | | | | | | [a] | ***Flutamin*** | ***AF*** |

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***NILUTAMIDE*** | | | | | | | |
| | **Authority Required**<br>***Locally advanced (equivalent to stage C) or metastatic (equivalent to stage D) prostatic carcinoma, in combination with GnRH (LH-RH) agonist therapy;***<br>***Locally advanced (equivalent to stage C) or metastatic (equivalent to stage D) prostatic carcinoma, in conjunction with surgical orchidectomy.*** | | | | | | | |
| ***8131Y*** | ***Tablet 150 mg*** | ***30*** | ***5*** | ***..*** | ***225.35*** | ***30.70*** | ***Anandron*** | ***SW*** |
| | • ***Enzyme inhibitors***<br>AMINOGLUTETHIMIDE | | | | | | | |
| 1036M | Tablet 250 mg | 100 | 5 | .. | 158.62 | 30.70 | Cytadren 250 | NV |
| | ***ANASTROZOLE*** | | | | | | | |
| | **Restricted Benefit**<br>***Treatment of hormone-dependent breast cancer in post-menopausal women.*** | | | | | | | |
| | **NOTE:**<br>***This drug is not PBS-subsidised for primary prevention of breast cancer.***<br>***This drug is not PBS-subsidised for adjuvant hormonal treatment of early breast cancer extended beyond 5 years.*** | | | | | | | |
| ***8179L*** | ***Tablet 1 mg*** | ***30*** | ***5*** | ***..*** | ***187.48*** | ***30.70*** | ***Arimidex*** | ***AP*** |
| | ***EXEMESTANE*** | | | | | | | |
| | **Restricted Benefit**<br>***Treatment of hormone-dependent advanced breast cancer in post-menopausal women with disease progression following treatment with tamoxifen citrate;***<br>***Treatment of hormone-dependent early breast cancer in post-menopausal women following a minimum of 2 years' treatment with tamoxifen citrate.*** | | | | | | | |
| | **NOTE:**<br>***This drug is not PBS-subsidised for primary prevention of breast cancer.***<br>***This drug is not PBS-subsidised for adjuvant hormonal treatment of early breast cancer extended beyond 5 years, i.e. a patient who has received 2 years of tamoxifen therapy may only receive 3 years of PBS-subsidised treatment with exemestane.*** | | | | | | | |
| ***8506Q*** | ***Tablet 25 mg*** | ***30*** | ***5*** | ***..*** | ***187.48*** | ***30.70*** | ***Aromasin*** | ***PH*** |
| | ***LETROZOLE*** | | | | | | | |
| | **Restricted Benefit**<br>***Treatment of hormone-dependent advanced breast cancer in post-menopausal women;***<br>***Treatment of hormone-dependent early breast cancer in post-menopausal women;***<br>***Extended adjuvant treatment of hormone-dependent early breast cancer in post-menopausal women commencing within 6 months of ceasing treatment with tamoxifen citrate.*** | | | | | | | |

continued ☞

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **NOTE:** | | | | | | | |
| | ***This drug is not PBS-subsidised for primary prevention of breast cancer.*** | | | | | | | |
| | ***This drug is not PBS-subsidised for adjuvant hormonal treatment of early breast cancer extended beyond 5 years.*** | | | | | | | |
| | ***This drug is not PBS-subsidised for extended adjuvant early breast cancer treatment where the total duration of letrozole (or any other aromatase inhibitor) treatment extends beyond 5 years.*** | | | | | | | |
| *8245Y* | *Tablet 2.5 mg* | *30* | *5* | *..* | *187.48* | *30.70* | *Femara 2.5 mg* | *NV* |

## IMMUNOSTIMULANTS

### Cytokines and immunomodulators

- ***Interferons***

***INTERFERON ALFA-2a***

**CAUTION:**

***Treatment with interferon alfa has been associated with depression and suicide in some patients. Patients with a history of suicidal ideation or depressive illness should be warned of the risks. Psychiatric status during therapy should be monitored.***

**Authority Required**

***Hairy cell leukaemia;***

***Myeloproliferative disease with excessive thrombocytosis.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *8180M* | *Injection 3,000,000 i.u. in 0.5 mL single dose pre-filled syringe* | *15* | *4* | *..* | ** 505.24* | *30.70* | *Roferon-A* | *RO* |

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**Authority Required**

***Myeloproliferative disease with excessive thrombocytosis.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *8551C* | *Injection 4,500,000 i.u. in 0.5 mL single dose pre-filled syringe* | *5* | *4* | *..* | ** 263.74* | *30.70* | *Roferon-A* | *RO* |
| *8552D* | *Injection 6,000,000 i.u. in 0.5 mL single dose pre-filled syringe* | *5* | *4* | *..* | ** 343.74* | *30.70* | *Roferon-A* | *RO* |
| *8553E* | *Injection 9,000,000 i.u. in 0.5 mL single dose pre-filled syringe* | *5* | *4* | *..* | ** 505.14* | *30.70* | *Roferon-A* | *RO* |

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**Authority Required**

***Low grade non-Hodgkin's lymphoma with clinical features suggestive of a poor prognosis, in combination with anthracycline-based chemotherapy.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *8181N* | *Injection 3,000,000 i.u. in 0.5 mL single dose pre-filled syringe* | *15* | *5* | *..* | ** 505.24* | *30.70* | *Roferon-A* | *RO* |
| *8182P* | *Injection 4,500,000 i.u. in 0.5 mL single dose pre-filled syringe* | *5* | *5* | *..* | ** 263.74* | *30.70* | *Roferon-A* | *RO* |
| *8183Q* | *Injection 6,000,000 i.u. in 0.5 mL single dose pre-filled syringe* | *5* | *5* | *..* | ** 343.74* | *30.70* | *Roferon-A* | *RO* |

continued ☞

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| *8184R* | ***Injection 9,000,000 i.u. in 0.5 mL single dose pre-filled syringe*** | *5* | *5* | *..* | ** 505.14* | *30.70* | ***Roferon-A*** | ***RO*** |
| | ***INTERFERON ALFA-2b*** | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | ***Treatment with interferon alfa has been associated with depression and suicide in some patients. Patients with a history of suicidal ideation or depressive illness should be warned of the risks. Psychiatric status during therapy should be monitored.*** | | | | | | | |
| | **Authority Required** | | | | | | | |
| | ***Hairy cell leukaemia.*** | | | | | | | |
| *8572E* | ***Solution for injection 18,000,000 i.u. in 1.2 mL multi-dose injection pen*** | *3* | *4* | *..* | ** 605.05* | *30.70* | ***Intron A Redipen*** | ***SH*** |
| | **Authority Required** | | | | | | | |
| | ***Maintenance treatment of multiple myeloma once remission has been achieved with chemotherapy;*** | | | | | | | |
| | ***Low grade non-Hodgkin's lymphoma with clinical features suggestive of a poor prognosis, in combination with anthracycline-based chemotherapy.*** | | | | | | | |
| *8348J* | ***Solution for injection 18,000,000 i.u. in 1.2 mL multi-dose injection pen*** | *3* | *5* | *..* | ** 605.05* | *30.70* | ***Intron A Redipen*** | ***SH*** |
| *8476D* | ***Solution for injection 30,000,000 i.u. in 1.2 mL multi-dose injection pen*** | *3* | *5* | *..* | ** 1004.77* | *30.70* | ***Intron A Redipen*** | ***SH*** |
| | ***INTERFERON BETA-1a*** | | | | | | | |
| | **Authority Required** | | | | | | | |
| | ***Initial treatment of clinically definite relapsing-remitting multiple sclerosis in ambulatory (without assistance or support) patients who have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to the multiple sclerosis, in the preceding 2 years. The diagnosis must be confirmed by magnetic resonance imaging of the brain and/or spinal cord and the date of the scan included in the authority application, unless the authority application is accompanied by written certification provided by a radiologist that an MRI scan is contraindicated because of the risk of physical (not psychological) injury to the patient. The authority will be limited to the maximum quantity and number of repeats indicated in the schedule;*** | | | | | | | |
| | ***Continuing treatment of clinically definite relapsing-remitting multiple sclerosis in patients previously issued with an authority prescription for this drug who do not show continuing progression of disability while on treatment with this drug and who have demonstrated compliance with, and an ability to tolerate, this therapy. Authorities will be limited to the maximum quantity and number of repeats indicated in the schedule.*** | | | | | | | |
| *8289G* | ***Injection set comprising 1 vial powder for injection 30 micrograms (6,000,000 i.u.) with diluent*** | *4* | *5* | *..* | *1055.39* | *30.70* | ***Avonex*** | ***BD*** |
| *8805K* | ***Injection 30 micrograms (6,000,000 i.u.) in 0.5 mL single dose pre-filled syringe*** | *4* | *5* | *..* | *1055.39* | *30.70* | ***Avonex*** | ***BD*** |

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| *8403G* | ***Injection 44 micrograms (12,000,000 i.u.) in 0.5 mL single dose pre-filled syringe*** | *12* | *5* | *..* | *1055.39* | *30.70* | ***Rebif 44*** | ***SG*** |
| | ***INTERFERON BETA-1b*** | | | | | | | |
| | **Authority Required**<br>***Initial treatment of clinically definite relapsing-remitting multiple sclerosis in ambulatory (without assistance or support) patients who have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to the multiple sclerosis, in the preceding 2 years. The diagnosis must be confirmed by magnetic resonance imaging of the brain and/or spinal cord and the date of the scan included in the authority application, unless the authority application is accompanied by written certification provided by a radiologist that an MRI scan is contraindicated because of the risk of physical (not psychological) injury to the patient. The authority will be limited to the maximum quantity and number of repeats indicated in the schedule;***<br>***Continuing treatment of clinically definite relapsing-remitting multiple sclerosis in patients previously issued with an authority prescription for this drug who do not show continuing progression of disability while on treatment with this drug and who have demonstrated compliance with, and an ability to tolerate, this therapy. Authorities will be limited to the maximum quantity and number of repeats indicated in the schedule.*** | | | | | | | |
| *8101J* | ***Injection set comprising 1 vial powder for injection 8,000,000 i.u. (250 micrograms) and solvent*** | *15* | *5* | *..* | *1174.04* | *30.70* | ***Betaferon*** | ***SC*** |
| | **• *Other cytokines and immunomodulators*** | | | | | | | |
| | ***BCG IMMUNOTHERAPEUTIC (Bacillus Calmette-Guérin/ Connaught strain)*** | | | | | | | |
| | **Restricted Benefit**<br>***Treatment of carcinoma in situ of the urinary bladder.*** | | | | | | | |
| *1140B* | ***Single dose set comprising 1 vial powder for intravesical administration containing 6.6 to 19.2 x $10^8$ CFU and 1 vial diluent 3 mL*** | *3* | *1* | *..* | ** 458.89* | *30.70* | ***ImmuCyst*** | ***SW*** |
| | ***BCG-TICE (Bacillus Calmette-Guérin/ Tice strain)*** | | | | | | | |
| | **Restricted Benefit**<br>***Primary and relapsing superficial urothelial carcinoma of the bladder.*** | | | | | | | |
| *1131M* | ***Vial containing powder for intravesical administration approximately 5 x $10^8$ CFU*** | *3* | *1* | *..* | *555.41* | *30.70* | ***OncoTICE*** | ***OR*** |

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|---|---|---|

***GLATIRAMER ACETATE***

**Authority Required**

***Initial treatment of clinically definite relapsing-remitting multiple sclerosis in ambulatory (without assistance or support) patients who have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to the multiple sclerosis, in the preceding 2 years. The diagnosis must be confirmed by magnetic resonance imaging of the brain and/or spinal cord and the date of the scan included in the authority application, unless the authority application is accompanied by written certification provided by a radiologist that an MRI scan is contraindicated because of the risk of physical (not psychological) injury to the patient. The authority will be limited to the maximum quantity and number of repeats indicated in the schedule;***

***Continuing treatment of clinically definite relapsing-remitting multiple sclerosis in patients previously issued with an authority prescription for this drug who do not show continuing progression of disability while on treatment with this drug and who have demonstrated compliance with, and an ability to tolerate, this therapy. Authorities will be limited to the maximum quantity and number of repeats indicated in the schedule.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *8726G* | *Injection 20 mg in 1 mL single dose pre-filled syringe* | *28* | *5* | *..* | *1089.89* | *30.70* | *Copaxone* | *SW* |

## IMMUNOSUPPRESSIVE AGENTS

### Immunosuppressive agents

- ***Selective immunosuppressive agents***

***ADALIMUMAB***

**NOTE:**

***Any queries concerning the arrangements to prescribe adalimumab may be directed to Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

***Written applications for authority to prescribe adalimumab should be forwarded to:***

***Medicare Australia***
***Prior Written Approval of Specialised Drugs***
***Reply Paid 9826***
***GPO Box 9826***
***HOBART TAS 7001***

***Further prescribing information is on the Medicare Australia website at www.medicareaustralia.gov.au.***

**NOTE:**

***TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS***

***The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological disease modifying anti-rheumatic drugs (bDMARDs) for adults with severe active rheumatoid arthritis. Where the term bDMARD appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, etanercept, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab) and the interleukin-1 inhibitor (anakinra).***

***Patients are eligible for PBS-subsidised treatment with only 1 of the above biological disease modifying anti-rheumatic drugs at any 1 time.***

***PBS-subsidised infliximab, anakinra and rituximab must be used in combination with methotrexate at a dose of at least 7.5 mg weekly. Where a patient cannot tolerate 7.5 mg of methotrexate weekly, they are only eligible to receive PBS-subsidised etanercept and adalimumab.***

***In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.***

continued ☞

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|---|---|---|

***From 1 August 2007, under the PBS, all patients will be able to commence a Treatment Cycle where they may trial PBS-subsidised bDMARD agents without having to experience a disease flare when swapping to an alternate agent. Under these interchangeability arrangements, within a single Treatment Cycle, a patient may continue to receive long-term treatment with a bDMARD while they continue to show a response to therapy.***

***A patient who received PBS-subsidised bDMARD treatment prior to 1 August 2007 is considered to be in their first Cycle as of 1 August 2007.***

***Within the same Treatment Cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised bDMARD more than once.***

***Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a Treatment Cycle and they must have, at a minimum, a 5-year break in PBS-subsidised bDMARD therapy before they are eligible to commence the next Cycle.***

***For patients who have failed PBS-subsidised treatment with 3 bDMARDs prior to 1 August 2007 please contact Medicare Australia on 1800 700 270.***

***The 5-year break is measured from the date of the last approval for PBS-subsidised bDMARD treatment in the most recent Cycle to the date of the first application for initial treatment with a bDMARD under the new Treatment Cycle.***

***A patient who has failed fewer than 3 bDMARDs in a Treatment Cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same Treatment Cycle.***

***A patient who has failed fewer than 3 bDMARDs in a Treatment Cycle and who has a break in therapy of more than 5 years, may commence a new Treatment Cycle.***

***There is no limit to the number of Treatment Cycles a patient may undertake in their lifetime.***

***If patients fail to respond to a particular bDMARD within a single Treatment Cycle, they are not eligible to receive further PBS-subsidised treatment with that drug until they commence the next Cycle.***

***(1) How to prescribe PBS-subsidised bDMARD therapy after 1 August 2007.***

***(a) Initial treatment.***
***Applications for initial treatment should be made where:***
***(i) a patient has received no prior PBS-subsidised bDMARD treatment in this Treatment Cycle and wishes to commence such therapy, excluding rituximab (Initial 1); or***
***(ii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or***
***(iii) a patient wishes to re-commence treatment with a specific bDMARD following a break in PBS-subsidised therapy with that agent (Initial 2).***

***Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for etanercept, adalimumab and anakinra, 22 weeks of therapy for infliximab and 2 infusions of rituximab.***

***From 1 August 2007, a patient must be assessed for response to any course of initial PBS-subsidised treatment (excluding rituximab) following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.***

***Rituximab patients must be assessed following a minimum of 12 weeks after the first infusion, and this assessment must be submitted to Medicare Australia within 4 weeks.***

***Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.***

***For second and subsequent courses of PBS-subsidised bDMARD (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is submitted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.***

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
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***Rituximab patients:***
***A further application may be submitted to Medicare Australia 24 weeks after the first infusion. New baselines may be submitted with this application if appropriate.***

***(b) Continuing treatment.***
***Following the completion of an initial treatment course with a specific bDMARD (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.***

***It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.***

***Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.***

***Rituximab patients:***
***A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction.***

***Where a response assessment is not submitted to Medicare Australia within these time frames, the patient will be deemed to have failed to respond to treatment with that bDMARD.***

***(2) Swapping therapy.***

***Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to an alternate bDMARD within the same Treatment Cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non-bDMARD therapy requirements. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each bDMARD trialled.***

***Patients who are not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent.***

***A patient may trial an alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug within the same Treatment Cycle.***

***In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.***

***To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.***

***PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological agent during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate bDMARD. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate bDMARD may do so without having to have any treatment-free period.***

***To avoid confusion, an application for a patient who wishes to swap to an alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.***

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
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**NOTE:**

***(3) Baseline measurements to determine response.***

***Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a bDMARD. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a Treatment Cycle and Medicare Australia will assess response according to these revised baseline measurements.***

***To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response.***

***(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.***

***A patient who wishes to trial a second or subsequent Treatment Cycle following a break in PBS-subsidised bDMARD therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity. Patients must have received treatment with at least 1 non-biological DMARD, at an adequate dose, for a minimum of 3 months at the time the ESR and/or CRP levels and the active joint count are measured.***

***(5) Patients 'grandfathered' onto PBS-subsidised treatment with rituximab.***

***From 1 August 2007, a patient who commenced treatment with rituximab for severe rheumatoid arthritis prior to 7 March 2007 and who was 'grandfathered' on to PBS-subsidised therapy, and who continues to receive treatment in the same Treatment Cycle, will have further applications for treatment with rituximab assessed under the continuing treatment restriction.***

***'Grandfather' arrangements will only apply for the first Treatment Cycle. For the second and subsequent Cycles, a 'grandfather' patient must requalify for initial treatment under the criteria that applies to a new patient. See 'Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' above for further details.***

**Authority Required**

***Initial 1 (new patients)***
***Application for initial PBS-subsidised treatment with adalimumab, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults who:***
***(a) have severe active rheumatoid arthritis; and***
***(b) have received no prior PBS-subsidised treatment with a bDMARD for this condition in this treatment cycle; and***
***(c) have failed to achieve an adequate response to the following treatments:***
***(i) methotrexate at a dose of at least 20 mg weekly; and***
***(ii) methotrexate (at a minimum dose of 7.5 mg weekly), in combination with 2 other non-biological disease modifying anti-rheumatic drugs (DMARDs), for a minimum of 3 months; and***
***(iii) a minimum of 3 months' treatment with:***
***— leflunomide alone; or***
***— leflunomide in combination with methotrexate; or***
***— cyclosporin.***

***If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.***

***If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of the accepted toxicities, including severity, can be found on the Medicare Australia website [www.medicareaustralia.gov.au].***

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
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***The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:***
***an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L;***
***AND either***
***(i) a total active joint count of at least 20 active (swollen and tender) joints; or***
***(ii) at least 4 active joints from the following list of major joints:***
***— elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or***
***— shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).***

***If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.***

***The authority application must be made in writing and must include:***
***(1) a completed authority prescription form; and***
***(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes details of the patient's ESR and CRP measurements and the patient's active joint count which must have been assessed no earlier than 1 month prior to the date of application; and***
***(3) a signed patient acknowledgement.***

***A maximum of 16 weeks of treatment will be authorised under this restriction.***

***Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

***Assessment of a patient's response to an initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with adalimumab.***

***Patients who fail to demonstrate a response to treatment with adalimumab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this treatment cycle. Patients may re-trial adalimumab after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised bDMARD was approved in this cycle and the date of the first application under the new cycle.***

**Authority Required**

***Initial 2 (change or re-commencement)***
***Application for an initial course of PBS-subsidised treatment with adalimumab, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults who:***
***(a) have a documented history of severe active rheumatoid arthritis; and***
***(b) have received prior PBS-subsidised bDMARD treatment for this condition in this treatment cycle and are eligible to receive further bDMARD therapy.***

***The authority application must be made in writing and must include:***
***(1) a completed authority prescription form; and***
***(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].***

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***Applications for patients who have received PBS-subsidised treatment with adalimumab within this treatment cycle and who wish to re-commence therapy with this drug within this same cycle, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised adalimumab treatment, within the timeframes specified below.*** | | | | | | | |
| | ***A maximum of 16 weeks of treatment will be authorised under this restriction.*** | | | | | | | |
| | ***Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).*** | | | | | | | |
| | ***Where the most recent course of PBS-subsidised adalimumab treatment was approved under either of the initial treatment restrictions (i.e. for patients with no prior PBS-subsidised bDMARD therapy or, under this restriction, for patients who have received previous PBS-subsidised bDMARD therapy), patients must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the date that course was ceased.*** | | | | | | | |
| | ***Where the most recent course of PBS-subsidised adalimumab treatment was approved under the continuing treatment criteria, patients must have been assessed for response, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.*** | | | | | | | |
| | ***Patients who fail to demonstrate a response to treatment with adalimumab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this treatment cycle. Patients may re-trial adalimumab after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised bDMARD was approved in this cycle and the date of the first application under the new cycle.*** | | | | | | | |
| ***8737W*** | ***Injection 40 mg in 0.8 mL pre-filled syringe*** | ***2*** | ***3*** | ***..*** | ***1745.38*** | ***30.70*** | ***Humira*** | ***AB*** |
| ***9099X*** | ***Injection 40 mg in 0.8 mL pre-filled pen*** | ***2*** | ***3*** | ***..*** | ***1745.38*** | ***30.70*** | ***Humira*** | ***AB*** |
| | ***NOTE:*** ***No applications for increased maximum quantities and/or repeats will be authorised.*** ***Applications for treatment with adalimumab where the dosing frequency exceeds 40 mg per fortnight will not be approved.*** | | | | | | | |

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
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| | **Authority Required**<br>***Continuing treatment***<br>***Continuing PBS-subsidised treatment with adalimumab, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults:***<br>***(a) who have a documented history of severe active rheumatoid arthritis; and***<br>***(b) who have demonstrated an adequate response to treatment with adalimumab; and***<br>***(c) whose most recent course of PBS-subsidised bDMARD treatment in this treatment cycle was with adalimumab.***<br>***An adequate response to treatment is defined as:***<br>***an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;***<br>***AND either of the following:***<br>***(i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or***<br>***(ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:***<br>***— elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or***<br>***— shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).***<br>***The authority application must be made in writing and must include:***<br>***(1) a completed authority prescription form; and***<br>***(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].***<br>***A maximum of 24 weeks of treatment will be approved under this restriction.***<br>***Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***<br>***All applications for continuing treatment with adalimumab must include a measurement of response to the prior course of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with adalimumab, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with an initial treatment course.***<br>***Patients who fail to demonstrate a response to treatment with adalimumab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this treatment cycle. Patients may re-trial adalimumab after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised bDMARD was approved in this cycle and the date of the first application under the new cycle.*** | | | | | | | |
| ***8741C*** | ***Injection 40 mg in 0.8 mL pre-filled syringe*** | ***2*** | ***5*** | ***..*** | ***1745.38*** | ***30.70*** | ***Humira*** | ***AB*** |
| ***9100Y*** | ***Injection 40 mg in 0.8 mL pre-filled pen*** | ***2*** | ***5*** | ***..*** | ***1745.38*** | ***30.70*** | ***Humira*** | ***AB*** |
| | ***NOTE:***<br>***No applications for increased maximum quantities and/or repeats will be authorised.***<br>***Applications for treatment with adalimumab where the dosing frequency exceeds 40 mg per fortnight will not be approved.***<br>**NOTE:**<br>***TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS***<br>***The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological agents (adalimumab, etanercept and infliximab) for adult patients with severe active psoriatic arthritis.*** | | | | | | | |

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
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***Patients are eligible for PBS-subsidised treatment with only 1 of the above biological agents at any 1 time. Where the term 'biological agents' appears in the following NOTES and restrictions, it only refers to adalimumab, etanercept and infliximab.***

***From 1 August 2006, all patients will be able to commence a 'Biological Treatment Cycle' (Cycle), where they may trial adalimumab, etanercept or infliximab without having to meet the initial treatment criteria, that is they will not need to experience a disease flare, when swapping to the alternate agent. Under these interchangeability arrangements, within a single Cycle, patients may receive long-term treatment with a biological agent as long as they sustain a response to therapy.***

***Following demonstration of response to initial treatment, these biological agents are available under the PBS for continuing treatment as set out in the continuing treatment restriction for each agent.***

***Once patients have either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single Cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological therapy before they are eligible to commence another Cycle [further details are under '(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' below].***

***The 5-year break in therapy will be measured from the date the last approval for PBS-subsidised treatment was granted in the most recent Cycle to the date of the first application for initial treatment with a biological agent under the new Cycle.***

***Within the same Cycle, patients are not allowed to fail, or cease to respond to, the same PBS-subsidised biological agent more than once. Therefore once a patient fails to meet the response criteria for any biological agent, they must change to an alternate agent which they have not previously failed, if they wish to continue PBS-subsidised biological treatment.***

***Patients for whom a break in PBS-subsidised therapy of less than 5 years has occurred, and, who have failed therapy fewer than 3 times within a particular treatment Cycle, as defined in the relevant restriction, may commence a further course of treatment within that Cycle.***

***Patients for whom a break in PBS-subsidised therapy of 5 years or more has occurred, and, who have failed therapy fewer than 3 times within a particular treatment Cycle, as defined in the relevant restriction, are eligible to commence a new Cycle.***

***There is no limit to the number of Biological Treatment Cycles a patient may undertake in their lifetime.***

***How to prescribe biological agents for the treatment of severe active psoriatic arthritis after 1 August 2006.***

***(1) Initial treatment.***

***Applications for initial treatment should be made where:***
***(i) patients have received no prior PBS-subsidised biological treatment and wish to commence such therapy (Initial 1); and***
***(ii) patients have received prior PBS-subsidised biological therapy and wish to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; and***
***(iii) patients wish to re-commence treatment with a specific biological agent following a break in PBS-subsidised therapy with that specific agent (Initial 2).***

***All applications for initial treatment for non-grandfather patients will be limited to provide for a maximum of 16 weeks of therapy for all agents except for infliximab, for which a maximum of 22 weeks will be authorised. It is recommended that patients be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological agent supply.***

***Patients must be assessed for response to any course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased. Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond to treatment with that biological agent.***

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
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***Grandfather patients.***

***Applications for patients who commenced treatment with etanercept prior to 17 March 2005 or adalimumab and infliximab prior to 16 March 2006, may apply for initial PBS-subsidised treatment as continuing therapy under the relevant initial treatment restriction (Initial 3). These patients access the PBS interchangeability arrangements in the same way as new patients who have not been treated with any biological agent prior to PBS listing of that agent.***

***Applications for initial PBS-subsidised treatment for grandfather patients will provide for a maximum of 24 weeks of treatment for all agents. Approval will be based on the criteria included in the relevant restriction.***

***(2) Continuing treatment.***

***Following the completion of an initial treatment course with a specific biological agent, patients may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. Patients are eligible to receive continuing biological treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.***

***Patients must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased. Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond to treatment with that biological agent.***

***(3) Swapping therapy.***

***Once an authority for initial treatment with the first PBS-subsidised biological agent is approved, patients may swap to an alternate biological agent without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements.***

***Patients may swap to an alternate biological agent at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological agent at the time of the application or not.***

***Patients may alternate between therapy with any biological agent of their choice (1 at a time) providing:***
***(i) they have not received PBS-subsidised treatment with that particular biological agent previously; or***
***(ii) they have demonstrated an adequate response to that particular biological agent if they have previously trialled it on the PBS.***

***To ensure patients receive the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.***

***To avoid confusion, applications for patients who wish to swap to an alternate biological agent should be accompanied by the approved authority prescription or remaining repeats for the biological agent the patient is ceasing.***

***(4) Baseline measurements to determine response.***

***Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the indices of disease severity submitted with the first authority application for a biological agent. However, prescribers may provide new baseline measurements any time that an initial treatment authority is submitted within a treatment Cycle and Medicare Australia will assess response according to these revised baseline measurements.***

***To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.***

***(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.***

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| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
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***Patients who wish to trial a second or subsequent treatment Cycle following a break in PBS-subsidised biological therapy of at least 5 years, must re-qualify for initial treatment with respect to both the indices of disease severity. Patients must have received treatment with either methotrexate or sulfasalazine, at an adequate dose, for a minimum of 3 months at the time the ESR or CRP levels and the active joint counts are measured.***

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**Authority Required**

***Initial 1***

***Initial PBS-subsidised treatment with adalimumab, by a rheumatologist or clinical immunologist with expertise in the management of psoriatic arthritis, of adults who:***
***(1) have severe active psoriatic arthritis with a record of rheumatoid factor negative status within the last 12 months; and***
***(2) have received no prior PBS-subsidised biological treatment for this condition in this Treatment Cycle; and***
***(3) have failed to achieve an adequate response to:***
***(a) methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months; and***
***(b) sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months.***

***Patients must have had the psoriatic component of their disease confirmed by a dermatologist or by biopsy at any time.***

***If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.***

***If intolerance to treatment develops during the relevant period of use, which is of a severity to necessitate permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of acceptable toxicities, including severity, can be found on the Medicare Australia website (www.medicareaustralia.gov.au).***

***The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:***
***an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either***
***(i) an active joint count of at least 20 active (swollen and tender) joints; or***
***(ii) at least 4 active joints from the following list of major joints:***
***— elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or***
***— shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).***

***If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.***

***The authority application must be made in writing and must include:***
***(1) a completed authority prescription form; and***
***(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes details of the patient's ESR and CRP measurements and the patient's active joint count which must have been assessed no earlier than 1 month prior to the date of application; and***
***(3) a copy of the signed patient acknowledgement form which is included in the Supporting Information Form. Completion of this form declares that the patient understands and acknowledges that PBS-subsidised treatment will cease if they do not demonstrate the response to treatment required to support continuation of PBS-subsidised treatment at any assessment where a response must be demonstrated.***

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).*** | | | | | | | |
| | ***Patients who fail to demonstrate a response to treatment with adalimumab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this Treatment Cycle.*** | | | | | | | |
| | **Authority Required** | | | | | | | |
| | ***Initial 2*** | | | | | | | |
| | ***Initial PBS-subsidised treatment with adalimumab, by a rheumatologist or clinical immunologist with expertise in the management of psoriatic arthritis, of adults who:*** | | | | | | | |
| | ***(1) have a documented history of severe active psoriatic arthritis with a record of rheumatoid factor negative status within the last 12 months; and*** | | | | | | | |
| | ***(2) have received prior PBS-subsidised biological treatment for this condition in this Treatment Cycle and are eligible to receive further biological therapy; and*** | | | | | | | |
| | ***(3) have not failed treatment with adalimumab during the current Treatment Cycle.*** | | | | | | | |
| | ***Applications for patients who have demonstrated a response to PBS-subsidised adalimumab treatment within this Treatment Cycle and who wish to re-commence adalimumab treatment within the same Cycle following a break in therapy, will only be approved where evidence of a response to the patient's most recent course of PBS-subsidised adalimumab treatment has been submitted to Medicare Australia within 1 month of cessation of treatment.*** | | | | | | | |
| | ***Where the most recent course of PBS-subsidised adalimumab treatment was approved under either of the initial treatment restrictions (i.e. for patients with no prior PBS-subsidised biological therapy or, under this restriction, for patients who have received previous PBS-subsidised biological therapy), patients must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the date that course was ceased.*** | | | | | | | |
| | ***Where the most recent course of PBS-subsidised adalimumab treatment was approved under the continuing treatment criteria, patients must have been assessed for response, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.*** | | | | | | | |
| | ***The authority application must be made in writing and must include:*** | | | | | | | |
| | ***(1) a completed authority prescription form; and*** | | | | | | | |
| | ***(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].*** | | | | | | | |
| | ***Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).*** | | | | | | | |
| | ***Patients who fail to demonstrate a response to treatment with adalimumab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this Treatment Cycle.*** | | | | | | | |
| | ***Once patients fail to respond to treatment with 3 biological agents, they are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new Biological Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.*** | | | | | | | |
| ***9033K*** | ***Injection 40 mg in 0.8 mL pre-filled syringe*** | ***2*** | ***3*** | ***..*** | ***1745.38*** | ***30.70*** | ***Humira*** | ***AB*** |
| ***9101B*** | ***Injection 40 mg in 0.8 mL pre-filled pen*** | ***2*** | ***3*** | ***..*** | ***1745.38*** | ***30.70*** | ***Humira*** | ***AB*** |

continued ☞

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
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***NOTE:***

***No applications for increased maximum quantities and/or repeats will be authorised.***
***Applications for treatment with adalimumab where the dosing frequency exceeds 40 mg per fortnight will not be approved.***

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**Authority Required**

***Initial 3***

***Initial PBS-subsidised supply for continuing treatment with adalimumab, by a rheumatologist or clinical immunologist with expertise in the management of psoriatic arthritis, of adults who:***
***(1) have a documented history of severe active psoriatic arthritis with a record of rheumatoid factor negative status within the last 12 months; and***
***(2) were receiving treatment with adalimumab prior to 16 March 2006; and***
***(3) have demonstrated a response as specified in the criteria for continuing PBS-subsidised treatment with adalimumab.***

***The authority application must be made in writing and must include:***
***(1) a completed authority prescription form; and***
***(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and***
***(3) a copy of the signed patient acknowledgement form which is included in the Supporting Information Form. Completion of this form declares that the patient understands and acknowledges that PBS-subsidised treatment will cease if they do not demonstrate the response to treatment required to support continuation of PBS-subsidised treatment at any assessment where a response must be demonstrated.***

***A maximum of 24 weeks of treatment with adalimumab will be authorised under this restriction.***

***Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

***Patients who fail to demonstrate a response to treatment with adalimumab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this Treatment Cycle.***

***Patients may qualify for PBS-subsidised treatment under this restriction once only.***

continued ☞

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **Authority Required**<br>***Continuing treatment***<br>***Continuing PBS-subsidised treatment with adalimumab, by a rheumatologist or clinical immunologist with expertise in the management of psoriatic arthritis, of adults:***<br>***(1) who have a documented history of severe active psoriatic arthritis with a record of rheumatoid factor negative status; and***<br>***(2) whose most recent course of PBS-subsidised biological agent for this condition in the current Treatment Cycle was with adalimumab; and***<br>***(3) who, at the time of application, demonstrate an adequate response to treatment with adalimumab.***<br>***An adequate response to treatment with adalimumab is defined as:***<br>***an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; AND either of the following:***<br>***(i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or***<br>***(ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:***<br>***— elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or***<br>***— shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).***<br>***The authority application must be made in writing and must include:***<br>***(1) a completed authority prescription form; and***<br>***(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].***<br>***All applications for continuing treatment with adalimumab must include a measurement of response to the prior course of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with adalimumab, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with the initial treatment course.***<br>***Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***<br>***Patients who fail to demonstrate a response to treatment with adalimumab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this Treatment Cycle.***<br>***Once patients fail to respond to treatment with 3 biological agents, they are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new Biological Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.*** | | | | | | | |
| ***9034L*** | ***Injection 40 mg in 0.8 mL pre-filled syringe*** | ***2*** | ***5*** | ***..*** | ***1745.38*** | ***30.70*** | ***Humira*** | ***AB*** |
| ***9102C*** | ***Injection 40 mg in 0.8 mL pre-filled pen*** | ***2*** | ***5*** | ***..*** | ***1745.38*** | ***30.70*** | ***Humira*** | ***AB*** |

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|---|---|---|

***NOTE:***

***No applications for increased maximum quantities and/or repeats will be authorised.***

***Applications for treatment with adalimumab where the dosing frequency exceeds 40 mg per fortnight will not be approved.***

**NOTE:**

***TREATMENT OF ADULT PATIENTS WITH ACTIVE ANKYLOSING SPONDYLITIS***

***The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and infliximab for adult patients with active ankylosing spondylitis. Where the term 'tumour necrosis factor (TNF) alfa antagonist' appears in the following NOTES and restrictions, it refers to adalimumab, etanercept and infliximab only.***

***A patient is eligible for PBS-subsidised treatment with only 1 of the 3 TNF-alfa antagonists at any 1 time.***

***From 1 March 2007, under the PBS, all patients will be able to commence a treatment cycle where they may trial each PBS-subsidised TNF-alfa antagonist without having to experience a disease flare when swapping to the alternate agent. Under these interchangeability arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a TNF-alfa antagonist while they continue to show a response to therapy.***

***A patient who received PBS-subsidised TNF-alfa antagonist treatment prior to 1 March 2007 is considered to be in their first cycle as of 1 March 2007.***

***Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised TNF-alfa antagonist more than once. A patient who, prior to 1 March 2007, was authorised to receive PBS-subsidised initial treatment for ankylosing spondylitis with the same agent twice, is exempt from this condition in respect of applications approved prior to 1 March 2007.***

***Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised TNF-alfa antagonist therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised TNF-alfa antagonist treatment in the most recent cycle to the date of the first application for initial treatment with a TNF-alfa antagonist under the new treatment cycle.***

***A patient who has failed fewer than 3 TNF-alfa antagonists in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.***

***A patient who has failed fewer than 3 TNF-alfa antagonists in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.***

***There is no limit to the number of treatment cycles a patient may undertake in their lifetime.***

***(1) How to prescribe PBS-subsidised TNF-alfa antagonist therapy after 1 March 2007.***

***(a) Initial treatment.***

***Applications for initial treatment should be made where:***

***(i) a patient has received no prior PBS-subsidised TNF-alfa antagonist treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or***

***(ii) a patient has received prior PBS-subsidised (initial or continuing) TNF-alfa antagonist therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or***

***(iii) a patient wishes to re-commence treatment with a specific TNF-alfa antagonist following a break in PBS-subsidised therapy with that agent (Initial 2).***

***Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for etanercept and adalimumab and 18 weeks of treatment for infliximab.***

***From 1 March 2007, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.***

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
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***Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.***

***For second and subsequent courses of PBS-subsidised TNF-alfa antagonist treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.***

***(b) Continuing treatment.***
***Following the completion of an initial treatment course with a specific TNF-alfa antagonist, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing TNF-alfa antagonist treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.***

***It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted TNF-alfa antagonist supply.***

***Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.***

***Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.***

***(2) Swapping therapy.***

***Once initial treatment with the first PBS-subsidised TNF-alfa antagonist is approved, a patient may swap to an alternate TNF-alfa antagonist within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.***

***A patient may trial an alternate TNF-alfa antagonist at any time, regardless of whether they are receiving therapy (initial or continuing) with a TNF-alfa antagonist at the time of the application. However, they cannot swap to a particular TNF-alfa antagonist if they have failed to respond to prior treatment with that drug within the same treatment cycle.***

***To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.***

***To avoid confusion, an application for a patient who wishes to swap to an alternate TNF-alfa antagonist should be accompanied by the approved authority prescription or remaining repeats for the TNF-alfa antagonist the patient is ceasing.***

***(3) Baseline measurements to determine response.***

***Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a TNF-alfa antagonist. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and Medicare Australia will assess response according to these revised baseline measurements.***

***For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program. However, this is not required for any subsequent BASDAI results for these patients, nor for patients who were 'grandfathered' on to TNF-alfa antagonist treatment.***

***To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response.***

***(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.***

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| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
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***A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised TNF-alfa antagonist therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity. Patients must have received treatment with at least 1 NSAID, at an adequate dose, for a minimum of 3 consecutive months immediately prior to the time the BASDAI, ESR and/or CRP levels are measured.***

***(5) Patients 'grandfathered' onto PBS-subsidised treatment with adalimumab.***

***A patient who commenced treatment with adalimumab for active ankylosing spondylitis prior to 1 November 2006 and who continues to receive treatment at the time of application, may qualify for treatment under the initial 'grandfather' treatment restriction.***

***A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment with adalimumab will be authorised under this criterion.***

***Following completion of the initial PBS-subsidised course, further applications for treatment with adalimumab will be assessed under the continuing treatment restriction.***

***Where pre-TNF-alfa antagonist treatment baselines cannot be provided, the following criteria must be met to demonstrate a response to treatment:***
***The BASDAI score must be either:***
***(i) no more than 20% greater than the score included in the initial application for PBS-subsidised treatment; or***
***(ii) no greater than 2.***
***AND***
***One of the following:***
***(a) an ESR measurement no greater than 25 mm per hour; or***
***(b) a CRP measurement no greater than 10 mg per L.***

***'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must requalify for initial treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' above for further details.***

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**Authority Required**

***Initial 1 (new patients)***
***First course of PBS-subsidised treatment with adalimumab, by a rheumatologist, of an adult with active ankylosing spondylitis who has radiographically (plain X-ray) confirmed Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis and who has not received any PBS-subsidised treatment with either adalimumab, etanercept or infliximab in this treatment cycle; AND***
***(a) who has at least 2 of the following:***
***(i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; or***
***(ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI) [for further information on the BASMI please refer to the Medicare Australia website at www.medicareaustralia.gov.au]; or***
***(iii) limitation of chest expansion relative to normal values for age and gender [for chest expansion normal values please refer to the Medicare Australia website at www.medicareaustralia.gov.au]; AND***
***(b) who has failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months.***

***The application must include details of the NSAIDs trialled, their doses and duration of treatment. If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.***

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
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***If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.***

***If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance. Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Medicare Australia website [www.medicareaustralia.gov.au].***

***For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Medicare Australia website at www.medicareaustralia.gov.au.***

***The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:***
***(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; AND***
***(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.***

***The BASDAI must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. The BASDAI must be no more than 1 month old at the time of initial application.***

***Both ESR and CRP measures should be provided with the initial treatment application and both must be no more than 1 month old. If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.***

***Authority applications must be made in writing and must include:***
***(a) a completed authority prescription form; and***
***(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form [www.medicareaustralia.gov.au] which must include the following:***
***(i) a copy of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and***
***(ii) a completed BASDAI Assessment Form [www.medicareaustralia.gov.au]; and***
***(iii) a completed Exercise Program Self Certification Form included in the supporting information form; and***
***(iv) a signed patient acknowledgment form. Completion of this form declares that the patient understands and acknowledges that PBS-subsidised treatment with the TNF-alfa antagonists (adalimumab, etanercept or infliximab) for ankylosing spondylitis will cease if they do not demonstrate the response to treatment required to support continuation of PBS-subsidised treatment at any assessment where a response must be demonstrated.***

***The assessment of the patient's response to the initial course of treatment must be made following a minimum of 12 weeks of treatment and submitted to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.***

***A maximum of 16 weeks of treatment with adalimumab will be approved under this criterion.***

***Where fewer than 3 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone.***

**Authority Required**

***Initial 2 (change or re-commencement for all patients)***
***Initial course of PBS-subsidised treatment with adalimumab, by a rheumatologist, of an adult with a documented history of active ankylosing spondylitis who, in this treatment cycle, has received prior PBS-subsidised treatment with either adalimumab, etanercept or infliximab for this condition and has not failed PBS-subsidised therapy with adalimumab.***

***To demonstrate a response to treatment the application must be accompanied by the results of the most recent course of TNF-alfa antagonist therapy within the timeframes specified in the relevant restriction.***

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| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
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***Where the most recent course of PBS-subsidised TNF-alfa antagonist treatment was approved under an initial treatment restriction after 1 March 2007, the patient must have been assessed for response to that course following a minimum of 12 weeks of treatment. Where the most recent course of PBS-subsidised TNF-alfa antagonist treatment was approved under an initial treatment restriction prior to 1 March 2007, the patient must have been assessed for response to that course following at least 4 weeks of treatment. These assessments must be provided to Medicare Australia no later than 4 weeks from the date the course was ceased.***

***If the response assessment to the previous course of TNF-alfa antagonist treatment is not submitted as detailed above, the patient will be deemed to have failed therapy with that particular course of TNF-alfa antagonist.***

***Authority applications must be made in writing and must include:***
***(a) a completed authority prescription form; and***
***(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form [www.medicareaustralia.gov.au] which includes a completed BASDAI Assessment Form with certification by the prescriber and the patient that the patient did not have access to their baseline BASDAI at the time of their assessment.***

***A maximum of 16 weeks of treatment with adalimumab will be approved under this criterion.***

***Where fewer than 3 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ***9077R*** | ***Injection 40 mg in 0.8 mL pre-filled syringe*** | ***2*** | ***3*** | ***..*** | ***1745.38*** | ***30.70*** | ***Humira*** | ***AB*** |
| ***9103D*** | ***Injection 40 mg in 0.8 mL pre-filled pen*** | ***2*** | ***3*** | ***..*** | ***1745.38*** | ***30.70*** | ***Humira*** | ***AB*** |

***NOTE:***
***No applications for increased maximum quantities and/or repeats will be authorised.***
***Applications for treatment with adalimumab where the dosing frequency exceeds 40 mg per fortnight will not be approved.***

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**Authority Required**

***Initial ('grandfather' patients)***
***Initial PBS-subsidised course of adalimumab treatment, by a rheumatologist, of an adult with a documented history of active ankylosing spondylitis who has radiographically (plain X-ray) confirmed Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis and who was receiving treatment with adalimumab prior to 1 November 2006; AND***
***(a) is receiving treatment with adalimumab at the time of application; AND***
***(b) has not received prior PBS-subsidised treatment with infliximab or etanercept; AND***
***(c) whose current Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score is either:***
***(i) less than or equal to 5 on a 0-10 scale; OR***
***(ii) improved by at least 2 from baseline; AND***
***(d) who has:***
***(i) an ESR measurement no greater than 25 mm per hour; or***
***(ii) a CRP measurement no greater than 10 mg per L; or***
***(iii) an ESR or CRP measurement reduced by at least 20% from pre-treatment baseline.***

***The BASDAI assessment and ESR and/or CRP measurements provided must be no more than 1 month old at the time of application. Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.***

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
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***Authority applications must be made in writing and must include:***
***(a) a completed authority prescription form; and***
***(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form [www.medicareaustralia.gov.au] which includes the following:***
***(i) a copy of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and***
***(ii) a completed BASDAI Assessment Form [www.medicareaustralia.gov.au]; and***
***(iii) a signed patient acknowledgment form included in the supporting information form. Completion of this form declares that the patient understands and acknowledges that PBS-subsidised treatment with the TNF-alfa antagonists (adalimumab, etanercept or infliximab) for ankylosing spondylitis will cease if they do not demonstrate the response to treatment required to support continuation of PBS-subsidised treatment at any assessment where a response must be demonstrated.***

***The assessment of the patient's response to this initial course of therapy must be made within the 4 weeks prior to completion of the course in order to ensure continuity of treatment.***

***A patient ceasing treatment or swapping to an alternate agent and wishing to demonstrate a response to treatment, must be assessed no earlier than 12 weeks from the commencement of PBS-subsidised treatment. This assessment must be provided to Medicare Australia no later than 4 weeks from the date that course was ceased.***

***If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.***

***A maximum of 24 weeks of treatment with adalimumab will be authorised under this criterion.***

***Where fewer than 5 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone.***

***Patients may only qualify for PBS-subsidised treatment under this criterion once.***

**Authority Required**

***Continuing treatment for all patients***
***Continuing PBS-subsidised treatment, by a rheumatologist, of an adult with a documented history of active ankylosing spondylitis who:***
***(a) has demonstrated a response to treatment with adalimumab; and***
***(b) whose most recent course of PBS-subsidised therapy in this treatment cycle was with adalimumab.***

***Response is defined as an improvement from baseline of at least 2 of the BASDAI and 1 of the following:***
***(a) an ESR measurement no greater than 25 mm per hour; or***
***(b) a CRP measurement no greater than 10 mg per L; or***
***(c) an ESR or CRP measurement reduced by at least 20% from baseline.***

***For a 'grandfather' patient who does not have baselines prior to commencing treatment with a TNF-alfa antagonist, see Note 5 for a definition of response to treatment.***

***Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.***

***The first application for continuing treatment following an initial treatment course must be made following a minimum of 12 weeks of treatment with adalimumab.***

***Applications for continuing treatment must be made in writing and should be posted to Medicare Australia no less than 2 weeks prior to the completion of the current treatment course.***

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
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| | ***Written applications for authorisation must include:***<br>***(a) a completed authority prescription form; and***<br>***(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form [www.medicareaustralia.gov.au] which includes a completed BASDAI Assessment Form with certification by the prescriber and the patient that the patient did not have access to their baseline BASDAI at the time of their continuing treatment assessment.***<br>***All measurements provided must be no more than 1 month old at the time of application.***<br>***A maximum of 24 weeks of treatment with adalimumab will be authorised under this criterion.***<br>***Where fewer than 5 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone.*** | | | | | | | |
| ***9078T*** | ***Injection 40 mg in 0.8 mL pre-filled syringe*** | ***2*** | ***5*** | ***..*** | ***1745.38*** | ***30.70*** | ***Humira*** | ***AB*** |
| ***9104E*** | ***Injection 40 mg in 0.8 mL pre-filled pen*** | ***2*** | ***5*** | ***..*** | ***1745.38*** | ***30.70*** | ***Humira*** | ***AB*** |
| | ***NOTE:***<br>***No applications for increased maximum quantities and/or repeats will be authorised.***<br>***Applications for treatment with adalimumab where the dosing frequency exceeds 40 mg per fortnight will not be approved.*** | | | | | | | |
| | ***ANAKINRA***<br>**NOTE:**<br>***Any queries concerning the arrangements to prescribe anakinra may be directed to Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***<br>***Written applications for authority to prescribe anakinra should be forwarded to:***<br>***Medicare Australia***<br>***Prior Written Approval of Specialised Drugs***<br>***Reply Paid 9826***<br>***GPO Box 9826***<br>***HOBART TAS 7001***<br>***Further prescribing information is on the Medicare Australia website at www.medicareaustralia.gov.au.***<br>**NOTE:**<br>***TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS***<br>***The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological disease modifying anti-rheumatic drugs (bDMARDs) for adults with severe active rheumatoid arthritis. Where the term bDMARD appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, etanercept, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab) and the interleukin-1 inhibitor (anakinra).***<br>***Patients are eligible for PBS-subsidised treatment with only 1 of the above biological disease modifying anti-rheumatic drugs at any 1 time.***<br>***PBS-subsidised infliximab, anakinra and rituximab must be used in combination with methotrexate at a dose of at least 7.5 mg weekly. Where a patient cannot tolerate 7.5 mg of methotrexate weekly, they are only eligible to receive PBS-subsidised etanercept and adalimumab.***<br>***In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.*** | | | | | | | |

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
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***From 1 August 2007, under the PBS, all patients will be able to commence a Treatment Cycle where they may trial PBS-subsidised bDMARD agents without having to experience a disease flare when swapping to an alternate agent. Under these interchangeability arrangements, within a single Treatment Cycle, a patient may continue to receive long-term treatment with a bDMARD while they continue to show a response to therapy.***

***A patient who received PBS-subsidised bDMARD treatment prior to 1 August 2007 is considered to be in their first Cycle as of 1 August 2007.***

***Within the same Treatment Cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised bDMARD more than once.***

***Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a Treatment Cycle and they must have, at a minimum, a 5-year break in PBS-subsidised bDMARD therapy before they are eligible to commence the next Cycle.***

***For patients who have failed PBS-subsidised treatment with 3 bDMARDs prior to 1 August 2007 please contact Medicare Australia on 1800 700 270.***

***The 5-year break is measured from the date of the last approval for PBS-subsidised bDMARD treatment in the most recent Cycle to the date of the first application for initial treatment with a bDMARD under the new Treatment Cycle.***

***A patient who has failed fewer than 3 bDMARDs in a Treatment Cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same Treatment Cycle.***

***A patient who has failed fewer than 3 bDMARDs in a Treatment Cycle and who has a break in therapy of more than 5 years, may commence a new Treatment Cycle.***

***There is no limit to the number of Treatment Cycles a patient may undertake in their lifetime.***

***If patients fail to respond to a particular bDMARD within a single Treatment Cycle, they are not eligible to receive further PBS-subsidised treatment with that drug until they commence the next Cycle.***

***(1) How to prescribe PBS-subsidised bDMARD therapy after 1 August 2007.***

***(a) Initial treatment.***
***Applications for initial treatment should be made where:***
***(i) a patient has received no prior PBS-subsidised bDMARD treatment in this Treatment Cycle and wishes to commence such therapy, excluding rituximab (Initial 1); or***
***(ii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or***
***(iii) a patient wishes to re-commence treatment with a specific bDMARD following a break in PBS-subsidised therapy with that agent (Initial 2).***

***Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for etanercept, adalimumab and anakinra, 22 weeks of therapy for infliximab and 2 infusions of rituximab.***

***From 1 August 2007, a patient must be assessed for response to any course of initial PBS-subsidised treatment (excluding rituximab) following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.***

***Rituximab patients must be assessed following a minimum of 12 weeks after the first infusion, and this assessment must be submitted to Medicare Australia within 4 weeks.***

***Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.***

***For second and subsequent courses of PBS-subsidised bDMARD (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is submitted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.***

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| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
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***Rituximab patients:***
***A further application may be submitted to Medicare Australia 24 weeks after the first infusion. New baselines may be submitted with this application if appropriate.***

***(b) Continuing treatment.***
***Following the completion of an initial treatment course with a specific bDMARD (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.***

***It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.***

***Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.***

***Rituximab patients:***
***A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction.***

***Where a response assessment is not submitted to Medicare Australia within these time frames, the patient will be deemed to have failed to respond to treatment with that bDMARD.***

***(2) Swapping therapy.***

***Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to an alternate bDMARD within the same Treatment Cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non-bDMARD therapy requirements. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each bDMARD trialled.***

***Patients who are not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent.***

***A patient may trial an alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug within the same Treatment Cycle.***

***In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.***

***To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.***

***PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological agent during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate bDMARD. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate bDMARD may do so without having to have any treatment-free period.***

***To avoid confusion, an application for a patient who wishes to swap to an alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.***

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
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**NOTE:**

***(3) Baseline measurements to determine response.***

***Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a bDMARD. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a Treatment Cycle and Medicare Australia will assess response according to these revised baseline measurements.***

***To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response.***

***(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.***

***A patient who wishes to trial a second or subsequent Treatment Cycle following a break in PBS-subsidised bDMARD therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity. Patients must have received treatment with at least 1 non-biological DMARD, at an adequate dose, for a minimum of 3 months at the time the ESR and/or CRP levels and the active joint count are measured.***

***(5) Patients 'grandfathered' onto PBS-subsidised treatment with rituximab.***

***From 1 August 2007, a patient who commenced treatment with rituximab for severe rheumatoid arthritis prior to 7 March 2007 and who was 'grandfathered' on to PBS-subsidised therapy, and who continues to receive treatment in the same Treatment Cycle, will have further applications for treatment with rituximab assessed under the continuing treatment restriction.***

***'Grandfather' arrangements will only apply for the first Treatment Cycle. For the second and subsequent Cycles, a 'grandfather' patient must requalify for initial treatment under the criteria that applies to a new patient. See 'Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' above for further details.***

**Authority Required**

***Initial 1 (new patients)***
***Application for initial PBS-subsidised treatment with anakinra, in combination with methotrexate at a dose of at least 7.5 mg weekly, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults who:***
***(a) have severe active rheumatoid arthritis; and***
***(b) have received no prior PBS-subsidised treatment with a bDMARD for this condition in this treatment cycle; and***
***(c) have failed to achieve an adequate response to the following treatments:***
***(i) methotrexate at a dose of at least 20 mg weekly; and***
***(ii) methotrexate (at a minimum dose of 7.5 mg weekly), in combination with 2 other non-biological disease modifying anti-rheumatic drugs (DMARDs), for a minimum of 3 months; and***
***(iii) a minimum of 3 months' treatment with:***
***— leflunomide alone; or***
***— leflunomide in combination with methotrexate; or***
***— cyclosporin.***

***If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.***

***If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of the accepted toxicities, including severity, can be found on the Medicare Australia website [www.medicareaustralia.gov.au].***

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
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***The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:***
***an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L;***
***AND either***
***(i) a total active joint count of at least 20 active (swollen and tender) joints; or***
***(ii) at least 4 active joints from the following list of major joints:***
***— elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or***
***— shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).***

***If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.***

***The authority application must be made in writing and must include:***
***(1) a completed authority prescription form; and***
***(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes details of the patient's ESR and CRP measurements and the patient's active joint count which must have been assessed no earlier than 1 month prior to the date of application; and***
***(3) a signed patient acknowledgement.***

***A maximum of 16 weeks of treatment will be authorised under this restriction.***

***Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

***Assessment of a patient's response to an initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with anakinra.***

***Patients who fail to demonstrate a response to treatment with anakinra under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this treatment cycle. Patients may re-trial anakinra after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised bDMARD was approved in this cycle and the date of the first application under the new cycle.***

**Authority Required**

***Initial 2 (change or re-commencement)***
***Application for an initial course of PBS-subsidised treatment with anakinra, in combination with methotrexate at a dose of at least 7.5 mg weekly, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults who:***
***(a) have a documented history of severe active rheumatoid arthritis; and***
***(b) have received prior PBS-subsidised bDMARD treatment for this condition in this treatment cycle and are eligible to receive further bDMARD therapy.***

***The authority application must be made in writing and must include:***
***(1) a completed authority prescription form; and***
***(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].***

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| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
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***Applications for patients who have received PBS-subsidised treatment with anakinra within this treatment cycle and who wish to re-commence therapy with this drug within this same cycle, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised anakinra treatment, within the timeframes specified below.***

***A maximum of 16 weeks of treatment will be authorised under this restriction.***

***Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

***Where the most recent course of PBS-subsidised anakinra treatment was approved under either of the initial treatment restrictions (i.e. for patients with no prior PBS-subsidised bDMARD therapy or, under this restriction, for patients who have received previous PBS-subsidised bDMARD therapy), patients must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the date that course was ceased.***

***Where the most recent course of PBS-subsidised anakinra treatment was approved under the continuing treatment criteria, patients must have been assessed for response, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.***

***Patients who fail to demonstrate a response to treatment with anakinra under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this treatment cycle. Patients may re-trial anakinra after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised bDMARD was approved in this cycle and the date of the first application under the new cycle.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ***8773R*** | ***Injection 100 mg in 0.67 mL single use pre-filled syringe*** | ***28*** | ***3*** | ***..*** | ***1351.65*** | ***30.70*** | ***Kineret*** | ***AN*** |

***NOTE:***
***No applications for increased maximum quantities and/or repeats will be authorised.***

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**Authority Required**

***Continuing treatment***
***Continuing PBS-subsidised treatment with anakinra, in combination with methotrexate at a dose of at least 7.5 mg weekly, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults:***
***(a) who have a documented history of severe active rheumatoid arthritis; and***
***(b) who have demonstrated an adequate response to treatment with anakinra; and***
***(c) whose most recent course of PBS-subsidised bDMARD treatment in this treatment cycle was with anakinra.***

***An adequate response to treatment is defined as:***
***an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;***
***AND either of the following:***
***(i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or***
***(ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:***
***— elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or***
***— shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).***

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
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***The authority application must be made in writing and must include:***
***(1) a completed authority prescription form; and***
***(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].***

***A maximum of 24 weeks of treatment will be approved under this restriction.***

***Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

***All applications for continuing treatment with anakinra must include a measurement of response to the prior course of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with anakinra, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with an initial treatment course.***

***Patients who fail to demonstrate a response to treatment with anakinra under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this treatment cycle. Patients may re-trial anakinra after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised bDMARD was approved in this cycle and the date of the first application under the new cycle.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ***8774T*** | ***Injection 100 mg in 0.67 mL single use pre-filled syringe*** | ***28*** | ***5*** | ***..*** | ***1351.65*** | ***30.70*** | ***Kineret*** | ***AN*** |

***NOTE:***
***No applications for increased maximum quantities and/or repeats will be authorised.***

***CYCLOSPORIN***
**CAUTION:**
***Careful monitoring of patients is mandatory.***

**Authority Required**

***Maintenance therapy, following initiation and stabilisation of treatment with cyclosporin, of:***

- ***(a) patients with organ or tissue transplants. Therapy must remain under the supervision and direction of the transplant unit reviewing the patient. The name of the specialised transplant unit reviewing treatment and the date of the latest review at the specialised transplant unit must be included in the authority application; or***
- ***(b) patients with severe atopic dermatitis for whom other systemic therapies are ineffective or inappropriate. Therapy must remain under the supervision and direction of a dermatologist, clinical immunologist or specialised unit reviewing the patient. The name of the dermatologist, clinical immunologist or specialised unit reviewing treatment and the date of the latest review must be included in the authority application; or***
- ***(c) patients with severe psoriasis for whom other systemic therapies are ineffective or inappropriate and in whom the disease has caused significant interference with quality of life. Therapy must remain under the supervision and direction of a dermatologist or specialised unit reviewing the patient. The name of the dermatologist or specialised unit reviewing treatment and the date of the latest review must be included in the authority application; or***
- ***(d) patients with nephrotic syndrome in whom steroids and cytostatic drugs have failed or are not tolerated or are considered inappropriate and in whom renal function is unimpaired. Therapy must remain under the supervision and direction of a nephrologist or specialised unit reviewing the patient. The name of the nephrologist or specialised unit reviewing treatment and the date of the latest review must be included in the authority application; or***

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
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| | ***(e) patients with severe active rheumatoid arthritis for whom classical slow-acting anti-rheumatic agents (including methotrexate) are ineffective or inappropriate. Therapy must remain under the supervision and direction of a rheumatologist, clinical immunologist or specialised unit reviewing the patient. The name of the rheumatologist, clinical immunologist or specialised unit reviewing treatment and the date of the latest review must be included in the authority application;*** | | | | | | | | |
| | ***Management (which includes initiation, stabilisation and review of therapy) by:*** | | | | | | | | |
| | ***(a) dermatologists or clinical immunologists of patients with severe atopic dermatitis for whom other systemic therapies are ineffective or inappropriate; or*** | | | | | | | | |
| | ***(b) dermatologists of patients with severe psoriasis for whom other systemic therapies are ineffective or inappropriate and in whom the disease has caused significant interference with quality of life; or*** | | | | | | | | |
| | ***(c) rheumatologists or clinical immunologists of patients with severe active rheumatoid arthritis for whom classical slow-acting anti-rheumatic agents (including methotrexate) are ineffective or inappropriate.*** | | | | | | | | |
| ***8657P*** | ***Capsule 10 mg*** | ***120*** | ***3*** | ***..*** | **** 93.44*** | ***30.70*** | | ***Neoral 10*** | ***NV*** |
| ***8658Q*** | ***Capsule 25 mg*** | ***60*** | ***3*** | ***..*** | **** 103.92*** | ***30.70*** | ***a*** | ***Cicloral*** | ***HX*** |
| | | | | ***B 2.32*** | **** 106.24*** | ***30.70*** | ***a*** | ***Neoral 25*** | ***NV*** |
| ***8659R*** | ***Capsule 50 mg*** | ***60*** | ***3*** | ***..*** | **** 209.68*** | ***30.70*** | ***a*** | ***Cicloral*** | ***HX*** |
| | | | | ***B 2.30*** | **** 211.98*** | ***30.70*** | ***a*** | ***Neoral 50*** | ***NV*** |
| ***8660T*** | ***Capsule 100 mg*** | ***60*** | ***3*** | ***..*** | **** 402.90*** | ***30.70*** | ***a*** | ***Cicloral*** | ***HX*** |
| | | | | ***B 2.32*** | **** 405.22*** | ***30.70*** | ***a*** | ***Neoral 100*** | ***NV*** |
| ***8661W*** | ***Oral liquid 100 mg per mL, 50 mL*** | ***2*** | ***3*** | ***..*** | **** 711.68*** | ***30.70*** | | ***Neoral*** | ***NV*** |

***EFALIZUMAB***

**NOTE:**

***Any queries concerning the arrangements to prescribe efalizumab may be directed to Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

***Prescribing information (including Authority Application Forms) is available on the Medicare Australia website at www.medicareaustralia.gov.au.***

***Applications for authority to prescribe efalizumab should be forwarded to:***

***Medicare Australia***
***Prior Written Approval of Specialised Drugs***
***Reply Paid 9826***
***GPO Box 9826***
***HOBART TAS 7001***

**NOTE:**

***TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS***

***The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological agents efalizumab and etanercept, for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological agents' appears in the following NOTES and restrictions, it only refers to efalizumab and etanercept.***

***From 1 August 2006, all patients will be able to commence a 'Biological Treatment Cycle' (Cycle), where they may trial both efalizumab and etanercept without having to meet the initial treatment criteria, that is they will not need to experience a disease flare, when swapping to the alternate agent. Under these interchangeability arrangements, within a single Cycle, patients may receive long-term treatment with a biological agent as long as they sustain a response to therapy.***

***Patients are eligible for PBS-subsidised treatment with only 1 biological agent, as systemic monotherapy, at any 1 time.***

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
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***Initial treatment with efalizumab consists of 16 weeks of therapy and response to treatment must be assessed after at least 12 weeks of treatment. Initial treatment with etanercept consists of 12 weeks of active therapy followed by a treatment-free period of at least 12 weeks. Response to treatment must be assessed at the completion of the 12 week active etanercept treatment course.***

***Following demonstration of response to initial treatment, these biological agents are available as continuing therapy. Ongoing access to continuing treatment is available for as long as the response to therapy is sustained. In the case of efalizumab, continuing treatment consists of 24 weeks of continuous active treatment. In the case of etanercept, continuing treatment consists of 12 weeks of active therapy followed by a treatment-free period of at least 12 weeks.***

***Patients must be assessed for response to each course of continuing treatment according to the criteria included in the relevant continuing treatment restriction.***

***Once patients have either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single Cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological therapy before they are eligible to commence another Cycle [further details are under '(6) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' below].***

***The 5-year break in therapy will be measured from the date the last approval for PBS-subsidised treatment was granted in the most recent Cycle to the date of the first application for initial treatment with a biological agent under the new Cycle.***

***Within the same Cycle, patients are not allowed to trial and fail, or cease to respond to, the same PBS-subsidised biological agent more than twice. Therefore once a patient fails to meet the response criteria for the same PBS-subsidised biological agent on 2 occasions, they must change to the alternate agent if they wish to continue PBS-subsidised biological treatment.***

***Patients for whom a break in PBS-subsidised therapy of less than 5 years duration has occurred, and, who have failed therapy fewer than 3 times within a particular Cycle, as defined in the relevant restriction, may commence a further course of treatment within that Cycle.***

***Patients for whom a break in PBS-subsidised therapy of 5 years or more has occurred, and, who have failed therapy fewer than 3 times within a particular Cycle, as defined in the relevant restriction, are eligible to commence a new Cycle.***

***There is no limit to the number of Biological Treatment Cycles a patient may undertake in their lifetime.***

***How to prescribe biological agents for the treatment of severe chronic plaque psoriasis after 1 August 2006.***

***There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.***

***(1) Application for approval for initial treatment.***

***Applications for a course of initial treatment should be made in the following situations:***
***(i) patients have received no prior PBS-subsidised biological treatment and wish to commence such therapy (Initial 1); and***
***(ii) patients have received prior PBS-subsidised biological therapy and wish to trial the alternate agent (Initial 2) [further details are under '(4) Swapping therapy' below]; and***
***(iii) patients have failed their most recent course of PBS-subsidised biological therapy and wish to trial a further course of treatment with the same agent [providing they have not failed that agent more than once] (Initial 2); and***
***(iv) patients who wish to re-commence treatment following a break in PBS-subsidised therapy with that agent (Initial 2).***

***All applications for initial treatment for non-grandfather patients will be limited to provide for a maximum of 16 weeks of therapy in the case of efalizumab and 12 weeks of therapy in the case of etanercept. Approval will be based on the criteria included in the relevant initial treatment restriction.***

***Grandfather patients.***

continued ☞

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
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***Applications for patients who commenced treatment with efalizumab or etanercept prior to 10 November 2005 or 16 March 2006 respectively, may apply for initial PBS-subsidised treatment as continuing therapy under the relevant initial treatment restriction (Initial 3). These patients access the PBS interchangeability arrangements in the same way as new patients who have not been treated with either biological agent prior to PBS listing of that agent.***

***Applications for initial PBS-subsidised treatment for grandfather patients will provide for a maximum of 24 weeks of treatment, consisting of 24 weeks of continuous treatment in the case of efalizumab and 12 weeks of active treatment followed by a treatment-free period of at least 12 weeks in the case of etanercept. Approval will be based on the criteria included in the relevant restriction.***

***(2) Assessment of response to initial treatment.***

***When prescribing efalizumab, where the initial treatment course is for 16 weeks, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment must be submitted to Medicare Australia within 1 month of the completion of this 16 week treatment course. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with efalizumab. Applications for continuing treatment with efalizumab must also be submitted to Medicare Australia prior to the completion of this initial 16 week course of therapy to ensure continuity of treatment for those patients who meet the continuation criterion and who wish to continue on treatment with efalizumab.***

***When prescribing etanercept, a PASI assessment must be conducted at the completion of the 12 week initial treatment course. This assessment, which will be used to determine eligibility for future treatment according to the criterion included in the relevant continuing treatment restriction, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with etanercept.***

***The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.***

***(3) Application for continuing treatment.***

***As stated above, following the completion of a 16 week initial treatment course of efalizumab, to which an adequate response has been demonstrated, patients may qualify to receive up to 24 weeks of continuing treatment with efalizumab. Patients are eligible to continue to receive continuous treatment with efalizumab in 24 week courses providing they continue to sustain a response.***

***Prescribers should ensure that applications for second and subsequent courses of efalizumab are submitted to Medicare Australia before patients complete their previous treatment course to ensure uninterrupted treatment.***

***At the completion of an initial 12 week treatment course of etanercept, to which an adequate response has been demonstrated, followed by a treatment-free period of at least 12 weeks, patients may qualify to receive continuing treatment with etanercept. Continuing treatment is available in the form of 12 weeks of active etanercept treatment followed by a treatment-free period of at least 12 weeks. Patients are eligible to receive continuing treatment with etanercept on this cyclical basis, for as long as they continue to sustain a response. Continuing applications must be submitted at least 12 weeks after cessation of the most recent course of etanercept treatment.***

***A PASI assessment must be conducted for each course of continuing treatment for each biological agent, according to the requirements set out in the relevant restriction. Assessment of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 1 month from the date that course was completed or treatment was ceased.***

***Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to sustain a response to treatment with that biological agent.***

continued ☞

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
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**NOTE:**

***(4) Swapping therapy.***

***Once an authority for initial treatment with the first PBS-subsidised biological agent is approved, patients may swap to the alternate agent within the same treatment Cycle without having to re-qualify with respect to disease severity (i.e. a PASI score of greater than 15), or prior treatment requirements. This also applies to patients who fail to achieve or sustain a response to the first PBS-subsidised biological agent approved and who wish to trial a further course of treatment with the same agent.***

***Patients may trial an alternate biological agent at any time, regardless of whether they are receiving therapy with a biological agent at the time of the application or not. However, they cannot swap to a particular agent if they have failed to respond to treatment with that particular drug on 2 occasions in the same Cycle.***

***Patients who commenced PBS-subsidised treatment with efalizumab prior to 1 August 2006 access these interchangeability arrangements in the same way as patients who have not. The response to treatment for these patients will be counted toward the allowable treatment failures under the interchangeability arrangements for the current Cycle.***

***PBS subsidy does not allow for patients to receive treatment with another biological agent during the required 12 week treatment-free period applying to patients who have demonstrated a response to their most recent course of etanercept. This means that patients who have demonstrated a response to a 12 week course of etanercept must have a biological therapy treatment-free period of at least 12 weeks, immediately following this course of treatment, before swapping to efalizumab. Patients who fail to respond to etanercept and who qualify and wish to try a course of efalizumab, or a further course of etanercept, may do so without having to have any treatment-free period.***

***To ensure patients receive the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.***

***To avoid confusion, applications for patients who wish to swap to an alternate biological agent should be accompanied by the approved authority prescription or remaining repeats for the agent being ceased.***

***(5) Baseline measurements to determine response.***

***Medicare Australia will determine whether a response to treatment has been demonstrated, based on the baseline PASI assessment submitted with the first authority application for a biological agent. However, prescribers may provide new baseline measurements any time that an initial treatment authority is submitted within a treatment Cycle and subsequent response will be assessed according to this revised PASI score.***

***For new patients and patients commencing a new Cycle, the first baseline PASI assessment must be conducted, preferably while the patient is still receiving their most recent prior therapy, but no later than 1 month following cessation of such therapy, as outlined in the relevant restriction. This is not required for any subsequent PASI scores provided for these patients within the same Cycle, nor for patients who received initial PBS-subsidised therapy under a 'grandfather' restriction.***

***To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatment applications.***

***(6) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.***

***Patients who wish to trial a second or subsequent Biological Treatment Cycle, following a break in PBS-subsidised biological therapy of at least 5 years, must re-qualify for initial treatment according to the criteria of the relevant restriction and index of disease severity. Patients must have had at least 1 prior treatment, as listed in the criteria, for a minimum of 6 weeks, and must have a PASI assessment conducted preferably whilst still on treatment, but no later than 1 month following cessation of treatment. The PASI assessment must be no older than 1 month at the time of application.***

continued ☞

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
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**Authority Required**

***Initial treatment [Initial 1, Whole body (New patients — No prior biological agent)]***
***Initial treatment as systemic monotherapy (i.e. not in conjunction with acitretin, methotrexate or cyclosporin) by a dermatologist for adults 18 years and over who:***
***(a) have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis; and***
***(b) have not received any prior PBS-subsidised treatment with a biological agent for this condition in this Treatment Cycle; and***
***(c) have signed a patient acknowledgement form indicating that they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment (whole body); and***
***(d) have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 3 of the following 4 treatments:***
***(i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; and/or***
***(ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; and/or***
***(iii) cyclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; and/or***
***(iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks.***

***If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, please provide details at the time of application.***

***If intolerance to treatment develops during the relevant period of use, which is of a severity to necessitate permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of acceptable toxicities including severity, associated with phototherapy, methotrexate, cyclosporin and acitretin, can be found on the Medicare Australia website (www.medicareaustralia.gov.au).***

***The following initiation criterion indicates failure to achieve an adequate response and must be demonstrated in all patients at the time of the application:***
***(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.***
***(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 1 month following cessation of each course of treatment.***
***(c) The most recent PASI assessment must be no more than 1 month old at the time of application.***

***Patients for whom a PASI assessment for any prior course of treatment, where that course of treatment was completed prior to 10 November 2005, is not available, may contact Medicare Australia on 1800 700 270 for advice.***

***Applications for authorisation must be made in writing and must include:***
***(a) a completed authority prescription form; and***
***(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:***
***(i) a copy of the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets and whole body area diagrams including the dates of assessment of the patient's condition [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and***
***(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy]; and***
***(iii) a copy of the signed patient acknowledgement form.***

***A maximum of 16 weeks of treatment with efalizumab will be authorised under this restriction.***

continued ☞

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
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***Where fewer than 3 repeats are requested at the time of the authority application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period beyond 16 weeks.***

***A PASI assessment of the patient's response to this initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with efalizumab. Applications for continuing treatment should be made prior to the completion of this course of treatment to ensure continuity of treatment for those patients who meet the continuation criterion.***

**Authority Required**

***Initial or re-Treatment [Initial 2, Whole body (Received prior biological agent under PBS)]***
***Treatment as systemic monotherapy (i.e. not in conjunction with acitretin, methotrexate or cyclosporin) by a dermatologist for adults 18 years and over who:***
***(a) have a documented history of severe chronic plaque psoriasis; and***
***(b) have received prior PBS-subsidised treatment with a biological agent for this condition in this Treatment Cycle; and***
***(c) have not failed PBS-subsidised therapy with efalizumab for the treatment of this condition more than once in the current Treatment Cycle.***

***Applications for authorisation must be made in writing and must include:***
***(a) a completed authority prescription form; and***
***(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:***
***(i) a copy of the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and whole body area diagrams including the dates of assessment of the patient's condition [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and***
***(ii) details of prior biological treatment, including dosage, date and duration of treatment.***

***Applications for patients who have demonstrated a response to PBS-subsidised efalizumab treatment within this Treatment Cycle and who wish to re-commence efalizumab treatment within the same Cycle following a break in therapy, will only be approved where evidence of a response to the patient's most recent course of PBS-subsidised efalizumab treatment has been submitted to Medicare Australia within 1 month of cessation of treatment.***

***A maximum of 16 weeks of treatment with efalizumab will be authorised under this restriction.***

***Where fewer than 3 repeats are requested at the time of the authority application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period beyond 16 weeks.***

***A PASI assessment of the patient's response to this course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with efalizumab. Applications for continuing treatment should be made prior to the completion of this course of treatment to ensure continuity of treatment for those patients who meet the continuation criterion.***

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
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***Patients who fail to demonstrate a response to treatment with the biological agents, efalizumab and etanercept, on a total of 3 occasions are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new Biological Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.***

**Authority Required**

***Initial treatment [Initial 1, Face, hand, foot (New patients — No prior biological agent)]***
***Initial treatment as systemic monotherapy (i.e. not in conjunction with acitretin, methotrexate or cyclosporin) by a dermatologist for adults 18 years and over who:***
***(a) have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and***
***(b) have not received any prior PBS-subsidised treatment with a biological agent for this condition in this Treatment Cycle; and***
***(c) have signed a patient acknowledgement form indicating that they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment (face, hand, foot); and***
***(d) have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 3 of the following 4 treatments:***
***(i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; and/or***
***(ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; and/or***
***(iii) cyclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; and/or***
***(iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks.***

***If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, please provide details at the time of application.***

***If intolerance to treatment develops during the relevant period of use, which is of a severity to necessitate permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of acceptable toxicities including severity, associated with phototherapy, methotrexate, cyclosporin and acitretin, can be found on the Medicare Australia website (www.medicareaustralia.gov.au).***

***The following initiation criterion indicates failure to achieve an adequate response and must be demonstrated in all patients at the time of the application:***
***(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:***
***(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment; or***
***(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.***
***(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 1 month following cessation of each course of treatment.***
***(c) The most recent PASI assessment must be no more than 1 month old at the time of application.***

***Patients for whom a PASI assessment for any prior course of treatment, where that course of treatment was completed prior to 10 November 2005, is not available, may contact Medicare Australia on 1800 700 270 for advice.***

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
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***Applications for authorisation must be made in writing and must include:***
***(a) a completed authority prescription form; and***
***(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:***
***(i) a copy of the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and***
***(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy]; and***
***(iii) a copy of the signed patient acknowledgement form.***

***A maximum of 16 weeks of treatment with efalizumab will be authorised under this restriction.***

***Where fewer than 3 repeats are requested at the time of the authority application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period beyond 16 weeks.***

***A PASI assessment of the patient's response to this initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with efalizumab. Applications for continuing treatment should be made prior to the completion of this course of treatment to ensure continuity of treatment for those patients who meet the continuation criterion.***

***The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.***

**Authority Required**

***Initial or re-Treatment [Initial 2, Face, hand, foot (Received prior biological agent under PBS)]***
***Treatment as systemic monotherapy (i.e. not in conjunction with acitretin, methotrexate or cyclosporin) by a dermatologist for adults 18 years and over who:***
***(a) have a documented history of severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot; and***

***(b) have received prior PBS-subsidised treatment with a biological agent for this condition in this Treatment Cycle; and***
***(c) have not failed PBS-subsidised therapy with efalizumab for the treatment of this condition more than once in the current Treatment Cycle.***

***Applications for authorisation must be made in writing and must include:***
***(a) a completed authority prescription form; and***
***(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:***
***(i) a copy of the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and***
***(ii) details of prior biological treatment, including dosage, date and duration of treatment.***

***The PASI assessment must be performed on the same affected area as assessed at baseline.***

***Applications for patients who have demonstrated a response to PBS-subsidised efalizumab treatment within this Treatment Cycle and who wish to re-commence efalizumab treatment within the same Cycle following a break in therapy, will only be approved where evidence of a response to the patient's most recent course of PBS-subsidised efalizumab treatment has been submitted to Medicare Australia within 1 month of cessation of treatment.***

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***A maximum of 16 weeks of treatment with efalizumab will be authorised under this restriction.*** | | | | | | | |
| | ***Where fewer than 3 repeats are requested at the time of the authority application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period beyond 16 weeks.*** | | | | | | | |
| | ***A PASI assessment of the patient's response to this course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with efalizumab. Applications for continuing treatment should be made prior to the completion of this course of treatment to ensure continuity of treatment for those patients who meet the continuation criterion.*** | | | | | | | |
| | ***Patients who fail to demonstrate a response to treatment with the biological agents, efalizumab and etanercept, on a total of 3 occasions are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new Biological Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.*** | | | | | | | |
| ***9000Q*** | ***Injection set containing 4 vials powder for injection 125 mg and 4 pre-filled syringes diluent 1.3 mL*** | ***1*** | ***3*** | ***..*** | ***1028.59*** | ***30.70*** | ***Raptiva*** | ***SG*** |
| | ***NOTE:*** ***No applications for increased repeats will be authorised.*** | | | | | | | |

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
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**Authority Required**

***Initial treatment [Initial 3, Whole body (Grandfather patients)]***
***Initial PBS-subsidised supply for continuing treatment as systemic monotherapy (i.e. not in conjunction with acitretin, methotrexate or cyclosporin) by a dermatologist for adults 18 years and over who:***
***(a) have a documented history of severe chronic plaque psoriasis and were receiving treatment with efalizumab prior to 10 November 2005; and***
***(b) had a Psoriasis Area and Severity Index (PASI) score of greater than 15 prior to commencing treatment with efalizumab; and***
***(c) have signed a patient acknowledgement form indicating that they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment (whole body); and***
***(d) have demonstrated a response as specified in the criterion included in the restriction for continuing PBS-subsidised treatment with efalizumab (whole body).***

***Applications for authorisation must be made in writing and must include:***
***(a) a completed authority prescription form; and***
***(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:***
***(i) a copy of the completed Psoriasis Area and Severity Index (PASI) calculation sheet and whole body area diagrams including the date of the assessment of the patient's condition at baseline (prior to initiation of efalizumab therapy) and the most recent PASI assessment [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and***
***(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy]; and***
***(iii) a copy of the signed patient acknowledgement form.***

***The most recent PASI assessment must be no more than 1 month old at the time of application.***

***A maximum of 24 weeks of treatment with efalizumab will be authorised under this restriction.***

***Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

***A PASI assessment of the patient's response to this initial PBS-subsidised course of therapy must be conducted within 4 weeks prior to completion of this course of treatment. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with efalizumab. Applications for continuing treatment should be made prior to the completion of this course of treatment in order to ensure continuity of treatment for those patients who meet the continuation criterion included in the restriction for continuing PBS-subsidised treatment with efalizumab.***

***Patients may qualify for PBS-subsidised treatment under this restriction once only.***

continued ☞

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|---|---|---|

**Authority Required**

***Continuing treatment (Whole body)***

***Continuing PBS-subsidised treatment as systemic monotherapy (i.e. not in conjunction with acitretin, methotrexate or cyclosporin) by a dermatologist for adults 18 years and over:***

***(a) who have a documented history of severe chronic plaque psoriasis; and***

***(b) whose most recent course of PBS-subsidised biological treatment for this condition in this Treatment Cycle was with efalizumab; and***

***(c) who have demonstrated an adequate response to their most recent course of treatment with efalizumab.***

***An adequate response to treatment is defined as:***

***A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, after at least 12 weeks of efalizumab treatment, compared with the pre-biological treatment baseline value for this Treatment Cycle.***

***Applications for authorisation must be made in writing and must include:***

***(a) a completed authority prescription form; and***

***(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:***

***(i) a copy of the completed Psoriasis Area and Severity Index (PASI) calculation sheet and whole body area diagrams along with the date of the assessment of the patient's condition [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].***

***Approval will be based on the PASI assessment of response to the most recent course of treatment with efalizumab.***

***A maximum of 24 weeks of treatment with efalizumab will be authorised under this restriction.***

***Where fewer than 5 repeats are requested at the time of the authority application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

***A PASI assessment of the patient's response must be conducted within 4 weeks prior to completion of this course of treatment. This assessment, which will be used to determine eligibility for further continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with efalizumab. Applications for further continuing treatment should be made prior to the completion of this treatment course, to ensure continuity of treatment for those patients who meet the continuation criterion included in the restriction for continuing PBS-subsidised treatment with efalizumab.***

***Patients who fail to demonstrate a response to treatment with the biological agents, efalizumab and etanercept, on a total of 3 occasions are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new Biological Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.***

continued ☞

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|---|---|---|

**Authority Required**

***Initial treatment [Initial 3, Face, hand, foot (Grandfather patients)]***
***Initial PBS-subsidised supply for continuing treatment as systemic monotherapy (i.e. not in conjunction with acitretin, methotrexate or cyclosporin) by a dermatologist for adults 18 years and over:***
***(a) who have a documented history of severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot and were receiving treatment with efalizumab prior to 10 November 2005; and***
***(b) whose disease, prior to treatment with efalizumab, was of a severity as defined in the initiation criterion included in the initial treatment restriction (Initial 1, New patients — face, hand, foot); and***
***(c) who have signed a patient acknowledgement form indicating that they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment (face, hand, foot); and***
***(d) who have demonstrated a response as specified in the criterion included in the restriction for continuing PBS-subsidised treatment with efalizumab (face, hand, foot).***

***Applications for authorisation must be made in writing and must include:***
***(a) a completed authority prescription form; and***
***(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:***
***(i) a copy of the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams along with the date of the assessment of the patient's condition at baseline (prior to initiation of efalizumab therapy) and the most recent PASI assessment [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and***
***(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy]; and***
***(iii) a copy of the signed patient acknowledgement form.***

***The PASI assessment must be performed on the same affected area as assessed prior to initiation of efalizumab treatment.***

***The most recent PASI assessment must be no more than 1 month old at the time of application.***

***A maximum of 24 weeks of treatment with efalizumab will be authorised under this restriction.***

***Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

***A PASI assessment of the patient's response to this initial PBS-subsidised course of therapy must be conducted within 4 weeks prior to completion of this course of treatment. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with efalizumab. Applications for continuing treatment should be made prior to the completion of this course of treatment in order to ensure continuity of treatment for those patients who meet the continuation criterion included in the restriction for continuing PBS-subsidised treatment with efalizumab.***

***Patients may qualify for PBS-subsidised treatment under this restriction once only.***

continued ☞

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **Authority Required**<br>***Continuing treatment (Face, hand, foot)***<br>***Continuing PBS-subsidised treatment as systemic monotherapy (i.e. not in conjunction with acitretin, methotrexate or cyclosporin) by a dermatologist for adults 18 years and over:***<br>***(a) who have a documented history of severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot; and***<br>***(b) whose most recent course of PBS-subsidised biological treatment for this condition in this Treatment Cycle was with efalizumab; and***<br>***(c) who have demonstrated an adequate response to their most recent course of treatment with efalizumab.***<br>***An adequate response to efalizumab treatment is defined as the plaque or plaques assessed prior to biological treatment showing:***<br>***(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, after at least 12 weeks of efalizumab treatment, as compared to the pre-biological treatment baseline values; or***<br>***(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, after at least 12 weeks of efalizumab treatment, as compared to the pre-biological treatment baseline value.***<br>***The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline.***<br>***Applications for authorisation must be made in writing and must include:***<br>***(a) a completed authority prescription form; and***<br>***(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:***<br>***(i) a copy of the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams along with the date of the assessment of the patient's condition [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].***<br>***Approval will be based on the PASI assessment of response to the most recent course of treatment with efalizumab.***<br>***A maximum of 24 weeks of treatment with efalizumab will be authorised under this restriction.***<br>***Where fewer than 5 repeats are requested at the time of the authority application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***<br>***A PASI assessment of the patient's response must be conducted within 4 weeks prior to completion of this course of treatment. This assessment, which will be used to determine eligibility for further continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with efalizumab. Applications for further continuing treatment should be made prior to the completion of this treatment course, to ensure continuity of treatment for those patients who meet the continuation criterion included in the restriction for continuing PBS-subsidised treatment with efalizumab.***<br>***Patients who fail to demonstrate a response to treatment with the biological agents, efalizumab and etanercept, on a total of 3 occasions are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new Biological Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.*** | | | | | | | |
| ***9001R*** | ***Injection set containing 4 vials powder for injection 125 mg and 4 pre-filled syringes diluent 1.3 mL*** | ***1*** | ***5*** | ***..*** | ***1028.59*** | ***30.70*** | ***Raptiva*** | ***SG*** |
| | ***NOTE:***<br>***No applications for increased repeats will be authorised.*** | | | | | | | |

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|---|---|---|

***ETANERCEPT***

**NOTE:**

***Any queries concerning the arrangements to prescribe etanercept may be directed to Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

***Written applications for authority to prescribe etanercept should be forwarded to:***

***Medicare Australia***
***Prior Written Approval of Specialised Drugs***
***Reply Paid 9826***
***GPO Box 9826***
***HOBART TAS 7001***

***Further prescribing information is on the Medicare Australia website at www.medicareaustralia.gov.au.***

**NOTE:**

***TREATMENT OF ADULT PATIENTS WITH ACTIVE ANKYLOSING SPONDYLITIS***

***The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and infliximab for adult patients with active ankylosing spondylitis. Where the term 'tumour necrosis factor (TNF) alfa antagonist' appears in the following NOTES and restrictions, it refers to adalimumab, etanercept and infliximab only.***

***A patient is eligible for PBS-subsidised treatment with only 1 of the 3 TNF-alfa antagonists at any 1 time.***

***From 1 March 2007, under the PBS, all patients will be able to commence a treatment cycle where they may trial each PBS-subsidised TNF-alfa antagonist without having to experience a disease flare when swapping to the alternate agent. Under these interchangeability arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a TNF-alfa antagonist while they continue to show a response to therapy.***

***A patient who received PBS-subsidised TNF-alfa antagonist treatment prior to 1 March 2007 is considered to be in their first cycle as of 1 March 2007.***

***Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised TNF-alfa antagonist more than once. A patient who, prior to 1 March 2007, was authorised to receive PBS-subsidised initial treatment for ankylosing spondylitis with the same agent twice, is exempt from this condition in respect of applications approved prior to 1 March 2007.***

***Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised TNF-alfa antagonist therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised TNF-alfa antagonist treatment in the most recent cycle to the date of the first application for initial treatment with a TNF-alfa antagonist under the new treatment cycle.***

***A patient who has failed fewer than 3 TNF-alfa antagonists in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.***

***A patient who has failed fewer than 3 TNF-alfa antagonists in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.***

***There is no limit to the number of treatment cycles a patient may undertake in their lifetime.***

***(1) How to prescribe PBS-subsidised TNF-alfa antagonist therapy after 1 March 2007.***

continued ☞

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|---|---|---|

***(a) Initial treatment.***
***Applications for initial treatment should be made where:***
***(i) a patient has received no prior PBS-subsidised TNF-alfa antagonist treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or***
***(ii) a patient has received prior PBS-subsidised (initial or continuing) TNF-alfa antagonist therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or***
***(iii) a patient wishes to re-commence treatment with a specific TNF-alfa antagonist following a break in PBS-subsidised therapy with that agent (Initial 2).***

***Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for etanercept and adalimumab and 18 weeks of treatment for infliximab.***

***From 1 March 2007, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.***

***Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.***

***For second and subsequent courses of PBS-subsidised TNF-alfa antagonist treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.***

***(b) Continuing treatment.***
***Following the completion of an initial treatment course with a specific TNF-alfa antagonist, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing TNF-alfa antagonist treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.***

***It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted TNF-alfa antagonist supply.***

***Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.***

***Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.***

***(2) Swapping therapy.***

***Once initial treatment with the first PBS-subsidised TNF-alfa antagonist is approved, a patient may swap to an alternate TNF-alfa antagonist within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.***

***A patient may trial an alternate TNF-alfa antagonist at any time, regardless of whether they are receiving therapy (initial or continuing) with a TNF-alfa antagonist at the time of the application. However, they cannot swap to a particular TNF-alfa antagonist if they have failed to respond to prior treatment with that drug within the same treatment cycle.***

***To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.***

***To avoid confusion, an application for a patient who wishes to swap to an alternate TNF-alfa antagonist should be accompanied by the approved authority prescription or remaining repeats for the TNF-alfa antagonist the patient is ceasing.***

***(3) Baseline measurements to determine response.***

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|---|---|---|

***Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a TNF-alfa antagonist. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and Medicare Australia will assess response according to these revised baseline measurements.***

***For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program. However, this is not required for any subsequent BASDAI results for these patients, nor for patients who were 'grandfathered' on to TNF-alfa antagonist treatment.***

***To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response.***

***(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.***

***A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised TNF-alfa antagonist therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity. Patients must have received treatment with at least 1 NSAID, at an adequate dose, for a minimum of 3 consecutive months immediately prior to the time the BASDAI, ESR and/or CRP levels are measured.***

***(5) Patients 'grandfathered' onto PBS-subsidised treatment with etanercept.***

***From 1 March 2007, a patient who commenced treatment with etanercept for active ankylosing spondylitis prior to 1 July 2004 and who was 'grandfathered' onto PBS-subsidised therapy, and who continues to receive treatment in the same treatment cycle, will have further applications for treatment with etanercept assessed under the continuing treatment restriction.***

***Where pre-TNF-alfa antagonist treatment baselines were not provided, the following criteria must be met to demonstrate a response to treatment:***
***The BASDAI score must be either:***
***(i) no more than 20% greater than the score included in the initial application for PBS-subsidised treatment; or***
***(ii) no greater than 2.***
***AND***
***One of the following:***
***(a) an ESR measurement no greater than 25 mm per hour; or***
***(b) a CRP measurement no greater than 10 mg per L.***

***'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must requalify for initial treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' above for further details.***

continued ☞

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|---|---|---|

**Authority Required**

***Initial 1 (new patients)***

***First course of PBS-subsidised treatment with etanercept, by a rheumatologist, of an adult with active ankylosing spondylitis who has radiographically (plain X-ray) confirmed Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis and who has not received any PBS-subsidised treatment with either adalimumab, etanercept or infliximab in this treatment cycle; AND***

***(a) who has at least 2 of the following:***

***(i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; or***

***(ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI) [for further information on the BASMI please refer to the Medicare Australia website at www.medicareaustralia.gov.au]; or***

***(iii) limitation of chest expansion relative to normal values for age and gender [for chest expansion normal values please refer to the Medicare Australia website at www.medicareaustralia.gov.au]; AND***

***(b) who has failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months.***

***The application must include details of the NSAIDs trialled, their doses and duration of treatment. If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.***

***If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.***

***If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance. Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Medicare Australia website [www.medicareaustralia.gov.au].***

***For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Medicare Australia website at www.medicareaustralia.gov.au.***

***The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:***

***(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; AND***

***(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.***

***The BASDAI must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. The BASDAI must be no more than 1 month old at the time of initial application.***

***Both ESR and CRP measures should be provided with the initial treatment application and both must be no more than 1 month old. If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.***

continued ☞

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***Authority applications must be made in writing and must include:***<br>***(a) a completed authority prescription form; and***<br>***(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form [www.medicareaustralia.gov.au] which must include the following:***<br>***(i) a copy of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and***<br>***(ii) a completed BASDAI Assessment Form [www.medicareaustralia.gov.au]; and***<br>***(iii) a completed Exercise Program Self Certification Form included in the supporting information form; and***<br>***(iv) a signed patient acknowledgment form. Completion of this form declares that the patient understands and acknowledges that PBS-subsidised treatment with the TNF-alfa antagonists (adalimumab, etanercept or infliximab) for ankylosing spondylitis will cease if they do not demonstrate the response to treatment required to support continuation of PBS-subsidised treatment at any assessment where a response must be demonstrated.***<br>***The assessment of the patient's response to the initial course of treatment must be made following a minimum of 12 weeks of treatment and submitted to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.***<br>***A maximum of 16 weeks of treatment with etanercept will be approved under this criterion.***<br>***Where fewer than 3 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone.***<br><br>**Authority Required**<br>***Initial 2 (change or re-commencement for all patients)***<br>***Initial course of PBS-subsidised treatment with etanercept, by a rheumatologist, of an adult with a documented history of active ankylosing spondylitis who, in this treatment cycle, has received prior PBS-subsidised treatment with either adalimumab, etanercept or infliximab for this condition and has not failed PBS-subsidised therapy with etanercept.***<br>***To demonstrate a response to treatment the application must be accompanied by the results of the most recent course of TNF-alfa antagonist therapy within the timeframes specified in the relevant restriction.***<br>***Where the most recent course of PBS-subsidised TNF-alfa antagonist treatment was approved under an initial treatment restriction after 1 March 2007, the patient must have been assessed for response to that course following a minimum of 12 weeks of treatment. Where the most recent course of PBS-subsidised TNF-alfa antagonist treatment was approved under an initial treatment restriction prior to 1 March 2007, the patient must have been assessed for response to that course following at least 4 weeks of treatment. These assessments must be provided to Medicare Australia no later than 4 weeks from the date the course was ceased.***<br>***If the response assessment to the previous course of TNF-alfa antagonist treatment is not submitted as detailed above, the patient will be deemed to have failed therapy with that particular course of TNF-alfa antagonist.***<br>***Authority applications must be made in writing and must include:***<br>***(a) a completed authority prescription form; and***<br>***(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form [www.medicareaustralia.gov.au] which includes a completed BASDAI Assessment Form with certification by the prescriber and the patient that the patient did not have access to their baseline BASDAI at the time of their assessment.***<br>***A maximum of 16 weeks of treatment with etanercept will be approved under this criterion.***<br>***Where fewer than 3 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone.*** | | | | | | | |
| ***8778B*** | ***Injection set containing 4 vials powder for injection 25 mg and 4 pre-filled syringes solvent 1 mL*** | ***2*** | ***3*** | ***..*** | **** 1798.02*** | ***30.70*** | ***Enbrel*** | ***WX*** |

continued ☞

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| *9081Y* | *Injection set containing 4 vials powder for injection 50 mg and 4 pre-filled syringes solvent 1 mL* | *1* | *3* | *..* | *1745.39* | *30.70* | *Enbrel* | *WX* |
| *9085E* | *Injections 50 mg in 1 mL single use pre-filled syringes, 4* | *1* | *3* | *..* | *1745.39* | *30.70* | *Enbrel* | *WX* |

***NOTE:***
***No applications for increased maximum quantities and/or repeats will be authorised.***

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**Authority Required**

***Continuing treatment for all patients***
***Continuing PBS-subsidised treatment, by a rheumatologist, of an adult with a documented history of active ankylosing spondylitis who:***
***(a) has demonstrated a response to treatment with etanercept; and***
***(b) whose most recent course of PBS-subsidised therapy in this treatment cycle was with etanercept.***

***Response is defined as an improvement from baseline of at least 2 of the BASDAI and 1 of the following:***
***(a) an ESR measurement no greater than 25 mm per hour; or***
***(b) a CRP measurement no greater than 10 mg per L; or***
***(c) an ESR or CRP measurement reduced by at least 20% from baseline.***

***For a 'grandfather' patient who does not have baselines prior to commencing treatment with a TNF-alfa antagonist, see Note 5 for a definition of response to treatment.***

***Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.***

***Where the most recent course of PBS-subsidised TNF-alfa antagonist treatment was approved under an initial treatment restriction after 1 March 2007, the patient must have been assessed for response to that course following a minimum of 12 weeks of treatment. Where the most recent course of PBS-subsidised TNF-alfa antagonist treatment was approved under an initial treatment restriction prior to 1 March 2007, the patient must have been assessed for response to that course following at least 4 weeks of treatment.***

***Applications for continuing treatment must be made in writing and should be posted to Medicare Australia no less than 2 weeks prior to the completion of the current treatment course.***

***Written applications for authorisation must include:***
***(a) a completed authority prescription form; and***
***(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form [www.medicareaustralia.gov.au] which includes a completed BASDAI Assessment Form with certification by the prescriber and the patient that the patient did not have access to their baseline BASDAI at the time of their continuing treatment assessment.***

***All measurements provided must be no more than 1 month old at the time of application.***

***A maximum of 24 weeks of treatment with etanercept will be authorised under this criterion.***

***Where fewer than 5 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *8779C* | *Injection set containing 4 vials powder for injection 25 mg and 4 pre-filled syringes solvent 1 mL* | *2* | *5* | *..* | ** 1798.02* | *30.70* | *Enbrel* | *WX* |

continued ☞

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| ***9082B*** | ***Injection set containing 4 vials powder for injection 50 mg and 4 pre-filled syringes solvent 1 mL*** | ***1*** | ***5*** | ***..*** | ***1745.39*** | ***30.70*** | ***Enbrel*** | ***WX*** |
| ***9086F*** | ***Injections 50 mg in 1 mL single use pre-filled syringes, 4*** | ***1*** | ***5*** | ***..*** | ***1745.39*** | ***30.70*** | ***Enbrel*** | ***WX*** |

***NOTE:***
***No applications for increased maximum quantities and/or repeats will be authorised.***
**NOTE:**
***TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS***

***The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological agents (adalimumab, etanercept and infliximab) for adult patients with severe active psoriatic arthritis.***

***Patients are eligible for PBS-subsidised treatment with only 1 of the above biological agents at any 1 time. Where the term 'biological agents' appears in the following NOTES and restrictions, it only refers to adalimumab, etanercept and infliximab.***

***From 1 August 2006, all patients will be able to commence a 'Biological Treatment Cycle' (Cycle), where they may trial adalimumab, etanercept or infliximab without having to meet the initial treatment criteria, that is they will not need to experience a disease flare, when swapping to the alternate agent. Under these interchangeability arrangements, within a single Cycle, patients may receive long-term treatment with a biological agent as long as they sustain a response to therapy.***

***Following demonstration of response to initial treatment, these biological agents are available under the PBS for continuing treatment as set out in the continuing treatment restriction for each agent.***

***Once patients have either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single Cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological therapy before they are eligible to commence another Cycle [further details are under '(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' below].***

***The 5-year break in therapy will be measured from the date the last approval for PBS-subsidised treatment was granted in the most recent Cycle to the date of the first application for initial treatment with a biological agent under the new Cycle.***

***Within the same Cycle, patients are not allowed to fail, or cease to respond to, the same PBS-subsidised biological agent more than once. Therefore once a patient fails to meet the response criteria for any biological agent, they must change to an alternate agent which they have not previously failed, if they wish to continue PBS-subsidised biological treatment.***

***Patients for whom a break in PBS-subsidised therapy of less than 5 years has occurred, and, who have failed therapy fewer than 3 times within a particular treatment Cycle, as defined in the relevant restriction, may commence a further course of treatment within that Cycle.***

***Patients for whom a break in PBS-subsidised therapy of 5 years or more has occurred, and, who have failed therapy fewer than 3 times within a particular treatment Cycle, as defined in the relevant restriction, are eligible to commence a new Cycle.***

***There is no limit to the number of Biological Treatment Cycles a patient may undertake in their lifetime.***

***How to prescribe biological agents for the treatment of severe active psoriatic arthritis after 1 August 2006.***

***(1) Initial treatment.***

continued ☞

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|---|---|---|

***Applications for initial treatment should be made where:***
***(i) patients have received no prior PBS-subsidised biological treatment and wish to commence such therapy (Initial 1); and***
***(ii) patients have received prior PBS-subsidised biological therapy and wish to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; and***
***(iii) patients wish to re-commence treatment with a specific biological agent following a break in PBS-subsidised therapy with that specific agent (Initial 2).***

***All applications for initial treatment for non-grandfather patients will be limited to provide for a maximum of 16 weeks of therapy for all agents except for infliximab, for which a maximum of 22 weeks will be authorised. It is recommended that patients be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological agent supply.***

***Patients must be assessed for response to any course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased. Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond to treatment with that biological agent.***

***Grandfather patients.***

***Applications for patients who commenced treatment with etanercept prior to 17 March 2005 or adalimumab and infliximab prior to 16 March 2006, may apply for initial PBS-subsidised treatment as continuing therapy under the relevant initial treatment restriction (Initial 3). These patients access the PBS interchangeability arrangements in the same way as new patients who have not been treated with any biological agent prior to PBS listing of that agent.***

***Applications for initial PBS-subsidised treatment for grandfather patients will provide for a maximum of 24 weeks of treatment for all agents. Approval will be based on the criteria included in the relevant restriction.***

***(2) Continuing treatment.***

***Following the completion of an initial treatment course with a specific biological agent, patients may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. Patients are eligible to receive continuing biological treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.***

***Patients must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased. Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond to treatment with that biological agent.***

***(3) Swapping therapy.***

***Once an authority for initial treatment with the first PBS-subsidised biological agent is approved, patients may swap to an alternate biological agent without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements.***

***Patients may swap to an alternate biological agent at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological agent at the time of the application or not.***

***Patients may alternate between therapy with any biological agent of their choice (1 at a time) providing:***
***(i) they have not received PBS-subsidised treatment with that particular biological agent previously; or***
***(ii) they have demonstrated an adequate response to that particular biological agent if they have previously trialled it on the PBS.***

***To ensure patients receive the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.***

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|---|---|---|

***To avoid confusion, applications for patients who wish to swap to an alternate biological agent should be accompanied by the approved authority prescription or remaining repeats for the biological agent the patient is ceasing.***

***(4) Baseline measurements to determine response.***

***Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the indices of disease severity submitted with the first authority application for a biological agent. However, prescribers may provide new baseline measurements any time that an initial treatment authority is submitted within a treatment Cycle and Medicare Australia will assess response according to these revised baseline measurements.***

***To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.***

***(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.***

***Patients who wish to trial a second or subsequent treatment Cycle following a break in PBS-subsidised biological therapy of at least 5 years, must re-qualify for initial treatment with respect to both the indices of disease severity. Patients must have received treatment with either methotrexate or sulfasalazine, at an adequate dose, for a minimum of 3 months at the time the ESR or CRP levels and the active joint counts are measured.***

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**Authority Required**

***Initial 1***

***Initial PBS-subsidised treatment with etanercept, by a rheumatologist or clinical immunologist with expertise in the management of psoriatic arthritis, of adults who:***

***(1) have severe active psoriatic arthritis with a record of rheumatoid factor negative status within the last 12 months; and***

***(2) have received no prior PBS-subsidised biological treatment for this condition in this Treatment Cycle; and***

***(3) have failed to achieve an adequate response to:***

***(a) methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months; and***

***(b) sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months.***

***Patients must have had the psoriatic component of their disease confirmed by a dermatologist or by biopsy at any time.***

***If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.***

***If intolerance to treatment develops during the relevant period of use, which is of a severity to necessitate permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of acceptable toxicities, including severity, can be found on the Medicare Australia website (www.medicareaustralia.gov.au).***

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|---|---|---|

***The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:***
***an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either***
***(i) an active joint count of at least 20 active (swollen and tender) joints; or***
***(ii) at least 4 active joints from the following list of major joints:***
***— elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or***
***— shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).***

***If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.***

***The authority application must be made in writing and must include:***
***(1) a completed authority prescription form; and***
***(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes details of the patient's ESR and CRP measurements and the patient's active joint count which must have been assessed no earlier than 1 month prior to the date of application; and***
***(3) a copy of the signed patient acknowledgement form which is included in the Supporting Information Form. Completion of this form declares that the patient understands and acknowledges that PBS-subsidised treatment will cease if they do not demonstrate the response to treatment required to support continuation of PBS-subsidised treatment at any assessment where a response must be demonstrated.***

***Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

***Patients who fail to demonstrate a response to treatment with etanercept under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this Treatment Cycle.***

**Authority Required**

***Initial 2***
***Initial PBS-subsidised treatment with etanercept, by a rheumatologist or clinical immunologist with expertise in the management of psoriatic arthritis, of adults who:***
***(1) have a documented history of severe active psoriatic arthritis with a record of rheumatoid factor negative status within the last 12 months; and***
***(2) have received prior PBS-subsidised biological treatment for this condition in this Treatment Cycle and are eligible to receive further biological therapy; and***
***(3) have not failed treatment with etanercept during the current Treatment Cycle.***

***Applications for patients who have demonstrated a response to PBS-subsidised etanercept treatment within this Treatment Cycle and who wish to re-commence etanercept treatment within the same Cycle following a break in therapy, will only be approved where evidence of a response to the patient's most recent course of PBS-subsidised etanercept treatment has been submitted to Medicare Australia within 1 month of cessation of treatment.***

***Where the most recent course of PBS-subsidised etanercept treatment was approved under either of the initial treatment restrictions (i.e. for patients with no prior PBS-subsidised biological therapy or, under this restriction, for patients who have received previous PBS-subsidised biological therapy), patients must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the date that course was ceased.***

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| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***Where the most recent course of PBS-subsidised etanercept treatment was approved under the continuing treatment criteria, patients must have been assessed for response, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.*** | | | | | | | |
| | ***The authority application must be made in writing and must include:*** ***(1) a completed authority prescription form; and*** ***(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].*** | | | | | | | |
| | ***Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).*** | | | | | | | |
| | ***Patients who fail to demonstrate a response to treatment with etanercept under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this Treatment Cycle.*** | | | | | | | |
| | ***Once patients fail to respond to treatment with 3 biological agents, they are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new Biological Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.*** | | | | | | | |
| ***9035M*** | ***Injection set containing 4 vials powder for injection 25 mg and 4 pre-filled syringes solvent 1 mL*** | ***2*** | ***3*** | ***..*** | **** 1798.02*** | ***30.70*** | ***Enbrel*** | ***WX*** |
| ***9083C*** | ***Injection set containing 4 vials powder for injection 50 mg and 4 pre-filled syringes solvent 1 mL*** | ***1*** | ***3*** | ***..*** | ***1745.39*** | ***30.70*** | ***Enbrel*** | ***WX*** |
| ***9087G*** | ***Injections 50 mg in 1 mL single use pre-filled syringes, 4*** | ***1*** | ***3*** | ***..*** | ***1745.39*** | ***30.70*** | ***Enbrel*** | ***WX*** |
| | ***NOTE:*** ***No applications for increased maximum quantities and/or repeats will be authorised.*** | | | | | | | |
| | **Authority Required** ***Initial 3*** ***Initial PBS-subsidised supply for continuing treatment with etanercept, by a rheumatologist or clinical immunologist with expertise in the management of psoriatic arthritis, of adults who:*** ***(1) have a documented history of severe active psoriatic arthritis with a record of rheumatoid factor negative status within the last 12 months; and*** ***(2) were receiving treatment with etanercept prior to 17 March 2005; and*** ***(3) have demonstrated a response as specified in the criteria for continuing PBS-subsidised treatment with etanercept.*** | | | | | | | |
| | ***The authority application must be made in writing and must include:*** ***(1) a completed authority prescription form; and*** ***(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and*** ***(3) a copy of the signed patient acknowledgement form which is included in the Supporting Information Form. Completion of this form declares that the patient understands and acknowledges that PBS-subsidised treatment will cease if they do not demonstrate the response to treatment required to support continuation of PBS-subsidised treatment at any assessment where a response must be demonstrated.*** | | | | | | | |

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|

***A maximum of 24 weeks of treatment with etanercept will be authorised under this restriction.***

***Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

***Patients who fail to demonstrate a response to treatment with etanercept under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this Treatment Cycle.***

***Patients may qualify for PBS-subsidised treatment under this restriction once only.***

**Authority Required**

***Continuing treatment***

***Continuing PBS-subsidised treatment with etanercept, by a rheumatologist or clinical immunologist with expertise in the management of psoriatic arthritis, of adults:***
***(1) who have a documented history of severe active psoriatic arthritis with a record of rheumatoid factor negative status; and***
***(2) whose most recent course of PBS-subsidised biological agent for this condition in the current Treatment Cycle was with etanercept; and***
***(3) who, at the time of application, demonstrate an adequate response to treatment with etanercept.***

***An adequate response to treatment with etanercept is defined as:***
***an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; AND either of the following:***
***(i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or***
***(ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:***
***— elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or***
***— shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).***

***The authority application must be made in writing and must include:***
***(1) a completed authority prescription form; and***
***(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].***

***All applications for continuing treatment with etanercept must include a measurement of response to the prior course of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with etanercept, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with the initial treatment course.***

***Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

***Patients who fail to demonstrate a response to treatment with etanercept under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this Treatment Cycle.***

***Once patients fail to respond to treatment with 3 biological agents, they are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new Biological Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ***9036N*** | ***Injection set containing 4 vials powder for injection 25 mg and 4 pre-filled syringes solvent 1 mL*** | ***2*** | ***5*** | ***..*** | **** 1798.02*** | ***30.70*** | ***Enbrel*** | ***WX*** |

continued ☞

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| *9084D* | *Injection set containing 4 vials powder for injection 50 mg and 4 pre-filled syringes solvent 1 mL* | *1* | *5* | *..* | *1745.39* | *30.70* | *Enbrel* | *WX* |
| *9088H* | *Injections 50 mg in 1 mL single use pre-filled syringes, 4* | *1* | *5* | *..* | *1745.39* | *30.70* | *Enbrel* | *WX* |

***NOTE:***
***No applications for increased maximum quantities and/or repeats will be authorised.***
**NOTE:**
***TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS***

***The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological disease modifying anti-rheumatic drugs (bDMARDs) for adults with severe active rheumatoid arthritis. Where the term bDMARD appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, etanercept, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab) and the interleukin-1 inhibitor (anakinra).***

***Patients are eligible for PBS-subsidised treatment with only 1 of the above biological disease modifying anti-rheumatic drugs at any 1 time.***

***PBS-subsidised infliximab, anakinra and rituximab must be used in combination with methotrexate at a dose of at least 7.5 mg weekly. Where a patient cannot tolerate 7.5 mg of methotrexate weekly, they are only eligible to receive PBS-subsidised etanercept and adalimumab.***

***In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.***

***From 1 August 2007, under the PBS, all patients will be able to commence a Treatment Cycle where they may trial PBS-subsidised bDMARD agents without having to experience a disease flare when swapping to an alternate agent. Under these interchangeability arrangements, within a single Treatment Cycle, a patient may continue to receive long-term treatment with a bDMARD while they continue to show a response to therapy.***

***A patient who received PBS-subsidised bDMARD treatment prior to 1 August 2007 is considered to be in their first Cycle as of 1 August 2007.***

***Within the same Treatment Cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised bDMARD more than once.***

***Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a Treatment Cycle and they must have, at a minimum, a 5-year break in PBS-subsidised bDMARD therapy before they are eligible to commence the next Cycle.***

***For patients who have failed PBS-subsidised treatment with 3 bDMARDs prior to 1 August 2007 please contact Medicare Australia on 1800 700 270.***

***The 5-year break is measured from the date of the last approval for PBS-subsidised bDMARD treatment in the most recent Cycle to the date of the first application for initial treatment with a bDMARD under the new Treatment Cycle.***

***A patient who has failed fewer than 3 bDMARDs in a Treatment Cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same Treatment Cycle.***

***A patient who has failed fewer than 3 bDMARDs in a Treatment Cycle and who has a break in therapy of more than 5 years, may commence a new Treatment Cycle.***

***There is no limit to the number of Treatment Cycles a patient may undertake in their lifetime.***

***If patients fail to respond to a particular bDMARD within a single Treatment Cycle, they are not eligible to receive further PBS-subsidised treatment with that drug until they commence the next Cycle.***

***(1) How to prescribe PBS-subsidised bDMARD therapy after 1 August 2007.***

continued ☞

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|---|---|---|

***(a) Initial treatment.***
***Applications for initial treatment should be made where:***
***(i) a patient has received no prior PBS-subsidised bDMARD treatment in this Treatment Cycle and wishes to commence such therapy, excluding rituximab (Initial 1); or***
***(ii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or***
***(iii) a patient wishes to re-commence treatment with a specific bDMARD following a break in PBS-subsidised therapy with that agent (Initial 2).***

***Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for etanercept, adalimumab and anakinra, 22 weeks of therapy for infliximab and 2 infusions of rituximab.***

***From 1 August 2007, a patient must be assessed for response to any course of initial PBS-subsidised treatment (excluding rituximab) following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.***

***Rituximab patients must be assessed following a minimum of 12 weeks after the first infusion, and this assessment must be submitted to Medicare Australia within 4 weeks.***

***Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.***

***For second and subsequent courses of PBS-subsidised bDMARD (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is submitted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.***

***Rituximab patients:***
***A further application may be submitted to Medicare Australia 24 weeks after the first infusion. New baselines may be submitted with this application if appropriate.***

***(b) Continuing treatment.***
***Following the completion of an initial treatment course with a specific bDMARD (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.***

***It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.***

***Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.***

***Rituximab patients:***
***A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction.***

***Where a response assessment is not submitted to Medicare Australia within these time frames, the patient will be deemed to have failed to respond to treatment with that bDMARD.***

***(2) Swapping therapy.***

***Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to an alternate bDMARD within the same Treatment Cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non-bDMARD therapy requirements. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each bDMARD trialled.***

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
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***Patients who are not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent.***

***A patient may trial an alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug within the same Treatment Cycle.***

***In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.***

***To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.***

***PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological agent during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate bDMARD. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate bDMARD may do so without having to have any treatment-free period.***

***To avoid confusion, an application for a patient who wishes to swap to an alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.***

**NOTE:**

***(3) Baseline measurements to determine response.***

***Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a bDMARD. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a Treatment Cycle and Medicare Australia will assess response according to these revised baseline measurements.***

***To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response.***

***(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.***

***A patient who wishes to trial a second or subsequent Treatment Cycle following a break in PBS-subsidised bDMARD therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity. Patients must have received treatment with at least 1 non-biological DMARD, at an adequate dose, for a minimum of 3 months at the time the ESR and/or CRP levels and the active joint count are measured.***

***(5) Patients 'grandfathered' onto PBS-subsidised treatment with rituximab.***

***From 1 August 2007, a patient who commenced treatment with rituximab for severe rheumatoid arthritis prior to 7 March 2007 and who was 'grandfathered' on to PBS-subsidised therapy, and who continues to receive treatment in the same Treatment Cycle, will have further applications for treatment with rituximab assessed under the continuing treatment restriction.***

***'Grandfather' arrangements will only apply for the first Treatment Cycle. For the second and subsequent Cycles, a 'grandfather' patient must requalify for initial treatment under the criteria that applies to a new patient. See 'Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' above for further details.***

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|---|---|---|

**Authority Required**

***Initial 1 (new patients)***

***Application for initial PBS-subsidised treatment with etanercept, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults who:***

***(a) have severe active rheumatoid arthritis; and***

***(b) have received no prior PBS-subsidised treatment with a bDMARD for this condition in this treatment cycle; and***

***(c) have failed to achieve an adequate response to the following treatments:***

***(i) methotrexate at a dose of at least 20 mg weekly; and***

***(ii) methotrexate (at a minimum dose of 7.5 mg weekly), in combination with 2 other non-biological disease modifying anti-rheumatic drugs (DMARDs), for a minimum of 3 months; and***

***(iii) a minimum of 3 months' treatment with:***

***— leflunomide alone; or***

***— leflunomide in combination with methotrexate; or***

***— cyclosporin.***

***If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.***

***If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of the accepted toxicities, including severity, can be found on the Medicare Australia website [www.medicareaustralia.gov.au].***

***The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:***

***an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L;***

***AND either***

***(i) a total active joint count of at least 20 active (swollen and tender) joints; or***

***(ii) at least 4 active joints from the following list of major joints:***

***— elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or***

***— shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).***

***If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.***

***The authority application must be made in writing and must include:***

***(1) a completed authority prescription form; and***

***(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes details of the patient's ESR and CRP measurements and the patient's active joint count which must have been assessed no earlier than 1 month prior to the date of application; and***

***(3) a signed patient acknowledgement.***

***A maximum of 16 weeks of treatment will be authorised under this restriction.***

***Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|---|---|---|

***Assessment of a patient's response to an initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with etanercept.***

***Patients who fail to demonstrate a response to treatment with etanercept under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this treatment cycle. Patients may re-trial etanercept after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised bDMARD was approved in this cycle and the date of the first application under the new cycle.***

**Authority Required**

***Initial 2 (change or re-commencement)***
***Application for an initial course of PBS-subsidised treatment with etanercept, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults who:***
***(a) have a documented history of severe active rheumatoid arthritis; and***
***(b) have received prior PBS-subsidised bDMARD treatment for this condition in this treatment cycle and are eligible to receive further bDMARD therapy.***

***The authority application must be made in writing and must include:***
***(1) a completed authority prescription form; and***
***(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].***

***Applications for patients who have received PBS-subsidised treatment with etanercept within this treatment cycle and who wish to re-commence therapy with this drug within this same cycle, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised etanercept treatment, within the timeframes specified below.***

***A maximum of 16 weeks of treatment will be authorised under this restriction.***

***Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

***Where the most recent course of PBS-subsidised etanercept treatment was approved under either of the initial treatment restrictions (i.e. for patients with no prior PBS-subsidised bDMARD therapy or, under this restriction, for patients who have received previous PBS-subsidised bDMARD therapy), patients must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the date that course was ceased.***

***Where the most recent course of PBS-subsidised etanercept treatment was approved under the continuing treatment criteria, patients must have been assessed for response, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.***

***Patients who fail to demonstrate a response to treatment with etanercept under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this treatment cycle. Patients may re-trial etanercept after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised bDMARD was approved in this cycle and the date of the first application under the new cycle.***

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **Authority Required**<br>***Initial treatment, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of patients aged 18 years or older with a documented history of severe active polyarticular course juvenile chronic arthritis with onset prior to the age of 18 years; AND***<br>***(a) who have signed a patient agreement form indicating that they understand and acknowledge that PBS-subsidised treatment will cease if the predetermined response criteria do not support continuation of PBS-subsidised treatment; AND***<br>***(b) who have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly; AND***<br>***(c) who have failed to achieve an adequate response to methotrexate, in combination with 2 other disease modifying anti-rheumatic drugs (DMARDs), for a minimum of 3 months; AND***<br>***(d) who have subsequently failed to achieve an adequate response following a minimum of 3 months' treatment with:***<br><br>***(i) leflunomide alone; or***<br>***(ii) leflunomide in combination with methotrexate; or***<br>***(iii) cyclosporin.***<br>***If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, or intolerance of a severity necessitating permanent treatment withdrawal develops during the relevant period of use, the patient is exempted from demonstrating an inadequate response to the above treatment regimens. Details of the contraindication or intolerance, including the degree of toxicity, must be provided at the time of application.***<br>***The following criteria must be met in order to demonstrate failure to achieve an adequate response:***<br>***an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either***<br>***(i) an active joint count of at least 20 active (swollen and tender) joints; or***<br>***(ii) at least 4 active joints from the following list:***<br>***— elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or***<br>***— shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).***<br>***If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.***<br>***The authority application must be in writing and must include sufficient information to determine the patient's eligibility according to the above criteria. The date of joint assessment must be provided.***<br>***Where fewer than 3 repeats are requested at the time of the initial authority application, authority approvals for sufficient repeats to complete a maximum of 4 months of treatment may be requested by telephone. Under no circumstances will telephone approvals be granted for initial or continuing authority applications, or for treatment that would otherwise extend the initial treatment period beyond 4 months.***<br>***The assessment of the patient's response to the initial course of treatment should be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. Applications for continuing treatment with etanercept should be made prior to the completion of 16 weeks of treatment to ensure continuity for those patients who meet the criteria.*** | | | | | | | |
| ***8637N*** | ***Injection set containing 4 vials powder for injection 25 mg and 4 pre-filled syringes solvent 1 mL*** | ***2*** | ***3*** | ***..*** | **** 1798.02*** | ***30.70*** | ***Enbrel*** | ***WX*** |

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| ***8861J*** | ***Injection set containing 4 vials powder for injection 50 mg and 4 pre-filled syringes solvent 1 mL*** | ***1*** | ***3*** | ***..*** | ***1745.39*** | ***30.70*** | ***Enbrel*** | ***WX*** |
| ***9089J*** | ***Injections 50 mg in 1 mL single use pre-filled syringes, 4*** | ***1*** | ***3*** | ***..*** | ***1745.39*** | ***30.70*** | ***Enbrel*** | ***WX*** |

***NOTE:***
***No applications for increased maximum quantities and/or repeats will be authorised.***

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**Authority Required**

***Continuing treatment***

***Continuing PBS-subsidised treatment with etanercept, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults:***
***(a) who have a documented history of severe active rheumatoid arthritis; and***
***(b) who have demonstrated an adequate response to treatment with etanercept; and***
***(c) whose most recent course of PBS-subsidised bDMARD treatment in this treatment cycle was with etanercept.***

***An adequate response to treatment is defined as:***
***an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;***
***AND either of the following:***
***(i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or***
***(ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:***
***— elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or***
***— shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).***

***The authority application must be made in writing and must include:***
***(1) a completed authority prescription form; and***
***(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].***

***A maximum of 24 weeks of treatment will be approved under this restriction.***

***Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

***All applications for continuing treatment with etanercept must include a measurement of response to the prior course of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with etanercept, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with an initial treatment course.***

***Patients who fail to demonstrate a response to treatment with etanercept under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this treatment cycle. Patients may re-trial etanercept after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised bDMARD was approved in this cycle and the date of the first application under the new cycle.***

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **Authority Required**<br>***Initial PBS-subsidised supply for continuing treatment, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of patients aged 18 years or older with a documented history of severe active polyarticular course juvenile chronic arthritis with onset prior to the age of 18 years, and who were receiving treatment with etanercept prior to 1 December 2002; AND***<br>***(a) who have signed a patient agreement form indicating that they understand and acknowledge that PBS-subsidised treatment will cease if the predetermined response criteria do not support continuation of PBS-subsidised treatment; AND***<br>***(b) who have demonstrated a response as specified in the criteria for continuing PBS-subsidised treatment with etanercept.***<br>***The authority application must be in writing and must include sufficient information to determine the patient's eligibility. The date of assessment of the patient must be provided.*** | | | | | | | |
| | **Authority Required**<br>***Continuing PBS-subsidised treatment, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of patients aged 18 years or older with a documented history of severe active polyarticular course juvenile chronic arthritis with onset prior to the age of 18 years, who, at the time of application, demonstrate an adequate response to treatment with etanercept as manifested by:***<br>***an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; AND 1 or more of the following:***<br>***(i) an active joint count of fewer than 10 active (swollen and tender) joints; or***<br>***(ii) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or***<br>***(iii) a reduction in the number of the following active joints, from at least 4, by at least 50%:***<br>***— elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or***<br>***— shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).***<br>***All authority applications for continuing treatment with etanercept must be in writing and must include sufficient information to determine the patient's response according to the above criteria. The date of assessment of the patient must be provided.***<br>***Patients who fail to demonstrate an adequate response, as specified in the criteria for continuing treatment with etanercept, will not be eligible to recommence treatment with etanercept within 12 months of the date on which treatment was ceased.***<br>***Where re-treatment with etanercept after a break in PBS-subsidised treatment with the drug is being sought, the reason for and date of cessation of the previous treatment course with etanercept must be included in the application.*** | | | | | | | |
| ***8638P*** | ***Injection set containing 4 vials powder for injection 25 mg and 4 pre-filled syringes solvent 1 mL*** | ***2*** | ***5*** | ***..*** | **** 1798.02*** | ***30.70*** | ***Enbrel*** | ***WX*** |
| ***8862K*** | ***Injection set containing 4 vials powder for injection 50 mg and 4 pre-filled syringes solvent 1 mL*** | ***1*** | ***5*** | ***..*** | ***1745.39*** | ***30.70*** | ***Enbrel*** | ***WX*** |
| ***9090K*** | ***Injections 50 mg in 1 mL single use pre-filled syringes, 4*** | ***1*** | ***5*** | ***..*** | ***1745.39*** | ***30.70*** | ***Enbrel*** | ***WX*** |

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
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***NOTE:***

***No applications for increased maximum quantities and/or repeats will be authorised.***

**NOTE:**

***TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS***

***The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological agents efalizumab and etanercept, for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological agents' appears in the following NOTES and restrictions, it only refers to efalizumab and etanercept.***

***From 1 August 2006, all patients will be able to commence a 'Biological Treatment Cycle' (Cycle), where they may trial both efalizumab and etanercept without having to meet the initial treatment criteria, that is they will not need to experience a disease flare, when swapping to the alternate agent. Under these interchangeability arrangements, within a single Cycle, patients may receive long-term treatment with a biological agent as long as they sustain a response to therapy.***

***Patients are eligible for PBS-subsidised treatment with only 1 biological agent, as systemic monotherapy, at any 1 time.***

***Initial treatment with efalizumab consists of 16 weeks of therapy and response to treatment must be assessed after at least 12 weeks of treatment. Initial treatment with etanercept consists of 12 weeks of active therapy followed by a treatment-free period of at least 12 weeks. Response to treatment must be assessed at the completion of the 12 week active etanercept treatment course.***

***Following demonstration of response to initial treatment, these biological agents are available as continuing therapy. Ongoing access to continuing treatment is available for as long as the response to therapy is sustained. In the case of efalizumab, continuing treatment consists of 24 weeks of continuous active treatment. In the case of etanercept, continuing treatment consists of 12 weeks of active therapy followed by a treatment-free period of at least 12 weeks.***

***Patients must be assessed for response to each course of continuing treatment according to the criteria included in the relevant continuing treatment restriction.***

***Once patients have either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single Cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological therapy before they are eligible to commence another Cycle [further details are under '(6) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' below].***

***The 5-year break in therapy will be measured from the date the last approval for PBS-subsidised treatment was granted in the most recent Cycle to the date of the first application for initial treatment with a biological agent under the new Cycle.***

***Within the same Cycle, patients are not allowed to trial and fail, or cease to respond to, the same PBS-subsidised biological agent more than twice. Therefore once a patient fails to meet the response criteria for the same PBS-subsidised biological agent on 2 occasions, they must change to the alternate agent if they wish to continue PBS-subsidised biological treatment.***

***Patients for whom a break in PBS-subsidised therapy of less than 5 years duration has occurred, and, who have failed therapy fewer than 3 times within a particular Cycle, as defined in the relevant restriction, may commence a further course of treatment within that Cycle.***

***Patients for whom a break in PBS-subsidised therapy of 5 years or more has occurred, and, who have failed therapy fewer than 3 times within a particular Cycle, as defined in the relevant restriction, are eligible to commence a new Cycle.***

***There is no limit to the number of Biological Treatment Cycles a patient may undertake in their lifetime.***

***How to prescribe biological agents for the treatment of severe chronic plaque psoriasis after 1 August 2006.***

***There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.***

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
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***(1) Application for approval for initial treatment.***

***Applications for a course of initial treatment should be made in the following situations:***
***(i) patients have received no prior PBS-subsidised biological treatment and wish to commence such therapy (Initial 1); and***
***(ii) patients have received prior PBS-subsidised biological therapy and wish to trial the alternate agent (Initial 2) [further details are under '(4) Swapping therapy' below]; and***
***(iii) patients have failed their most recent course of PBS-subsidised biological therapy and wish to trial a further course of treatment with the same agent [providing they have not failed that agent more than once] (Initial 2); and***
***(iv) patients who wish to re-commence treatment following a break in PBS-subsidised therapy with that agent (Initial 2).***

***All applications for initial treatment for non-grandfather patients will be limited to provide for a maximum of 16 weeks of therapy in the case of efalizumab and 12 weeks of therapy in the case of etanercept. Approval will be based on the criteria included in the relevant initial treatment restriction.***

***Grandfather patients.***

***Applications for patients who commenced treatment with efalizumab or etanercept prior to 10 November 2005 or 16 March 2006 respectively, may apply for initial PBS-subsidised treatment as continuing therapy under the relevant initial treatment restriction (Initial 3). These patients access the PBS interchangeability arrangements in the same way as new patients who have not been treated with either biological agent prior to PBS listing of that agent.***

***Applications for initial PBS-subsidised treatment for grandfather patients will provide for a maximum of 24 weeks of treatment, consisting of 24 weeks of continuous treatment in the case of efalizumab and 12 weeks of active treatment followed by a treatment-free period of at least 12 weeks in the case of etanercept. Approval will be based on the criteria included in the relevant restriction.***

***(2) Assessment of response to initial treatment.***

***When prescribing efalizumab, where the initial treatment course is for 16 weeks, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment must be submitted to Medicare Australia within 1 month of the completion of this 16 week treatment course. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with efalizumab. Applications for continuing treatment with efalizumab must also be submitted to Medicare Australia prior to the completion of this initial 16 week course of therapy to ensure continuity of treatment for those patients who meet the continuation criterion and who wish to continue on treatment with efalizumab.***

***When prescribing etanercept, a PASI assessment must be conducted at the completion of the 12 week initial treatment course. This assessment, which will be used to determine eligibility for future treatment according to the criterion included in the relevant continuing treatment restriction, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with etanercept.***

***The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.***

***(3) Application for continuing treatment.***

***As stated above, following the completion of a 16 week initial treatment course of efalizumab, to which an adequate response has been demonstrated, patients may qualify to receive up to 24 weeks of continuing treatment with efalizumab. Patients are eligible to continue to receive continuous treatment with efalizumab in 24 week courses providing they continue to sustain a response.***

***Prescribers should ensure that applications for second and subsequent courses of efalizumab are submitted to Medicare Australia before patients complete their previous treatment course to ensure uninterrupted treatment.***

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| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
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***At the completion of an initial 12 week treatment course of etanercept, to which an adequate response has been demonstrated, followed by a treatment-free period of at least 12 weeks, patients may qualify to receive continuing treatment with etanercept. Continuing treatment is available in the form of 12 weeks of active etanercept treatment followed by a treatment-free period of at least 12 weeks. Patients are eligible to receive continuing treatment with etanercept on this cyclical basis, for as long as they continue to sustain a response. Continuing applications must be submitted at least 12 weeks after cessation of the most recent course of etanercept treatment.***

***A PASI assessment must be conducted for each course of continuing treatment for each biological agent, according to the requirements set out in the relevant restriction. Assessment of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 1 month from the date that course was completed or treatment was ceased.***

***Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to sustain a response to treatment with that biological agent.***

**NOTE:**

***(4) Swapping therapy.***

***Once an authority for initial treatment with the first PBS-subsidised biological agent is approved, patients may swap to the alternate agent within the same treatment Cycle without having to re-qualify with respect to disease severity (i.e. a PASI score of greater than 15), or prior treatment requirements. This also applies to patients who fail to achieve or sustain a response to the first PBS-subsidised biological agent approved and who wish to trial a further course of treatment with the same agent.***

***Patients may trial an alternate biological agent at any time, regardless of whether they are receiving therapy with a biological agent at the time of the application or not. However, they cannot swap to a particular agent if they have failed to respond to treatment with that particular drug on 2 occasions in the same Cycle.***

***Patients who commenced PBS-subsidised treatment with efalizumab prior to 1 August 2006 access these interchangeability arrangements in the same way as patients who have not. The response to treatment for these patients will be counted toward the allowable treatment failures under the interchangeability arrangements for the current Cycle.***

***PBS subsidy does not allow for patients to receive treatment with another biological agent during the required 12 week treatment-free period applying to patients who have demonstrated a response to their most recent course of etanercept. This means that patients who have demonstrated a response to a 12 week course of etanercept must have a biological therapy treatment-free period of at least 12 weeks, immediately following this course of treatment, before swapping to efalizumab. Patients who fail to respond to etanercept and who qualify and wish to try a course of efalizumab, or a further course of etanercept, may do so without having to have any treatment-free period.***

***To ensure patients receive the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.***

***To avoid confusion, applications for patients who wish to swap to an alternate biological agent should be accompanied by the approved authority prescription or remaining repeats for the agent being ceased.***

***(5) Baseline measurements to determine response.***

***Medicare Australia will determine whether a response to treatment has been demonstrated, based on the baseline PASI assessment submitted with the first authority application for a biological agent. However, prescribers may provide new baseline measurements any time that an initial treatment authority is submitted within a treatment Cycle and subsequent response will be assessed according to this revised PASI score.***

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| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
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***For new patients and patients commencing a new Cycle, the first baseline PASI assessment must be conducted, preferably while the patient is still receiving their most recent prior therapy, but no later than 1 month following cessation of such therapy, as outlined in the relevant restriction. This is not required for any subsequent PASI scores provided for these patients within the same Cycle, nor for patients who received initial PBS-subsidised therapy under a 'grandfather' restriction.***

***To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatment applications.***

***(6) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.***

***Patients who wish to trial a second or subsequent Biological Treatment Cycle, following a break in PBS-subsidised biological therapy of at least 5 years, must re-qualify for initial treatment according to the criteria of the relevant restriction and index of disease severity. Patients must have had at least 1 prior treatment, as listed in the criteria, for a minimum of 6 weeks, and must have a PASI assessment conducted preferably whilst still on treatment, but no later than 1 month following cessation of treatment. The PASI assessment must be no older than 1 month at the time of application.***

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**Authority Required**

***Initial treatment [Initial 1, Whole body (New patients — No prior biological agent)]***
***Initial treatment as systemic monotherapy (i.e. not in conjunction with acitretin, methotrexate or cyclosporin) by a dermatologist for adults 18 years and over who:***
***(a) have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis; and***
***(b) have not received any prior PBS-subsidised treatment with a biological agent for this condition in this Treatment Cycle; and***
***(c) have signed a patient acknowledgement form indicating that they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment (whole body); and***
***(d) have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 3 of the following 4 treatments:***
***(i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; and/or***
***(ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; and/or***
***(iii) cyclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; and/or***
***(iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks.***

***If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, please provide details at the time of application.***

***If intolerance to treatment develops during the relevant period of use, which is of a severity to necessitate permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of acceptable toxicities including severity, associated with phototherapy, methotrexate, cyclosporin and acitretin, can be found on the Medicare Australia website (www.medicareaustralia.gov.au).***

***The following initiation criterion indicates failure to achieve an adequate response and must be demonstrated in all patients at the time of the application:***
***(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.***
***(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 1 month following cessation of each course of treatment.***
***(c) The most recent PASI assessment must be no more than 1 month old at the time of application.***

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
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***Patients for whom a PASI assessment for any prior course of treatment, where that course of treatment was completed prior to 16 March 2006, is not available, may contact Medicare Australia on 1800 700 270 for advice.***

***Applications for authorisation must be made in writing and must include:***
***(a) a completed authority prescription form; and***
***(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:***
***(i) a copy of the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets and whole body area diagrams including the dates of assessment of the patient's condition [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and***
***(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy]; and***
***(iii) a copy of the signed patient acknowledgement form.***

***A maximum of 12 weeks of treatment with etanercept will be authorised under this restriction.***

***Where fewer than 2 repeats are requested at the time of the authority application, authority approvals for sufficient repeats to complete a maximum of 12 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period beyond 12 weeks.***

***A PASI assessment of the patient's response must be made at the completion of this 12 week initial treatment course. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with etanercept.***

***Patients who demonstrate a response to treatment according to the response criterion included in the continuing treatment restriction for etanercept, may access continuing treatment with etanercept following a biological treatment-free period of at least 12 weeks. Patients who fail to demonstrate such a response to etanercept treatment may trial an alternate biological agent or a further course of etanercept according to the interchangeability arrangements for biological agents for the treatment of severe chronic plaque psoriasis, without having to have a 12 week treatment-free period before doing so.***

**Authority Required**

***Initial or re-Treatment [Initial 2, Whole body (Received prior biological agent under PBS)]***
***Treatment as systemic monotherapy (i.e. not in conjunction with acitretin, methotrexate or cyclosporin) by a dermatologist for adults 18 years and over who:***
***(a) have a documented history of severe chronic plaque psoriasis; and***
***(b) have received prior PBS-subsidised treatment with a biological agent for this condition in this Treatment Cycle; and***
***(c) have not failed PBS-subsidised therapy with etanercept for the treatment of this condition more than once in the current Treatment Cycle.***

***Applications for authorisation must be made in writing and must include:***
***(a) a completed authority prescription form; and***
***(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:***
***(i) a copy of the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and whole body area diagrams including the dates of assessment of the patient's condition [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and***
***(ii) details of prior biological treatment, including dosage, date and duration of treatment.***

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
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***Applications for patients who have demonstrated a response to PBS-subsidised etanercept treatment within this Treatment Cycle and who wish to re-commence etanercept treatment within the same Cycle following a break in therapy, will only be approved where evidence of a response to the patient's most recent course of PBS-subsidised etanercept treatment has been submitted to Medicare Australia within 1 month of cessation of treatment.***

***A maximum of 12 weeks of treatment with etanercept will be authorised under this restriction.***

***Where fewer than 2 repeats are requested at the time of the authority application, authority approvals for sufficient repeats to complete a maximum of 12 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period beyond 12 weeks.***

***A PASI assessment of the patient's response must be made at the completion of this 12 week course of treatment. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with etanercept.***

***Patients who demonstrate a response to treatment according to the response criterion included in the continuing treatment restriction for etanercept, may access continuing treatment with etanercept following a biological treatment-free period of at least 12 weeks. Patients who fail to demonstrate such a response to etanercept treatment and who qualify to trial an alternate biological agent or a further course of etanercept according to the interchangeability arrangements for biological agents for the treatment of severe chronic plaque psoriasis, may do so without having to have a 12 week treatment-free period.***

***Patients who fail to demonstrate a response to treatment with the biological agents, efalizumab and etanercept, on a total of 3 occasions are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new Biological Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.***

**Authority Required**

***Initial treatment [Initial 3, Whole body (Grandfather patients)]***
***Initial PBS-subsidised supply for continuing treatment as systemic monotherapy (i.e. not in conjunction with acitretin, methotrexate or cyclosporin) by a dermatologist for adults 18 years and over who:***
***(a) have a documented history of severe chronic plaque psoriasis and were receiving treatment with etanercept prior to 16 March 2006; and***
***(b) had a Psoriasis Area and Severity Index (PASI) score of greater than 15 prior to commencing treatment with etanercept; and***
***(c) have signed a patient acknowledgement form indicating that they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment (whole body); and***
***(d) have demonstrated a response as specified in the criterion included in the restriction for continuing PBS-subsidised treatment with etanercept (whole body).***

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
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***Applications for authorisation must be made in writing and must include:***
***(a) a completed authority prescription form; and***
***(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:***
***(i) a copy of the completed Psoriasis Area and Severity Index (PASI) calculation sheet and whole body area diagrams including the date of the assessment of the patient's condition at baseline (prior to initiation of etanercept therapy) and the most recent PASI assessment [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and***
***(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy]; and***
***(iii) a copy of the signed patient acknowledgement form.***

***The most recent PASI assessment must be no more than 1 month old at the time of application.***

***A maximum of 12 weeks of treatment with etanercept will be authorised under this restriction.***

***Where fewer than 2 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 12 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

***A PASI assessment of the patient's response must be made at the completion of this 12 week initial treatment course. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with etanercept.***

***Patients who demonstrate a response to treatment according to the response criterion included in the continuing treatment restriction for etanercept, may access continuing treatment with etanercept following a biological treatment-free period of at least 12 weeks. Patients who fail to demonstrate such a response to etanercept treatment may trial an alternate biological agent or a further course of etanercept according to the interchangeability arrangements for biological agents for the treatment of severe chronic plaque psoriasis, without a 12 week treatment-free period before doing so.***

***Patients may qualify for PBS-subsidised treatment under this restriction once only.***

**Authority Required**

***Continuing treatment (Whole body)***
***Continuing PBS-subsidised treatment as systemic monotherapy (i.e. not in conjunction with acitretin, methotrexate or cyclosporin) by a dermatologist for adults 18 years and over:***
***(a) who have a documented history of severe chronic plaque psoriasis; and***
***(b) whose most recent course of PBS-subsidised biological treatment for this condition in this Treatment Cycle was with etanercept; and***
***(c) who have demonstrated an adequate response to their most recent course of treatment with etanercept.***

***An adequate response to treatment is defined as:***
***A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, after at least 12 weeks of etanercept treatment, compared with the pre-biological treatment baseline value for this Treatment Cycle.***

***Applications for authorisation must be made in writing and must include:***
***(a) a completed authority prescription form; and***
***(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:***
***(i) a copy of the completed Psoriasis Area and Severity Index (PASI) calculation sheet and whole body area diagrams along with the date of the assessment of the patient's condition [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].***

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
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***Approval will be based on the PASI assessment of response to the most recent course of active treatment with etanercept, which must have been undertaken at the completion of this course of active treatment.***

***A maximum of 12 weeks of treatment with etanercept will be authorised under this restriction.***

***Where fewer than 2 repeats are requested at the time of the authority application, authority approvals for sufficient repeats to complete a maximum of 12 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

***A PASI assessment of the patient's response must be made at the completion of each 12 week active treatment course. This assessment, which will be used to determine eligibility for further continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with etanercept.***

***Patients who demonstrate a response to treatment according to the response criterion included in this restriction, may access further continuing treatment with etanercept, following a biological treatment-free period of at least 12 weeks.***

***Continuing treatment is available in the form of 12 weeks of active etanercept treatment followed by a treatment-free period of at least 12 weeks. Patients are eligible to receive continuing treatment with etanercept on this cyclical basis, for as long as they continue to sustain a response. Continuing applications for treatment must be submitted at least 12 weeks after cessation of the most recent course of etanercept treatment.***

***Patients who fail to demonstrate such a response to etanercept treatment and who qualify to trial an alternate biological agent or a further initial course of etanercept according to the interchangeability arrangements for biological agents for the treatment of severe chronic plaque psoriasis, may do so without having to have a 12 week treatment-free period.***

***Patients who fail to demonstrate a response to treatment with the biological agents, efalizumab and etanercept, on a total of 3 occasions are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new Biological Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.***

**Authority Required**

***Initial treatment [Initial 1, Face, hand, foot (New patients — No prior biological agent)]***
***Initial treatment as systemic monotherapy (i.e. not in conjunction with acitretin, methotrexate or cyclosporin) by a dermatologist for adults 18 years and over who:***
***(a) have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and***
***(b) have not received any prior PBS-subsidised treatment with a biological agent for this condition in this Treatment Cycle; and***
***(c) have signed a patient acknowledgement form indicating that they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment (face, hand, foot); and***
***(d) have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 3 of the following 4 treatments:***
***(i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; and/or***
***(ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; and/or***
***(iii) cyclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; and/or***
***(iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks.***

***If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, please provide details at the time of application.***

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
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***If intolerance to treatment develops during the relevant period of use, which is of a severity to necessitate permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of acceptable toxicities including severity, associated with phototherapy, methotrexate, cyclosporin and acitretin, can be found on the Medicare Australia website (www.medicareaustralia.gov.au).***

***The following initiation criterion indicates failure to achieve an adequate response and must be demonstrated in all patients at the time of the application:***
***(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:***
***(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment; or***
***(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.***
***(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 1 month following cessation of each course of treatment.***
***(c) The most recent PASI assessment must be no more than 1 month old at the time of application.***

***Patients for whom a PASI assessment for any prior course of treatment, where that course of treatment was completed prior to 16 March 2006, is not available, may contact Medicare Australia on 1800 700 270 for advice.***

***Applications for authorisation must be made in writing and must include:***
***(a) a completed authority prescription form; and***
***(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:***
***(i) a copy of the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and***
***(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy]; and***
***(iii) a copy of the signed patient acknowledgement form.***

***A maximum of 12 weeks of treatment with etanercept will be authorised under this restriction.***

***Where fewer than 2 repeats are requested at the time of the authority application, authority approvals for sufficient repeats to complete a maximum of 12 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period beyond 12 weeks.***

***A PASI assessment of the patient's response must be made at the completion of this 12 week initial treatment course. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with etanercept.***

***Patients who demonstrate a response to treatment according to the response criterion included in the continuing treatment restriction for etanercept, may access continuing treatment with etanercept following a biological treatment-free period of at least 12 weeks. Patients who fail to demonstrate such a response to etanercept treatment may trial an alternate biological agent or a further course of etanercept according to the interchangeability arrangements for biological agents for the treatment of severe chronic plaque psoriasis, without having to have a 12 week treatment-free period before doing so.***

***The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.***

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
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**Authority Required**

***Initial or re-Treatment [Initial 2, Face, hand, foot (Received prior biological agent under PBS)]***
***Treatment as systemic monotherapy (i.e. not in conjunction with acitretin, methotrexate or cyclosporin) by a dermatologist for adults 18 years and over who:***
***(a) have a documented history of severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot; and***

***(b) have received prior PBS-subsidised treatment with a biological agent for this condition in this Treatment Cycle; and***
***(c) have not failed PBS-subsidised therapy with etanercept for the treatment of this condition more than once in the current Treatment Cycle.***

***Applications for authorisation must be made in writing and must include:***
***(a) a completed authority prescription form; and***
***(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:***
***(i) a copy of the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and***
***(ii) details of prior biological treatment, including dosage, date and duration of treatment.***

***The PASI assessment must be performed on the same affected area as assessed at baseline.***

***Applications for patients who have demonstrated a response to PBS-subsidised etanercept treatment within this Treatment Cycle and who wish to re-commence etanercept treatment within the same Cycle following a break in therapy, will only be approved where evidence of a response to the patient's most recent 12 week course of PBS-subsidised etanercept treatment has been submitted to Medicare Australia within 1 month of cessation of treatment.***

***A maximum of 12 weeks of treatment with etanercept will be authorised under this restriction.***

***Where fewer than 2 repeats are requested at the time of the authority application, authority approvals for sufficient repeats to complete a maximum of 12 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period beyond 12 weeks.***

***A PASI assessment of the patient's response must be made at the completion of this 12 week treatment course. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with etanercept.***

***Patients who demonstrate a response to treatment according to the response criterion included in the continuing treatment restriction for etanercept, may access continuing treatment with etanercept following a biological treatment-free period of at least 12 weeks. Patients who fail to demonstrate such a response to etanercept treatment and who qualify to trial an alternate biological agent or a further course of etanercept according to the interchangeability arrangements for biological agents for the treatment of chronic plaque psoriasis, may do so without having to have a 12 week treatment-free period.***

***Patients who fail to demonstrate a response to treatment with the biological agents, efalizumab and etanercept, on a total of 3 occasions are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new Biological Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.***

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# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
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**Authority Required**

***Initial treatment [Initial 3, Face, hand, foot (Grandfather patients)]***
***Initial PBS-subsidised supply for continuing treatment as systemic monotherapy (i.e. not in conjunction with acitretin, methotrexate or cyclosporin) by a dermatologist for adults 18 years and over:***
***(a) who have a documented history of severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot and were receiving treatment with etanercept prior to 16 March 2006; and***
***(b) whose disease, prior to treatment with etanercept, was of a severity as defined in the initiation criterion included in the initial treatment restriction (Initial 1, New patients — face, hand, foot); and***
***(c) who have signed a patient acknowledgement form indicating that they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment (face, hand, foot); and***
***(d) who have demonstrated a response as specified in the criterion included in the restriction for continuing PBS-subsidised treatment with etanercept (face, hand, foot).***

***Applications for authorisation must be made in writing and must include:***
***(a) a completed authority prescription form; and***
***(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:***
***(i) a copy of the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams along with the date of the assessment of the patient's condition at baseline (prior to initiation of etanercept therapy) and the most recent PASI assessment [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and***
***(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy]; and***
***(iii) a copy of the signed patient acknowledgement form.***

***The PASI assessment must be performed on the same affected area as assessed prior to initiation of etanercept treatment.***

***The most recent PASI assessment must be no more than 1 month old at the time of application.***

***A maximum of 12 weeks of treatment with etanercept will be authorised under this restriction.***

***Where fewer than 2 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 12 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

***A PASI assessment of the patient's response must be made at the completion of this 12 week initial treatment course. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with etanercept.***

***Patients who demonstrate a response to treatment according to the response criterion included in the continuing treatment restriction for etanercept, may access continuing treatment with etanercept following a biological treatment-free period of at least 12 weeks. Patients who fail to demonstrate such a response to etanercept treatment may trial an alternate biological agent or a further course of etanercept according to the interchangeability arrangements for biological agents for the treatment of severe chronic plaque psoriasis, without having to have a 12 week treatment-free period before doing so.***

***Patients may qualify for PBS-subsidised treatment under this restriction once only.***

continued ☞

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|---|---|---|

**Authority Required**

***Continuing treatment (Face, hand, foot)***
***Continuing PBS-subsidised treatment as systemic monotherapy (i.e. not in conjunction with acitretin, methotrexate or cyclosporin) by a dermatologist for adults 18 years and over:***
***(a) who have a documented history of severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot; and***
***(b) whose most recent course of PBS-subsidised biological treatment for this condition in this Treatment Cycle was with etanercept; and***
***(c) who have demonstrated an adequate response to their most recent course of treatment with etanercept.***

***An adequate response to etanercept treatment is defined as the plaque or plaques assessed prior to biological treatment showing:***
***(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, after at least 12 weeks of etanercept treatment, as compared to the pre-biological treatment baseline values; or***
***(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, after at least 12 weeks of etanercept treatment, as compared to the pre-biological treatment baseline value.***

***The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline.***

***Applications for authorisation must be made in writing and must include:***
***(a) a completed authority prescription form; and***
***(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:***
***(i) a copy of the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams along with the date of the assessment of the patient's condition [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].***

***Approval will be based on the PASI assessment of response to the most recent course of active treatment with etanercept, which must have been undertaken at the completion of this course of active treatment.***

***A maximum of 12 weeks of treatment with etanercept will be authorised under this restriction.***

***Where fewer than 2 repeats are requested at the time of the authority application, authority approvals for sufficient repeats to complete a maximum of 12 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

***A PASI assessment of the patient's response must be made at the completion of each 12 week active treatment course. This assessment, which will be used to determine eligibility for further continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with etanercept.***

***Patients who demonstrate a response to treatment according to the response criterion included in this restriction, may access further continuing treatment with etanercept, following a biological treatment-free period of at least 12 weeks.***

***Continuing treatment is available in the form of 12 weeks of active etanercept treatment followed by a treatment-free period of at least 12 weeks. Patients are eligible to receive continuing treatment with etanercept on this cyclical basis, for as long as they continue to sustain a response. Continuing applications can only be submitted at least 12 weeks after cessation of the most recent course of etanercept treatment.***

***Patients who fail to demonstrate such a response to etanercept treatment and who qualify to trial an alternate biological agent or a further initial course of etanercept according to the interchangeability arrangements for biological agents for the treatment of severe chronic plaque psoriasis, may do so without having to have a 12 week treatment-free period.***

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***Patients who fail to demonstrate a response to treatment with the biological agents, efalizumab and etanercept, on a total of 3 occasions are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new Biological Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.*** | | | | | | | |
| ***9037P*** | ***Injection set containing 4 vials powder for injection 25 mg and 4 pre-filled syringes solvent 1 mL*** | ***2*** | ***2*** | ***..*** | **** 1798.02*** | ***30.70*** | ***Enbrel*** | ***WX*** |
| ***9038Q*** | ***Injection set containing 4 vials powder for injection 50 mg and 4 pre-filled syringes solvent 1 mL*** | ***1*** | ***2*** | ***..*** | ***1745.39*** | ***30.70*** | ***Enbrel*** | ***WX*** |
| ***9091L*** | ***Injections 50 mg in 1 mL single use pre-filled syringes, 4*** | ***1*** | ***2*** | ***..*** | ***1745.39*** | ***30.70*** | ***Enbrel*** | ***WX*** |
| | ***NOTE:***<br>***No applications for increased maximum quantities and/or repeats will be authorised.*** | | | | | | | |
| | ***EVEROLIMUS***<br>**CAUTION:**<br>***Careful monitoring of patients is mandatory.*** | | | | | | | |
| | **Authority Required**<br>***Maintenance therapy, following initiation and stabilisation of treatment with everolimus and where therapy remains under the supervision and direction of the transplant unit reviewing that patient, of patients with:***<br>***(a) renal transplants. The name of the specialised transplant unit reviewing treatment and the date of the latest review at the specialised transplant unit must be included in the authority application; or***<br>***(b) cardiac transplants. The name of the specialised transplant unit reviewing treatment and the date of the latest review at the specialised transplant unit must be included in the authority application.*** | | | | | | | |
| ***8840G*** | ***Tablet 0.25 mg*** | ***60*** | ***3*** | ***..*** | ***281.81*** | ***30.70*** | ***Certican*** | ***NV*** |
| ***8841H*** | ***Tablet 0.5 mg*** | ***60*** | ***3*** | ***..*** | ***542.85*** | ***30.70*** | ***Certican*** | ***NV*** |
| ***8842J*** | ***Tablet 0.75 mg*** | ***120*** | ***3*** | ***..*** | **** 1557.18*** | ***30.70*** | ***Certican*** | ***NV*** |

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | ***LEFLUNOMIDE*** | | | | | | | | |
| | **CAUTION:** | | | | | | | | |
| | ***Leflunomide is a category X drug and must not be given to pregnant women. Pregnancy should be avoided for two years after cessation of therapy, unless special wash-out procedures are carried out.*** | | | | | | | | |
| | **Authority Required (STREAMLINED)** | | | | | | | | |
| | **2643** | | | | | | | | |
| | ***Initial treatment of severe active rheumatoid arthritis where other disease modifying anti-rheumatic drugs (including methotrexate) are ineffective and/or inappropriate. Treatment must be initiated by a physician;*** | | | | | | | | |
| | **2681** | | | | | | | | |
| | ***Initial treatment of severe active psoriatic arthritis where other disease modifying anti-rheumatic drugs (including methotrexate) are ineffective and/or inappropriate. Treatment must be initiated by a physician.*** | | | | | | | | |
| | **NOTE:** | | | | | | | | |
| | ***No applications for increased maximum quantities and/or repeats will be authorised.*** | | | | | | | | |
| *8373Q* | ***Pack containing 3 tablets leflunomide 100 mg and 30 tablets leflunomide 20 mg*** | ***‡ 1*** | ***..*** | ***..*** | ***222.00*** | ***30.70*** | | ***Arava*** | ***SW*** |
| | **Authority Required (STREAMLINED)** | | | | | | | | |
| | **2644** | | | | | | | | |
| | ***Treatment of severe active rheumatoid arthritis where other disease modifying anti-rheumatic drugs (including methotrexate) are ineffective and/or inappropriate. Treatment must be initiated by a physician;*** | | | | | | | | |
| | **2682** | | | | | | | | |
| | ***Treatment of severe active psoriatic arthritis where other disease modifying anti-rheumatic drugs (including methotrexate) are ineffective and/or inappropriate. Treatment must be initiated by a physician.*** | | | | | | | | |
| *8374R* | ***Tablet 10 mg*** | ***30*** | ***5*** | ***..*** | ***96.30*** | ***30.70*** | *a* | ***Arabloc*** | ***AV*** |
| | | | | ***B1.17*** | ***97.47*** | ***30.70*** | *a* | ***Arava*** | ***SW*** |
| *8375T* | ***Tablet 20 mg*** | ***30*** | ***5*** | ***..*** | ***143.78*** | ***30.70*** | *a* | ***Arabloc*** | ***AV*** |
| | | | | ***B1.17*** | ***144.95*** | ***30.70*** | *a* | ***Arava*** | ***SW*** |
| | ***MYCOPHENOLATE MOFETIL*** | | | | | | | | |
| | **CAUTION:** | | | | | | | | |
| | ***Careful monitoring of patients is mandatory.*** | | | | | | | | |
| | **Authority Required** | | | | | | | | |
| | ***Maintenance therapy, following initiation and stabilisation of treatment with mycophenolate mofetil and where therapy remains under the supervision and direction of the transplant unit reviewing that patient, of patients with:*** | | | | | | | | |
| | ***(a) renal transplants. The name of the specialised transplant unit reviewing treatment and the date of the latest review at the specialised transplant unit must be included in the authority application; or*** | | | | | | | | |
| | ***(b) cardiac transplants. The name of the specialised transplant unit reviewing treatment and the date of the latest review at the specialised transplant unit must be included in the authority application.*** | | | | | | | | |
| *8649F* | ***Capsule 250 mg*** | ***300*** | ***3*** | ***..*** | ***626.83*** | ***30.70*** | | ***CellCept*** | ***RO*** |
| *8650G* | ***Tablet 500 mg*** | ***150*** | ***3*** | ***..*** | ***626.83*** | ***30.70*** | | ***CellCept*** | ***RO*** |

continued ☞

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| *8651H* | ***Powder for oral suspension 1 g per 5 mL, 165 mL*** | ***‡ 1*** | ***3*** | ***..*** | ***# 288.93*** | ***30.70*** | ***CellCept*** | ***RO*** |
| | ***MYCOPHENOLATE SODIUM*** | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | ***Careful monitoring of patients is mandatory.*** | | | | | | | |
| | **Authority Required** | | | | | | | |
| | ***Maintenance therapy, following initiation and stabilisation of treatment with mycophenolate sodium and where therapy remains under the supervision and direction of the transplant unit reviewing that patient, of patients with renal transplants. The name of the specialised transplant unit reviewing treatment and the date of the latest review at the specialised transplant unit must be included in the authority application.*** | | | | | | | |
| *8652J* | ***Tablet (enteric coated) 180 mg (mycophenolic acid)*** | ***120*** | ***3*** | ***..*** | ***262.44*** | ***30.70*** | ***Myfortic*** | ***NV*** |
| *8653K* | ***Tablet (enteric coated) 360 mg (mycophenolic acid)*** | ***120*** | ***3*** | ***..*** | ***502.55*** | ***30.70*** | ***Myfortic*** | ***NV*** |
| | ***SIROLIMUS*** | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | ***Careful monitoring of patients is mandatory.*** | | | | | | | |
| | **Authority Required** | | | | | | | |
| | ***Maintenance therapy, following initiation and stabilisation of treatment with sirolimus and where therapy remains under the supervision and direction of the transplant unit reviewing that patient, of patients with renal transplants. The name of the specialised transplant unit reviewing treatment and the date of the latest review at the specialised transplant unit must be included in the authority application.*** | | | | | | | |
| *8724E* | ***Tablet 1 mg*** | ***100*** | ***3*** | ***..*** | ***814.27*** | ***30.70*** | ***Rapamune*** | ***WX*** |
| *8833X* | ***Tablet 2 mg*** | ***100*** | ***3*** | ***..*** | ***1562.05*** | ***30.70*** | ***Rapamune*** | ***WX*** |
| *8725F* | ***Oral solution 1 mg per mL, 60 mL*** | ***‡ 1*** | ***3*** | ***..*** | ***490.75*** | ***30.70*** | ***Rapamune*** | ***WX*** |
| | ***TACROLIMUS*** | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | ***Careful monitoring of patients is mandatory.*** | | | | | | | |
| | **Authority Required** | | | | | | | |
| | ***Maintenance therapy, following initiation and stabilisation of treatment with tacrolimus and where therapy remains under the supervision and direction of the transplant unit reviewing that patient, of patients with:*** | | | | | | | |
| | ***(a) liver transplants. The name of the specialised transplant unit reviewing treatment and the date of the latest review at the specialised transplant unit must be included in the authority application; or*** | | | | | | | |
| | ***(b) renal transplants. The name of the specialised transplant unit reviewing treatment and the date of the latest review at the specialised transplant unit must be included in the authority application.*** | | | | | | | |
| *8646C* | ***Capsule 500 micrograms*** | ***100*** | ***3*** | ***..*** | ***224.87*** | ***30.70*** | ***Prograf*** | ***JC*** |
| *8647D* | ***Capsule 1 mg*** | ***100*** | ***3*** | ***..*** | ***426.29*** | ***30.70*** | ***Prograf*** | ***JC*** |
| *8648E* | ***Capsule 5 mg*** | ***50*** | ***3*** | ***..*** | ***1052.06*** | ***30.70*** | ***Prograf*** | ***JC*** |

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **• *Other immunosuppressive agents*** | | | | | | | | |
| | AZATHIOPRINE | | | | | | | | |
| 2688L | Tablet 25 mg | 100 | 2 | .. | 44.67 | 30.70 | a | Azahexal | HX |
| | | | | B1.51 | 46.18 | 30.70 | a | Imuran | GK |
| 2687K | Tablet 50 mg | 100 | 2 | .. | 72.22 | 30.70 | a | Azahexal | HX |
| | | | | | | | a | Azamun | GM |
| | | | | | | | a | Azapin | AW |
| | | | | | | | a | GenRx Azathioprine | GX |
| | | | | | | | a | Thioprine | AF |
| | | | | B1.44 | 73.66 | 30.70 | a | Imuran | GK |
| | METHOTREXATE | | | | | | | | |
| 1622J | Tablet 2.5 mg | 30 | 5 | .. | 12.39 | 13.40 | a | Methoblastin | PH |
| | | | | | | | a | MX | |
| 1623K | Tablet 10 mg | 50 | 2 | .. | 46.43 | 30.70 | | Methoblastin | PH |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS | | | | | | | | |
| | **Antiinflammatory and antirheumatic products, non-steroids** | | | | | | | | |
| | • ***Acetic acid derivatives and related substances*** | | | | | | | | |
| | DICLOFENAC SODIUM | | | | | | | | |
| 1302M | Suppository 100 mg | 40 | 3 | .. | * 23.12 | 24.13 | | Voltaren 100 | NV |
| | ***DICLOFENAC SODIUM*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Chronic arthropathies (including osteoarthritis) with an inflammatory component;*** | | | | | | | | |
| | ***Bone pain due to malignant disease.*** | | | | | | | | |
| ***1299J*** | ***Tablet 25 mg (enteric coated)*** | ***100*** | ***3*** | ***..*** | **** 13.92*** | ***14.93*** | [a] | ***Chem mart Diclofenac*** | ***CH*** |
| | | | | | | | [a] | ***Clonac 25*** | ***AW*** |
| | | | | | | | [a] | ***Diclohexal*** | ***HX*** |
| | | | | | | | [a] | ***Dinac*** | ***GM*** |
| | | | | | | | [a] | ***GenRx Diclofenac*** | ***GX*** |
| | | | | | | | [a] | ***Terry White Chemists Diclofenac*** | ***TW*** |
| | | | | ***..*** | ***13.92*** | ***14.93*** | [a] | ***Fenac 25*** | ***AF*** |
| | | | | ***B2.50*** | **** 16.42*** | ***14.93*** | [a] | ***Voltaren 25*** | ***NV*** |
| ***1300K*** | ***Tablet 50 mg (enteric coated)*** | ***50*** | ***3*** | ***..*** | ***11.35*** | ***12.36*** | [a] | ***Chem mart Diclofenac*** | ***CH*** |
| | | | | | | | [a] | ***Clonac 50*** | ***AW*** |
| | | | | | | | [a] | ***Diclohexal*** | ***HX*** |
| | | | | | | | [a] | ***Dinac*** | ***GM*** |
| | | | | | | | [a] | ***Fenac*** | ***AF*** |
| | | | | | | | [a] | ***GenRx Diclofenac*** | ***GX*** |
| | | | | | | | [a] | ***Terry White Chemists Diclofenac*** | ***TW*** |
| | | | | ***B2.49*** | ***13.84*** | ***12.36*** | [a] | ***Voltaren 50*** | ***NV*** |
| | INDOMETHACIN | | | | | | | | |
| 2757D | Suppository 100 mg | 40 | 3 | .. | * 20.82 | 21.83 | | Indocid | MK |

continued ☞

# MUSCULO-SKELETAL SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | ***INDOMETHACIN*** | | | | | | | | |
| | **Restricted Benefit**<br>***Chronic arthropathies (including osteoarthritis) with an inflammatory component;***<br>***Bone pain due to malignant disease.*** | | | | | | | | |
| ***2454E*** | ***Capsule 25 mg*** | ***100*** | ***3*** | ***..*** | **** 10.84*** | ***11.85*** | ***a*** | ***Arthrexin*** | ***AF*** |
| | | | | ***B 2.98*** | **** 13.82*** | ***11.85*** | ***a*** | ***Indocid*** | ***MK*** |
| | ***SULINDAC*** | | | | | | | | |
| | **Restricted Benefit**<br>***Chronic arthropathies (including osteoarthritis) with an inflammatory component;***<br>***Bone pain due to malignant disease.*** | | | | | | | | |
| ***2047R*** | ***Tablet 100 mg*** | ***100*** | ***3*** | ***..*** | **** 14.92*** | ***15.93*** | | ***Aclin*** | ***AF*** |
| ***2048T*** | ***Tablet 200 mg*** | ***50*** | ***3*** | ***..*** | ***13.91*** | ***14.92*** | | ***Aclin 200*** | ***AF*** |
| | • ***Oxicams*** | | | | | | | | |
| | ***MELOXICAM***<br>**NOTE:**<br>***The use of meloxicam for the treatment of the following conditions is not subsidised through the PBS:***<br>***(a) acute pain;***<br>***(b) soft tissue injury;***<br>***(c) arthrosis without an inflammatory component.*** | | | | | | | | |
| | **Restricted Benefit**<br>***Symptomatic treatment of osteoarthritis.*** | | | | | | | | |
| ***8561N*** | ***Tablet 7.5 mg*** | ***30*** | ***3*** | ***..*** | ***20.75*** | ***21.76*** | ***a*** | ***Chem mart Meloxicam 7.5 mg*** | ***CH*** |
| | | | | | | | ***a*** | ***GenRx Meloxicam*** | ***GX*** |
| | | | | | | | ***a*** | ***Meloxicam-GA*** | ***GM*** |
| | | | | | | | ***a*** | ***Movalis 7.5*** | ***AW*** |
| | | | | | | | ***a*** | ***Moxicam 7.5*** | ***AF*** |
| | | | | | | | ***a*** | ***Terry White Chemists Meloxicam 7.5 mg*** | ***TW*** |
| | | | | ***B 1.58*** | ***22.33*** | ***21.76*** | ***a*** | ***Mobic*** | ***BY*** |

continued ☞

# MUSCULO-SKELETAL SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| *8562P* | *Tablet 15 mg* | *30* | *3* | *..* | *27.77* | *28.78* | *a* | *Chem mart Meloxicam 15 mg* | *CH* |
| | | | | | | | *a* | *GenRx Meloxicam* | *GX* |
| | | | | | | | *a* | *Meloxicam-GA* | *GM* |
| | | | | | | | *a* | *Movalis 15* | *AW* |
| | | | | | | | *a* | *Moxicam 15* | *AF* |
| | | | | | | | *a* | *Terry White Chemists Meloxicam 15 mg* | *TW* |
| | | | | *B1.57* | *29.34* | *28.78* | *a* | *Mobic* | *BY* |
| *8887R* | *Capsule 7.5 mg* | *30* | *3* | *..* | *20.75* | *21.76* | | *Mobic* | *BY* |
| *8888T* | *Capsule 15 mg* | *30* | *3* | *..* | *27.77* | *28.78* | | *Mobic* | *BY* |
| | ***PIROXICAM*** | | | | | | | | |
| | **Restricted Benefit** *Chronic arthropathies (including osteoarthritis) with an inflammatory component.* | | | | | | | | |
| *1895R* | *Dispersible tablet 10 mg* | *50* | *3* | *..* | *13.20* | *14.21* | *a* | *GenRx Piroxicam Dispersible* | *GX* |
| | | | | | | | *a* | *Mobilis D-10* | *AF* |
| | | | | | | | *a* | *Pirohexal-D* | *HX* |
| | | | | *B2.66* | *15.86* | *14.21* | *a* | *Feldene-D* | *PF* |
| *1896T* | *Dispersible tablet 20 mg* | *25* | *3* | *..* | *12.81* | *13.82* | *a* | *Chem mart Piroxicam Dispersible* | *CH* |
| | | | | | | | *a* | *GenRx Piroxicam Dispersible* | *GX* |
| | | | | | | | *a* | *Mobilis D-20* | *AF* |
| | | | | | | | *a* | *Pirohexal-D* | *HX* |
| | | | | | | | *a* | *Terry White Chemists Piroxicam Dispersible* | *TW* |
| | | | | *B2.64* | *15.45* | *13.82* | *a* | *Feldene-D* | *PF* |
| *1897W* | *Capsule 10 mg* | *50* | *3* | *..* | *13.20* | *14.21* | *a* | *Chem mart Piroxicam* | *CH* |
| | | | | | | | *a* | *GenRx Piroxicam* | *GX* |
| | | | | | | | *a* | *Mobilis 10* | *AF* |
| | | | | | | | *a* | *Terry White Chemists Piroxicam* | *TW* |
| | | | | *B2.66* | *15.86* | *14.21* | *a* | *Feldene* | *PF* |

continued ☞

# MUSCULO-SKELETAL SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| *1898X* | *Capsule 20 mg* | *25* | *3* | *..* | *12.81* | *13.82* | *a* | *Chem mart Piroxicam* | *CH* |
| | | | | | | | *a* | *GenRx Piroxicam* | *GX* |
| | | | | | | | *a* | *Mobilis 20* | *AF* |
| | | | | | | | *a* | *Terry White Chemists Piroxicam* | *TW* |
| | | | | *B2.64* | *15.45* | *13.82* | *a* | *Feldene* | *PF* |
| | • ***Propionic acid derivatives*** IBUPROFEN | | | | | | | | |
| 3192B | Tablet 400 mg | 30 | .. | .. | 8.09 | 9.10 | | Brufen | AB |

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***IBUPROFEN***

**Restricted Benefit**
***Chronic arthropathies (including osteoarthritis) with an inflammatory component;***
***Bone pain due to malignant disease.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *3198H* | *Tablet 200 mg* | *100* | *3* | *..* | ** 10.84* | *11.85* | | *Rafen 200* | *AF* |
| *3190X* | *Tablet 400 mg* | *90* | *3* | *..* | ** 13.39* | *14.40* | | *Brufen* | *AB* |
| | KETOPROFEN | | | | | | | | |
| 1588N | Suppository 100 mg | 40 | 3 | .. | * 21.52 | 22.53 | | Orudis | SW |

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***KETOPROFEN***

**Restricted Benefit**
***Chronic arthropathies (including osteoarthritis) with an inflammatory component.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *1590Q* | *Capsule 200 mg (sustained release)* | *28* | *3* | *..* | *15.69* | *16.70* | *a* | *Oruvail SR* | *AV* |
| | | | | *B1.95* | *17.64* | *16.70* | *a* | *Orudis SR 200* | *SW* |

***NAPROXEN***

**Restricted Benefit**
***Chronic arthropathies (including osteoarthritis) with an inflammatory component;***
***Bone pain due to malignant disease.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *1674D* | *Tablet 250 mg* | *100* | *3* | *..* | ** 14.74* | *15.75* | *a* | *Inza 250* | *AF* |
| | | | | *B3.00* | ** 17.74* | *15.75* | *a* | *Naprosyn* | *RO* |
| *1659H* | *Tablet 500 mg* | *50* | *3* | *..* | *13.71* | *14.72* | *a* | *Inza 500* | *AF* |
| | | | | *B1.75* | *15.46* | *14.72* | *a* | *Naprosyn* | *RO* |

continued ☞

# MUSCULO-SKELETAL SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| *1614Y* | *Tablet 750 mg (sustained release)* | *28* | *3* | *..* | *13.04* | *14.05* | *a* | *Proxen SR 750* | *MD* |
| | | | | *B1.62* | *14.66* | *14.05* | *a* | *Naprosyn SR750* | *RO* |
| *1615B* | *Tablet 1 g (sustained release)* | *28* | *3* | *..* | *15.57* | *16.58* | *a* | *Proxen SR 1000* | *MD* |
| | | | | *B1.72* | *17.29* | *16.58* | *a* | *Naprosyn SR1000* | *RO* |

**Authority Required (STREAMLINED)**

**2270**

***Chronic arthropathies (including osteoarthritis) with an inflammatory component in patients unable to take a solid dose form of a non-steroidal anti-inflammatory agent;***

**2271**

***Bone pain due to malignant disease in patients unable to take a solid dose form of a non-steroidal anti-inflammatory agent.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *1658G* | *Oral suspension 125 mg per 5 mL, 474 mL* | *‡ 1* | *3* | *..* | *77.19* | *30.70* | | *Naprosyn* | *RO* |

***NAPROXEN SODIUM***

**Restricted Benefit**

***Chronic arthropathies (including osteoarthritis) with an inflammatory component;***

***Bone pain due to malignant disease.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *1795L* | *Tablet 550 mg* | *50* | *3* | *..* | *13.97* | *14.98* | *a* | *Crysanal* | *MD* |
| | | | | *B2.91* | *16.88* | *14.98* | *a* | *Anaprox 550* | *RO* |

***NOTE:***

***Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.***

***TIAPROFENIC ACID***

**CAUTION:**

***Cystitis and other urinary disorders have been reported with this drug.***

**NOTE:**

***The recommended maximum dose is 600 mg per day.***

**Restricted Benefit**

***Chronic arthropathies (including osteoarthritis) with an inflammatory component.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *2103Q* | *Tablet 300 mg* | *60* | *3* | *..* | *16.11* | *17.12* | | *Surgam* | *SW* |

## • *Fenamates*

***MEFENAMIC ACID***

**Restricted Benefit**

***Dysmenorrhoea;***

***Menorrhagia.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *1824B* | *Capsule 250 mg* | *50* | *2* | *..* | *16.67* | *17.68* | | *Ponstan* | *PD* |

# MUSCULO-SKELETAL SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | • ***Coxibs*** | | | | | | | |
| | ***CELECOXIB*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***The use of celecoxib for the treatment of the following conditions is not subsidised through the PBS:*** | | | | | | | |
| | ***(a) acute pain;*** | | | | | | | |
| | ***(b) soft tissue injury;*** | | | | | | | |
| | ***(c) arthrosis without an inflammatory component.*** | | | | | | | |
| | **Restricted Benefit** | | | | | | | |
| | ***Symptomatic treatment of osteoarthritis;*** | | | | | | | |
| | ***Symptomatic treatment of rheumatoid arthritis.*** | | | | | | | |
| ***8439E*** | ***Capsule 100 mg*** | ***60*** | ***3*** | ***..*** | ***30.20*** | ***30.70*** | ***Celebrex*** | ***PH*** |
| ***8440F*** | ***Capsule 200 mg*** | ***30*** | ***3*** | ***..*** | ***30.20*** | ***30.70*** | ***Celebrex*** | ***PH*** |
| | **Specific antirheumatic agents** | | | | | | | |
| | • ***Quinolines*** | | | | | | | |
| | HYDROXYCHLOROQUINE SULFATE | | | | | | | |
| 1512N | Tablet 200 mg | 100 | 1 | .. | 35.25 | 30.70 | Plaquenil | SW |
| | • ***Gold preparations*** | | | | | | | |
| | AURANOFIN | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | Regular blood and urine checks are essential. | | | | | | | |
| 1095P | Tablet 3 mg | 60 | 5 | .. | 62.57 | 30.70 | Ridaura | GH |
| | SODIUM AUROTHIOMALATE | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | Regular blood and urine checks are essential. | | | | | | | |
| 2016D | Injection 10 mg | 10 | .. | .. | 52.06 | 30.70 | Myocrisin | SW |
| 2017E | Injection 20 mg | 10 | 1 | .. | 79.48 | 30.70 | Myocrisin | SW |
| 2018F | Injection 50 mg | 10 | 1 | .. | 123.81 | 30.70 | Myocrisin | SW |
| | • ***Penicillamine and similar agents*** | | | | | | | |
| | PENICILLAMINE | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | Regular blood and urine checks are essential. | | | | | | | |
| 2721F | Tablet 125 mg | 100 | 1 | .. | 29.55 | 30.56 | D-Penamine | AL |
| 2838J | Tablet 250 mg | 100 | 1 | .. | 41.29 | 30.70 | D-Penamine | AL |
| | • ***Other specific antirheumatic agents*** | | | | | | | |
| | ***LEFLUNOMIDE*** | | | | | | | |
| | ***For listings see Generic/Proprietary Index*** | | | | | | | |

# MUSCULO-SKELETAL SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **MUSCLE RELAXANTS** | | | | | | | |
| | **Muscle relaxants, centrally acting agents** | | | | | | | |
| | • ***Other centrally acting agents*** | | | | | | | |
| | BACLOFEN | | | | | | | |
| 2729P | Tablet 10 mg | 100 | 5 | .. | 38.15 | 30.70 | [a] Baclo | GM |
| | | | | | | | [a] Baclohexal | HX |
| | | | | | | | [a] Chem mart Baclofen | CH |
| | | | | | | | [a] Clofen 10 | AF |
| | | | | | | | [a] GenRx Baclofen | GX |
| | | | | | | | [a] Stelax 10 | AW |
| | | | | | | | [a] Terry White Chemists Baclofen | TW |
| | | | | B2.90 | 41.05 | 30.70 | [a] Lioresal 10 | NV |
| 2730Q | Tablet 25 mg | 100 | 5 | .. | 77.00 | 30.70 | [a] Baclo | GM |
| | | | | | | | [a] Baclohexal | HX |
| | | | | | | | [a] Chem mart Baclofen | CH |
| | | | | | | | [a] Clofen 25 | AF |
| | | | | | | | [a] GenRx Baclofen | GX |
| | | | | | | | [a] Stelax 25 | AW |
| | | | | | | | [a] Terry White Chemists Baclofen | TW |
| | | | | B2.90 | 79.90 | 30.70 | [a] Lioresal 25 | NV |
| | **Muscle relaxants, directly acting agents** | | | | | | | |
| | • ***Dantrolene and derivatives*** | | | | | | | |
| | ***DANTROLENE SODIUM*** | | | | | | | |
| | **Restricted Benefit** | | | | | | | |
| | ***Treatment of chronic spasticity.*** | | | | | | | |
| ***1779P*** | ***Capsule 25 mg*** | ***100*** | ***2*** | ***..*** | ***58.50*** | ***30.70*** | ***Dantrium*** | ***PU*** |
| ***1780Q*** | ***Capsule 50 mg*** | ***100*** | ***2*** | ***..*** | ***66.44*** | ***30.70*** | ***Dantrium*** | ***PU*** |

# MUSCULO-SKELETAL SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **ANTIGOUT PREPARATIONS** | | | | | | | | |
| | **Antigout preparations** | | | | | | | | |
| | • ***Preparations inhibiting uric acid production*** | | | | | | | | |
| | ALLOPURINOL | | | | | | | | |
| | **NOTE:** | | | | | | | | |
| | The dose should be adjusted in accordance with renal function. | | | | | | | | |
| 2600W | Tablet 100 mg | 200 | 2 | .. | * 14.08 | 15.09 | a | Progout 100 | AF |
| | | | | .. | 14.08 | 15.09 | a | Allohexal | HX |
| | | | | | | | a | Allosig | FM |
| | | | | | | | a | Chem mart Allopurinol | CH |
| | | | | | | | a | GenRx Allopurinol | GX |
| | | | | | | | a | Terry White Chemists Allopurinol | TW |
| | | | | B2.43 | 16.51 | 15.09 | a | Zyloprim | SI |
| 2604C | Tablet 300 mg | 60 | 2 | .. | 10.54 | 11.55 | a | Allohexal | HX |
| | | | | | | | a | Allosig | FM |
| | | | | | | | a | Chem mart Allopurinol | CH |
| | | | | | | | a | GenRx Allopurinol | GX |
| | | | | | | | a | Progout 300 | AF |
| | | | | | | | a | Terry White Chemists Allopurinol | TW |
| | | | | B2.29 | 12.83 | 11.55 | a | Zyloprim | SI |
| | • ***Preparations increasing uric acid excretion*** | | | | | | | | |
| | PROBENECID | | | | | | | | |
| 1940D | Tablet 500 mg | 100 | 5 | .. | 69.25 | 30.70 | | Pro-Cid | PL |
| | • ***Preparations with no effect on uric acid metabolism*** | | | | | | | | |
| | COLCHICINE | | | | | | | | |
| 1227N | Tablet 500 micrograms | 100 | 2 | .. | 9.84 | 10.85 | a | Lengout | LN |
| | | | | B0.89 | 10.73 | 10.85 | a | Colgout | AS |

# MUSCULO-SKELETAL SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|

## DRUGS FOR TREATMENT OF BONE DISEASES

### Drugs affecting bone structure and mineralization

- ***Bisphosphonates***

***ALENDRONATE SODIUM***

**Authority Required (STREAMLINED)**

**2645**

***Treatment as the sole PBS-subsidised anti-resorptive agent for osteoporosis in a patient aged 70 years of age or older with a Bone Mineral Density (BMD) T-score of -3.0 or less.***
***The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.***

**Authority Required (STREAMLINED)**

**2646**

***Treatment as the sole PBS-subsidised anti-resorptive agent for established osteoporosis in patients with fracture due to minimal trauma. The fracture must have been demonstrated radiologically and the year of plain x-ray or CT-scan or MRI scan must be documented in the patient's medical records when treatment is initiated.***
***A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.***

**NOTE:**

***Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, disodium etidronate, raloxifene hydrochloride and strontium ranelate.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *8511Y* | *Tablet equivalent to 70 mg alendronic acid* | *4* | *5* | *..* | *52.10* | *30.70* | *a* | *Alendro Once Weekly* | *AW* |
| | | | | *B0.83* | *52.93* | *30.70* | *a* | *Fosamax Once Weekly* | *MK* |

**Authority Required (STREAMLINED)**

**1392**

***Symptomatic Paget's disease of bone.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *8090T* | *Tablet equivalent to 40 mg alendronic acid* | *30* | *5* | *..* | *159.55* | *30.70* | | *Fosamax 40 mg* | *MK* |

***DISODIUM ETIDRONATE***

**Authority Required (STREAMLINED)**

**1849**

***Symptomatic Paget's disease of bone when calcitonin has been found to be unsatisfactory due to lack of efficacy;***

**1850**

***Symptomatic Paget's disease of bone when calcitonin has been found to be unsatisfactory due to unacceptable side effects;***

**1153**

***Heterotopic ossification.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *2920Q* | *Tablet 200 mg* | *60* | *5* | *..* | *114.19* | *30.70* | | *Didronel* | *PU* |

# MUSCULO-SKELETAL SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | ***DISODIUM PAMIDRONATE*** | | | | | | | | |
| | **Authority Required (STREAMLINED)**<br>**1392**<br>***Symptomatic Paget's disease of bone.*** | | | | | | | | |
| ***8461H*** | ***Concentrated injection 15 mg in 5 mL*** | ***4*** | ***..*** | ***..*** | **** 268.12*** | ***30.70*** | ***a*** | ***Pamisol*** | ***MX*** |
| ***8208B*** | ***Injection set containing 4 vials powder for I.V. infusion 15 mg and 4 ampoules solvent 5 mL*** | ***1*** | ***..*** | ***..*** | ***268.12*** | ***30.70*** | ***a*** | ***Aredia 15 mg*** | ***NV*** |
| | ***NOTE:***<br>***The concentrated injection 15 mg and powder for I.V. infusion 15 mg (after reconstitution) are bioequivalent.*** | | | | | | | | |
| ***8462J*** | ***Concentrated injection 30 mg in 10 mL*** | ***2*** | ***..*** | ***..*** | **** 268.14*** | ***30.70*** | ***a*** | ***Pamisol*** | ***MX*** |
| ***8209C*** | ***Injection set containing 2 vials powder for I.V. infusion 30 mg and 2 ampoules solvent 10 mL*** | ***1*** | ***..*** | ***..*** | ***268.12*** | ***30.70*** | ***a*** | ***Aredia 30 mg*** | ***NV*** |
| | ***NOTE:***<br>***The concentrated injection 30 mg and powder for I.V. infusion 30 mg (after reconstitution) are bioequivalent.*** | | | | | | | | |
| ***8463K*** | ***Concentrated injection 60 mg in 10 mL*** | ***1*** | ***..*** | ***..*** | ***268.12*** | ***30.70*** | | ***Pamisol*** | ***MX*** |
| | ***RISEDRONATE SODIUM*** | | | | | | | | |
| | **Authority Required (STREAMLINED)**<br>**2645**<br>***Treatment as the sole PBS-subsidised anti-resorptive agent for osteoporosis in a patient aged 70 years of age or older with a Bone Mineral Density (BMD) T-score of -3.0 or less.***<br>***The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.*** | | | | | | | | |
| | **Authority Required (STREAMLINED)**<br>**2646**<br>***Treatment as the sole PBS-subsidised anti-resorptive agent for established osteoporosis in patients with fracture due to minimal trauma. The fracture must have been demonstrated radiologically and the year of plain x-ray or CT-scan or MRI scan must be documented in the patient's medical records when treatment is initiated.***<br>***A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.*** | | | | | | | | |
| | **NOTE:**<br>***Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, disodium etidronate, raloxifene hydrochloride and strontium ranelate.*** | | | | | | | | |
| ***8481J*** | ***Tablet 5 mg*** | ***28*** | ***5*** | ***..*** | ***52.10*** | ***30.70*** | | ***Actonel*** | ***SW*** |
| ***8621R*** | ***Tablet 35 mg*** | ***4*** | ***5*** | ***..*** | ***52.10*** | ***30.70*** | | ***Actonel Once-a-Week*** | ***SW*** |

continued ☞

# MUSCULO-SKELETAL SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **Authority Required (STREAMLINED)**<br>**1392**<br>***Symptomatic Paget's disease of bone.*** | | | | | | | |
| ***8482K*** | ***Tablet 30 mg*** | ***28*** | ***1*** | ***..*** | ***303.64*** | ***30.70*** | ***Actonel*** | ***SW*** |
| | ***SODIUM CLODRONATE TETRAHYDRATE*** | | | | | | | |
| | **Restricted Benefit**<br>***Maintenance treatment of hypercalcaemia of malignancy refractory to anti-neoplastic therapy;***<br>***Multiple myeloma;***<br>***Bone metastases from breast cancer.*** | | | | | | | |
| ***8132B*** | ***Capsule equivalent to 400 mg sodium clodronate*** | ***100*** | ***2*** | ***..*** | ***333.10*** | ***30.70*** | ***Bonefos*** | ***SC*** |
| ***8265B*** | ***Tablet equivalent to 800 mg sodium clodronate*** | ***60*** | ***2*** | ***..*** | ***390.46*** | ***30.70*** | ***Bonefos 800 mg*** | ***SC*** |
| | ***TILUDRONATE DISODIUM*** | | | | | | | |
| | **Authority Required (STREAMLINED)**<br>**1392**<br>***Symptomatic Paget's disease of bone.*** | | | | | | | |
| ***8267D*** | ***Tablet equivalent to 200 mg tiludronic acid*** | ***56*** | ***2*** | ***..*** | ***303.64*** | ***30.70*** | ***Skelid*** | ***MX*** |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|

## • *Bisphosphonates, combinations*

***ALENDRONATE SODIUM with COLECALCIFEROL***

**Authority Required (STREAMLINED)**

**2645**

***Treatment as the sole PBS-subsidised anti-resorptive agent for osteoporosis in a patient aged 70 years of age or older with a Bone Mineral Density (BMD) T-score of -3.0 or less.***

***The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.***

**Authority Required (STREAMLINED)**

**2646**

***Treatment as the sole PBS-subsidised anti-resorptive agent for established osteoporosis in patients with fracture due to minimal trauma. The fracture must have been demonstrated radiologically and the year of plain x-ray or CT-scan or MRI scan must be documented in the patient's medical records when treatment is initiated.***

***A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.***

**NOTE:**

***Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, disodium etidronate, raloxifene hydrochloride and strontium ranelate.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *9012H* | *Tablet equivalent to 70 mg alendronic acid with 70 micrograms colecalciferol* | *4* | *5* | *..* | *52.10* | *30.70* | *Fosamax Plus* | *MK* |

***NOTE:***

***Fosamax Plus provides a supplemental intake of vitamin D. The amount of colecalciferol present in Fosamax Plus is not sufficient to use as the sole treatment for correction of vitamin D deficiency.***

***DISODIUM ETIDRONATE and CALCIUM CARBONATE***

**Authority Required (STREAMLINED)**

**2646**

***Treatment as the sole PBS-subsidised anti-resorptive agent for established osteoporosis in patients with fracture due to minimal trauma. The fracture must have been demonstrated radiologically and the year of plain x-ray or CT-scan or MRI scan must be documented in the patient's medical records when treatment is initiated.***

***A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.***

**NOTE:**

***Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, disodium etidronate, raloxifene hydrochloride and strontium ranelate.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *8056B* | *Pack containing 28 tablets disodium etidronate 200 mg and 76 tablets calcium carbonate 1.25 g (equivalent to 500 mg calcium)* | *‡ 1* | *1* | *..* | *69.71* | *30.70* | *Didrocal* | *PU* |

***NOTE:***

***No applications for increased maximum quantities and/or repeats will be authorised.***

# MUSCULO-SKELETAL SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***RISEDRONATE SODIUM and CALCIUM CARBONATE*** | | | | | | | |
| | **Authority Required (STREAMLINED)**<br>**2645**<br>***Treatment as the sole PBS-subsidised anti-resorptive agent for osteoporosis in a patient aged 70 years of age or older with a Bone Mineral Density (BMD) T-score of -3.0 or less.***<br>***The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.*** | | | | | | | |
| | **Authority Required (STREAMLINED)**<br>**2646**<br>***Treatment as the sole PBS-subsidised anti-resorptive agent for established osteoporosis in patients with fracture due to minimal trauma. The fracture must have been demonstrated radiologically and the year of plain x-ray or CT-scan or MRI scan must be documented in the patient's medical records when treatment is initiated.***<br>***A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.*** | | | | | | | |
| | **NOTE:**<br>***Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, disodium etidronate, raloxifene hydrochloride and strontium ranelate.*** | | | | | | | |
| *8899J* | ***Pack containing 4 tablets risedronate sodium 35 mg and 24 tablets calcium carbonate 1.25 g (equivalent to 500 mg calcium)*** | ***‡ 1*** | ***5*** | ***..*** | ***52.10*** | ***30.70*** | ***Actonel Combi*** | ***SW*** |

# MUSCULO-SKELETAL SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|

## • *Other drugs affecting bone structure and mineralization*

***CALCITRIOL***

**Authority Required (STREAMLINED)**

**1165**
***Hypocalcaemia due to renal disease;***

**1166**
***Hypoparathyroidism;***

**1167**
***Hypophosphataemic rickets;***

**1467**
***Vitamin D-resistant rickets;***

**2636**
***Treatment for established osteoporosis in patients with fracture due to minimal trauma. The fracture must have been demonstrated radiologically and the year of plain x-ray or CT-scan or MRI scan must be documented in the patient's medical records when treatment is initiated.***
***A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *2502Q* | *Capsule 0.25 microgram* | *100* | *3* | *..* | *52.85* | *30.70* | [a] *Calcitriol-DP* | *GM* |
| | | | | | | | [a] *Citrihexal* | *HX* |
| | | | | | | | [a] *GenRx Calcitriol* | *GX* |
| | | | | | | | [a] *Kosteo* | *AW* |
| | | | | | | | [a] *Rocaltrol* | *RO* |
| | | | | | | | [a] *Sical* | *AF* |

***RALOXIFENE HYDROCHLORIDE***

**Authority Required (STREAMLINED)**

**2647**
***Treatment as the sole PBS-subsidised anti-resorptive agent for established post-menopausal osteoporosis in patients with fracture due to minimal trauma. The fracture must have been demonstrated radiologically and the year of plain x-ray or CT-scan or MRI scan must be documented in the patient's medical records when treatment is initiated.***
***A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.***

**NOTE:**
***Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, disodium etidronate, raloxifene hydrochloride and strontium ranelate.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *8363E* | *Tablet 60 mg* | *28* | *5* | *..* | *57.94* | *30.70* | *Evista* | *LY* |

# MUSCULO-SKELETAL SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***STRONTIUM RANELATE*** | | | | | | | |
| | **Authority Required (STREAMLINED)**<br>**2647**<br>***Treatment as the sole PBS-subsidised anti-resorptive agent for established post-menopausal osteoporosis in patients with fracture due to minimal trauma. The fracture must have been demonstrated radiologically and the year of plain x-ray or CT-scan or MRI scan must be documented in the patient's medical records when treatment is initiated.***<br>***A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.*** | | | | | | | |
| | **NOTE:**<br>***Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, disodium etidronate, raloxifene hydrochloride and strontium ranelate.*** | | | | | | | |
| ***3036T*** | ***Sachet containing granules for oral suspension 2 g*** | ***28*** | ***5*** | ***..*** | ***52.58*** | ***30.70*** | ***Protos 2 g*** | ***SE*** |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **ANALGESICS** | | | | | | | | |
| | **Opioids** | | | | | | | | |
| | • ***Natural opium alkaloids*** | | | | | | | | |
| | CODEINE PHOSPHATE | | | | | | | | |
| 1214X | Tablet 30 mg | 20 | .. | .. | 11.21 | 12.22 | | FM | |
| | CODEINE PHOSPHATE with PARACETAMOL | | | | | | | | |
| 1215Y | Tablet 30 mg-500 mg | 20 | .. | .. | 7.55 | 8.56 | [a] | Codalgin Forte | FM |
| | | | | | | | [a] | Codapane Forte | AL |
| | | | | | | | [a] | Comfarol Forte | WA |
| | | | | | | | [a] | Dolaforte | CO |
| | | | | | | | [a] | Dymadon Forte | GK |
| | | | | | | | [a] | Prodeine Forte | AV |
| | | | | [B]1.84 | 9.39 | 8.56 | [a] | Panadeine Forte | SW |

**NOTE:**
Authorities for increased maximum quantities and/or repeats will not be granted except as detailed under the 'Authority required' listing of codeine phosphate with paracetamol below.

---

***CODEINE PHOSPHATE with PARACETAMOL***

**Authority Required**
***Severe disabling pain not responding to non-narcotic analgesics.***
**NOTE:**
***Each authority approval will be limited to no more than 240 tablets per month for no more than 6 months.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| ***8785J*** | ***Tablet 30 mg-500 mg*** | ***60*** | ***..*** | ***..*** | **** 11.77*** | ***12.78*** | ***[a]*** | ***Codalgin Forte*** | ***FM*** |
| | | | | | | | ***[a]*** | ***Codapane Forte*** | ***AL*** |
| | | | | | | | ***[a]*** | ***Comfarol Forte*** | ***WA*** |
| | | | | | | | ***[a]*** | ***Dolaforte*** | ***CO*** |
| | | | | | | | ***[a]*** | ***Dymadon Forte*** | ***GK*** |
| | | | | | | | ***[a]*** | ***Prodeine Forte*** | ***AV*** |
| | | | | ***[B]5.52*** | **** 17.29*** | ***12.78*** | ***[a]*** | ***Panadeine Forte*** | ***SW*** |
| | HYDROMORPHONE HYDROCHLORIDE | | | | | | | | |
| | **CAUTION:** | | | | | | | | |
| | The risk of drug dependence is high. | | | | | | | | |
| 8420E | Injection 2 mg in 1 mL | 5 | .. | .. | 12.75 | 13.76 | | Dilaudid | AB |
| 8421F | Injection 10 mg in 1 mL | 5 | .. | .. | 17.87 | 18.88 | | Dilaudid-HP | AB |
| 8422G | Injection 50 mg in 5 mL | 5 | .. | .. | 45.41 | 30.70 | | Dilaudid-HP | AB |
| 8423H | Injection 500 mg in 50 mL | 1 | .. | .. | 74.43 | 30.70 | | Dilaudid-HP | AB |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|

***HYDROMORPHONE HYDROCHLORIDE***

**CAUTION:**

***The risk of drug dependence is high.***

**Restricted Benefit**

***Severe disabling pain not responding to non-narcotic analgesics.***

**NOTE:**

***Authorities for increased maximum quantities and/or repeats will be granted only for:***

***(i) severe disabling pain associated with proven malignant neoplasia; or***

***(ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or***

***(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or***

***(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-narcotic analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ***8541M*** | ***Tablet 2 mg*** | ***20*** | ***..*** | ***..*** | ***13.02*** | ***14.03*** | ***Dilaudid*** | ***AB*** |
| ***8542N*** | ***Tablet 4 mg*** | ***20*** | ***..*** | ***..*** | ***17.86*** | ***18.87*** | ***Dilaudid*** | ***AB*** |
| ***8543P*** | ***Tablet 8 mg*** | ***20*** | ***..*** | ***..*** | ***27.19*** | ***28.20*** | ***Dilaudid*** | ***AB*** |
| ***8424J*** | ***Oral liquid 1 mg per mL, 473 mL*** | ***1*** | ***..*** | ***..*** | ***47.63*** | ***30.70*** | ***Dilaudid*** | ***AB*** |

***MORPHINE HYDROCHLORIDE***

**CAUTION:**

***The risk of drug dependence is high.***

**Restricted Benefit**

***Severe disabling pain not responding to non-narcotic analgesics.***

**NOTE:**

***Authorities for increased maximum quantities and/or repeats will be granted only for:***

***(i) severe disabling pain associated with proven malignant neoplasia; or***

***(ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or***

***(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or***

continued ☞

# NERVOUS SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-narcotic analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.*** | | | | | | | |
| ***2122Q*** | ***Oral solution 2 mg per mL, 200 mL*** | ***1*** | ***..*** | ***..*** | ***17.74*** | ***18.75*** | ***Ordine 2*** | ***MF*** |
| ***2123R*** | ***Oral solution 5 mg per mL, 200 mL*** | ***1*** | ***..*** | ***..*** | ***20.53*** | ***21.54*** | ***Ordine 5*** | ***MF*** |
| ***2124T*** | ***Oral solution 10 mg per mL, 200 mL*** | ***1*** | ***..*** | ***..*** | ***24.93*** | ***25.94*** | ***Ordine 10*** | ***MF*** |
| | MORPHINE SULFATE<br>**CAUTION:**<br>The risk of drug dependence is high. | | | | | | | |
| 1644M | Injection 10 mg in 1 mL | 5 | .. | .. | 12.80 | 13.81 | MX | |
| 1645N | Injection 15 mg in 1 mL | 5 | .. | .. | 13.11 | 14.12 | MX | |
| 1647Q | Injection 30 mg in 1 mL | 5 | .. | .. | 14.49 | 15.50 | MX | |
| | ***MORPHINE SULFATE***<br>**CAUTION:**<br>***The risk of drug dependence is high.*** | | | | | | | |
| | **Restricted Benefit**<br>***Severe disabling pain due to cancer not responding to non-narcotic analgesics.*** | | | | | | | |
| ***8669G*** | ***Tablet 10 mg*** | ***20*** | ***..*** | ***..*** | ***14.04*** | ***15.05*** | ***Sevredol*** | ***MF*** |
| ***8670H*** | ***Tablet 20 mg*** | ***20*** | ***..*** | ***..*** | ***15.12*** | ***16.13*** | ***Sevredol*** | ***MF*** |
| | **Restricted Benefit**<br>***Severe disabling pain not responding to non-narcotic analgesics.***<br>**NOTE:**<br>***Authorities for increased maximum quantities and/or repeats will be granted only for:***<br>***(i) severe disabling pain associated with proven malignant neoplasia; or***<br>***(ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or***<br>***(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or***<br>***(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-narcotic analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.*** | | | | | | | |
| ***1646P*** | ***Tablet 30 mg*** | ***20*** | ***..*** | ***..*** | ***13.73*** | ***14.74*** | ***Anamorph*** | ***FM*** |

continued ☞

# NERVOUS SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **Restricted Benefit**<br>***Chronic severe disabling pain not responding to non-narcotic analgesics.***<br>**NOTE:**<br>***Authorities for increased maximum quantities and/or repeats will be granted only for:***<br>***(i) chronic severe disabling pain associated with proven malignant neoplasia; or***<br>***(ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or***<br>***(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or***<br>***(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-narcotic analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.*** | | | | | | | |
| ***8035X*** | ***Tablet 5 mg (controlled release)*** | ***20*** | ***..*** | ***..*** | ***15.03*** | ***16.04*** | ***MS Contin*** | ***MF*** |
| ***1653B*** | ***Tablet 10 mg (controlled release)*** | ***20*** | ***..*** | ***..*** | ***16.16*** | ***17.17*** | ***MS Contin*** | ***MF*** |
| ***8489T*** | ***Tablet 15 mg (controlled release)*** | ***20*** | ***..*** | ***..*** | ***19.78*** | ***20.79*** | ***MS Contin*** | ***MF*** |
| ***1654C*** | ***Tablet 30 mg (controlled release)*** | ***20*** | ***..*** | ***..*** | ***28.56*** | ***29.57*** | ***MS Contin*** | ***MF*** |
| ***1655D*** | ***Tablet 60 mg (controlled release)*** | ***20*** | ***..*** | ***..*** | ***44.05*** | ***30.70*** | ***MS Contin*** | ***MF*** |
| ***1656E*** | ***Tablet 100 mg (controlled release)*** | ***20*** | ***..*** | ***..*** | ***60.28*** | ***30.70*** | ***MS Contin*** | ***MF*** |
| ***8349K*** | ***Capsule 10 mg (containing sustained release pellets)*** | ***20*** | ***..*** | ***..*** | ***16.16*** | ***17.17*** | ***Kapanol*** | ***GK*** |
| ***2839K*** | ***Capsule 20 mg (containing sustained release pellets)*** | ***20*** | ***..*** | ***..*** | ***21.06*** | ***22.07*** | ***Kapanol*** | ***GK*** |
| ***8491X*** | ***Capsule 30 mg (controlled release)*** | ***10*** | ***..*** | ***..*** | ***19.78*** | ***20.79*** | ***MS Mono*** | ***MF*** |
| ***2840L*** | ***Capsule 50 mg (containing sustained release pellets)*** | ***20*** | ***..*** | ***..*** | ***35.94*** | ***30.70*** | ***Kapanol*** | ***GK*** |
| ***8492Y*** | ***Capsule 60 mg (controlled release)*** | ***10*** | ***..*** | ***..*** | ***28.56*** | ***29.57*** | ***MS Mono*** | ***MF*** |
| ***8493B*** | ***Capsule 90 mg (controlled release)*** | ***10*** | ***..*** | ***..*** | ***34.41*** | ***30.70*** | ***MS Mono*** | ***MF*** |
| ***2841M*** | ***Capsule 100 mg (containing sustained release pellets)*** | ***20*** | ***..*** | ***..*** | ***60.28*** | ***30.70*** | ***Kapanol*** | ***GK*** |
| ***8494C*** | ***Capsule 120 mg (controlled release)*** | ***10*** | ***..*** | ***..*** | ***44.05*** | ***30.70*** | ***MS Mono*** | ***MF*** |
| ***8490W*** | ***Sachet containing controlled release granules for oral suspension, 20 mg per sachet*** | ***20*** | ***..*** | ***..*** | ***21.06*** | ***22.07*** | ***MS Contin Suspension 20 mg*** | ***MF*** |

continued ☞

# NERVOUS SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| ***8146R*** | ***Sachet containing controlled release granules for oral suspension, 30 mg per sachet*** | ***20*** | ***..*** | ***..*** | ***28.56*** | ***29.57*** | ***MS Contin Suspension 30 mg*** | ***MF*** |
| ***8305D*** | ***Sachet containing controlled release granules for oral suspension, 60 mg per sachet*** | ***20*** | ***..*** | ***..*** | ***44.05*** | ***30.70*** | ***MS Contin Suspension 60 mg*** | ***MF*** |
| ***8306E*** | ***Sachet containing controlled release granules for oral suspension, 100 mg per sachet*** | ***20*** | ***..*** | ***..*** | ***60.28*** | ***30.70*** | ***MS Contin Suspension 100 mg*** | ***MF*** |

**Authority Required**
***Chronic severe disabling pain due to cancer.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ***8453X*** | ***Tablet 200 mg (controlled release)*** | ***20*** | ***..*** | ***..*** | ***103.95*** | ***30.70*** | ***MS Contin*** | ***MF*** |
| ***8454Y*** | ***Sachet containing controlled release granules for oral suspension, 200 mg per sachet*** | ***20*** | ***..*** | ***..*** | ***103.95*** | ***30.70*** | ***MS Contin Suspension 200 mg*** | ***MF*** |

MORPHINE TARTRATE
**CAUTION:**
The risk of drug dependence is high.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1607N | Injection 120 mg in 1.5 mL | 5 | .. | .. | 23.80 | 24.81 | MX | |

***OXYCODONE***
**CAUTION:**
***The risk of drug dependence is high.***

**Restricted Benefit**
***Severe disabling pain not responding to non-narcotic analgesics.***

**NOTE:**
***Authorities for increased maximum quantities and/or repeats will be granted only for:***

***(i) severe disabling pain associated with proven malignant neoplasia; or***

***(ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or***

***(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or***

***(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-narcotic analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ***2481N*** | ***Suppository 30 mg*** | ***12*** | ***..*** | ***..*** | ***37.72*** | ***30.70*** | ***Proladone*** | ***PL*** |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***OXYCODONE HYDROCHLORIDE*** | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | ***The risk of drug dependence is high.*** | | | | | | | |
| | **Restricted Benefit** | | | | | | | |
| | ***Severe disabling pain not responding to non-narcotic analgesics.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***Authorities for increased maximum quantities and/or repeats will be granted only for:*** | | | | | | | |
| | ***(i) severe disabling pain associated with proven malignant neoplasia; or*** | | | | | | | |
| | ***(ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or*** | | | | | | | |
| | ***(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or*** | | | | | | | |
| | ***(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-narcotic analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.*** | | | | | | | |
| ***2622B*** | ***Tablet 5 mg*** | ***20*** | ***..*** | ***..*** | ***11.19*** | ***12.20*** | ***Endone*** | ***SI*** |
| ***8464L*** | ***Capsule 5 mg*** | ***20*** | ***..*** | ***..*** | ***11.19*** | ***12.20*** | ***OxyNorm*** | ***MF*** |
| ***8501K*** | ***Capsule 10 mg*** | ***20*** | ***..*** | ***..*** | ***14.17*** | ***15.18*** | ***OxyNorm*** | ***MF*** |
| ***8502L*** | ***Capsule 20 mg*** | ***20*** | ***..*** | ***..*** | ***18.69*** | ***19.70*** | ***OxyNorm*** | ***MF*** |
| ***8644Y*** | ***Oral solution 5 mg per 5 mL, 250 mL*** | ***1*** | ***..*** | ***..*** | ***19.24*** | ***20.25*** | ***OxyNorm Liquid 5mg/5mL*** | ***MF*** |
| | **Restricted Benefit** | | | | | | | |
| | ***Chronic severe disabling pain not responding to non-narcotic analgesics.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***Authorities for increased maximum quantities and/or repeats will be granted only for:*** | | | | | | | |
| | ***(i) chronic severe disabling pain associated with proven malignant neoplasia; or*** | | | | | | | |
| | ***(ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or*** | | | | | | | |
| | ***(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or*** | | | | | | | |
| | ***(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-narcotic analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.*** | | | | | | | |

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| *8681X* | *Tablet 5 mg (controlled release)* | *20* | *..* | *..* | *19.68* | *20.69* | *OxyContin* | *MF* |
| *8385H* | *Tablet 10 mg (controlled release)* | *20* | *..* | *..* | *20.15* | *21.16* | *OxyContin* | *MF* |
| *8386J* | *Tablet 20 mg (controlled release)* | *20* | *..* | *..* | *28.56* | *29.57* | *OxyContin* | *MF* |
| *8387K* | *Tablet 40 mg (controlled release)* | *20* | *..* | *..* | *44.05* | *30.70* | *OxyContin* | *MF* |
| *8388L* | *Tablet 80 mg (controlled release)* | *20* | *..* | *..* | *70.72* | *30.70* | *OxyContin* | *MF* |

## • *Phenylpiperidine derivatives*

***FENTANYL***

**CAUTION:**

***The risk of drug dependence is high.***

**NOTE:**

***Durogesic is not recommended in opioid naive patients with non-cancer pain, because of a high incidence of adverse events in these patients. Patients with cancer pain may be initiated on the lowest strength patch (12 micrograms per hour).***

**Restricted Benefit**

***Chronic severe disabling pain not responding to non-narcotic analgesics.***

**NOTE:**

***Authorities for increased maximum quantities and/or repeats will be granted only for:***

***(i) chronic severe disabling pain associated with proven malignant neoplasia; or***

***(ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or***

***(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or***

***(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-narcotic analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *8878G* | *Transdermal patch 2.1 mg (releasing approximately 12 micrograms per hour)* | *5* | *..* | *..* | *45.03* | *30.70* | *Durogesic 12* | *JC* |
| *8891Y* | *Transdermal patch 4.2 mg (releasing approximately 25 micrograms per hour)* | *5* | *..* | *..* | *54.41* | *30.70* | *Durogesic 25* | *JC* |
| *8892B* | *Transdermal patch 8.4 mg (releasing approximately 50 micrograms per hour)* | *5* | *..* | *..* | *93.20* | *30.70* | *Durogesic 50* | *JC* |
| *8893C* | *Transdermal patch 12.6 mg (releasing approximately 75 micrograms per hour)* | *5* | *..* | *..* | *126.30* | *30.70* | *Durogesic 75* | *JC* |

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| *8894D* | ***Transdermal patch 16.8 mg (releasing approximately 100 micrograms per hour)*** | *5* | *..* | *..* | *153.60* | *30.70* | ***Durogesic 100*** | ***JC*** |

### • *Diphenylpropylamine derivatives*

***METHADONE HYDROCHLORIDE***

**CAUTION:**

***The risk of drug dependence is high.***

**Restricted Benefit**

***Severe disabling pain not responding to non-narcotic analgesics.***

**NOTE:**

***Authorities for increased maximum quantities and/or repeats will be granted only for:***

***(i) severe disabling pain associated with proven malignant neoplasia; or***

***(ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or***

***(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or***

***(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-narcotic analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *1609Q* | ***Tablet 10 mg*** | *20* | *..* | *..* | *14.46* | *15.47* | ***Physeptone*** | ***GK*** |
| *1606M* | ***Injection 10 mg in 1 mL*** | *5* | *..* | *..* | *28.90* | *29.91* | ***Physeptone*** | ***GK*** |

### • *Oripavine derivatives*

***BUPRENORPHINE***

**CAUTION:**

***The risk of drug dependence is high.***

**Restricted Benefit**

***Chronic severe disabling pain not responding to non-narcotic analgesics.***

**NOTE:**

***Authorities for increased maximum quantities and/or repeats will be granted only for:***

***(i) chronic severe disabling pain associated with proven malignant neoplasia; or***

***(ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or***

***(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or***

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | ***(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-narcotic analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.*** | | | | | | | | |
| ***8865N*** | ***Transdermal patch 5 mg (releasing approximately 5 micrograms per hour)*** | ***2*** | ***..*** | ***..*** | ***24.96*** | ***25.97*** | | ***Norspan*** | ***MF*** |
| ***8866P*** | ***Transdermal patch 10 mg (releasing approximately 10 micrograms per hour)*** | ***2*** | ***..*** | ***..*** | ***35.41*** | ***30.70*** | | ***Norspan*** | ***MF*** |
| ***8867Q*** | ***Transdermal patch 20 mg (releasing approximately 20 micrograms per hour)*** | ***2*** | ***..*** | ***..*** | ***54.85*** | ***30.70*** | | ***Norspan*** | ***MF*** |
| | ***• Other opioids*** | | | | | | | | |
| | ***TRAMADOL HYDROCHLORIDE*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***For acute pain where aspirin and/or paracetamol alone are inappropriate or have failed.*** | | | | | | | | |
| | **NOTE:** | | | | | | | | |
| | ***No applications for increased maximum quantities and/or repeats will be authorised.*** | | | | | | | | |
| ***8455B*** | ***Capsule 50 mg*** | ***20*** | ***..*** | ***..*** | ***8.93*** | ***9.94*** | [a] | ***Chem mart Tramadol*** | ***CH*** |
| | | | | | | | [a] | ***GenRx Tramadol*** | ***GX*** |
| | | | | | | | [a] | ***Terry White Chemists Tramadol*** | ***TW*** |
| | | | | | | | [a] | ***Tramedo*** | ***AF*** |
| | | | | | | | [a] | ***Zydol*** | ***AW*** |
| | | | | ***B1.45*** | ***10.38*** | ***9.94*** | [a] | ***Tramal*** | ***CS*** |
| | **Restricted Benefit** | | | | | | | | |
| | ***For dosage titration in chronic pain where aspirin and/or paracetamol alone are inappropriate or have failed.*** | | | | | | | | |
| | **NOTE:** | | | | | | | | |
| | ***No applications for increased maximum quantities and/or repeats will be authorised.*** | | | | | | | | |
| ***8611F*** | ***Capsule 50 mg*** | ***20*** | ***2*** | ***..*** | ***8.93*** | ***9.94*** | [a] | ***Chem mart Tramadol*** | ***CH*** |
| | | | | | | | [a] | ***GenRx Tramadol*** | ***GX*** |
| | | | | | | | [a] | ***Terry White Chemists Tramadol*** | ***TW*** |
| | | | | | | | [a] | ***Tramedo*** | ***AF*** |
| | | | | | | | [a] | ***Zydol*** | ***AW*** |
| | | | | ***B1.45*** | ***10.38*** | ***9.94*** | [a] | ***Tramal*** | ***CS*** |

continued ☞

# NERVOUS SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **Restricted Benefit**<br>***For pain where aspirin and/or paracetamol alone are inappropriate or have failed.*** | | | | | | | | |
| | **NOTE:**<br>***Authorities for increased maximum quantities and/or repeats will be granted only for severe disabling pain not responding to non-narcotic analgesics.*** | | | | | | | | |
| ***2527B*** | ***Tablet 50 mg (sustained release)*** | ***20*** | ***..*** | ***..*** | ***12.08*** | ***13.09*** | | ***Tramal SR 50*** | ***CS*** |
| ***8523N*** | ***Tablet 100 mg (sustained release)*** | ***20*** | ***..*** | ***..*** | ***14.93*** | ***15.94*** | [a] | ***Tramahexal SR*** | ***HX*** |
| | | | | | | | [a] | ***Zydol SR 100*** | ***AW*** |
| | | | | ***B1.94*** | ***16.87*** | ***15.94*** | [a] | ***Tramal SR 100*** | ***CS*** |
| ***8524P*** | ***Tablet 150 mg (sustained release)*** | ***20*** | ***..*** | ***..*** | ***18.23*** | ***19.24*** | [a] | ***Tramahexal SR*** | ***HX*** |
| | | | | | | | [a] | ***Zydol SR 150*** | ***AW*** |
| | | | | ***B1.94*** | ***20.17*** | ***19.24*** | [a] | ***Tramal SR 150*** | ***CS*** |
| ***8525Q*** | ***Tablet 200 mg (sustained release)*** | ***20*** | ***..*** | ***..*** | ***21.02*** | ***22.03*** | [a] | ***Tramahexal SR*** | ***HX*** |
| | | | | | | | [a] | ***Zydol SR 200*** | ***AW*** |
| | | | | ***B1.92*** | ***22.94*** | ***22.03*** | [a] | ***Tramal SR 200*** | ***CS*** |
| ***8843K*** | ***Oral drops 100 mg per mL, 10 mL*** | ***‡ 1*** | ***..*** | ***..*** | ***8.93*** | ***9.94*** | | ***Tramal*** | ***CS*** |
| | **Restricted Benefit**<br>***Short-term treatment of acute pain.*** | | | | | | | | |
| | **NOTE:**<br>***No applications for increased maximum quantities and/or repeats will be authorised.*** | | | | | | | | |
| ***8582Q*** | ***Injection 100 mg in 2 mL*** | ***5*** | ***..*** | ***..*** | ***10.82*** | ***11.83*** | [a] | ***Tramahexal*** | ***HX*** |
| | | | | | | | [a] | ***Tramal 100*** | ***CS*** |
| | **Other analgesics and antipyretics** | | | | | | | | |
| | • ***Salicylic acid and derivatives*** | | | | | | | | |
| | ASPIRIN | | | | | | | | |
| 1010E | Tablet 300 mg (dispersible) | 96 | 1 | .. | 7.61 | 8.62 | | Solprin | RC |

# NERVOUS SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **• *Anilides*** | | | | | | | | |
| | PARACETAMOL | | | | | | | | |
| 1746X | Tablet 500 mg | 100 | 1 | .. | 7.99 | 9.00 | a | Chem mart Chemadol | CH |
| | | | | | | | a | Dymadon P | PC |
| | | | | | | | a | Febridol | GM |
| | | | | | | | a | Panamax | SW |
| | | | | | | | b | Parahexal | HX |
| | | | | | | | a | Paralgin | FM |
| | | | | | | | b | Parmol | AW |
| | | | | | | | a | Terry White Chemists Paracetamol | TW |
| | | | | | | | b | Tylenol | JT |
| 1747Y | Oral liquid 120 mg per 5 mL, 100 mL | ‡ 1 | 2 | .. | 8.27 | 9.28 | | Panamax | SW |
| 1770E | Oral liquid 240 mg per 5 mL, 200 mL | ‡ 1 | 2 | .. | 9.51 | 10.52 | | Panamax 240 Elixir | SW |
| | ***PARACETAMOL*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Chronic arthropathies.*** | | | | | | | | |
| ***8784H*** | ***Tablet 500 mg*** | ***300*** | ***4*** | ***..*** | **** 13.09*** | ***14.10*** | ***a*** | ***Chem mart Chemadol*** | ***CH*** |
| | | | | | | | ***a*** | ***Dymadon P*** | ***PC*** |
| | | | | | | | ***a*** | ***Febridol*** | ***GM*** |
| | | | | | | | ***a*** | ***Panamax*** | ***SW*** |
| | | | | | | | ***b*** | ***Parahexal*** | ***HX*** |
| | | | | | | | ***a*** | ***Paralgin*** | ***FM*** |
| | | | | | | | ***b*** | ***Parmol*** | ***AW*** |
| | | | | | | | ***a*** | ***Terry White Chemists Paracetamol*** | ***TW*** |
| | | | | | | | ***b*** | ***Tylenol*** | ***JT*** |
| | **Restricted Benefit** | | | | | | | | |
| | ***Relief of persistent pain associated with osteoarthritis.*** | | | | | | | | |
| ***8814X*** | ***Tablet 665 mg (modified release)*** | ***192*** | ***5*** | ***..*** | **** 11.98*** | ***12.99*** | ***a*** | ***Duatrol SR*** | ***ME*** |
| | | | | ***B4.72*** | **** 16.70*** | ***12.99*** | ***a*** | ***Panadol Osteo*** | ***GC*** |
| | **Antimigraine preparations** | | | | | | | | |
| | **• *Ergot alkaloids*** | | | | | | | | |
| | DIHYDROERGOTAMINE MESYLATE | | | | | | | | |
| 1323P | Injection 1 mg in 1 mL | 5 | .. | .. | 15.62 | 16.63 | | Dihydergot | NV |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | METHYSERGIDE | | | | | | | | |
| 2826R | Tablet 1 mg | 100 | 2 | .. | * 42.88 | 30.70 | | Deseril | NV |

### • *Selective 5HT$_1$-receptor agonists*

***SUMATRIPTAN***

**CAUTION:**

***Sumatriptan is contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.***

**Authority Required (STREAMLINED)**

**2663**

***Migraine attacks in patients receiving, or who have failed a reasonable trial of, prophylactic medication and where attacks in the past have usually failed to respond to oral therapy with ergotamine and other appropriate agents, or in whom these agents are contraindicated.***

**NOTE:**

***No applications for increased maximum quantities and/or repeats will be authorised.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *8341B* | *Nasal spray 20 mg in 0.1 mL single dose unit* | *2* | *5* | *..* | *16.09* | *17.10* | | *Imigran* | *GK* |

***SUMATRIPTAN SUCCINATE***

**CAUTION:**

***Sumatriptan is contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.***

**Authority Required (STREAMLINED)**

**2663**

***Migraine attacks in patients receiving, or who have failed a reasonable trial of, prophylactic medication and where attacks in the past have usually failed to respond to oral therapy with ergotamine and other appropriate agents, or in whom these agents are contraindicated.***

**NOTE:**

***No applications for increased maximum quantities and/or repeats will be authorised.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *8144P* | *Tablet 50 mg (base)* | *4* | *5* | *..* | ** 24.08* | *25.09* | [a] | *Imigran* | *GK* |
| | | | | | | | [a] | *Sumatab* | *AF* |
| | | | | | | | [a] | *Suvalan 50* | *ME* |
| *8885P* | *Tablet 50 mg (base) (fast disintegrating)* | *4* | *5* | *..* | ** 24.08* | *25.09* | | *Imigran FDT* | *GK* |

### • *Other antimigraine preparations*

***CYPROHEPTADINE HYDROCHLORIDE***

**Restricted Benefit**

***Prevention of migraine.***

**NOTE:**

***Cyproheptadine hydrochloride is not PBS-subsidised for use in hay fever or atopy.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *1798P* | *Tablet 4 mg* | *100* | *2* | *..* | ** 12.88* | *13.89* | | *Periactin* | *FR* |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | PIZOTIFEN MALATE | | | | | | | |
| 3074T | Tablet 500 micrograms (base) | 100 | 2 | .. | 20.10 | 21.11 | Sandomigran 0.5 | NV |
| | **ANTIEPILEPTICS** | | | | | | | |
| | **Antiepileptics** | | | | | | | |
| | ***• Barbiturates and derivatives*** | | | | | | | |
| | ***PHENOBARBITONE*** | | | | | | | |
| | **Restricted Benefit** ***Epilepsy.*** | | | | | | | |
| ***1850J*** | ***Tablet 30 mg*** | ***200*** | ***4*** | ***..*** | ***10.39*** | ***11.40*** | ***SI*** | |
| | ***PHENOBARBITONE SODIUM*** | | | | | | | |
| | **Restricted Benefit** ***Epilepsy.*** | | | | | | | |
| ***1853M*** | ***Injection 200 mg in 1 mL*** | ***5*** | ***..*** | ***..*** | ***17.86*** | ***18.87*** | ***FM*** | |
| | PRIMIDONE | | | | | | | |
| 1939C | Tablet 250 mg | 200 | 2 | .. | 51.23 | 30.70 | Mysoline | LM |
| | ***• Hydantoin derivatives*** PHENYTOIN | | | | | | | |
| 1249R | Tablet 50 mg | 200 | 2 | .. | 28.11 | 29.12 | Dilantin Infatabs | PF |
| 2692Q | Paediatric oral suspension 30 mg per 5 mL, 500 mL | ‡ 1 | 3 | .. | 19.97 | 20.98 | Dilantin | PF |
| | PHENYTOIN SODIUM | | | | | | | |
| 1873N | Capsule 30 mg | 200 | 2 | .. | 27.21 | 28.22 | Dilantin Sodium | PF |
| 1874P | Capsule 100 mg | 200 | 2 | .. | 28.11 | 29.12 | Dilantin Sodium | PF |
| | ***• Succinimide derivatives*** ETHOSUXIMIDE | | | | | | | |
| 1413J | Capsule 250 mg | 200 | 2 | .. | 52.94 | 30.70 | Zarontin | PF |
| 1414K | Paediatric syrup 250 mg per 5 mL, 200 mL | ‡ 1 | 5 | .. | 23.49 | 24.50 | Zarontin | PF |

# NERVOUS SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | ***• Benzodiazepine derivatives*** | | | | | | | | |
| | ***CLONAZEPAM*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Epilepsy.*** | | | | | | | | |
| ***1807D*** | ***Injection 1 mg in 2 mL (set containing solution 1 mg in 1 mL and 1 mL diluent)*** | ***5*** | ***..*** | ***..*** | ***17.07*** | ***18.08*** | | ***Rivotril*** | ***RO*** |
| | **Authority Required** | | | | | | | | |
| | ***Neurologically proven epilepsy.*** | | | | | | | | |
| | **CAUTION:** | | | | | | | | |
| | ***Abuse of clonazepam has been reported. Refer to the current product information.*** | | | | | | | | |
| ***1805B*** | ***Tablet 500 micrograms*** | ***200*** | ***2*** | ***..*** | **** 23.02*** | ***24.03*** | ***a*** | ***Paxam 0.5*** | ***AF*** |
| | | | | ***B4.58*** | **** 27.60*** | ***24.03*** | ***a*** | ***Rivotril*** | ***RO*** |
| ***1806C*** | ***Tablet 2 mg*** | ***200*** | ***2*** | ***..*** | **** 38.48*** | ***30.70*** | ***a*** | ***Paxam 2*** | ***AF*** |
| | | | | ***B5.20*** | **** 43.68*** | ***30.70*** | ***a*** | ***Rivotril*** | ***RO*** |
| ***1808E*** | ***Oral liquid 2.5 mg per mL, 10 mL*** | ***2*** | ***..*** | ***..*** | **** 13.70*** | ***14.71*** | | ***Rivotril*** | ***RO*** |
| | ***NITRAZEPAM*** | | | | | | | | |
| | **Authority Required** | | | | | | | | |
| | ***Myoclonic epilepsy;*** | | | | | | | | |
| | ***Malignant neoplasia (late stage);*** | | | | | | | | |
| | ***For use by patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities and who have been demonstrated, within the past 6 months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal;*** | | | | | | | | |
| | ***For use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult and who has been demonstrated, within the past 6 months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.*** | | | | | | | | |
| ***2732T*** | ***Tablet 5 mg*** | ***50*** | ***5*** | ***..*** | **** 9.18*** | ***10.19*** | ***a*** | ***Alodorm*** | ***AF*** |
| | | | | ***B3.92*** | **** 13.10*** | ***10.19*** | ***a*** | ***Mogadon*** | ***VT*** |
| | ***[For other listings for this drug see Generic/Proprietary Index]*** | | | | | | | | |
| | ***• Carboxamide derivatives*** | | | | | | | | |
| | CARBAMAZEPINE | | | | | | | | |
| 2422L | Tablet 100 mg | 200 | 2 | .. | 21.67 | 22.68 | a | Carbamazepine Sandoz | SZ |
| | | | | B3.25 | 24.92 | 22.68 | a | Tegretol 100 | NV |

continued ☞

# NERVOUS SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| 2419H | Tablet 200 mg | 200 | 2 | .. | 35.77 | 30.70 | [a] Carbamazepine Sandoz | SZ |
| | | | | | | | [a] Teril | AF |
| | | | | B3.50 | 39.27 | 30.70 | [a] Tegretol 200 | NV |
| 2426Q | Tablet 200 mg (controlled release) | 200 | 2 | .. | 36.38 | 30.70 | Tegretol CR 200 | NV |
| 2431Y | Tablet 400 mg (controlled release) | 200 | 2 | .. | 64.25 | 30.70 | Tegretol CR 400 | NV |
| 2427R | Oral suspension 100 mg per 5 mL, 300 mL | ‡ 1 | 5 | .. | 19.72 | 20.73 | Tegretol Liquid | NV |
| | ***OXCARBAZEPINE*** | | | | | | | |
| | **Authority Required (STREAMLINED)** | | | | | | | |
| | **1587** | | | | | | | |
| | ***Treatment of partial epileptic seizures and primary generalised tonic-clonic seizures, which are not controlled satisfactorily by other anti-epileptic drugs.*** | | | | | | | |
| ***8584T*** | ***Tablet 150 mg*** | ***100*** | ***5*** | ***..*** | ***71.29*** | ***30.70*** | ***Trileptal*** | ***NV*** |
| ***8585W*** | ***Tablet 300 mg*** | ***100*** | ***5*** | ***..*** | ***114.10*** | ***30.70*** | ***Trileptal*** | ***NV*** |
| ***8586X*** | ***Tablet 600 mg*** | ***100*** | ***5*** | ***..*** | ***187.00*** | ***30.70*** | ***Trileptal*** | ***NV*** |
| ***8588B*** | ***Oral suspension 60 mg per mL, 250 mL*** | ***2*** | ***5*** | ***..*** | **** 137.14*** | ***30.70*** | ***Trileptal*** | ***NV*** |
| | • ***Fatty acid derivatives*** | | | | | | | |
| | SODIUM VALPROATE | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | There are reports of fatal hepatotoxicity, particularly in children. | | | | | | | |
| | There is increasing evidence of dose-related teratogenesis from this drug. | | | | | | | |
| 2294R | Crushable tablet 100 mg | 200 | 2 | .. | * 29.58 | 30.59 | Epilim | SW |
| 2289L | Tablet 200 mg (enteric coated) | 200 | 2 | .. | * 32.22 | 30.70 | [a] Sodium Valproate Sandoz | AV |
| | | | | | | | [a] Valpro 200 | AF |
| | | | | | | | [a] Valproate Winthrop EC 200 | WA |
| | | | | B1.12 | * 33.34 | 30.70 | [a] Epilim EC | SW |
| 2290M | Tablet 500 mg (enteric coated) | 200 | 2 | .. | * 58.46 | 30.70 | [a] Sodium Valproate Sandoz | AV |
| | | | | | | | [a] Valpro 500 | AF |
| | | | | | | | [a] Valproate Winthrop EC 500 | WA |
| | | | | B1.38 | * 59.84 | 30.70 | [a] Epilim EC | SW |
| 2293Q | Oral liquid 200 mg per 5 mL, 300 mL | 2 | 2 | .. | * 32.70 | 30.70 | Epilim Liquid | SW |
| 2295T | Syrup 200 mg per 5 mL, 300 mL | 2 | 2 | .. | * 32.70 | 30.70 | Epilim Syrup | SW |

# NERVOUS SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***TIAGABINE HYDROCHLORIDE*** | | | | | | | |
| | **Authority Required (STREAMLINED)**<br>**2664**<br>***Treatment of partial epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.*** | | | | | | | |
| *8221Q* | *Tablet 5 mg (base)* | *100* | *5* | *..* | *71.66* | *30.70* | *Gabitril* | *MX* |
| *8222R* | *Tablet 10 mg (base)* | *100* | *5* | *..* | *137.86* | *30.70* | *Gabitril* | *MX* |
| *8223T* | *Tablet 15 mg (base)* | *100* | *5* | *..* | ** 195.90* | *30.70* | *Gabitril* | *MX* |
| | ***VIGABATRIN***<br>**CAUTION:**<br>***Visual field defects have been reported with this drug.*** | | | | | | | |
| | **Authority Required (STREAMLINED)**<br>**1426**<br>***Treatment of epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.*** | | | | | | | |
| *2667J* | *Tablet 500 mg* | *100* | *5* | *..* | *90.34* | *30.70* | *Sabril* | *SW* |
| *2668K* | *Oral powder, sachet 500 mg* | *60* | *5* | *..* | *60.29* | *30.70* | *Sabril* | *SW* |
| | • ***Other antiepileptics***<br>***GABAPENTIN*** | | | | | | | |
| | **Authority Required (STREAMLINED)**<br>**2664**<br>***Treatment of partial epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.*** | | | | | | | |
| *8505P* | *Capsule 100 mg* | *100* | *5* | *..* | *27.62* | *28.63* | [a] *DBL Gabapentin* | *MX* |
| | | | | | | | [a] *Gantin* | *AW* |
| | | | | | | | [a] *Neurontin* | *PF* |
| | | | | | | | [a] *Nupentin 100* | *AF* |
| *1834M* | *Capsule 300 mg* | *100* | *5* | *..* | *79.56* | *30.70* | [a] *DBL Gabapentin* | *MX* |
| | | | | | | | [a] *Douglas Gabapentin 300mg* | *GM* |
| | | | | | | | [a] *Gabahexal 300mg* | *HX* |
| | | | | | | | [a] *Gabapentin 300* | *CR* |
| | | | | | | | [a] *Gantin* | *AW* |
| | | | | | | | [a] *GenRx Gabapentin* | *GX* |
| | | | | | | | [a] *Neurontin* | *PF* |
| | | | | | | | [a] *Nupentin 300* | *AF* |
| | | | | | | | [a] *Pendine 300* | *AL* |

continued ☞

# NERVOUS SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| *1835N* | ***Capsule 400 mg*** | ***100*** | ***5*** | ***..*** | ***106.53*** | ***30.70*** | *a* | ***DBL Gabapentin*** | ***MX*** |
| | | | | | | | *a* | ***Douglas Gabapentin 400mg*** | ***GM*** |
| | | | | | | | *a* | ***Gabahexal 400mg*** | ***HX*** |
| | | | | | | | *a* | ***Gabapentin 400*** | ***CR*** |
| | | | | | | | *a* | ***Gantin*** | ***AW*** |
| | | | | | | | *a* | ***GenRx Gabapentin*** | ***GX*** |
| | | | | | | | *a* | ***Neurontin*** | ***PF*** |
| | | | | | | | *a* | ***Nupentin 400*** | ***AF*** |
| | | | | | | | *a* | ***Pendine 400*** | ***AL*** |
| *8559L* | ***Tablet 600 mg*** | ***100*** | ***5*** | ***..*** | ***165.91*** | ***30.70*** | *a* | ***Gabaran*** | ***RA*** |
| | | | | | | | *a* | ***Neurontin*** | ***PF*** |
| *8389M* | ***Tablet 800 mg*** | ***100*** | ***5*** | ***..*** | ***217.90*** | ***30.70*** | *a* | ***Gabaran*** | ***RA*** |
| | | | | | | | *a* | ***Gantin*** | ***AW*** |
| | | | | | | | *a* | ***Neurontin*** | ***PF*** |
| | | | | | | | *a* | ***Pendine 800*** | ***AF*** |
| | ***LAMOTRIGINE*** | | | | | | | | |
| | **Authority Required (STREAMLINED)** | | | | | | | | |
| | **1426** | | | | | | | | |
| | ***Treatment of epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.*** | | | | | | | | |
| *8063J* | ***Tablet 5 mg*** | ***56*** | ***5*** | ***..*** | ***18.61*** | ***19.62*** | *a* | ***Elmendos*** | ***ME*** |
| | | | | | | | *a* | ***Lamitrin*** | ***HX*** |
| | | | | | | | *a* | ***Lamogine*** | ***AF*** |
| | | | | | | | *a* | ***Seaze 5*** | ***AW*** |
| | | | | ***B0.97*** | ***19.58*** | ***19.62*** | *a* | ***Lamictal*** | ***GK*** |
| *2848X* | ***Tablet 25 mg*** | ***56*** | ***5*** | ***..*** | ***34.74*** | ***30.70*** | *a* | ***Elmendos*** | ***ME*** |
| | | | | | | | *a* | ***GenRx Lamotrigine*** | ***GX*** |
| | | | | | | | *a* | ***Lamidus*** | ***RA*** |
| | | | | | | | *a* | ***Lamitrin*** | ***HX*** |
| | | | | | | | *a* | ***Lamogine*** | ***AF*** |
| | | | | | | | *a* | ***Lamotrigine-DP*** | ***GM*** |
| | | | | | | | *a* | ***Seaze 25*** | ***AW*** |
| | | | | ***B0.98*** | ***35.72*** | ***30.70*** | *a* | ***Lamictal*** | ***GK*** |
| *2849Y* | ***Tablet 50 mg*** | ***56*** | ***5*** | ***..*** | ***54.31*** | ***30.70*** | *a* | ***Elmendos*** | ***ME*** |
| | | | | | | | *a* | ***GenRx Lamotrigine*** | ***GX*** |
| | | | | | | | *a* | ***Lamidus*** | ***RA*** |
| | | | | | | | *a* | ***Lamitrin*** | ***HX*** |
| | | | | | | | *a* | ***Lamogine*** | ***AF*** |
| | | | | | | | *a* | ***Lamotrigine-DP*** | ***GM*** |
| | | | | | | | *a* | ***Seaze 50*** | ***AW*** |
| | | | | ***B0.97*** | ***55.28*** | ***30.70*** | *a* | ***Lamictal*** | ***GK*** |

continued ☞

# NERVOUS SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| ***2850B*** | ***Tablet 100 mg*** | ***56*** | ***5*** | ***..*** | ***86.86*** | ***30.70*** | [a] ***Elmendos*** | ***ME*** |
| | | | | | | | [a] ***GenRx Lamotrigine*** | ***GX*** |
| | | | | | | | [a] ***Lamidus*** | ***RA*** |
| | | | | | | | [a] ***Lamitrin*** | ***HX*** |
| | | | | | | | [a] ***Lamogine*** | ***AF*** |
| | | | | | | | [a] ***Lamotrigine-DP*** | ***GM*** |
| | | | | | | | [a] ***Seaze 100*** | ***AW*** |
| | | | | ***B0.97*** | ***87.83*** | ***30.70*** | [a] ***Lamictal*** | ***GK*** |
| ***2851C*** | ***Tablet 200 mg*** | ***56*** | ***5*** | ***..*** | ***142.23*** | ***30.70*** | [a] ***Elmendos*** | ***ME*** |
| | | | | | | | [a] ***GenRx Lamotrigine*** | ***GX*** |
| | | | | | | | [a] ***Lamidus*** | ***RA*** |
| | | | | | | | [a] ***Lamitrin*** | ***HX*** |
| | | | | | | | [a] ***Lamogine*** | ***AF*** |
| | | | | | | | [a] ***Lamotrigine-DP*** | ***GM*** |
| | | | | | | | [a] ***Seaze 200*** | ***AW*** |
| | | | | ***B0.96*** | ***143.19*** | ***30.70*** | [a] ***Lamictal*** | ***GK*** |
| | SULTHIAME | | | | | | | |
| 2099L | Tablet 50 mg | 200 | 2 | .. | 38.04 | 30.70 | Ospolot | PL |
| 2100M | Tablet 200 mg | 200 | 2 | .. | 85.87 | 30.70 | Ospolot | PL |

## ANTI-PARKINSON DRUGS

### Anticholinergic agents

#### • *Tertiary amines*

BENZHEXOL HYDROCHLORIDE

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1109J | Tablet 2 mg | 200 | 2 | .. | 12.35 | 13.36 | Artane | SI |
| 1110K | Tablet 5 mg | 200 | 1 | .. | 14.38 | 15.39 | Artane | SI |
| | BIPERIDEN HYDROCHLORIDE | | | | | | | |
| 2544X | Tablet 2 mg | 200 | 2 | .. | * 19.28 | 20.29 | Akineton | AB |

#### • *Ethers of tropine or tropine derivatives*

BENZTROPINE MESYLATE

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 2362H | Tablet 2 mg | 60 | 2 | .. | 11.50 | 12.51 | Benztrop | PL |
| 3038X | Injection 2 mg in 2 mL | 5 | .. | .. | 21.15 | 22.16 | Cogentin | FK |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **Dopaminergic agents** | | | | | | | | |
| | • ***Dopa and dopa derivatives*** | | | | | | | | |
| | LEVODOPA with BENSERAZIDE | | | | | | | | |
| 8218M | Dispersible tablet 50 mg-12.5 mg | 100 | 5 | .. | 21.30 | 22.31 | | Madopar Rapid 62.5 | RO |
| 8219N | Dispersible tablet 100 mg-25 mg | 100 | 5 | .. | 36.53 | 30.70 | | Madopar Rapid 125 | RO |
| 2229H | Tablet 100 mg-25 mg | 100 | 5 | .. | 36.53 | 30.70 | | Madopar 125 | RO |
| 2228G | Tablet 200 mg-50 mg | 100 | 5 | .. | 48.44 | 30.70 | | Madopar | RO |
| 2227F | Capsule 50 mg-12.5 mg | 100 | 5 | .. | 21.30 | 22.31 | | Madopar 62.5 | RO |
| 2225D | Capsule 100 mg-25 mg | 100 | 5 | .. | 36.53 | 30.70 | | Madopar 125 | RO |
| 2231K | Capsule 100 mg-25 mg (sustained release) | 100 | 5 | .. | 39.63 | 30.70 | | Madopar HBS | RO |
| 2226E | Capsule 200 mg-50 mg | 100 | 5 | .. | 48.44 | 30.70 | | Madopar | RO |
| | LEVODOPA with CARBIDOPA | | | | | | | | |
| 1242J | Tablet 100 mg-25 mg | 100 | 5 | .. | 38.50 | 30.70 | a | Kinson | AF |
| | | | | B5.22 | 43.72 | 30.70 | a | Sinemet 100/25 | MK |
| 1245M | Tablet 250 mg-25 mg | 100 | 5 | .. | 46.20 | 30.70 | a | Levohexal | HX |
| | | | | B3.10 | 49.30 | 30.70 | a | Sinemet | MK |

***LEVODOPA with CARBIDOPA***

**Authority Required (STREAMLINED)**

**1257**

***Parkinson's disease where fluctuations in motor function are not adequately controlled by frequent dosing with conventional formulations of levodopa with decarboxylase inhibitor.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| ***1255C*** | ***Tablet 200 mg-50 mg (modified release)*** | ***100*** | ***5*** | ***..*** | ***63.98*** | ***30.70*** | | ***Sinemet CR*** | ***MK*** |

***LEVODOPA with CARBIDOPA and ENTACAPONE***

**Authority Required (STREAMLINED)**

**2059**

***Parkinson's disease in patients being treated with levodopa—decarboxylase inhibitor combinations who are experiencing fluctuations in motor function due to end-of-dose effect;***

**2060**

***Parkinson's disease in patients stabilised on concomitant treatment with levodopa—decarboxylase inhibitor combinations and entacapone.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| ***8797B*** | ***Tablet 50 mg-12.5 mg-200 mg*** | ***200*** | ***4*** | ***..*** | **** 310.90*** | ***30.70*** | | ***Stalevo 50/12.5/200mg*** | ***NV*** |

continued ☞

# NERVOUS SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| *8798C* | *Tablet 100 mg-25 mg-200 mg* | *200* | *4* | *..* | ** 340.94* | *30.70* | | *Stalevo 100/25/ 200mg* | *NV* |
| *8799D* | *Tablet 150 mg-37.5 mg-200 mg* | *200* | *4* | *..* | ** 370.98* | *30.70* | | *Stalevo 150/37.5/ 200mg* | *NV* |

## • Adamantane derivatives

*AMANTADINE HYDROCHLORIDE*

**Restricted Benefit**

*Parkinson's disease which is not drug induced.*

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *3016R* | *Capsule 100 mg* | *100* | *5* | *..* | *42.16* | *30.70* | | *Symmetrel 100* | *NV* |

## • Dopamine agonists

*BROMOCRIPTINE MESYLATE*

**Restricted Benefit**

*Acromegaly;*

*Parkinson's disease;*

*Pathological hyperprolactinaemia where surgery is not indicated;*

*Pathological hyperprolactinaemia where surgery has already been used with incomplete resolution;*

*Pathological hyperprolactinaemia where radiotherapy is not indicated;*

*Pathological hyperprolactinaemia where radiotherapy has already been used with incomplete resolution.*

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *1443Y* | *Tablet 2.5 mg (base)* | *60* | *5* | *..* | *33.29* | *30.70* | *a* | *Kripton 2.5* | *AF* |
| | | | | *B2.92* | *36.21* | *30.70* | *a* | *Parlodel* | *NV* |
| *1446D* | *Capsule 5 mg (base)* | *60* | *5* | *..* | *60.21* | *30.70* | *a* | *Kripton 5* | *AF* |
| | | | | *B2.91* | *63.12* | *30.70* | *a* | *Parlodel* | *NV* |
| *1445C* | *Capsule 10 mg (base)* | *100* | *5* | *..* | *201.60* | *30.70* | *a* | *Kripton 10* | *AF* |
| | | | | *B3.08* | *204.68* | *30.70* | *a* | *Parlodel* | *NV* |

*[For other listings for this drug see Generic/Proprietary Index]*

*CABERGOLINE*

**Restricted Benefit**

*Parkinson's disease.*

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *8393R* | *Tablet 1 mg* | *30* | *5* | *..* | *68.94* | *30.70* | | *Cabaser* | *PU* |
| *8394T* | *Tablet 2 mg* | *30* | *5* | *..* | *90.55* | *30.70* | | *Cabaser* | *PU* |
| *8395W* | *Tablet 4 mg* | *30* | *5* | *..* | *112.04* | *30.70* | | *Cabaser* | *PU* |

*PERGOLIDE MESYLATE*

**Restricted Benefit**

*Parkinson's disease as adjunctive therapy in patients being treated with levodopa—decarboxylase inhibitor combinations.*

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *2808T* | *Tablet 50 micrograms (base)* | *100* | *..* | *..* | *51.65* | *30.70* | | *Permax* | *AS* |

continued ☞

# NERVOUS SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| *2809W* | ***Tablet 250 micrograms (base)*** | ***100*** | ***5*** | ***..*** | ***65.20*** | ***30.70*** | | ***Permax*** | ***AS*** |
| *2810X* | ***Tablet 1 mg (base)*** | ***100*** | ***5*** | ***..*** | ***240.71*** | ***30.70*** | | ***Permax*** | ***AS*** |
| | ***• Monoamine oxidase type B inhibitors*** | | | | | | | | |
| | ***SELEGILINE HYDROCHLORIDE*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Late stage Parkinson's disease as adjunctive therapy in patients being treated with levodopa—decarboxylase inhibitor combinations.*** | | | | | | | | |
| *1973W* | ***Tablet 5 mg*** | ***100*** | ***5*** | ***..*** | ***55.58*** | ***30.70*** | [a] | ***Eldepryl*** | ***GM*** |
| | | | | | | | [a] | ***Selgene*** | ***AF*** |
| | ***• Other dopaminergic agents*** | | | | | | | | |
| | ***ENTACAPONE*** | | | | | | | | |
| | **Authority Required (STREAMLINED)** | | | | | | | | |
| | **2067** | | | | | | | | |
| | ***Parkinson's disease as adjunctive therapy in patients being treated with levodopa—decarboxylase inhibitor combinations who are experiencing fluctuations in motor function due to end-of-dose effect.*** | | | | | | | | |
| *8367J* | ***Tablet 200 mg*** | ***200*** | ***4*** | ***..*** | **** 280.84*** | ***30.70*** | | ***Comtan*** | ***NV*** |
| | PSYCHOLEPTICS | | | | | | | | |
| | **Antipsychotics** | | | | | | | | |
| | ***• Phenothiazine with aliphatic side-chain*** | | | | | | | | |
| | CHLORPROMAZINE HYDROCHLORIDE | | | | | | | | |
| 1196Y | Tablet 10 mg | 100 | 5 | .. | 8.47 | 9.48 | | Largactil | SW |
| 1197B | Tablet 25 mg | 100 | 5 | .. | 9.91 | 10.92 | | Largactil | SW |
| 1199D | Tablet 100 mg | 100 | 5 | .. | 13.60 | 14.61 | | Largactil | SW |
| 1201F | Mixture 25 mg per 5 mL, 100 mL | ‡ 1 | 5 | .. | 9.70 | 10.71 | | Largactil | SW |
| 1195X | Injection 50 mg in 2 mL | 10 | .. | .. | 14.38 | 15.39 | | Largactil | SW |
| | ***• Phenothiazine with piperazine structure*** | | | | | | | | |
| | FLUPHENAZINE DECANOATE | | | | | | | | |
| 1046C | Injection 12.5 mg in 0.5 mL | 5 | .. | .. | 17.68 | 18.69 | | Modecate | BQ |
| 3098C | Injection 25 mg in 1 mL | 5 | .. | .. | 24.54 | 25.55 | | Modecate | BQ |
| 1001Q | Injection 50 mg in 2 mL | 5 | .. | .. | 35.32 | 30.70 | | Modecate | BQ |
| | TRIFLUOPERAZINE HYDROCHLORIDE | | | | | | | | |
| 2185B | Tablet 1 mg (base) | 100 | 5 | .. | 12.03 | 13.04 | | Stelazine | GH |
| 2386N | Tablet 2 mg (base) | 100 | 5 | .. | 12.19 | 13.20 | | Stelazine | GH |

continued ☞

# NERVOUS SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| 2186C | Tablet 5 mg (base) | 100 | 5 | .. | 12.56 | 13.57 | Stelazine | GH |
| | **• *Phenothiazines with piperidine structure*** | | | | | | | |
| | PERICYAZINE | | | | | | | |
| 3052P | Tablet 2.5 mg | 100 | 5 | .. | 9.06 | 10.07 | Neulactil | SW |
| 3053Q | Tablet 10 mg | 100 | 5 | .. | 13.13 | 14.14 | Neulactil | SW |
| | ***THIORIDAZINE HYDROCHLORIDE*** | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | ***Thioridazine may cause serious cardiac arrhythmias.*** | | | | | | | |
| | **Authority Required (STREAMLINED)** | | | | | | | |
| | **1869** | | | | | | | |
| | ***Management of patients with schizophrenia who have failed to respond adequately to treatment with appropriate courses of at least 2 other antipsychotic drugs, at an adequate dose and for an adequate duration, because of insufficient effectiveness;*** | | | | | | | |
| | **1870** | | | | | | | |
| | ***Management of patients with schizophrenia who have failed to respond adequately to treatment with appropriate courses of at least 2 other antipsychotic drugs, at an adequate dose and for an adequate duration, because of the inability to achieve an effective dose due to intolerable adverse effects from those drugs.*** | | | | | | | |
| ***2163W*** | ***Tablet 10 mg*** | ***100*** | ***5*** | ***..*** | ***9.17*** | ***10.18*** | ***Aldazine 10*** | ***AF*** |
| ***2359E*** | ***Tablet 25 mg*** | ***100*** | ***5*** | ***..*** | ***11.12*** | ***12.13*** | ***Aldazine 25*** | ***AF*** |
| ***2164X*** | ***Tablet 50 mg*** | ***100*** | ***5*** | ***..*** | ***14.35*** | ***15.36*** | ***Aldazine 50*** | ***AF*** |
| ***2165Y*** | ***Tablet 100 mg*** | ***100*** | ***5*** | ***..*** | ***21.06*** | ***22.07*** | ***Aldazine 100*** | ***AF*** |
| | **• *Butyrophenone derivatives*** | | | | | | | |
| | HALOPERIDOL | | | | | | | |
| 2761H | Tablet 500 micrograms | 100 | 5 | .. | 8.92 | 9.93 | Serenace | SI |
| 2767P | Tablet 1.5 mg | 100 | 5 | .. | 9.37 | 10.38 | Serenace | SI |
| 2770T | Tablet 5 mg | 50 | 5 | .. | 9.38 | 10.39 | Serenace | SI |
| 2763K | Oral liquid 2 mg per mL, 100 mL | ‡ 1 | 5 | .. | 14.97 | 15.98 | Serenace | SI |
| 2768Q | Injection 5 mg in 1 mL | 10 | .. | .. | 20.61 | 21.62 | Serenace | SI |
| | HALOPERIDOL DECANOATE | | | | | | | |
| 2765M | I.M. injection equivalent to 50 mg haloperidol in 1 mL | 5 | .. | .. | 24.54 | 25.55 | Haldol decanoate | JC |
| 2766N | I.M. injection equivalent to 150 mg haloperidol in 3 mL | 5 | .. | .. | 43.73 | 30.70 | Haldol decanoate | JC |

# NERVOUS SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***• Indole derivatives*** | | | | | | | |
| | ***ZIPRASIDONE HYDROCHLORIDE*** | | | | | | | |
| | **Authority Required (STREAMLINED)** | | | | | | | |
| | **1589** | | | | | | | |
| | ***Schizophrenia.*** | | | | | | | |
| ***9070J*** | ***Capsule 20 mg (base)*** | ***60*** | ***5*** | ***..*** | ***94.42*** | ***30.70*** | ***Zeldox*** | ***PF*** |
| ***9071K*** | ***Capsule 40 mg (base)*** | ***60*** | ***5*** | ***..*** | ***183.41*** | ***30.70*** | ***Zeldox*** | ***PF*** |
| ***9072L*** | ***Capsule 60 mg (base)*** | ***60*** | ***5*** | ***..*** | ***266.12*** | ***30.70*** | ***Zeldox*** | ***PF*** |
| ***9073M*** | ***Capsule 80 mg (base)*** | ***60*** | ***5*** | ***..*** | ***347.01*** | ***30.70*** | ***Zeldox*** | ***PF*** |
| | ***• Thioxanthene derivatives*** | | | | | | | |
| | FLUPENTHIXOL DECANOATE | | | | | | | |
| 2255Q | Oily I.M. injection 20 mg in 1 mL | 5 | .. | .. | 17.68 | 18.69 | Fluanxol Depot | LU |
| 2256R | Oily I.M. injection 40 mg in 2 mL | 5 | .. | .. | 24.54 | 25.55 | Fluanxol Depot | LU |
| 2257T | Oily I.M. injection 100 mg in 1 mL | 5 | .. | .. | 42.79 | 30.70 | Fluanxol Concentrated Depot | LU |
| | ZUCLOPENTHIXOL DECANOATE | | | | | | | |
| 8097E | Oily I.M. injection 200 mg in 1 mL | 5 | .. | .. | 23.54 | 24.55 | Clopixol Depot | LU |
| | ***• Diazepines, oxazepines and thiazepines*** | | | | | | | |
| | ***OLANZAPINE*** | | | | | | | |
| | **Authority Required (STREAMLINED)** | | | | | | | |
| | **1589** | | | | | | | |
| | ***Schizophrenia;*** | | | | | | | |
| | **2044** | | | | | | | |
| | ***Maintenance treatment of bipolar I disorder.*** | | | | | | | |
| ***8170B*** | ***Tablet 2.5 mg*** | ***28*** | ***5*** | ***..*** | ***53.69*** | ***30.70*** | ***Zyprexa*** | ***LY*** |
| ***8185T*** | ***Tablet 5 mg*** | ***28*** | ***5*** | ***..*** | ***100.96*** | ***30.70*** | ***Zyprexa*** | ***LY*** |
| ***8186W*** | ***Tablet 7.5 mg*** | ***28*** | ***5*** | ***..*** | ***150.18*** | ***30.70*** | ***Zyprexa*** | ***LY*** |
| ***8187X*** | ***Tablet 10 mg*** | ***28*** | ***5*** | ***..*** | ***198.42*** | ***30.70*** | ***Zyprexa*** | ***LY*** |
| ***8433W*** | ***Wafer 5 mg*** | ***28*** | ***5*** | ***..*** | ***100.96*** | ***30.70*** | ***Zyprexa Zydis*** | ***LY*** |
| ***8434X*** | ***Wafer 10 mg*** | ***28*** | ***5*** | ***..*** | ***198.42*** | ***30.70*** | ***Zyprexa Zydis*** | ***LY*** |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | ***QUETIAPINE FUMARATE*** | | | | | | | | |
| | **Authority Required (STREAMLINED)**<br>**1589**<br>***Schizophrenia.*** | | | | | | | | |
| ***8456C*** | ***Tablet 25 mg (base)*** | ***60*** | ***5*** | ***..*** | ***52.78*** | ***30.70*** | | ***Seroquel*** | ***AP*** |
| ***8457D*** | ***Tablet 100 mg (base)*** | ***90*** | ***5*** | ***..*** | ***144.30*** | ***30.70*** | | ***Seroquel*** | ***AP*** |
| ***8458E*** | ***Tablet 200 mg (base)*** | ***60*** | ***5*** | ***..*** | ***195.59*** | ***30.70*** | | ***Seroquel*** | ***AP*** |
| ***8580N*** | ***Tablet 300 mg (base)*** | ***60*** | ***5*** | ***..*** | ***276.00*** | ***30.70*** | | ***Seroquel*** | ***AP*** |
| | • ***Neuroleptics, in tardive dyskinesia*** | | | | | | | | |
| | ***TETRABENAZINE*** | | | | | | | | |
| | **Authority Required (STREAMLINED)**<br>**1161**<br>***Hyperkinetic extrapyramidal disorders.*** | | | | | | | | |
| ***1330B*** | ***Tablet 25 mg*** | ***112*** | ***5*** | ***..*** | ***329.20*** | ***30.70*** | | ***OA*** | |
| | • ***Benzamides*** | | | | | | | | |
| | ***AMISULPRIDE*** | | | | | | | | |
| | **Authority Required (STREAMLINED)**<br>**1589**<br>***Schizophrenia.*** | | | | | | | | |
| ***8594H*** | ***Tablet 100 mg*** | ***30*** | ***5*** | ***..*** | ***32.61*** | ***30.70*** | [a] | ***Amisulpride 100 Winthrop*** | ***WA*** |
| | | | | | | | [a] | ***Amisulpride Sandoz*** | ***AV*** |
| | | | | | | | [a] | ***Solian 100*** | ***SW*** |
| ***8595J*** | ***Tablet 200 mg*** | ***60*** | ***5*** | ***..*** | ***122.55*** | ***30.70*** | [a] | ***Amisulpride 200 Winthrop*** | ***WA*** |
| | | | | | | | [a] | ***Amisulpride Sandoz*** | ***AV*** |
| | | | | | | | [a] | ***Solian 200*** | ***SW*** |
| ***8596K*** | ***Tablet 400 mg*** | ***60*** | ***5*** | ***..*** | ***226.90*** | ***30.70*** | [a] | ***Amisulpride 400 Winthrop*** | ***WA*** |
| | | | | | | | [a] | ***Amisulpride Sandoz*** | ***AV*** |
| | | | | | | | [a] | ***Solian 400*** | ***SW*** |
| ***8736T*** | ***Oral solution 100 mg per mL, 60 mL*** | ***2*** | ***5*** | ***..*** | **** 139.24*** | ***30.70*** | | ***Solian Solution*** | ***SW*** |
| | • ***Lithium*** | | | | | | | | |
| | LITHIUM CARBONATE | | | | | | | | |
| | *For listings see Generic/Proprietary Index* | | | | | | | | |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | • ***Other antipsychotics*** | | | | | | | |
| | ***ARIPIPRAZOLE*** | | | | | | | |
| | **Authority Required (STREAMLINED)** | | | | | | | |
| | **1589** | | | | | | | |
| | ***Schizophrenia.*** | | | | | | | |
| *8717T* | ***Tablet 10 mg*** | ***30*** | ***5*** | ***..*** | ***155.47*** | ***30.70*** | ***Abilify*** | ***BQ*** |
| *8718W* | ***Tablet 15 mg*** | ***30*** | ***5*** | ***..*** | ***217.00*** | ***30.70*** | ***Abilify*** | ***BQ*** |
| *8719X* | ***Tablet 20 mg*** | ***30*** | ***5*** | ***..*** | ***259.05*** | ***30.70*** | ***Abilify*** | ***BQ*** |
| *8720Y* | ***Tablet 30 mg*** | ***30*** | ***5*** | ***..*** | ***310.55*** | ***30.70*** | ***Abilify*** | ***BQ*** |
| | ***RISPERIDONE*** | | | | | | | |
| | **Authority Required (STREAMLINED)** | | | | | | | |
| | **2061** | | | | | | | |
| | ***Behavioural disturbances characterised by psychotic symptoms and aggression in patients with dementia where non-pharmacological methods have been unsuccessful.*** | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | ***In placebo controlled trials in elderly patients with dementia there was a significantly higher incidence of cerebrovascular adverse events, such as stroke (including fatalities) and transient ischaemic attacks, in patients treated with risperidone compared with patients treated with placebo.*** | | | | | | | |
| | **Authority Required (STREAMLINED)** | | | | | | | |
| | **2598** | | | | | | | |
| | ***Treatment under the supervision of a paediatrician or psychiatrist, in combination with non-pharmacological measures, of severe behavioural disturbances in a child or adolescent aged less than 18 years with autism. Behaviour disturbances are defined as severe aggression and injuries to self or others where non-pharmacological methods alone have been unsuccessful.*** | | | | | | | |
| | ***The diagnosis of autism must be made based on the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) or ICD-10 international classification of mental and behavioural disorders.*** | | | | | | | |
| *8787L* | ***Tablet 0.5 mg*** | ***60*** | ***2*** | ***..*** | **** 38.77*** | ***30.70*** | ***Risperdal*** | ***JC*** |
| *8788M* | ***Tablet 0.5 mg (orally disintegrating)*** | ***56*** | ***2*** | ***..*** | **** 36.54*** | ***30.70*** | ***Risperdal Quicklet*** | ***JC*** |
| *8789N* | ***Tablet 1 mg*** | ***60*** | ***2*** | ***..*** | ***72.08*** | ***30.70*** | ***Risperdal*** | ***JC*** |
| *8790P* | ***Tablet 1 mg (orally disintegrating)*** | ***56*** | ***2*** | ***..*** | **** 67.64*** | ***30.70*** | ***Risperdal Quicklet*** | ***JC*** |
| *8791Q* | ***Oral solution 1 mg per mL, 30 mL*** | ***‡ 1*** | ***2*** | ***..*** | ***38.92*** | ***30.70*** | ***Risperdal*** | ***JC*** |

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**Authority Required (STREAMLINED)**

**2598**

continued ☞

# NERVOUS SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***Treatment under the supervision of a paediatrician or psychiatrist, in combination with non-pharmacological measures, of severe behavioural disturbances in a child or adolescent aged less than 18 years with autism. Behaviour disturbances are defined as severe aggression and injuries to self or others where non-pharmacological methods alone have been unsuccessful.*** | | | | | | | |
| | ***The diagnosis of autism must be made based on the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) or ICD-10 international classification of mental and behavioural disorders.*** | | | | | | | |
| *9079W* | *Tablet 2 mg* | *60* | *2* | *..* | *139.34* | *30.70* | *Risperdal* | *JC* |
| *9080X* | *Tablet 2 mg (orally disintegrating)* | *56* | *2* | *..* | ** 130.42* | *30.70* | *Risperdal Quicklet* | *JC* |
| | **Authority Required (STREAMLINED)**<br>**1589**<br>***Schizophrenia.*** | | | | | | | |
| | **Authority Required (STREAMLINED)**<br>**2272**<br>***Adjunctive therapy to mood stabilisers for up to 6 months, of an episode of acute mania associated with bipolar I disorder.*** | | | | | | | |
| *3169T* | *Tablet 1 mg* | *60* | *5* | *..* | *72.08* | *30.70* | *Risperdal* | *JC* |
| *8792R* | *Tablet 1 mg (orally disintegrating)* | *56* | *5* | *..* | ** 67.64* | *30.70* | *Risperdal Quicklet* | *JC* |
| *3170W* | *Tablet 2 mg* | *60* | *5* | *..* | *139.34* | *30.70* | *Risperdal* | *JC* |
| *8794W* | *Tablet 2 mg (orally disintegrating)* | *56* | *5* | *..* | ** 130.42* | *30.70* | *Risperdal Quicklet* | *JC* |
| *3171X* | *Tablet 3 mg* | *60* | *5* | *..* | *204.40* | *30.70* | *Risperdal* | *JC* |
| *9075P* | *Tablet 3 mg (orally disintegrating)* | *56* | *5* | *..* | ** 191.24* | *30.70* | *Risperdal Quicklet* | *JC* |
| *3172Y* | *Tablet 4 mg* | *60* | *5* | *..* | *264.59* | *30.70* | *Risperdal* | *JC* |
| *9076Q* | *Tablet 4 mg (orally disintegrating)* | *56* | *5* | *..* | ** 248.52* | *30.70* | *Risperdal Quicklet* | *JC* |
| *8100H* | *Oral solution 1 mg per mL, 100 mL* | *‡ 1* | *5* | *..* | *117.05* | *30.70* | *Risperdal* | *JC* |
| | **Authority Required (STREAMLINED)**<br>**1589**<br>***Schizophrenia.*** | | | | | | | |
| *8869T* | *Tablet 0.5 mg* | *60* | *5* | *..* | ** 38.77* | *30.70* | *Risperdal* | *JC* |
| *8870W* | *Tablet 0.5 mg (orally disintegrating)* | *56* | *5* | *..* | ** 36.54* | *30.70* | *Risperdal Quicklet* | *JC* |
| *8780D* | *Powder for I.M. injection 25 mg (modified release) with 2 mL diluent in pre-filled syringe* | *2* | *5* | *..* | ** 320.16* | *30.70* | *Risperdal Consta* | *JC* |

continued ☞

# NERVOUS SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| *8781E* | ***Powder for I.M. injection 37.5 mg (modified release) with 2 mL diluent in pre-filled syringe*** | *2* | *5* | *..* | ** 409.42* | *30.70* | | ***Risperdal Consta*** | ***JC*** |
| *8782F* | ***Powder for I.M. injection 50 mg (modified release) with 2 mL diluent in pre-filled syringe*** | *2* | *5* | *..* | ** 498.78* | *30.70* | | ***Risperdal Consta*** | ***JC*** |
| | **Anxiolytics** | | | | | | | | |
| | • ***Benzodiazepine derivatives*** | | | | | | | | |
| | ***ALPRAZOLAM*** | | | | | | | | |
| | **Authority Required** | | | | | | | | |
| | ***Panic disorder where other treatments have failed or are inappropriate.*** | | | | | | | | |
| *2130D* | ***Tablet 250 micrograms*** | *50* | *..* | *..* | *9.42* | *10.43* | [a] | ***Alprax 0.25*** | ***AW*** |
| | | | | | | | [a] | ***Kalma 0.25*** | ***AF*** |
| | | | | | | | [a] | ***Zamhexal 0.25mg*** | ***HX*** |
| | | | | *B1.05* | *10.47* | *10.43* | [a] | ***Xanax*** | ***PH*** |
| *2131E* | ***Tablet 500 micrograms*** | *50* | *..* | *..* | *11.89* | *12.90* | [a] | ***Alprax 0.5*** | ***AW*** |
| | | | | | | | [a] | ***Kalma 0.5*** | ***AF*** |
| | | | | | | | [a] | ***Zamhexal 0.5mg*** | ***HX*** |
| | | | | *B1.12* | *13.01* | *12.90* | [a] | ***Xanax*** | ***PH*** |
| *2132F* | ***Tablet 1 mg*** | *50* | *2* | *..* | *16.67* | *17.68* | [a] | ***Alprax 1*** | ***AW*** |
| | | | | | | | [a] | ***Alprazolam-DP*** | ***GM*** |
| | | | | | | | [a] | ***Chem mart Alprazolam*** | ***CH*** |
| | | | | | | | [a] | ***GenRx Alprazolam*** | ***GX*** |
| | | | | | | | [a] | ***Kalma 1*** | ***AF*** |
| | | | | | | | [a] | ***Terry White Chemists Alprazolam*** | ***TW*** |
| | | | | | | | [a] | ***Zamhexal 1.0mg*** | ***HX*** |
| | | | | *B1.32* | *17.99* | *17.68* | [a] | ***Xanax*** | ***PH*** |
| *8118G* | ***Tablet 2 mg*** | *50* | *2* | *..* | *22.83* | *23.84* | [a] | ***Alprax 2*** | ***AW*** |
| | | | | | | | [a] | ***Alprazolam-DP*** | ***GM*** |
| | | | | | | | [a] | ***Chem mart Alprazolam*** | ***CH*** |
| | | | | | | | [a] | ***GenRx Alprazolam*** | ***GX*** |
| | | | | | | | [a] | ***Kalma 2*** | ***AF*** |
| | | | | | | | [a] | ***Terry White Chemists Alprazolam*** | ***TW*** |
| | | | | | | | [a] | ***Zamhexal 2mg*** | ***HX*** |
| | | | | *B1.60* | *24.43* | *23.84* | [a] | ***Xanax Tri-Score*** | ***PH*** |

# NERVOUS SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | DIAZEPAM | | | | | | | | |
| 3161J | Tablet 2 mg | 50 | .. | .. | 7.42 | 8.43 | a | Antenex 2 | AF |
| | | | | | | | a | Valpam 2 | AW |
| | | | | B0.87 | 8.29 | 8.43 | | Ducene | SU |
| | | | | B1.27 | 8.69 | 8.43 | a | Valium | RO |
| 3162K | Tablet 5 mg | 50 | .. | .. | 7.64 | 8.65 | a | Antenex 5 | AF |
| | | | | | | | a | Diazepam-DP | GM |
| | | | | | | | a | Valpam 5 | AW |
| | | | | B0.91 | 8.55 | 8.65 | | Ducene | SU |
| | | | | B1.28 | 8.92 | 8.65 | a | Valium | RO |
| 2558P | Injection 10 mg in 2 mL | 5 | .. | .. | 11.05 | 12.06 | | MX | |

**NOTE:**
Authorities for increased maximum quantities and/or repeats for the oral forms of diazepam will be granted only for

(i) the treatment of disabling spasticity; or

(ii) malignant neoplasia (late stage); or

(iii) use by patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities and who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal; or

(iv) use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult and who has been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.

Up to six months' treatment (i.e. one month's treatment with five repeats) may be requested.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | OXAZEPAM | | | | | | | | |
| 3132W | Tablet 15 mg | 25 | .. | .. | 6.68 | 7.69 | a | Alepam 15 | AF |
| | | | | B1.74 | 8.42 | 7.69 | a | Serepax | SI |
| 3133X | Tablet 30 mg | 25 | .. | .. | 6.88 | 7.89 | a | Alepam 30 | AF |
| | | | | | | | a | Murelax | FM |
| | | | | B1.85 | 8.73 | 7.89 | a | Serepax | SI |

**NOTE:**
Authorities for increased maximum quantities and/or repeats will not be granted except as detailed under the 'Authority required' listing of oxazepam below.

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | ***OXAZEPAM*** | | | | | | | | |
| | **Authority Required**<br>***Malignant neoplasia (late stage);***<br>***For use by patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities and who have been demonstrated, within the past 6 months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal;***<br>***For use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult and who has been demonstrated, within the past 6 months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.*** | | | | | | | | |
| ***3134Y*** | ***Tablet 15 mg*** | ***50*** | ***5*** | ***..*** | **** 7.92*** | ***8.93*** | ***a*** | ***Alepam 15*** | ***AF*** |
| | | | | ***B 3.48*** | **** 11.40*** | ***8.93*** | ***a*** | ***Serepax*** | ***SI*** |
| ***3135B*** | ***Tablet 30 mg*** | ***50*** | ***5*** | ***..*** | **** 8.32*** | ***9.33*** | ***a*** | ***Alepam 30*** | ***AF*** |
| | | | | | | | ***a*** | ***Murelax*** | ***FM*** |
| | | | | ***B 3.70*** | **** 12.02*** | ***9.33*** | ***a*** | ***Serepax*** | ***SI*** |
| | ***• Other anxiolytics***<br>***CLOMIPRAMINE HYDROCHLORIDE*** | | | | | | | | |
| | **Restricted Benefit**<br>***Cataplexy associated with narcolepsy;***<br>***Obsessive-compulsive disorder;***<br>***Phobic disorders in adults.*** | | | | | | | | |
| ***1561E*** | ***Tablet 25 mg*** | ***50*** | ***2*** | ***..*** | ***18.72*** | ***19.73*** | ***a*** | ***Chem mart Clomipramine*** | ***CH*** |
| | | | | | | | ***a*** | ***GenRx Clomipramine*** | ***GX*** |
| | | | | | | | ***a*** | ***Placil*** | ***AF*** |
| | | | | | | | ***a*** | ***Terry White Chemists Clomipramine*** | ***TW*** |
| | | | | ***B 3.26*** | ***21.98*** | ***19.73*** | ***a*** | ***Anafranil 25*** | ***NV*** |
| | **Hypnotics and sedatives** | | | | | | | | |
| | ***• Benzodiazepine derivatives***<br>NITRAZEPAM | | | | | | | | |
| 2723H | Tablet 5 mg | 25 | .. | .. | 7.31 | 8.32 | a | Alodorm | AF |
| | | | | B 1.96 | 9.27 | 8.32 | a | Mogadon | VT |
| | **NOTE:**<br>Authorities for increased maximum quantities and/or repeats will not be granted except as detailed under the 'Authority required' listing of nitrazepam below. | | | | | | | | |

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | ***NITRAZEPAM*** | | | | | | | | |
| | **Authority Required**<br>***Myoclonic epilepsy;***<br>***Malignant neoplasia (late stage);***<br>***For use by patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities and who have been demonstrated, within the past 6 months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal;***<br>***For use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult and who has been demonstrated, within the past 6 months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.*** | | | | | | | | |
| ***2732T*** | ***Tablet 5 mg*** | ***50*** | ***5*** | ***..*** | **** 9.18*** | ***10.19*** | ***a*** | ***Alodorm*** | ***AF*** |
| | | | | ***B 3.92*** | **** 13.10*** | ***10.19*** | ***a*** | ***Mogadon*** | ***VT*** |
| | TEMAZEPAM | | | | | | | | |
| 2089Y | Tablet 10 mg | 25 | .. | .. | 7.31 | 8.32 | a | Temaze | AF |
| | | | | | | | a | Temtabs | FM |
| | | | | B 1.77 | 9.08 | 8.32 | a | Normison | SI |
| | **NOTE:**<br>Authorities for increased maximum quantities and/or repeats will not be granted except as detailed under the 'Authority required' listing of temazepam below. | | | | | | | | |
| | ***TEMAZEPAM*** | | | | | | | | |
| | **Authority Required**<br>***Malignant neoplasia (late stage);***<br>***For use by patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities and who have been demonstrated, within the past 6 months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal;***<br>***For use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult and who has been demonstrated, within the past 6 months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.*** | | | | | | | | |
| ***2088X*** | ***Tablet 10 mg*** | ***50*** | ***5*** | ***..*** | **** 9.18*** | ***10.19*** | ***a*** | ***Temaze*** | ***AF*** |
| | | | | | | | ***a*** | ***Temtabs*** | ***FM*** |
| | | | | ***B 3.54*** | **** 12.72*** | ***10.19*** | ***a*** | ***Normison*** | ***SI*** |

## PSYCHOANALEPTICS

### Antidepressants

#### • *Non-selective monoamine reuptake inhibitors*

AMITRIPTYLINE HYDROCHLORIDE

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 2417F | Tablet 10 mg | 50 | 2 | .. | 7.38 | 8.39 | Endep 10 | AF |
| 2418G | Tablet 25 mg | 50 | 2 | .. | 7.38 | 8.39 | Endep 25 | AF |

continued ☞

# NERVOUS SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| 2429W | Tablet 50 mg | 50 | 2 | .. | 7.81 | 8.82 | | Endep 50 | AF |
| | ***CLOMIPRAMINE HYDROCHLORIDE*** | | | | | | | | |
| | **Restricted Benefit**<br>***Cataplexy associated with narcolepsy;***<br>***Obsessive-compulsive disorder;***<br>***Phobic disorders in adults.*** | | | | | | | | |
| ***1561E*** | ***Tablet 25 mg*** | ***50*** | ***2*** | ***..*** | ***18.72*** | ***19.73*** | [a] | ***Chem mart Clomipramine*** | ***CH*** |
| | | | | | | | [a] | ***GenRx Clomipramine*** | ***GX*** |
| | | | | | | | [a] | ***Placil*** | ***AF*** |
| | | | | | | | [a] | ***Terry White Chemists Clomipramine*** | ***TW*** |
| | | | | ***[B]3.26*** | ***21.98*** | ***19.73*** | [a] | ***Anafranil 25*** | ***NV*** |
| | DOTHIEPIN HYDROCHLORIDE | | | | | | | | |
| 1357K | Capsule 25 mg | 50 | 2 | .. | 8.29 | 9.30 | [a] | Dothep 25 | AF |
| | | | | [B]2.00 | 10.29 | 9.30 | [a] | Prothiaden | AB |
| 1358L | Tablet 75 mg | 30 | 2 | .. | 8.27 | 9.28 | [a] | Dothep 75 | AF |
| | | | | [B]1.03 | 9.30 | 9.28 | [a] | Prothiaden | AB |
| | DOXEPIN HYDROCHLORIDE | | | | | | | | |
| 1012G | Tablet 50 mg (base) | 50 | 2 | .. | 8.59 | 9.60 | | Deptran 50 | AF |
| 1011F | Capsule 10 mg (base) | 50 | 2 | .. | 7.88 | 8.89 | | Deptran 10 | AF |
| | | | | [B]1.78 | 9.66 | 8.89 | | Sinequan | PF |
| 1013H | Capsule 25 mg (base) | 50 | 2 | .. | 8.29 | 9.30 | | Deptran 25 | AF |
| | | | | [B]1.51 | 9.80 | 9.30 | | Sinequan | PF |
| | IMIPRAMINE HYDROCHLORIDE | | | | | | | | |
| 2420J | Tablet 10 mg | 50 | 2 | .. | 7.38 | 8.39 | [a] | Tolerade 10 | LN |
| | | | | [B]1.70 | 9.08 | 8.39 | [a] | Tofranil 10 | NV |
| 2421K | Tablet 25 mg | 50 | 2 | .. | 7.38 | 8.39 | [a] | Tolerade 25 | LN |
| | | | | [B]1.70 | 9.08 | 8.39 | [a] | Tofranil 25 | NV |
| | ***NORTRIPTYLINE HYDROCHLORIDE*** | | | | | | | | |
| | **Restricted Benefit**<br>***Major depression where other antidepressant therapy has failed;***<br>***Major depression where other antidepressant therapy is contraindicated.*** | | | | | | | | |
| ***2522R*** | ***Tablet 10 mg (base)*** | ***50*** | ***2*** | ***..*** | ***11.37*** | ***12.38*** | | ***Allegron*** | ***AS*** |
| ***2523T*** | ***Tablet 25 mg (base)*** | ***50*** | ***2*** | ***..*** | ***13.10*** | ***14.11*** | | ***Allegron*** | ***AS*** |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **• *Selective serotonin reuptake inhibitors*** | | | | | | | | |
| | ***CITALOPRAM HYDROBROMIDE*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Major depressive disorders.*** | | | | | | | | |
| *8702B* | *Tablet 10 mg (base)* | *28* | *5* | *..* | *19.32* | *20.33* | | *Celapram* | *AF* |
| *8220P* | *Tablet 20 mg (base)* | *28* | *5* | *..* | *26.52* | *27.53* | [a] | *Celapram* | *AF* |
| | | | | | | | [a] | *Chem mart Citalopram* | *CH* |
| | | | | | | | [a] | *Ciazil* | *GM* |
| | | | | | | | [a] | *Citalopram 20* | *CR* |
| | | | | | | | [a] | *Citalopram-RL* | *RE* |
| | | | | | | | [a] | *Citalopram Winthrop* | *WA* |
| | | | | | | | [a] | *GenRx Citalopram* | *GX* |
| | | | | | | | [a] | *Talam* | *AW* |
| | | | | | | | [a] | *Talohexal* | *SZ* |
| | | | | | | | [a] | *Terry White Chemists Citalopram* | *TW* |
| | | | | *B4.45* | *30.97* | *27.53* | [a] | *Cipramil* | *LU* |
| *8703C* | *Tablet 40 mg (base)* | *28* | *5* | *..* | *41.10* | *30.70* | | *Celapram* | *AF* |
| | | | | | | | | *GenRx Citalopram* | *GX* |
| | | | | | | | | *Talohexal* | *SZ* |
| | ***ESCITALOPRAM OXALATE*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Major depressive disorders.*** | | | | | | | | |
| *8700X* | *Tablet 10 mg (base)* | *28* | *5* | *..* | *27.88* | *28.89* | [a] | *Esipram* | *CF* |
| | | | | *B3.20* | *31.08* | *28.89* | [a] | *Lexapro* | *LU* |
| *8701Y* | *Tablet 20 mg (base)* | *28* | *5* | *..* | *28.01* | *29.02* | [a] | *Esipram* | *CF* |
| | | | | *B5.35* | *33.36* | *29.02* | [a] | *Lexapro* | *LU* |
| | ***FLUOXETINE HYDROCHLORIDE*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Major depressive disorders;*** | | | | | | | | |
| | ***Obsessive-compulsive disorder.*** | | | | | | | | |
| *8270G* | *Tablet 20 mg (base) (dispersible)* | *28* | *5* | *..* | *23.79* | *24.80* | [a] | *Lovan 20 Tab* | *AL* |
| | | | | *B5.26* | *29.05* | *24.80* | [a] | *Prozac Tab* | *LY* |

continued ☞

# NERVOUS SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| *1434L* | ***Capsule 20 mg (base)*** | ***28*** | ***5*** | ***..*** | ***23.79*** | ***24.80*** | [a] | ***Auscap*** | ***SI*** |
| | | | | | | | [a] | ***Chem mart Fluoxetine*** | ***CH*** |
| | | | | | | | [a] | ***Fluohexal*** | ***HX*** |
| | | | | | | | [a] | ***Fluoxebell*** | ***BF*** |
| | | | | | | | [a] | ***Fluoxetine 20*** | ***CR*** |
| | | | | | | | [a] | ***Fluoxetine-DP*** | ***GM*** |
| | | | | | | | [a] | ***GenRx Fluoxetine*** | ***GX*** |
| | | | | | | | [a] | ***Lovan*** | ***AL*** |
| | | | | | | | [a] | ***Terry White Chemists Fluoxetine*** | ***TW*** |
| | | | | | | | [a] | ***Zactin*** | ***AF*** |
| | | | | ***B5.26*** | ***29.05*** | ***24.80*** | [a] | ***Prozac 20*** | ***LY*** |
| | ***FLUVOXAMINE MALEATE*** | | | | | | | | |
| | **Restricted Benefit** ***Major depressive disorders; Obsessive-compulsive disorder.*** | | | | | | | | |
| *8512B* | ***Tablet 50 mg*** | ***30*** | ***5*** | ***..*** | ***23.23*** | ***24.24*** | [a] | ***Faverin 50*** | ***AW*** |
| | | | | | | | [a] | ***Movox 50*** | ***AL*** |
| | | | | | | | [a] | ***Voxam*** | ***HX*** |
| | | | | ***B3.77*** | ***27.00*** | ***24.24*** | [a] | ***Luvox*** | ***SM*** |
| *8174F* | ***Tablet 100 mg*** | ***30*** | ***5*** | ***..*** | ***32.38*** | ***30.70*** | [a] | ***Faverin 100*** | ***AW*** |
| | | | | | | | [a] | ***Movox 100*** | ***AF*** |
| | | | | | | | [a] | ***Voxam*** | ***HX*** |
| | | | | ***B3.77*** | ***36.15*** | ***30.70*** | [a] | ***Luvox*** | ***SM*** |
| | ***PAROXETINE HYDROCHLORIDE*** | | | | | | | | |
| | **Restricted Benefit** ***Major depressive disorders; Obsessive-compulsive disorder; Panic disorder.*** | | | | | | | | |
| *2242B* | ***Tablet 20 mg (base)*** | ***30*** | ***5*** | ***..*** | ***29.74*** | ***30.70*** | [a] | ***Chem mart Paroxetine*** | ***CH*** |
| | | | | | | | [a] | ***Extine 20*** | ***AW*** |
| | | | | | | | [a] | ***GenRx Paroxetine*** | ***GX*** |
| | | | | | | | [a] | ***Oxetine*** | ***SZ*** |
| | | | | | | | [a] | ***Paroxetine 20*** | ***CR*** |
| | | | | | | | [a] | ***Paroxetine-DP*** | ***GM*** |
| | | | | | | | [a] | ***Paxtine*** | ***AF*** |
| | | | | | | | [a] | ***Terry White Chemists Paroxetine*** | ***TW*** |
| | | | | ***B1.10*** | ***30.84*** | ***30.70*** | [a] | ***Aropax*** | ***GK*** |

# NERVOUS SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | ***SERTRALINE HYDROCHLORIDE*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Major depressive disorders.*** | | | | | | | | |
| ***2236Q*** | ***Tablet 50 mg (base)*** | ***30*** | ***5*** | ***..*** | ***28.69*** | ***29.70*** | [a] | ***Chem mart Sertraline*** | ***CH*** |
| | | | | | | | [a] | ***Concorz*** | ***SZ*** |
| | | | | | | | [a] | ***Eleva 50*** | ***AF*** |
| | | | | | | | [a] | ***GenRx Sertraline*** | ***GX*** |
| | | | | | | | [a] | ***Sertraline 50*** | ***CR*** |
| | | | | | | | [a] | ***Sertraline-DP*** | ***GM*** |
| | | | | | | | [a] | ***Sertraline Winthrop*** | ***WA*** |
| | | | | | | | [a] | ***Setrona*** | ***RA*** |
| | | | | | | | [a] | ***Terry White Chemists Sertraline*** | ***TW*** |
| | | | | | | | [a] | ***Xydep 50*** | ***AW*** |
| | | | | ***[B]0.54*** | ***29.23*** | ***29.70*** | [a] | ***Zoloft*** | ***PF*** |
| ***2237R*** | ***Tablet 100 mg (base)*** | ***30*** | ***5*** | ***..*** | ***28.69*** | ***29.70*** | [a] | ***Chem mart Sertraline*** | ***CH*** |
| | | | | | | | [a] | ***Concorz*** | ***SZ*** |
| | | | | | | | [a] | ***Eleva 100*** | ***AF*** |
| | | | | | | | [a] | ***GenRx Sertraline*** | ***GX*** |
| | | | | | | | [a] | ***Sertraline 100*** | ***CR*** |
| | | | | | | | [a] | ***Sertraline-DP*** | ***GM*** |
| | | | | | | | [a] | ***Sertraline Winthrop*** | ***WA*** |
| | | | | | | | [a] | ***Setrona*** | ***RA*** |
| | | | | | | | [a] | ***Terry White Chemists Sertraline*** | ***TW*** |
| | | | | | | | [a] | ***Xydep 100*** | ***AW*** |
| | | | | ***[B]0.54*** | ***29.23*** | ***29.70*** | [a] | ***Zoloft*** | ***PF*** |
| | **Restricted Benefit** | | | | | | | | |
| | ***Obsessive-compulsive disorder;*** | | | | | | | | |
| | ***Panic disorder where other treatments have failed or are inappropriate.*** | | | | | | | | |
| ***8836C*** | ***Tablet 50 mg (base)*** | ***30*** | ***5*** | ***..*** | ***28.69*** | ***29.70*** | [a] | ***Eleva 50*** | ***AF*** |
| | | | | | | | [a] | ***Xydep 50*** | ***AW*** |
| | | | | ***[B]0.54*** | ***29.23*** | ***29.70*** | [a] | ***Zoloft*** | ***PF*** |
| ***8837D*** | ***Tablet 100 mg (base)*** | ***30*** | ***5*** | ***..*** | ***28.69*** | ***29.70*** | [a] | ***Eleva 100*** | ***AF*** |
| | | | | | | | [a] | ***Xydep 100*** | ***AW*** |
| | | | | ***[B]0.54*** | ***29.23*** | ***29.70*** | [a] | ***Zoloft*** | ***PF*** |

# NERVOUS SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | ***• Monoamine oxidase inhibitors, non-selective*** | | | | | | | | |
| | ***PHENELZINE SULFATE*** | | | | | | | | |
| | **CAUTION:** | | | | | | | | |
| | ***This drug is an irreversible monoamine oxidase inhibitor.*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Depression where all other anti-depressant therapy has failed or is inappropriate.*** | | | | | | | | |
| ***2856H*** | ***Tablet 15 mg (base)*** | ***100*** | ***1*** | ***..*** | ***99.12*** | ***30.70*** | | ***Nardil*** | ***LM*** |
| | TRANYLCYPROMINE SULFATE | | | | | | | | |
| | **CAUTION:** | | | | | | | | |
| | This drug is an irreversible monoamine oxidase inhibitor. | | | | | | | | |
| 2444P | Tablet 10 mg (base) | 50 | 2 | .. | 26.24 | 27.25 | | Parnate | GH |
| | ***• Monoamine oxidase type A inhibitors*** | | | | | | | | |
| | ***MOCLOBEMIDE*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Major depressive disorders.*** | | | | | | | | |
| ***1900B*** | ***Tablet 150 mg*** | ***60*** | ***5*** | ***..*** | ***21.18*** | ***22.19*** | [a] | ***Amira 150*** | ***AF*** |
| | | | | | | | [a] | ***Arima*** | ***AL*** |
| | | | | | | | [a] | ***Chem mart Moclobemide*** | ***CH*** |
| | | | | | | | [a] | ***Clobemix*** | ***GM*** |
| | | | | | | | [a] | ***GenRx Moclobemide*** | ***GX*** |
| | | | | | | | [a] | ***Mohexal*** | ***SZ*** |
| | | | | | | | [a] | ***Terry White Chemists Moclobemide*** | ***TW*** |
| | | | | ***B0.93*** | ***22.11*** | ***22.19*** | [a] | ***Aurorix*** | ***RO*** |
| ***8003F*** | ***Tablet 300 mg*** | ***60*** | ***5*** | ***..*** | ***35.73*** | ***30.70*** | [a] | ***Amira 300*** | ***AF*** |
| | | | | | | | [a] | ***Arima 300*** | ***AL*** |
| | | | | | | | [a] | ***Chem mart Moclobemide*** | ***CH*** |
| | | | | | | | [a] | ***Clobemix*** | ***GM*** |
| | | | | | | | [a] | ***GenRx Moclobemide*** | ***GX*** |
| | | | | | | | [a] | ***Maosig*** | ***SI*** |
| | | | | | | | [a] | ***Mohexal*** | ***SZ*** |
| | | | | | | | [a] | ***Terry White Chemists Moclobemide*** | ***TW*** |
| | | | | ***B1.86*** | ***37.59*** | ***30.70*** | [a] | ***Aurorix 300 mg*** | ***RO*** |

# NERVOUS SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **• *Other antidepressants*** | | | | | | | | |
| | LITHIUM CARBONATE | | | | | | | | |
| 3059B | Tablet 250 mg | 200 | 2 | .. | 14.04 | 15.05 | | Lithicarb | AS |
| 8290H | Tablet 450 mg (slow release) | 200 | 2 | .. | * 32.10 | 30.70 | | Quilonum SR | GK |
| | ***MIANSERIN HYDROCHLORIDE*** | | | | | | | | |
| | **CAUTION:** | | | | | | | | |
| | ***Neutropenia and agranulocytosis are more frequent in the elderly, especially in the early months of therapy.*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Severe depression.*** | | | | | | | | |
| ***1627P*** | ***Tablet 10 mg*** | ***50*** | ***5*** | ***..*** | ***14.74*** | ***15.75*** | [a] | ***Lumin 10*** | ***AF*** |
| | | | | ***B1.93*** | ***16.67*** | ***15.75*** | [a] | ***Tolvon*** | ***OR*** |
| ***1628Q*** | ***Tablet 20 mg*** | ***50*** | ***5*** | ***..*** | ***25.06*** | ***26.07*** | [a] | ***Lumin 20*** | ***AF*** |
| | | | | ***B2.90*** | ***27.96*** | ***26.07*** | [a] | ***Tolvon*** | ***OR*** |
| | ***MIRTAZAPINE*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Major depressive disorders.*** | | | | | | | | |
| ***8855C*** | ***Tablet 15 mg (orally disintegrating)*** | ***30*** | ***5*** | ***..*** | ***23.23*** | ***24.24*** | | ***Avanza SolTab*** | ***BP*** |
| ***8513C*** | ***Tablet 30 mg*** | ***30*** | ***5*** | ***..*** | ***32.12*** | ***30.70*** | [a] | ***Axit 30*** | ***AF*** |
| | | | | | | | [a] | ***Mirtazapine-DP*** | ***GM*** |
| | | | | | | | [a] | ***Mirtazapine Sandoz*** | ***SZ*** |
| | | | | | | | [a] | ***Mirtazon*** | ***AW*** |
| | | | | ***B2.17*** | ***34.29*** | ***30.70*** | [a] | ***Avanza*** | ***BP*** |
| | | | | ***B25.83*** | ***57.95*** | ***30.70*** | [a] | ***Remeron*** | ***OR*** |
| ***8856D*** | ***Tablet 30 mg (orally disintegrating)*** | ***30*** | ***5*** | ***..*** | ***32.12*** | ***30.70*** | | ***Avanza SolTab*** | ***BP*** |
| ***8883M*** | ***Tablet 45 mg*** | ***30*** | ***5*** | ***..*** | ***49.90*** | ***30.70*** | [a] | ***Mirtazapine Sandoz*** | ***SZ*** |
| | | | | | | | [a] | ***Mirtazon*** | ***AW*** |
| | | | | ***B2.19*** | ***52.09*** | ***30.70*** | [a] | ***Avanza*** | ***BP*** |
| ***8857E*** | ***Tablet 45 mg (orally disintegrating)*** | ***30*** | ***5*** | ***..*** | ***49.90*** | ***30.70*** | | ***Avanza SolTab*** | ***BP*** |
| | ***REBOXETINE MESILATE*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Major depressive disorders.*** | | | | | | | | |
| ***8583R*** | ***Tablet 4 mg (base)*** | ***60*** | ***5*** | ***..*** | ***36.37*** | ***30.70*** | | ***Edronax*** | ***PH*** |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***VENLAFAXINE HYDROCHLORIDE*** | | | | | | | |
| | **Restricted Benefit**<br>***Major depressive disorders.*** | | | | | | | |
| ***8868R*** | ***Capsule 37.5 mg (base) (modified release)*** | ***28*** | ***..*** | ***..*** | ***25.64*** | ***26.65*** | ***Efexor-XR*** | ***WX*** |
| ***8301X*** | ***Capsule 75 mg (base) (modified release)*** | ***28*** | ***5*** | ***..*** | ***42.86*** | ***30.70*** | ***Efexor-XR*** | ***WX*** |
| ***8302Y*** | ***Capsule 150 mg (base) (modified release)*** | ***28*** | ***5*** | ***..*** | ***51.31*** | ***30.70*** | ***Efexor-XR*** | ***WX*** |

## Psychostimulants, agents used for ADHD and nootropics

### • *Centrally acting sympathomimetics*

***ATOMOXETINE HYDROCHLORIDE***

**Authority Required**

***Initial treatment of attention-deficit hyperactivity disorder (ADHD) diagnosed between the ages of 6 and 18 years inclusive, by a paediatrician or psychiatrist according to the DSM-IV criteria, where:***

***(a) treatment with dexamphetamine sulfate or methylphenidate hydrochloride poses an unacceptable medical risk due to the following contraindications as specified in the TGA-approved product information:***
***(1) The patient has a history of substance abuse or misuse (other than alcohol); and/or***
***(2) The patient has comorbid motor tics or Tourette's Syndrome; and/or***
***(3) The patient has comorbid severe anxiety diagnosed according to the DSM-IV; or***

***(b) treatment with dexamphetamine sulfate or methylphenidate hydrochloride has resulted in the development or worsening of a comorbid mood disorder (diagnosed according to the DSM-IV criteria i.e. anxiety disorder, obsessive compulsive disorder, depressive disorder) of a severity necessitating permanent stimulant treatment withdrawal; or***
***where the combination of stimulant treatment with another agent would pose an unacceptable medical risk of a severity necessitating permanent stimulant treatment withdrawal; or***

***(c) treatment with dexamphetamine sulfate AND methylphenidate hydrochloride has resulted in the development of adverse reactions of a severity necessitating permanent treatment withdrawal:***
***(1) Adverse effects on growth and weight; and/or***
***(2) Adverse effects on sleep including insomnia; and/or***
***(3) Adverse effects on appetite including anorexia.***

**Authority Required**

***Continuing treatment where the patient has previously been issued with an authority prescription for this drug.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ***9092M*** | ***Capsule 10 mg (base)*** | ***56*** | ***5*** | ***..*** | **** 220.20*** | ***30.70*** | ***Strattera*** | ***LY*** |
| ***9093N*** | ***Capsule 18 mg (base)*** | ***56*** | ***5*** | ***..*** | **** 220.20*** | ***30.70*** | ***Strattera*** | ***LY*** |
| ***9094P*** | ***Capsule 25 mg (base)*** | ***56*** | ***5*** | ***..*** | **** 220.20*** | ***30.70*** | ***Strattera*** | ***LY*** |
| ***9095Q*** | ***Capsule 40 mg (base)*** | ***56*** | ***5*** | ***..*** | **** 220.20*** | ***30.70*** | ***Strattera*** | ***LY*** |
| ***9096R*** | ***Capsule 60 mg (base)*** | ***56*** | ***5*** | ***..*** | **** 220.20*** | ***30.70*** | ***Strattera*** | ***LY*** |

# NERVOUS SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | ***DEXAMPHETAMINE SULFATE*** | | | | | | | | |
| | **NOTE:** | | | | | | | | |
| | ***Care must be taken to comply with the provisions of State/Territory law when prescribing dexamphetamine.*** | | | | | | | | |
| | **Authority Required** | | | | | | | | |
| | ***Use in attention deficit hyperactivity disorder, in accordance with State/Territory law;*** | | | | | | | | |
| | ***Narcolepsy.*** | | | | | | | | |
| ***1165H*** | ***Tablet 5 mg*** | ***100*** | ***5*** | ***..*** | ***16.82*** | ***17.83*** | | ***SI*** | |
| | ***METHYLPHENIDATE HYDROCHLORIDE*** | | | | | | | | |
| | **NOTE:** | | | | | | | | |
| | ***Care must be taken to comply with the provisions of State/Territory law when prescribing methylphenidate hydrochloride.*** | | | | | | | | |
| | **Authority Required** | | | | | | | | |
| | ***Use in attention deficit hyperactivity disorder, in accordance with State/Territory law.*** | | | | | | | | |
| ***8839F*** | ***Tablet 10 mg*** | ***100*** | ***5*** | ***..*** | ***16.82*** | ***17.83*** | [a] | ***Attenta*** | ***AF*** |
| | | | | ***B1.75*** | ***18.57*** | ***17.83*** | [a] | ***Ritalin 10*** | ***NV*** |
| | **Authority Required** | | | | | | | | |
| | ***Treatment of attention deficit hyperactivity disorder (ADHD) in a patient aged 6 to 18 years inclusive, who has demonstrated a response to immediate release methylphenidate hydrochloride with no emergence of serious adverse events, and who requires continuous coverage over 12 hours.*** | | | | | | | | |
| ***2387P*** | ***Tablet 18 mg (extended release)*** | ***30*** | ***5*** | ***..*** | ***66.33*** | ***30.70*** | | ***Concerta*** | ***JC*** |
| ***2172H*** | ***Tablet 27 mg (extended release)*** | ***30*** | ***5*** | ***..*** | ***72.73*** | ***30.70*** | | ***Concerta*** | ***JC*** |
| ***2388Q*** | ***Tablet 36 mg (extended release)*** | ***30*** | ***5*** | ***..*** | ***79.12*** | ***30.70*** | | ***Concerta*** | ***JC*** |
| ***2432B*** | ***Tablet 54 mg (extended release)*** | ***30*** | ***5*** | ***..*** | ***93.25*** | ***30.70*** | | ***Concerta*** | ***JC*** |
| | ***MODAFINIL*** | | | | | | | | |
| | **NOTE:** | | | | | | | | |
| | ***Any queries concerning the arrangements to prescribe modafinil may be directed to Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).*** | | | | | | | | |
| | ***Written applications for authority to prescribe modafinil should be forwarded to:*** | | | | | | | | |
| | ***Medicare Australia*** | | | | | | | | |
| | ***Prior Written Approval of Specialised Drugs*** | | | | | | | | |
| | ***Reply Paid 9826*** | | | | | | | | |
| | ***GPO Box 9826*** | | | | | | | | |
| | ***HOBART TAS 7001*** | | | | | | | | |
| | ***Further prescribing information is on the Medicare Australia website at www.medicareaustralia.gov.au.*** | | | | | | | | |

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **NOTE:** | | | | | | | |
| | ***Modafinil is not PBS-subsidised when used in combination with PBS-subsidised dexamphetamine sulfate.*** | | | | | | | |
| | **Authority Required** | | | | | | | |
| | ***Initial treatment, by a qualified sleep medicine practitioner or neurologist, of patients with narcolepsy where:*** | | | | | | | |
| | ***(i) therapy with dexamphetamine sulfate poses an unacceptable medical risk; or*** | | | | | | | |
| | ***(ii) intolerance to dexamphetamine sulfate of a severity necessitating permanent treatment withdrawal develops.*** | | | | | | | |
| | ***The presence of any 1 of the following indicates treatment with dexamphetamine sulfate poses an unacceptable medical risk:*** | | | | | | | |
| | ***(a) a psychiatric disorder;*** | | | | | | | |
| | ***(b) a cardiac disorder;*** | | | | | | | |
| | ***(c) a history of substance abuse;*** | | | | | | | |
| | ***(d) glaucoma;*** | | | | | | | |
| | ***(e) any other absolute contraindication to dexamphetamine sulfate as specified in the TGA-approved Product Information.*** | | | | | | | |
| | ***Patients must meet the following definition of narcolepsy:*** | | | | | | | |
| | ***Excessive daytime sleepiness, recurrent naps or lapses into sleep occurring almost daily for at least 3 months and:*** | | | | | | | |
| | ***(i) a definite history of cataplexy and a Multiple Sleep Latency Test (MSLT) with a mean sleep latency less than or equal to 8 minutes; or*** | | | | | | | |
| | ***(ii) a MSLT with a mean sleep latency less than or equal to 8 minutes and 2 or more sleep onset rapid eye movement (REM) periods; or*** | | | | | | | |
| | ***(iii) an electroencephalographic (EEG) recording showing the pathologically rapid development of REM sleep.*** | | | | | | | |
| | ***The MSLT must be preceded by nocturnal polysomnography. Sleep prior to the MSLT must be at least 6 hours.*** | | | | | | | |
| | ***The authority application must be made in writing and must include the following:*** | | | | | | | |
| | ***(a) a completed authority prescription form; and*** | | | | | | | |
| | ***(b) a completed Modafinil (Modavigil) PBS Authority Application for Use in the Treatment of Narcolepsy - Supporting Information Form [www.medicareaustralia.gov.au]; and*** | | | | | | | |
| | ***(c) details of the contraindication or intolerance to dexamphetamine sulfate; and*** | | | | | | | |
| | ***(d) either:*** | | | | | | | |
| | ***(i) the result and date of the polysomnography test and MSLT conducted by, or under the supervision of, a qualified sleep medicine practitioner; or*** | | | | | | | |
| | ***(ii) the result and date of the EEG, conducted by, or under the supervision of, a neurologist.*** | | | | | | | |
| | ***The polysomnography, MSLT or EEG test reports must be provided with the authority application.*** | | | | | | | |
| | **Authority Required** | | | | | | | |
| | ***Continuing treatment of narcolepsy, where the patient has previously been issued with an authority prescription for this drug.*** | | | | | | | |
| ***8816B*** | ***Tablet 100 mg*** | ***120*** | ***5*** | ***..*** | **** 346.00*** | ***30.70*** | ***Modavigil*** | ***CS*** |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|---|---|---|

## Anti-dementia drugs

### • *Anticholinesterases*

***DONEPEZIL HYDROCHLORIDE***

**Authority Required**

***INITIAL APPLICATION FOR THE TREATMENT OF MILD TO MODERATELY SEVERE ALZHEIMER'S DISEASE — Patients with an (S)MMSE of 10 or more.***
***Initial treatment of mild to moderately severe Alzheimer's disease. Confirmation of this diagnosis must be made by a specialist/consultant physician (including a psychiatrist).***

***The authority application must include the result of the baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE). This baseline (S)MMSE must be a score of 10 or more. If this score is 25 - 30 points, the result of a baseline Alzheimer's Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) may also be specified.***

***If an ADAS-Cog score is not supplied with the initial application, this scale cannot be used for the purpose of fulfilling the criteria for continued PBS supply.***

***This application must be made in writing, but initial supply may be sought by telephone.***
***For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. This telephone application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment.***
***For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised;***

***CONTINUING TREATMENT — (S)MMSE or ADAS-Cog improvement.***
***Continuing treatment, following initial PBS-subsidised therapy, of mild to moderately severe Alzheimer's disease in patients with demonstrated improvement in cognitive function as measured by:***
***(a) for patients with a baseline (S)MMSE score of 10 or more and less than 25, an increase of at least 2 points from baseline on the Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE);***
***(b) for patients with a baseline (S)MMSE score of at least 25 points, a decrease of at least 4 points from baseline on the Alzheimer's Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) or an increase of at least 2 points from baseline on the Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE).***

***The initial authority application for continuing treatment must include the relevant result from the (S)MMSE or the ADAS-Cog and must be in writing.***

***Subsequent applications for continuing treatment can be made by telephone.***

**Authority Required**

***INITIAL APPLICATION FOR THE TREATMENT OF MILD TO MODERATELY SEVERE ALZHEIMER'S DISEASE — Patients with an (S)MMSE of 9 or less who require a clinician's assessment.***
***Initial treatment of mild to moderately severe Alzheimer's disease of patients with a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 9 or less, who are unable to register a score of 10 or more for reasons other than their Alzheimer's disease, as specified below. Confirmation of this diagnosis must be made by a specialist/consultant physician (including a psychiatrist).***

***Such patients will need to be assessed using the Clinicians Interview Based Impression of Severity (CIBIS) scale.***
***The authority application must include the result of the baseline (S)MMSE and specify to which group(s) (see below) the patient belongs.***

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***This application must be made in writing, but initial supply may be sought by telephone.*** ***For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. This telephone application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment.*** ***For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised.*** ***Patients who qualify under this criterion are from 1 or more of the following groups:*** ***(1) Unable to communicate adequately because of lack of competence in English, in people of non-English speaking background;*** ***(2) Limited education, as defined by less than 6 years of education, or who are illiterate or innumerate;*** ***(3) Aboriginal or Torres Strait Islanders who, by virtue of cultural factors, are unable to complete an (S)MMSE test;*** ***(4) Intellectual (developmental or acquired) disability, eg Down's syndrome;*** ***(5) Significant sensory impairment despite best correction, which precludes completion of an (S)MMSE test;*** ***(6) Prominent dysphasia, out of proportion to other cognitive and functional impairment;*** ***CONTINUING TREATMENT — Clinician assessed improvement.*** ***Continuing treatment, following initial PBS-subsidised therapy, of mild to moderately severe Alzheimer's disease in patients with demonstrated improvement in function, based on a rating of "very much improved" or "much improved" on the Clinicians Interview Based Impression of Change (CIBIC) scale, which must be assessed by the same clinician who initiated treatment.*** ***The initial authority application for continuing treatment must state the improvement achieved on the CIBIC scale and must be in writing.*** ***Subsequent applications for continuing treatment can be made by telephone.*** | | | | | | | |
| ***8495D*** | ***Tablet 5 mg*** | ***28*** | ***5*** | ***..*** | ***154.47*** | ***30.70*** | ***Aricept*** | ***PF*** |
| ***8496E*** | ***Tablet 10 mg*** | ***28*** | ***5*** | ***..*** | ***154.47*** | ***30.70*** | ***Aricept*** | ***PF*** |
| | ***GALANTAMINE HYDROBROMIDE*** **Authority Required** ***INITIAL APPLICATION FOR THE TREATMENT OF MILD TO MODERATELY SEVERE ALZHEIMER'S DISEASE — Patients with an (S)MMSE of 10 or more.*** ***Initial treatment of mild to moderately severe Alzheimer's disease. Confirmation of this diagnosis must be made by a specialist/consultant physician (including a psychiatrist).*** ***The authority application must include the result of the baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE). This baseline (S)MMSE must be a score of 10 or more. If this score is 25 - 30 points, the result of a baseline Alzheimer's Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) may also be specified.*** ***If an ADAS-Cog score is not supplied with the initial application, this scale cannot be used for the purpose of fulfilling the criteria for continued PBS supply.*** ***This application must be made in writing, but initial supply may be sought by telephone.*** ***For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. This telephone application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment.*** ***For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised;*** | | | | | | | |

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|---|---|---|

***CONTINUING TREATMENT — (S)MMSE or ADAS-Cog improvement.***
***Continuing treatment, following initial PBS-subsidised therapy, of mild to moderately severe Alzheimer's disease in patients with demonstrated improvement in cognitive function as measured by:***
***(a) for patients with a baseline (S)MMSE score of 10 or more and less than 25, an increase of at least 2 points from baseline on the Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE);***
***(b) for patients with a baseline (S)MMSE score of at least 25 points, a decrease of at least 4 points from baseline on the Alzheimer's Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) or an increase of at least 2 points from baseline on the Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE).***

***The initial authority application for continuing treatment must include the relevant result from the (S)MMSE or the ADAS-Cog and must be in writing.***

***Subsequent applications for continuing treatment can be made by telephone.***

**Authority Required**

***INITIAL APPLICATION FOR THE TREATMENT OF MILD TO MODERATELY SEVERE ALZHEIMER'S DISEASE — Patients with an (S)MMSE of 9 or less who require a clinician's assessment.***
***Initial treatment of mild to moderately severe Alzheimer's disease of patients with a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 9 or less, who are unable to register a score of 10 or more for reasons other than their Alzheimer's disease, as specified below. Confirmation of this diagnosis must be made by a specialist/consultant physician (including a psychiatrist).***

***Such patients will need to be assessed using the Clinicians Interview Based Impression of Severity (CIBIS) scale. The authority application must include the result of the baseline (S)MMSE and specify to which group(s) (see below) the patient belongs.***

***This application must be made in writing, but initial supply may be sought by telephone.***
***For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. This telephone application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment.***
***For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised.***

***Patients who qualify under this criterion are from 1 or more of the following groups:***
***(1) Unable to communicate adequately because of lack of competence in English, in people of non-English speaking background;***
***(2) Limited education, as defined by less than 6 years of education, or who are illiterate or innumerate;***
***(3) Aboriginal or Torres Strait Islanders who, by virtue of cultural factors, are unable to complete an (S)MMSE test;***

***(4) Intellectual (developmental or acquired) disability, eg Down's syndrome;***
***(5) Significant sensory impairment despite best correction, which precludes completion of an (S)MMSE test;***
***(6) Prominent dysphasia, out of proportion to other cognitive and functional impairment;***

***CONTINUING TREATMENT — Clinician assessed improvement.***
***Continuing treatment, following initial PBS-subsidised therapy, of mild to moderately severe Alzheimer's disease in patients with demonstrated improvement in function, based on a rating of "very much improved" or "much improved" on the Clinicians Interview Based Impression of Change (CIBIC) scale, which must be assessed by the same clinician who initiated treatment.***

***The initial authority application for continuing treatment must state the improvement achieved on the CIBIC scale and must be in writing.***

***Subsequent applications for continuing treatment can be made by telephone.***

continued ☞

# NERVOUS SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| *8770N* | *Capsule 8 mg (base) (prolonged release)* | *28* | *5* | *..* | *129.84* | *30.70* | *Reminyl* | *JC* |
| *8771P* | *Capsule 16 mg (base) (prolonged release)* | *28* | *5* | *..* | *157.61* | *30.70* | *Reminyl* | *JC* |
| *8772Q* | *Capsule 24 mg (base) (prolonged release)* | *28* | *5* | *..* | *186.79* | *30.70* | *Reminyl* | *JC* |

***RIVASTIGMINE HYDROGEN TARTRATE***

**Authority Required**

***INITIAL APPLICATION FOR THE TREATMENT OF MILD TO MODERATELY SEVERE ALZHEIMER'S DISEASE — Patients with an (S)MMSE of 10 or more.***
***Initial treatment of mild to moderately severe Alzheimer's disease. Confirmation of this diagnosis must be made by a specialist/consultant physician (including a psychiatrist).***

***The authority application must include the result of the baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE). This baseline (S)MMSE must be a score of 10 or more. If this score is 25 - 30 points, the result of a baseline Alzheimer's Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) may also be specified.***

***If an ADAS-Cog score is not supplied with the initial application, this scale cannot be used for the purpose of fulfilling the criteria for continued PBS supply.***

***This application must be made in writing, but initial supply may be sought by telephone.***
***For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. This telephone application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment.***
***For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised;***

***CONTINUING TREATMENT — (S)MMSE or ADAS-Cog improvement.***
***Continuing treatment, following initial PBS-subsidised therapy, of mild to moderately severe Alzheimer's disease in patients with demonstrated improvement in cognitive function as measured by:***
***(a) for patients with a baseline (S)MMSE score of 10 or more and less than 25, an increase of at least 2 points from baseline on the Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE);***
***(b) for patients with a baseline (S)MMSE score of at least 25 points, a decrease of at least 4 points from baseline on the Alzheimer's Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) or an increase of at least 2 points from baseline on the Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE).***

***The initial authority application for continuing treatment must include the relevant result from the (S)MMSE or the ADAS-Cog and must be in writing.***

***Subsequent applications for continuing treatment can be made by telephone.***

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **Authority Required**<br>***INITIAL APPLICATION FOR THE TREATMENT OF MILD TO MODERATELY SEVERE ALZHEIMER'S DISEASE — Patients with an (S)MMSE of 9 or less who require a clinician's assessment.***<br>***Initial treatment of mild to moderately severe Alzheimer's disease of patients with a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 9 or less, who are unable to register a score of 10 or more for reasons other than their Alzheimer's disease, as specified below. Confirmation of this diagnosis must be made by a specialist/consultant physician (including a psychiatrist).***<br>***Such patients will need to be assessed using the Clinicians Interview Based Impression of Severity (CIBIS) scale. The authority application must include the result of the baseline (S)MMSE and specify to which group(s) (see below) the patient belongs.***<br>***This application must be made in writing, but initial supply may be sought by telephone.***<br>***For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. This telephone application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment.***<br>***For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised.***<br>***Patients who qualify under this criterion are from 1 or more of the following groups:***<br>***(1) Unable to communicate adequately because of lack of competence in English, in people of non-English speaking background;***<br>***(2) Limited education, as defined by less than 6 years of education, or who are illiterate or innumerate;***<br>***(3) Aboriginal or Torres Strait Islanders who, by virtue of cultural factors, are unable to complete an (S)MMSE test;***<br>***(4) Intellectual (developmental or acquired) disability, eg Down's syndrome;***<br>***(5) Significant sensory impairment despite best correction, which precludes completion of an (S)MMSE test;***<br>***(6) Prominent dysphasia, out of proportion to other cognitive and functional impairment;***<br>***CONTINUING TREATMENT — Clinician assessed improvement.***<br>***Continuing treatment, following initial PBS-subsidised therapy, of mild to moderately severe Alzheimer's disease in patients with demonstrated improvement in function, based on a rating of "very much improved" or "much improved" on the Clinicians Interview Based Impression of Change (CIBIC) scale, which must be assessed by the same clinician who initiated treatment.***<br>***The initial authority application for continuing treatment must state the improvement achieved on the CIBIC scale and must be in writing.***<br>***Subsequent applications for continuing treatment can be made by telephone.*** | | | | | | | |
| ***8497F*** | ***Capsule 1.5 mg (base)*** | ***56*** | ***5*** | ***..*** | ***154.47*** | ***30.70*** | ***Exelon*** | ***NV*** |
| ***8498G*** | ***Capsule 3 mg (base)*** | ***56*** | ***5*** | ***..*** | ***154.47*** | ***30.70*** | ***Exelon*** | ***NV*** |
| ***8499H*** | ***Capsule 4.5 mg (base)*** | ***56*** | ***5*** | ***..*** | ***154.47*** | ***30.70*** | ***Exelon*** | ***NV*** |
| ***8500J*** | ***Capsule 6 mg (base)*** | ***56*** | ***5*** | ***..*** | ***154.47*** | ***30.70*** | ***Exelon*** | ***NV*** |
| ***8563Q*** | ***Oral solution 2 mg (base) per mL, 120 mL*** | ***‡ 1*** | ***5*** | ***..*** | ***154.47*** | ***30.70*** | ***Exelon*** | ***NV*** |

# NERVOUS SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **OTHER NERVOUS SYSTEM DRUGS** | | | | | | | | |
| | **Parasympathomimetics** | | | | | | | | |
| | • ***Anticholinesterases*** | | | | | | | | |
| | PYRIDOSTIGMINE BROMIDE | | | | | | | | |
| 2724J | Tablet 10 mg | 100 | 5 | .. | 18.11 | 19.12 | | Mestinon | VT |
| 1959D | Tablet 60 mg | 150 | 5 | .. | 55.02 | 30.70 | | Mestinon | VT |
| 2608G | Tablet 180 mg (modified release) | 100 | 5 | .. | 113.49 | 30.70 | | Mestinon Timespan | VT |
| | • ***Choline esters*** | | | | | | | | |
| | BETHANECHOL CHLORIDE | | | | | | | | |
| 1062X | Tablet 10 mg | 100 | 2 | .. | 19.09 | 20.10 | | Uro-Carb | HA |
| | **Drugs used in addictive disorders** | | | | | | | | |
| | • ***Drugs used in nicotine dependence*** | | | | | | | | |
| | ***BUPROPION HYDROCHLORIDE*** | | | | | | | | |
| | **NOTE:** | | | | | | | | |
| | ***Only one treatment course per year with no increased maximum quantities or repeats will be authorised.*** | | | | | | | | |
| | **Authority Required** | | | | | | | | |
| | ***Commencement of treatment as short-term adjunctive therapy for nicotine dependence to facilitate the goal of achieving abstinence in patients who have indicated that they are ready to cease smoking and:*** | | | | | | | | |
| | ***(a) who have entered a comprehensive support and counselling program; or*** | | | | | | | | |
| | ***(b) who are entering a comprehensive support and counselling program during the consultation at which this authority is requested.*** | | | | | | | | |
| | ***Details of the program must be specified in the authority application.*** | | | | | | | | |
| ***8465M*** | ***Tablet 150 mg (sustained release)*** | ***30*** | ***..*** | ***..*** | ***77.72*** | ***30.70*** | ***a*** | ***Bupropion-RL*** | ***RE*** |
| | | | | | | | ***a*** | ***Clorprax*** | ***HX*** |
| | | | | | | | ***a*** | ***Prexaton*** | ***AF*** |
| | | | | ***B0.87*** | ***78.59*** | ***30.70*** | ***a*** | ***Zyban*** | ***GK*** |
| | **Authority Required** | | | | | | | | |
| | ***Completion of treatment as short-term adjunctive therapy for nicotine dependence to facilitate the goal of achieving abstinence in patients who have indicated that they are ready to cease smoking and who have entered a comprehensive support and counselling program.*** | | | | | | | | |
| ***8710K*** | ***Tablet 150 mg (sustained release)*** | ***90*** | ***..*** | ***..*** | ***170.86*** | ***30.70*** | ***a*** | ***Bupropion-RL*** | ***RE*** |
| | | | | | | | ***a*** | ***Clorprax*** | ***HX*** |
| | | | | | | | ***a*** | ***Prexaton*** | ***AF*** |
| | | | | ***B0.87*** | ***171.73*** | ***30.70*** | ***a*** | ***Zyban*** | ***GK*** |

# NERVOUS SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **• *Drugs used in alcohol dependence*** | | | | | | | |
| | ***ACAMPROSATE CALCIUM*** | | | | | | | |
| | **Authority Required (STREAMLINED)** | | | | | | | |
| | **2665** | | | | | | | |
| | ***For use within a comprehensive treatment program for alcohol dependence with the goal of maintaining abstinence.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***No applications for increased maximum quantities and/or repeats will be authorised.*** | | | | | | | |
| *8357W* | ***Tablet 333 mg (enteric coated)*** | ***180*** | ***1*** | ***..*** | ***165.60*** | ***30.70*** | ***Campral*** | ***AF*** |
| | ***NALTREXONE HYDROCHLORIDE*** | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | ***Naltrexone hydrochloride is contraindicated in patients receiving opioid drugs.*** | | | | | | | |
| | **Authority Required** | | | | | | | |
| | ***For use within a comprehensive treatment program for alcohol dependence with the goal of maintaining abstinence.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***No applications for increased maximum quantities and/or repeats will be authorised.*** | | | | | | | |
| *8370M* | ***Tablet 50 mg*** | ***30*** | ***1*** | ***..*** | ***162.88*** | ***30.70*** | ***ReVia*** | ***BQ*** |
| | **Other nervous system drugs** | | | | | | | |
| | **• *Other nervous system drugs*** | | | | | | | |
| | ***RILUZOLE*** | | | | | | | |
| | **Authority Required** | | | | | | | |
| ➢ | ***Initial treatment of amyotrophic lateral sclerosis, as diagnosed by a neurologist, in patients with disease duration of 5 years or less and who have at least 60 percent of predicted forced vital capacity within 2 months prior to commencing riluzole therapy and who:*** | | | | | | | |
| | ***(1) are ambulatory, and*** | | | | | | | |
| | ***(a) have not undergone tracheostomy, and*** | | | | | | | |
| | ***(b) have not experienced respiratory failure; OR*** | | | | | | | |
| | ***(2) are not ambulatory, and*** | | | | | | | |
| | ***(a) have not undergone tracheostomy, and*** | | | | | | | |
| | ***(b) have not experienced respiratory failure, and*** | | | | | | | |
| | ***(c) are either able to use upper limbs or able to swallow.*** | | | | | | | |
| | ***The date of diagnosis and the date and results of spirometry (in terms of percent of predicted forced vital capacity) must be supplied with the initial authority application.*** | | | | | | | |
| | **Authority Required** | | | | | | | |
| | ***Continuing treatment of amyotrophic lateral sclerosis in patients who have previously been issued with an authority prescription for this drug and who:*** | | | | | | | |
| | ***(1) are ambulatory, and*** | | | | | | | |
| | ***(a) have not undergone tracheostomy, and*** | | | | | | | |
| | ***(b) have not experienced respiratory failure; OR*** | | | | | | | |
| | ***(2) are not ambulatory, and*** | | | | | | | |
| | ***(a) have not undergone tracheostomy, and*** | | | | | | | |
| | ***(b) have not experienced respiratory failure, and*** | | | | | | | |
| | ***(c) are either able to use upper limbs or able to swallow.*** | | | | | | | |
| *8664B* | ***Tablet 50 mg*** | ***56*** | ***5*** | ***..*** | ***661.02*** | ***30.70*** | ***Rilutek*** | ***SW*** |

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|---|---|---|---|---|---|---|---|---|---|
| | ANTIPROTOZOALS | | | | | | | | |
| | **Agents against amoebiasis and other protozoal diseases** | | | | | | | | |
| | • ***Nitroimidazole derivatives*** | | | | | | | | |
| | METRONIDAZOLE | | | | | | | | |
| | *For listings see Generic/Proprietary Index* | | | | | | | | |
| | METRONIDAZOLE BENZOATE | | | | | | | | |
| | *For listings see Generic/Proprietary Index* | | | | | | | | |
| | TINIDAZOLE | | | | | | | | |
| | *For listings see Generic/Proprietary Index* | | | | | | | | |
| | • ***Other agents against amoebiasis and other protozoal diseases*** | | | | | | | | |
| | ***ATOVAQUONE*** | | | | | | | | |
| | **Authority Required (STREAMLINED)** | | | | | | | | |
| | **1433** | | | | | | | | |
| | ***Treatment of mild to moderate Pneumocystis carinii pneumonia in adult patients who are intolerant of trimethoprim/sulfamethoxazole therapy.*** | | | | | | | | |
| ***8300W*** | ***Oral suspension 750 mg per 5 mL, 210 mL*** | ***‡ 1*** | ***..*** | ***..*** | ***862.23*** | ***30.70*** | | ***Wellvone*** | ***GK*** |
| | PYRIMETHAMINE | | | | | | | | |
| 1966L | Tablet 25 mg | 50 | .. | .. | 13.37 | 14.38 | | Daraprim | GK |
| | **Antimalarials** | | | | | | | | |
| | • ***Methanolquinolines*** | | | | | | | | |
| | ***QUININE BISULFATE*** | | | | | | | | |
| | **CAUTION:** | | | | | | | | |
| | ***Severe thrombocytopenia has been reported with this drug.*** | | | | | | | | |
| | **Authority Required (STREAMLINED)** | | | | | | | | |
| | **2142** | | | | | | | | |
| | ***Malaria.*** | | | | | | | | |
| ***1972T*** | ***Tablet 300 mg*** | ***50*** | ***2*** | ***..*** | ***10.96*** | ***11.97*** | | ***Quinbisul*** | ***AS*** |
| | ***QUININE SULFATE*** | | | | | | | | |
| | **CAUTION:** | | | | | | | | |
| | ***Severe thrombocytopenia has been reported with this drug.*** | | | | | | | | |
| | **Authority Required (STREAMLINED)** | | | | | | | | |
| | **2142** | | | | | | | | |
| | ***Malaria.*** | | | | | | | | |
| ***1975Y*** | ***Tablet 300 mg*** | ***50*** | ***2*** | ***..*** | ***10.96*** | ***11.97*** | ***a*** | ***Quinsul*** | ***LN*** |
| | | | | ***B2.13*** | ***13.09*** | ***11.97*** | ***a*** | ***Quinate*** | ***AS*** |

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|---|---|---|---|---|---|---|---|---|
| | ANTHELMINTICS | | | | | | | |
| | **Antinematodal agents** | | | | | | | |
| | • ***Benzimidazole derivatives*** | | | | | | | |
| | ***ALBENDAZOLE*** | | | | | | | |
| | **Authority Required (STREAMLINED)**<br>**2446**<br>***Treatment of whipworm infestation in an Aboriginal or a Torres Strait Islander person.*** | | | | | | | |
| ***9047E*** | ***Tablet 200 mg*** | ***6*** | ***..*** | ***..*** | ***26.70*** | ***27.71*** | ***Zentel*** | ***GK*** |
| | **Authority Required (STREAMLINED)**<br>**1525**<br>***Treatment of tapeworm infestation.*** | | | | | | | |
| ***8503M*** | ***Tablet 200 mg*** | ***6*** | ***1*** | ***..*** | ***26.70*** | ***27.71*** | ***Zentel*** | ***GK*** |
| | **Authority Required (STREAMLINED)**<br>**1496**<br>***For the treatment of hydatid disease in conjunction with surgery or when a surgical cure cannot be achieved or where surgery cannot be used.*** | | | | | | | |
| ***8459F*** | ***Tablet 400 mg*** | ***60*** | ***2*** | ***..*** | ***184.27*** | ***30.70*** | ***Eskazole*** | ***GK*** |
| | • ***Tetrahydropyrimidine derivatives*** | | | | | | | |
| | PYRANTEL EMBONATE | | | | | | | |
| 3047J | Tablet 125 mg (base) | 6 | .. | .. | 6.99 | 8.00 | Anthel 125 | AF |
| 3048K | Tablet 250 mg (base) | 6 | .. | .. | 8.37 | 9.38 | Anthel 250 | AF |
| | • ***Avermectines*** | | | | | | | |
| | ***IVERMECTIN*** | | | | | | | |
| | **Authority Required (STREAMLINED)**<br>**1242**<br>***Onchocerciasis;***<br>**1388**<br>***Strongyloidiasis.*** | | | | | | | |
| ***8359Y*** | ***Tablet 3 mg*** | ***4*** | ***..*** | ***..*** | ***29.24*** | ***30.25*** | ***Stromectol*** | ***MK*** |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **ECTOPARASITICIDES, INCL. SCABICIDES, INSECTICIDES AND REPELLENTS** | | | | | | | |
| | **Ectoparasiticides, incl. scabicides** | | | | | | | |
| | • ***Pyrethrines, incl. synthetic compounds*** | | | | | | | |
| | PERMETHRIN | | | | | | | |
| 3054R | Cream 50 mg per g (5%), 30 g | ‡ 1 | 1 | .. | 15.34 | 16.35 | Lyclear | PC |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES** | | | | | | | | |
| | **Adrenergics, inhalants** | | | | | | | | |
| | • ***Selective beta-2-adrenoceptor agonists*** | | | | | | | | |
| | ***EFORMOTEROL FUMARATE DIHYDRATE*** | | | | | | | | |
| | **Restricted Benefit**<br>***Patients with frequent episodes of asthma who are currently receiving treatment with oral corticosteroids;***<br>***Patients with frequent episodes of asthma who are currently receiving treatment with optimal doses of inhaled corticosteroids.*** | | | | | | | | |
| ***8136F*** | ***Capsule containing powder for oral inhalation 12 micrograms (for use in Foradile Aerolizer)*** | ***60*** | ***5*** | ***..*** | ***35.01*** | ***30.70*** | | ***Foradile*** | ***NV*** |
| ***8239P*** | ***Powder for oral inhalation in breath actuated device 6 micrograms per dose (60 doses)*** | ***‡ 1*** | ***5*** | ***..*** | ***24.54*** | ***25.55*** | | ***Oxis Turbuhaler*** | ***AP*** |
| ***8240Q*** | ***Powder for oral inhalation in breath actuated device 12 micrograms per dose (60 doses)*** | ***‡ 1*** | ***5*** | ***..*** | ***34.15*** | ***30.70*** | | ***Oxis Turbuhaler*** | ***AP*** |
| | SALBUTAMOL SULFATE | | | | | | | | |
| 1099W | Capsule containing powder for oral inhalation 200 micrograms (base) (for use in Ventolin Rotahaler) | 200 | 5 | .. | * 20.84 | 21.85 | | Ventolin Rotacaps | GK |
| 8288F | Oral pressurised inhalation 100 micrograms (base) per dose (200 doses), CFC-free formulation | 2 | 5 | .. | * 16.68 | 17.69 | a | Airomir | IA |
| | | | | | | | a | Asmol CFC-free | AL |
| | | | | | | | a | Epaq | AW |
| | | | | B1.50 | * 18.18 | 17.69 | a | Ventolin CFC-free | GK |
| | ***SALBUTAMOL SULFATE*** | | | | | | | | |
| | **Restricted Benefit**<br>***Patients unable to achieve co-ordinated use of other metered dose inhalers containing this drug.*** | | | | | | | | |
| ***8354Q*** | ***Oral pressurised inhalation in breath actuated device 100 micrograms (base) per dose (200 doses), CFC-free formulation*** | ***2*** | ***5*** | ***..*** | **** 36.22*** | ***30.70*** | | ***Airomir Autohaler*** | ***IA*** |

continued ☞

# RESPIRATORY SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **Restricted Benefit**<br>***Asthma in patients unable to use this drug delivered from an oral pressurised inhalation device via a spacer;***<br>***Chronic obstructive pulmonary disease in patients unable to use this drug delivered from an oral pressurised inhalation device via a spacer.*** | | | | | | | |
| *2000G* | *Nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30* | *2* | *5* | *..* | ** 23.68* | *24.69* | *[a] Asmol 2.5 uni-dose* | *AF* |
| | | | | | | | *[a] Butamol 2.5* | *AW* |
| | | | | | | | *[a] Chem mart Salbutamol* | *CH* |
| | | | | | | | *[a] GenRx Salbutamol* | *GX* |
| | | | | | | | *[a] Terry White Chemists Salbutamol* | *TW* |
| | | | | | | | *[a] PU* | |
| | | | | *B2.14* | ** 25.82* | *24.69* | *[a] Ventolin Nebules* | *GK* |
| *2001H* | *Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30* | *2* | *5* | *..* | ** 24.72* | *25.73* | *[a] Asmol 5 uni-dose* | *AF* |
| | | | | | | | *[a] Butamol 5* | *AW* |
| | | | | | | | *[a] Chem mart Salbutamol* | *CH* |
| | | | | | | | *[a] GenRx Salbutamol* | *GX* |
| | | | | | | | *[a] Terry White Chemists Salbutamol* | *TW* |
| | | | | *B2.12* | ** 26.84* | *25.73* | *[a] Ventolin Nebules* | *GK* |
| *2003K* | *Nebuliser solution 5 mg (base) per mL (0.5%), 30 mL* | *2* | *2* | *..* | ** 12.12* | *13.13* | *PU* | |
| | ***SALMETEROL XINAFOATE*** | | | | | | | |
| | **Restricted Benefit**<br>***Patients with frequent episodes of asthma who are currently receiving treatment with oral corticosteroids;***<br>***Patients with frequent episodes of asthma who are currently receiving treatment with optimal doses of inhaled corticosteroids.*** | | | | | | | |
| *3027H* | *Oral pressurised inhalation 25 micrograms (base) per dose (120 doses)* | *‡ 1* | *5* | *..* | *34.15* | *30.70* | *Serevent* | *GK* |
| *8141L* | *Powder for oral inhalation in breath actuated device 50 micrograms (base) per dose (60 doses)* | *‡ 1* | *5* | *..* | *34.15* | *30.70* | *Serevent Accuhaler* | *GK* |
| | TERBUTALINE SULFATE | | | | | | | |
| 1252X | Powder for oral inhalation in breath actuated device 500 micrograms per dose (200 doses) | ‡ 1 | 5 | .. | 16.35 | 17.36 | Bricanyl Turbuhaler | AP |

# RESPIRATORY SYSTEM—CONT.

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|---|---|---|---|---|---|---|---|---|
| | ***TERBUTALINE SULFATE*** | | | | | | | |
| | **Restricted Benefit**<br>***Asthma in patients unable to use this drug delivered from a breath actuated device;***<br>***Chronic obstructive pulmonary disease in patients unable to use this drug delivered from a breath actuated device.*** | | | | | | | |
| ***1251W*** | ***Nebuliser solution single dose units 5 mg in 2 mL, 30*** | ***2*** | ***5*** | ***..*** | **** 26.84*** | ***27.85*** | ***Bricanyl Respules*** | ***AP*** |

## • *Adrenergics and other drugs for obstructive airway diseases*

***BUDESONIDE with EFORMOTEROL FUMARATE DIHYDRATE***

**Restricted Benefit**

***Patients who previously had frequent episodes of asthma while receiving treatment with oral corticosteroids and who have been stabilised on concomitant inhaled eformoterol fumarate dihydrate and budesonide;***

***Patients who previously had frequent episodes of asthma while receiving treatment with optimal doses of inhaled corticosteroids and who have been stabilised on concomitant inhaled eformoterol fumarate dihydrate and budesonide;***

***For single maintenance and reliever therapy in a patient who experiences frequent asthma symptoms while receiving treatment with oral corticosteroids;***

***For single maintenance and reliever therapy in a patient who experiences frequent asthma symptoms while receiving treatment with inhaled corticosteroids;***

***For maintenance and reliever therapy in a patient who experiences frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and a long-acting beta-2 agonist.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ***8796Y*** | ***Powder for oral inhalation in breath actuated device 100 micrograms-6 micrograms per dose (120 doses)*** | ***‡ 1*** | ***5*** | ***..*** | ***53.35*** | ***30.70*** | ***Symbicort Turbuhaler 100/6*** | ***AP*** |
| ***8625Y*** | ***Powder for oral inhalation in breath actuated device 200 micrograms-6 micrograms per dose (120 doses)*** | ***‡ 1*** | ***5*** | ***..*** | ***57.79*** | ***30.70*** | ***Symbicort Turbuhaler 200/6*** | ***AP*** |

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **Restricted Benefit**<br>***Patients who previously had frequent episodes of asthma while receiving treatment with oral corticosteroids and who have been stabilised on concomitant inhaled eformoterol fumarate dihydrate and budesonide;***<br>***Patients who previously had frequent episodes of asthma while receiving treatment with optimal doses of inhaled corticosteroids and who have been stabilised on concomitant inhaled eformoterol fumarate dihydrate and budesonide.***<br>**NOTE:**<br>***Symbicort 400/12 is not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy.*** | | | | | | | |
| *8750M* | ***Powder for oral inhalation in breath actuated devices 400 micrograms-12 micrograms per dose (60 doses), 2*** | ***1*** | ***5*** | ***..*** | ***85.91*** | ***30.70*** | ***Symbicort Turbuhaler 400/12*** | ***AP*** |
| | ***FLUTICASONE PROPIONATE with SALMETEROL XINAFOATE***<br>**Restricted Benefit**<br>***Patients who previously had frequent episodes of asthma while receiving treatment with oral corticosteroids and who have been stabilised on concomitant inhaled salmeterol xinafoate and fluticasone propionate;***<br>***Patients who previously had frequent episodes of asthma while receiving treatment with optimal doses of inhaled corticosteroids and who have been stabilised on concomitant inhaled salmeterol xinafoate and fluticasone propionate.*** | | | | | | | |
| *8517G* | ***Oral pressurised inhalation 50 micrograms-25 micrograms (base) per dose (120 doses), CFC-free formulation*** | ***‡ 1*** | ***5*** | ***..*** | ***45.35*** | ***30.70*** | ***Seretide MDI 50/25*** | ***GK*** |
| *8518H* | ***Oral pressurised inhalation 125 micrograms-25 micrograms (base) per dose (120 doses), CFC-free formulation*** | ***‡ 1*** | ***5*** | ***..*** | ***58.33*** | ***30.70*** | ***Seretide MDI 125/25*** | ***GK*** |
| *8430Q* | ***Powder for oral inhalation in breath actuated device 100 micrograms-50 micrograms (base) per dose (60 doses)*** | ***‡ 1*** | ***5*** | ***..*** | ***45.35*** | ***30.70*** | ***Seretide Accuhaler 100/50*** | ***GK*** |
| *8431R* | ***Powder for oral inhalation in breath actuated device 250 micrograms-50 micrograms (base) per dose (60 doses)*** | ***‡ 1*** | ***5*** | ***..*** | ***58.33*** | ***30.70*** | ***Seretide Accuhaler 250/50*** | ***GK*** |

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **Restricted Benefit**<br>***Patients who previously had frequent episodes of asthma while receiving treatment with oral corticosteroids and who have been stabilised on concomitant inhaled salmeterol xinafoate and fluticasone propionate;***<br>***Patients who previously had frequent episodes of asthma while receiving treatment with optimal doses of inhaled corticosteroids and who have been stabilised on concomitant inhaled salmeterol xinafoate and fluticasone propionate;***<br>***Symptomatic treatment of chronic obstructive pulmonary disease (COPD), where the FEV1 is less than 50% predicted normal and there is a history of repeated exacerbations with significant symptoms despite regular beta-2 agonist bronchodilator therapy.***<br>**NOTE:**<br>***Seretide is not indicated for the initiation of bronchodilator therapy in COPD.*** | | | | | | | |
| ***8519J*** | ***Oral pressurised inhalation 250 micrograms-25 micrograms (base) per dose (120 doses), CFC-free formulation*** | ***‡ 1*** | ***5*** | ***..*** | ***77.69*** | ***30.70*** | ***Seretide MDI 250/25*** | ***GK*** |
| ***8432T*** | ***Powder for oral inhalation in breath actuated device 500 micrograms-50 micrograms (base) per dose (60 doses)*** | ***‡ 1*** | ***5*** | ***..*** | ***77.69*** | ***30.70*** | ***Seretide Accuhaler 500/50*** | ***GK*** |
| | **Other drugs for obstructive airway diseases, inhalants** | | | | | | | |
| | • ***Glucocorticoids*** | | | | | | | |
| | BECLOMETHASONE DIPROPIONATE | | | | | | | |
| 8406K | Oral pressurised inhalation 50 micrograms per dose (200 doses), CFC-free formulation | ‡ 1 | 5 | .. | 17.75 | 18.76 | Qvar 50 | IA |
| 8407L | Oral pressurised inhalation 100 micrograms per dose (200 doses), CFC-free formulation | ‡ 1 | 5 | .. | 31.30 | 30.70 | Qvar 100 | IA |
| | ***BECLOMETHASONE DIPROPIONATE*** | | | | | | | |
| | **Restricted Benefit**<br>***Patients unable to achieve co-ordinated use of other metered dose inhalers containing this drug.*** | | | | | | | |
| ***8408M*** | ***Oral pressurised inhalation in breath actuated device 50 micrograms per dose (200 doses), CFC-free formulation*** | ***‡ 1*** | ***5*** | ***..*** | ***25.96*** | ***26.97*** | ***Qvar 50 Autohaler*** | ***IA*** |
| ***8409N*** | ***Oral pressurised inhalation in breath actuated device 100 micrograms per dose (200 doses), CFC-free formulation*** | ***‡ 1*** | ***5*** | ***..*** | ***36.72*** | ***30.70*** | ***Qvar 100 Autohaler*** | ***IA*** |

# RESPIRATORY SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | BUDESONIDE | | | | | | | |
| 2070Y | Powder for oral inhalation in breath actuated device 100 micrograms per dose (200 doses) | ‡ 1 | 5 | .. | 21.62 | 22.63 | Pulmicort Turbuhaler | AP |
| 2071B | Powder for oral inhalation in breath actuated device 200 micrograms per dose (200 doses) | ‡ 1 | 5 | .. | 29.02 | 30.03 | Pulmicort Turbuhaler | AP |
| 2072C | Powder for oral inhalation in breath actuated device 400 micrograms per dose (200 doses) | ‡ 1 | 5 | .. | 43.85 | 30.70 | Pulmicort Turbuhaler | AP |

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***BUDESONIDE***

**Authority Required (STREAMLINED)**
**1351**
***Severe chronic asthma in patients who require long-term steroid therapy and who are unable to use other forms of inhaled steroid therapy.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ***2065Q*** | ***Nebuliser suspension single dose units 500 micrograms in 2 mL, 30*** | ***‡ 1*** | ***5*** | ***..*** | ***35.51*** | ***30.70*** | ***Pulmicort Respules*** | ***AP*** |
| ***2066R*** | ***Nebuliser suspension single dose units 1 mg in 2 mL, 30*** | ***‡ 1*** | ***5*** | ***..*** | ***47.33*** | ***30.70*** | ***Pulmicort Respules*** | ***AP*** |
| | CICLESONIDE | | | | | | | |
| 8853Y | Oral pressurised inhalation 80 micrograms per dose (120 doses), CFC-free formulation | ‡ 1 | 5 | .. | 24.00 | 25.01 | Alvesco 80 | NQ |
| 8854B | Oral pressurised inhalation 160 micrograms per dose (120 doses), CFC-free formulation | ‡ 1 | 5 | .. | 39.58 | 30.70 | Alvesco 160 | NQ |
| | FLUTICASONE PROPIONATE | | | | | | | |
| 8516F | Oral pressurised inhalation 50 micrograms per dose (120 doses), CFC-free formulation | ‡ 1 | 5 | .. | 15.65 | 16.66 | Flixotide Junior | GK |
| 8345F | Oral pressurised inhalation 125 micrograms per dose (120 doses), CFC-free formulation | ‡ 1 | 5 | .. | 28.63 | 29.64 | Flixotide | GK |
| 8346G | Oral pressurised inhalation 250 micrograms per dose (120 doses), CFC-free formulation | ‡ 1 | 1 | .. | 48.12 | 30.70 | Flixotide | GK |

continued ☞

# RESPIRATORY SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| 8147T | Powder for oral inhalation in breath actuated device 100 micrograms per dose (60 doses) | ‡ 1 | 5 | .. | 15.65 | 16.66 | Flixotide Junior Accuhaler | GK |
| 8148W | Powder for oral inhalation in breath actuated device 250 micrograms per dose (60 doses) | ‡ 1 | 5 | .. | 28.63 | 29.64 | Flixotide Accuhaler | GK |
| 8149X | Powder for oral inhalation in breath actuated device 500 micrograms per dose (60 doses) | ‡ 1 | 1 | .. | 48.12 | 30.70 | Flixotide Accuhaler | GK |
| | • ***Anticholinergics*** | | | | | | | |
| | IPRATROPIUM BROMIDE | | | | | | | |
| 8671J | Oral pressurised inhalation 21 micrograms per dose (200 doses), CFC-free formulation | 2 | 5 | .. | * 40.18 | 30.70 | Atrovent | BY |

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***IPRATROPIUM BROMIDE***

**Restricted Benefit**

***Asthma in patients unable to use this drug delivered from an oral pressurised inhalation device via a spacer;***

***Chronic obstructive pulmonary disease in patients unable to use this drug delivered from an oral pressurised inhalation device via a spacer.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ***1542E*** | ***Nebuliser solution single dose units 250 micrograms (anhydrous) in 1 mL, 30*** | ***2*** | ***5*** | ***..*** | **** 44.80*** | ***30.70*** | ***a Aeron 250*** | ***AW*** |
| | | | | | | | ***a Apoven 250*** | ***GM*** |
| | | | | | | | ***a Chem mart Ipratropium*** | ***CH*** |
| | | | | | | | ***a GenRx Ipratropium*** | ***GX*** |
| | | | | | | | ***a Ipratrin*** | ***AF*** |
| | | | | | | | ***a Ipravent*** | ***PU*** |
| | | | | | | | ***a Terry White Chemists Ipratropium*** | ***TW*** |
| | | | | ***B0.92*** | **** 45.72*** | ***30.70*** | ***a Atrovent*** | ***BY*** |

continued ☞

# RESPIRATORY SYSTEM—CONT.

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|---|---|---|---|---|---|---|---|---|
| ***8238N*** | ***Nebuliser solution single dose units 500 micrograms (anhydrous) in 1 mL, 30*** | ***2*** | ***5*** | ***..*** | **** 51.98*** | ***30.70*** | [a] ***Aeron 500*** | ***AW*** |
| | | | | | | | [a] ***Apoven 500*** | ***GM*** |
| | | | | | | | [a] ***Chem mart Ipratropium*** | ***CH*** |
| | | | | | | | [a] ***GenRx Ipratropium*** | ***GX*** |
| | | | | | | | [a] ***Ipratrin Adult*** | ***AF*** |
| | | | | | | | [a] ***Ipravent*** | ***PU*** |
| | | | | | | | [a] ***Terry White Chemists Ipratropium*** | ***TW*** |
| | | | | ***B0.90*** | **** 52.88*** | ***30.70*** | [a] ***Atrovent Adult*** | ***BY*** |
| ***1541D*** | ***Nebuliser solution 250 micrograms (anhydrous) per mL (0.025%), 20 mL*** | ***2*** | ***2*** | ***..*** | **** 17.16*** | ***18.17*** | ***Atrovent*** | ***BY*** |
| | ***TIOTROPIUM BROMIDE MONOHYDRATE*** | | | | | | | |
| | **Restricted Benefit** ***For the long-term maintenance treatment of bronchospasm and dyspnoea associated with chronic obstructive pulmonary disease.*** | | | | | | | |
| ***8626B*** | ***Capsule containing powder for oral inhalation 18 micrograms (base) (for use in HandiHaler)*** | ***30*** | ***5*** | ***..*** | ***75.91*** | ***30.70*** | ***Spiriva*** | ***BY*** |
| | • ***Antiallergic agents, excl. corticosteroids*** | | | | | | | |
| | NEDOCROMIL SODIUM | | | | | | | |
| 8365G | Oral pressurised inhalation 2 mg per dose (112 doses), CFC-free formulation | ‡ 1 | 5 | .. | 33.46 | 30.70 | Tilade CFC-Free | SW |
| | SODIUM CROMOGLYCATE | | | | | | | |
| 2878L | Capsule containing powder for oral inhalation 20 mg (for use in Intal Spinhaler or Intal Halermatic) | 100 | 5 | .. | 31.35 | 30.70 | Intal Spincaps | GM |
| 2872E | Oral pressurised inhalation 1 mg per dose (200 doses) | ‡ 1 | 5 | .. | 28.05 | 29.06 | Intal | SW |
| 8767K | Oral pressurised inhalation 1 mg per dose (200 doses), CFC-free formulation | ‡ 1 | 5 | .. | 28.05 | 29.06 | Intal CFC-Free | SW |
| 8334P | Oral pressurised inhalation 5 mg per dose (112 doses), CFC-free formulation | ‡ 1 | 5 | .. | 33.46 | 30.70 | Intal Forte CFC-Free | SW |
| | **Adrenergics for systemic use** | | | | | | | |
| | • ***Alpha- and beta-adrenoceptor agonists*** | | | | | | | |
| | ADRENALINE | | | | | | | |
| 1016L | Injection 1 mg in 1 mL (1 in 1,000) | 5 | 1 | .. | 18.75 | 19.76 | AP | |

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|---|---|---|---|---|---|---|---|---|
| | ***ADRENALINE*** | | | | | | | |
| | **Authority Required**<br>***Initial supply for anticipated emergency treatment of acute allergic reactions with anaphylaxis in a patient who:***<br>***(a) has been assessed to be at significant risk of anaphylaxis by, or in consultation with, a clinical immunologist, allergist, paediatrician or respiratory physician. The name of the specialist consulted must be provided at the time of application for initial supply; or***<br>***(b) has been discharged from hospital or an emergency department after treatment with adrenaline for acute allergic reaction with anaphylaxis;***<br>***Continuing supply for anticipated emergency treatment of acute allergic reactions with anaphylaxis, where the patient has previously been issued with an authority prescription for this drug.*** | | | | | | | |
| | **NOTE:**<br>***The auto-injector should be provided in the framework of a comprehensive anaphylaxis prevention program and an emergency action plan including training in recognition of the symptoms of anaphylaxis and the use of the auto-injector device. (For further information see the Australasian Society of Clinical Immunology and Allergy website at www.allergy.org.au.)*** | | | | | | | |
| ***8697R*** | ***I.M. injection 150 micrograms in 0.3 mL single dose syringe auto-injector*** | ***1*** | ***..*** | ***..*** | ***105.02*** | ***30.70*** | ***EpiPen Jr.*** | ***CS*** |
| ***8698T*** | ***I.M. injection 300 micrograms in 0.3 mL single dose syringe auto-injector*** | ***1*** | ***..*** | ***..*** | ***105.02*** | ***30.70*** | ***EpiPen*** | ***CS*** |
| | ***NOTE:***<br>***Authorities for increased maximum quantities, up to a maximum of 2, may be authorised for children aged less than 17 years where 2 auto-injectors are necessary to ensure 1 is on hand at all times. No increased maximum quantities will be authorised for patients aged 17 years or older.***<br>***No repeats will be issued.*** | | | | | | | |
| | **• *Selective beta-2-adrenoceptor agonists*** | | | | | | | |
| | SALBUTAMOL SULFATE | | | | | | | |
| 1103C | Syrup 2 mg (base) per 5 mL, 150 mL | 2 | 5 | .. | * 12.98 | 13.99 | Ventolin | GK |
| | TERBUTALINE SULFATE | | | | | | | |
| 1034K | Injection 500 micrograms in 1 mL | 5 | .. | .. | 28.56 | 29.57 | Bricanyl | AP |
| | **Other systemic drugs for obstructive airway diseases** | | | | | | | |
| | **• *Xanthines*** | | | | | | | |
| | THEOPHYLLINE<br>**CAUTION:**<br>Because of variable effects of food on absorption of sustained release theophylline preparations, patients stabilised on one brand should not be changed to another without appropriate monitoring. | | | | | | | |
| 8230E | Tablet 200 mg (sustained release) | 100 | 5 | .. | 10.93 | 11.94 | Nuelin-SR 200 | IA |
| 2634P | Tablet 250 mg (sustained release) | 100 | 5 | .. | 12.04 | 13.05 | Nuelin-SR 250 | IA |
| 8231F | Tablet 300 mg (sustained release) | 100 | 5 | .. | 13.36 | 14.37 | Nuelin-SR 300 | IA |

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| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| 2614N | Syrup 133.3 mg per 25 mL, 500 mL | ‡ 1 | 5 | .. | 9.65 | 10.66 | Nuelin | IA |

### • *Leukotriene receptor antagonists*

***MONTELUKAST SODIUM***

**NOTE:**

***Montelukast sodium is not PBS-subsidised for use in children with moderate or severe asthma. It is not intended as an alternative for children who require a corticosteroid as a preventer medication. Montelukast sodium is not PBS-subsidised for use in combination with other preventer medications. PBS subsidy for montelukast sodium will therefore cease for patients who require a preventer medication in addition to montelukast sodium.***

**NOTE:**

***No applications for increased maximum quantities and/or repeats will be authorised.***

**Authority Required (STREAMLINED)**

**2617**

***First-line preventer medication, as the single preventer agent for children aged 2 to 5 years with frequent intermittent or mild persistent asthma, as an alternative to sodium cromoglycate or nedocromil sodium.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ***8627C*** | ***Chewable tablet 4 mg (base)*** | ***28*** | ***5*** | ***..*** | ***46.15*** | ***30.70*** | ***Singulair*** | ***MK*** |

**Authority Required (STREAMLINED)**

**2618**

***First-line preventer medication, as the single preventer agent for children aged 6 to 14 years with frequent intermittent or mild persistent asthma, as an alternative to sodium cromoglycate or nedocromil sodium.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ***8628D*** | ***Chewable tablet 5 mg (base)*** | ***28*** | ***5*** | ***..*** | ***46.15*** | ***30.70*** | ***Singulair*** | ***MK*** |

## COUGH AND COLD PREPARATIONS

### Expectorants, excl. combinations with cough suppressants

### • *Mucolytics*

***ACETYLCYSTEINE***

**Restricted Benefit**

***Bronchiectasis;***

***Cystic fibrosis.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ***8747J*** | ***Sterile inhalation solution 200 mg per mL (20%), 5 mL*** | ***30*** | ***3*** | ***..*** | **** 145.99*** | ***30.70*** | ***Mucomyst*** | ***BQ*** |

### Cough suppressants, excl. combinations with expectorants

### • *Opium alkaloids and derivatives*

CODEINE PHOSPHATE

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1214X | Tablet 30 mg | 20 | .. | .. | 11.21 | 12.22 | FM | |

# RESPIRATORY SYSTEM—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|---|---|---|
| | ANTIHISTAMINES FOR SYSTEMIC USE | | | | | | |
| | **Antihistamines for systemic use** | | | | | | |
| | • ***Phenothiazine derivatives*** | | | | | | |
| | PROMETHAZINE HYDROCHLORIDE | | | | | | |
| 1948M | Injection 50 mg in 2 mL | 10 | .. | .. | * 20.64 | 21.65 | MX |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **OPHTHALMOLOGICALS** | | | | | | | |
| | **Antiinfectives** | | | | | | | |
| | • ***Antibiotics*** | | | | | | | |
| | ***AZITHROMYCIN*** | | | | | | | |
| | **Restricted Benefit**<br>***Trachoma.*** | | | | | | | |
| | **NOTE:**<br>***No applications for increased maximum quantities and/or repeats will be authorised.*** | | | | | | | |
| ***8336R*** | ***Tablet 500 mg*** | ***2*** | ***2*** | ***..*** | ***22.15*** | ***23.16*** | ***Zithromax*** | ***PF*** |
| ***8201P*** | ***Powder for oral suspension 200 mg per 5 mL, 15 mL*** | ***‡ 1*** | ***..*** | ***..*** | ***# 21.86*** | ***23.26*** | ***Zithromax*** | ***PF*** |
| | CHLORAMPHENICOL | | | | | | | |
| 2360F | Eye drops 5 mg per mL (0.5%), 10 mL | ‡ 1 | 2 | .. | 8.20 | 9.21 | Chloromycetin<br>Chlorsig | PF<br>SI |
| 1171P | Eye ointment 10 mg per g (1%), 4 g | ‡ 1 | .. | .. | 8.63 | 9.64 | Chloromycetin<br>Chlorsig | PF<br>SI |
| | ***GENTAMICIN SULFATE*** | | | | | | | |
| | **Restricted Benefit**<br>***Invasive ocular infection;***<br>***Perioperative use in ophthalmic surgery;***<br>***Suspected pseudomonal eye infection.*** | | | | | | | |
| ***1441W*** | ***Eye drops 3 mg (base) per mL (0.3%), 5 mL*** | ***‡ 1*** | ***2*** | ***..*** | ***17.74*** | ***18.75*** | ***Genoptic*** | ***AG*** |
| | ***TOBRAMYCIN*** | | | | | | | |
| | **Restricted Benefit**<br>***Invasive ocular infection;***<br>***Perioperative use in ophthalmic surgery;***<br>***Suspected pseudomonal eye infection.*** | | | | | | | |
| ***2328M*** | ***Eye drops 3 mg per mL (0.3%), 5 mL*** | ***‡ 1*** | ***2*** | ***..*** | ***17.74*** | ***18.75*** | ***Tobrex*** | ***AQ*** |
| ***2329N*** | ***Eye ointment 3 mg per g (0.3%), 3.5 g*** | ***‡ 1*** | ***..*** | ***..*** | ***20.36*** | ***21.37*** | ***Tobrex*** | ***AQ*** |
| | • ***Sulfonamides*** | | | | | | | |
| | SULFACETAMIDE SODIUM | | | | | | | |
| 2063N | Eye drops 100 mg per mL (10%), 15 mL | ‡ 1 | 2 | .. | 12.48 | 13.49 | Bleph 10 | AG |

# SENSORY ORGANS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **• *Antivirals*** | | | | | | | | |
| | ***ACICLOVIR*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Herpes simplex keratitis.*** | | | | | | | | |
| ***1002R*** | ***Eye ointment 30 mg per g (3%), 4.5 g*** | ***‡ 1*** | ***..*** | ***..*** | ***32.83*** | ***30.70*** | | ***Zovirax*** | ***GK*** |
| | **• *Other antiinfectives*** | | | | | | | | |
| | ***CIPROFLOXACIN*** | | | | | | | | |
| | **Authority Required** | | | | | | | | |
| | ***Bacterial keratitis.*** | | | | | | | | |
| ***1217C*** | ***Eye drops 3 mg per mL (0.3%), 5 mL*** | ***2*** | ***..*** | ***..*** | **** 30.04*** | ***30.70*** | ***a*** | ***CiloQuin*** | ***IQ*** |
| | | | | ***B2.38*** | **** 32.42*** | ***30.70*** | ***a*** | ***Ciloxan*** | ***AQ*** |
| | ***OFLOXACIN*** | | | | | | | | |
| | **Authority Required** | | | | | | | | |
| | ***Bacterial keratitis.*** | | | | | | | | |
| ***8383F*** | ***Eye drops 3 mg per mL (0.3%), 5 mL*** | ***2*** | ***..*** | ***..*** | **** 30.04*** | ***30.70*** | | ***Ocuflox*** | ***AG*** |
| | **Antiinflammatory agents** | | | | | | | | |
| | **• *Corticosteroids, plain*** | | | | | | | | |
| | DEXAMETHASONE | | | | | | | | |
| 1288T | Eye drops 1 mg per mL (0.1%), 5 mL | ‡ 1 | 2 | .. | 9.44 | 10.45 | | Maxidex | AQ |
| | FLUOROMETHOLONE | | | | | | | | |
| 1204J | Eye drops 1 mg per mL (0.1%), 5 mL | ‡ 1 | 5 | .. | 9.44 | 10.45 | | Flucon<br>FML Liquifilm | AQ<br>AG |
| | FLUOROMETHOLONE ACETATE | | | | | | | | |
| 1438Q | Eye drops 1 mg per mL (0.1%), 5 mL | ‡ 1 | 2 | .. | 9.44 | 10.45 | | Flarex | AQ |
| | HYDROCORTISONE ACETATE | | | | | | | | |
| 1497T | Eye ointment 5 mg per g (0.5%), 5 g | ‡ 1 | .. | .. | 10.67 | 11.68 | | Hycor | SI |
| 2441L | Eye ointment 10 mg per g (1%), 5 g | ‡ 1 | .. | .. | 10.85 | 11.86 | | Hycor | SI |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **• *Corticosteroids and mydriatics in combination*** | | | | | | | | |
| | ***PREDNISOLONE ACETATE with PHENYLEPHRINE HYDROCHLORIDE*** | | | | | | | | |
| | **Restricted Benefit**<br>***Corneal grafts;***<br>***Uveitis.*** | | | | | | | | |
| ***3112T*** | ***Eye drops 10 mg-1.2 mg per mL (1%-0.12%), 10 mL*** | ***‡ 1*** | ***2*** | ***..*** | ***22.41*** | ***23.42*** | | ***Prednefrin Forte*** | ***AG*** |
| | **• *Antiinflammatory agents, non-steroids*** | | | | | | | | |
| | FLURBIPROFEN SODIUM | | | | | | | | |
| 8699W | Eye drops 300 micrograms per mL (0.03%), single dose units 0.4 mL, 5 | 1 | .. | .. | 14.00 | 15.01 | | Ocufen | AG |
| | **Antiglaucoma preparations and miotics** | | | | | | | | |
| | **• *Sympathomimetics in glaucoma therapy*** | | | | | | | | |
| | ***APRACLONIDINE HYDROCHLORIDE*** | | | | | | | | |
| | **Restricted Benefit**<br>***Short-term reduction of intra-ocular pressure in patients already on maximally tolerated anti-glaucoma therapy.*** | | | | | | | | |
| ***8083K*** | ***Eye drops 5 mg (base) per mL (0.5%), 10 mL*** | ***‡ 1*** | ***2*** | ***..*** | ***37.77*** | ***30.70*** | | ***Iopidine 0.5%*** | ***AQ*** |
| | BRIMONIDINE TARTRATE | | | | | | | | |
| 8351M | Eye drops 2 mg per mL (0.2%), 5 mL | ‡ 1 | 5 | ..<br>B1.70 | 19.66<br>21.36 | 20.67<br>20.67 | a<br>a | Enidin<br>Alphagan | PE<br>AG |
| | ***BRIMONIDINE TARTRATE with TIMOLOL MALEATE*** | | | | | | | | |
| | **Restricted Benefit**<br>***Reduction of elevated intra-ocular pressure in patients with open-angle glaucoma who are not adequately controlled with timolol maleate 5 mg (base) per mL (0.5%) eye drops;***<br>***Reduction of elevated intra-ocular pressure in patients with ocular hypertension who are not adequately controlled with timolol maleate 5 mg (base) per mL (0.5%) eye drops.*** | | | | | | | | |
| ***8826M*** | ***Eye drops 2 mg-5 mg (base) per mL (0.2%-0.5%), 5 mL*** | ***‡ 1*** | ***5*** | ***..*** | ***27.58*** | ***28.59*** | | ***Combigan*** | ***AG*** |
| | DIPIVEFRINE HYDROCHLORIDE | | | | | | | | |
| 1351D | Eye drops 1 mg per mL (0.1%), 10 mL | ‡ 1 | 5 | .. | 21.34 | 22.35 | | Propine | AG |

# SENSORY ORGANS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **• *Parasympathomimetics*** | | | | | | | | |
| | PILOCARPINE HYDROCHLORIDE | | | | | | | | |
| 2778F | Eye drops 5 mg per mL (0.5%), 15 mL | ‡ 1 | 5 | .. | 11.78 | 12.79 | a | Pilopt | PE |
| | | | | | | | a | P.V. Carpine | AG |
| 2595N | Eye drops 10 mg per mL (1%), 15 mL | ‡ 1 | 5 | .. | 11.78 | 12.79 | | Isopto Carpine | AQ |
| | | | | | | | a | Pilopt | PE |
| | | | | B2.90 | 14.68 | 12.79 | a | P.V. Carpine | AG |
| 2596P | Eye drops 20 mg per mL (2%), 15 mL | ‡ 1 | 5 | .. | 13.07 | 14.08 | | Isopto Carpine | AQ |
| | | | | | | | a | Pilopt | PE |
| | | | | B2.89 | 15.96 | 14.08 | a | P.V. Carpine | AG |
| 2598R | Eye drops 40 mg per mL (4%), 15 mL | ‡ 1 | 5 | .. | 16.02 | 17.03 | | Isopto Carpine | AQ |
| | | | | | | | a | Pilopt | PE |
| | | | | B2.76 | 18.78 | 17.03 | a | P.V. Carpine | AG |
| 2779G | Eye drops 60 mg per mL (6%), 15 mL | ‡ 1 | 5 | .. | 20.69 | 21.70 | a | Pilopt | PE |
| | | | | B2.79 | 23.48 | 21.70 | a | P.V. Carpine | AG |
| | **• *Carbonic anhydrase inhibitors*** | | | | | | | | |
| | ACETAZOLAMIDE | | | | | | | | |
| 1004W | Tablet 250 mg | 100 | 3 | .. | 22.05 | 23.06 | | Diamox | SI |
| | BRINZOLAMIDE | | | | | | | | |
| 8483L | Eye drops 10 mg per mL (1%), 5 mL | ‡ 1 | 5 | .. | 19.66 | 20.67 | a | BrinzoQuin | IQ |
| | | | | B0.98 | 20.64 | 20.67 | a | Azopt | AQ |
| | DORZOLAMIDE HYDROCHLORIDE | | | | | | | | |
| 8488R | Eye drops 20 mg (base) per mL (2%), 5 mL | ‡ 1 | 5 | .. | 19.66 | 20.67 | | Trusopt | MK |
| | ***DORZOLAMIDE HYDROCHLORIDE with TIMOLOL MALEATE*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Reduction of elevated intra-ocular pressure in patients with open-angle glaucoma who are not adequately controlled with timolol maleate 5 mg (base) per mL (0.5%) eye drops;*** | | | | | | | | |
| | ***Reduction of elevated intra-ocular pressure in patients with ocular hypertension who are not adequately controlled with timolol maleate 5 mg (base) per mL (0.5%) eye drops.*** | | | | | | | | |
| ***8567X*** | ***Eye drops 20 mg (base)-5 mg (base) per mL (2%-0.5%), 5 mL*** | ***‡ 1*** | ***5*** | ***..*** | ***27.58*** | ***28.59*** | | ***Cosopt*** | ***MK*** |
| | **• *Beta blocking agents*** | | | | | | | | |
| | BETAXOLOL HYDROCHLORIDE | | | | | | | | |
| 2811Y | Eye drops, suspension, 2.5 mg (base) per mL (0.25%), 5 mL | ‡ 1 | 5 | .. | 13.35 | 14.36 | | Betoptic S | AQ |

continued ☞

# SENSORY ORGANS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| 2825Q | Eye drops, solution, 5 mg (base) per mL (0.5%), 5 mL | ‡ 1 | 5 | .. | 13.35 | 14.36 | [a] BetoQuin | IQ |
| | | | | B1.95 | 15.30 | 14.36 | [a] Betoptic | AQ |
| | LEVOBUNOLOL HYDROCHLORIDE | | | | | | | |
| 1819R | Eye drops 2.5 mg per mL (0.25%), 5 mL | ‡ 1 | 5 | .. | 12.30 | 13.31 | Betagan | AG |
| | TIMOLOL MALEATE | | | | | | | |
| 8803H | Eye gel 1 mg (base) per g (0.1%), 5 g | ‡ 1 | 5 | .. | 12.30 | 13.31 | Nyogel | NV |
| 1278G | Eye drops 2.5 mg (base) per mL (0.25%), 5 mL | ‡ 1 | 5 | .. | 12.30 | 13.31 | [a] Tenopt | SI |
| | | | | B1.05 | 13.35 | 13.31 | [a] Timoptol | FR |
| 1279H | Eye drops 5 mg (base) per mL (0.5%), 5 mL | ‡ 1 | 5 | .. | 13.35 | 14.36 | [a] Tenopt | SI |
| | | | | B1.10 | 14.45 | 14.36 | [a] Timoptol | FR |
| 1925H | Eye drops (gellan gum solution) 2.5 mg (base) per mL (0.25%), 2.5 mL | ‡ 1 | 5 | .. | 12.30 | 13.31 | Timoptol XE | MK |
| 1926J | Eye drops (gellan gum solution) 5 mg (base) per mL (0.5%), 2.5 mL | ‡ 1 | 5 | .. | 13.35 | 14.36 | Timoptol XE | MK |
| | • ***Prostaglandin analogues*** | | | | | | | |
| | BIMATOPROST | | | | | | | |
| 8620Q | Eye drops 300 micrograms per mL (0.03%), 3 mL | ‡ 1 | 5 | .. | 36.65 | 30.70 | Lumigan | AG |
| | LATANOPROST | | | | | | | |
| 8243W | Eye drops 50 micrograms per mL (0.005%), 2.5 mL | ‡ 1 | 5 | .. | 36.65 | 30.70 | Xalatan | PU |
| | ***LATANOPROST with TIMOLOL MALEATE*** | | | | | | | |
| | **Restricted Benefit** | | | | | | | |
| | ***Reduction of elevated intra-ocular pressure in patients with open-angle glaucoma who are not adequately controlled with timolol maleate 5 mg (base) per mL (0.5%) eye drops or latanoprost eye drops;*** | | | | | | | |
| | ***Reduction of elevated intra-ocular pressure in patients with ocular hypertension who are not adequately controlled with timolol maleate 5 mg (base) per mL (0.5%) eye drops or latanoprost eye drops.*** | | | | | | | |
| ***8895E*** | ***Eye drops 50 micrograms-5 mg (base) per mL (0.005%-0.5%), 2.5 mL*** | ***‡ 1*** | ***5*** | ***..*** | ***43.50*** | ***30.70*** | ***Xalacom*** | ***PF*** |
| | TRAVOPROST | | | | | | | |
| 8597L | Eye drops 40 micrograms per mL (0.004%), 2.5 mL | ‡ 1 | 5 | .. | 36.65 | 30.70 | Travatan | AQ |

# SENSORY ORGANS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | ***TRAVOPROST with TIMOLOL MALEATE*** | | | | | | | | |
| | **Restricted Benefit**<br>***Reduction of elevated intra-ocular pressure in patients with open-angle glaucoma who are not adequately controlled with timolol maleate 5 mg (base) per mL (0.5%) eye drops or latanoprost eye drops or travoprost eye drops;***<br>***Reduction of elevated intra-ocular pressure in patients with ocular hypertension who are not adequately controlled with timolol maleate 5 mg (base) per mL (0.5%) eye drops or latanoprost eye drops or travoprost eye drops.*** | | | | | | | | |
| ***9057Q*** | ***Eye drops 40 micrograms-5 mg (base) per mL (0.004%-0.5%), 2.5 mL*** | ***‡ 1*** | ***5*** | ***..*** | ***43.50*** | ***30.70*** | | ***Duotrav*** | ***AQ*** |
| | **Mydriatics and cycloplegics** | | | | | | | | |
| | • ***Anticholinergics*** | | | | | | | | |
| | ATROPINE SULFATE | | | | | | | | |
| 1093M | Eye drops 10 mg per mL (1%), 15 mL | ‡ 1 | 2 | .. | 10.03 | 11.04 | | Atropt | SI |
| | HOMATROPINE HYDROBROMIDE | | | | | | | | |
| 2541R | Eye drops 20 mg per mL (2%), 15 mL | ‡ 1 | 2 | .. | 16.48 | 17.49 | | Isopto Homatropine | AQ |
| | **Decongestants and antiallergics** | | | | | | | | |
| | • ***Other antiallergics*** | | | | | | | | |
| | ***SODIUM CROMOGLYCATE*** | | | | | | | | |
| | **Restricted Benefit**<br>***Vernal kerato-conjunctivitis.*** | | | | | | | | |
| ***1127H*** | ***Eye drops 20 mg per mL (2%), 10 mL*** | ***‡ 1*** | ***5*** | ***..*** | ***13.51*** | ***14.52*** | ***[a]*** | ***Cromolux*** | ***AE*** |
| | | | | | | | ***[a]*** | ***Opticrom*** | ***SW*** |
| | **Ocular vascular disorder agents** | | | | | | | | |
| | • ***Antineovascularisation agents*** | | | | | | | | |
| | ***ANECORTAVE ACETATE*** | | | | | | | | |
| | **Authority Required**<br>***Initial treatment by an ophthalmologist, as the sole PBS-subsidised therapy, of predominantly (greater than or equal to 50%) classic, subfoveal choroidal neovascularisation (CNV) due to age-related macular degeneration (AMD), as diagnosed by fluorescein angiography, in a patient with a baseline visual acuity equal to or better than 6/60 (20/200).***<br>***No more than 10 treatments (1 initial and 9 continuing) per eye will be authorised.***<br>***Authority approvals will be administered by the PBS and Specialised Drugs Branch of Medicare Australia.***<br>***The first authority application for each eye must be made in writing, and must include:***<br>***(a) a completed authority prescription form; and***<br>***(b) a completed Subfoveal Choroidal Neovascularisation (CNV) - PBS Supporting Information Form [www.medicareaustralia.gov.au]; and***<br>***(c) a copy of the fluorescein angiogram demonstrating that the CNV is predominantly classic (greater than or equal to 50%).***<br>***Written applications for authority to prescribe anecortave acetate should be forwarded to:*** | | | | | | | | |

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***Medicare Australia***<br>***Prior Written Approval of Specialised Drugs***<br>***Reply Paid 9826***<br>***GPO Box 9826***<br>***HOBART TAS 7001.***<br>***Alternatively, the first authority application may be faxed to Medicare Australia on (03) 6215 5474 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Medicare Australia will then contact the prescriber by telephone. The original documentation must be posted to the above address after approval has been gained.***<br>**Authority Required**<br>***Continuing treatment by an ophthalmologist, as the sole PBS-subsidised therapy, of predominantly (greater than or equal to 50%) classic, subfoveal choroidal neovascularisation (CNV) due to age-related macular degeneration (AMD) where the patient has previously been granted an authority prescription for the same eye.***<br>***No more than 10 treatments (1 initial and 9 continuing) per eye will be authorised.***<br>***Authority approvals will be administered by the PBS and Specialised Drugs Branch of Medicare Australia. Authority applications for continuing treatment in the same eye may be made by telephone on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).*** | | | | | | | |
| ***2514H*** | ***Suspension for injection 15 mg in 0.5 mL*** | ***1*** | ***..*** | ***..*** | ***1985.38*** | ***30.70*** | ***Retaane*** | ***AQ*** |
| | ***RANIBIZUMAB***<br>**Authority Required**<br>***Initial treatment by an ophthalmologist, as the sole PBS-subsidised therapy, of subfoveal choroidal neovascularisation (CNV) due to age-related macular degeneration (AMD), as diagnosed by fluorescein angiography.***<br>***Authority approvals will be administered by the PBS and Specialised Drugs Branch of Medicare Australia.***<br>***The first authority application for each eye must be made in writing, and must include:***<br>***(a) a completed authority prescription form; and***<br>***(b) a completed Subfoveal Choroidal Neovascularisation (CNV) - PBS Supporting Information Form [www.medicareaustralia.gov.au]; and***<br>***(c) a copy of the fluorescein angiogram.***<br>***Written applications for authority to prescribe ranibizumab should be forwarded to:***<br>***Medicare Australia***<br>***Prior Written Approval of Specialised Drugs***<br>***Reply Paid 9826***<br>***GPO Box 9826***<br>***HOBART TAS 7001.***<br>***Alternatively, the first authority application may be faxed to Medicare Australia on (03) 6215 5474 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Medicare Australia will then contact the prescriber by telephone. The original documentation must be posted to the above address after approval has been gained.*** | | | | | | | |
| ***1371E*** | ***Solution for intravitreal injection 3 mg in 0.3 mL*** | ***1*** | ***..*** | ***..*** | ***1945.38*** | ***30.70*** | ***Lucentis*** | ***NV*** |

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|

**Authority Required**

***Continuing treatment by an ophthalmologist, as the sole PBS-subsidised therapy, of subfoveal choroidal neovascularisation (CNV) due to age-related macular degeneration (AMD) where the patient has previously been granted an authority prescription for the same eye.***

***Authority approvals will be administered by the PBS and Specialised Drugs Branch of Medicare Australia. Authority applications for continuing treatment in the same eye may be made by telephone on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *1382R* | ***Solution for intravitreal injection 3 mg in 0.3 mL*** | ***1*** | ***1*** | ***..*** | ***1945.38*** | ***30.70*** | ***Lucentis*** | ***NV*** |

***VERTEPORFIN***

**Authority Required**

***Initial treatment by an ophthalmologist, as the sole PBS-subsidised therapy, of predominantly (greater than or equal to 50%) classic, subfoveal choroidal neovascularisation (CNV) due to age-related macular degeneration (AMD), as diagnosed by fluorescein angiography, in a patient with a baseline visual acuity equal to or better than 6/60 (20/200).***

***Authority approvals will be administered by the PBS and Specialised Drugs Branch of Medicare Australia.***

***The first authority application for each eye must be made in writing, and must include:***
***(a) a completed authority prescription form; and***
***(b) a completed Subfoveal Choroidal Neovascularisation (CNV) - PBS Supporting Information Form [www.medicareaustralia.gov.au]; and***
***(c) a copy of the fluorescein angiogram demonstrating that the CNV is predominantly classic (greater than or equal to 50%).***

***Written applications for authority to prescribe verteporfin should be forwarded to:***

***Medicare Australia***
***Prior Written Approval of Specialised Drugs***
***Reply Paid 9826***
***GPO Box 9826***
***HOBART TAS 7001.***

***Alternatively, the first authority application may be faxed to Medicare Australia on (03) 6215 5474 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Medicare Australia will then contact the prescriber by telephone. The original documentation must be posted to the above address after approval has been gained.***

***No more than 15 treatments (1 initial and 14 continuing) per eye will be authorised.***

***Medicare Australia should be notified if treatment is abandoned prior to completion of the laser activation step but after infusion of verteporfin. Telephone 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). The reason treatment is abandoned must be provided. Where such notification has been made, the treatment so affected will not count towards the maximum.***

**Authority Required**

***Initial PBS-subsidised treatment by an ophthalmologist, as the sole PBS-subsidised therapy, of predominantly (greater than or equal to 50%) classic, subfoveal choroidal neovascularisation (CNV) due to macular degeneration where the patient has been authorised by the Angiogram Review Panel to receive treatment with verteporfin in the same eye under the MBS Visudyne Therapy Program.***

***Authority approvals will be administered by the PBS and Specialised Drugs Branch of Medicare Australia.***

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|

***The first authority application for each eye must be made in writing, and must include:***
***(a) a completed authority prescription form; and***
***(b) a completed Subfoveal Choroidal Neovascularisation (CNV) - PBS Supporting Information Form [www.medicareaustralia.gov.au], which includes the date of review by the Angiogram Review Panel and the number of treatments administered in that eye under the MBS Visudyne Therapy Program; and***
***(c) a copy of the fluorescein angiogram demonstrating that the CNV is predominantly classic (greater than or equal to 50%).***

***Written applications for authority to prescribe verteporfin should be forwarded to:***

***Medicare Australia***
***Prior Written Approval of Specialised Drugs***
***Reply Paid 9826***
***GPO Box 9826***
***HOBART TAS 7001.***

***Alternatively, the first authority application may be faxed to Medicare Australia on (03) 6215 5474 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Medicare Australia will then contact the prescriber by telephone. The original documentation must be posted to the above address after approval has been gained.***

***A patient is eligible for a total of 15 subsidised treatments per eye. This maximum includes treatments administered under the MBS Visudyne Therapy Program and the PBS.***

***Medicare Australia should be notified if treatment is abandoned prior to completion of the laser activation step but after infusion of verteporfin. Telephone 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). The reason treatment is abandoned must be provided. Where such notification has been made, the treatment so affected will not count towards the maximum.***

**Authority Required**

***Continuing treatment by an ophthalmologist, as the sole PBS-subsidised therapy, of predominantly (greater than or equal to 50%) classic, subfoveal choroidal neovascularisation (CNV) due to macular degeneration where the patient has previously been granted an authority prescription for the same eye.***

***A patient is eligible for a total of 15 subsidised treatments per eye. This maximum includes treatments administered under the MBS Visudyne Therapy Program and the PBS.***

***Medicare Australia should be notified if treatment is abandoned prior to completion of the laser activation step but after infusion of verteporfin. Telephone 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). The reason treatment is abandoned must be provided. Where such notification has been made, the treatment so affected will not count towards the maximum.***

***Authority approvals will be administered by the PBS and Specialised Drugs Branch of Medicare Australia. Authority applications for continuing treatment in the same eye may be made by telephone on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ***1349B*** | ***Powder for I.V. infusion 15 mg*** | ***1*** | ***..*** | ***..*** | ***2215.38*** | ***30.70*** | ***Visudyne*** | ***NV*** |

## Other ophthalmologicals

### • *Other ophthalmologicals*

***CARBOMER 974***

**Authority Required (STREAMLINED)**

**1359**

***Severe dry eye syndrome in patients who are sensitive to preservatives in multi-dose eye drops.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ***8514D*** | ***Ocular lubricating gel 3 mg per g (0.3%), single dose units 0.5 g, 30*** | ***3*** | ***5*** | ***..*** | **** 33.79*** | ***30.70*** | ***Poly Gel*** | ***AQ*** |

# SENSORY ORGANS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | ***CARBOMER 980*** | | | | | | | | |
| | **Restricted Benefit**<br>***Severe dry eye syndrome, including Sjogren's syndrome.*** | | | | | | | | |
| *8384G* | *Ocular lubricating gel 2 mg per g (0.2%), 10 g* | *‡ 1* | *5* | *..* | *9.43* | *10.44* | | *GelTears* | *BU* |
| | | | | | | | [a] | *PAA* | *NM* |
| | | | | *B0.98* | *10.41* | *10.44* | [a] | *Viscotears Liquid Gel* | *NV* |
| | **Authority Required (STREAMLINED)**<br>**1359**<br>***Severe dry eye syndrome in patients who are sensitive to preservatives in multi-dose eye drops.*** | | | | | | | | |
| *8578L* | *Eye drops 2 mg per g (0.2%), single dose units 0.6 mL, 30* | *3* | *5* | *..* | ** 33.79* | *30.70* | | *Viscotears* | *NV* |
| | ***CARMELLOSE SODIUM*** | | | | | | | | |
| | **Restricted Benefit**<br>***Severe dry eye syndrome, including Sjogren's syndrome.*** | | | | | | | | |
| *8548X* | *Eye drops 5 mg per mL (0.5%), 15 mL* | *‡ 1* | *5* | *..* | *9.43* | *10.44* | | *Refresh Tears Plus* | *AG* |
| *8593G* | *Eye drops 10 mg per mL (1%), 15 mL* | *‡ 1* | *5* | *..* | *9.43* | *10.44* | | *Refresh Liquigel* | *AG* |
| | **Authority Required (STREAMLINED)**<br>**1359**<br>***Severe dry eye syndrome in patients who are sensitive to preservatives in multi-dose eye drops.*** | | | | | | | | |
| *8823J* | *Eye drops 2.5 mg per mL (0.25%), single dose units 0.6 mL, 24* | *4* | *5* | *..* | ** 37.96* | *30.70* | | *TheraTears* | *CX* |
| *2338C* | *Eye drops 5 mg per mL (0.5%), single dose units 0.4 mL, 30* | *3* | *5* | *..* | ** 33.79* | *30.70* | | *Cellufresh* | *AG* |
| *2324H* | *Eye drops 10 mg per mL (1%), single dose units 0.4 mL, 30* | *3* | *5* | *..* | ** 33.79* | *30.70* | | *Celluvisc* | *AG* |
| *8824K* | *Ocular lubricating gel 10 mg per mL (1%), single dose units 0.6 mL, 28* | *3* | *5* | *..* | ** 31.90* | *30.70* | | *TheraTears* | *CX* |
| | ***HYPROMELLOSE*** | | | | | | | | |
| | **Restricted Benefit**<br>***Severe dry eye syndrome, including Sjogren's syndrome.*** | | | | | | | | |
| *8287E* | *Eye drops 3 mg per mL (0.3%), 15 mL (contains sodium perborate as preservative)* | *‡ 1* | *5* | *..* | *9.43* | *10.44* | [a] | *In a Wink Moisturising* | *NM* |
| | | | | *B1.82* | *11.25* | *10.44* | [a] | *Genteal* | *NV* |

continued ☞

# SENSORY ORGANS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| ***2956N*** | ***Eye drops 5 mg per mL (0.5%), 15 mL*** | ***‡ 1*** | ***5*** | ***..*** | ***9.43*** | ***10.44*** | | ***Isopto Tears*** | ***AQ*** |
| | | | | | | | | ***Methopt*** | ***SI*** |
| | ***HYPROMELLOSE with CARBOMER 980*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Severe dry eye syndrome, including Sjogren's syndrome.*** | | | | | | | | |
| ***8564R*** | ***Ocular lubricating gel 3 mg-2 mg per g (0.3%-0.2%), 10 g*** | ***‡ 1*** | ***5*** | ***..*** | ***9.43*** | ***10.44*** | [a] | ***HPMC PAA*** | ***NM*** |
| | | | | ***B1.82*** | ***11.25*** | ***10.44*** | [a] | ***Genteal gel*** | ***NV*** |
| | ***HYPROMELLOSE with DEXTRAN*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Severe dry eye syndrome, including Sjogren's syndrome.*** | | | | | | | | |
| ***1509K*** | ***Eye drops 3 mg-1 mg per mL (0.3%-0.1%), 15 mL*** | ***‡ 1*** | ***5*** | ***..*** | ***9.43*** | ***10.44*** | [a] | ***Poly-Tears*** | ***IQ*** |
| | | | | ***B1.63*** | ***11.06*** | ***10.44*** | [a] | ***Tears Naturale*** | ***AQ*** |
| | **Authority Required (STREAMLINED)** | | | | | | | | |
| | **1359** | | | | | | | | |
| | ***Severe dry eye syndrome in patients who are sensitive to preservatives in multi-dose eye drops.*** | | | | | | | | |
| ***8299T*** | ***Eye drops 3 mg-1 mg per mL (0.3%-0.1%), single dose units 0.4 mL, 28*** | ***3*** | ***5*** | ***..*** | **** 33.79*** | ***30.70*** | | ***Bion Tears*** | ***AQ*** |
| | PARAFFIN | | | | | | | | |
| 1754H | Compound eye ointment 3.5 g | 2 | 5 | .. | * 20.16 | 21.17 | [a] | Poly Visc | IQ |
| | | | | B2.00 | * 22.16 | 21.17 | [a] | Duratears | AQ |
| 1750D | Pack containing 2 tubes compound eye ointment 3.5 g | ‡ 1 | 5 | .. | 20.15 | 21.16 | [a] | Ircal | PE |
| | | | | | | | | Poly Visc | IQ |
| | | | | B2.19 | 22.34 | 21.16 | [a] | Lacri-Lube | AG |
| | ***POLYETHYLENE GLYCOL 400 with PROPYLENE GLYCOL*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Severe dry eye syndrome, including Sjogren's syndrome.*** | | | | | | | | |
| ***8676P*** | ***Eye drops 4 mg-3 mg per mL (0.4%-0.3%), 15 mL*** | ***‡ 1*** | ***5*** | ***..*** | ***9.43*** | ***10.44*** | | ***Systane*** | ***AQ*** |
| | ***POLYVINYL ALCOHOL*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Severe dry eye syndrome, including Sjogren's syndrome.*** | | | | | | | | |
| ***2682E*** | ***Eye drops 14 mg per mL (1.4%), 15 mL*** | ***‡ 1*** | ***5*** | ***..*** | ***9.43*** | ***10.44*** | [a] | ***PVA Tears*** | ***PE*** |
| | | | | ***B1.66*** | ***11.09*** | ***10.44*** | [a] | ***Liquifilm Tears*** | ***AG*** |

continued ☞

# SENSORY ORGANS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| ***8831T*** | ***Eye drops 14 mg per mL (1.4%), 15 mL (contains sodium chlorite/hydrogen peroxide as preservative)*** | ***‡ 1*** | ***5*** | ***..*** | ***9.43*** | ***10.44*** | | ***Vistil*** | ***AE*** |
| ***2681D*** | ***Eye drops 30 mg per mL (3%), 15 mL*** | ***‡ 1*** | ***5*** | ***..*** | ***9.43*** | ***10.44*** | ***a*** | ***PVA Forte*** | ***PE*** |
| | | | | ***B5.80*** | ***15.23*** | ***10.44*** | ***a*** | ***Liquifilm Forte*** | ***AG*** |
| ***8832W*** | ***Eye drops 30 mg per mL (3%), 15 mL (contains sodium chlorite/hydrogen peroxide as preservative)*** | ***‡ 1*** | ***5*** | ***..*** | ***9.43*** | ***10.44*** | | ***Vistil Forte*** | ***AE*** |

## OTOLOGICALS

### Antiinfectives

- ***Antiinfectives***

CHLORAMPHENICOL

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1172Q | Ear drops (aqueous) 5 mg per mL (0.5%), 5 mL | ‡ 1 | 2 | .. | 9.87 | 10.88 | | Chloromycetin | PF |

***CIPROFLOXACIN***

**Authority Required**

***Treatment of chronic suppurative otitis media in an Aboriginal or a Torres Strait Islander person aged 1 month or older.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| ***2480M*** | ***Ear drops 3 mg per mL (0.3%), 5 mL*** | ***‡ 1*** | ***1*** | ***..*** | ***17.74*** | ***18.75*** | | ***Ciloxan*** | ***AQ*** |

NEOMYCIN UNDECENOATE with BACITRACIN ZINC

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2296W | Ear ointment 12 mg (3.5 mg base)-400 units per g, 10 g | ‡ 1 | .. | .. | 7.57 | 8.58 | | Nemdyn | HA |

### Corticosteroids and antiinfectives in combination

- ***Corticosteroids and antiinfectives in combination***

DEXAMETHASONE with FRAMYCETIN SULFATE and GRAMICIDIN

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2781J | Ear drops 500 micrograms-5 mg-50 micrograms per mL, 8 mL | ‡ 1 | 2 | .. | 7.73 | 8.74 | a | Otodex | AV |
| | | | | B1.71 | 9.44 | 8.74 | a | Sofradex | SW |

TRIAMCINOLONE ACETONIDE with NEOMYCIN SULFATE, GRAMICIDIN and NYSTATIN

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2971J | Ear drops 1 mg-2.5 mg (base)-250 micrograms-100,000 units per g (0.1%-0.25%-0.025%-100,000 units per g), 7.5 mL | ‡ 1 | 2 | .. | 7.73 | 8.74 | a | Otocomb Otic | BC |
| | | | | B1.05 | 8.78 | 8.74 | a | Kenacomb Otic | BQ |

continued ☞

# SENSORY ORGANS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| 2974M | Ear ointment 1 mg-2.5 mg (base)-250 micrograms-100,000 units per g (0.1%-0.25%-0.025%-100,000 units per g), 5 g | ‡ 1 | 2 | .. | 7.26 | 8.27 | [a] Otocomb Otic | BC |
| | | | | B1.05 | 8.31 | 8.27 | [a] Kenacomb Otic | BQ |

## OPHTHALMOLOGICAL AND OTOLOGICAL PREPARATIONS

### Antiinfectives

- ***Antiinfectives***

FRAMYCETIN SULFATE

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1440T | Eye and ear drops 5 mg per mL (0.5%), 8 mL | ‡ 1 | 2 | .. | 8.23 | 9.24 | Soframycin | SW |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **ALLERGENS** | | | | | | | | |
| | **Allergens** | | | | | | | | |
| | • ***Allergen extracts*** | | | | | | | | |
| | INSECT ALLERGEN EXTRACT—HONEY BEE VENOM | | | | | | | | |
| 2886X | Injection set containing 550 micrograms | 1 | .. | .. | 204.16 | 30.70 | | Albey Bee Venom | ES |
| | INSECT ALLERGEN EXTRACT—PAPER WASP VENOM | | | | | | | | |
| | **NOTE:** | | | | | | | | |
| | Paper wasp venom is not European wasp venom. | | | | | | | | |
| 2918N | Injection set containing 550 micrograms | 1 | .. | .. | 204.16 | 30.70 | | Albey Paper Wasp Venom | ES |
| | INSECT ALLERGEN EXTRACT—YELLOW JACKET VENOM | | | | | | | | |
| 2883R | Injection set containing 550 micrograms | 1 | .. | .. | 204.16 | 30.70 | | Albey Yellow Jacket Venom | ES |
| | **ALL OTHER THERAPEUTIC PRODUCTS** | | | | | | | | |
| | **All other therapeutic products** | | | | | | | | |
| | • ***Antidotes*** | | | | | | | | |
| | NALOXONE HYDROCHLORIDE | | | | | | | | |
| 1752F | Injection 800 micrograms in 2 mL | 1 | .. | .. | 26.38 | 27.39 | | Naloxone Min-I-Jet | CS |
| 1753G | Injection 2 mg in 5 mL | 1 | .. | .. | 38.92 | 30.70 | | Naloxone Min-I-Jet | CS |
| | • ***Detoxifying agents for antineoplastic treatment*** | | | | | | | | |
| | CALCIUM FOLINATE | | | | | | | | |
| 8740B | Injection equivalent to 50 mg folinic acid in 5 mL | 5 | 5 | .. | * 156.84 | 30.70 | a | Leucovorin Calcium | MX |
| | | | | .. | 156.84 | 30.70 | a | Calcium Folinate Ebewe | IT |
| | | | | .. | * 156.88 | 30.70 | a | Leucovorin Calcium | PF |
| 8812T | Injection equivalent to 100 mg folinic acid in 10 mL | 10 | 1 | .. | 277.54 | 30.70 | a | Leucovorin Calcium | PF |
| | | | | .. | * 277.54 | 30.70 | a | Calcium Folinate Ebewe | IT |
| 9041W | Injection equivalent to 300 mg folinic acid in 30 mL | 4 | 1 | .. | * 320.64 | 30.70 | | Leucovorin Calcium | MX |

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***CALCIUM FOLINATE*** | | | | | | | |
| | **Restricted Benefit**<br>***Antidote to folic acid antagonists.*** | | | | | | | |
| ***2308L*** | ***Tablet equivalent to 15 mg folinic acid*** | ***10*** | ***..*** | ***..*** | ***102.90*** | ***30.70*** | ***Leucovorin Calcium*** | ***MX*** |
| | ***MESNA*** | | | | | | | |
| | **Restricted Benefit**<br>***Adjunctive therapy for use with ifosfamide or high dose cyclophosphamide.*** | | | | | | | |
| ***8078E*** | ***Solution for I.V. injection 400 mg in 4 mL*** | ***15*** | ***5*** | ***..*** | ***71.83*** | ***30.70*** | ***Uromitexan*** | ***BX*** |
| ***8079F*** | ***Solution for I.V. injection 1 g in 10 mL*** | ***15*** | ***5*** | ***..*** | ***157.19*** | ***30.70*** | ***Uromitexan*** | ***BX*** |
| | • ***Drugs for treatment of hypercalcemia***<br>***SODIUM ACID PHOSPHATE*** | | | | | | | |
| | **Authority Required (STREAMLINED)**<br>**1099**<br>***Familial hypophosphataemia;***<br>**1157**<br>***Hypercalcaemia;***<br>**1167**<br>***Hypophosphataemic rickets;***<br>**1467**<br>***Vitamin D-resistant rickets.*** | | | | | | | |
| ***2946C*** | ***Compound effervescent tablet containing elemental phosphorus 500 mg, sodium 469 mg (20.4 mmol), potassium 123 mg (3.1 mmol)*** | ***100*** | ***5*** | ***..*** | ***80.65*** | ***30.70*** | ***Phosphate Sandoz*** | ***NV*** |
| | DIAGNOSTIC AGENTS | | | | | | | |
| | **Urine tests** | | | | | | | |
| | • ***Urine tests***<br>COPPER SULFATE | | | | | | | |
| 1228P | Diagnostic compound tablets, 36 | 2 | 3 | .. | * 70.50 | 30.70 | Clinitest | BN |
| | GLUCOSE and KETONE INDICATOR—URINE | | | | | | | |
| 3106L | Reagent strips, 50 | 2 | 2 | .. | * 15.84 | 16.85 | Keto-Diabur- Test 5000 | RD |
| 3107M | Reagent strips, 50 | 2 | 2 | .. | * 15.96 | 16.97 | Keto-Diastix | BN |

# VARIOUS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | GLUCOSE INDICATOR—URINE | | | | | | | |
| 2352T | Reagent strips, 50 | 2 | 2 | .. | * 18.26 | 19.27 | Clinistix | BN |
| 3104J | Reagent strips, 50 | 2 | 2 | .. | * 17.32 | 18.33 | Diastix | BN |
| | **Other diagnostic agents** | | | | | | | |
| | • ***Tests for diabetes*** | | | | | | | |
| | GLUCOSE INDICATOR—BLOOD | | | | | | | |
| 2979T | Electrode strips, 50 | 2 | 5 | .. | * 51.92 | 30.70 | Accu-Chek Performa | RD |
| 2891E | Electrode strips, 50 | 2 | 5 | .. | * 51.92 | 30.70 | Advantage II | RD |
| 8890X | Electrode strips, 50 | 2 | 5 | .. | * 51.92 | 30.70 | Freestyle Papillon | MS |
| 1820T | Electrode strips, 50 | 2 | 5 | .. | * 51.92 | 30.70 | Glucoboy | DB |
| 9013J | Electrode strips, 50 | 2 | 5 | .. | * 51.92 | 30.70 | Glucocard 01 Sensor | OZ |
| 8749L | Electrode strips, 50 | 2 | 5 | .. | * 51.92 | 30.70 | GlucoCare | OZ |
| 8766J | Electrode strips, 50 | 2 | 5 | .. | * 51.92 | 30.70 | GlucoCare Super Sensor | OZ |
| 8682Y | Electrode strips, 50 | 2 | 5 | .. | * 51.92 | 30.70 | MWD Pen Sensor Strips | WF |
| 8723D | Electrode strips, 50 | 2 | 5 | .. | * 51.92 | 30.70 | Omnitest EZ | BR |
| 9063B | Electrode strips, 50 | 2 | 5 | .. | * 51.92 | 30.70 | Omnitest Plus | BR |
| 9046D | Electrode strips, 50 | 2 | 5 | .. | * 51.92 | 30.70 | Touch-In Plus | DN |
| 8825L | Electrode strips, 50 | 2 | 5 | .. | * 51.92 | 30.70 | TrueTrack | DB |
| 8176H | Discs containing electrode sensors, 10 sensors per disc, 5 | 2 | 5 | .. | * 51.92 | 30.70 | Ascensia Glucodisc | BN |
| 8522M | Electrode strips, 100 | ‡ 1 | 5 | .. | 51.90 | 30.70 | Optium glucose | MS |
| 8573F | Electrode strips, 100 | ‡ 1 | 5 | .. | 51.90 | 30.70 | SofTact | MS |
| 8608C | Electrode strips, 100 | ‡ 1 | 5 | .. | 51.90 | 30.70 | TrueSense | MS |
| 8190C | Reagent strips, 50 | 2 | 5 | .. | * 51.92 | 30.70 | Accu-Chek Active | RD |
| 8739Y | Reagent strips, 50 | 2 | 5 | .. | * 51.92 | 30.70 | Accu-Chek Go | RD |
| 8806L | Reagent strips, 51 | 2 | 5 | .. | * 51.92 | 30.70 | Accu-Chek Integra | RD |
| 2890D | Reagent strips, 50 | 2 | 5 | .. | * 51.92 | 30.70 | Betachek | NA |
| 2860M | Reagent strips, 50 | 2 | 5 | .. | * 51.92 | 30.70 | Betachek G5 | NA |
| 8759B | Reagent strips, 50 | 2 | 5 | .. | * 51.92 | 30.70 | CareSens | LB |
| 2914J | Reagent strips, 50 | 2 | 5 | .. | * 43.92 | 30.70 | Glucoflex-R | NA |

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| 2917M | Reagent strips, 50 | 2 | 5 | .. | * 43.92 | 30.70 | Glucostix | BN |
| 8795X | Reagent strips, 50 | 2 | 5 | .. | * 51.92 | 30.70 | SensoCard | PX |

***GLUCOSE INDICATOR—BLOOD***

**Authority Required (STREAMLINED)**

**1769**

***Patients who have previously received this product as a pharmaceutical benefit;***

**1770**

***Patients who have purchased a meter to be used with this product prior to 1 August 2003.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ***8634K*** | ***Electrode strips, 50*** | ***2*** | ***5*** | ***..*** | **** 59.32*** | ***30.70*** | ***Ascensia Elite*** | ***BN*** |
| ***2926B*** | ***Electrode strips, 100*** | ***‡ 1*** | ***5*** | ***..*** | ***53.55*** | ***30.70*** | ***Precision Plus*** | ***MS*** |

## GENERAL NUTRIENTS

### Other nutrients

#### • *Other nutrients*

***TRIGLYCERIDES, MEDIUM CHAIN***

**NOTE:**

***No applications for increased maximum quantities and/or repeats will be authorised.***

**Authority Required**

***Chylous ascites;***

***Chylothorax;***

***Fat malabsorption due to liver disease, short gut syndrome, cystic fibrosis and gastrointestinal disorders;***

***Hyperlipoproteinaemia type 1;***

***Intractable childhood epilepsy or cerebrospinal fluid glucose transporter defect, requiring a ketogenic diet;***

***Long chain fatty acid oxidation disorders.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ***3128P*** | ***Oil 500 mL*** | ***2*** | ***5*** | ***..*** | **** 51.04*** | ***30.70*** | ***MCT Oil*** | ***SB*** |

#### • *Fat/carbohydrates/proteins/minerals/vitamins, combinations*

***AMINO ACIDS—SYNTHETIC, FORMULA***

**Authority Required**

***Initial treatment, for up to 3 months, for combined intolerance (not infant colic) to cows' milk protein and protein hydrolysate formulae in a child aged less then 2 years. Combined intolerance is demonstrated when the child has failed to respond to a strict cows' milk protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula. The date of birth of the patient must be included in the authority application.***

**NOTE:**

***No applications for increased maximum quantities and/or repeats will be authorised.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ***8574G*** | ***Compound powder 400 g*** | ***8*** | ***5*** | ***..*** | **** 360.16*** | ***30.70*** | ***EleCare*** | ***AB*** |
| ***8443J*** | ***Compound powder 400 g*** | ***8*** | ***5*** | ***..*** | **** 360.16*** | ***30.70*** | ***Neocate*** | ***SB*** |

continued ☞

# VARIOUS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| *8754R* | *Compound powder 400 g* | *8* | *5* | *..* | ** 360.16* | *30.70* | *Neocate Advance* | *SB* |
| *2244D* | *Compound powder 400 g* | *8* | *5* | *..* | ** 360.16* | *30.70* | *Neocate Advance Tropical Flavour* | *SB* |

**Authority Required**

***Continuing treatment for combined intolerance (not infant colic) to cows' milk protein and protein hydrolysate formulae in a child aged less than 2 years, where the child has been assessed by a suitably qualified allergist or paediatrician. The date of birth of the patient must be included in the authority application;***

***Treatment for combined intolerance (not infant colic) to cows' milk protein and protein hydrolysate formulae in a child aged 2 years or over, where the child is assessed by a suitably qualified allergist or paediatrician at intervals not greater than 6 months. The date of birth of the patient must be included in the authority application;***

***Severe intestinal malabsorption including short bowel syndrome where protein hydrolysate formulae have failed;***

***Severe intestinal malabsorption including short bowel syndrome where the patient has been receiving parenteral nutrition.***

**NOTE:**

***Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *8575H* | *Compound powder 400 g* | *8* | *5* | *..* | ** 360.16* | *30.70* | *EleCare* | *AB* |
| *3066J* | *Compound powder 400 g* | *8* | *5* | *..* | ** 360.16* | *30.70* | *Neocate* | *SB* |
| *8755T* | *Compound powder 400 g* | *8* | *5* | *..* | ** 360.16* | *30.70* | *Neocate Advance* | *SB* |
| *2553J* | *Compound powder 400 g* | *8* | *5* | *..* | ** 360.16* | *30.70* | *Neocate Advance Tropical Flavour* | *SB* |

***AMINO ACID SYNTHETIC FORMULA supplemented with LONG CHAIN POLYUNSATURATED FATTY ACIDS***

**Authority Required**

***Initial treatment, for up to 3 months, for combined intolerance (not infant colic) to cows' milk protein and protein hydrolysate formulae in a child aged less then 2 years. Combined intolerance is demonstrated when the child has failed to respond to a strict cows' milk protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula. The date of birth of the patient must be included in the authority application.***

**NOTE:**

***No applications for increased maximum quantities and/or repeats will be authorised.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *2246F* | *Compound powder 400 g* | *8* | *5* | *..* | ** 366.88* | *30.70* | *Neocate LCP* | *SB* |

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|

**Authority Required**

***Continuing treatment for combined intolerance (not infant colic) to cows' milk protein and protein hydrolysate formulae in a child aged less than 2 years, where the child has been assessed by a suitably qualified allergist or paediatrician. The date of birth of the patient must be included in the authority application;***

***Treatment for combined intolerance (not infant colic) to cows' milk protein and protein hydrolysate formulae in a child aged 2 years or over, where the child is assessed by a suitably qualified allergist or paediatrician at intervals not greater than 6 months. The date of birth of the patient must be included in the authority application;***

***Severe intestinal malabsorption including short bowel syndrome where protein hydrolysate formulae have failed;***

***Severe intestinal malabsorption including short bowel syndrome where the patient has been receiving parenteral nutrition.***

**NOTE:**

***Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ***2560R*** | ***Compound powder 400 g*** | ***8*** | ***5*** | ***..*** | **** 366.88*** | ***30.70*** | ***Neocate LCP*** | ***SB*** |

***PROTEIN HYDROLYSATE FORMULA with MEDIUM CHAIN TRIGLYCERIDES***

**NOTE:**

***No applications for increased maximum quantities and/or repeats will be authorised.***

**Authority Required**

***Initial treatment, for up to 3 months, for intolerance (not infant colic) to cows' milk protein in a child aged less than 2 years. Intolerance is demonstrated when the child has failed to respond to a strict cows' milk protein free diet. The date of birth of the patient must be included in the authority application;***

***Continuing treatment for intolerance (not infant colic) to cows' milk protein in a child aged less than 2 years, where clinical improvement has been demonstrated with the protein hydrolysate formula with medium chain triglycerides. The date of birth of the patient must be included in the authority application;***

***Continuing treatment for intolerance (not infant colic) to cows' milk protein in a child aged 2 years or over, where the child has been assessed by a suitably qualified allergist or paediatrician. The date of birth of the patient must be included in the authority application;***

***Biliary atresia;***

***Chronic liver failure with fat malabsorption;***

***Chylous ascites;***

***Chylothorax;***

***Cystic fibrosis;***

***Enterokinase deficiency;***

***Proven fat malabsorption;***

***Severe diarrhoea of greater than 2 weeks' duration in an infant aged less than 4 months. The date of birth of the patient must be included in the authority application;***

***Severe intestinal malabsorption including short bowel syndrome.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ***2676W*** | ***Compound powder 400 g*** | ***8*** | ***5*** | ***..*** | **** 97.28*** | ***30.70*** | ***Alfaré*** | ***NT*** |

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|

**Authority Required**

***Initial treatment, for up to 3 months, for intolerance (not infant colic) to cows' milk protein in a child aged less than 2 years. Intolerance is demonstrated when the child has failed to respond to a strict cows' milk protein free diet. The date of birth of the patient must be included in the authority application;***

***Continuing treatment for intolerance (not infant colic) to cows' milk protein in a child aged less than 2 years, where clinical improvement has been demonstrated with the protein hydrolysate formula with medium chain triglycerides. The date of birth of the patient must be included in the authority application;***

***Continuing treatment for intolerance (not infant colic) to cows' milk protein in a child aged 2 years or over, where the child has been assessed by a suitably qualified allergist or paediatrician. The date of birth of the patient must be included in the authority application;***

***Biliary atresia;***

***Chronic liver failure with fat malabsorption;***

***Chylous ascites;***

***Cystic fibrosis;***

***Enterokinase deficiency;***

***Proven fat malabsorption;***

***Severe diarrhoea of greater than 2 weeks' duration in an infant aged less than 4 months. The date of birth of the patient must be included in the authority application;***

***Severe intestinal malabsorption including short bowel syndrome.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ***8259Q*** | ***Compound powder 450 g*** | ***8*** | ***5*** | ***..*** | **** 108.88*** | ***30.70*** | ***Pepti-Junior*** | ***NU*** |

***TRIGLYCERIDES—MEDIUM CHAIN, FORMULA***

**NOTE:**

***No applications for increased maximum quantities and/or repeats will be authorised.***

**Restricted Benefit**

***Chylous ascites;***

***Chylothorax;***

***Fat malabsorption due to liver disease, short gut syndrome, cystic fibrosis and gastrointestinal disorders;***

***Hyperlipoproteinaemia type 1;***

***Long chain fatty acid oxidation disorders.***

**NOTE:**

***Monogen is not indicated for the treatment of intractable childhood epilepsy or cerebrospinal fluid glucose transporter defect requiring a ketogenic diet.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ***8478F*** | ***Compound powder 400 g*** | ***8*** | ***5*** | ***..*** | **** 311.76*** | ***30.70*** | ***Monogen*** | ***SB*** |

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **Restricted Benefit**<br>***Chylous ascites;***<br>***Chylothorax;***<br>***Fat malabsorption due to liver disease, short gut syndrome, cystic fibrosis and gastrointestinal disorders.***<br>**NOTE:**<br>***Caprilon is not indicated for the treatment of intractable childhood epilepsy or cerebrospinal fluid glucose transporter defect requiring a ketogenic diet, long chain fatty acid oxidation disorders or hyperlipoproteinaemia type 1.*** | | | | | | | |
| *8629E* | ***Compound powder 420 g*** | ***8*** | ***5*** | ***..*** | **** 339.92*** | ***30.70*** | ***Caprilon*** | ***SB*** |
| | • ***Milk substitutes***<br>***MILK POWDER—LACTOSE FREE FORMULA***<br>**Authority Required**<br>***Acute lactose intolerance in infants up to the age of 12 months. The date of birth of the patient must be included in the authority application.***<br>**NOTE:**<br>***No applications for increased maximum quantities and/or repeats will be authorised. No more than 1 application per patient will be authorised.*** | | | | | | | |
| *8282X* | ***Infant formula powder 900 g*** | ***5*** | ***..*** | ***..*** | **** 87.94*** | ***30.70*** | ***S-26 LF*** | ***WX*** |
| *2350Q* | ***Lactose-predigested powder infant formula 900 g*** | ***5*** | ***..*** | ***..*** | **** 87.94*** | ***30.70*** | ***Karicare De-Lact*** | ***NU*** |
| | **Authority Required**<br>***Proven chronic lactose intolerance in infants up to the age of 12 months. The date of birth of the patient must be included in the authority application. Lactose intolerance must have been proven by either:***<br>***(a) relief of symptoms on supervised withdrawal of lactose from the diet for 3 or 4 days and subsequent re-emergence of symptoms on rechallenge with lactose containing formulae or milk or food; or***<br>***(b) not less than 0.5% reducing substance in stool exudate tested with copper sulfate diagnostic compound tablet.***<br>**NOTE:**<br>***No applications for increased maximum quantities and/or repeats will be authorised.*** | | | | | | | |
| *8283Y* | ***Infant formula powder 900 g*** | ***5*** | ***5*** | ***..*** | **** 87.94*** | ***30.70*** | ***S-26 LF*** | ***WX*** |
| *2349P* | ***Lactose-predigested powder infant formula 900 g*** | ***5*** | ***5*** | ***..*** | **** 87.94*** | ***30.70*** | ***Karicare De-Lact*** | ***NU*** |
| | ***MILK POWDER—LACTOSE MODIFIED***<br>**Authority Required**<br>***Acute lactose intolerance in children aged 1 year and over. The date of birth of the patient must be included in the authority application.***<br>**NOTE:**<br>***No applications for increased maximum quantities and/or repeats will be authorised. No more than 1 application per patient will be authorised.*** | | | | | | | |
| *2358D* | ***Lactose-predigested powder 900 g*** | ***3*** | ***1*** | ***..*** | **** 56.44*** | ***30.70*** | ***Digestelact*** | ***SJ*** |

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **Authority Required**<br>***Proven chronic lactose intolerance in children aged 1 year and over who are significantly malnourished. The date of birth of the patient must be included in the authority application. Lactose intolerance must have been proven by either:***<br>***(a) relief of symptoms on supervised withdrawal of lactose from the diet for 3 or 4 days and subsequent re-emergence of symptoms on rechallenge with lactose containing formulae or milk or food; or***<br>***(b) not less than 0.5% reducing substance in stool exudate tested with copper sulfate diagnostic compound tablet.***<br>**NOTE:**<br>***No applications for increased maximum quantities and/or repeats will be authorised.*** | | | | | | | |
| *2357C* | *Lactose-predigested powder 900 g* | *3* | *10* | *..* | ** 56.44* | *30.70* | *Digestelact* | *SJ* |
| | *MILK POWDER—SYNTHETIC*<br>**NOTE:**<br>***No applications for increased maximum quantities and/or repeats will be authorised.*** | | | | | | | |
| | **Authority Required**<br>***Hypercalcaemia in children under the age of 4 years.*** | | | | | | | |
| *3092R* | *Low calcium compound powder 400 g* | *8* | *5* | *..* | ** 287.84* | *30.70* | *Locasol* | *NU* |
| | • ***Other combinations of nutrients***<br>***AMINO ACID FORMULA without METHIONINE, THREONINE and VALINE and low in ISOLEUCINE*** | | | | | | | |
| | **Restricted Benefit**<br>***Methylmalonic acidaemia;***<br>***Propionic acidaemia.*** | | | | | | | |
| *3079C* | *Powder 200 g* | *5* | *5* | *..* | ** 1047.34* | *30.70* | *XMTVI Asadon* | *SB* |
| | *AMINO ACID FORMULA without PHENYLALANINE* | | | | | | | |
| | **Restricted Benefit**<br>***Phenylketonuria.*** | | | | | | | |
| *8554F* | *Capsules 500 mg, 200* | *16* | *5* | *..* | ** 1266.56* | *30.70* | *Phlexy-10* | *SB* |
| *8678R* | *Tablets 1 g, 75* | *24* | *5* | *..* | ** 1411.36* | *30.70* | *Phlexy-10* | *SB* |
| *8706F* | *Bars 42 g, 20* | *10* | *5* | *..* | ** 1550.14* | *30.70* | *Phlexy-10* | *SB* |
| *2347M* | *Sachets containing powder 20 g, 30* | *7* | *5* | *..* | ** 1445.90* | *30.70* | *Phlexy-10 Drink Mix* | *SB* |
| *3072Q* | *Powder 250 g* | *8* | *5* | *..* | ** 1202.56* | *30.70* | *PK AID II* | *SB* |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***AMINO ACID FORMULA without PHENYLALANINE, TYROSINE and METHIONINE*** | | | | | | | |
| | **Restricted Benefit**<br>***Tyrosinaemia.*** | | | | | | | |
| ***2379F*** | ***Powder 500 g*** | ***4*** | ***5*** | ***..*** | **** 1382.60*** | ***30.70*** | ***XPTM Tyrosidon*** | ***SB*** |
| | ***AMINO ACID FORMULA with VITAMINS, MINERALS and LONG CHAIN POLYUNSATURATED FATTY ACIDS without PHENYLALANINE*** | | | | | | | |
| | **Restricted Benefit**<br>***Phenylketonuria.*** | | | | | | | |
| ***8479G*** | ***Infant formula, powder 400 g*** | ***8*** | ***5*** | ***..*** | **** 702.64*** | ***30.70*** | ***XP Analog LCP*** | ***SB*** |
| | ***AMINO ACID FORMULA with VITAMINS and MINERALS without LYSINE and low in TRYPTOPHAN*** | | | | | | | |
| | **Restricted Benefit**<br>***An infant or young child with proven glutaric aciduria type 1.*** | | | | | | | |
| ***2650L*** | ***Infant formula, powder 400 g*** | ***8*** | ***5*** | ***..*** | **** 672.72*** | ***30.70*** | ***XLYS, LOW TRY Analog*** | ***SB*** |
| | **Restricted Benefit**<br>***A child aged less than 7 years with proven glutaric aciduria type 1.*** | | | | | | | |
| ***2646G*** | ***Powder 500 g*** | ***8*** | ***5*** | ***..*** | **** 1601.44*** | ***30.70*** | ***XLYS, LOW TRY Maxamaid*** | ***SB*** |
| | ***AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE*** | | | | | | | |
| | **Restricted Benefit**<br>***For infants and very young children with pyridoxine non-responsive homocystinuria.*** | | | | | | | |
| ***8417B*** | ***Infant formula, powder 400 g*** | ***8*** | ***5*** | ***..*** | **** 696.16*** | ***30.70*** | ***XMET Analog*** | ***SB*** |
| | **Restricted Benefit**<br>***Pyridoxine non-responsive homocystinuria.*** | | | | | | | |
| ***8677Q*** | ***Sachets 20 g, 30*** | ***4*** | ***5*** | ***..*** | **** 1349.20*** | ***30.70*** | ***HCU gel*** | ***VF*** |
| ***8744F*** | ***Sachets 25 g, 30*** | ***4*** | ***5*** | ***..*** | **** 1767.80*** | ***30.70*** | ***HCU express*** | ***VF*** |
| ***8328H*** | ***Powder 500 g*** | ***8*** | ***5*** | ***..*** | **** 1339.36*** | ***30.70*** | ***XMET Maxamaid*** | ***SB*** |
| ***8416Y*** | ***Powder 500 g*** | ***8*** | ***5*** | ***..*** | **** 1552.48*** | ***30.70*** | ***XMET Maxamum*** | ***SB*** |

# VARIOUS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE, THREONINE and VALINE and low in ISOLEUCINE*** | | | | | | | |
| | **Restricted Benefit**<br>***Methylmalonic acidaemia;***<br>***Propionic acidaemia.*** | | | | | | | |
| ***8058D*** | ***Infant formula, powder 400 g*** | ***8*** | ***5*** | ***..*** | **** 628.48*** | ***30.70*** | ***XMTVI Analog*** | ***SB*** |
| ***8059E*** | ***Powder 500 g*** | ***8*** | ***5*** | ***..*** | **** 1522.64*** | ***30.70*** | ***XMTVI Maxamaid*** | ***SB*** |
| ***8061G*** | ***Powder 500 g*** | ***8*** | ***5*** | ***..*** | **** 1900.96*** | ***30.70*** | ***XMTVI Maxamum*** | ***SB*** |
| | ***AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE*** | | | | | | | |
| | **Restricted Benefit**<br>***Phenylketonuria.*** | | | | | | | |
| ***8555G*** | ***Sachets 20 g, 30*** | ***4*** | ***5*** | ***..*** | **** 890.04*** | ***30.70*** | ***PKU-gel*** | ***VF*** |
| ***8591E*** | ***Sachets 25 g, 30*** | ***4*** | ***5*** | ***..*** | **** 1528.84*** | ***30.70*** | ***PKU-Express*** | ***VF*** |
| ***8804J*** | ***Sachets 27.8 g, 30*** | ***3*** | ***5*** | ***..*** | **** 1529.11*** | ***30.70*** | ***Lophlex*** | ***SB*** |
| ***8613H*** | ***Sachets 29 g, 30*** | ***4*** | ***5*** | ***..*** | **** 891.12*** | ***30.70*** | ***Minaphlex*** | ***SB*** |
| ***8727H*** | ***Sachets 50 g, 30*** | ***3*** | ***5*** | ***..*** | **** 1493.17*** | ***30.70*** | ***XP Maxamum*** | ***SB*** |
| ***2737C*** | ***Infant formula, powder 400 g*** | ***8*** | ***5*** | ***..*** | **** 491.92*** | ***30.70*** | ***XP Analog*** | ***SB*** |
| ***8467P*** | ***Powder 325 g*** | ***10*** | ***5*** | ***..*** | **** 860.84*** | ***30.70*** | ***Phenex-2*** | ***AB*** |
| ***8545R*** | ***Powder 400 g*** | ***8*** | ***5*** | ***..*** | **** 847.60*** | ***30.70*** | ***Phenex-2*** | ***AB*** |
| ***2738D*** | ***Powder 500 g*** | ***8*** | ***5*** | ***..*** | **** 883.04*** | ***30.70*** | ***XP Maxamaid*** | ***SB*** |
| ***2739E*** | ***Powder 500 g*** | ***8*** | ***5*** | ***..*** | **** 1339.68*** | ***30.70*** | ***XP Maxamum*** | ***SB*** |
| ***8746H*** | ***Oral liquid 250 mL*** | ***90*** | ***5*** | ***..*** | **** 1302.04*** | ***30.70*** | ***Easiphen*** | ***SB*** |
| ***2382J*** | ***Oral liquid 87 mL, 30*** | ***4*** | ***5*** | ***..*** | **** 1033.80*** | ***30.70*** | ***PKU Cooler 10*** | ***VF*** |
| ***9021T*** | ***Oral liquid 125 mL, 30*** | ***3*** | ***5*** | ***..*** | **** 1529.11*** | ***30.70*** | ***Lophlex LQ*** | ***SB*** |
| ***8846N*** | ***Oral liquid 130 mL, 30*** | ***4*** | ***5*** | ***..*** | **** 1528.04*** | ***30.70*** | ***PKU Cooler 15*** | ***VF*** |
| ***2474F*** | ***Oral liquid 174 mL, 30*** | ***4*** | ***5*** | ***..*** | **** 2023.04*** | ***30.70*** | ***PKU Cooler 20*** | ***VF*** |
| | ***AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE and TYROSINE*** | | | | | | | |
| | **Restricted Benefit**<br>***Tyrosinaemia.*** | | | | | | | |
| ***8631G*** | ***Sachets 20 g, 30*** | ***4*** | ***5*** | ***..*** | **** 1603.20*** | ***30.70*** | ***TYR gel*** | ***VF*** |
| ***8667E*** | ***Sachets 25 g, 30*** | ***4*** | ***5*** | ***..*** | **** 2333.56*** | ***30.70*** | ***TYR Express*** | ***VF*** |

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# VARIOUS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| *8445L* | *Infant formula, powder 400 g* | *8* | *5* | *..* | ** 770.32* | *30.70* | *XPhen, Tyr Analog* | *SB* |
| *8446M* | *Powder 500 g* | *8* | *5* | *..* | ** 1591.36* | *30.70* | *XPhen, Tyr Maxamaid* | *SB* |
| *3078B* | *Powder 500 g* | *8* | *5* | *..* | ** 2037.76* | *30.70* | *XPhen, Tyr Maxamum* | *SB* |
| | ***AMINO ACID FORMULA with VITAMINS and MINERALS without VALINE, LEUCINE and ISOLEUCINE*** | | | | | | | |
| | **Restricted Benefit**<br>***Maple syrup urine disease.*** | | | | | | | |
| *8592F* | *Sachets 20 g, 30* | *4* | *5* | *..* | ** 1698.56* | *30.70* | *MSUD-gel* | *VF* |
| *8632H* | *Sachets 25 g, 30* | *4* | *5* | *..* | ** 2997.44* | *30.70* | *MSUD Express* | *VF* |
| *8745G* | *Sachets 29 g, 30* | *4* | *5* | *..* | ** 1700.52* | *30.70* | *Mapleflex* | *SB* |
| *8468Q* | *Infant formula, powder 350 g* | *8* | *5* | *..* | ** 721.76* | *30.70* | *Ketonex-1* | *AB* |
| *2380G* | *Infant formula, powder 400 g* | *8* | *5* | *..* | ** 714.96* | *30.70* | *MSUD Analog* | *SB* |
| *8469R* | *Powder 325 g* | *10* | *5* | *..* | ** 1644.44* | *30.70* | *Ketonex-2* | *AB* |
| *8310J* | *Powder 500 g* | *4* | *5* | *..* | ** 2571.04* | *30.70* | *MSUD AID III* | *SB* |
| *8260R* | *Powder 500 g* | *8* | *5* | *..* | ** 1685.44* | *30.70* | *MSUD Maxamaid* | *SB* |
| *8057C* | *Powder 500 g* | *8* | *5* | *..* | ** 2603.84* | *30.70* | *MSUD Maxamum* | *SB* |
| *2375B* | *Oral liquid 130 mL, 30* | *4* | *5* | *..* | ** 2997.44* | *30.70* | *MSUD Express Cooler* | *VF* |
| | ***CARBOHYDRATE, FAT, VITAMINS, MINERALS and TRACE ELEMENTS*** | | | | | | | |
| | **Restricted Benefit**<br>***Patients with proven inborn errors of protein metabolism who are unable to meet their energy requirements with permitted food and formulae.*** | | | | | | | |
| *8576J* | *Powder 400 g* | *8* | *5* | *..* | ** 259.52* | *30.70* | *Pro-Phree* | *AB* |
| *8369L* | *Powder 400 g* | *8* | *5* | *..* | ** 290.48* | *30.70* | *Energivit* | *SB* |
| | ***ESSENTIAL AMINO ACIDS FORMULA with MINERALS and VITAMIN C*** | | | | | | | |
| | **Restricted Benefit**<br>***Gyrate atrophy of the choroid and retina;***<br>***Urea cycle disorders.*** | | | | | | | |
| *8001D* | *Powder 200 g* | *10* | *5* | *..* | ** 633.14* | *30.70* | *Dialamine* | *SB* |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***MILK PROTEIN and FAT FORMULA with VITAMINS and MINERALS—CARBOHYDRATE FREE*** | | | | | | | |
| | **Restricted Benefit**<br>***Patients with intractable seizures requiring treatment with a ketogenic diet;***<br>***Glucose transport protein defects;***<br>***Pyruvate dehydrogenase deficiency;***<br>***Infants and young children with glucose-galactose intolerance and multiple monosaccharide intolerance.*** | | | | | | | |
| ***8630F*** | ***Powder 225 g*** | ***24*** | ***5*** | ***..*** | **** 647.44*** | ***30.70*** | ***Carbohydrate Free Mixture*** | ***SB*** |
| | ***MINERAL MIXTURE***<br>**NOTE:**<br>***For use with Amino Acid Formula without Phenylalanine.*** | | | | | | | |
| | **Restricted Benefit**<br>***Metabolic disorders.*** | | | | | | | |
| ***1451J*** | ***Powder 250 g*** | ***‡ 1*** | ***5*** | ***..*** | ***57.56*** | ***30.70*** | ***Metabolic Mineral Mixture*** | ***SB*** |
| | ***SOY PROTEIN and FAT FORMULA with VITAMINS and MINERALS—CARBOHYDRATE FREE*** | | | | | | | |
| | **Restricted Benefit**<br>***Patients with intractable seizures requiring treatment with a ketogenic diet;***<br>***Glucose transport protein defects;***<br>***Pyruvate dehydrogenase deficiency;***<br>***Infants and young children with glucose-galactose intolerance and multiple monosaccharide intolerance.*** | | | | | | | |
| ***8577K*** | ***Liquid 384 mL*** | ***120*** | ***5*** | ***..*** | **** 669.04*** | ***30.70*** | ***RCF*** | ***AB*** |
| | ***TRIGLYCERIDES, MEDIUM CHAIN and LONG CHAIN with GLUCOSE POLYMER*** | | | | | | | |
| | **Restricted Benefit**<br>***Patients with proven inborn errors of protein metabolism who are unable to meet their energy requirements with permitted food and formulae.*** | | | | | | | |
| ***3136C*** | ***Compound powder 400 g*** | ***8*** | ***5*** | ***..*** | **** 294.56*** | ***30.70*** | ***Duocal*** | ***SB*** |
| | ***WHEY PROTEIN FORMULA supplemented with AMINO ACIDS, VITAMINS and MINERALS, and low in PROTEIN, PHOSPHATE, POTASSIUM and LACTOSE*** | | | | | | | |
| | **Authority Required**<br>***Infants and young children with chronic renal failure requiring treatment with a low protein and a low phosphorus diet, or a low protein, a low phosphorus and a low potassium diet.*** | | | | | | | |
| ***8587Y*** | ***Powder 400 g*** | ***16*** | ***5*** | ***..*** | **** 762.24*** | ***30.70*** | ***Kindergen*** | ***SB*** |

# VARIOUS—CONT.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|---|---|---|
| | ALL OTHER NON-THERAPEUTIC PRODUCTS | | | | | | |
| | **All other non-therapeutic products** | | | | | | |
| | • ***Solvents and diluting agents, incl. irrigating solutions*** | | | | | | |
| | SODIUM CHLORIDE | | | | | | |
| 2026P | Injection 9 mg per mL (0.9%), 10 mL | 5 | 1 | .. | 16.67 | 17.68 | PF |

# PREPARATIONS WHICH MAY BE PRESCRIBED FOR PATIENTS RECEIVING PALLIATIVE CARE

The prescribing of medications listed in this section is in accordance with the requirements for General Pharmaceutical Benefits in the Schedule unless otherwise detailed in the listing for the item.

In addition, certain additional principles have been applied by the Pharmaceutical Benefits Advisory Committee (PBAC) in recommending for whom these medications may be prescribed, and the number of repeats that may be approved by Medicare Australia. These principles have been encompassed in the listings for the items, and further details are provided below to help doctors prescribing under this section.

For the purposes of this section a patient receiving palliative care is defined as:

- *A patient with an active, progressive, far-advanced disease for whom the prognosis is limited and the focus of care is the quality of life.*

The provision for increased maximum quantities and up to 3 repeats on the *initial* authority prescription is intended to provide up to 4 months' therapy in total. Where *continuing* treatment is required the provision of repeats is subject to confirmation by the prescriber that a palliative care physician or palliative care service has been consulted regarding the care of the patient.

Prescribers must heed State/Territory laws when prescribing drugs listed as narcotic, specified or restricted and must notify, or receive approval from, the appropriate health authority.

When a Palliative Care authority application is for a drug of addiction, the following guidelines apply:

- the maximum quantity authorised is generally for 1 month’s therapy;
- where supply for a longer period is warranted, quantities are for up to 3 months’ therapy;
- telephone approvals are limited to 1 month’s therapy.

Doctors should also state (on the prescription) the interval of repeat where repeats are called for, and ensure State/Territory health authorities are notified about ongoing treatment.

Prescribers should be aware that patients receiving palliative care may also access PBS items included in the general part of the Schedule of Pharmaceutical Benefits including narcotic preparations, according to the restrictions that apply to individual items and the requirements that apply to the general part of the Schedule.

# PREPARATIONS WHICH MAY BE PRESCRIBED FOR PATIENTS RECEIVING PALLIATIVE CARE-cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|

## ALIMENTARY TRACT AND METABOLISM

### STOMATOLOGICAL PREPARATIONS

**Stomatological preparations**

- ***Other agents for local oral treatment***

***BENZYDAMINE HYDROCHLORIDE***

**Authority Required**

***Initial supply (for up to 4 months) for palliative care patients where a painful mouth is a problem;***

***Continuing supply for palliative care patients where a painful mouth is a problem, and where consultation with a palliative care specialist or service has occurred.***

**NOTE:**

***No applications for increased repeats will be authorised.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *5385K* | *Mouth and throat rinse 22.5 mg per 15 mL, 500 mL* | *‡ 1* | *3* | *..* | *19.40* | *20.41* | *Difflam* | *IA* |

**Authority Required**

***Continuing supply for palliative care patients where a painful mouth is a problem.***

**NOTE:**

***No applications for repeats will be authorised.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *5386L* | *Mouth and throat rinse 22.5 mg per 15 mL, 500 mL* | *‡ 1* | *..* | *..* | *19.40* | *20.41* | *Difflam* | *IA* |

***CARMELLOSE SODIUM***

**Authority Required**

***Initial supply (for up to 4 months) for palliative care patients where dry mouth is a symptom;***

***Continuing supply for palliative care patients where dry mouth is a symptom, and where consultation with a palliative care specialist or service has occurred.***

**NOTE:**

***No applications for increased repeats will be authorised.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *5333Q* | *Mouth spray 10 mg per mL, 25 mL* | *‡ 1* | *3* | *..* | *8.86* | *9.87* | *Aquae* | *HA* |
| *5334R* | *Mouth spray 10 mg per mL, 100 mL* | *‡ 1* | *3* | *..* | *10.98* | *11.99* | *Aquae* | *HA* |

**Authority Required**

***Continuing supply for palliative care patients where dry mouth is a symptom.***

**NOTE:**

***No applications for repeats will be authorised.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *5335T* | *Mouth spray 10 mg per mL, 25 mL* | *‡ 1* | *..* | *..* | *8.86* | *9.87* | *Aquae* | *HA* |
| *5336W* | *Mouth spray 10 mg per mL, 100 mL* | *‡ 1* | *..* | *..* | *10.98* | *11.99* | *Aquae* | *HA* |

# PREPARATIONS WHICH MAY BE PRESCRIBED FOR PATIENTS RECEIVING PALLIATIVE CARE-cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS** | | | | | | | |
| | **Belladonna and derivatives, plain** | | | | | | | |
| | • ***Belladonna alkaloids semisynthetic, quaternary ammonium compounds*** | | | | | | | |
| | ***HYOSCINE BUTYLBROMIDE*** | | | | | | | |
| | **Authority Required**<br>***Initial supply (for up to 4 months) for palliative care patients where colicky pain is a symptom;***<br>***Continuing supply for palliative care patients where colicky pain is a symptom, and where consultation with a palliative care specialist or service has occurred.***<br>**NOTE:**<br>***No applications for increased repeats will be authorised.*** | | | | | | | |
| *5317W* | ***Injection 20 mg in 1 mL*** | ***5*** | ***3*** | ***..*** | ***18.45*** | ***19.46*** | ***Buscopan*** | ***BY*** |
| | **Authority Required**<br>***Continuing supply for palliative care patients where colicky pain is a symptom.***<br>**NOTE:**<br>***No applications for repeats will be authorised.*** | | | | | | | |
| *5318X* | ***Injection 20 mg in 1 mL*** | ***5*** | ***..*** | ***..*** | ***18.45*** | ***19.46*** | ***Buscopan*** | ***BY*** |
| | **ANTIEMETICS AND ANTINAUSEANTS** | | | | | | | |
| | **Antiemetics and antinauseants** | | | | | | | |
| | • ***Other antiemetics*** | | | | | | | |
| | ***PROMETHAZINE HYDROCHLORIDE*** | | | | | | | |
| | **Authority Required**<br>***Initial supply (for up to 4 months) for palliative care patients where nausea and/or vomiting is a problem;***<br>***Continuing supply for palliative care patients where nausea and/or vomiting is a problem, and where consultation with a palliative care specialist or service has occurred.***<br>**NOTE:**<br>***No applications for increased repeats will be authorised.*** | | | | | | | |
| *5325G* | ***Tablet 10 mg*** | ***50*** | ***3*** | ***..*** | ***13.33*** | ***14.34*** | ***Phenergan*** | ***SW*** |
| *5326H* | ***Tablet 25 mg*** | ***50*** | ***3*** | ***..*** | ***15.33*** | ***16.34*** | ***Phenergan*** | ***SW*** |
| *5327J* | ***Oral liquid 5 mg per 5 mL, 100 mL*** | ***‡ 1*** | ***3*** | ***..*** | ***13.33*** | ***14.34*** | ***Phenergan*** | ***SW*** |

continued ☞

# PREPARATIONS WHICH MAY BE PRESCRIBED FOR PATIENTS RECEIVING PALLIATIVE CARE-cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **Authority Required**<br>***Continuing supply for palliative care patients where nausea and/or vomiting is a problem.***<br>**NOTE:**<br>***No applications for repeats will be authorised.*** | | | | | | | | |
| ***5328K*** | ***Tablet 10 mg*** | ***50*** | ***..*** | ***..*** | ***13.33*** | ***14.34*** | | ***Phenergan*** | ***SW*** |
| ***5329L*** | ***Tablet 25 mg*** | ***50*** | ***..*** | ***..*** | ***15.33*** | ***16.34*** | | ***Phenergan*** | ***SW*** |
| ***5330M*** | ***Oral liquid 5 mg per 5 mL, 100 mL*** | ***‡ 1*** | ***..*** | ***..*** | ***13.33*** | ***14.34*** | | ***Phenergan*** | ***SW*** |
| | LAXATIVES | | | | | | | | |
| | **Laxatives** | | | | | | | | |
| | • ***Contact laxatives*** | | | | | | | | |
| | ***BISACODYL*** | | | | | | | | |
| | **Authority Required**<br>***Initial supply (for up to 4 months) for palliative care patients where constipation is a problem;***<br>***Continuing supply for palliative care patients where constipation is a problem, and where consultation with a palliative care specialist or service has occurred.***<br>**NOTE:**<br>***No applications for increased repeats will be authorised.*** | | | | | | | | |
| ***5301B*** | ***Tablet 5 mg*** | ***200*** | ***3*** | ***..*** | ***13.43*** | ***14.44*** | | ***Bisalax***<br>***Lax-Tab*** | ***AS***<br>***AE*** |
| ***5303D*** | ***Suppositories 10 mg, 10*** | ***3*** | ***3*** | ***..*** | **** 20.53*** | ***21.54*** | ***a*** | ***Petrus Bisacodyl Suppositories*** | ***PP*** |
| | | | | ***B1.11*** | **** 21.64*** | ***21.54*** | ***a*** | ***Durolax*** | ***BY*** |
| ***5304E*** | ***Suppositories 10 mg, 12*** | ***3*** | ***3*** | ***..*** | **** 17.74*** | ***18.75*** | | ***Fleet Laxative Suppositories***<br>***Petrus Bisacodyl Suppositories*** | ***FL***<br>***PP*** |
| | **Authority Required**<br>***Continuing supply for palliative care patients where constipation is a problem.***<br>**NOTE:**<br>***No applications for repeats will be authorised.*** | | | | | | | | |
| ***5305F*** | ***Tablet 5 mg*** | ***200*** | ***..*** | ***..*** | ***13.43*** | ***14.44*** | | ***Bisalax***<br>***Lax-Tab*** | ***AS***<br>***AE*** |
| ***5307H*** | ***Suppositories 10 mg, 10*** | ***3*** | ***..*** | ***..*** | **** 20.53*** | ***21.54*** | ***a*** | ***Petrus Bisacodyl Suppositories*** | ***PP*** |
| | | | | ***B1.11*** | **** 21.64*** | ***21.54*** | ***a*** | ***Durolax*** | ***BY*** |

continued ☞

# PREPARATIONS WHICH MAY BE PRESCRIBED FOR PATIENTS RECEIVING PALLIATIVE CARE-cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| *5308J* | ***Suppositories 10 mg, 12*** | ***3*** | ***..*** | ***..*** | **** 17.74*** | ***18.75*** | ***Fleet Laxative Suppositories*** | ***FL*** |
| | | | | | | | ***Petrus Bisacodyl Suppositories*** | ***PP*** |

### • *Bulk producers*

***STERCULIA with FRANGULA BARK***

**Authority Required**

***Initial supply (for up to 4 months) for palliative care patients where constipation is a problem;***

***Continuing supply for palliative care patients where constipation is a problem, and where consultation with a palliative care specialist or service has occurred.***

**NOTE:**

***No applications for increased repeats will be authorised.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *5322D* | ***Granules 620 mg-80 mg per g (62%-8%), 500 g*** | ***‡ 1*** | ***3*** | ***..*** | ***23.16*** | ***24.17*** | ***Normacol Plus*** | ***NE*** |

**Authority Required**

***Continuing supply for palliative care patients where constipation is a problem.***

**NOTE:**

***No applications for repeats will be authorised.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *5324F* | ***Granules 620 mg-80 mg per g (62%-8%), 500 g*** | ***‡ 1*** | ***..*** | ***..*** | ***23.16*** | ***24.17*** | ***Normacol Plus*** | ***NE*** |

### • *Osmotically acting laxatives*

***LACTULOSE***

**Authority Required**

***Initial supply (for up to 4 months) for palliative care patients where constipation is a problem;***

***Continuing supply for palliative care patients where constipation is a problem, and where consultation with a palliative care specialist or service has occurred.***

**NOTE:**

***No applications for increased repeats will be authorised.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *5387M* | ***Mixture 3.34 g per 5 mL, 500 mL*** | ***‡ 1*** | ***3*** | ***..*** | ***15.40*** | ***16.41*** | ***[a] Actilax*** | ***AF*** |
| | | | | | | | ***[a] Genlac*** | ***AW*** |
| | | | | | | | ***[a] GenRx Lactulose*** | ***GX*** |
| | | | | | | | ***[a] Lac-Dol*** | ***GM*** |
| | | | | | | | ***[a] Lactocur*** | ***HX*** |
| | | | | ***[B]2.13*** | ***17.53*** | ***16.41*** | ***[a] Duphalac*** | ***SM*** |

continued ☞

# PREPARATIONS WHICH MAY BE PRESCRIBED FOR PATIENTS RECEIVING PALLIATIVE CARE-cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **Authority Required**<br>***Continuing supply for palliative care patients where constipation is a problem.***<br>**NOTE:**<br>***No applications for repeats will be authorised.*** | | | | | | | |
| *5388N* | ***Mixture 3.34 g per 5 mL, 500 mL*** | ***‡ 1*** | ***..*** | ***..*** | ***15.40*** | ***16.41*** | [a] ***Actilax*** | ***AF*** |
| | | | | | | | [a] ***Genlac*** | ***AW*** |
| | | | | | | | [a] ***GenRx Lactulose*** | ***GX*** |
| | | | | | | | [a] ***Lac-Dol*** | ***GM*** |
| | | | | | | | [a] ***Lactocur*** | ***HX*** |
| | | | | ***[B]2.13*** | ***17.53*** | ***16.41*** | [a] ***Duphalac*** | ***SM*** |
| | ***MACROGOL 3350***<br>**Authority Required**<br>***Initial supply (for up to 4 months) for palliative care patients where constipation is a problem;***<br>***Continuing supply for palliative care patients where constipation is a problem, and where consultation with a palliative care specialist or service has occurred.***<br>**NOTE:**<br>***No applications for increased repeats will be authorised.*** | | | | | | | |
| *5389P* | ***Sachets containing powder for solution 13.125 g with electrolytes, 30*** | ***‡ 1*** | ***3*** | ***..*** | ***23.01*** | ***24.02*** | ***Movicol*** | ***NE*** |
| | **Authority Required**<br>***Continuing supply for palliative care patients where constipation is a problem.***<br>**NOTE:**<br>***No applications for repeats will be authorised.*** | | | | | | | |
| *5390Q* | ***Sachets containing powder for solution 13.125 g with electrolytes, 30*** | ***‡ 1*** | ***..*** | ***..*** | ***23.01*** | ***24.02*** | ***Movicol*** | ***NE*** |
| | • ***Enemas***<br>***BISACODYL***<br>**Authority Required**<br>***Initial supply (for up to 4 months) for palliative care patients where constipation is a problem;***<br>***Continuing supply for palliative care patients where constipation is a problem, and where consultation with a palliative care specialist or service has occurred.***<br>**NOTE:**<br>***No applications for increased repeats will be authorised.*** | | | | | | | |
| *5302C* | ***Enemas 10 mg in 5 mL, 25*** | ***‡ 1*** | ***3*** | ***..*** | ***35.46*** | ***30.70*** | ***Bisalax*** | ***AS*** |

continued ☞

# PREPARATIONS WHICH MAY BE PRESCRIBED FOR PATIENTS RECEIVING PALLIATIVE CARE-cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **Authority Required**<br>***Continuing supply for palliative care patients where constipation is a problem.***<br>**NOTE:**<br>***No applications for repeats will be authorised.*** | | | | | | | |
| ***5306G*** | ***Enemas 10 mg in 5 mL, 25*** | ***‡ 1*** | ***..*** | ***..*** | ***35.46*** | ***30.70*** | ***Bisalax*** | ***AS*** |
| | ***SORBITOL with SODIUM CITRATE and SODIUM LAURYL SULFOACETATE***<br>**Authority Required**<br>***Initial supply (for up to 4 months) for palliative care patients where constipation is a problem;***<br>***Continuing supply for palliative care patients where constipation is a problem, and where consultation with a palliative care specialist or service has occurred.***<br>**NOTE:**<br>***No applications for increased repeats will be authorised.*** | | | | | | | |
| ***5331N*** | ***Enemas 3.125 g-450 mg-45 mg in 5 mL, 12*** | ***2*** | ***3*** | ***..*** | **** 34.28*** | ***30.70*** | ***Microlax*** | ***PH*** |
| | **Authority Required**<br>***Continuing supply for palliative care patients where constipation is a problem.***<br>**NOTE:**<br>***No applications for repeats will be authorised.*** | | | | | | | |
| ***5332P*** | ***Enemas 3.125 g-450 mg-45 mg in 5 mL, 12*** | ***2*** | ***..*** | ***..*** | **** 34.28*** | ***30.70*** | ***Microlax*** | ***PH*** |
| | • ***Other laxatives***<br>***GLYCEROL***<br>**Authority Required**<br>***Initial supply (for up to 4 months) for palliative care patients where constipation is a problem;***<br>***Continuing supply for palliative care patients where constipation is a problem, and where consultation with a palliative care specialist or service has occurred.***<br>**NOTE:**<br>***No applications for increased repeats will be authorised.*** | | | | | | | |
| ***5311M*** | ***Suppositories 700 mg (for infants), 12*** | ***3*** | ***3*** | ***..*** | **** 16.06*** | ***17.07*** | ***PP*** | |
| ***5312N*** | ***Suppositories 1.4 g (for children), 12*** | ***3*** | ***3*** | ***..*** | **** 16.51*** | ***17.52*** | ***PP*** | |
| ***5313P*** | ***Suppositories 2.8 g (for adults), 12*** | ***3*** | ***3*** | ***..*** | **** 16.87*** | ***17.88*** | ***PP*** | |

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# PREPARATIONS WHICH MAY BE PRESCRIBED FOR PATIENTS RECEIVING PALLIATIVE CARE-cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **Authority Required**<br>***Continuing supply for palliative care patients where constipation is a problem.***<br>**NOTE:**<br>***No applications for repeats will be authorised.*** | | | | | | | | |
| *5314Q* | *Suppositories 700 mg (for infants), 12* | *3* | *..* | *..* | ** 16.06* | *17.07* | | *PP* | |
| *5315R* | *Suppositories 1.4 g (for children), 12* | *3* | *..* | *..* | ** 16.51* | *17.52* | | *PP* | |
| *5316T* | *Suppositories 2.8 g (for adults), 12* | *3* | *..* | *..* | ** 16.87* | *17.88* | | *PP* | |

## MUSCULO-SKELETAL SYSTEM

ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS

### Antiinflammatory and antirheumatic products, non-steroids

- ***Acetic acid derivatives and related substances***

***DICLOFENAC SODIUM***

**Authority Required**

***Initial supply (for up to 4 months) for palliative care patients where severe pain is a problem;***

***Continuing supply for palliative care patients where severe pain is a problem, and where consultation with a palliative care specialist or service has occurred.***

**NOTE:**

***No applications for increased repeats will be authorised.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *5361E* | *Tablet 25 mg (enteric coated)* | *100* | *3* | *..* | ** 13.92* | *14.93* | *a* | *Chem mart Diclofenac* | *CH* |
| | | | | | | | *a* | *Clonac 25* | *AW* |
| | | | | | | | *a* | *Diclohexal* | *HX* |
| | | | | | | | *a* | *Dinac* | *GM* |
| | | | | | | | *a* | *GenRx Diclofenac* | *GX* |
| | | | | | | | *a* | *Terry White Chemists Diclofenac* | *TW* |
| | | | | *..* | *13.92* | *14.93* | *a* | *Fenac 25* | *AF* |
| | | | | *B2.50* | ** 16.42* | *14.93* | *a* | *Voltaren 25* | *NV* |
| *5362F* | *Tablet 50 mg (enteric coated)* | *50* | *3* | *..* | *11.35* | *12.36* | *a* | *Chem mart Diclofenac* | *CH* |
| | | | | | | | *a* | *Clonac 50* | *AW* |
| | | | | | | | *a* | *Diclohexal* | *HX* |
| | | | | | | | *a* | *Dinac* | *GM* |
| | | | | | | | *a* | *Fenac* | *AF* |
| | | | | | | | *a* | *GenRx Diclofenac* | *GX* |
| | | | | | | | *a* | *Terry White Chemists Diclofenac* | *TW* |
| | | | | *B2.49* | *13.84* | *12.36* | *a* | *Voltaren 50* | *NV* |

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# PREPARATIONS WHICH MAY BE PRESCRIBED FOR PATIENTS RECEIVING PALLIATIVE CARE-cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| *5363G* | ***Suppository 100 mg*** | ***40*** | ***3*** | ***..*** | **** 23.12*** | ***24.13*** | | ***Voltaren 100*** | ***NV*** |
| | **Authority Required**<br>***Continuing supply for palliative care patients where severe pain is a problem.***<br>**NOTE:**<br>***No applications for repeats will be authorised.*** | | | | | | | | |
| *5364H* | ***Tablet 25 mg (enteric coated)*** | ***100*** | ***..*** | ***..*** | **** 13.92*** | ***14.93*** | [a] | ***Chem mart Diclofenac*** | ***CH*** |
| | | | | | | | [a] | ***Clonac 25*** | ***AW*** |
| | | | | | | | [a] | ***Diclohexal*** | ***HX*** |
| | | | | | | | [a] | ***Dinac*** | ***GM*** |
| | | | | | | | [a] | ***GenRx Diclofenac*** | ***GX*** |
| | | | | | | | [a] | ***Terry White Chemists Diclofenac*** | ***TW*** |
| | | | | ***..*** | ***13.92*** | ***14.93*** | [a] | ***Fenac 25*** | ***AF*** |
| | | | | ***B2.50*** | **** 16.42*** | ***14.93*** | [a] | ***Voltaren 25*** | ***NV*** |
| *5365J* | ***Tablet 50 mg (enteric coated)*** | ***50*** | ***..*** | ***..*** | ***11.35*** | ***12.36*** | [a] | ***Chem mart Diclofenac*** | ***CH*** |
| | | | | | | | [a] | ***Clonac 50*** | ***AW*** |
| | | | | | | | [a] | ***Diclohexal*** | ***HX*** |
| | | | | | | | [a] | ***Dinac*** | ***GM*** |
| | | | | | | | [a] | ***Fenac*** | ***AF*** |
| | | | | | | | [a] | ***GenRx Diclofenac*** | ***GX*** |
| | | | | | | | [a] | ***Terry White Chemists Diclofenac*** | ***TW*** |
| | | | | ***B2.49*** | ***13.84*** | ***12.36*** | [a] | ***Voltaren 50*** | ***NV*** |
| *5366K* | ***Suppository 100 mg*** | ***40*** | ***..*** | ***..*** | **** 23.12*** | ***24.13*** | | ***Voltaren 100*** | ***NV*** |
| | ***INDOMETHACIN***<br>**Authority Required**<br>***Initial supply (for up to 4 months) for palliative care patients where severe pain is a problem;***<br>***Continuing supply for palliative care patients where severe pain is a problem, and where consultation with a palliative care specialist or service has occurred.***<br>**NOTE:**<br>***No applications for increased repeats will be authorised.*** | | | | | | | | |
| *5377B* | ***Capsule 25 mg*** | ***100*** | ***3*** | ***..*** | **** 10.84*** | ***11.85*** | [a] | ***Arthrexin*** | ***AF*** |
| | | | | ***B2.98*** | **** 13.82*** | ***11.85*** | [a] | ***Indocid*** | ***MK*** |
| *5378C* | ***Suppository 100 mg*** | ***40*** | ***3*** | ***..*** | **** 20.82*** | ***21.83*** | | ***Indocid*** | ***MK*** |

continued ☞

# PREPARATIONS WHICH MAY BE PRESCRIBED FOR PATIENTS RECEIVING PALLIATIVE CARE-cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **Authority Required**<br>***Continuing supply for palliative care patients where severe pain is a problem.***<br>**NOTE:**<br>***No applications for repeats will be authorised.*** | | | | | | | | |
| *5379D* | *Capsule 25 mg* | *100* | *..* | *..* | ** 10.84* | *11.85* | *a* | *Arthrexin* | *AF* |
| | | | | *B2.98* | ** 13.82* | *11.85* | *a* | *Indocid* | *MK* |
| *5380E* | *Suppository 100 mg* | *40* | *..* | *..* | ** 20.82* | *21.83* | | *Indocid* | *MK* |
| | ***SULINDAC***<br>**Authority Required**<br>***Initial supply (for up to 4 months) for palliative care patients where severe pain is a problem;***<br>***Continuing supply for palliative care patients where severe pain is a problem, and where consultation with a palliative care specialist or service has occurred.***<br>**NOTE:**<br>***No applications for increased repeats will be authorised.*** | | | | | | | | |
| *5381F* | *Tablet 100 mg* | *100* | *3* | *..* | ** 14.92* | *15.93* | | *Aclin* | *AF* |
| *5382G* | *Tablet 200 mg* | *50* | *3* | *..* | *13.91* | *14.92* | | *Aclin 200* | *AF* |
| | **Authority Required**<br>***Continuing supply for palliative care patients where severe pain is a problem.***<br>**NOTE:**<br>***No applications for repeats will be authorised.*** | | | | | | | | |
| *5383H* | *Tablet 100 mg* | *100* | *..* | *..* | ** 14.92* | *15.93* | | *Aclin* | *AF* |
| *5384J* | *Tablet 200 mg* | *50* | *..* | *..* | *13.91* | *14.92* | | *Aclin 200* | *AF* |
| | ***• Propionic acid derivatives***<br>***IBUPROFEN***<br>**Authority Required**<br>***Initial supply (for up to 4 months) for palliative care patients where severe pain is a problem;***<br>***Continuing supply for palliative care patients where severe pain is a problem, and where consultation with a palliative care specialist or service has occurred.***<br>**NOTE:**<br>***No applications for increased repeats will be authorised.*** | | | | | | | | |
| *5367L* | *Tablet 200 mg* | *100* | *3* | *..* | ** 10.84* | *11.85* | | *Rafen 200* | *AF* |
| *5368M* | *Tablet 400 mg* | *90* | *3* | *..* | ** 13.39* | *14.40* | | *Brufen* | *AB* |

continued ☞

# PREPARATIONS WHICH MAY BE PRESCRIBED FOR PATIENTS RECEIVING PALLIATIVE CARE-cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **Authority Required**<br>*Continuing supply for palliative care patients where severe pain is a problem.*<br>**NOTE:**<br>*No applications for repeats will be authorised.* | | | | | | | | |
| *5369N* | *Tablet 200 mg* | *100* | *..* | *..* | * *10.84* | *11.85* | | *Rafen 200* | *AF* |
| *5370P* | *Tablet 400 mg* | *90* | *..* | *..* | * *13.39* | *14.40* | | *Brufen* | *AB* |
| | *NAPROXEN*<br>**Authority Required**<br>*Initial supply (for up to 4 months) for palliative care patients where severe pain is a problem;*<br>*Continuing supply for palliative care patients where severe pain is a problem, and where consultation with a palliative care specialist or service has occurred.*<br>**NOTE:**<br>*No applications for increased repeats will be authorised.* | | | | | | | | |
| *5345H* | *Tablet 250 mg* | *100* | *3* | *..* | * *14.74* | *15.75* | a | *Inza 250* | *AF* |
| | | | | B *3.00* | * *17.74* | *15.75* | a | *Naprosyn* | *RO* |
| *5346J* | *Tablet 500 mg* | *50* | *3* | *..* | *13.71* | *14.72* | a | *Inza 500* | *AF* |
| | | | | B *1.75* | *15.46* | *14.72* | a | *Naprosyn* | *RO* |
| *5347K* | *Tablet 750 mg (sustained release)* | *28* | *3* | *..* | *13.04* | *14.05* | a | *Proxen SR 750* | *MD* |
| | | | | B *1.62* | *14.66* | *14.05* | a | *Naprosyn SR750* | *RO* |
| *5348L* | *Tablet 1 g (sustained release)* | *28* | *3* | *..* | *15.57* | *16.58* | a | *Proxen SR 1000* | *MD* |
| | | | | B *1.72* | *17.29* | *16.58* | a | *Naprosyn SR1000* | *RO* |
| | **Authority Required**<br>*Continuing supply for palliative care patients where severe pain is a problem.*<br>**NOTE:**<br>*No applications for repeats will be authorised.* | | | | | | | | |
| *5349M* | *Tablet 250 mg* | *100* | *..* | *..* | * *14.74* | *15.75* | a | *Inza 250* | *AF* |
| | | | | B *3.00* | * *17.74* | *15.75* | a | *Naprosyn* | *RO* |
| *5350N* | *Tablet 500 mg* | *50* | *..* | *..* | *13.71* | *14.72* | a | *Inza 500* | *AF* |
| | | | | B *1.75* | *15.46* | *14.72* | a | *Naprosyn* | *RO* |
| *5351P* | *Tablet 750 mg (sustained release)* | *28* | *..* | *..* | *13.04* | *14.05* | a | *Proxen SR 750* | *MD* |
| | | | | B *1.62* | *14.66* | *14.05* | a | *Naprosyn SR750* | *RO* |
| *5352Q* | *Tablet 1 g (sustained release)* | *28* | *..* | *..* | *15.57* | *16.58* | a | *Proxen SR 1000* | *MD* |
| | | | | B *1.72* | *17.29* | *16.58* | a | *Naprosyn SR1000* | *RO* |

continued ☞

# PREPARATIONS WHICH MAY BE PRESCRIBED FOR PATIENTS RECEIVING PALLIATIVE CARE-cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **Authority Required**<br>***Initial supply (for up to 4 months) for palliative care patients where severe pain is a problem in patients unable to take a solid dose form of a non-steroidal anti-inflammatory agent;***<br>***Continuing supply for palliative care patients where severe pain is a problem, and where consultation with a palliative care specialist or service has occurred, in patients unable to take a solid dose form of a non-steroidal anti-inflammatory agent.***<br>**NOTE:**<br>***No applications for increased repeats will be authorised.*** | | | | | | | | |
| ***5397C*** | ***Oral suspension 125 mg per 5 mL, 474 mL*** | ***‡ 1*** | ***3*** | ***..*** | ***77.19*** | ***30.70*** | | ***Naprosyn*** | ***RO*** |
| | **Authority Required**<br>***Continuing supply for palliative care patients where severe pain is a problem in patients unable to take a solid dose form of a non-steroidal anti-inflammatory agent.***<br>**NOTE:**<br>***No applications for repeats will be authorised.*** | | | | | | | | |
| ***5398D*** | ***Oral suspension 125 mg per 5 mL, 474 mL*** | ***‡ 1*** | ***..*** | ***..*** | ***77.19*** | ***30.70*** | | ***Naprosyn*** | ***RO*** |
| | ***NAPROXEN SODIUM***<br>**Authority Required**<br>***Initial supply (for up to 4 months) for palliative care patients where severe pain is a problem;***<br>***Continuing supply for palliative care patients where severe pain is a problem, and where consultation with a palliative care specialist or service has occurred.***<br>**NOTE:**<br>***No applications for increased repeats will be authorised.*** | | | | | | | | |
| ***5353R*** | ***Tablet 550 mg*** | ***50*** | ***3*** | ***..*** | ***13.97*** | ***14.98*** | [a] | ***Crysanal*** | ***MD*** |
| | | | | ***[B]2.91*** | ***16.88*** | ***14.98*** | [a] | ***Anaprox 550*** | ***RO*** |
| | ***NOTE:***<br>***Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.*** | | | | | | | | |
| | **Authority Required**<br>***Continuing supply for palliative care patients where severe pain is a problem.***<br>**NOTE:**<br>***No applications for repeats will be authorised.*** | | | | | | | | |
| ***5354T*** | ***Tablet 550 mg*** | ***50*** | ***..*** | ***..*** | ***13.97*** | ***14.98*** | [a] | ***Crysanal*** | ***MD*** |
| | | | | ***[B]2.91*** | ***16.88*** | ***14.98*** | [a] | ***Anaprox 550*** | ***RO*** |
| | ***NOTE:***<br>***Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.*** | | | | | | | | |

# PREPARATIONS WHICH MAY BE PRESCRIBED FOR PATIENTS RECEIVING PALLIATIVE CARE-cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|

## NERVOUS SYSTEM

### ANALGESICS

### Opioids

#### • *Natural opium alkaloids*

***MORPHINE SULFATE***

**CAUTION:**

***The risk of drug dependence is high.***

**Authority Required**

***Initial supply (for up to 3 months) for palliative care patients with severe disabling pain not responding to non-narcotic analgesics;***

***Continuing supply (for up to 3 months) for palliative care patients with severe disabling pain not responding to non-narcotic analgesics, and where consultation with a palliative care specialist or service has occurred.***

**NOTE:**

***Telephone approvals are limited to 1 month's therapy.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *5393W* | *Tablet 10 mg* | *20* | *2* | *..* | *14.04* | *15.05* | *Sevredol* | *MF* |
| *5394X* | *Tablet 20 mg* | *20* | *2* | *..* | *15.12* | *16.13* | *Sevredol* | *MF* |

**Authority Required**

***Continuing supply (for up to 1 month) for palliative care patients with severe disabling pain not responding to non-narcotic analgesics.***

**NOTE:**

***No applications for repeats will be authorised.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *5395Y* | *Tablet 10 mg* | *20* | *..* | *..* | *14.04* | *15.05* | *Sevredol* | *MF* |
| *5396B* | *Tablet 20 mg* | *20* | *..* | *..* | *15.12* | *16.13* | *Sevredol* | *MF* |

**Authority Required**

***Initial supply (for up to 3 months) for palliative care patients with chronic severe disabling pain not responding to non-narcotic analgesics;***

***Continuing supply (for up to 3 months) for palliative care patients with chronic severe disabling pain not responding to non-narcotic analgesics, and where consultation with a palliative care specialist or service has occurred.***

**NOTE:**

***Telephone approvals are limited to 1 month's therapy.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *5391R* | *Tablet 200 mg (controlled release)* | *20* | *2* | *..* | *103.95* | *30.70* | *MS Contin* | *MF* |

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# PREPARATIONS WHICH MAY BE PRESCRIBED FOR PATIENTS RECEIVING PALLIATIVE CARE-cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **Authority Required**<br>***Continuing supply (for up to 1 month) for palliative care patients with chronic severe disabling pain not responding to non-narcotic analgesics.*** | | | | | | | | |
| | **NOTE:**<br>***No applications for repeats will be authorised.*** | | | | | | | | |
| *5392T* | ***Tablet 200 mg (controlled release)*** | ***20*** | ***..*** | ***..*** | ***103.95*** | ***30.70*** | | ***MS Contin*** | ***MF*** |
| | • ***Diphenylpropylamine derivatives***<br>***METHADONE HYDROCHLORIDE***<br>**CAUTION:**<br>***The risk of drug dependence is high.*** | | | | | | | | |
| | **Authority Required**<br>***Initial supply (for up to 3 months) for palliative care patients with chronic severe disabling pain not responding to non-narcotic analgesics;***<br>***Continuing supply (for up to 3 months) for palliative care patients with chronic severe disabling pain not responding to non-narcotic analgesics, and where consultation with a palliative care specialist or service has occurred.*** | | | | | | | | |
| | **NOTE:**<br>***Telephone approvals are limited to 1 month's therapy.*** | | | | | | | | |
| *5399E* | ***Oral liquid 25 mg per 5 mL, 200 mL*** | ***1*** | ***2*** | ***..*** | ***16.91*** | ***17.92*** | | ***GK*** | |
| | **Authority Required**<br>***Continuing supply (for up to 1 month) for palliative care patients with chronic severe disabling pain not responding to non-narcotic analgesics.*** | | | | | | | | |
| | **NOTE:**<br>***No applications for repeats will be authorised.*** | | | | | | | | |
| *5400F* | ***Oral liquid 25 mg per 5 mL, 200 mL*** | ***1*** | ***..*** | ***..*** | ***16.91*** | ***17.92*** | | ***GK*** | |
| | **Other analgesics and antipyretics**<br>• ***Anilides***<br>***PARACETAMOL*** | | | | | | | | |
| | **Authority Required**<br>***Initial supply (for up to 4 months) for palliative care patients for analgesia or fever where alternative therapy cannot be tolerated;***<br>***Continuing supply for palliative care patients for analgesia or fever where alternative therapy cannot be tolerated, and where consultation with a palliative care specialist or service has occurred.*** | | | | | | | | |
| | **NOTE:**<br>***No applications for increased repeats will be authorised.*** | | | | | | | | |
| *5343F* | ***Tablet 665 mg (modified release)*** | ***192*** | ***3*** | ***..*** | **** 11.98*** | ***12.99*** | *a* | ***Duatrol SR*** | ***ME*** |
| | | | | ***B4.72*** | **** 16.70*** | ***12.99*** | *a* | ***Panadol Osteo*** | ***GC*** |

continued ☞

# PREPARATIONS WHICH MAY BE PRESCRIBED FOR PATIENTS RECEIVING PALLIATIVE CARE-cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| *5319Y* | ***Suppositories 500 mg, 24*** | ***‡ 1*** | ***3*** | ***..*** | ***24.95*** | ***25.96*** | | ***Panadol*** | ***GC*** |

**Authority Required**

***Continuing supply for palliative care patients for analgesia or fever where alternative therapy cannot be tolerated.***

**NOTE:**

***No applications for repeats will be authorised.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *5344G* | ***Tablet 665 mg (modified release)*** | ***192*** | ***..*** | ***..*** | **** 11.98*** | ***12.99*** | ***a*** | ***Duatrol SR*** | ***ME*** |
| | | | | ***B4.72*** | **** 16.70*** | ***12.99*** | ***a*** | ***Panadol Osteo*** | ***GC*** |
| *5320B* | ***Suppositories 500 mg, 24*** | ***‡ 1*** | ***..*** | ***..*** | ***24.95*** | ***25.96*** | | ***Panadol*** | ***GC*** |

## ANTIEPILEPTICS

### Antiepileptics

- ***Benzodiazepine derivatives***

***CLONAZEPAM***

**Authority Required**

***Initial supply (for up to 4 months) for palliative care patients for the prevention of epilepsy;***

***Continuing supply for palliative care patients for the prevention of epilepsy, where consultation with a palliative care specialist or service has occurred.***

**NOTE:**

***No applications for increased repeats will be authorised.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *5337X* | ***Tablet 500 micrograms*** | ***100*** | ***3*** | ***..*** | ***14.23*** | ***15.24*** | ***a*** | ***Paxam 0.5*** | ***AF*** |
| | | | | ***B2.29*** | ***16.52*** | ***15.24*** | ***a*** | ***Rivotril*** | ***RO*** |
| *5338Y* | ***Tablet 2 mg*** | ***100*** | ***3*** | ***..*** | ***21.96*** | ***22.97*** | ***a*** | ***Paxam 2*** | ***AF*** |
| | | | | ***B2.60*** | ***24.56*** | ***22.97*** | ***a*** | ***Rivotril*** | ***RO*** |
| *5339B* | ***Oral liquid 2.5 mg per mL, 10 mL*** | ***2*** | ***3*** | ***..*** | **** 13.70*** | ***14.71*** | | ***Rivotril*** | ***RO*** |

**Authority Required**

***Continuing supply for palliative care patients for the prevention of epilepsy.***

**NOTE:**

***No applications for repeats will be authorised.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *5340C* | ***Tablet 500 micrograms*** | ***100*** | ***..*** | ***..*** | ***14.23*** | ***15.24*** | ***a*** | ***Paxam 0.5*** | ***AF*** |
| | | | | ***B2.29*** | ***16.52*** | ***15.24*** | ***a*** | ***Rivotril*** | ***RO*** |
| *5341D* | ***Tablet 2 mg*** | ***100*** | ***..*** | ***..*** | ***21.96*** | ***22.97*** | ***a*** | ***Paxam 2*** | ***AF*** |
| | | | | ***B2.60*** | ***24.56*** | ***22.97*** | ***a*** | ***Rivotril*** | ***RO*** |
| *5342E* | ***Oral liquid 2.5 mg per mL, 10 mL*** | ***2*** | ***..*** | ***..*** | **** 13.70*** | ***14.71*** | | ***Rivotril*** | ***RO*** |

# PREPARATIONS WHICH MAY BE PRESCRIBED FOR PATIENTS RECEIVING PALLIATIVE CARE-cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | PSYCHOLEPTICS | | | | | | | | |
| | **Anxiolytics** | | | | | | | | |
| | • ***Benzodiazepine derivatives*** | | | | | | | | |
| | ***DIAZEPAM*** | | | | | | | | |
| | **Authority Required**<br>***Initial supply (for up to 4 months) for palliative care patients where anxiety is a problem;***<br>***Continuing supply for palliative care patients where anxiety is a problem, and where consultation with a palliative care specialist or service has occurred.***<br>**NOTE:**<br>***No applications for increased repeats will be authorised.*** | | | | | | | | |
| *5355W* | *Tablet 2 mg* | *50* | *3* | *..* | *7.42* | *8.43* | [a] | *Antenex 2* | *AF* |
| | | | | | | | [a] | *Valpam 2* | *AW* |
| | | | | *[B]0.87* | *8.29* | *8.43* | | *Ducene* | *SU* |
| | | | | *[B]1.27* | *8.69* | *8.43* | [a] | *Valium* | *RO* |
| *5356X* | *Tablet 5 mg* | *50* | *3* | *..* | *7.64* | *8.65* | [a] | *Antenex 5* | *AF* |
| | | | | | | | [a] | *Diazepam-DP* | *GM* |
| | | | | | | | [a] | *Valpam 5* | *AW* |
| | | | | *[B]0.91* | *8.55* | *8.65* | | *Ducene* | *SU* |
| | | | | *[B]1.28* | *8.92* | *8.65* | [a] | *Valium* | *RO* |
| | **Authority Required**<br>***Continuing supply for palliative care patients where anxiety is a problem.***<br>**NOTE:**<br>***No applications for repeats will be authorised.*** | | | | | | | | |
| *5357Y* | *Tablet 2 mg* | *50* | *..* | *..* | *7.42* | *8.43* | [a] | *Antenex 2* | *AF* |
| | | | | | | | [a] | *Valpam 2* | *AW* |
| | | | | *[B]0.87* | *8.29* | *8.43* | | *Ducene* | *SU* |
| | | | | *[B]1.27* | *8.69* | *8.43* | [a] | *Valium* | *RO* |
| *5358B* | *Tablet 5 mg* | *50* | *..* | *..* | *7.64* | *8.65* | [a] | *Antenex 5* | *AF* |
| | | | | | | | [a] | *Diazepam-DP* | *GM* |
| | | | | | | | [a] | *Valpam 5* | *AW* |
| | | | | *[B]0.91* | *8.55* | *8.65* | | *Ducene* | *SU* |
| | | | | *[B]1.28* | *8.92* | *8.65* | [a] | *Valium* | *RO* |

# PREPARATIONS WHICH MAY BE PRESCRIBED FOR PATIENTS RECEIVING PALLIATIVE CARE-cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | ***OXAZEPAM*** | | | | | | | | |
| | **Authority Required**<br>***Initial supply (for up to 4 months) for palliative care patients where anxiety is a problem;***<br>***Continuing supply for palliative care patients where anxiety is a problem, and where consultation with a palliative care specialist or service has occurred.***<br>**NOTE:**<br>***No applications for increased repeats will be authorised.*** | | | | | | | | |
| *5371Q* | ***Tablet 15 mg*** | ***50*** | ***3*** | ***..*** | **** 7.92*** | ***8.93*** | ***a*** | ***Alepam 15*** | ***AF*** |
| | | | | ***B 3.48*** | **** 11.40*** | ***8.93*** | ***a*** | ***Serepax*** | ***SI*** |
| *5372R* | ***Tablet 30 mg*** | ***50*** | ***3*** | ***..*** | **** 8.32*** | ***9.33*** | ***a*** | ***Alepam 30*** | ***AF*** |
| | | | | | | | ***a*** | ***Murelax*** | ***FM*** |
| | | | | ***B 3.70*** | **** 12.02*** | ***9.33*** | ***a*** | ***Serepax*** | ***SI*** |
| | **Authority Required**<br>***Continuing supply for palliative care patients where anxiety is a problem.***<br>**NOTE:**<br>***No applications for repeats will be authorised.*** | | | | | | | | |
| *5373T* | ***Tablet 15 mg*** | ***50*** | ***..*** | ***..*** | **** 7.92*** | ***8.93*** | ***a*** | ***Alepam 15*** | ***AF*** |
| | | | | ***B 3.48*** | **** 11.40*** | ***8.93*** | ***a*** | ***Serepax*** | ***SI*** |
| *5374W* | ***Tablet 30 mg*** | ***50*** | ***..*** | ***..*** | **** 8.32*** | ***9.33*** | ***a*** | ***Alepam 30*** | ***AF*** |
| | | | | | | | ***a*** | ***Murelax*** | ***FM*** |
| | | | | ***B 3.70*** | **** 12.02*** | ***9.33*** | ***a*** | ***Serepax*** | ***SI*** |
| | **Hypnotics and sedatives** | | | | | | | | |
| | • ***Benzodiazepine derivatives*** | | | | | | | | |
| | ***NITRAZEPAM*** | | | | | | | | |
| | **Authority Required**<br>***Initial supply (for up to 4 months) for palliative care patients where insomnia is a problem;***<br>***Continuing supply for palliative care patients where insomnia is a problem, and where consultation with a palliative care specialist or service has occurred.***<br>**NOTE:**<br>***No applications for increased repeats will be authorised.*** | | | | | | | | |
| *5359C* | ***Tablet 5 mg*** | ***50*** | ***3*** | ***..*** | **** 9.18*** | ***10.19*** | ***a*** | ***Alodorm*** | ***AF*** |
| | | | | ***B 3.92*** | **** 13.10*** | ***10.19*** | ***a*** | ***Mogadon*** | ***VT*** |

continued ☞

# PREPARATIONS WHICH MAY BE PRESCRIBED FOR PATIENTS RECEIVING PALLIATIVE CARE-cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **Authority Required**<br>***Continuing supply for palliative care patients where insomnia is a problem.***<br>**NOTE:**<br>***No applications for repeats will be authorised.*** | | | | | | | | |
| ***5360D*** | ***Tablet 5 mg*** | ***50*** | ***..*** | ***..*** | **** 9.18*** | ***10.19*** | ***a*** | ***Alodorm*** | ***AF*** |
| | | | | ***B 3.92*** | **** 13.10*** | ***10.19*** | ***a*** | ***Mogadon*** | ***VT*** |
| | ***TEMAZEPAM***<br>**Authority Required**<br>***Initial supply (for up to 4 months) for palliative care patients where insomnia is a problem;***<br>***Continuing supply for palliative care patients where insomnia is a problem, and where consultation with a palliative care specialist or service has occurred.***<br>**NOTE:**<br>***No applications for increased repeats will be authorised.*** | | | | | | | | |
| ***5375X*** | ***Tablet 10 mg*** | ***50*** | ***3*** | ***..*** | **** 9.18*** | ***10.19*** | ***a*** | ***Temaze*** | ***AF*** |
| | | | | | | | ***a*** | ***Temtabs*** | ***FM*** |
| | | | | ***B 3.54*** | **** 12.72*** | ***10.19*** | ***a*** | ***Normison*** | ***SI*** |
| | **Authority Required**<br>***Continuing supply for palliative care patients where insomnia is a problem.***<br>**NOTE:**<br>***No applications for repeats will be authorised.*** | | | | | | | | |
| ***5376Y*** | ***Tablet 10 mg*** | ***50*** | ***..*** | ***..*** | **** 9.18*** | ***10.19*** | ***a*** | ***Temaze*** | ***AF*** |
| | | | | | | | ***a*** | ***Temtabs*** | ***FM*** |
| | | | | ***B 3.54*** | **** 12.72*** | ***10.19*** | ***a*** | ***Normison*** | ***SI*** |

# PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **ALIMENTARY TRACT AND METABOLISM** | | | | | | | |
| | STOMATOLOGICAL PREPARATIONS | | | | | | | |
| | **Stomatological preparations** | | | | | | | |
| | • ***Antiinfectives and antiseptics for local oral treatment*** | | | | | | | |
| | AMPHOTERICIN | | | | | | | |
| 3306B | Lozenge 10 mg | 20 | .. | .. | 9.17 | 10.18 | Fungilin | BQ |
| | NYSTATIN | | | | | | | |
| 3343Y | Oral suspension 100,000 units per mL, 24 mL | ‡ 1 | .. | .. | 9.68 | 10.69 | Mycostatin<br>Nilstat | BQ<br>SI |
| | • ***Other agents for local oral treatment*** | | | | | | | |
| | ***BENZYDAMINE HYDROCHLORIDE*** | | | | | | | |
| | **Restricted Benefit**<br>***Radiation induced mucositis.*** | | | | | | | |
| ***5032W*** | ***Mouth and throat rinse 22.5 mg per 15 mL, 500 mL*** | ***‡ 1*** | ***..*** | ***..*** | ***19.40*** | ***20.41*** | ***Difflam*** | ***IA*** |
| | DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS | | | | | | | |
| | **Belladonna and derivatives, plain** | | | | | | | |
| | • ***Belladonna alkaloids, tertiary amines*** | | | | | | | |
| | ATROPINE SULFATE | | | | | | | |
| 5022H | Injection 600 micrograms in 1 mL | 10 | .. | .. | 18.95 | 19.96 | AP | |
| | **Propulsives** | | | | | | | |
| | • ***Propulsives*** | | | | | | | |
| | METOCLOPRAMIDE HYDROCHLORIDE | | | | | | | |
| 5151D | Tablet 10 mg | 25 | .. | .. | 6.99 | 8.00 | Pramin | AF |
| | | | | B2.88 | 9.87 | 8.00 | Maxolon | VT |
| 5153F | Injection 10 mg in 2 mL | 10 | .. | .. | 11.72 | 12.73 | Maxolon | VT |

# PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY—cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **ANTIEMETICS AND ANTINAUSEANTS** | | | | | | | | |
| | **Antiemetics and antinauseants** | | | | | | | | |
| | • ***Other antiemetics*** | | | | | | | | |
| | PROCHLORPERAZINE | | | | | | | | |
| | **CAUTION:** | | | | | | | | |
| | Prochlorperazine may be associated with parkinsonism and tardive dyskinesia and should be used for short-term treatment only. | | | | | | | | |
| 5205Y | Tablet containing prochlorperazine maleate 5 mg | 25 | .. | ..<br>B2.09 | 7.95<br>10.04 | 8.96<br>8.96 | a<br>a | Stemzine<br>Stemetil | AV<br>SW |
| 5206B | Injection containing prochlorperazine mesylate 12.5 mg in 1 mL | 10 | .. | .. | 14.55 | 15.56 | | Stemetil | SW |
| 5207C | Suppositories containing prochlorperazine equivalent to 5 mg prochlorperazine maleate, 5 | ‡ 1 | .. | .. | 15.71 | 16.72 | | Stemetil | SW |
| 5208D | Suppositories containing prochlorperazine equivalent to 25 mg prochlorperazine maleate, 5 | ‡ 1 | .. | .. | 17.21 | 18.22 | | Stemetil | SW |
| | PROMETHAZINE HYDROCHLORIDE | | | | | | | | |
| 3374N | Injection 50 mg in 2 mL | 10 | .. | .. | * 20.64 | 21.65 | | MX | |
| | **ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ ANTIINFECTIVE AGENTS** | | | | | | | | |
| | **Intestinal antiinfectives** | | | | | | | | |
| | • ***Antibiotics*** | | | | | | | | |
| | NYSTATIN | | | | | | | | |
| 3342X | Tablet 500,000 units | 50 | .. | .. | 16.50 | 17.51 | | Nilstat | SI |
| 3345C | Capsule 500,000 units | 50 | .. | .. | 16.50 | 17.51 | | Nilstat | SI |
| | **BLOOD AND BLOOD FORMING ORGANS** | | | | | | | | |
| | **BLOOD SUBSTITUTES AND PERFUSION SOLUTIONS** | | | | | | | | |
| | **I.V. solutions** | | | | | | | | |
| | • ***Solutions for parenteral nutrition*** | | | | | | | | |
| | GLUCOSE | | | | | | | | |
| 5106R | I.V. infusion 278 mmol (anhydrous) per L (5%), 1 L | 5 | .. | .. | * 24.09 | 25.10 | | BX | |

## PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY—cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | • ***Solutions affecting the electrolyte balance*** | | | | | | | |
| | SODIUM CHLORIDE | | | | | | | |
| 5212H | I.V. infusion 154 mmol per L (0.9%), 1 L | 5 | .. | .. | * 24.09 | 25.10 | BX | |
| 5213J | I.V. infusion 513 mmol per L (3%), 1 L | 2 | .. | .. | * 16.72 | 17.73 | BX | |
| | SODIUM CHLORIDE with GLUCOSE | | | | | | | |
| 5214K | I.V. infusion 31 mmol-222 mmol (anhydrous) per L (0.18%-4%), 1 L | 5 | .. | .. | * 24.09 | 25.10 | BX | |
| 5215L | I.V. infusion 19 mmol-104 mmol (anhydrous) per 500 mL (0.225%-3.75%), 500 mL | 5 | .. | .. | * 29.94 | 30.70 | BX | |
| 5216M | I.V. infusion 39 mmol-69 mmol (anhydrous) per 500 mL (0.45%-2.5%), 500 mL | 5 | .. | .. | * 29.94 | 30.70 | BX | |

## CARDIOVASCULAR SYSTEM

### CARDIAC THERAPY

**Antiarrhythmics, class I and III**

• ***Antiarrhythmics, class IB***

LIGNOCAINE HYDROCHLORIDE

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 5142P | Injection 100 mg in 5 mL | 5 | .. | .. | 35.01 | 30.70 | PF | |

**Cardiac stimulants excl. cardiac glycosides**

• ***Adrenergic and dopaminergic agents***

ADRENALINE

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 5004J | Injection 1 mg in 1 mL (1 in 1,000) | 5 | .. | .. | 18.75 | 19.76 | AP | |

**Vasodilators used in cardiac diseases**

• ***Organic nitrates***

GLYCERYL TRINITRATE

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 5108W | Tablets 600 micrograms, 100 | ‡ 1 | .. | .. | 11.27 | 12.28 | [a] Lycinate | FM |
| | | | | B1.61 | 12.88 | 12.28 | [a] Anginine Stabilised | SI |

## PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY—cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **DERMATOLOGICALS** | | | | | | | | |
| | CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS | | | | | | | | |
| | **Corticosteroids, plain** | | | | | | | | |
| | • ***Corticosteroids, weak (group I)*** | | | | | | | | |
| | ***HYDROCORTISONE ACETATE*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Treatment of corticosteroid-responsive dermatoses.*** | | | | | | | | |
| *5111B* | *Cream 10 mg per g (1%), 30 g* | *‡ 1* | *..* | *..* | *7.21* | *8.22* | *a* | *Cortic-DS 1%* | *FM* |
| | | | | *B1.85* | *9.06* | *8.22* | *a* | *Sigmacort* | *SI* |
| *5113D* | *Cream 10 mg per g (1%), 50 g* | *‡ 1* | *..* | *..* | *7.66* | *8.67* | *a* | *Cortic-DS 1%* | *FM* |
| | | | | *B0.08* | *7.74* | *8.67* | | *Cortef* | *DT* |
| | | | | *B1.86* | *9.52* | *8.67* | *a* | *Sigmacort* | *SI* |
| *5112C* | *Topical ointment 10 mg per g (1%), 30 g* | *‡ 1* | *..* | *..* | *7.21* | *8.22* | *a* | *Cortic-DS 1%* | *FM* |
| | | | | *B1.85* | *9.06* | *8.22* | *a* | *Sigmacort* | *SI* |
| *5114E* | *Topical ointment 10 mg per g (1%), 50 g* | *‡ 1* | *..* | *..* | *7.66* | *8.67* | *a* | *Cortic-DS 1%* | *FM* |
| | | | | *B1.86* | *9.52* | *8.67* | *a* | *Sigmacort* | *SI* |
| | **SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES AND INSULINS** | | | | | | | | |
| | CORTICOSTEROIDS FOR SYSTEMIC USE | | | | | | | | |
| | **Corticosteroids for systemic use, plain** | | | | | | | | |
| | • ***Glucocorticoids*** | | | | | | | | |
| | ***BETAMETHASONE ACETATE with BETAMETHASONE SODIUM PHOSPHATE*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***For local intra-articular or peri-articular infiltration;*** | | | | | | | | |
| | ***Keloid;*** | | | | | | | | |
| | ***Lichen planus hypertrophic.*** | | | | | | | | |
| *5034Y* | *Injection 3 mg-3.9 mg (equivalent to 5.7 mg betamethasone) in 1 mL* | *5* | *..* | *..* | *24.71* | *25.72* | | *Celestone Chronodose* | *SH* |
| | ***HYDROCORTISONE SODIUM SUCCINATE*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***For use in a hospital.*** | | | | | | | | |
| *5118J* | *Injection equivalent to 100 mg hydrocortisone with 2 mL solvent* | *6* | *..* | *..* | ** 36.82* | *30.70* | | *Solu-Cortef* | *PH* |
| *5119K* | *Injection equivalent to 250 mg hydrocortisone with 2 mL solvent* | *6* | *..* | *..* | ** 62.20* | *30.70* | | *Solu-Cortef* | *PH* |

## PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY—cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | ***METHYLPREDNISOLONE ACETATE*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***For local intra-articular or peri-articular infiltration.*** | | | | | | | | |
| ***5148Y*** | ***Injection 40 mg in 1 mL*** | ***5*** | ***..*** | ***..*** | ***23.39*** | ***24.40*** | [a] | ***Depo-Nisolone*** | ***KR*** |
| | | | | ***B0.74*** | ***24.13*** | ***24.40*** | [a] | ***Depo-Medrol*** | ***PH*** |
| | ***TRIAMCINOLONE ACETONIDE*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***For local intra-articular or peri-articular infiltration;*** | | | | | | | | |
| | ***Keloid;*** | | | | | | | | |
| | ***Lichen planus hypertrophic.*** | | | | | | | | |
| ***5233K*** | ***Injection 10 mg in 1 mL*** | ***5*** | ***..*** | ***..*** | ***24.71*** | ***25.72*** | | ***Kenacort-A10*** | ***BQ*** |
| | PANCREATIC HORMONES | | | | | | | | |
| | **Glycogenolytic hormones** | | | | | | | | |
| | • ***Glycogenolytic hormones*** | | | | | | | | |
| | GLUCAGON HYDROCHLORIDE | | | | | | | | |
| 5105Q | Injection set containing 1 mg (1 i.u.) and 1 mL solvent in disposable syringe | 1 | .. | .. | 41.12 | 30.70 | | GlucaGen Hypokit | NO |

## ANTIINFECTIVES FOR SYSTEMIC USE

| | ANTIBACTERIALS FOR SYSTEMIC USE | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | **Tetracyclines** | | | | | | | | |
| | • ***Tetracyclines*** | | | | | | | | |
| | DOXYCYCLINE | | | | | | | | |
| 5082L | Tablet 100 mg (as monohydrate) | 7 | .. | .. | 8.05 | 9.06 | [a] | Chem mart Doxycycline | CH |
| | | | | | | | [a] | Doxyhexal | SZ |
| | | | | | | | [a] | GenRx Doxycycline | GX |
| | | | | | | | [a] | Terry White Chemists Doxycycline | TW |
| 3321T | Tablet 100 mg (as hydrochloride) | 7 | .. | .. | 8.05 | 9.06 | [a] | Doxsig | SI |
| | | | | | | | [a] | Doxy-100 | GM |
| | | | | | | | [a] | Doxylin 100 | AF |
| | | | | B1.53 | 9.58 | 9.06 | [a] | Vibramycin | PF |

**NOTE:**
Bioequivalence has been demonstrated between doxycycline tablet 100 mg (as hydrochloride) and doxycycline tablet 100 mg (as monohydrate).

continued ☞

## PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY—cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| 3322W | Capsule 100 mg (as hydrochloride) | 7 | .. | .. | 8.05 | 9.06 | [a] DBL Doxycycline | FA |
| | | | | B1.46 | 9.51 | 9.06 | [a] Doryx | MX |
| | **Beta-lactam antibacterials, penicillins** | | | | | | | |
| | • ***Penicillins with extended spectrum*** | | | | | | | |
| | AMOXYCILLIN | | | | | | | |
| 3303W | Chewable tablet 250 mg | 20 | .. | .. | 9.02 | 10.03 | Amoxil | GK |
| 3301R | Capsule 250 mg | 20 | .. | .. | 8.16 | 9.17 | [a] Alphamox 250 | AF |
| | | | | | | | [a] Amohexal | HX |
| | | | | | | | [a] Amoxycillin-DP | GM |
| | | | | | | | [a] Chem mart Amoxycillin | CH |
| | | | | | | | [a] Cilamox | SI |
| | | | | | | | [a] GenRx Amoxycillin | GX |
| | | | | | | | [a] Terry White Chemists Amoxycillin | TW |
| | | | | B1.00 | 9.16 | 9.17 | [a] Amoxil | GK |
| 3300Q | Capsule 500 mg | 20 | .. | .. | 10.84 | 11.85 | [a] Alphamox 500 | AF |
| | | | | | | | [a] Amohexal | HX |
| | | | | | | | [a] Amoxycillin-DP | GM |
| | | | | | | | [a] Chem mart Amoxycillin | CH |
| | | | | | | | [a] Cilamox | SI |
| | | | | | | | [a] GenRx Amoxycillin | GX |
| | | | | | | | [a] Moxacin | CS |
| | | | | | | | [a] Terry White Chemists Amoxycillin | TW |
| | | | | B1.00 | 11.84 | 11.85 | [a] Amoxil | GK |
| 3309E | Sachet containing oral powder 3 g | 1 | .. | .. | 8.87 | 9.88 | Amoxil | GK |
| 3302T | Powder for syrup 125 mg per 5 mL, 100 mL | ‡ 1 | .. | .. | # 10.45 | 11.85 | [a] Alphamox 125 | AF |
| | | | | | | | [a] Amohexal | HX |
| | | | | | | | [a] Bgramin | GM |
| | | | | | | | [a] Chem mart Amoxycillin | CH |
| | | | | | | | [a] GenRx Amoxycillin | GX |
| | | | | | | | [a] Terry White Chemists Amoxycillin | TW |
| | | | | B1.22 | # 11.67 | 11.85 | [a] Amoxil | GK |

continued ☞

## PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY—cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| 3393N | Powder for syrup 250 mg per 5 mL, 100 mL | ‡ 1 | .. | .. | # 11.52 | 12.92 | [a] Alphamox 250 | AF |
| | | | | | | | [a] Amohexal | HX |
| | | | | | | | [a] Bgramin | GM |
| | | | | | | | [a] Chem mart Amoxycillin | CH |
| | | | | | | | [a] Cilamox | SI |
| | | | | | | | [a] GenRx Amoxycillin | GX |
| | | | | | | | [a] Terry White Chemists Amoxycillin | TW |
| | | | | B1.01 | # 12.53 | 12.92 | [a] Amoxil Forte | GK |
| 5225B | Powder for oral suspension 500 mg per 5 mL, 100 mL | ‡ 1 | .. | .. | # 14.23 | 15.63 | Maxamox | SZ |
| | AMPICILLIN | | | | | | | |
| 3313J | Powder for injection 500 mg | 5 | .. | .. | 11.38 | 12.39 | [a] Austrapen | LN |
| | | | | | | | [a] Ibimicyn | GM |
| 3314K | Powder for injection 1 g | 5 | .. | .. | 15.19 | 16.20 | [a] Aspen Ampicyn | AS |
| | | | | | | | [a] Austrapen | LN |
| | | | | | | | [a] Ibimicyn | GM |
| | • ***Beta-lactamase sensitive penicillins*** | | | | | | | |
| | BENZATHINE PENICILLIN | | | | | | | |
| 5025L | Injection 900 mg in 2 mL cartridge-needle unit (for use with Tubex Injector) | 1 | .. | .. | 25.72 | 26.73 | Bicillin L-A Tubex | AS |
| 5252K | Powder for injection 900 mg (1,200,000 i.u.) | 1 | .. | .. | * 42.69 | 30.70 | Pan Benzathine Benzylpenicillin | AS |
| | BENZYLPENICILLIN | | | | | | | |
| 3398W | Powder for injection 600 mg | 10 | .. | .. | * 38.34 | 30.70 | BenPen | CS |
| 3399X | Powder for injection 3 g | 10 | .. | .. | * 61.94 | 30.70 | BenPen | CS |
| | PHENOXYMETHYLPENICILLIN | | | | | | | |
| 3360W | Tablet 250 mg | 50 | .. | .. | * 12.00 | 13.01 | Abbocillin-VK Filmtab | SI |
| 3361X | Tablet 500 mg | 50 | .. | .. | * 15.18 | 16.19 | Abbocillin-VK Filmtab | SI |

continued ☞

# PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY—cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| 3363B | Capsule 250 mg | 50 | .. | .. | 11.80 | 12.81 | [a] Cilicaine VK | FM |
| | | | | | | | [a] Cilopen VK | GM |
| | | | | | | | LPV | CS |
| | | | | | | | [a] Penhexal VK | HX |
| 3364C | Capsule 500 mg | 50 | .. | .. | 14.90 | 15.91 | [a] Cilicaine VK | FM |
| | | | | | | | [a] Cilopen VK | GM |
| | | | | | | | LPV | CS |
| | | | | | | | [a] Penhexal VK | HX |
| 3365D | Paediatric oral suspension 125 mg per 5 mL, 100 mL | 2 | .. | .. | * 12.78 | 13.79 | [a] Cilicaine V | FM |
| | | | | B1.82 | * 14.60 | 13.79 | [a] Abbocillin-V | SI |
| 3366E | Oral suspension 250 mg per 5 mL, 100 mL | 2 | .. | .. | * 15.48 | 16.49 | [a] Cilicaine V | FM |
| | | | | B1.80 | * 17.28 | 16.49 | [a] Abbocillin-V | SI |
| | PROCAINE PENICILLIN | | | | | | | |
| 3371K | Injection 1.5 g | 5 | .. | .. | 51.64 | 30.70 | Cilicaine | SI |
| | **• *Beta-lactamase resistant penicillins*** | | | | | | | |
| | DICLOXACILLIN | | | | | | | |
| 5098H | Powder for injection 500 mg | 5 | .. | .. | 17.12 | 18.13 | Diclocil | BQ |
| 5099J | Powder for injection 1 g | 5 | .. | .. | 23.78 | 24.79 | Diclocil | BQ |
| | ***DICLOXACILLIN*** | | | | | | | |
| | **Restricted Benefit** | | | | | | | |
| | ***Serious staphylococcal infections.*** | | | | | | | |
| ***5096F*** | ***Capsule 250 mg*** | ***24*** | ***..*** | ***..*** | ***11.85*** | ***12.86*** | [a] ***Diclocil*** | ***BQ*** |
| | | | | | | | [a] ***Dicloxsig*** | ***SI*** |
| | | | | | | | [a] ***Distaph 250*** | ***AF*** |
| ***5097G*** | ***Capsule 500 mg*** | ***24*** | ***..*** | ***..*** | ***18.86*** | ***19.87*** | [a] ***Diclocil*** | ***BQ*** |
| | | | | | | | [a] ***Dicloxsig*** | ***SI*** |
| | | | | | | | [a] ***Distaph 500*** | ***AF*** |
| | FLUCLOXACILLIN | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days. | | | | | | | |
| 5094D | Powder for injection 500 mg | 5 | .. | .. | 17.01 | 18.02 | [a] Flopen | CS |
| | | | | | | | [a] Flubiclox | GM |

continued ☞

## PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY—cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| 5095E | Powder for injection 1 g | 5 | .. | .. | 23.59 | 24.60 | a | Aspen Flucil | AS |
| | | | | | | | a | Flopen | CS |
| | | | | | | | a | Flubiclox | GM |
| | | | | | | | a | MX | |

***FLUCLOXACILLIN***
**CAUTION:**
***Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.***

**Restricted Benefit**
***Serious staphylococcal infections.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| ***5090X*** | ***Capsule 250 mg*** | ***24*** | ***..*** | ***..*** | ***11.85*** | ***12.86*** | ***a*** | ***Flopen*** | ***CS*** |
| | | | | | | | ***a*** | ***Staphylex 250*** | ***AF*** |
| | | | | ***B0.45*** | ***12.30*** | ***12.86*** | ***a*** | ***Floxapen*** | ***GK*** |
| ***5091Y*** | ***Capsule 500 mg*** | ***24*** | ***..*** | ***..*** | ***18.86*** | ***19.87*** | ***a*** | ***Flopen*** | ***CS*** |
| | | | | | | | ***a*** | ***Staphylex 500*** | ***AF*** |
| | | | | ***B0.57*** | ***19.43*** | ***19.87*** | ***a*** | ***Floxapen*** | ***GK*** |
| ***5092B*** | ***Powder for syrup 125 mg per 5 mL, 100 mL*** | ***‡ 1*** | ***..*** | ***..*** | ***# 13.81*** | ***15.21*** | | ***Floxapen*** | ***GK*** |
| ***5093C*** | ***Powder for syrup 250 mg per 5 mL, 100 mL*** | ***‡ 1*** | ***..*** | ***..*** | ***# 17.41*** | ***18.81*** | ***a*** | ***Flopen*** | ***CS*** |
| | | | | ***B0.09*** | ***# 17.50*** | ***18.81*** | ***a*** | ***Floxapen*** | ***GK*** |

### • *Combinations of penicillins, incl. beta-lactamase inhibitors*

***AMOXYCILLIN with CLAVULANIC ACID***
**CAUTION:**
***Hepatotoxicity has been reported with this drug.***

**Restricted Benefit**
***Infections where resistance to amoxycillin is suspected;***

***Infections where resistance to amoxycillin is proven.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| ***5008N*** | ***Tablet 500 mg-125 mg*** | ***10*** | ***..*** | ***..*** | ***12.76*** | ***13.77*** | ***a*** | ***Clamohexal Duo 500mg/125mg*** | ***HX*** |
| | | | | | | | ***a*** | ***Clamoxyl Duo*** | ***AL*** |
| | | | | | | | ***a*** | ***Clavulin Duo*** | ***ME*** |
| | | | | | | | ***a*** | ***Curam 500/125*** | ***SZ*** |
| | | | | | | | ***a*** | ***Moxiclav Duo 500/125*** | ***AW*** |
| | | | | ***B0.99*** | ***13.75*** | ***13.77*** | ***a*** | ***Augmentin Duo*** | ***GK*** |

continued ☞

## PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY—cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| *5006L* | *Tablet 875 mg-125 mg* | *10* | *..* | *..* | *15.87* | *16.88* | [a] *Chem mart Amoxycillin and Clavulanic Acid* | *CH* |
| | | | | | | | [a] *Clamohexal Duo Forte 875mg/ 125mg* | *HX* |
| | | | | | | | [a] *Clamoxyl Duo forte* | *AL* |
| | | | | | | | [a] *Clavulin Duo Forte* | *ME* |
| | | | | | | | [a] *Clavycillin 875/125* | *CR* |
| | | | | | | | [a] *Curam 875/125* | *SZ* |
| | | | | | | | [a] *GenRx Amoxycillin and Clavulanic Acid* | *GX* |
| | | | | | | | [a] *Moxiclav Duo Forte 875/125* | *AW* |
| | | | | | | | [a] *Terry White Chemists Amoxycillin and Clavulanic Acid* | *TW* |
| | | | | *[B]1.30* | *17.17* | *16.88* | [a] *Augmentin Duo forte* | *GK* |
| *5009P* | *Powder for syrup 125 mg-31.25 mg per 5 mL, 75 mL* | *‡ 1* | *..* | *..* | *[#] 12.53* | *13.93* | [a] *Clamohexal 125mg/31.25mg/ 5mL* | *HX* |
| | | | | | | | [a] *Clamoxyl* | *AL* |
| | | | | | | | [a] *Clavulin* | *ME* |
| | | | | *[B]0.96* | *[#] 13.49* | *13.93* | [a] *Augmentin* | *GK* |
| *5011R* | *Powder for syrup 400 mg-57 mg per 5 mL, 60 mL* | *‡ 1* | *..* | *..* | *[#] 14.45* | *15.85* | [a] *Clamohexal Duo 400mg/57mg/ 5mL* | *HX* |
| | | | | | | | [a] *Clamoxyl Duo 400* | *AL* |
| | | | | | | | [a] *Clavulin Duo 400* | *ME* |
| | | | | *[B]0.98* | *[#] 15.43* | *15.85* | [a] *Augmentin Duo 400* | *GK* |
| | *TICARCILLIN with CLAVULANIC ACID* | | | | | | | |
| | **Restricted Benefit** *Infections where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent.* | | | | | | | |
| *5230G* | *Powder for injection 3 g-100 mg (solvent required)* *(code 7043Q applies to above item with approved solvent)* | *10* | *..* | *..* | *148.08* | *30.70* | *Timentin* | *GK* |

## PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY—cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **Other beta-lactam antibacterials** | | | | | | | |
| | • ***First-generation cephalosporins*** | | | | | | | |
| | CEPHALEXIN | | | | | | | |
| 3317N | Capsule 250 mg | 20 | .. | .. | 8.53 | 9.54 | [a] Chem mart Cephalexin | CH |
| | | | | | | | [a] Cilex | GM |
| | | | | | | | [a] GenRx Cephalexin | GX |
| | | | | | | | [a] Ialex | LN |
| | | | | | | | [a] Ibilex 250 | AF |
| | | | | | | | [a] Rancef | RA |
| | | | | | | | [a] Sporahexal | HX |
| | | | | | | | [a] Terry White Chemists Cephalexin | TW |
| | | | | B2.39 | 10.92 | 9.54 | [a] Keflex | AS |
| 3318P | Capsule 500 mg | 20 | .. | .. | 10.98 | 11.99 | [a] Chem mart Cephalexin | CH |
| | | | | | | | [a] Cilex | GM |
| | | | | | | | [a] GenRx Cephalexin | GX |
| | | | | | | | [a] Ialex | LN |
| | | | | | | | [a] Ibilex 500 | AF |
| | | | | | | | [a] Rancef | RA |
| | | | | | | | [a] Sporahexal | HX |
| | | | | | | | [a] Terry White Chemists Cephalexin | TW |
| | | | | B2.84 | 13.82 | 11.99 | [a] Keflex | AS |
| 3319Q | Granules for syrup 125 mg per 5 mL, 100 mL | ‡ 1 | .. | .. | # 11.72 | 13.12 | [a] Chem mart Cephalexin | CH |
| | | | | | | | [a] Cilex | GM |
| | | | | | | | [a] GenRx Cephalexin | GX |
| | | | | | | | [a] Ialex | LN |
| | | | | | | | [a] Ibilex 125 | AF |
| | | | | | | | [a] Terry White Chemists Cephalexin | TW |
| | | | | B2.47 | # 14.19 | 13.12 | [a] Keflex | AS |

continued ☞

## PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY—cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| 3320R | Granules for syrup 250 mg per 5 mL, 100 mL | ‡ 1 | .. | .. | # 13.50 | 14.90 | [a] Chem mart Cephalexin | CH |
| | | | | | | | [a] Cilex | GM |
| | | | | | | | [a] GenRx Cephalexin | GX |
| | | | | | | | [a] Ialex | LN |
| | | | | | | | [a] Ibilex 250 | AF |
| | | | | | | | [a] Terry White Chemists Cephalexin | TW |
| | | | | B2.82 | # 16.32 | 14.90 | [a] Keflex | AS |
| | CEPHALOTHIN | | | | | | | |
| 3376Q | Powder for injection 1 g | 10 | .. | .. | 43.01 | 30.70 | [a] Keflin Neutral | AS |
| | | | | | | | [a] MX | |
| | • ***Second-generation cephalosporins*** | | | | | | | |
| | CEFACLOR | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | Serum sickness-like reactions have been reported with this drug, especially in children. | | | | | | | |
| 5045M | Tablet 375 mg (sustained release) | 10 | .. | .. | 13.70 | 14.71 | [a] Chem mart Cefaclor CD | CH |
| | | | | | | | [a] Douglas Cefaclor-CD | GM |
| | | | | | | | [a] GenRx Cefaclor CD | GX |
| | | | | | | | [a] Karlor CD | LN |
| | | | | | | | [a] Keflor CD | AF |
| | | | | | | | [a] Ozcef | RA |
| | | | | | | | [a] Terry White Chemists Cefaclor CD | TW |
| | | | | B2.91 | 16.61 | 14.71 | [a] Ceclor CD | AS |
| 5046N | Powder for oral suspension 125 mg per 5 mL, 100 mL | ‡ 1 | .. | .. | # 13.84 | 15.24 | [a] Aclor 125 | AW |
| | | | | | | | [a] Chem mart Cefaclor | CH |
| | | | | | | | [a] GenRx Cefaclor | GX |
| | | | | | | | [a] Keflor | AF |
| | | | | | | | [a] Terry White Chemists Cefaclor | TW |
| | | | | B2.54 | # 16.38 | 15.24 | [a] Ceclor | AS |

continued ☞

## PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY—cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| 5047P | Powder for oral suspension 250 mg per 5 mL, 75 mL | ‡ 1 | .. | .. | # 14.25 | 15.65 | [a] Aclor 250 | AW |
| | | | | | | | [a] Chem mart Cefaclor | CH |
| | | | | | | | [a] GenRx Cefaclor | GX |
| | | | | | | | [a] Keflor | AF |
| | | | | | | | [a] Terry White Chemists Cefaclor | TW |
| | | | | B2.62 | # 16.87 | 15.65 | [a] Ceclor | AS |
| | CEFUROXIME AXETIL | | | | | | | |
| 5052X | Tablet 250 mg (base) | 14 | .. | .. | 15.16 | 16.17 | Zinnat | GK |

### • *Third-generation cephalosporins*

***CEFOTAXIME***

**Restricted Benefit**

***Infections where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ***5048Q*** | ***Powder for injection 1 g*** | ***10*** | ***..*** | ***..*** | ***26.14*** | ***27.15*** | [a] ***MX*** | |
| | | | | ***B26.40*** | **** 52.54*** | ***27.15*** | [a] ***Cefotaxime Sandoz*** | ***SZ*** |
| ***5049R*** | ***Powder for injection 2 g*** | ***10*** | ***..*** | ***..*** | ***43.74*** | ***30.70*** | [a] ***MX*** | |
| | | | | ***B48.60*** | **** 92.34*** | ***30.70*** | [a] ***Cefotaxime Sandoz*** | ***SZ*** |

## Sulfonamides and trimethoprim

### • *Combinations of sulfonamides and trimethoprim, incl. derivatives*

TRIMETHOPRIM with SULFAMETHOXAZOLE

**CAUTION:**

There is an increased risk of severe adverse reactions with this combination in the elderly.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 3389J | Tablet 80 mg-400 mg | 10 | .. | .. | 8.31 | 9.32 | [a] Resprim | AF |
| | | | | | | | [a] Septrin | SI |

continued ☞

# PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY—cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| 3390K | Tablet 160 mg-800 mg | 10 | .. | .. | 9.22 | 10.23 | a | Bactrim DS | RO |
| | | | | | | | a | Chem mart Trimethoprim with Sulfamethoxazole DS | CH |
| | | | | | | | a | GenRx Trimethoprim with Sulfamethoxazole DS | GX |
| | | | | | | | a | Resprim Forte | AF |
| | | | | | | | a | Terry White Chemists Trimethoprim with Sulfamethoxazole DS | TW |
| | | | | B1.41 | 10.63 | 10.23 | a | Septrin Forte | SI |
| 3391L | Oral suspension 40 mg-200 mg per 5 mL, 100 mL | ‡ 1 | .. | .. | 8.80 | 9.81 | | Bactrim | RO |
| | | | | | | | a | Resprim | AF |
| | | | | B1.85 | 10.65 | 9.81 | a | Septrin | SI |

## Macrolides, lincosamides and streptogramins

### • *Macrolides*

ERYTHROMYCIN

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 3325B | Capsule 250 mg | 25 | .. | .. | 9.28 | 10.29 | a | DBL Erythromycin | FA |
| | | | | B1.72 | 11.00 | 10.29 | a | Eryc | MX |

ERYTHROMYCIN ETHYL SUCCINATE

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 3336N | Tablet 400 mg (base) | 25 | .. | .. | 9.19 | 10.20 | a | E-Mycin | AF |
| | | | | B3.00 | 12.19 | 10.20 | a | E.E.S. 400 Filmtab | AB |
| 3334L | Powder for oral liquid 200 mg (base) per 5 mL, 100 mL | ‡ 1 | .. | .. | # 11.20 | 12.60 | a | E-Mycin 200 | AF |
| | | | | B2.12 | # 13.32 | 12.60 | a | E.E.S. 200 | AB |
| 3337P | Powder for oral liquid 400 mg (base) per 5 mL, 100 mL | ‡ 1 | .. | .. | # 12.77 | 14.17 | a | E-Mycin 400 | AF |
| | | | | B1.71 | # 14.48 | 14.17 | a | E.E.S. Granules | AB |

ERYTHROMYCIN LACTOBIONATE

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5088T | Powder for I.V. infusion 1 g (base) | 5 | .. | .. | * 49.94 | 30.70 | | Erythrocin-I.V. | AB |

### • *Lincosamides*

***CLINDAMYCIN***

**Restricted Benefit**

***Gram-positive coccal infections where these cannot be safely and effectively treated with a penicillin.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| ***5057E*** | ***Capsule 150 mg*** | ***25*** | .. | .. | ***19.00*** | ***20.01*** | a | ***Cleocin*** | ***KR*** |
| | | | | ***B1.41*** | ***20.41*** | ***20.01*** | a | ***Dalacin C*** | ***PH*** |

# PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY—cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | LINCOMYCIN | | | | | | | | |
| 5144R | Injection 600 mg in 2 mL | 5 | .. | .. | 29.02 | 30.03 | | Lincocin | PH |
| | **Other antibacterials** | | | | | | | | |
| | • ***Glycopeptide antibacterials*** | | | | | | | | |
| | ***VANCOMYCIN*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Prophylaxis of endocarditis in patients hypersensitive to penicillin.*** | | | | | | | | |
| ***3323X*** | ***Powder for injection 500 mg (500,000 i.u.) vancomycin activity*** | ***2*** | ***..*** | ***..*** | **** 51.10*** | ***30.70*** | ***a*** | ***Vancocin*** | ***AS*** |
| | | | | | | | ***a*** | ***MX*** | |
| | • ***Imidazole derivatives*** | | | | | | | | |
| | METRONIDAZOLE | | | | | | | | |
| 3339R | Tablet 200 mg | 21 | .. | .. | 7.40 | 8.41 | a | Metrogyl 200 | AF |
| | | | | | | | a | Metronide 200 | AV |
| | | | | B1.92 | 9.32 | 8.41 | a | Flagyl | SW |
| 5159M | Tablet 400 mg | 5 | .. | .. | 7.30 | 8.31 | | Metrogyl 400 | AF |
| 5157K | Suppositories 500 mg, 10 | ‡ 1 | .. | .. | 20.44 | 21.45 | | Flagyl | SW |
| | ***METRONIDAZOLE*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Treatment of anaerobic infections.*** | | | | | | | | |
| ***5155H*** | ***Tablet 400 mg*** | ***21*** | ***..*** | ***..*** | ***10.04*** | ***11.05*** | ***a*** | ***Metrogyl 400*** | ***AF*** |
| | | | | | | | ***a*** | ***Metronide 400*** | ***AV*** |
| | | | | ***B2.00*** | ***12.04*** | ***11.05*** | ***a*** | ***Flagyl*** | ***SW*** |
| | **Restricted Benefit** | | | | | | | | |
| | ***Treatment, in a hospital, of acute anaerobic sepsis.*** | | | | | | | | |
| ***5154G*** | ***I.V. infusion 500 mg in 100 mL*** | ***5*** | ***..*** | ***..*** | **** 42.64*** | ***30.70*** | | ***BX*** | |
| | METRONIDAZOLE BENZOATE | | | | | | | | |
| 3341W | Oral suspension 320 mg per 5 mL (equivalent to 200 mg metronidazole in 5 mL), 100 mL | ‡ 1 | .. | .. | 14.76 | 15.77 | | Flagyl S | SW |

# PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY—cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **MUSCULO-SKELETAL SYSTEM** | | | | | | | | |
| | ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS | | | | | | | | |
| | **Antiinflammatory and antirheumatic products, non-steroids** | | | | | | | | |
| | • ***Acetic acid derivatives and related substances*** | | | | | | | | |
| | DICLOFENAC SODIUM | | | | | | | | |
| 5079H | Suppository 100 mg | 40 | .. | .. | * 23.12 | 24.13 | | Voltaren 100 | NV |
| | ***DICLOFENAC SODIUM*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Chronic arthropathies (including osteoarthritis) with an inflammatory component;*** | | | | | | | | |
| | ***Bone pain due to malignant disease.*** | | | | | | | | |
| ***5076E*** | ***Tablet 25 mg (enteric coated)*** | ***100*** | ***..*** | ***..*** | **** 13.92*** | ***14.93*** | [a] | ***Chem mart Diclofenac*** | ***CH*** |
| | | | | | | | [a] | ***Clonac 25*** | ***AW*** |
| | | | | | | | [a] | ***Diclohexal*** | ***HX*** |
| | | | | | | | [a] | ***Dinac*** | ***GM*** |
| | | | | | | | [a] | ***GenRx Diclofenac*** | ***GX*** |
| | | | | | | | [a] | ***Terry White Chemists Diclofenac*** | ***TW*** |
| | | | | ***..*** | ***13.92*** | ***14.93*** | [a] | ***Fenac 25*** | ***AF*** |
| | | | | ***B2.50*** | **** 16.42*** | ***14.93*** | [a] | ***Voltaren 25*** | ***NV*** |
| ***5077F*** | ***Tablet 50 mg (enteric coated)*** | ***50*** | ***..*** | ***..*** | ***11.35*** | ***12.36*** | [a] | ***Chem mart Diclofenac*** | ***CH*** |
| | | | | | | | [a] | ***Clonac 50*** | ***AW*** |
| | | | | | | | [a] | ***Diclohexal*** | ***HX*** |
| | | | | | | | [a] | ***Dinac*** | ***GM*** |
| | | | | | | | [a] | ***Fenac*** | ***AF*** |
| | | | | | | | [a] | ***GenRx Diclofenac*** | ***GX*** |
| | | | | | | | [a] | ***Terry White Chemists Diclofenac*** | ***TW*** |
| | | | | ***B2.49*** | ***13.84*** | ***12.36*** | [a] | ***Voltaren 50*** | ***NV*** |
| | INDOMETHACIN | | | | | | | | |
| 5128X | Suppository 100 mg | 40 | .. | .. | * 20.82 | 21.83 | | Indocid | MK |

continued ☞

## PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY—cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | ***INDOMETHACIN*** | | | | | | | | |
| | **Restricted Benefit**<br>***Chronic arthropathies (including osteoarthritis) with an inflammatory component;***<br>***Bone pain due to malignant disease.*** | | | | | | | | |
| ***5126T*** | ***Capsule 25 mg*** | ***100*** | ***..*** | ***..*** | **** 10.84*** | ***11.85*** | ***a*** | ***Arthrexin*** | ***AF*** |
| | | | | ***B2.98*** | **** 13.82*** | ***11.85*** | ***a*** | ***Indocid*** | ***MK*** |
| | ***SULINDAC*** | | | | | | | | |
| | **Restricted Benefit**<br>***Chronic arthropathies (including osteoarthritis) with an inflammatory component;***<br>***Bone pain due to malignant disease.*** | | | | | | | | |
| ***5217N*** | ***Tablet 100 mg*** | ***100*** | ***..*** | ***..*** | **** 14.92*** | ***15.93*** | | ***Aclin*** | ***AF*** |
| ***5218P*** | ***Tablet 200 mg*** | ***50*** | ***..*** | ***..*** | ***13.91*** | ***14.92*** | | ***Aclin 200*** | ***AF*** |
| | • ***Oxicams***<br>***PIROXICAM*** | | | | | | | | |
| | **Restricted Benefit**<br>***Chronic arthropathies (including osteoarthritis) with an inflammatory component.*** | | | | | | | | |
| ***5201R*** | ***Dispersible tablet 10 mg*** | ***50*** | ***..*** | ***..*** | ***13.20*** | ***14.21*** | ***a*** | ***GenRx Piroxicam Dispersible*** | ***GX*** |
| | | | | | | | ***a*** | ***Mobilis D-10*** | ***AF*** |
| | | | | | | | ***a*** | ***Pirohexal-D*** | ***HX*** |
| | | | | ***B2.66*** | ***15.86*** | ***14.21*** | ***a*** | ***Feldene-D*** | ***PF*** |
| ***5202T*** | ***Dispersible tablet 20 mg*** | ***25*** | ***..*** | ***..*** | ***12.81*** | ***13.82*** | ***a*** | ***Chem mart Piroxicam Dispersible*** | ***CH*** |
| | | | | | | | ***a*** | ***GenRx Piroxicam Dispersible*** | ***GX*** |
| | | | | | | | ***a*** | ***Mobilis D-20*** | ***AF*** |
| | | | | | | | ***a*** | ***Pirohexal-D*** | ***HX*** |
| | | | | | | | ***a*** | ***Terry White Chemists Piroxicam Dispersible*** | ***TW*** |
| | | | | ***B2.64*** | ***15.45*** | ***13.82*** | ***a*** | ***Feldene-D*** | ***PF*** |

continued ☞

## PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY—cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| ***5203W*** | ***Capsule 10 mg*** | ***50*** | ***..*** | ***..*** | ***13.20*** | ***14.21*** | ***a*** | ***Chem mart Piroxicam*** | ***CH*** |
| | | | | | | | ***a*** | ***GenRx Piroxicam*** | ***GX*** |
| | | | | | | | ***a*** | ***Mobilis 10*** | ***AF*** |
| | | | | | | | ***a*** | ***Terry White Chemists Piroxicam*** | ***TW*** |
| | | | | ***B2.66*** | ***15.86*** | ***14.21*** | ***a*** | ***Feldene*** | ***PF*** |
| ***5204X*** | ***Capsule 20 mg*** | ***25*** | ***..*** | ***..*** | ***12.81*** | ***13.82*** | ***a*** | ***Chem mart Piroxicam*** | ***CH*** |
| | | | | | | | ***a*** | ***GenRx Piroxicam*** | ***GX*** |
| | | | | | | | ***a*** | ***Mobilis 20*** | ***AF*** |
| | | | | | | | ***a*** | ***Terry White Chemists Piroxicam*** | ***TW*** |
| | | | | ***B2.64*** | ***15.45*** | ***13.82*** | ***a*** | ***Feldene*** | ***PF*** |
| | ***• Propionic acid derivatives*** | | | | | | | | |
| | IBUPROFEN | | | | | | | | |
| 5124Q | Tablet 400 mg | 30 | .. | .. | 8.09 | 9.10 | | Brufen | AB |
| | ***IBUPROFEN*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Chronic arthropathies (including osteoarthritis) with an inflammatory component;*** | | | | | | | | |
| | ***Bone pain due to malignant disease.*** | | | | | | | | |
| ***5121M*** | ***Tablet 200 mg*** | ***100*** | ***..*** | ***..*** | **** 10.84*** | ***11.85*** | | ***Rafen 200*** | ***AF*** |
| ***5123P*** | ***Tablet 400 mg*** | ***90*** | ***..*** | ***..*** | **** 13.39*** | ***14.40*** | | ***Brufen*** | ***AB*** |
| | KETOPROFEN | | | | | | | | |
| 5139L | Suppository 100 mg | 40 | .. | .. | * 21.52 | 22.53 | | Orudis | SW |
| | ***KETOPROFEN*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Chronic arthropathies (including osteoarthritis) with an inflammatory component.*** | | | | | | | | |
| ***5136H*** | ***Capsule 200 mg (sustained release)*** | ***28*** | ***..*** | ***..*** | ***15.69*** | ***16.70*** | ***a*** | ***Oruvail SR*** | ***AV*** |
| | | | | ***B1.95*** | ***17.64*** | ***16.70*** | ***a*** | ***Orudis SR 200*** | ***SW*** |

# PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY—cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | ***NAPROXEN*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Chronic arthropathies (including osteoarthritis) with an inflammatory component;*** | | | | | | | | |
| | ***Bone pain due to malignant disease.*** | | | | | | | | |
| ***5176K*** | ***Tablet 250 mg*** | ***100*** | ***..*** | ***..*** | **** 14.74*** | ***15.75*** | ***a*** | ***Inza 250*** | ***AF*** |
| | | | | ***B 3.00*** | **** 17.74*** | ***15.75*** | ***a*** | ***Naprosyn*** | ***RO*** |
| ***5177L*** | ***Tablet 500 mg*** | ***50*** | ***..*** | ***..*** | ***13.71*** | ***14.72*** | ***a*** | ***Inza 500*** | ***AF*** |
| | | | | ***B 1.75*** | ***15.46*** | ***14.72*** | ***a*** | ***Naprosyn*** | ***RO*** |
| ***5178M*** | ***Tablet 750 mg (sustained release)*** | ***28*** | ***..*** | ***..*** | ***13.04*** | ***14.05*** | ***a*** | ***Proxen SR 750*** | ***MD*** |
| | | | | ***B 1.62*** | ***14.66*** | ***14.05*** | ***a*** | ***Naprosyn SR750*** | ***RO*** |
| ***5179N*** | ***Tablet 1 g (sustained release)*** | ***28*** | ***..*** | ***..*** | ***15.57*** | ***16.58*** | ***a*** | ***Proxen SR 1000*** | ***MD*** |
| | | | | ***B 1.72*** | ***17.29*** | ***16.58*** | ***a*** | ***Naprosyn SR1000*** | ***RO*** |
| | ***NAPROXEN SODIUM*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Chronic arthropathies (including osteoarthritis) with an inflammatory component;*** | | | | | | | | |
| | ***Bone pain due to malignant disease.*** | | | | | | | | |
| ***5186Y*** | ***Tablet 550 mg*** | ***50*** | ***..*** | ***..*** | ***13.97*** | ***14.98*** | ***a*** | ***Crysanal*** | ***MD*** |
| | | | | ***B 2.91*** | ***16.88*** | ***14.98*** | ***a*** | ***Anaprox 550*** | ***RO*** |
| | ***NOTE:*** | | | | | | | | |
| | ***Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.*** | | | | | | | | |

## NERVOUS SYSTEM

### ANALGESICS

#### Opioids

- ***Natural opium alkaloids***

CODEINE PHOSPHATE

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5063L | Tablet 30 mg | 20 | .. | .. | 11.21 | 12.22 | | FM | |
| | **NOTE:** | | | | | | | | |
| | Prescribing of drugs of addiction by dentists is not permitted in some States/Territories. | | | | | | | | |
| | CODEINE PHOSPHATE with PARACETAMOL | | | | | | | | |
| 3316M | Tablet 30 mg-500 mg | 20 | .. | .. | 7.55 | 8.56 | a | Codalgin Forte | FM |
| | | | | | | | a | Codapane Forte | AL |
| | | | | | | | a | Comfarol Forte | WA |
| | | | | | | | a | Dolaforte | CO |
| | | | | | | | a | Dymadon Forte | GK |
| | | | | | | | a | Prodeine Forte | AV |
| | | | | B 1.84 | 9.39 | 8.56 | a | Panadeine Forte | SW |

# PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY—cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | HYDROMORPHONE HYDROCHLORIDE<br>**CAUTION:**<br>The risk of drug dependence is high. | | | | | | | |
| 5129Y | Injection 2 mg in 1 mL | 5 | .. | .. | 12.75 | 13.76 | Dilaudid | AB |
| 5130B | Injection 10 mg in 1 mL | 5 | .. | .. | 17.87 | 18.88 | Dilaudid-HP | AB |
| 5131C | Injection 50 mg in 5 mL | 5 | .. | .. | 45.41 | 30.70 | Dilaudid-HP | AB |
| | **NOTE:**<br>Prescribing of drugs of addiction by dentists is not permitted in some States/Territories. | | | | | | | |
| | ***HYDROMORPHONE HYDROCHLORIDE***<br>**CAUTION:**<br>***The risk of drug dependence is high.*** | | | | | | | |
| | **Restricted Benefit**<br>***Severe disabling pain not responding to non-narcotic analgesics.*** | | | | | | | |
| ***5115F*** | ***Tablet 2 mg*** | ***20*** | .. | .. | ***13.02*** | ***14.03*** | ***Dilaudid*** | ***AB*** |
| ***5116G*** | ***Tablet 4 mg*** | ***20*** | .. | .. | ***17.86*** | ***18.87*** | ***Dilaudid*** | ***AB*** |
| ***5117H*** | ***Tablet 8 mg*** | ***20*** | .. | .. | ***27.19*** | ***28.20*** | ***Dilaudid*** | ***AB*** |
| ***5132D*** | ***Oral liquid 1 mg per mL, 473 mL*** | ***1*** | .. | .. | ***47.63*** | ***30.70*** | ***Dilaudid*** | ***AB*** |
| | ***NOTE:***<br>***Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.*** | | | | | | | |
| | ***MORPHINE HYDROCHLORIDE***<br>**CAUTION:**<br>***The risk of drug dependence is high.*** | | | | | | | |
| | **Restricted Benefit**<br>***Severe disabling pain not responding to non-narcotic analgesics.*** | | | | | | | |
| ***5237P*** | ***Oral solution 2 mg per mL, 200 mL*** | ***1*** | .. | .. | ***17.74*** | ***18.75*** | ***Ordine 2*** | ***MF*** |
| ***5238Q*** | ***Oral solution 5 mg per mL, 200 mL*** | ***1*** | .. | .. | ***20.53*** | ***21.54*** | ***Ordine 5*** | ***MF*** |
| ***5239R*** | ***Oral solution 10 mg per mL, 200 mL*** | ***1*** | .. | .. | ***24.93*** | ***25.94*** | ***Ordine 10*** | ***MF*** |
| | ***NOTE:***<br>***Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.*** | | | | | | | |
| | MORPHINE SULFATE<br>**CAUTION:**<br>The risk of drug dependence is high. | | | | | | | |
| 5168B | Injection 10 mg in 1 mL | 5 | .. | .. | 12.80 | 13.81 | MX | |
| 5169C | Injection 15 mg in 1 mL | 5 | .. | .. | 13.11 | 14.12 | MX | |

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# PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY—cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| 5170D | Injection 30 mg in 1 mL | 5 | .. | .. | 14.49 | 15.50 | MX | |
| | **NOTE:**<br>Prescribing of drugs of addiction by dentists is not permitted in some States/Territories. | | | | | | | |
| | ***MORPHINE SULFATE***<br>**CAUTION:**<br>***The risk of drug dependence is high.*** | | | | | | | |
| | **Restricted Benefit**<br>***Severe disabling pain not responding to non-narcotic analgesics.*** | | | | | | | |
| ***5163R*** | ***Tablet 30 mg*** | ***20*** | ***..*** | ***..*** | ***13.73*** | ***14.74*** | ***Anamorph*** | ***FM*** |
| | ***NOTE:***<br>***Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.*** | | | | | | | |
| | **Restricted Benefit**<br>***Chronic severe disabling pain not responding to non-narcotic analgesics.*** | | | | | | | |
| ***5162Q*** | ***Tablet 5 mg (controlled release)*** | ***20*** | ***..*** | ***..*** | ***15.03*** | ***16.04*** | ***MS Contin*** | ***MF*** |
| ***5164T*** | ***Tablet 10 mg (controlled release)*** | ***20*** | ***..*** | ***..*** | ***16.16*** | ***17.17*** | ***MS Contin*** | ***MF*** |
| ***5161P*** | ***Tablet 15 mg (controlled release)*** | ***20*** | ***..*** | ***..*** | ***19.78*** | ***20.79*** | ***MS Contin*** | ***MF*** |
| ***5165W*** | ***Tablet 30 mg (controlled release)*** | ***20*** | ***..*** | ***..*** | ***28.56*** | ***29.57*** | ***MS Contin*** | ***MF*** |
| ***5166X*** | ***Tablet 60 mg (controlled release)*** | ***20*** | ***..*** | ***..*** | ***44.05*** | ***30.70*** | ***MS Contin*** | ***MF*** |
| ***5167Y*** | ***Tablet 100 mg (controlled release)*** | ***20*** | ***..*** | ***..*** | ***60.28*** | ***30.70*** | ***MS Contin*** | ***MF*** |
| ***5246D*** | ***Capsule 10 mg (containing sustained release pellets)*** | ***20*** | ***..*** | ***..*** | ***16.16*** | ***17.17*** | ***Kapanol*** | ***GK*** |
| ***5240T*** | ***Capsule 20 mg (containing sustained release pellets)*** | ***20*** | ***..*** | ***..*** | ***21.06*** | ***22.07*** | ***Kapanol*** | ***GK*** |
| ***5064M*** | ***Capsule 30 mg (controlled release)*** | ***10*** | ***..*** | ***..*** | ***19.78*** | ***20.79*** | ***MS Mono*** | ***MF*** |
| ***5241W*** | ***Capsule 50 mg (containing sustained release pellets)*** | ***20*** | ***..*** | ***..*** | ***35.94*** | ***30.70*** | ***Kapanol*** | ***GK*** |
| ***5065N*** | ***Capsule 60 mg (controlled release)*** | ***10*** | ***..*** | ***..*** | ***28.56*** | ***29.57*** | ***MS Mono*** | ***MF*** |
| ***5066P*** | ***Capsule 90 mg (controlled release)*** | ***10*** | ***..*** | ***..*** | ***34.41*** | ***30.70*** | ***MS Mono*** | ***MF*** |
| ***5242X*** | ***Capsule 100 mg (containing sustained release pellets)*** | ***20*** | ***..*** | ***..*** | ***60.28*** | ***30.70*** | ***Kapanol*** | ***GK*** |
| ***5067Q*** | ***Capsule 120 mg (controlled release)*** | ***10*** | ***..*** | ***..*** | ***44.05*** | ***30.70*** | ***MS Mono*** | ***MF*** |

continued ☞

## PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY—cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| *5171E* | ***Sachet containing controlled release granules for oral suspension, 20 mg per sachet*** | *20* | .. | .. | *21.06* | *22.07* | ***MS Contin Suspension 20 mg*** | ***MF*** |
| *5243Y* | ***Sachet containing controlled release granules for oral suspension, 30 mg per sachet*** | *20* | .. | .. | *28.56* | *29.57* | ***MS Contin Suspension 30 mg*** | ***MF*** |
| *5244B* | ***Sachet containing controlled release granules for oral suspension, 60 mg per sachet*** | *20* | .. | .. | *44.05* | *30.70* | ***MS Contin Suspension 60 mg*** | ***MF*** |
| *5245C* | ***Sachet containing controlled release granules for oral suspension, 100 mg per sachet*** | *20* | .. | .. | *60.28* | *30.70* | ***MS Contin Suspension 100 mg*** | ***MF*** |
| | ***NOTE:*** ***Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.*** | | | | | | | |
| | ***OXYCODONE*** **CAUTION:** ***The risk of drug dependence is high.*** **Restricted Benefit** ***Severe disabling pain not responding to non-narcotic analgesics.*** | | | | | | | |
| *5194J* | ***Suppository 30 mg*** | *12* | .. | .. | *37.72* | *30.70* | ***Proladone*** | ***PL*** |
| | ***NOTE:*** ***Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.*** | | | | | | | |
| | ***OXYCODONE HYDROCHLORIDE*** **CAUTION:** ***The risk of drug dependence is high.*** **Restricted Benefit** ***Severe disabling pain not responding to non-narcotic analgesics.*** | | | | | | | |
| *5195K* | ***Tablet 5 mg*** | *20* | .. | .. | *11.19* | *12.20* | ***Endone*** | ***SI*** |
| *5191F* | ***Capsule 5 mg*** | *20* | .. | .. | *11.19* | *12.20* | ***OxyNorm*** | ***MF*** |
| *5197M* | ***Capsule 10 mg*** | *20* | .. | .. | *14.17* | *15.18* | ***OxyNorm*** | ***MF*** |
| *5198N* | ***Capsule 20 mg*** | *20* | .. | .. | *18.69* | *19.70* | ***OxyNorm*** | ***MF*** |
| *5190E* | ***Oral solution 5 mg per 5 mL, 250 mL*** | *1* | .. | .. | *19.24* | *20.25* | ***OxyNorm Liquid 5mg/5mL*** | ***MF*** |
| | ***NOTE:*** ***Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.*** | | | | | | | |

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## PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY—cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | **Restricted Benefit** | | | | | | | | |
| | ***Chronic severe disabling pain not responding to non-narcotic analgesics.*** | | | | | | | | |
| ***5227D*** | ***Tablet 5 mg (controlled release)*** | ***20*** | ***..*** | ***..*** | ***19.68*** | ***20.69*** | | ***OxyContin*** | ***MF*** |
| ***5247E*** | ***Tablet 10 mg (controlled release)*** | ***20*** | ***..*** | ***..*** | ***20.15*** | ***21.16*** | | ***OxyContin*** | ***MF*** |
| ***5248F*** | ***Tablet 20 mg (controlled release)*** | ***20*** | ***..*** | ***..*** | ***28.56*** | ***29.57*** | | ***OxyContin*** | ***MF*** |
| ***5249G*** | ***Tablet 40 mg (controlled release)*** | ***20*** | ***..*** | ***..*** | ***44.05*** | ***30.70*** | | ***OxyContin*** | ***MF*** |
| ***5250H*** | ***Tablet 80 mg (controlled release)*** | ***20*** | ***..*** | ***..*** | ***70.72*** | ***30.70*** | | ***OxyContin*** | ***MF*** |
| | ***NOTE:*** | | | | | | | | |
| | ***Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.*** | | | | | | | | |
| | • ***Other opioids*** | | | | | | | | |
| | ***TRAMADOL HYDROCHLORIDE*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***For acute pain where aspirin and/or paracetamol alone are inappropriate or have failed;*** | | | | | | | | |
| | ***For dosage titration in chronic pain where aspirin and/or paracetamol alone are inappropriate or have failed.*** | | | | | | | | |
| ***5232J*** | ***Capsule 50 mg*** | ***20*** | ***..*** | ***..*** | ***8.93*** | ***9.94*** | [a] | ***Chem mart Tramadol*** | ***CH*** |
| | | | | | | | [a] | ***GenRx Tramadol*** | ***GX*** |
| | | | | | | | [a] | ***Terry White Chemists Tramadol*** | ***TW*** |
| | | | | | | | [a] | ***Tramedo*** | ***AF*** |
| | | | | | | | [a] | ***Zydol*** | ***AW*** |
| | | | | ***[B]1.45*** | ***10.38*** | ***9.94*** | [a] | ***Tramal*** | ***CS*** |
| | **Restricted Benefit** | | | | | | | | |
| | ***For pain where aspirin and/or paracetamol alone are inappropriate or have failed.*** | | | | | | | | |
| ***3338Q*** | ***Tablet 50 mg (sustained release)*** | ***20*** | ***..*** | ***..*** | ***12.08*** | ***13.09*** | | ***Tramal SR 50*** | ***CS*** |
| ***5234L*** | ***Tablet 100 mg (sustained release)*** | ***20*** | ***..*** | ***..*** | ***14.93*** | ***15.94*** | [a] | ***Tramahexal SR*** | ***HX*** |
| | | | | | | | [a] | ***Zydol SR 100*** | ***AW*** |
| | | | | ***[B]1.94*** | ***16.87*** | ***15.94*** | [a] | ***Tramal SR 100*** | ***CS*** |
| ***5235M*** | ***Tablet 150 mg (sustained release)*** | ***20*** | ***..*** | ***..*** | ***18.23*** | ***19.24*** | [a] | ***Tramahexal SR*** | ***HX*** |
| | | | | | | | [a] | ***Zydol SR 150*** | ***AW*** |
| | | | | ***[B]1.94*** | ***20.17*** | ***19.24*** | [a] | ***Tramal SR 150*** | ***CS*** |
| ***5236N*** | ***Tablet 200 mg (sustained release)*** | ***20*** | ***..*** | ***..*** | ***21.02*** | ***22.03*** | [a] | ***Tramahexal SR*** | ***HX*** |
| | | | | | | | [a] | ***Zydol SR 200*** | ***AW*** |
| | | | | ***[B]1.92*** | ***22.94*** | ***22.03*** | [a] | ***Tramal SR 200*** | ***CS*** |
| ***5150C*** | ***Oral drops 100 mg per mL, 10 mL*** | ***‡ 1*** | ***..*** | ***..*** | ***8.93*** | ***9.94*** | | ***Tramal*** | ***CS*** |

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## PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY—cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **Restricted Benefit** | | | | | | | |
| | ***Short-term treatment of acute pain.*** | | | | | | | |
| ***5231H*** | ***Injection 100 mg in 2 mL*** | ***5*** | ***..*** | ***..*** | ***10.82*** | ***11.83*** | [a] ***Tramahexal*** | ***HX*** |
| | | | | | | | [a] ***Tramal 100*** | ***CS*** |
| | **Other analgesics and antipyretics** | | | | | | | |
| | • ***Salicylic acid and derivatives*** | | | | | | | |
| | ASPIRIN | | | | | | | |
| 5018D | Tablet 300 mg (dispersible) | 96 | .. | .. | 7.61 | 8.62 | Solprin | RC |
| | • ***Anilides*** | | | | | | | |
| | PARACETAMOL | | | | | | | |
| 5196L | Tablet 500 mg | 100 | .. | .. | 7.99 | 9.00 | [a] Chem mart Chemadol | CH |
| | | | | | | | [a] Dymadon P | PC |
| | | | | | | | [a] Febridol | GM |
| | | | | | | | [a] Panamax | SW |
| | | | | | | | [b] Parahexal | HX |
| | | | | | | | [a] Paralgin | FM |
| | | | | | | | [b] Parmol | AW |
| | | | | | | | [a] Terry White Chemists Paracetamol | TW |
| | | | | | | | [b] Tylenol | JT |
| 3348F | Oral liquid 120 mg per 5 mL, 100 mL | ‡ 1 | .. | .. | 8.27 | 9.28 | Panamax | SW |
| 3349G | Oral liquid 240 mg per 5 mL, 200 mL | ‡ 1 | .. | .. | 9.51 | 10.52 | Panamax 240 Elixir | SW |

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# PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY—cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | ***PARACETAMOL*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***Chronic arthropathies.*** | | | | | | | | |
| ***5224Y*** | ***Tablet 500 mg*** | ***300*** | ***..*** | ***..*** | **** 13.09*** | ***14.10*** | [a] | ***Chem mart Chemadol*** | ***CH*** |
| | | | | | | | [a] | ***Dymadon P*** | ***PC*** |
| | | | | | | | [a] | ***Febridol*** | ***GM*** |
| | | | | | | | [a] | ***Panamax*** | ***SW*** |
| | | | | | | | [b] | ***Parahexal*** | ***HX*** |
| | | | | | | | [a] | ***Paralgin*** | ***FM*** |
| | | | | | | | [b] | ***Parmol*** | ***AW*** |
| | | | | | | | [a] | ***Terry White Chemists Paracetamol*** | ***TW*** |
| | | | | | | | [b] | ***Tylenol*** | ***JT*** |

## ANTIEPILEPTICS

### Antiepileptics

- ***Carboxamide derivatives***

CARBAMAZEPINE

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5039F | Tablet 100 mg | 200 | .. | .. | 21.67 | 22.68 | [a] | Carbamazepine Sandoz | SZ |
| | | | | B3.25 | 24.92 | 22.68 | [a] | Tegretol 100 | NV |
| 5040G | Tablet 200 mg | 200 | .. | .. | 35.77 | 30.70 | [a] | Carbamazepine Sandoz | SZ |
| | | | | | | | [a] | Teril | AF |
| | | | | B3.50 | 39.27 | 30.70 | [a] | Tegretol 200 | NV |
| 5038E | Tablet 200 mg (controlled release) | 200 | .. | .. | 36.38 | 30.70 | | Tegretol CR 200 | NV |
| 5037D | Tablet 400 mg (controlled release) | 200 | .. | .. | 64.25 | 30.70 | | Tegretol CR 400 | NV |
| 5041H | Oral suspension 100 mg per 5 mL, 300 mL | ‡ 1 | .. | .. | 19.72 | 20.73 | | Tegretol Liquid | NV |

## ANTI-PARKINSON DRUGS

### Anticholinergic agents

- ***Ethers of tropine or tropine derivatives***

BENZTROPINE MESYLATE

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5031T | Injection 2 mg in 2 mL | 5 | .. | .. | 21.15 | 22.16 | | Cogentin | FK |

# PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY—cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **PSYCHOLEPTICS** | | | | | | | |
| | **Anxiolytics** | | | | | | | |
| | • ***Benzodiazepine derivatives*** | | | | | | | |
| | DIAZEPAM | | | | | | | |
| 5071X | Tablet 2 mg | 50 | .. | .. | 7.42 | 8.43 | [a] Antenex 2 | AF |
| | | | | | | | [a] Valpam 2 | AW |
| | | | | [B]0.87 | 8.29 | 8.43 | Ducene | SU |
| | | | | [B]1.27 | 8.69 | 8.43 | [a] Valium | RO |
| 5072Y | Tablet 5 mg | 50 | .. | .. | 7.64 | 8.65 | [a] Antenex 5 | AF |
| | | | | | | | [a] Diazepam-DP | GM |
| | | | | | | | [a] Valpam 5 | AW |
| | | | | [B]0.91 | 8.55 | 8.65 | Ducene | SU |
| | | | | [B]1.28 | 8.92 | 8.65 | [a] Valium | RO |
| 5073B | Injection 10 mg in 2 mL | 5 | .. | .. | 11.05 | 12.06 | MX | |
| | OXAZEPAM | | | | | | | |
| 5192G | Tablet 15 mg | 25 | .. | .. | 6.68 | 7.69 | [a] Alepam 15 | AF |
| | | | | [B]1.74 | 8.42 | 7.69 | [a] Serepax | SI |
| 5193H | Tablet 30 mg | 25 | .. | .. | 6.88 | 7.89 | [a] Alepam 30 | AF |
| | | | | | | | [a] Murelax | FM |
| | | | | [B]1.85 | 8.73 | 7.89 | [a] Serepax | SI |
| | **Hypnotics and sedatives** | | | | | | | |
| | • ***Benzodiazepine derivatives*** | | | | | | | |
| | NITRAZEPAM | | | | | | | |
| 5189D | Tablet 5 mg | 25 | .. | .. | 7.31 | 8.32 | [a] Alodorm | AF |
| | | | | [B]1.96 | 9.27 | 8.32 | [a] Mogadon | VT |
| | TEMAZEPAM | | | | | | | |
| 5221T | Tablet 10 mg | 25 | .. | .. | 7.31 | 8.32 | [a] Temaze | AF |
| | | | | | | | [a] Temtabs | FM |
| | | | | [B]1.77 | 9.08 | 8.32 | [a] Normison | SI |
| | **RESPIRATORY SYSTEM** | | | | | | | |
| | DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES | | | | | | | |
| | **Adrenergics for systemic use** | | | | | | | |
| | • ***Alpha- and beta-adrenoceptor agonists*** | | | | | | | |
| | ADRENALINE | | | | | | | |
| 5004J | Injection 1 mg in 1 mL (1 in 1,000) | 5 | .. | .. | 18.75 | 19.76 | AP | |

## PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY—cont.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **SENSORY ORGANS** | | | | | | | |
| | OPHTHALMOLOGICALS | | | | | | | |
| | **Antiinfectives** | | | | | | | |
| | • ***Antibiotics*** | | | | | | | |
| | CHLORAMPHENICOL | | | | | | | |
| 5055C | Eye drops 5 mg per mL (0.5%), 10 mL | ‡ 1 | .. | .. | 8.20 | 9.21 | Chloromycetin<br>Chlorsig | PF<br>SI |
| | **VARIOUS** | | | | | | | |
| | ALL OTHER THERAPEUTIC PRODUCTS | | | | | | | |
| | **All other therapeutic products** | | | | | | | |
| | • ***Antidotes*** | | | | | | | |
| | NALOXONE HYDROCHLORIDE | | | | | | | |
| 5174H | Injection 800 micrograms in 2 mL | 1 | .. | .. | 26.38 | 27.39 | Naloxone Min-I-Jet | CS |
| 5175J | Injection 2 mg in 5 mL | 1 | .. | .. | 38.92 | 30.70 | Naloxone Min-I-Jet | CS |
| | ALL OTHER NON-THERAPEUTIC PRODUCTS | | | | | | | |
| | **All other non-therapeutic products** | | | | | | | |
| | • ***Solvents and diluting agents, incl. irrigating solutions*** | | | | | | | |
| | SODIUM CHLORIDE | | | | | | | |
| 5211G | Injection 9 mg per mL (0.9%), 10 mL | 5 | .. | .. | 16.67 | 17.68 | PF | |

# SECTION 100 ITEMS

In addition to the drugs and medicinal preparations available under normal PBS arrangements listed in this Schedule, a number of drugs are also available as pharmaceutical benefits but are distributed under alternative arrangements where these are considered more appropriate.

These alternative arrangements are provided for under section 100 of the *National Health Act 1953*. Several programs exist for the provision of drugs as pharmaceutical benefits in this way and this section lists those drugs which are available under the following programs:

**HIGHLY SPECIALISED DRUGS PROGRAM**

**BOTULINUM TOXIN PROGRAM**

**HUMAN GROWTH HORMONE PROGRAM**

**IVF/GIFT PROGRAM**

**OPIATE DEPENDENCE TREATMENT PROGRAM**

**SPECIAL AUTHORITY PROGRAM**

Complete details concerning the availability of drugs as benefits under these programs may be obtained by telephoning the relevant contact number(s) shown in each section, or in certain cases, by referring to the telephone number provided for individual drugs listings.

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|

HIGHLY SPECIALISED DRUGS PROGRAM

The Australian Government provides funding for certain specialised medications under the Highly Specialised Drugs Program. Highly Specialised Drugs are medicines for the treatment of chronic conditions which, because of their clinical use or other special features, are restricted to supply through public and private hospitals having access to appropriate specialist facilities. To prescribe these drugs as pharmaceutical benefit items, medical practitioners are required to be affiliated with these specialist hospital units. A general practitioner or non-specialist hospital doctor may only prescribe Highly Specialised Drugs to provide maintenance therapy under the guidance of the treating specialist.

Benefits are available for the listed clinical indications only. There is no facility for individual patient approval for indications outside those listed.

To gain access to a Commonwealth funded drug under this program, a patient must attend a participating hospital and be a day admitted patient, a non-admitted patient or a patient on discharge, be under appropriate specialist medical care, meet the specific medical criteria and be an Australian resident in Australia (or other eligible person).

A patient will be required to pay a contribution for each supply of a highly specialised drug at a similar rate to the Pharmaceutical Benefits Scheme. Commonwealth subsidy is not available for hospital in-patients.

Reciprocal Health Care Agreement – Where a patient is entitled to be treated as an eligible person as a visitor from a country with which Australia has entered into a Reciprocal Health Care Agreement, the supply will be limited to the original prescription only. Repeat prescriptions for these patients are not permitted.

Private Hospitals – **In addition to the above requirements**, for Highly Specialised Drugs prescribed through private hospitals, claiming and approval of authority prescriptions is administered by Medicare Australia. Highly Specialised Drugs are authority required items. Medical practitioners must seek approval to prescribe these items as pharmaceutical benefits prior to their dispensing under the PBS. Approval of authority prescriptions by Medicare Australia may be obtained either by posting an Authority Prescription Form to Medicare Australia, or by using Medicare Australia's Authority Freecall service (1800 888 333). **Prescribers must quote the provider number of the hospital when applying**. Not more than two months' supply (one month's supply in the case of Clozapine), with provision for up to 5 repeats, will be authorised. Prescriptions for Highly Specialised Drugs can be dispensed by an approved private hospital's dispensary or by a community pharmacy.

The remuneration rates for Highly Specialised Drugs prescribed through private hospitals comprise the normal PBS ready- prepared dispensing fee plus a mark-up ascertained as follows:

- 10% for drugs with a price ex-manufacturer of less than $40;
- $4 for drugs with a price ex-manufacturer of between $40 and $100;
- 4% for drugs with a price ex-manufacturer of between $100.01 and $1000;
- $40 for drugs with a price ex-manufacturer of greater than $1000.

Public Hospitals – For Highly Specialised Drugs prescribed through public hospitals, claiming and access to the program is administered by the States/Territories Health Departments. Prescriptions for Highly Specialised Drugs can be dispensed by public hospital pharmacies.

If you would like further information about the Highly Specialised Drugs Program, please contact your pharmacy, Medicare Australia (Ph: 132 290) or the Australian Government adviser, the Highly Specialised Drugs Working Party Secretariat (Ph: (02) 6289 7238).

For information on Pharmaceutical Benefits Pricing Authority therapeutic relativity sheets please visit www.health.gov.au and search for 'relativity sheets'.

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|

## HIGHLY SPECIALISED DRUGS PROGRAM

***ABACAVIR SULFATE***

**Private hospital authority required**

***Treatment of HIV infection in patients with:***

***(a) CD4 cell counts of less than 500 per cubic millimetre; or***

***(b) viral load of greater than 10,000 copies per mL.***

| | | | | | |
|---|---|---|---|---|---|
| ***6264Q*** | ***Tablet 300 mg (base)*** | ***60*** | ***423.00*** | ***Ziagen*** | ***GK*** |
| ***6265R*** | ***Oral solution 20 mg (base) per mL, 240 mL*** | ***1*** | ***75.20*** | ***Ziagen*** | ***GK*** |

***NOTE:***

***These prices are based on special supply arrangements—see Pharmaceutical Benefits Pricing Authority relativity sheet for full details.***

***ABACAVIR SULFATE with LAMIVUDINE***

**Private hospital authority required**

***Treatment of HIV infection in patients over 12 years of age, weighing 40 kg or more, with:***

***(a) CD4 cell counts of less than 500 per cubic millimetre; or***

***(b) viral load of greater than 10,000 copies per mL.***

| | | | | | |
|---|---|---|---|---|---|
| ***6458X*** | ***Tablet 600 mg (base)-300 mg*** | ***30*** | ***564.00*** | ***Kivexa*** | ***GK*** |

***ABACAVIR SULFATE with LAMIVUDINE and ZIDOVUDINE***

**Private hospital authority required**

***Treatment of HIV infection in patients over 12 years of age, weighing 40 kg or more, with:***

***(a) CD4 cell counts of less than 500 per cubic millimetre; or***

***(b) viral load of greater than 10,000 copies per mL.***

| | | | | | |
|---|---|---|---|---|---|
| ***6327B*** | ***Tablet 300 mg (base)-150 mg-300 mg*** | ***60*** | ***852.00*** | ***Trizivir*** | ***GK*** |

***ADEFOVIR DIPIVOXIL***

**Private hospital authority required**

***Chronic hepatitis B in a patient who has failed antihepadnaviral therapy and who satisfies all of the following criteria:***

***(a) (1) Repeatedly elevated (greater than 1.2 times the upper limit of normal) serum ALT levels while on concurrent antihepadnaviral therapy of greater than or equal to 6 months duration in conjunction with documented chronic hepatitis B infection (HBe antigen positive and/or serum HBV DNA positive);***

***(2) Female patients of child-bearing age are not pregnant, not breast-feeding, and are using an effective form of contraception.***

***Persons with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.***

**NOTE:**

***Patients should have undergone a liver biopsy at some point since initial diagnosis to obtain histological evidence of chronic hepatitis.***

***Patients may receive treatment in combination with lamivudine for the initial 3 months only of PBS-subsidised adefovir dipivoxil therapy. Patients who are immunocompromised may receive treatment in combination with lamivudine for the initial 12 months of PBS-subsidised adefovir dipivoxil therapy. Thereafter, PBS-subsidised adefovir dipivoxil must be used as monotherapy.***

| | | | | | |
|---|---|---|---|---|---|
| ***6450L*** | ***Tablet 10 mg*** | ***30*** | ***625.00*** | ***Hepsera*** | ***GI*** |

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | ***APOMORPHINE HYDROCHLORIDE*** | | | | |
| | **Private hospital authority required**<br>***Parkinson's disease in patients severely disabled by motor fluctuations which do not respond to other therapy.*** | | | | |
| ***6104G*** | ***Injection 10 mg in 1 mL*** | ***5*** | ***33.47*** | ***Apomine*** | ***MX*** |
| ***9607P*** | ***Injection 20 mg in 2 mL*** | ***5*** | ***66.94*** | ***APO-go*** | ***MX*** |
| | ***ATAZANAVIR SULFATE*** | | | | |
| | **Private hospital authority required**<br>***Treatment, in combination with 2 or more other antiretroviral drugs, of HIV infection in patients with:***<br>***(a) CD4 cell counts of less than 500 per cubic millimetre; or***<br>***(b) viral load of greater than 10,000 copies per mL.*** | | | | |
| ***6451M*** | ***Capsule 150 mg (base)*** | ***60*** | ***521.91*** | ***Reyataz*** | ***BQ*** |
| ***6452N*** | ***Capsule 200 mg (base)*** | ***60*** | ***695.88*** | ***Reyataz*** | ***BQ*** |
| | ***AZITHROMYCIN*** | | | | |
| | **Private hospital authority required**<br>***Prophylaxis against Mycobacterium avium complex infections in HIV-positive patients with CD4 cell counts of less than 75 per cubic millimetre.*** | | | | |
| ***6221K*** | ***Tablet 600 mg*** | ***8*** | ***67.82*** | ***Zithromax*** | ***PF*** |
| | ***BACLOFEN*** | | | | |
| | **Private hospital authority required**<br>***Severe chronic spasticity, where oral antispastic agents have failed or have caused unacceptable side effects, in patients with chronic spasticity:***<br>***(a) of cerebral origin; or***<br>***(b) due to multiple sclerosis; or***<br>***(c) due to spinal cord injury; or***<br>***(d) due to spinal cord disease.*** | | | | |
| ***6284R*** | ***Intrathecal injection 10 mg in 5 mL*** | ***1*** | ***148.37*** | ***Lioresal Intrathecal*** | ***NV*** |
| ***6285T*** | ***Intrathecal injection 10 mg in 20 mL*** | ***1*** | ***148.37*** | ***Lioresal Intrathecal*** | ***NV*** |
| | ***BOSENTAN MONOHYDRATE***<br>**CAUTION:**<br>***Bosentan monohydrate is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 3 months following cessation of treatment with this drug.***<br>**NOTE:**<br>***Any queries concerning the arrangements to prescribe bosentan monohydrate may be directed to Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***<br>***Written applications for authority to prescribe bosentan monohydrate should be forwarded to:***<br>***Medicare Australia***<br>***Prior Written Approval of Specialised Drugs***<br>***Reply Paid 9826***<br>***GPO Box 9826***<br>***HOBART TAS 7001*** | | | | |

continued ☞

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|

**NOTE:**

***Bosentan monohydrate is not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with scleroderma, where the total lung capacity is less than 70% of that predicted.***

***Bosentan monohydrate is not PBS-subsidised when used in combination with PBS-subsidised iloprost trometamol, PBS-subsidised epoprostenol sodium or PBS-subsidised sildenafil citrate.***

***The following provides some explanatory notes regarding the availability of PBS-subsidised treatment with:***
***(a) bosentan monohydrate, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to scleroderma, in patients with disease of WHO Functional Class III or IV severity; AND***
***(b) iloprost trometamol, of primary pulmonary hypertension, drug-induced pulmonary arterial hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in adult patients with disease of WHO Functional Class III or IV severity; AND***
***(c) epoprostenol sodium, of primary pulmonary hypertension, in patients with disease of WHO Functional Class III or IV severity; AND***
***(d) sildenafil citrate, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity.***

***Adult patients:***
***From 1 March 2007, adult patients with primary pulmonary hypertension will be able to access, through the PBS, bosentan monohydrate, iloprost trometamol, epoprostenol sodium or sildenafil citrate (WHO Class III only). Once these patients are approved initial treatment with 1 of these 4 drugs, they may swap between bosentan monohydrate, iloprost trometamol, epoprostenol sodium and sildenafil citrate at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted. It also means that no new baseline measurements will be necessary (unless the prescriber wishes to submit new baselines).***

***Patients may only swap to bosentan monohydrate, iloprost trometamol, epoprostenol sodium or sildenafil citrate if they have not failed prior PBS-subsidised treatment with that drug.***

***Adult patients with pulmonary arterial hypertension secondary to scleroderma will be able to access, through the PBS, bosentan monohydrate, iloprost trometamol or sildenafil citrate (WHO Class III only). Once these patients are approved initial treatment with 1 of these 3 drugs, they may swap between bosentan monohydrate, iloprost trometamol and sildenafil citrate at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted. It also means that no new baseline measurements will be necessary (unless the prescriber wishes to submit new baselines).***

***Patients may only swap to bosentan monohydrate, iloprost trometamol or sildenafil citrate if they have not failed prior PBS-subsidised treatment with that drug.***

***Adult patients with pulmonary arterial hypertension secondary to connective tissue disease other than scleroderma will be able to access, through the PBS, iloprost trometamol or sildenafil citrate (WHO Class III only). Once these patients are approved initial treatment with 1 of these 2 drugs, they may swap between iloprost trometamol and sildenafil citrate at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted. It also means that no new baseline measurements will be necessary (unless the prescriber wishes to submit new baselines).***

***Patients may only swap to iloprost trometamol or sildenafil citrate if they have not failed prior PBS-subsidised treatment with that drug.***

***Patients with drug-induced pulmonary arterial hypertension are only eligible for treatment with iloprost trometamol. They may not swap to bosentan monohydrate, epoprostenol sodium or sildenafil citrate.***

continued ☞

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|

***Patients under 18 years of age:***
***From 1 March 2007, patients aged less than 18 years with primary pulmonary hypertension are eligible to receive PBS-subsidised treatment with bosentan monohydrate, epoprostenol sodium or sildenafil citrate (WHO Class III only). Once these patients are approved initial treatment with 1 of these 3 drugs, they may swap between bosentan monohydrate, epoprostenol sodium and sildenafil citrate at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted. It also means that no new baseline measurements will be necessary (unless the prescriber wishes to submit new baselines). They may qualify for treatment with iloprost trometamol when they are aged 18 years or older.***

***Patients may only swap to bosentan monohydrate, epoprostenol sodium or sildenafil citrate if they have not failed prior PBS-subsidised treatment with that drug.***

***1. Definition of primary pulmonary hypertension, drug-induced pulmonary arterial hypertension or pulmonary arterial hypertension secondary to connective tissue disease, including scleroderma.***

***Primary pulmonary hypertension, drug-induced pulmonary arterial hypertension or pulmonary arterial hypertension secondary to connective tissue disease, including scleroderma, are defined as follows:***
***(i) mean pulmonary artery pressure (mPAP) greater than 25 mmHg at rest and pulmonary capillary wedge pressure (PCWP) less than 18 mmHg; or***
***(ii) mPAP greater than 30 mmHg with exercise and PCWP less than 18 mmHg; or***
***(iii) where a right heart catheter cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.***

***2. Definition of WHO Functional Class III or IV disease severity.***

***(a) WHO Functional Class III disease severity is defined as follows:***
***Patients with pulmonary hypertension resulting in marked limitation of physical activity who are comfortable at rest and on ordinary physical activity experience dyspnoea or fatigue, chest pain or near syncope.***
***(b) WHO Functional Class IV disease severity is defined as follows:***
***Patients with the inability to carry out any physical activity without symptoms. These patients manifest signs of right heart failure. Dyspnoea and/or fatigue may even be present at rest. Discomfort is increased by any physical activity.***

***3. Designated hospitals.***

***Refer to the Medicare Australia website at www.medicareaustralia.gov.au for a list of designated hospitals.***

***4. Test requirements to establish baseline for initiation of treatment and response to treatment for continuation of treatment.***

***(a) Initiation of treatment.***
***The first written application for PBS-subsidised treatment with the first of either bosentan monohydrate, iloprost trometamol, epoprostenol sodium or sildenafil citrate should be accompanied by the results of a right heart catheter (RHC) composite assessment, plus an echocardiograph (ECHO) composite assessment, plus a 6 minute walk test (6MWT) to establish the patient's baseline measurements.***

***Where it is not possible to perform all 3 tests above on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:***
***(1) RHC plus ECHO composite assessments;***
***(2) RHC composite assessment plus 6MWT;***
***(3) RHC composite assessment only.***

***In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted to Medicare Australia for consideration based on the results of the following test combinations, which are listed in descending order of preference:***
***(1) ECHO composite assessment plus 6MWT;***
***(2) ECHO composite assessment only.***

***Where fewer than 3 tests are able to be performed on clinical grounds, a reason outlining why the particular test/s could not be conducted must be provided with the authority application.***

continued ☞

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|

***Where patients were initiated on PBS-subsidised treatment either with bosentan monohydrate on or after 1 March 2004, with iloprost trometamol on or after 1 April 2005, with epoprostenol sodium on or after 1 August 2006 or with sildenafil citrate on or after 1 March 2007, the test results provided with the initial application must be no more than 2 months old at the time of application. These results will form the baseline against which response assessments will be made.***

***Where patients received treatment with either bosentan monohydrate, iloprost trometamol, epoprostenol sodium or sildenafil citrate prior to being commenced on PBS-subsidised treatment with the first of either bosentan monohydrate, iloprost trometamol, epoprostenol sodium or sildenafil citrate, the test requirements above still apply. The results that will form the baseline against which response assessments will be made will be those measured at the time patients commenced non-PBS-subsidised treatment with either bosentan monohydrate, iloprost trometamol, epoprostenol sodium or sildenafil citrate, whichever of the 4 drugs the patient received first.***

**NOTE:**

***(b) Continuation of treatment.***
***The following list outlines the preferred test combination, in descending order, for the purposes of continuation of PBS-subsidised treatment:***
***(1) RHC plus ECHO composite assessments plus 6MWT;***
***(2) RHC plus ECHO composite assessments;***
***(3) RHC composite assessment plus 6MWT;***
***(4) ECHO composite assessment plus 6MWT;***
***(5) RHC composite assessment only;***
***(6) ECHO composite assessment only.***

***The results of the same tests as conducted at baseline should be provided with each written continuing treatment application (i.e. every 6 months), except for patients who were able to undergo all 3 tests at baseline, and whose subsequent ECHO and 6MWT results demonstrate disease stability or improvement, in which case RHC can be omitted. In all other patients, where the same test(s) conducted at baseline cannot be performed for assessment of response on clinical grounds, a reason why the test(s) could not be conducted must be provided with the application.***

***The test(s) results provided with the application for continuing treatment must be no more than 2 months old at the time of application.***

***5. Definition of response to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate or prior vasodilator treatment.***

***For adult patients with 2 or more baseline tests, response to treatment is defined as 2 or more tests demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.***

***For adult patients with a RHC composite assessment alone at baseline, response to treatment is defined as a RHC result demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.***

***For adult patients with an ECHO composite assessment alone at baseline, response to treatment is defined as an ECHO result demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.***

***For patients aged less than 18 years, response to treatment is defined as at least 1 of the baseline tests demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.***

***6. Authority approval requirements. [The following 2 sections are only relevant to the PBS listing of bosentan monohydrate. The requirements specific to iloprost trometamol, epoprostenol sodium or sildenafil citrate are given in parts 6 and 7 of the NOTE included in the iloprost trometamol, epoprostenol sodium or sildenafil citrate Schedule entry respectively.]***

***(a) Initiation of PBS-subsidised treatment with bosentan monohydrate, where the patient has not received prior PBS-subsidised treatment with iloprost trometamol, epoprostenol sodium or sildenafil citrate.***
***All applications for initial treatment must be made in writing, must include 2 separate authority prescriptions and must be submitted to Medicare Australia for authorisation. The total duration of initial PBS-subsidised treatment that will be approved with this first written application is up to 6 months.***

continued ☞

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|

***Approvals for the first authority prescription will be limited to 1 month of therapy with the 62.5 mg strength tablet, with the quantity approved based on the dosage recommendations in the Therapeutic Goods Administration (TGA)-approved Product Information. No repeats will be authorised for this prescription. The second authority prescription may be written for either the 62.5 mg tablet or the 125 mg tablet strengths. Where the 62.5 mg tablet strength is required, please contact Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday) for further advice. Approvals for the second authority prescription will be limited to 1 month of treatment, with the quantity approved based on the dosage recommendations in the TGA-approved Product Information, and a maximum of 4 repeats. The approved second authority prescription will be returned to the prescriber by Medicare Australia 2 weeks after the date of the approval of the first authority prescription, to allow for the uninterrupted completion of the 6 month initial treatment course. Medicare Australia will contact prescribers prior to dispatch of the second authority prescription to confirm the tablet strength required for the patient.***

***(b) Continuation of treatment.***
***Written applications for continuing treatment must be submitted to Medicare Australia for authorisation every 6 months. Approvals will be limited to provide sufficient supply for up to a maximum of 6 months of treatment, based on the dosage recommendations in the TGA-approved Product Information.***

***Applications for continuing treatment will only be approved for patients who have currently demonstrated a response to treatment with bosentan monohydrate.***

***The assessment of the patient's response to the first and subsequent 6 month courses of treatment should be made following the preceding 5 months of treatment, in order to allow sufficient time for a response to be demonstrated. Applications for continuing treatment with bosentan monohydrate should be made prior to the completion of the 6 month treatment course to ensure continuity for those patients who respond to treatment, as assessed by the treating physician.***

***(c) Swapping between bosentan monohydrate, iloprost trometamol, epoprostenol sodium and sildenafil citrate.***
***For eligible patients, applications to swap between these 4 drugs must be made under the relevant initial treatment restriction. Patients should be assessed for response to the treatment they are ceasing at the time the application to swap therapy is being made. Patients who fail to demonstrate a response or for whom no assessment results are submitted with the application to swap therapy may not re-commence PBS-subsidised treatment with the drug they are ceasing.***

***It is important that patients are assessed for response to every course of treatment approved within the timeframes specified in the relevant restriction, in order to maximise the choice of treatment.***

***To avoid confusion, applications for patients who wish to swap to an alternate treatment should be accompanied by the previously approved authority prescription, or remaining repeats, for the treatment the patient is ceasing.***

***(d) Cessation of treatment.***
***Patients who fail to demonstrate a response to PBS-subsidised bosentan monohydrate treatment at the times where an assessment is required must cease PBS-subsidised bosentan monohydrate therapy.***

***For patients ceasing treatment, approval will only be granted to provide sufficient supply of the 62.5 mg tablet strength to allow gradual dose reduction over a period of no more than 1 month duration. Prescribers should telephone Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday) to receive authorisation for this final supply and to ensure no unintended break in treatment occurs.***

***7. Re-treatment with bosentan monohydrate.***

***Patients who do not respond to treatment are not eligible to receive further PBS-subsidised treatment with bosentan monohydrate under any circumstances.***

***8. Further information.***

***A tabulated representation of the above information and the restriction can be obtained from the Medicare Australia website at www.medicareaustralia.gov.au.***

continued ☞

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|

**Public and private hospital authority required**

***Initial (new adult patients)***

***Application for initial PBS-subsidised treatment with bosentan monohydrate of adult patients who have not received prior PBS-subsidised treatment with iloprost trometamol, epoprostenol sodium or sildenafil citrate and who have been assessed by a physician from a designated hospital to have:***

***(a) WHO Functional Class III primary pulmonary hypertension and a mean right atrial pressure of 8 mmHg or less, as measured by RHC, unless a RHC is contraindicated on clinical grounds; OR***

***(b) WHO Functional Class III pulmonary arterial hypertension secondary to scleroderma and a mean right atrial pressure of 8 mmHg or less, as measured by RHC, unless a RHC is contraindicated on clinical grounds.***

***Patients must have failed to respond [see Note for definition of response] to 6 or more weeks of appropriate vasodilator treatment unless intolerance or a contraindication to such treatment exists.***

***In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted to Medicare Australia for consideration based on the test results of the ECHO composite assessment plus 6MWT or the ECHO composite assessment only.***

***Applications for authorisation must be in writing and must include:***

***(1) two completed authority prescription forms [see Note for authority approval requirements]; and***

***(2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:***

***(i) RHC composite assessment; and***

***(ii) ECHO composite assessment; and***

***(iii) 6MWT; and***

***(3) a signed patient acknowledgment form indicating that the patient understands and acknowledges that PBS-subsidised treatment with bosentan monohydrate for primary pulmonary hypertension or pulmonary arterial hypertension secondary to scleroderma, OR with iloprost trometamol for primary pulmonary hypertension, drug-induced pulmonary arterial hypertension or pulmonary arterial hypertension secondary to connective tissue disease, OR with epoprostenol sodium for primary pulmonary hypertension, OR with sildenafil citrate for primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, will cease if the treating physician determines that the patient has not achieved a response to treatment [see Note for definition of response].***

***Details of prior vasodilator treatment, including the dose and duration of treatment, must be provided at the time of application. Where the patient is commenced on bosentan monohydrate treatment due to an adverse event or a contraindication to vasodilator treatment, details on the nature of the adverse event or contraindication according to the TGA-approved Product Information must also be provided with the application.***

***Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].***

***The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. No repeats will be authorised for the first authority prescription issued under this criterion [see Note for full details of authority approval requirements]. A maximum of 4 repeats will be authorised for the second authority prescription issued under this criterion. Where fewer than 4 repeats are initially requested with the second authority prescription, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

continued ☞

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|

**Public and private hospital authority required**

***Initial (new adult patients)***

***Application for initial PBS-subsidised treatment with bosentan monohydrate of adult patients who have not received prior PBS-subsidised treatment with iloprost trometamol, epoprostenol sodium or sildenafil citrate and who have been assessed by a physician from a designated hospital to have:***
***(a) WHO Functional Class III primary pulmonary hypertension and a mean right atrial pressure greater than 8 mmHg, as measured by RHC, unless a RHC is contraindicated on clinical grounds; OR***
***(b) WHO Functional Class III pulmonary arterial hypertension secondary to scleroderma and a mean right atrial pressure greater than 8 mmHg, as measured by RHC, unless a RHC is contraindicated on clinical grounds; OR***
***(c) WHO Functional Class IV primary pulmonary hypertension; OR***
***(d) WHO Functional Class IV pulmonary arterial hypertension secondary to scleroderma.***

***In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted to Medicare Australia for consideration based on the test results of the ECHO composite assessment plus 6MWT or the ECHO composite assessment only.***

***Applications for authorisation must be in writing and must include:***
***(1) two completed authority prescription forms [see Note for authority approval requirements]; and***
***(2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:***
***(i) RHC composite assessment; and***
***(ii) ECHO composite assessment; and***
***(iii) 6MWT; and***
***(3) a signed patient acknowledgment form indicating that the patient understands and acknowledges that PBS-subsidised treatment with bosentan monohydrate for primary pulmonary hypertension or pulmonary arterial hypertension secondary to scleroderma, OR with iloprost trometamol for primary pulmonary hypertension, drug-induced pulmonary arterial hypertension or pulmonary arterial hypertension secondary to connective tissue disease, OR with epoprostenol sodium for primary pulmonary hypertension, OR with sildenafil citrate for primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, will cease if the treating physician determines that the patient has not achieved a response to treatment [see Note for definition of response].***

***Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].***

***The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. No repeats will be authorised for the first authority prescription issued under this criterion [see Note for full details of authority approval requirements]. A maximum of 4 repeats will be authorised for the second authority prescription issued under this criterion. Where fewer than 4 repeats are initially requested with the second authority prescription, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

**Public and private hospital authority required**

***Initial (new patients under 18 years of age)***

***Application for initial PBS-subsidised treatment of patients aged less than 18 years who have not received prior PBS-subsidised treatment with epoprostenol sodium or sildenafil citrate and who have been assessed by a physician from a designated hospital to have:***
***WHO Functional Class III primary pulmonary hypertension and either a mean right atrial pressure of 8 mmHg or less, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, normal right ventricular function as assessed by ECHO.***

***Patients must have failed to respond [see Note for definition of response] to 6 or more weeks of appropriate prior vasodilator treatment unless intolerance or a contraindication to such treatment exists.***

continued ☞

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|

***Applications for authorisation must be in writing and must include:***
***(1) two completed authority prescription forms [see Note for authority approval requirements]; and***
***(2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:***
***(i) RHC composite assessment; and***
***(ii) ECHO composite assessment; and***
***(iii) 6MWT; and***
***(3) a patient acknowledgment form, signed by the parent or authorised guardian, indicating that they understand and acknowledge that PBS-subsidised treatment with bosentan monohydrate, epoprostenol sodium or sildenafil citrate for primary pulmonary hypertension will cease if the treating physician determines that the patient has not achieved a response to treatment [see Note for definition of response].***

***Details of prior vasodilator treatment, including the dose and duration of treatment, must be provided at the time of application. Where the patient is commenced on bosentan monohydrate treatment due to an adverse event or a contraindication to vasodilator treatment, details on the nature of the adverse event or contraindication according to the TGA-approved Product Information must also be provided with the application.***

***Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].***

***The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. No repeats will be authorised for the first authority prescription issued under this criterion [see Note for full details of authority approval requirements]. A maximum of 4 repeats will be authorised for the second authority prescription issued under this criterion. Where fewer than 4 repeats are initially requested with the second authority prescription, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

**Public and private hospital authority required**
***Initial (new patients under 18 years of age)***
***Application for initial PBS-subsidised treatment of patients aged less than 18 years who have not received prior PBS-subsidised treatment with epoprostenol sodium or sildenafil citrate and who have been assessed by a physician from a designated hospital to have:***
***(a) WHO Functional Class III primary pulmonary hypertension and either a mean right atrial pressure greater than 8 mmHg, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular dysfunction as assessed by ECHO; OR***
***(b) WHO Functional Class IV primary pulmonary hypertension.***

***Applications for authorisation must be in writing and must include:***
***(1) two completed authority prescription forms [see Note for authority approval requirements]; and***
***(2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:***
***(i) RHC composite assessment; and***
***(ii) ECHO composite assessment; and***
***(iii) 6MWT; and***
***(3) a patient acknowledgment form, signed by the parent or authorised guardian, indicating that they understand and acknowledge that PBS-subsidised treatment with bosentan monohydrate, epoprostenol sodium or sildenafil citrate for primary pulmonary hypertension will cease if the treating physician determines that the patient has not achieved a response to treatment [see Note for definition of response].***

***Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].***

continued ☞

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|

***The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. No repeats will be authorised for the first authority prescription issued under this criterion [see Note for full details of authority approval requirements]. A maximum of 4 repeats will be authorised for the second authority prescription issued under this criterion. Where fewer than 4 repeats are initially requested with the second authority prescription, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

**Public and private hospital authority required**

***Initial (change or re-commencement for adult patients)***
***Application for initial treatment with bosentan monohydrate of adult patients with either of the following:***
***(a) primary pulmonary hypertension or pulmonary arterial hypertension secondary to scleroderma who wish to re-commence PBS-subsidised bosentan monohydrate after a break in therapy and who have demonstrated a response to their most recent course of PBS-subsidised treatment with bosentan monohydrate; OR***
***(b) primary pulmonary hypertension or pulmonary arterial hypertension secondary to scleroderma and whose most recent course of PBS-subsidised treatment was with iloprost trometamol or sildenafil citrate; OR***
***(c) primary pulmonary hypertension and whose most recent course of PBS-subsidised treatment was with epoprostenol sodium.***

***Applications for authorisation must be in writing and must include:***
***(1) two completed authority prescription forms [see Note for authority approval requirements]; and***
***(2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes the results on which approval for the first application for PBS-subsidised bosentan monohydrate, iloprost trometamol, epoprostenol sodium or sildenafil citrate, whichever was initiated first, was granted; and***
***(3) the date of the first application for PBS-subsidised treatment with bosentan monohydrate, iloprost trometamol, epoprostenol sodium or sildenafil citrate, whichever was initiated first; and***
***(4) the results of the patient's response to treatment with their last course of PBS-subsidised bosentan monohydrate, iloprost trometamol, epoprostenol sodium or sildenafil citrate.***

***The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. No repeats will be authorised for the first authority prescription issued under this criterion [see Note for full details of authority approval requirements]. A maximum of 4 repeats will be authorised for the second authority prescription issued under this criterion. Where fewer than 4 repeats are initially requested with the second authority prescription, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

**Public and private hospital authority required**

***Initial (change or re-commencement for patients under 18 years of age)***
***Application for initial treatment with bosentan monohydrate of patients aged less than 18 years with either of the following:***
***(a) primary pulmonary hypertension who wish to re-commence PBS-subsidised bosentan monohydrate after a break in therapy and who have demonstrated a response to their most recent course of PBS-subsidised treatment with bosentan monohydrate; OR***
***(b) primary pulmonary hypertension and whose most recent course of PBS-subsidised treatment was with epoprostenol sodium or sildenafil citrate.***

continued ☞

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|

***Applications for authorisation must be in writing and must include:***
***(1) two completed authority prescription forms [see Note for authority approval requirements]; and***
***(2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes the results on which approval for the first application for PBS-subsidised bosentan monohydrate, epoprostenol sodium or sildenafil citrate, whichever was initiated first, was granted; and***
***(3) the date of the first application for PBS-subsidised treatment with bosentan monohydrate, epoprostenol sodium or sildenafil citrate, whichever was initiated first; and***
***(4) the results of the patient's response to treatment with their last course of PBS-subsidised bosentan monohydrate, epoprostenol sodium or sildenafil citrate.***

***The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. No repeats will be authorised for the first authority prescription issued under this criterion [see Note for full details of authority approval requirements]. A maximum of 4 repeats will be authorised for the second authority prescription issued under this criterion. Where fewer than 4 repeats are initially requested with the second authority prescription, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

**Public and private hospital authority required**
***Continuing treatment (all patients)***
***Continuing PBS-subsidised treatment with bosentan monohydrate of patients who have received approval for initial PBS-subsidised treatment with bosentan monohydrate and who have been assessed by a physician from a designated hospital to have achieved a response to their most recent course of bosentan monohydrate treatment [see Note for definition of response].***

***Applications for authorisation must be in writing and must include:***
***(1) a completed authority prescription form; and***
***(2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:***
***(i) RHC composite assessment; and***
***(ii) ECHO composite assessment; and***
***(iii) 6MWT.***

***Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].***

***The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats will be authorised.***

***Where fewer than 5 repeats are initially requested under this criterion, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

**Public and private hospital authority required**
***Cessation of treatment (all patients)***
***Final PBS-subsidised supply for patients with WHO Functional Class III or IV primary pulmonary hypertension or WHO Functional Class III or IV pulmonary arterial hypertension secondary to scleroderma who have not responded to bosentan monohydrate therapy [see Note for definition of response], to allow for gradual cessation of treatment.***

***Applications for authorisation under this criterion should be made on the telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday) [see Note on authority approval requirements].***

***Approval will only be granted for the 62.5 mg tablet strength. The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment.***

***Under no circumstances will telephone approvals be granted for treatment that would extend the final treatment period beyond 1 month.***

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| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| *6429J* | *Tablet 62.5 mg (base)* | *60* | *4035.00* | *Tracleer* | *AT* |
| *6430K* | *Tablet 125 mg (base)* | *60* | *4035.00* | *Tracleer* | *AT* |

***NOTE:***
***These prices are based on special supply arrangements—see Pharmaceutical Benefits Pricing Authority relativity sheet for full details.***

***CIDOFOVIR***

**Private hospital authority required**
***Treatment of cytomegalovirus retinitis in patients with AIDS.***

| | | | | | |
|---|---|---|---|---|---|
| *6247T* | *Solution for I.V. infusion 375 mg (anhydrous) in 5 mL single use vial* | *1* | *900.00* | *Vistide* | *PU* |

***CLARITHROMYCIN***

**Private hospital authority required**
***Treatment of Mycobacterium avium complex infections.***

| | | | | | |
|---|---|---|---|---|---|
| *6151R* | *Tablet 250 mg* | *100* | *48.16* | *Klacid* | *AB* |
| *6152T* | *Tablet 500 mg* | *100* | *96.32* | *Klacid* | *AB* |

***CLOZAPINE***

**Private hospital authority required**
***Schizophrenia in patients who are:***
***(a) non-responsive to other neuroleptic agents; or***
***(b) intolerant of other neuroleptic agents.***

| | | | | | |
|---|---|---|---|---|---|
| *6101D* | *Tablet 25 mg* | *100* | *72.00* | *[a] Clopine 25* | *MX* |
| | | | | *[a] Clozaril 25* | *NV* |
| *6417R* | *Tablet 50 mg* | *100* | *144.00* | *Clopine 50* | *MX* |
| *6102E* | *Tablet 100 mg* | *100* | *270.00* | *[a] Clopine 100* | *MX* |
| | | | | *[a] Clozaril 100* | *NV* |
| *6418T* | *Tablet 200 mg* | *100* | *540.00* | *Clopine 200* | *MX* |

***CYCLOSPORIN***
**CAUTION:**
***Careful monitoring of patients is mandatory.***

**Private hospital authority required**
***Management of rejection in patients following organ or tissue transplantation, under the supervision and direction of a transplant unit. Management includes initiation, stabilisation and review of therapy as required;***

***Management (which includes initiation, stabilisation and review of therapy) by:***
***(a) dermatologists or clinical immunologists of patients with severe atopic dermatitis for whom other systemic therapies are ineffective or inappropriate; or***
***(b) dermatologists of patients with severe psoriasis for whom other systemic therapies are ineffective or inappropriate and in whom the disease has caused significant interference with quality of life; or***
***(c) nephrologists of patients with nephrotic syndrome in patients in whom steroids and cytostatic drugs have failed or are not tolerated or are considered inappropriate and in whom renal function is unimpaired; or***
***(d) rheumatologists or clinical immunologists of patients with severe active rheumatoid arthritis for whom classical slow-acting anti-rheumatic agents (including methotrexate) are ineffective or inappropriate.***

| | | | | | |
|---|---|---|---|---|---|
| *6232B* | *Capsule 10 mg* | *60* | *37.20* | *Neoral 10* | *NV* |

continued ☞

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| *6352H* | *Capsule 25 mg* | *30* | *41.63* | [a] *Cicloral* | *HX* |
| | | | | [a] *Neoral 25* | *NV* |
| | ***NOTE:*** ***A brand premium of $0.99 applies to Neoral 25 brand. Both brands may not be available in all hospitals.*** | | | | |
| *6353J* | *Capsule 50 mg* | *30* | *86.60* | [a] *Cicloral* | *HX* |
| | | | | [a] *Neoral 50* | *NV* |
| | ***NOTE:*** ***A brand premium of $1.07 applies to Neoral 50 brand. Both brands may not be available in all hospitals.*** | | | | |
| *6354K* | *Capsule 100 mg* | *30* | *176.45* | [a] *Cicloral* | *HX* |
| | | | | [a] *Neoral 100* | *NV* |
| | ***NOTE:*** ***A brand premium of $1.08 applies to Neoral 100 brand. Both brands may not be available in all hospitals.*** | | | | |
| *6125J* | *Oral liquid 100 mg per mL, 50 mL* | *1* | *315.79* | *Neoral* | *NV* |
| | **Private hospital authority required** ***For use by organ or tissue transplant recipients.*** | | | | |
| *6109M* | *Solution concentrate for I.V. infusion 50 mg in 1 mL* | *10* | *54.10* | *Sandimmun* | *NV* |
| *6110N* | *Solution concentrate for I.V. infusion 250 mg in 5 mL* | *10* | *257.95* | *Sandimmun* | *NV* |
| | ***DARBEPOETIN ALFA*** | | | | |
| | **Private hospital authority required** ***Treatment of anaemia requiring transfusion, defined as a haemoglobin level of less than 100 g per L, where intrinsic renal disease, as assessed by a nephrologist, is the primary cause of the anaemia.*** | | | | |
| *6320P* | *Injection 10 micrograms in 0.4 mL pre-filled syringe* | *4* | *187.41* | *Aranesp* | *AN* |
| *6321Q* | *Injection 20 micrograms in 0.5 mL pre-filled syringe* | *4* | *352.96* | *Aranesp* | *AN* |
| *6488L* | *Injection 20 micrograms in 0.5 mL pre-filled injection pen* | *1* | *88.24* | *Aranesp SureClick* | *AN* |
| *6322R* | *Injection 30 micrograms in 0.3 mL pre-filled syringe* | *4* | *482.87* | *Aranesp* | *AN* |
| *6323T* | *Injection 40 micrograms in 0.4 mL pre-filled syringe* | *4* | *586.10* | *Aranesp* | *AN* |
| *6489M* | *Injection 40 micrograms in 0.4 mL pre-filled injection pen* | *1* | *146.53* | *Aranesp SureClick* | *AN* |
| *6324W* | *Injection 50 micrograms in 0.5 mL pre-filled syringe* | *4* | *724.62* | *Aranesp* | *AN* |
| *6325X* | *Injection 60 micrograms in 0.3 mL pre-filled syringe* | *4* | *850.87* | *Aranesp* | *AN* |
| *6490N* | *Injection 60 micrograms in 0.3 mL pre-filled injection pen* | *1* | *212.72* | *Aranesp SureClick* | *AN* |
| *6438W* | *Injection 80 micrograms in 0.4 mL pre-filled syringe* | *4* | *1120.00* | *Aranesp* | *AN* |
| *6491P* | *Injection 80 micrograms in 0.4 mL pre-filled injection pen* | *1* | *280.00* | *Aranesp SureClick* | *AN* |
| *6326Y* | *Injection 100 micrograms in 0.5 mL pre-filled syringe* | *4* | *1379.21* | *Aranesp* | *AN* |
| *6492Q* | *Injection 100 micrograms in 0.5 mL pre-filled injection pen* | *1* | *344.80* | *Aranesp SureClick* | *AN* |
| *6365B* | *Injection 150 micrograms in 0.3 mL pre-filled syringe* | *4* | *2055.00* | *Aranesp* | *AN* |
| *6493R* | *Injection 150 micrograms in 0.3 mL pre-filled injection pen* | *1* | *513.75* | *Aranesp SureClick* | *AN* |

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | ***DEFERASIROX*** | | | | |
| | **Private hospital authority required**<br>***Chronic iron overload in adults, adolescents and children 6 years and older associated with disorders of erythropoiesis;***<br>***Chronic iron overload in paediatric patients aged 2 to 5 years, associated with disorders of erythropoiesis, who are intolerant to desferrioxamine or in whom desferrioxamine has proven ineffective.*** | | | | |
| ***6499C*** | ***Tablet 125 mg (dispersible)*** | ***28*** | ***233.58*** | ***Exjade*** | ***NV*** |
| ***6500D*** | ***Tablet 250 mg (dispersible)*** | ***28*** | ***467.15*** | ***Exjade*** | ***NV*** |
| ***9600G*** | ***Tablet 500 mg (dispersible)*** | ***28*** | ***934.30*** | ***Exjade*** | ***NV*** |
| | ***NOTE:***<br>***These prices are based on special supply arrangements—see Pharmaceutical Benefits Pricing Authority relativity sheet for full details.*** | | | | |
| | ***DEFERIPRONE*** | | | | |
| | **Private hospital authority required**<br>***Iron overload in patients with thalassaemia major who are unable to take desferrioxamine therapy;***<br>***Iron overload in patients with thalassaemia major in whom desferrioxamine therapy has proven ineffective.*** | | | | |
| ***6416Q*** | ***Tablet 500 mg*** | ***100*** | ***440.00*** | ***Ferriprox*** | ***OA*** |
| | ***DELAVIRDINE MESYLATE*** | | | | |
| | **Private hospital authority required**<br>***Treatment of HIV infection in patients with:***<br>***(a) CD4 cell counts of less than 500 per cubic millimetre; or***<br>***(b) viral load of greater than 10,000 copies per mL.*** | | | | |
| ***6243N*** | ***Tablet 100 mg*** | ***360*** | ***271.58*** | ***Rescriptor*** | ***PF*** |
| | ***DESFERRIOXAMINE MESYLATE*** | | | | |
| | **Private hospital authority required**<br>***Disorders of erythropoiesis associated with treatment-related chronic iron overload.*** | | | | |
| ***6113R*** | ***Powder for injection 500 mg*** | ***10*** | ***99.00*** | [a] ***MX***<br>[a] ***Desferal 500 mg*** | ***NV*** |
| | ***NOTE:***<br>***A brand premium of $8.19 applies to Desferal 500 mg brand. Both brands may not be available in all hospitals.*** | | | | |
| ***6270B*** | ***Powder for injection 2 g*** | ***1*** | ***39.60*** | [a] ***MX***<br>[a] ***Desferal 2 g*** | ***NV*** |
| | ***NOTE:***<br>***A brand premium of $0.40 applies to Desferal 2 g brand. Both brands may not be available in all hospitals.*** | | | | |
| | ***DIDANOSINE*** | | | | |
| | **Private hospital authority required**<br>***Treatment of HIV infection in patients with:***<br>***(a) CD4 cell counts of less than 500 per cubic millimetre; or***<br>***(b) viral load of greater than 10,000 copies per mL.*** | | | | |
| ***6298L*** | ***Capsule 125 mg (containing enteric coated beadlets)*** | ***30*** | ***102.12*** | ***Videx EC*** | ***BQ*** |

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| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|
| *6299M* | *Capsule 200 mg (containing enteric coated beadlets)* | *30* | *163.40* | | *Videx EC* | *BQ* |
| *6300N* | *Capsule 250 mg (containing enteric coated beadlets)* | *30* | *204.24* | | *Videx EC* | *BQ* |
| *6301P* | *Capsule 400 mg (containing enteric coated beadlets)* | *30* | *326.79* | | *Videx EC* | *BQ* |
| | ***DISODIUM PAMIDRONATE*** | | | | | |
| | **Private hospital authority required**<br>***Treatment of hypercalcaemia of malignancy refractory to anti-neoplastic therapy.*** | | | | | |
| *6286W* | *Concentrated injection 15 mg in 5 mL* | *1* | *56.89* | [a] | *Pamisol* | *MX* |
| *6290C* | *Injection set containing 4 vials powder for I.V. infusion 15 mg and 4 ampoules solvent 5 mL* | *1* | *227.57* | [a] | *Aredia 15 mg* | *NV* |
| | ***NOTE:***<br>***The concentrated injection 15 mg and powder for I.V. infusion 15 mg (after reconstitution) are bioequivalent.*** | | | | | |
| *6287X* | *Concentrated injection 30 mg in 10 mL* | *1* | *113.79* | [a] | *Pamisol* | *MX* |
| *6279L* | *Injection set containing 2 vials powder for I.V. infusion 30 mg and 2 ampoules solvent 10 mL* | *1* | *227.57* | [a] | *Aredia 30 mg* | *NV* |
| | ***NOTE:***<br>***The concentrated injection 30 mg and powder for I.V. infusion 30 mg (after reconstitution) are bioequivalent.*** | | | | | |
| *6288Y* | *Concentrated injection 60 mg in 10 mL* | *1* | *227.57* | | *Pamisol* | *MX* |
| | **Private hospital authority required**<br>***Treatment of hypercalcaemia of malignancy refractory to anti-neoplastic therapy.*** | | | | | |
| | **Private hospital authority required**<br>***Multiple myeloma;***<br>***Bone metastases from breast cancer.*** | | | | | |
| *6289B* | *Concentrated injection 90 mg in 10 mL* | *1* | *341.36* | [a] | *Pamisol* | *MX* |
| *6223M* | *Injection set containing 1 vial powder for I.V. infusion 90 mg and 1 ampoule solvent 10 mL* | *1* | *341.36* | [a] | *Aredia 90 mg* | *NV* |
| | ***NOTE:***<br>***The concentrated injection 90 mg and powder for I.V. infusion 90 mg (after reconstitution) are bioequivalent.*** | | | | | |

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | ***DORNASE ALFA*** | | | | |
| | **Private hospital authority required**<br>***Use by cystic fibrosis patients who satisfy all of the following criteria:***<br>***(1) are 5 years of age or older;***<br>***(2) have a FVC greater than 40% predicted for age, gender and height;***<br>***(3) have evidence of chronic suppurative lung disease (cough and sputum most days of the week, or greater than 3 respiratory tract infections of more than 2 weeks' duration in any 12 months, or objective evidence of obstructive airways disease);***<br>***(4) are participating in a 4 week trial as detailed below or have achieved a 10% or greater improvement in FEV1 (compared to baseline established prior to dornase alfa treatment) after a 4 week trial.***<br>***In order for patients to be eligible for participation in the HSD program, the following conditions must be met:***<br>***(1) Patients must be assessed at cystic fibrosis clinics/centres which are under the control of specialist respiratory physicians with experience and expertise in the management of cystic fibrosis and the prescribing of dornase alfa under the HSD program is limited to such physicians. If attendance at such units is not possible because of geographical isolation, management (including prescribing) may be by specialist physician or paediatrician in consultation with such a unit;***<br>***(2) The measurement of lung function is to be conducted by independent (other than the treating doctor) experienced personnel at established lung function testing laboratories, unless this is not possible because of geographical isolation;***<br>***(3) Prior to dornase alfa therapy, a baseline measurement of FEV1 must be undertaken during a stable period of the disease;***<br>***(4) Initial therapy is limited to 4 weeks' treatment with dornase alfa at a dose of 2.5 mg daily;***<br>***(5) At or towards the end of the initial 4 weeks' trial, patients must be reassessed and a further FEV1 measurement be undertaken (single test under conditions as above). Patients who achieve a 10% or greater improvement in FEV1 (compared to baseline established prior to dornase alfa treatment) are eligible for continued subsidy under the HSD program at a dose of 2.5 mg daily;***<br>***(6) Patients who fail to meet a 10% or greater improvement in FEV1 after the initial 4 weeks' treatment at a dose of 2.5 mg daily, may have 1 further trial in the next 12 months but not before 3 months after the initial trial;***<br>***(7) Following an initial 6 months' therapy, a global assessment must be undertaken involving the patient, the patient's family (in the case of paediatric patients) and the treating physician(s) to establish that all agree that dornase alfa treatment is continuing to produce worthwhile benefits. (Dornase alfa therapy should cease if there is not general agreement of benefit as there is always the possibility of harm from unnecessary use.) Further reassessments are to be undertaken at six-monthly intervals;***<br>***(8) Other aspects of treatment, such as physiotherapy, must be continued;***<br>***(9) Where there is documented evidence that a patient already receiving dornase alfa therapy would have met the criteria for subsidy (i.e. satisfied the criteria for the 4 week trial and achieved a 10% or greater improvement in FEV1) then the patient is eligible to continue treatment under the HSD program. Where such evidence is not available, patients will need to satisfy the initiation and continuation criteria as for new patients. (Four weeks is considered a suitable wash-out period).***<br>**NOTE:**<br>***It is highly desirable that all patients be included in the national cystic fibrosis patient data-base.*** | | | | |
| ***6120D*** | ***Solution for inhalation 2.5 mg (2,500 units) in 2.5 mL*** | ***30*** | ***1180.00*** | ***Pulmozyme*** | ***RO*** |
| | ***DOXORUBICIN HYDROCHLORIDE, PEGYLATED LIPOSOMAL*** | | | | |
| | **Private hospital authority required**<br>***Treatment of AIDS-related Kaposi's sarcoma in patients with CD4 cell counts of less than 200 per cubic millimetre and:***<br>***(a) extensive mucocutaneous involvement; or***<br>***(b) extensive visceral involvement.*** | | | | |
| ***6249X*** | ***Suspension for I.V. infusion 20 mg in 10 mL*** | ***1*** | ***622.99*** | ***Caelyx*** | ***SH*** |

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | ***EFAVIRENZ*** | | | | |
| | **Private hospital authority required**<br>***Treatment of HIV infection in patients with:***<br>***(a) CD4 cell counts of less than 500 per cubic millimetre; or***<br>***(b) viral load of greater than 10,000 copies per mL.*** | | | | |
| ***6283Q*** | ***Capsule 200 mg*** | ***90*** | ***452.64*** | ***Stocrin*** | ***MK*** |
| ***6356M*** | ***Tablet 600 mg*** | ***30*** | ***452.64*** | ***Stocrin*** | ***MK*** |
| ***6372J*** | ***Oral solution 30 mg per mL, 180 mL*** | ***1*** | ***135.79*** | ***Stocrin*** | ***MK*** |
| | ***NOTE:***<br>***These prices are based on special supply arrangements—see Pharmaceutical Benefits Pricing Authority relativity sheet for full details.*** | | | | |
| | ***EMTRICITABINE*** | | | | |
| | **Private hospital authority required**<br>***Treatment of HIV infection in patients with:***<br>***(a) CD4 cell counts of less than 500 per cubic millimetre; or***<br>***(b) viral load of greater than 10,000 copies per mL.*** | | | | |
| ***6137B*** | ***Capsule 200 mg*** | ***30*** | ***282.00*** | ***Emtriva*** | ***GI*** |
| | ***ENFUVIRTIDE*** | | | | |
| | **Private hospital authority required**<br>***Treatment, in combination with other antiretroviral agents, of HIV infection in antiretroviral experienced patients with treatment failure characterised by:***<br>***(a) evidence of HIV replication, despite ongoing therapy; or***<br>***(b) treatment-limiting toxicity to previous antiretroviral agents.***<br>***Patients must have failed previous treatment with 3 different antiretroviral regimens. At least 1 of each of the following classes of antiretroviral drugs must have been attempted:***<br>***(i) at least 1 non-nucleoside reverse transcriptase inhibitor; and***<br>***(ii) at least 1 nucleoside reverse transcriptase inhibitor; and***<br>***(iii) at least 1 protease inhibitor.*** | | | | |
| ***6455R*** | ***Pack containing 60 vials powder for injection 90 mg with 60 vials water for injections 1.1 mL (with syringes and swabs)*** | ***‡ 1*** | ***2213.00*** | ***Fuzeon*** | ***RO*** |
| | ***ENTECAVIR MONOHYDRATE*** | | | | |
| | **Private hospital authority required**<br>***Patients aged 16 years or older with chronic hepatitis B who satisfy all of the following criteria:***<br>***(a) (1) Histological evidence of chronic hepatitis on liver biopsy (except in patients with coagulation disorders considered severe enough to prevent liver biopsy);***<br>***(2) Abnormal serum ALT levels in conjunction with documented chronic hepatitis B infection (HBe antigen positive and/or HBV DNA positive);***<br>***(3) Female patients of child-bearing age are not pregnant, not breast-feeding, and are using an effective form of contraception.***<br>***Persons with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.***<br>**NOTE:**<br>***PBS-subsidised entecavir monohydrate must be used as monotherapy.*** | | | | |
| ***9602J*** | ***Tablet 0.5 mg*** | ***30*** | ***384.30*** | ***Baraclude*** | ***BQ*** |

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| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | **Private hospital authority required**<br>***Patients aged 16 years or older with chronic hepatitis B who have failed lamivudine therapy and who satisfy all of the following criteria:***<br>***(a) (1) Repeatedly elevated (greater than 1.2 times the upper limit of normal) serum ALT levels while on concurrent antihepadnaviral therapy of greater than or equal to 6 months duration in conjunction with documented chronic hepatitis B infection (HBe antigen positive and/or serum HBV DNA positive);***<br>***(2) Female patients of child-bearing age are not pregnant, not breast-feeding, and are using an effective form of contraception.***<br>***Persons with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.***<br>**NOTE:**<br>***Patients should have undergone a liver biopsy at some point since initial diagnosis to obtain histological evidence of chronic hepatitis.***<br>***PBS-subsidised entecavir monohydrate must be used as monotherapy.*** | | | | |
| *9603K* | *Tablet 1 mg* | *30* | *625.00* | *Baraclude* | *BQ* |
| | ***EPOETIN ALFA***<br>**Private hospital authority required**<br>***Treatment of anaemia requiring transfusion, defined as a haemoglobin level of less than 100 g per L, where intrinsic renal disease, as assessed by a nephrologist, is the primary cause of the anaemia.*** | | | | |
| *6251B* | *Injection 1,000 units in 0.5 mL pre-filled syringe* | *6* | *147.00* | *Eprex 1000* | *JC* |
| *6204M* | *Injection 2,000 units in 0.5 mL pre-filled syringe* | *6* | *272.00* | *Eprex 2000* | *JC* |
| *6205N* | *Injection 3,000 units in 0.3 mL pre-filled syringe* | *6* | *351.00* | *Eprex 3000* | *JC* |
| *6206P* | *Injection 4,000 units in 0.4 mL pre-filled syringe* | *6* | *447.00* | *Eprex 4000* | *JC* |
| *6302Q* | *Injection 5,000 units in 0.5 mL pre-filled syringe* | *6* | *556.50* | *Eprex 5000* | *JC* |
| *6303R* | *Injection 6,000 units in 0.6 mL pre-filled syringe* | *6* | *660.60* | *Eprex 6000* | *JC* |
| *6305W* | *Injection 8,000 units in 0.8 mL pre-filled syringe* | *6* | *856.80* | *Eprex 8000* | *JC* |
| *6207Q* | *Injection 10,000 units in 1 mL pre-filled syringe* | *6* | *1037.00* | *Eprex 10000* | *JC* |
| *6434P* | *Injection 20,000 units in 0.5 mL pre-filled syringe* | *6* | *2040.00* | *Eprex 20,000* | *JC* |
| *6339P* | *Injection 40,000 units in 1 mL pre-filled syringe* | *1* | *660.00* | *Eprex 40,000* | *JC* |
| | ***EPOETIN BETA***<br>**Private hospital authority required**<br>***Treatment of anaemia requiring transfusion, defined as a haemoglobin level of less than 100 g per L, where intrinsic renal disease, as assessed by a nephrologist, is the primary cause of the anaemia.*** | | | | |
| *6479B* | *Injection 1,000 units in 0.3 mL pre-filled syringe* | *6* | *147.00* | *NeoRecormon* | *RO* |
| *6480C* | *Injection 2,000 units in 0.3 mL pre-filled syringe* | *6* | *272.00* | *NeoRecormon* | *RO* |
| *6481D* | *Injection 3,000 units in 0.3 mL pre-filled syringe* | *6* | *351.00* | *NeoRecormon* | *RO* |
| *6482E* | *Injection 4,000 units in 0.3 mL pre-filled syringe* | *6* | *447.00* | *NeoRecormon* | *RO* |
| *6483F* | *Injection 5,000 units in 0.3 mL pre-filled syringe* | *6* | *556.50* | *NeoRecormon* | *RO* |

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| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| *6484G* | ***Injection 6,000 units in 0.3 mL pre-filled syringe*** | ***6*** | ***660.60*** | ***NeoRecormon*** | ***RO*** |
| *6485H* | ***Injection 10,000 units in 0.6 mL pre-filled syringe*** | ***6*** | ***1037.00*** | ***NeoRecormon*** | ***RO*** |
| *6486J* | ***Injection 20,000 units in 0.6 mL pre-filled syringe*** | ***6*** | ***2040.00*** | ***NeoRecormon*** | ***RO*** |
| *6487K* | ***Injection 30,000 units in 0.6 mL pre-filled syringe*** | ***1*** | ***502.50*** | ***NeoRecormon*** | ***RO*** |

***EPOPROSTENOL SODIUM***

**NOTE:**

***Any queries concerning the arrangements to prescribe epoprostenol sodium may be directed to Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

***Written applications for authority to prescribe epoprostenol sodium should be forwarded to:***

***Medicare Australia***
***Prior Written Approval of Specialised Drugs***
***Reply Paid 9826***
***GPO Box 9826***
***HOBART TAS 7001***

**NOTE:**

***Epoprostenol sodium is not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with scleroderma, where the total lung capacity is less than 70% of that predicted.***

***Epoprostenol sodium is not PBS-subsidised when used in combination with PBS-subsidised bosentan monohydrate, PBS-subsidised iloprost trometamol, or PBS-subsidised sildenafil citrate.***

***The following provides some explanatory notes regarding the availability of PBS-subsidised treatment with:***
***(a) bosentan monohydrate, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to scleroderma, in patients with disease of WHO Functional Class III or IV severity; AND***
***(b) iloprost trometamol, of primary pulmonary hypertension, drug-induced pulmonary arterial hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in adult patients with disease of WHO Functional Class III or IV severity; AND***
***(c) epoprostenol sodium, of primary pulmonary hypertension, in patients with disease of WHO Functional Class III or IV severity; AND***
***(d) sildenafil citrate, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity.***

***Adult patients:***
***From 1 March 2007, adult patients with primary pulmonary hypertension will be able to access, through the PBS, bosentan monohydrate, iloprost trometamol, epoprostenol sodium or sildenafil citrate (WHO Class III only). Once these patients are approved initial treatment with 1 of these 4 drugs, they may swap between bosentan monohydrate, iloprost trometamol, epoprostenol sodium and sildenafil citrate at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted. It also means that no new baseline measurements will be necessary (unless the prescriber wishes to submit new baselines).***

***Patients may only swap to bosentan monohydrate, iloprost trometamol, epoprostenol sodium or sildenafil citrate if they have not failed prior PBS-subsidised treatment with that drug.***

***Adult patients with pulmonary arterial hypertension secondary to scleroderma will be able to access, through the PBS, bosentan monohydrate, iloprost trometamol or sildenafil citrate (WHO Class III only). Once these patients are approved initial treatment with 1 of these 3 drugs, they may swap between bosentan monohydrate, iloprost trometamol and sildenafil citrate at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted. It also means that no new baseline measurements will be necessary (unless the prescriber wishes to submit new baselines).***

***Patients may only swap to bosentan monohydrate, iloprost trometamol or sildenafil citrate if they have not failed prior PBS-subsidised treatment with that drug.***

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| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|

***Adult patients with pulmonary arterial hypertension secondary to connective tissue disease other than scleroderma will be able to access, through the PBS, iloprost trometamol or sildenafil citrate (WHO Class III only). Once these patients are approved initial treatment with 1 of these 2 drugs, they may swap between iloprost trometamol and sildenafil citrate at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted. It also means that no new baseline measurements will be necessary (unless the prescriber wishes to submit new baselines).***

***Patients may only swap to iloprost trometamol or sildenafil citrate if they have not failed prior PBS-subsidised treatment with that drug.***

***Patients with drug-induced pulmonary arterial hypertension are only eligible for treatment with iloprost trometamol. They may not swap to bosentan monohydrate, epoprostenol sodium or sildenafil citrate.***

***Patients under 18 years of age:***
***From 1 March 2007, patients aged less than 18 years with primary pulmonary hypertension are eligible to receive PBS-subsidised treatment with bosentan monohydrate, epoprostenol sodium or sildenafil citrate (WHO Class III only). Once these patients are approved initial treatment with 1 of these 3 drugs, they may swap between bosentan monohydrate, epoprostenol sodium and sildenafil citrate at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted. It also means that no new baseline measurements will be necessary (unless the prescriber wishes to submit new baselines). They may qualify for treatment with iloprost trometamol when they are aged 18 years or older.***

***Patients may only swap to bosentan monohydrate, epoprostenol sodium or sildenafil citrate if they have not failed prior PBS-subsidised treatment with that drug.***

***1. Definition of primary pulmonary hypertension, drug-induced pulmonary arterial hypertension or pulmonary arterial hypertension secondary to connective tissue disease, including scleroderma.***

***Primary pulmonary hypertension, drug-induced pulmonary arterial hypertension or pulmonary arterial hypertension secondary to connective tissue disease, including scleroderma, are defined as follows:***
***(i) mean pulmonary artery pressure (mPAP) greater than 25 mmHg at rest and pulmonary capillary wedge pressure (PCWP) less than 18 mmHg; or***
***(ii) mPAP greater than 30 mmHg with exercise and PCWP less than 18 mmHg; or***
***(iii) where a right heart catheter cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.***

***2. Definition of WHO Functional Class III or IV disease severity.***

***(a) WHO Functional Class III disease severity is defined as follows:***
***Patients with pulmonary hypertension resulting in marked limitation of physical activity who are comfortable at rest and on ordinary physical activity experience dyspnoea or fatigue, chest pain or near syncope.***
***(b) WHO Functional Class IV disease severity is defined as follows:***
***Patients with the inability to carry out any physical activity without symptoms. These patients manifest signs of right heart failure. Dyspnoea and/or fatigue may even be present at rest. Discomfort is increased by any physical activity.***

***3. Designated hospitals.***

***Refer to the Medicare Australia website at www.medicareaustralia.gov.au for a list of designated hospitals.***

***4. Test requirements to establish baseline for initiation of treatment and response to treatment for continuation of treatment.***

***(a) Initiation of treatment.***
***The first written application for PBS-subsidised treatment with the first of either bosentan monohydrate, iloprost trometamol, epoprostenol sodium or sildenafil citrate should be accompanied by the results of a right heart catheter (RHC) composite assessment, plus an echocardiograph (ECHO) composite assessment, plus a 6 minute walk test (6MWT) to establish the patient's baseline measurements.***

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| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
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***Where it is not possible to perform all 3 tests above on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:***
***(1) RHC plus ECHO composite assessments;***
***(2) RHC composite assessment plus 6MWT;***
***(3) RHC composite assessment only.***

***In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted to Medicare Australia for consideration based on the results of the following test combinations, which are listed in descending order of preference:***
***(1) ECHO composite assessment plus 6MWT;***
***(2) ECHO composite assessment only.***

***Where fewer than 3 tests are able to be performed on clinical grounds, a reason outlining why the particular test/s could not be conducted must be provided with the authority application.***

***Where patients were initiated on PBS-subsidised treatment either with bosentan monohydrate on or after 1 March 2004, with iloprost trometamol on or after 1 April 2005, with epoprostenol sodium on or after 1 August 2006 or with sildenafil citrate on or after 1 March 2007, the test results provided with the initial application must be no more than 2 months old at the time of application. These results will form the baseline against which response assessments will be made.***

***Where patients received treatment with either bosentan monohydrate, iloprost trometamol, epoprostenol sodium or sildenafil citrate prior to being commenced on PBS-subsidised treatment with the first of either bosentan monohydrate, iloprost trometamol, epoprostenol sodium or sildenafil citrate, the test requirements above still apply. The results that will form the baseline against which response assessments will be made will be those measured at the time patients commenced non-PBS-subsidised treatment with either bosentan monohydrate, iloprost trometamol, epoprostenol sodium or sildenafil citrate, whichever of the 4 drugs the patient received first.***

**NOTE:**
***(b) Continuation of treatment.***
***The following list outlines the preferred test combination, in descending order, for the purposes of continuation of PBS-subsidised treatment:***
***(1) RHC plus ECHO composite assessments plus 6MWT;***
***(2) RHC plus ECHO composite assessments;***
***(3) RHC composite assessment plus 6MWT;***
***(4) ECHO composite assessment plus 6MWT;***
***(5) RHC composite assessment only;***
***(6) ECHO composite assessment only.***

***The results of the same tests as conducted at baseline should be provided with each written continuing treatment application (i.e. every 6 months), except for patients who were able to undergo all 3 tests at baseline, and whose subsequent ECHO and 6MWT results demonstrate disease stability or improvement, in which case RHC can be omitted. In all other patients, where the same test(s) conducted at baseline cannot be performed for assessment of response on clinical grounds, a reason why the test(s) could not be conducted must be provided with the application.***

***The test(s) results provided with the application for continuing treatment must be no more than 2 months old at the time of application.***

***5. Definition of response to epoprostenol sodium, bosentan monohydrate, iloprost trometamol, sildenafil citrate or prior vasodilator treatment.***

***For adult patients with 2 or more baseline tests, response to treatment is defined as 2 or more tests demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.***

***For adult patients with a RHC composite assessment alone at baseline, response to treatment is defined as a RHC result demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.***

***For adult patients with an ECHO composite assessment alone at baseline, response to treatment is defined as an ECHO result demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.***

***For patients aged less than 18 years, response to treatment is defined as at least 1 of the baseline tests demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.***

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| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
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***6. Authority approval requirements. [The following 2 sections are only relevant to the PBS listing of epoprostenol sodium. The requirements specific to bosentan monohydrate, iloprost trometamol and sildenafil citrate are given in parts 6 and 7 of the NOTE included in the bosentan monohydrate, iloprost trometamol and sildenafil citrate Schedule entry respectively.]***

***(a) Initiation of PBS-subsidised treatment with epoprostenol sodium, where the patient has not received prior PBS-subsidised treatment with bosentan monohydrate, iloprost trometamol or sildenafil citrate.***
***All applications for initial treatment must be made in writing, must include an authority prescription and must be submitted to Medicare Australia for authorisation. The total duration of initial PBS-subsidised treatment that will be approved with this first written application is up to 6 months, based on the dosage recommendations in the TGA-approved Product Information.***

***(b) Continuation of treatment.***
***Written applications for continuing treatment must be submitted to Medicare Australia for authorisation every 6 months. Approvals will be limited to provide sufficient supply for up to a maximum of 6 months of treatment, based on the dosage recommendations in the TGA-approved Product Information.***

***Applications for continuing treatment will only be approved for patients who have currently demonstrated a response to treatment with epoprostenol sodium.***

***The assessment of the patient's response to the first and subsequent 6 month courses of treatment should be made following the preceding 5 months of treatment, in order to allow sufficient time for a response to be demonstrated. Applications for continuing treatment with epoprostenol sodium should be made prior to the completion of the 6 month treatment course to ensure continuity for those patients who respond to treatment, as assessed by the treating physician.***

***(c) Swapping between bosentan monohydrate, iloprost trometamol, epoprostenol sodium and sildenafil citrate.***
***For eligible patients, applications to swap between these 4 drugs must be made under the relevant initial treatment restriction. Patients should be assessed for response to the treatment they are ceasing at the time the application to swap therapy is being made. Patients who fail to demonstrate a response or for whom no assessment results are submitted with the application to swap therapy may not re-commence PBS-subsidised treatment with the drug they are ceasing.***

***It is important that patients are assessed for response to every course of treatment approved within the timeframes specified in the relevant restriction, in order to maximise the choice of treatment.***

***To avoid confusion, applications for patients who wish to swap to an alternate treatment should be accompanied by the previously approved authority prescription, or remaining repeats, for the treatment the patient is ceasing.***

***(d) Cessation of treatment.***
***Patients who fail to demonstrate a response to PBS-subsidised epoprostenol sodium treatment at the times where an assessment is required must cease PBS-subsidised epoprostenol sodium therapy.***

***7. Re-treatment with epoprostenol sodium.***

***Patients who do not respond to treatment are not eligible to receive further PBS-subsidised treatment with epoprostenol sodium under any circumstances.***

***8. Further information.***

***A tabulated representation of the above information and the restriction can be obtained from the Medicare Australia website at www.medicareaustralia.gov.au.***

**Public and private hospital authority required**

***Initial (new adult patients)***
***Application for initial PBS-subsidised treatment with epoprostenol sodium of adult patients who have not received prior PBS-subsidised treatment with bosentan monohydrate, iloprost trometamol or sildenafil citrate and who have been assessed by a physician from a designated hospital to have:***
***WHO Functional Class III primary pulmonary hypertension and a mean right atrial pressure of 8 mmHg or less, as measured by RHC, unless a RHC is contraindicated on clinical grounds.***

***Patients must have failed to respond [see Note for definition of response] to 6 or more weeks of appropriate vasodilator treatment unless intolerance or a contraindication to such treatment exists.***

continued ☞

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
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***In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted to Medicare Australia for consideration based on the test results of the ECHO composite assessment plus 6MWT or the ECHO composite assessment only.***

***Applications for authorisation must be in writing and must include:***
***(1) a completed authority prescription form [see Note for authority approval requirements]; and***
***(2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:***
***(i) RHC composite assessment; and***
***(ii) ECHO composite assessment; and***
***(iii) 6MWT; and***
***(3) a signed patient acknowledgment form indicating that the patient understands and acknowledges that PBS-subsidised treatment with epoprostenol sodium for primary pulmonary hypertension, OR with iloprost trometamol for primary pulmonary hypertension, drug-induced pulmonary arterial hypertension or pulmonary arterial hypertension secondary to connective tissue disease, OR with bosentan monohydrate for primary pulmonary hypertension or pulmonary arterial hypertension secondary to scleroderma, OR with sildenafil citrate for primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, will cease if the treating physician determines that the patient has not achieved a response to treatment [see Note for definition of response].***

***Details of prior vasodilator treatment, including the dose and duration of treatment, must be provided at the time of application. Where the patient is commenced on epoprostenol sodium treatment due to an adverse event or a contraindication to vasodilator treatment, details on the nature of the adverse event or contraindication according to the TGA-approved Product Information must also be provided with the application.***

***Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].***

***The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

**Public and private hospital authority required**

***Initial (new adult patients)***
***Application for initial PBS-subsidised treatment with epoprostenol sodium of adult patients who have not received prior PBS-subsidised treatment with bosentan monohydrate, iloprost trometamol or sildenafil citrate and who have been assessed by a physician from a designated hospital to have:***
***(a) WHO Functional Class III primary pulmonary hypertension and a mean right atrial pressure greater than 8 mmHg, as measured by RHC, unless a RHC is contraindicated on clinical grounds; OR***
***(b) WHO Functional Class IV primary pulmonary hypertension.***

***In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted to Medicare Australia for consideration based on the test results of the ECHO composite assessment plus 6MWT or the ECHO composite assessment only.***

continued ☞

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
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***Applications for authorisation must be in writing and must include:***
***(1) a completed authority prescription form [see Note for authority approval requirements]; and***
***(2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:***
***(i) RHC composite assessment; and***
***(ii) ECHO composite assessment; and***
***(iii) 6MWT; and***
***(3) a signed patient acknowledgment form indicating that the patient understands and acknowledges that PBS-subsidised treatment with epoprostenol sodium for primary pulmonary hypertension, OR with iloprost trometamol for primary pulmonary hypertension, drug-induced pulmonary arterial hypertension or pulmonary arterial hypertension secondary to connective tissue disease, OR with bosentan monohydrate for primary pulmonary hypertension or pulmonary arterial hypertension secondary to scleroderma, OR with sildenafil citrate for primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, will cease if the treating physician determines that the patient has not achieved a response to treatment [see Note for definition of response].***

***Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].***

***The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

**Public and private hospital authority required**

***Initial (new patients under 18 years of age)***
***Application for initial PBS-subsidised treatment of patients aged less than 18 years who have not received prior PBS-subsidised treatment with bosentan monohydrate or sildenafil citrate and who have been assessed by a physician from a designated hospital to have WHO Functional Class III primary pulmonary hypertension with a mean right atrial pressure of 8 mmHg or less, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, normal right ventricular function as assessed by ECHO.***

***Patients must have failed to respond [see Note for definition of response] to 6 or more weeks of appropriate prior vasodilator treatment unless intolerance or a contraindication to such treatment exists.***

***Applications for authorisation must be in writing and must include:***
***(1) a completed authority prescription form [see Note for authority approval requirements]; and***
***(2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:***
***(i) RHC composite assessment; and***
***(ii) ECHO composite assessment; and***
***(iii) 6MWT; and***
***(3) a patient acknowledgment form, signed by the parent or authorised guardian, indicating that they understand and acknowledge that PBS-subsidised treatment with epoprostenol sodium, bosentan monohydrate or sildenafil citrate for primary pulmonary hypertension will cease if the treating physician determines that the patient has not achieved a response to treatment [see Note for definition of response].***

***Details of prior vasodilator treatment, including the dose and duration of treatment, must be provided at the time of application. Where the patient is commenced on epoprostenol sodium treatment due to an adverse event or a contraindication to vasodilator treatment, details on the nature of the adverse event or contraindication according to the TGA-approved Product Information must also be provided with the application.***

***Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].***

continued ☞

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
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***The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats will be authorised under this criterion. Where fewer than 5 repeats are initially requested, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

**Public and private hospital authority required**

***Initial (new patients under 18 years of age)***
***Application for initial PBS-subsidised treatment of patients aged less than 18 years who have not received prior PBS-subsidised treatment with bosentan monohydrate or sildenafil citrate and who have been assessed by a physician from a designated hospital to have:***
***(a) WHO Functional Class III primary pulmonary hypertension and either a mean right atrial pressure greater than 8 mmHg, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular dysfunction as assessed by ECHO; OR***
***(b) WHO Functional Class IV primary pulmonary hypertension.***

***Applications for authorisation must be in writing and must include:***
***(1) a completed authority prescription form [see Note for authority approval requirements]; and***
***(2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:***
***(i) RHC composite assessment; and***
***(ii) ECHO composite assessment; and***
***(iii) 6MWT; and***
***(3) a patient acknowledgment form, signed by the parent or authorised guardian, indicating that they understand and acknowledge that PBS-subsidised treatment with epoprostenol sodium, bosentan monohydrate or sildenafil citrate for primary pulmonary hypertension will cease if the treating physician determines that the patient has not achieved a response to treatment [see Note for definition of response].***

***Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].***

***The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats will be authorised under this criterion. Where fewer than 5 repeats are initially requested, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

**Public and private hospital authority required**

***Initial (change or re-commencement for all adult patients)***
***Application for initial PBS-subsidised treatment with epoprostenol sodium of adult patients with either of the following:***
***(a) primary pulmonary hypertension who wish to re-commence PBS-subsidised epoprostenol sodium after a break in therapy and who have demonstrated a response to their most recent course of PBS-subsidised treatment with epoprostenol sodium; OR***
***(b) primary pulmonary hypertension and whose most recent course of PBS-subsidised treatment was with bosentan monohydrate, iloprost trometamol or sildenafil citrate.***

***Applications for authorisation must be in writing and must include:***
***(1) a completed authority prescription form [see Note for authority approval requirements]; and***
***(2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes the results on which approval for the first application for PBS-subsidised epoprostenol sodium, iloprost trometamol, bosentan monohydrate or sildenafil citrate, whichever was initiated first, was granted; and***
***(3) the date of the first application for PBS-subsidised treatment with epoprostenol sodium, iloprost trometamol, bosentan monohydrate, or sildenafil citrate, whichever was initiated first; and***
***(4) the results of the patient's response to treatment with their last course of PBS-subsidised epoprostenol sodium, iloprost trometamol, bosentan monohydrate or sildenafil citrate.***

continued ☞

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
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***The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

**Public and private hospital authority required**

***Initial (change or re-commencement for all patients under 18 years of age)***
***Application for initial PBS-subsidised treatment with epoprostenol sodium of patients aged less than 18 years with either of the following:***
***(a) primary pulmonary hypertension who wish to re-commence PBS-subsidised epoprostenol sodium after a break in therapy and who have demonstrated a response to their most recent course of PBS-subsidised treatment with epoprostenol sodium; OR***
***(b) primary pulmonary hypertension and whose most recent course of PBS-subsidised treatment was with bosentan monohydrate or sildenafil citrate.***

***Applications for authorisation must be in writing and must include:***
***(1) a completed authority prescription form [see Note for authority approval requirements]; and***
***(2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes the results on which approval for the first application for PBS-subsidised epoprostenol sodium, bosentan monohydrate or sildenafil citrate, whichever was initiated first, was granted; and***
***(3) the date of the first application for PBS-subsidised treatment with epoprostenol sodium, bosentan monohydrate or sildenafil citrate, whichever was initiated first; and***
***(4) the results of the patient's response to treatment with their last course of PBS-subsidised epoprostenol sodium, bosentan monohydrate or sildenafil citrate.***

***The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

**Public and private hospital authority required**

***Continuing treatment (all patients)***
***Continuing PBS-subsidised treatment with epoprostenol sodium of patients who have received approval for initial PBS-subsidised treatment with epoprostenol sodium, and who have been assessed by a physician from a designated hospital to have achieved a response to their most recent course of epoprostenol sodium treatment [see Note for definition of response].***

***Applications for authorisation must be in writing and must include:***
***(1) a completed authority prescription form; and***
***(2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:***
***(i) RHC composite assessment; and***
***(ii) ECHO composite assessment; and***
***(iii) 6MWT.***

***Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].***

***The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

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| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| *6477X* | ***Powder for I.V. infusion 500 micrograms (base) with 1 vial diluent 50 mL*** | ***1*** | ***41.69*** | ***Flolan*** | ***GK*** |
| *6478Y* | ***Powder for I.V. infusion 1.5 mg (base) with 2 vials diluent 50 mL*** | ***1*** | ***83.37*** | ***Flolan*** | ***GK*** |

***ETANERCEPT***

**NOTE:**

***Any queries concerning the arrangements to prescribe etanercept may be directed to Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

***Written applications for authority to prescribe etanercept should be forwarded to:***

***Medicare Australia***
***Prior Written Approval of Specialised Drugs***
***Reply Paid 9826***
***GPO Box 9826***
***HOBART TAS 7001***

***Further prescribing information is on the Medicare Australia website at www.medicareaustralia.gov.au.***

**Public and private hospital authority required**

***Initial treatment by a paediatric rheumatologist, or under the supervision of a paediatric rheumatology treatment centre, of patients under 18 years who have severe active polyarticular course juvenile chronic arthritis; AND***
***(a) whose parent or authorised guardian has signed a patient agreement form indicating that they understand and acknowledge that PBS-subsidised treatment will cease if the predetermined response criteria do not support continuation of PBS-subsidised treatment; AND***
***(b) who have demonstrated either:***
***(i) severe intolerance of, or toxicity due to, methotrexate (see below for definition of severe intolerance and toxicity); or***
***(ii) failure to achieve an adequate response to 1 or more of the following treatment regimens:***
***— oral or parenteral methotrexate at a dose of at least 20 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; or***
***— oral methotrexate at a dose of at least 10 mg per square metre weekly together with at least 1 other DMARD, alone or in combination with corticosteroids, for a minimum of 3 months. (Note: use of alternative DMARDs in children is dependent on approval by the Therapeutic Goods Administration as age restrictions may apply.).***

***Severe intolerance is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant NSAIDs on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2 divided doses over 24 hours.***

***Toxicity is defined as evidence of hepatotoxicity with repeated elevations of transaminases, bone marrow suppression temporally related to methotrexate use, pneumonitis, or serious sepsis.***

***The following criteria must be met in order to demonstrate failure to achieve an adequate response to either of the above treatment regimens:***
***(a) an active joint count of at least 20 active (swollen and tender) joints; OR***
***(b) at least 4 active joints from the following list:***
***(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or***
***(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).***

***If treatment with methotrexate alone or in combination with another DMARD is contraindicated according to the relevant TGA-approved Product Information, or intolerance develops during the period of use such that permanent withdrawal is necessary and a suitably effective treatment regimen cannot be implemented, this exempts the requirement to demonstrate an inadequate response within the time period specified above for these agents.***

***The authority application must be in writing and must include the information used to determine the patient's eligibility under the criteria above. The date of the joint assessment must be provided.***

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| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
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| | ***Only 16 weeks of treatment will be approved. The assessment of the patient's response to initial treatment should be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated.*** | | | | |
| | **Public and private hospital authority required**<br>***Initial PBS-subsidised supply for continuing treatment by a rheumatologist, or under the supervision of a paediatric rheumatology treatment centre, of severe active polyarticular course juvenile chronic arthritis in patients receiving treatment with etanercept prior to 1 December 2002; AND***<br>***(a) whose parent or authorised guardian has signed a patient agreement form indicating that they understand and acknowledge that PBS-subsidised treatment will cease if the predetermined response criteria do not support continuation of PBS-subsidised treatment; AND***<br>***(b) who have demonstrated a response as specified in the criteria for continuing PBS-subsidised treatment with etanercept.***<br>***The authority application must be in writing and must include sufficient information to determine the patient's eligibility. The date of the joint assessment must be provided.***<br>***Only 6 months of treatment will be approved.*** | | | | |
| | **Public and private hospital authority required**<br>***Continuing PBS-subsidised treatment by a rheumatologist, or under the supervision of a paediatric rheumatology treatment centre, of severe active polyarticular course juvenile chronic arthritis in patients who have demonstrated an adequate response to treatment with etanercept as manifested by:***<br>***(a) an active joint count of fewer than 10 active (swollen and tender) joints; OR***<br>***(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; OR***<br>***(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:***<br>***(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or***<br>***(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).***<br>***All authority applications for continuing treatment with etanercept must be in writing and must include sufficient information to determine the patient's response according to the above criteria. The date of the joint assessment must be provided.***<br>***Only 6 months of treatment per application will be approved. Applications for continuing treatment with etanercept should be made prior to the completion of 16 weeks of treatment to ensure continuity for those patients who meet the criteria.***<br>***Patients who fail to demonstrate an adequate response, as specified in the criteria for continuing treatment with etanercept, will not be eligible to recommence treatment with etanercept within 12 months of the date on which treatment was ceased.***<br>***Withdrawal of treatment with etanercept should be considered in patients who have achieved and sustained complete remission of disease for 12 months. Subsequent applications for PBS-subsidised re-treatment with etanercept will be subject to the authority conditions applying to initial treatment and will not be authorised within 12 months of the date on which treatment with etanercept was ceased.***<br>***Where re-treatment with etanercept after a break in PBS-subsidised treatment with the drug is being sought, the reason for and date of cessation of the previous treatment course with etanercept must be included in the application.*** | | | | |
| ***6367D*** | ***Injection set containing 4 vials powder for injection 25 mg and 4 pre-filled syringes solvent 1 mL*** | ***1*** | ***815.00*** | ***Enbrel*** | ***WX*** |

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | ***EVEROLIMUS*** | | | | |
| | **CAUTION:** | | | | |
| | ***Careful monitoring of patients is mandatory.*** | | | | |
| | **Private hospital authority required** | | | | |
| | ***Management of rejection, under the supervision and direction of a transplant unit, in patients receiving this drug for:*** | | | | |
| | ***(a) prophylaxis of renal allograft rejection. Management includes initiation, stabilisation and review of therapy as required; or*** | | | | |
| | ***(b) prophylaxis of cardiac allograft rejection. Management includes initiation, stabilisation and review of therapy as required.*** | | | | |
| ***6459Y*** | ***Tablet 0.25 mg*** | ***60*** | ***240.30*** | ***Certican*** | ***NV*** |
| ***6460B*** | ***Tablet 0.5 mg*** | ***60*** | ***480.60*** | ***Certican*** | ***NV*** |
| ***6461C*** | ***Tablet 0.75 mg*** | ***60*** | ***720.90*** | ***Certican*** | ***NV*** |
| | ***FILGRASTIM*** | | | | |
| | **Private hospital authority required** | | | | |
| | ***For use in patients undergoing induction and consolidation therapy for acute myeloid leukaemia;*** | | | | |
| | ***Mobilisation of peripheral blood progenitor cells to facilitate harvest of such cells for autologous transplantation into patients with non-myeloid malignancies who have had myeloablative or myelosuppressive therapy;*** | | | | |
| | ***Mobilisation of peripheral blood progenitor cells, in normal volunteers, for use in allogeneic transplantation;*** | | | | |
| | ***Patients receiving marrow-ablative chemotherapy and subsequent bone marrow transplantation;*** | | | | |
| | ***Patients with non-myeloid malignancies receiving marrow-ablative chemotherapy and subsequent autologous peripheral blood progenitor cell transplantation;*** | | | | |
| | ***Patients being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in:*** | | | | |
| | ***(a) acute lymphoblastic leukaemia; or*** | | | | |
| | ***(b) Ewing's sarcoma; or*** | | | | |
| | ***(c) germ cell tumours; or*** | | | | |
| | ***(d) infants and children with CNS tumours; or*** | | | | |
| | ***(e) neuroblastoma; or*** | | | | |
| | ***(f) non-Hodgkin's lymphoma (intermediate or high grade); or*** | | | | |
| | ***(g) osteosarcoma; or*** | | | | |
| | ***(h) relapsed Hodgkin's disease; or*** | | | | |
| | ***(i) rhabdomyosarcoma;*** | | | | |
| | ***Patients with breast cancer receiving standard dose adjuvant chemotherapy who have had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;*** | | | | |
| | ***Patients receiving first-line chemotherapy for Hodgkin's disease who have had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;*** | | | | |
| | ***Patients receiving chemotherapy for myeloma who have had a prior episode of febrile neutropenia, and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;*** | | | | |
| | ***Patients with severe congenital neutropenia (absolute neutrophil count of less than 100 million cells per litre measured on 3 occasions, with readings at least 2 weeks apart, and in whom a bone marrow examination has shown evidence of maturational arrest of the neutrophil lineage);*** | | | | |

continued ☞

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | ***Patients with severe chronic neutropenia (absolute neutrophil count of less than 1,000 million cells per litre measured on 3 occasions, with readings at least 2 weeks apart, or evidence of neutrophil dysfunction, and, either having experienced a life-threatening infectious episode requiring hospitalisation and treatment with intravenous antibiotics in the previous 12 months, or having recurrent clinically significant infections (a minimum of 3 in the previous 12 months));*** | | | | |
| | ***Patients with chronic cyclic neutropenia (absolute neutrophil count of less than 500 million cells per litre lasting for 3 days per cycle, measured over 3 separate cycles, and, either having experienced a life-threatening infectious episode requiring hospitalisation and treatment with intravenous antibiotics, or having recurrent clinically significant infections (a minimum of 3 in the previous 12 months)).*** | | | | |
| ***6126K*** | ***Injection 300 micrograms in 1 mL*** | ***10*** | ***1504.00*** | ***Neupogen*** | ***AN*** |
| ***6291D*** | ***Injection 300 micrograms in 0.5 mL single use pre-filled syringe*** | ***10*** | ***1504.00*** | ***Neupogen*** | ***AN*** |
| ***6127L*** | ***Injection 480 micrograms in 1.6 mL*** | ***10*** | ***2407.00*** | ***Neupogen*** | ***AN*** |
| ***6292E*** | ***Injection 480 micrograms in 0.5 mL single use pre-filled syringe*** | ***10*** | ***2407.00*** | ***Neupogen*** | ***AN*** |
| | ***FOSAMPRENAVIR CALCIUM*** | | | | |
| | **Private hospital authority required**<br>***Treatment, in combination with 2 or more other antiretroviral drugs, of HIV infection in patients with:***<br>***(a) CD4 cell counts of less than 500 per cubic millimetre; or***<br>***(b) viral load of greater than 10,000 copies per mL.*** | | | | |
| ***6453P*** | ***Tablet 700 mg (base)*** | ***60*** | ***568.74*** | ***Telzir*** | ***GK*** |
| | ***NOTE:***<br>***This price is based on special supply arrangements—see Pharmaceutical Benefits Pricing Authority relativity sheet for full details.*** | | | | |
| ***6454Q*** | ***Oral liquid 50 mg (base) per mL, 225 mL*** | ***1*** | ***101.56*** | ***Telzir*** | ***GK*** |
| | ***FOSCARNET SODIUM*** | | | | |
| | **Private hospital authority required**<br>***Treatment of cytomegalovirus retinitis in patients with AIDS;***<br>***Treatment of aciclovir-resistant herpes simplex virus infection in immunocompromised patients with HIV infection.*** | | | | |
| ***6134W*** | ***I.V. infusion 24 mg per mL, 250 mL*** | ***6*** | ***395.00*** | ***Foscavir*** | ***AP*** |
| | ***GANCICLOVIR*** | | | | |
| | **Private hospital authority required**<br>***Cytomegalovirus retinitis in severely immunocompromised patients.*** | | | | |
| ***6256G*** | ***Intravitreal implant 4.5 mg*** | ***1*** | ***6000.00*** | ***Vitrasert*** | ***BU*** |
| | ***GANCICLOVIR SODIUM*** | | | | |
| | **Private hospital authority required**<br>***Cytomegalovirus retinitis in severely immunocompromised patients;***<br>***Prophylaxis of cytomegalovirus disease in bone marrow transplant patients at risk of cytomegalovirus disease;***<br>***Prophylaxis of cytomegalovirus disease in solid organ transplant patients at risk of cytomegalovirus disease.*** | | | | |
| ***6136Y*** | ***Powder for I.V. infusion equivalent to 500 mg ganciclovir*** | ***5*** | ***280.00*** | ***Cymevene*** | ***RO*** |

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
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***ILOPROST TROMETAMOL***

**NOTE:**

***Any queries concerning the arrangements to prescribe iloprost trometamol may be directed to Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

***Written applications for authority to prescribe iloprost trometamol should be forwarded to:***

***Medicare Australia***
***Prior Written Approval of Specialised Drugs***
***Reply Paid 9826***
***GPO Box 9826***
***HOBART TAS 7001***

**NOTE:**

***Iloprost trometamol is not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with scleroderma, where the total lung capacity is less than 70% of that predicted.***

***Iloprost trometamol is not PBS-subsidised when used in combination with PBS-subsidised bosentan monohydrate, PBS-subsidised epoprostenol sodium or PBS-subsidised sildenafil citrate.***

***The following provides some explanatory notes regarding the availability of PBS-subsidised treatment with:***
***(a) bosentan monohydrate, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to scleroderma, in patients with disease of WHO Functional Class III or IV severity; AND***
***(b) iloprost trometamol, of primary pulmonary hypertension, drug-induced pulmonary arterial hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in adult patients with disease of WHO Functional Class III or IV severity; AND***
***(c) epoprostenol sodium, of primary pulmonary hypertension, in patients with disease of WHO Functional Class III or IV severity; AND***
***(d) sildenafil citrate, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity.***

***Adult patients:***
***From 1 March 2007, adult patients with primary pulmonary hypertension will be able to access, through the PBS, bosentan monohydrate, iloprost trometamol, epoprostenol sodium or sildenafil citrate (WHO Class III only). Once these patients are approved initial treatment with 1 of these 4 drugs, they may swap between bosentan monohydrate, iloprost trometamol, epoprostenol sodium and sildenafil citrate at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted. It also means that no new baseline measurements will be necessary (unless the prescriber wishes to submit new baselines).***

***Patients may only swap to bosentan monohydrate, iloprost trometamol, epoprostenol sodium or sildenafil citrate if they have not failed prior PBS-subsidised treatment with that drug.***

***Adult patients with pulmonary arterial hypertension secondary to scleroderma will be able to access, through the PBS, bosentan monohydrate, iloprost trometamol or sildenafil citrate (WHO Class III only). Once these patients are approved initial treatment with 1 of these 3 drugs, they may swap between bosentan monohydrate, iloprost trometamol and sildenafil citrate at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted. It also means that no new baseline measurements will be necessary (unless the prescriber wishes to submit new baselines).***

***Patients may only swap to bosentan monohydrate, iloprost trometamol or sildenafil citrate if they have not failed prior PBS-subsidised treatment with that drug.***

***Adult patients with pulmonary arterial hypertension secondary to connective tissue disease other than scleroderma will be able to access, through the PBS, iloprost trometamol or sildenafil citrate (WHO Class III only). Once these patients are approved initial treatment with 1 of these 2 drugs, they may swap between iloprost trometamol and sildenafil citrate at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted. It also means that no new baseline measurements will be necessary (unless the prescriber wishes to submit new baselines).***

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| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
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***Patients may only swap to iloprost trometamol or sildenafil citrate if they have not failed prior PBS-subsidised treatment with that drug.***

***Patients with drug-induced pulmonary arterial hypertension are only eligible for treatment with iloprost trometamol. They may not swap to bosentan monohydrate, epoprostenol sodium or sildenafil citrate.***

***Patients under 18 years of age:***
***From 1 March 2007, patients aged less than 18 years with primary pulmonary hypertension are eligible to receive PBS-subsidised treatment with bosentan monohydrate, epoprostenol sodium or sildenafil citrate (WHO Class III only). Once these patients are approved initial treatment with 1 of these 3 drugs, they may swap between bosentan monohydrate, epoprostenol sodium and sildenafil citrate at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted. It also means that no new baseline measurements will be necessary (unless the prescriber wishes to submit new baselines). They may qualify for treatment with iloprost trometamol when they are aged 18 years or older.***

***Patients may only swap to bosentan monohydrate, epoprostenol sodium or sildenafil citrate if they have not failed prior PBS-subsidised treatment with that drug.***

***1. Definition of primary pulmonary hypertension, drug-induced pulmonary arterial hypertension or pulmonary arterial hypertension secondary to connective tissue disease, including scleroderma.***

***Primary pulmonary hypertension, drug-induced pulmonary arterial hypertension or pulmonary arterial hypertension secondary to connective tissue disease, including scleroderma, are defined as follows:***
***(i) mean pulmonary artery pressure (mPAP) greater than 25 mmHg at rest and pulmonary capillary wedge pressure (PCWP) less than 18 mmHg; or***
***(ii) mPAP greater than 30 mmHg with exercise and PCWP less than 18 mmHg; or***
***(iii) where a right heart catheter cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.***

***2. Definition of WHO Functional Class III or IV disease severity.***

***(a) WHO Functional Class III disease severity is defined as follows:***
***Patients with pulmonary hypertension resulting in marked limitation of physical activity who are comfortable at rest and on ordinary physical activity experience dyspnoea or fatigue, chest pain or near syncope.***
***(b) WHO Functional Class IV disease severity is defined as follows:***
***Patients with the inability to carry out any physical activity without symptoms. These patients manifest signs of right heart failure. Dyspnoea and/or fatigue may even be present at rest. Discomfort is increased by any physical activity.***

***3. Designated hospitals.***

***Refer to the Medicare Australia website at www.medicareaustralia.gov.au for a list of designated hospitals.***

***4. Test requirements to establish baseline for initiation of treatment and response to treatment for continuation of treatment.***

***(a) Initiation of treatment.***
***The first written application for PBS-subsidised treatment with the first of either bosentan monohydrate, iloprost trometamol, epoprostenol sodium or sildenafil citrate should be accompanied by the results of a right heart catheter (RHC) composite assessment, plus an echocardiograph (ECHO) composite assessment, plus a 6 minute walk test (6MWT) to establish the patient's baseline measurements.***

***Where it is not possible to perform all 3 tests above on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:***
***(1) RHC plus ECHO composite assessments;***
***(2) RHC composite assessment plus 6MWT;***
***(3) RHC composite assessment only.***

***In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted to Medicare Australia for consideration based on the results of the following test combinations, which are listed in descending order of preference:***
***(1) ECHO composite assessment plus 6MWT;***
***(2) ECHO composite assessment only.***

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| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
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***Where fewer than 3 tests are able to be performed on clinical grounds, a reason outlining why the particular test/s could not be conducted must be provided with the authority application.***

***Where patients were initiated on PBS-subsidised treatment either with bosentan monohydrate on or after 1 March 2004, with iloprost trometamol on or after 1 April 2005, with epoprostenol sodium on or after 1 August 2006 or with sildenafil citrate on or after 1 March 2007, the test results provided with the initial application must be no more than 2 months old at the time of application. These results will form the baseline against which response assessments will be made.***

***Where patients received treatment with either bosentan monohydrate, iloprost trometamol, epoprostenol sodium or sildenafil citrate prior to being commenced on PBS-subsidised treatment with the first of either bosentan monohydrate, iloprost trometamol, epoprostenol sodium or sildenafil citrate, the test requirements above still apply. The results that will form the baseline against which response assessments will be made will be those measured at the time patients commenced non-PBS-subsidised treatment with either bosentan monohydrate, iloprost trometamol, epoprostenol sodium or sildenafil citrate, whichever of the 4 drugs the patient received first.***

**NOTE:**

***(b) Continuation of treatment.***
***The following list outlines the preferred test combination, in descending order, for the purposes of continuation of PBS-subsidised treatment:***
***(1) RHC plus ECHO composite assessments plus 6MWT;***
***(2) RHC plus ECHO composite assessments;***
***(3) RHC composite assessment plus 6MWT;***
***(4) ECHO composite assessment plus 6MWT;***
***(5) RHC composite assessment only;***
***(6) ECHO composite assessment only.***

***The results of the same tests as conducted at baseline should be provided with each written continuing treatment application (i.e. every 6 months), except for patients who were able to undergo all 3 tests at baseline, and whose subsequent ECHO and 6MWT results demonstrate disease stability or improvement, in which case RHC can be omitted. In all other patients, where the same test(s) conducted at baseline cannot be performed for assessment of response on clinical grounds, a reason why the test(s) could not be conducted must be provided with the application.***

***The test(s) results provided with the application for continuing treatment must be no more than 2 months old at the time of application.***

***5. Definition of response to iloprost trometamol, bosentan monohydrate, epoprostenol sodium, sildenafil citrate or prior vasodilator treatment.***

***For adult patients with 2 or more baseline tests, response to treatment is defined as 2 or more tests demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.***

***For adult patients with a RHC composite assessment alone at baseline, response to treatment is defined as a RHC result demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.***

***For adult patients with an ECHO composite assessment alone at baseline, response to treatment is defined as an ECHO result demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.***

***6. Authority approval requirements. [The following 2 sections are only relevant to the PBS listing of iloprost trometamol. The requirements specific to bosentan monohydrate, epoprostenol sodium and sildenafil citrate are given in parts 6 and 7 of the NOTE included in the bosentan monohydrate, epoprostenol sodium and sildenafil citrate Schedule entry respectively.]***

***(a) Initiation of PBS-subsidised treatment with iloprost trometamol, where the patient has not received prior PBS-subsidised treatment with bosentan monohydrate, epoprostenol sodium or sildenafil citrate.***
***All applications for initial treatment must be made in writing, must include an authority prescription and must be submitted to Medicare Australia for authorisation. The total duration of initial PBS-subsidised treatment that will be approved with this first written application is up to 6 months, based on the dosage recommendations in the TGA-approved Product Information.***

***(b) Continuation of treatment.***
***Written applications for continuing treatment must be submitted to Medicare Australia for authorisation every 6 months. Approvals will be limited to provide sufficient supply for up to a maximum of 6 months of treatment, based on the dosage recommendations in the TGA-approved Product Information.***

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| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
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***Applications for continuing treatment will only be approved for patients who have currently demonstrated a response to treatment with iloprost trometamol.***

***The assessment of the patient's response to the first and subsequent 6 month courses of treatment should be made following the preceding 5 months of treatment, in order to allow sufficient time for a response to be demonstrated. Applications for continuing treatment with iloprost trometamol should be made prior to the completion of the 6 month treatment course to ensure continuity for those patients who respond to treatment, as assessed by the treating physician.***

***(c) Swapping between bosentan monohydrate, iloprost trometamol, epoprostenol sodium and sildenafil citrate.***
***For eligible patients, applications to swap between these 4 drugs must be made under the relevant initial treatment restriction. Patients should be assessed for response to the treatment they are ceasing at the time the application to swap therapy is being made. Patients who fail to demonstrate a response or for whom no assessment results are submitted with the application to swap therapy may not re-commence PBS-subsidised treatment with the drug they are ceasing.***

***It is important that patients are assessed for response to every course of treatment approved within the timeframes specified in the relevant restriction, in order to maximise the choice of treatment.***

***To avoid confusion, applications for patients who wish to swap to an alternate treatment should be accompanied by the previously approved authority prescription, or remaining repeats, for the treatment the patient is ceasing.***

***(d) Cessation of treatment.***
***Patients who fail to demonstrate a response to PBS-subsidised iloprost trometamol treatment at the times where an assessment is required must cease PBS-subsidised iloprost trometamol therapy.***

***7. Re-treatment with iloprost trometamol.***

***Patients who do not respond to treatment are not eligible to receive further PBS-subsidised treatment with iloprost trometamol under any circumstances.***

***8. Further information.***

***A tabulated representation of the above information and the restriction can be obtained from the Medicare Australia website at www.medicareaustralia.gov.au.***

**Public and private hospital authority required**

***Initial (new patients)***

***Application for initial PBS-subsidised treatment with iloprost trometamol of adult patients who have not received prior PBS-subsidised treatment with bosentan monohydrate, epoprostenol sodium or sildenafil citrate and who have been assessed by a physician from a designated hospital to have:***
***(a) WHO Functional Class III primary pulmonary hypertension and a mean right atrial pressure of 8 mmHg or less, as measured by RHC, unless a RHC is contraindicated on clinical grounds; OR***
***(b) WHO Functional Class III pulmonary arterial hypertension secondary to connective tissue disease and a mean right atrial pressure of 8 mmHg or less, as measured by RHC, unless a RHC is contraindicated on clinical grounds; OR***
***(c) WHO Functional Class III drug-induced pulmonary arterial hypertension and a mean right atrial pressure of 8 mmHg or less, as measured by RHC, unless a RHC is contraindicated on clinical grounds.***

***Patients must have failed to respond [see Note for definition of response] to 6 or more weeks of appropriate vasodilator treatment unless intolerance or a contraindication to such treatment exists.***

***In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted to Medicare Australia for consideration based on the test results of the ECHO composite assessment plus 6MWT or the ECHO composite assessment only.***

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| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
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***Applications for authorisation must be in writing and must include:***
***(1) a completed authority prescription form [see Note for authority approval requirements]; and***
***(2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:***
***(i) RHC composite assessment; and***
***(ii) ECHO composite assessment; and***
***(iii) 6MWT; and***
***(3) a signed patient acknowledgment form indicating that the patient understands and acknowledges that PBS-subsidised treatment with iloprost trometamol for primary pulmonary hypertension, drug-induced pulmonary arterial hypertension or pulmonary arterial hypertension secondary to connective tissue disease, OR with bosentan monohydrate for primary pulmonary hypertension or pulmonary arterial hypertension secondary to scleroderma, OR with epoprostenol sodium for primary pulmonary hypertension, OR with sildenafil citrate for primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, will cease if the treating physician determines that the patient has not achieved a response to treatment [see Note for definition of response].***

***Details of prior vasodilator treatment, including the dose and duration of treatment, must be provided at the time of application. Where the patient is commenced on iloprost trometamol treatment due to an adverse event or a contraindication to vasodilator treatment, details on the nature of the adverse event or contraindication according to the TGA-approved Product Information must also be provided with the application.***

***Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].***

***The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

**Public and private hospital authority required**

***Initial (new patients)***
***Application for initial PBS-subsidised treatment with iloprost trometamol of adult patients who have not received prior PBS-subsidised treatment with bosentan monohydrate, epoprostenol sodium or sildenafil citrate and who have been assessed by a physician from a designated hospital to have:***
***(a) WHO Functional Class III primary pulmonary hypertension and a mean right atrial pressure greater than 8 mmHg, as measured by RHC, unless a RHC is contraindicated on clinical grounds; OR***
***(b) WHO Functional Class III pulmonary arterial hypertension secondary to connective tissue disease and a mean right atrial pressure greater than 8 mmHg, as measured by RHC, unless a RHC is contraindicated on clinical grounds; OR***
***(c) WHO Functional Class III drug-induced pulmonary arterial hypertension and a mean right atrial pressure greater than 8 mmHg, as measured by RHC, unless a RHC is contraindicated on clinical grounds; OR***
***(d) WHO Functional Class IV primary pulmonary hypertension; OR***
***(e) WHO Functional Class IV pulmonary arterial hypertension secondary to connective tissue disease; OR***
***(f) WHO Functional Class IV drug-induced pulmonary arterial hypertension.***

***In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted to Medicare Australia for consideration based on the test results of the ECHO composite assessment plus 6MWT or the ECHO composite assessment only.***

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| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
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***Applications for authorisation must be in writing and must include:***
***(1) a completed authority prescription form [see Note for authority approval requirements]; and***
***(2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:***
***(i) RHC composite assessment; and***
***(ii) ECHO composite assessment; and***
***(iii) 6MWT; and***
***(3) a signed patient acknowledgment form indicating that the patient understands and acknowledges that PBS-subsidised treatment with iloprost trometamol for primary pulmonary hypertension, drug-induced pulmonary arterial hypertension or pulmonary arterial hypertension secondary to connective tissue disease, OR with bosentan monohydrate for primary pulmonary hypertension or pulmonary arterial hypertension secondary to scleroderma, OR with epoprostenol sodium for primary pulmonary hypertension, OR with sildenafil citrate for primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, will cease if the treating physician determines that the patient has not achieved a response to treatment [see Note for definition of response].***

***Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].***

***The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

**Public and private hospital authority required**

***Initial (change or re-commencement for all patients)***
***Application for initial PBS-subsidised treatment with iloprost trometamol of adult patients with either of the following:***
***(a) primary pulmonary hypertension, drug-induced pulmonary arterial hypertension or pulmonary arterial hypertension secondary to connective tissue disease who wish to re-commence PBS-subsidised iloprost trometamol after a break in therapy and who have demonstrated a response to their most recent course of PBS-subsidised treatment with iloprost trometamol; OR***
***(b) primary pulmonary hypertension or pulmonary arterial hypertension secondary to scleroderma and whose most recent course of PBS-subsidised treatment was with bosentan monohydrate; OR***
***(c) primary pulmonary hypertension and whose most recent course of PBS-subsidised treatment was with epoprostenol sodium; OR***
***(d) primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease whose most recent course of PBS-subsidised treatment was with sildenafil citrate.***

***Applications for authorisation must be in writing and must include:***
***(1) a completed authority prescription form [see Note for authority approval requirements]; and***
***(2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes the results on which approval for the first application for PBS-subsidised iloprost trometamol, bosentan monohydrate, epoprostenol sodium or sildenafil citrate, whichever was initiated first, was granted; and***
***(3) the date of the first application for PBS-subsidised treatment with iloprost trometamol, bosentan monohydrate, epoprostenol sodium or sildenafil citrate, whichever was initiated first; and***
***(4) the results of the patient's response to treatment with their last course of PBS-subsidised iloprost trometamol, bosentan monohydrate, epoprostenol sodium or sildenafil citrate.***

***The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

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| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
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**Public and private hospital authority required**

***Continuing treatment (all patients)***

***Continuing PBS-subsidised treatment with iloprost trometamol of patients who have received approval for initial PBS-subsidised treatment with iloprost trometamol, and who have been assessed by a physician from a designated hospital to have achieved a response to their most recent course of iloprost trometamol treatment [see Note for definition of response].***

***Applications for authorisation must be in writing and must include:***
***(1) a completed authority prescription form; and***
***(2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:***
***(i) RHC composite assessment; and***
***(ii) ECHO composite assessment; and***
***(iii) 6MWT.***

***Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].***

***The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

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| *6456T* | *Solution for inhalation 20 micrograms (base) in 2 mL* | *30* | *1076.00* | *Ventavis* | *SC* |

***NOTE:***
***This price is based on special supply arrangements—see Pharmaceutical Benefits Pricing Authority relativity sheet for full details.***

***INDINAVIR SULFATE***

**Private hospital authority required**

***Treatment of HIV infection in patients with:***
***(a) CD4 cell counts of less than 500 per cubic millimetre; or***
***(b) viral load of greater than 10,000 copies per mL.***

| | | | | | |
|---|---|---|---|---|---|
| *6344X* | *Capsule 100 mg (base)* | *180* | *113.75* | *Crixivan 100 mg* | *MK* |
| *6201J* | *Capsule 200 mg (base)* | *360* | *455.00* | *Crixivan 200 mg* | *MK* |
| *6202K* | *Capsule 400 mg (base)* | *180* | *455.00* | *Crixivan 400 mg* | *MK* |

***INFLIXIMAB***
**NOTE:**
***Any queries concerning the arrangements to prescribe infliximab may be directed to Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

***Written applications for authority to prescribe infliximab should be forwarded to:***

***Medicare Australia***
***Prior Written Approval of Specialised Drugs***
***Reply Paid 9826***
***GPO Box 9826***
***HOBART TAS 7001***

***Further prescribing information is on the Medicare Australia website at www.medicareaustralia.gov.au.***

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**NOTE:**

***TREATMENT OF ADULT PATIENTS WITH ACTIVE ANKYLOSING SPONDYLITIS***

***The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and infliximab for adult patients with active ankylosing spondylitis. Where the term 'tumour necrosis factor (TNF) alfa antagonist' appears in the following NOTES and restrictions, it refers to adalimumab, etanercept and infliximab only.***

***A patient is eligible for PBS-subsidised treatment with only 1 of the 3 TNF-alfa antagonists at any 1 time.***

***From 1 March 2007, under the PBS, all patients will be able to commence a treatment cycle where they may trial each PBS-subsidised TNF-alfa antagonist without having to experience a disease flare when swapping to the alternate agent. Under these interchangeability arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a TNF-alfa antagonist while they continue to show a response to therapy.***

***A patient who received PBS-subsidised TNF-alfa antagonist treatment prior to 1 March 2007 is considered to be in their first cycle as of 1 March 2007.***

***Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised TNF-alfa antagonist more than once. A patient who, prior to 1 March 2007, was authorised to receive PBS-subsidised initial treatment for ankylosing spondylitis with the same agent twice, is exempt from this condition in respect of applications approved prior to 1 March 2007.***

***Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised TNF-alfa antagonist therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised TNF-alfa antagonist treatment in the most recent cycle to the date of the first application for initial treatment with a TNF-alfa antagonist under the new treatment cycle.***

***A patient who has failed fewer than 3 TNF-alfa antagonists in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.***

***A patient who has failed fewer than 3 TNF-alfa antagonists in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.***

***There is no limit to the number of treatment cycles a patient may undertake in their lifetime.***

***(1) How to prescribe PBS-subsidised TNF-alfa antagonist therapy after 1 March 2007.***

***(a) Initial treatment.***
***Applications for initial treatment should be made where:***
***(i) a patient has received no prior PBS-subsidised TNF-alfa antagonist treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or***
***(ii) a patient has received prior PBS-subsidised (initial or continuing) TNF-alfa antagonist therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or***
***(iii) a patient wishes to re-commence treatment with a specific TNF-alfa antagonist following a break in PBS-subsidised therapy with that agent (Initial 2).***

***Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for etanercept and adalimumab and 18 weeks of treatment for infliximab.***

***From 1 March 2007, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.***

***Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.***

***For second and subsequent courses of PBS-subsidised TNF-alfa antagonist treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.***

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***(b) Continuing treatment.***

***Following the completion of an initial treatment course with a specific TNF-alfa antagonist, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing TNF-alfa antagonist treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.***

***It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted TNF-alfa antagonist supply.***

***Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.***

***Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.***

***(2) Swapping therapy.***

***Once initial treatment with the first PBS-subsidised TNF-alfa antagonist is approved, a patient may swap to an alternate TNF-alfa antagonist within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.***

***A patient may trial an alternate TNF-alfa antagonist at any time, regardless of whether they are receiving therapy (initial or continuing) with a TNF-alfa antagonist at the time of the application. However, they cannot swap to a particular TNF-alfa antagonist if they have failed to respond to prior treatment with that drug within the same treatment cycle.***

***To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.***

***To avoid confusion, an application for a patient who wishes to swap to an alternate TNF-alfa antagonist should be accompanied by the approved authority prescription or remaining repeats for the TNF-alfa antagonist the patient is ceasing.***

***(3) Baseline measurements to determine response.***

***Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a TNF-alfa antagonist. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and Medicare Australia will assess response according to these revised baseline measurements.***

***For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program. However, this is not required for any subsequent BASDAI results for these patients, nor for patients who were 'grandfathered' on to TNF-alfa antagonist treatment.***

***To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response.***

***(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.***

***A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised TNF-alfa antagonist therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity. Patients must have received treatment with at least 1 NSAID, at an adequate dose, for a minimum of 3 consecutive months immediately prior to the time the BASDAI, ESR and/or CRP levels are measured.***

***(5) Patients 'grandfathered' onto PBS-subsidised treatment with infliximab.***

***From 1 March 2007, a patient who commenced treatment with infliximab for active ankylosing spondylitis prior to 1 March 2004 and who was 'grandfathered' onto PBS-subsidised therapy, and who continues to receive treatment in the same treatment cycle, will have further applications for treatment with infliximab assessed under the continuing treatment restriction.***

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***Where pre-TNF-alfa antagonist treatment baselines were not provided, the following criteria must be met to demonstrate a response to treatment:***
***The BASDAI score must be either:***
***(i) no more than 20% greater than the score included in the initial application for PBS-subsidised treatment; or***
***(ii) no greater than 2.***
***AND***
***One of the following:***
***(a) an ESR measurement no greater than 25 mm per hour; or***
***(b) a CRP measurement no greater than 10 mg per L.***

***'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must requalify for initial treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' above for further details.***

**Public and private hospital authority required**

***Initial 1 (new patients)***
***First course of PBS-subsidised treatment with infliximab, by a rheumatologist, of an adult with active ankylosing spondylitis who has radiographically (plain X-ray) confirmed Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis and who has not received any PBS-subsidised treatment with either adalimumab, etanercept or infliximab in this treatment cycle; AND***
***(a) who has at least 2 of the following:***
***(i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; or***
***(ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI) [for further information on the BASMI please refer to the Medicare Australia website at www.medicareaustralia.gov.au]; or***
***(iii) limitation of chest expansion relative to normal values for age and gender [for chest expansion normal values please refer to the Medicare Australia website at www.medicareaustralia.gov.au]; AND***
***(b) who has failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months.***

***The application must include details of the NSAIDs trialled, their doses and duration of treatment. If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.***

***If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.***

***If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance. Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Medicare Australia website [www.medicareaustralia.gov.au].***

***For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Medicare Australia website at www.medicareaustralia.gov.au.***

***The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:***
***(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; AND***
***(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.***

***The BASDAI must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. The BASDAI must be no more than 1 month old at the time of initial application.***

***Both ESR and CRP measures should be provided with the initial treatment application and both must be no more than 1 month old. If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.***

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***Authority applications must be made in writing and must include:***
***(a) a completed authority prescription form; and***
***(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form [www.medicareaustralia.gov.au] which must include the following:***
***(i) a copy of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and***
***(ii) a completed BASDAI Assessment Form [www.medicareaustralia.gov.au]; and***
***(iii) a completed Exercise Program Self Certification Form included in the supporting information form; and***
***(iv) a signed patient acknowledgment form. Completion of this form declares that the patient understands and acknowledges that PBS-subsidised treatment with the TNF-alfa antagonists (adalimumab, etanercept or infliximab) for ankylosing spondylitis will cease if they do not demonstrate the response to treatment required to support continuation of PBS-subsidised treatment at any assessment where a response must be demonstrated.***

***The assessment of the patient's response to the initial course of treatment must be made following a minimum of 12 weeks of treatment and submitted to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.***

***A maximum of 18 weeks of treatment with infliximab will be approved under this criterion.***

***At the time of the authority application, the doctor should request the appropriate number of vials, based on the weight of the patient, to provide for a single infusion at a dose of 5 mg per kg. Up to a maximum of 3 repeats will be authorised.***

***Where fewer than 3 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 18 weeks of treatment may be requested by telephone.***

**Public and private hospital authority required**

***Initial 2 (change or re-commencement for all patients)***
***Initial course of PBS-subsidised treatment with infliximab, by a rheumatologist, of an adult with a documented history of active ankylosing spondylitis who, in this treatment cycle, has received prior PBS-subsidised treatment with either adalimumab, etanercept or infliximab for this condition and has not failed PBS-subsidised therapy with infliximab.***

***To demonstrate a response to treatment the application must be accompanied by the results of the most recent course of TNF-alfa antagonist therapy within the timeframes specified in the relevant restriction.***

***Where the most recent course of PBS-subsidised TNF-alfa antagonist treatment was approved under an initial treatment restriction after 1 March 2007, the patient must have been assessed for response to that course following a minimum of 12 weeks of treatment. Where the most recent course of PBS-subsidised TNF-alfa antagonist treatment was approved under an initial treatment restriction prior to 1 March 2007, the patient must have been assessed for response to that course following at least 4 weeks of treatment. These assessments must be provided to Medicare Australia no later than 4 weeks from the date the course was ceased.***

***If the response assessment to the previous course of TNF-alfa antagonist treatment is not submitted as detailed above, the patient will be deemed to have failed therapy with that particular course of TNF-alfa antagonist.***

***Authority applications must be made in writing and must include:***
***(a) a completed authority prescription form; and***
***(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form [www.medicareaustralia.gov.au] which includes a completed BASDAI Assessment Form with certification by the prescriber and the patient that the patient did not have access to their baseline BASDAI at the time of their assessment.***

***A maximum of 18 weeks of treatment with infliximab will be approved under this criterion.***

***At the time of the authority application, the doctor should request the appropriate number of vials, based on the weight of the patient, to provide for a single infusion at a dose of 5 mg per kg. Up to a maximum of 3 repeats will be authorised.***

***Where fewer than 3 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 18 weeks of treatment may be requested by telephone.***

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**Public and private hospital authority required**

***Continuing treatment for all patients***

***Continuing PBS-subsidised treatment, by a rheumatologist, of an adult with a documented history of active ankylosing spondylitis who:***

***(a) has demonstrated a response to treatment with infliximab; and***

***(b) whose most recent course of PBS-subsidised therapy in this treatment cycle was with infliximab.***

***Response is defined as an improvement from baseline of at least 2 of the BASDAI and 1 of the following:***

***(a) an ESR measurement no greater than 25 mm per hour; or***

***(b) a CRP measurement no greater than 10 mg per L; or***

***(c) an ESR or CRP measurement reduced by at least 20% from baseline.***

***For a 'grandfather' patient who does not have baselines prior to commencing treatment with a TNF-alfa antagonist, see Note 5 for a definition of response to treatment.***

***Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.***

***Where the most recent course of PBS-subsidised TNF-alfa antagonist treatment was approved under an initial treatment restriction after 1 March 2007, the patient must have been assessed for response to that course following a minimum of 12 weeks of treatment. Where the most recent course of PBS-subsidised TNF-alfa antagonist treatment was approved under an initial treatment restriction prior to 1 March 2007, the patient must have been assessed for response to that course following at least 4 weeks of treatment.***

***Applications for continuing treatment must be made in writing and should be posted to Medicare Australia no less than 2 weeks prior to the completion of the current treatment course.***

***Written applications for authorisation must include:***

***(a) a completed authority prescription form; and***

***(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form [www.medicareaustralia.gov.au] which includes a completed BASDAI Assessment Form with certification by the prescriber and the patient that the patient did not have access to their baseline BASDAI at the time of their continuing treatment assessment.***

***All measurements provided must be no more than 1 month old at the time of application.***

***A maximum of 24 weeks of treatment with infliximab will be authorised under this criterion.***

***At the time of the authority application, the doctor should request the appropriate number of vials, based on the weight of the patient, to provide for a single infusion at a dose of 5 mg per kg. Up to a maximum of 3 repeats will be authorised.***

***Where fewer than 3 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone.***

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| ***6448J*** | ***Powder for I.V. infusion 100 mg*** | ***1*** | ***751.70*** | ***Remicade*** | ***SH*** |

**NOTE:**

***TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS***

***The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological disease modifying anti-rheumatic drugs (bDMARDs) for adults with severe active rheumatoid arthritis. Where the term bDMARD appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, etanercept, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab) and the interleukin-1 inhibitor (anakinra).***

***Patients are eligible for PBS-subsidised treatment with only 1 of the above biological disease modifying anti-rheumatic drugs at any 1 time.***

***PBS-subsidised infliximab, anakinra and rituximab must be used in combination with methotrexate at a dose of at least 7.5 mg weekly. Where a patient cannot tolerate 7.5 mg of methotrexate weekly, they are only eligible to receive PBS-subsidised etanercept and adalimumab.***

***In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.***

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***From 1 August 2007, under the PBS, all patients will be able to commence a Treatment Cycle where they may trial PBS-subsidised bDMARD agents without having to experience a disease flare when swapping to an alternate agent. Under these interchangeability arrangements, within a single Treatment Cycle, a patient may continue to receive long-term treatment with a bDMARD while they continue to show a response to therapy.***

***A patient who received PBS-subsidised bDMARD treatment prior to 1 August 2007 is considered to be in their first Cycle as of 1 August 2007.***

***Within the same Treatment Cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised bDMARD more than once.***

***Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a Treatment Cycle and they must have, at a minimum, a 5-year break in PBS-subsidised bDMARD therapy before they are eligible to commence the next Cycle.***

***For patients who have failed PBS-subsidised treatment with 3 bDMARDs prior to 1 August 2007 please contact Medicare Australia on 1800 700 270.***

***The 5-year break is measured from the date of the last approval for PBS-subsidised bDMARD treatment in the most recent Cycle to the date of the first application for initial treatment with a bDMARD under the new Treatment Cycle.***

***A patient who has failed fewer than 3 bDMARDs in a Treatment Cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same Treatment Cycle.***

***A patient who has failed fewer than 3 bDMARDs in a Treatment Cycle and who has a break in therapy of more than 5 years, may commence a new Treatment Cycle.***

***There is no limit to the number of Treatment Cycles a patient may undertake in their lifetime.***

***If patients fail to respond to a particular bDMARD within a single Treatment Cycle, they are not eligible to receive further PBS-subsidised treatment with that drug until they commence the next Cycle.***

***(1) How to prescribe PBS-subsidised bDMARD therapy after 1 August 2007.***

***(a) Initial treatment.***
***Applications for initial treatment should be made where:***
***(i) a patient has received no prior PBS-subsidised bDMARD treatment in this Treatment Cycle and wishes to commence such therapy, excluding rituximab (Initial 1); or***
***(ii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or***
***(iii) a patient wishes to re-commence treatment with a specific bDMARD following a break in PBS-subsidised therapy with that agent (Initial 2).***

***Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for etanercept, adalimumab and anakinra, 22 weeks of therapy for infliximab and 2 infusions of rituximab.***

***From 1 August 2007, a patient must be assessed for response to any course of initial PBS-subsidised treatment (excluding rituximab) following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.***

***Rituximab patients must be assessed following a minimum of 12 weeks after the first infusion, and this assessment must be submitted to Medicare Australia within 4 weeks.***

***Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.***

***For second and subsequent courses of PBS-subsidised bDMARD (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is submitted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.***

***Rituximab patients:***
***A further application may be submitted to Medicare Australia 24 weeks after the first infusion. New baselines may be submitted with this application if appropriate.***

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***(b) Continuing treatment.***
***Following the completion of an initial treatment course with a specific bDMARD (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.***

***It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.***

***Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.***

***Rituximab patients:***
***A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction.***

***Where a response assessment is not submitted to Medicare Australia within these time frames, the patient will be deemed to have failed to respond to treatment with that bDMARD.***

***(2) Swapping therapy.***

***Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to an alternate bDMARD within the same Treatment Cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non-bDMARD therapy requirements. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each bDMARD trialled.***

***Patients who are not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent.***

***A patient may trial an alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug within the same Treatment Cycle.***

***In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.***

***To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.***

***PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological agent during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate bDMARD. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate bDMARD may do so without having to have any treatment-free period.***

***To avoid confusion, an application for a patient who wishes to swap to an alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.***

**NOTE:**
***(3) Baseline measurements to determine response.***

***Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a bDMARD. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a Treatment Cycle and Medicare Australia will assess response according to these revised baseline measurements.***

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***To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response.***

***(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.***

***A patient who wishes to trial a second or subsequent Treatment Cycle following a break in PBS-subsidised bDMARD therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity. Patients must have received treatment with at least 1 non-biological DMARD, at an adequate dose, for a minimum of 3 months at the time the ESR and/or CRP levels and the active joint count are measured.***

***(5) Patients 'grandfathered' onto PBS-subsidised treatment with rituximab.***

***From 1 August 2007, a patient who commenced treatment with rituximab for severe rheumatoid arthritis prior to 7 March 2007 and who was 'grandfathered' on to PBS-subsidised therapy, and who continues to receive treatment in the same Treatment Cycle, will have further applications for treatment with rituximab assessed under the continuing treatment restriction.***

***'Grandfather' arrangements will only apply for the first Treatment Cycle. For the second and subsequent Cycles, a 'grandfather" patient must requalify for initial treatment under the criteria that applies to a new patient. See 'Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' above for further details.***

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**Public and private hospital authority required**

***Initial 1 (new patients)***

***Application for initial PBS-subsidised treatment with infliximab, in combination with methotrexate at a dose of at least 7.5 mg weekly, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults who:***

***(a) have severe active rheumatoid arthritis; and***

***(b) have received no prior PBS-subsidised treatment with a bDMARD for this condition in this treatment cycle; and***

***(c) have failed to achieve an adequate response to the following treatments:***

***(i) methotrexate at a dose of at least 20 mg weekly; and***

***(ii) methotrexate (at a minimum dose of 7.5 mg weekly), in combination with 2 other non-biological disease modifying anti-rheumatic drugs (DMARDs), for a minimum of 3 months; and***

***(iii) a minimum of 3 months' treatment with:***

***— leflunomide alone; or***

***— leflunomide in combination with methotrexate; or***

***— cyclosporin.***

***If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.***

***If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of the accepted toxicities, including severity, can be found on the Medicare Australia website [www.medicareaustralia.gov.au].***

***The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:***

***an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L;***

***AND either***

***(i) a total active joint count of at least 20 active (swollen and tender) joints; or***

***(ii) at least 4 active joints from the following list of major joints:***

***— elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or***

***— shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).***

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***If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.***

***The authority application must be made in writing and must include:***
***(1) a completed authority prescription form; and***
***(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes details of the patient's ESR and CRP measurements and the patient's active joint count which must have been assessed no earlier than 1 month prior to the date of application; and***
***(3) a signed patient acknowledgement.***

***A maximum of 22 weeks of treatment will be authorised under this restriction.***

***At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 3 mg per kg. Up to a maximum of 3 repeats may be authorised.***

***Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 22 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

***Assessment of a patient's response to an initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with infliximab.***

***Patients who fail to demonstrate a response to treatment with infliximab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this treatment cycle. Patients may re-trial infliximab after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised bDMARD was approved in this cycle and the date of the first application under the new cycle.***

**Public and private hospital authority required**

***Initial 2 (change or re-commencement)***
***Application for an initial course of PBS-subsidised treatment with infliximab, in combination with methotrexate at a dose of at least 7.5 mg weekly, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults who:***
***(a) have a documented history of severe active rheumatoid arthritis; and***
***(b) have received prior PBS-subsidised bDMARD treatment for this condition in this treatment cycle and are eligible to receive further bDMARD therapy.***

***The authority application must be made in writing and must include:***
***(1) a completed authority prescription form; and***
***(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].***

***Applications for patients who have received PBS-subsidised treatment with infliximab within this treatment cycle and who wish to re-commence therapy with this drug within this same cycle, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised infliximab treatment, within the timeframes specified below.***

***A maximum of 22 weeks of treatment will be authorised under this restriction.***

***At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 3 mg per kg. Up to a maximum of 3 repeats may be authorised.***

***Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 22 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

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| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
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***Where the most recent course of PBS-subsidised infliximab treatment was approved under either of the initial treatment restrictions (i.e. for patients with no prior PBS-subsidised bDMARD therapy or, under this restriction, for patients who have received previous PBS-subsidised bDMARD therapy), patients must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the date that course was ceased.***

***Where the most recent course of PBS-subsidised infliximab treatment was approved under the continuing treatment criteria, patients must have been assessed for response, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.***

***Patients who fail to demonstrate a response to treatment with infliximab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this treatment cycle. Patients may re-trial infliximab after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised bDMARD was approved in this cycle and the date of the first application under the new cycle.***

**Public and private hospital authority required**

***Continuing treatment***

***Continuing PBS-subsidised treatment with infliximab, in combination with methotrexate at a dose of at least 7.5 mg weekly, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults:***

***(a) who have a documented history of severe active rheumatoid arthritis; and***

***(b) who have demonstrated an adequate response to treatment with infliximab; and***

***(c) whose most recent course of PBS-subsidised bDMARD treatment in this treatment cycle was with infliximab.***

***An adequate response to treatment is defined as:***

***an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;***

***AND either of the following:***

***(i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or***

***(ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:***

***— elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or***

***— shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).***

***The authority application must be made in writing and must include:***

***(1) a completed authority prescription form; and***

***(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].***

***A maximum of 24 weeks of treatment will be approved under this restriction.***

***At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 3 mg per kg. Up to a maximum of 2 repeats may be authorised.***

***Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

***All applications for continuing treatment with infliximab must include a measurement of response to the prior course of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with infliximab, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with an initial treatment course.***

***Patients who fail to demonstrate a response to treatment with infliximab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this treatment cycle. Patients may re-trial infliximab after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised bDMARD was approved in this cycle and the date of the first application under the new cycle.***

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| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
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| *6397Q* | ***Powder for I.V. infusion 100 mg*** | ***1*** | ***751.70*** | ***Remicade*** | ***SH*** |

**NOTE:**

***TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS***

***The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological agents (adalimumab, etanercept and infliximab) for adult patients with severe active psoriatic arthritis.***

***Patients are eligible for PBS-subsidised treatment with only 1 of the above biological agents at any 1 time. Where the term 'biological agents' appears in the following NOTES and restrictions, it only refers to adalimumab, etanercept and infliximab.***

***From 1 August 2006, all patients will be able to commence a 'Biological Treatment Cycle' (Cycle), where they may trial adalimumab, etanercept or infliximab without having to meet the initial treatment criteria, that is they will not need to experience a disease flare, when swapping to the alternate agent. Under these interchangeability arrangements, within a single Cycle, patients may receive long-term treatment with a biological agent as long as they sustain a response to therapy.***

***Following demonstration of response to initial treatment, these biological agents are available under the PBS for continuing treatment as set out in the continuing treatment restriction for each agent.***

***Once patients have either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single Cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological therapy before they are eligible to commence another Cycle [further details are under '(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' below].***

***The 5-year break in therapy will be measured from the date the last approval for PBS-subsidised treatment was granted in the most recent Cycle to the date of the first application for initial treatment with a biological agent under the new Cycle.***

***Within the same Cycle, patients are not allowed to fail, or cease to respond to, the same PBS-subsidised biological agent more than once. Therefore once a patient fails to meet the response criteria for any biological agent, they must change to an alternate agent which they have not previously failed, if they wish to continue PBS-subsidised biological treatment.***

***Patients for whom a break in PBS-subsidised therapy of less than 5 years has occurred, and, who have failed therapy fewer than 3 times within a particular treatment Cycle, as defined in the relevant restriction, may commence a further course of treatment within that Cycle.***

***Patients for whom a break in PBS-subsidised therapy of 5 years or more has occurred, and, who have failed therapy fewer than 3 times within a particular treatment Cycle, as defined in the relevant restriction, are eligible to commence a new Cycle.***

***There is no limit to the number of Biological Treatment Cycles a patient may undertake in their lifetime.***

***How to prescribe biological agents for the treatment of severe active psoriatic arthritis after 1 August 2006.***

***(1) Initial treatment.***

***Applications for initial treatment should be made where:***
***(i) patients have received no prior PBS-subsidised biological treatment and wish to commence such therapy (Initial 1); and***
***(ii) patients have received prior PBS-subsidised biological therapy and wish to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; and***
***(iii) patients wish to re-commence treatment with a specific biological agent following a break in PBS-subsidised therapy with that specific agent (Initial 2).***

***All applications for initial treatment for non-grandfather patients will be limited to provide for a maximum of 16 weeks of therapy for all agents except for infliximab, for which a maximum of 22 weeks will be authorised. It is recommended that patients be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological agent supply.***

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| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
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***Patients must be assessed for response to any course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased. Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond to treatment with that biological agent.***

***Grandfather patients.***

***Applications for patients who commenced treatment with etanercept prior to 17 March 2005 or adalimumab and infliximab prior to 16 March 2006, may apply for initial PBS-subsidised treatment as continuing therapy under the relevant initial treatment restriction (Initial 3). These patients access the PBS interchangeability arrangements in the same way as new patients who have not been treated with any biological agent prior to PBS listing of that agent.***

***Applications for initial PBS-subsidised treatment for grandfather patients will provide for a maximum of 24 weeks of treatment for all agents. Approval will be based on the criteria included in the relevant restriction.***

***(2) Continuing treatment.***

***Following the completion of an initial treatment course with a specific biological agent, patients may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. Patients are eligible to receive continuing biological treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.***

***Patients must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased. Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond to treatment with that biological agent.***

***(3) Swapping therapy.***

***Once an authority for initial treatment with the first PBS-subsidised biological agent is approved, patients may swap to an alternate biological agent without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements.***

***Patients may swap to an alternate biological agent at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological agent at the time of the application or not.***

***Patients may alternate between therapy with any biological agent of their choice (1 at a time) providing:***
***(i) they have not received PBS-subsidised treatment with that particular biological agent previously; or***
***(ii) they have demonstrated an adequate response to that particular biological agent if they have previously trialled it on the PBS.***

***To ensure patients receive the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.***

***To avoid confusion, applications for patients who wish to swap to an alternate biological agent should be accompanied by the approved authority prescription or remaining repeats for the biological agent the patient is ceasing.***

***(4) Baseline measurements to determine response.***

***Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the indices of disease severity submitted with the first authority application for a biological agent. However, prescribers may provide new baseline measurements any time that an initial treatment authority is submitted within a treatment Cycle and Medicare Australia will assess response according to these revised baseline measurements.***

***To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.***

***(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.***

continued ☞

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
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***Patients who wish to trial a second or subsequent treatment Cycle following a break in PBS-subsidised biological therapy of at least 5 years, must re-qualify for initial treatment with respect to both the indices of disease severity. Patients must have received treatment with either methotrexate or sulfasalazine, at an adequate dose, for a minimum of 3 months at the time the ESR or CRP levels and the active joint counts are measured.***

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**Public and private hospital authority required**

***Initial 1***

***Initial PBS-subsidised treatment with infliximab, by a rheumatologist or clinical immunologist with expertise in the management of psoriatic arthritis, of adults who:***
***(1) have severe active psoriatic arthritis with a record of rheumatoid factor negative status within the last 12 months; and***
***(2) have received no prior PBS-subsidised biological treatment for this condition in this Treatment Cycle; and***
***(3) have failed to achieve an adequate response to:***
***(a) methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months; and***
***(b) sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months.***

***Patients must have had the psoriatic component of their disease confirmed by a dermatologist or by biopsy at any time.***

***If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.***

***If intolerance to treatment develops during the relevant period of use, which is of a severity to necessitate permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of acceptable toxicities, including severity, can be found on the Medicare Australia website (www.medicareaustralia.gov.au).***

***The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:***
***an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either***
***(i) an active joint count of at least 20 active (swollen and tender) joints; or***
***(ii) at least 4 active joints from the following list of major joints:***
***— elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or***
***— shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).***

***If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.***

***The authority application must be made in writing and must include:***
***(1) a completed authority prescription form; and***
***(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes details of the patient's ESR and CRP measurements and the patient's active joint count which must have been assessed no earlier than 1 month prior to the date of application; and***
***(3) a copy of the signed patient acknowledgement form which is included in the Supporting Information Form. Completion of this form declares that the patient understands and acknowledges that PBS-subsidised treatment will cease if they do not demonstrate the response to treatment required to support continuation of PBS-subsidised treatment at any assessment where a response must be demonstrated.***

***At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 3 repeats may be authorised.***

continued ☞

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
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***Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 22 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

***Patients who fail to demonstrate a response to treatment with infliximab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this Treatment Cycle.***

**Public and private hospital authority required**

***Initial 2***

***Initial PBS-subsidised treatment with infliximab, by a rheumatologist or clinical immunologist with expertise in the management of psoriatic arthritis, of adults who:***
***(1) have a documented history of severe active psoriatic arthritis with a record of rheumatoid factor negative status within the last 12 months; and***
***(2) have received prior PBS-subsidised biological treatment for this condition in this Treatment Cycle and are eligible to receive further biological therapy; and***
***(3) have not failed treatment with infliximab during the current Treatment Cycle.***

***Applications for patients who have demonstrated a response to PBS-subsidised infliximab treatment within this Treatment Cycle and who wish to re-commence infliximab treatment within the same Cycle following a break in therapy, will only be approved where evidence of a response to the patient's most recent course of PBS-subsidised infliximab treatment has been submitted to Medicare Australia within 1 month of cessation of treatment.***

***Where the most recent course of PBS-subsidised infliximab treatment was approved under either of the initial treatment restrictions (i.e. for patients with no prior PBS-subsidised biological therapy or, under this restriction, for patients who have received previous PBS-subsidised biological therapy), patients must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the date that course was ceased.***

***Where the most recent course of PBS-subsidised infliximab treatment was approved under the continuing treatment criteria, patients must have been assessed for response, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.***

***The authority application must be made in writing and must include:***
***(1) a completed authority prescription form; and***
***(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].***

***At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 3 repeats may be authorised.***

***Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 22 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

***Patients who fail to demonstrate a response to treatment with infliximab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this Treatment Cycle.***

***Once patients fail to respond to treatment with 3 biological agents, they are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new Biological Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.***

**Public and private hospital authority required**

***Initial 3***

***Initial PBS-subsidised supply for continuing treatment with infliximab, by a rheumatologist or clinical immunologist with expertise in the management of psoriatic arthritis, of adults who:***
***(1) have a documented history of severe active psoriatic arthritis with a record of rheumatoid factor negative status within the last 12 months; and***
***(2) were receiving treatment with infliximab prior to 16 March 2006; and***
***(3) have demonstrated a response as specified in the criteria for continuing PBS-subsidised treatment with infliximab.***

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| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
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***The authority application must be made in writing and must include:***
***(1) a completed authority prescription form; and***
***(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and***
***(3) a copy of the signed patient acknowledgement form which is included in the Supporting Information Form. Completion of this form declares that the patient understands and acknowledges that PBS-subsidised treatment will cease if they do not demonstrate the response to treatment required to support continuation of PBS-subsidised treatment at any assessment where a response must be demonstrated.***

***A maximum of 24 weeks of treatment with infliximab will be authorised under this restriction.***

***At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 2 repeats may be authorised.***

***Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

***Patients who fail to demonstrate a response to treatment with infliximab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this Treatment Cycle.***

***Patients may qualify for PBS-subsidised treatment under this restriction once only.***

**Public and private hospital authority required**

***Continuing treatment***
***Continuing PBS-subsidised treatment with infliximab, by a rheumatologist or clinical immunologist with expertise in the management of psoriatic arthritis, of adults:***
***(1) who have a documented history of severe active psoriatic arthritis with a record of rheumatoid factor negative status; and***
***(2) whose most recent course of PBS-subsidised biological agent for this condition in the current Treatment Cycle was with infliximab; and***
***(3) who, at the time of application, demonstrate an adequate response to treatment with infliximab.***

***An adequate response to treatment with infliximab is defined as:***
***an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; AND either of the following:***
***(i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or***
***(ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:***
***— elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or***
***— shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).***

***The authority application must be made in writing and must include:***
***(1) a completed authority prescription form; and***
***(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].***

***All applications for continuing treatment with infliximab must include a measurement of response to the prior course of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with infliximab, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with the initial treatment course.***

***At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 2 repeats may be authorised.***

***Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

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| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
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***Patients who fail to demonstrate a response to treatment with infliximab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this Treatment Cycle.***

***Once patients fail to respond to treatment with 3 biological agents, they are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new Biological Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.***

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| ***6496X*** | ***Powder for I.V. infusion 100 mg*** | ***1*** | ***751.70*** | ***Remicade*** | ***SH*** |

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**Public and private hospital authority required**

***Initial treatment of Crohn's disease in a paediatric patient.***

***Initial PBS-subsidised treatment by a gastroenterologist or paediatrician of a patient aged 6 to 17 years inclusive with moderate to severe refractory Crohn's disease who satisfies the following criteria:***
***(a) has confirmed Crohn's disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist; and***
***(b) whose parent or authorised guardian has signed a patient acknowledgement indicating they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment; and***
***(c) has failed to achieve an adequate response to 2 of the following 3 conventional prior therapies including:***
***(i) a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period;***

***(ii) an 8 week course of enteral nutrition;***
***(iii) immunosuppressive therapy including:***
***— azathioprine at a dose of at least 2 mg per kg daily for 3 or more months; or***
***— 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more months; or***
***— methotrexate at a dose of at least 10 mg per square metre weekly for 3 or more months.***

***If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.***

***If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of the accepted toxicities including severity can be found on the Medicare Australia website (www.medicareaustralia.gov.au).***

***The following initiation criterion indicates failure to achieve an adequate response and must be demonstrated in all patients at the time of the application:***
***(a) severity of disease activity which results in a Paediatric Crohn's Disease Activity Index (PCDAI) Score greater than or equal to 30 as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.***
***(b) The most recent PCDAI assessment must be no more than 1 month old at the time of application.***

***All tests and assessments should be performed preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.***

***Applications for authorisation must be made in writing and must include:***
***(a) a completed authority prescription form; and***
***(b) a completed Crohn's Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:***
***(i) the completed current Paediatric Crohn's Disease Activity Index (PCDAI) calculation sheet including the date of assessment of the patient's condition; and***
***(ii) details of previous systemic drug therapy [dosage, date of commencement and duration of therapy], or dates of enteral nutrition; and***
***(iii) the signed patient acknowledgement.***

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| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
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***A maximum quantity and number of repeats to provide for an initial course of infliximab consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.***

***Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete the 3 doses of infliximab may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.***

***A PCDAI assessment of the patient's response to this initial course of treatment must be made up to 12 weeks after the first dose (6 weeks following the third dose) so that there is adequate time for a response to be demonstrated.***

***This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with infliximab.***

***It is recommended that an application for continuing treatment is posted to Medicare Australia at the time of the 12 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised infliximab treatment.***

**Public and private hospital authority required**

***Continuing treatment of Crohn's disease in a patient initiated on PBS-subsidised treatment as a paediatric patient.***

***Continuing PBS-subsidised treatment by a gastroenterologist, paediatrician or consultant physician in consultation with a gastroenterologist, of a patient who:***
***(a) has a documented history of moderate to severe refractory Crohn's disease; and***
***(b) has demonstrated or sustained an adequate response to treatment with infliximab.***

***An adequate response to infliximab treatment is defined as a reduction in Paediatric Crohn's Disease Activity Index (PCDAI) Score by at least 15 points as compared to baseline AND a total PCDAI score of 30 points or less.***

***Applications for authorisation must be made in writing and must include:***
***(a) a completed authority prescription form; and***
***(b) a completed Crohn's Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:***
***(i) the completed Paediatric Crohn's Disease Activity Index (PCDAI) calculation sheet along with the date of the assessment of the patient's condition.***

***The PCDAI assessment must be no more than 1 month old at the time of application.***

***If the application is the first application for continuing treatment with infliximab, a PCDAI assessment of the patient's response must be made up to 12 weeks after the first dose so that there is adequate time for a response to be demonstrated.***

***The assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and posted to Medicare Australia no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criterion.***

***Where an assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with infliximab.***

***Patients are eligible to receive continuing infliximab treatment in courses of up to 24 weeks providing they continue to sustain the response.***

***Patients who fail to demonstrate or sustain a response to treatment with infliximab for Crohn's disease as specified in the criteria for continuing treatment with infliximab, will not be eligible to receive PBS-subsided treatment with this drug within 12 months of the date on which treatment was ceased.***

***At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 2 repeats will be authorised. No applications for increased repeats will be authorised.***

***Where fewer than 2 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

continued ☞

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
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| | **Public and private hospital authority required**<br>***Initial PBS-subsidised treatment of Crohn's disease in a paediatric patient who has previously received non-PBS-subsidised therapy with infliximab.***<br>***Initial PBS-subsidised supply for continuing treatment by a gastroenterologist, paediatrician or consultant physician in consultation with a gastroenterologist, of a patient aged 6 to 17 years inclusive who:***<br>***(a) has a documented history of moderate to severe refractory Crohn's disease and was receiving treatment with infliximab prior to 4 July 2007; and***<br>***(b) had a Paediatric Crohn's Disease Activity Index (PCDAI) Score of greater than 30 prior to commencing treatment with infliximab. Where a baseline CDAI assessment is not available, please call Medicare Australia on 1800 700 270 to discuss; and***<br>***(c) whose parent or authorised guardian has signed a patient acknowledgement indicating that they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment; and***<br>***(d) has demonstrated or sustained an adequate response to treatment with infliximab. For advice please contact Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***<br>***An adequate response to infliximab treatment is defined as a reduction in Paediatric Crohn's Disease Activity Index (PCDAI) Score by at least 15 points as compared to baseline AND a total PCDAI score of 30 points or less.***<br>***Applications for authorisation must be made in writing and must include:***<br>***(a) a completed authority prescription form; and***<br>***(b) a completed Crohn's Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:***<br>***(i) the completed current and baseline Paediatric Crohn's Disease Activity Index (PCDAI) calculation sheet along with the date of the assessment of the patient's condition; and***<br>***(ii) the signed patient acknowledgement.***<br>***The current PCDAI assessment must be no more than 1 month old at the time of application. The baseline PCDAI assessment must be from immediately prior to commencing treatment with infliximab.***<br>***The assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and posted to Medicare Australia no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criterion.***<br>***Where an assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with infliximab.***<br>***Patients are eligible to receive continuing infliximab treatment in courses of up to 24 weeks providing they continue to sustain the response.***<br>***Patients who fail to demonstrate or sustain a response to treatment with infliximab for Crohn's disease as specified in the criteria for continuing treatment with infliximab, will not be eligible to recommence PBS-subsidised treatment with this drug within 12 months of the date on which treatment was ceased.***<br>***At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 2 repeats will be authorised. No applications for increased repeats will be authorised.***<br>***Where fewer than 2 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***<br>***Patients may qualify for PBS-subsidised treatment under this restriction once only.*** | | | | |
| ***9612X*** | ***Powder for I.V. infusion 100 mg*** | ***1*** | ***751.70*** | ***Remicade*** | ***SH*** |

**Public and private hospital authority required**

***Initial treatment of Crohn's disease in a patient with severe disease as assessed by CDAI.***

continued ☞

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
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***Initial PBS-subsidised treatment by a gastroenterologist of a patient with severe refractory Crohn's disease who satisfies the following criteria:***
***(a) has confirmed Crohn's disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist; and***
***(b) has signed a patient acknowledgement indicating they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment; and***
***(c) has failed to achieve an adequate response to prior systemic therapy including:***
***(i) a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period; and***
***(ii) immunosuppressive therapy including:***
***— azathioprine at a dose of at least 2 mg per kg daily for 3 or more months; or***
***— 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more months; or***
***— methotrexate at a dose of at least 15 mg weekly for 3 or more months.***

***If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.***

***If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of the accepted toxicities including severity can be found on the Medicare Australia website (www.medicareaustralia.gov.au).***

***The following initiation criterion indicates failure to achieve an adequate response and must be demonstrated in all patients at the time of the application:***
***(a) have a severity of disease activity which results in a Crohn's Disease Activity Index (CDAI) Score greater than or equal to 300 as assessed.***

***All tests and assessments should be performed preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.***

***The most recent CDAI assessment must be no more than 1 month old at the time of application.***

***Applications for authorisation must be made in writing and must include:***
***(a) a completed authority prescription form; and***
***(b) a completed Crohn's Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:***
***(i) the completed current Crohn's Disease Activity Index (CDAI) calculation sheet including the date of assessment of the patient's condition; and***
***(ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and***
***(iii) the signed patient acknowledgement.***

***A maximum quantity and number of repeats to provide for an initial course of infliximab consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.***

***Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete the 3 doses of infliximab may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.***

***A CDAI assessment of the patient's response to this initial course of treatment must be made up to 12 weeks after the first dose (6 weeks following the third dose) so that there is adequate time for a response to be demonstrated.***

***This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with infliximab.***

***It is recommended that an application for continuing treatment is posted to Medicare Australia at the time of the 12 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised infliximab treatment.***

continued ☞

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
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**Public and private hospital authority required**

***Continuing treatment of Crohn's disease in a patient with severe disease as assessed by CDAI.***

***Continuing PBS-subsidised treatment by a gastroenterologist, or consultant physician in consultation with a gastroenterologist, of a patient who:***
***(a) has a documented history of severe refractory Crohn's disease; and***
***(b) has demonstrated or sustained an adequate response to treatment with infliximab.***

***An adequate response to infliximab treatment is defined as a reduction in Crohn's Disease Activity Index (CDAI) Score to a level no greater than 150.***

***Applications for authorisation must be made in writing and must include:***
***(a) a completed authority prescription form; and***
***(b) a completed Crohn's Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:***
***(i) the completed Crohn's Disease Activity Index (CDAI) Score calculation sheet along with the date of the assessment of the patient's condition.***

***The CDAI assessment must be no more than 1 month old at the time of application.***

***If the application is the first application for continuing treatment with infliximab, a CDAI assessment of the patient's response must be made up to 12 weeks after the first dose so that there is adequate time for a response to be demonstrated.***

***The assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and posted to Medicare Australia no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criterion.***

***Where an assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with infliximab.***

***Patients are eligible to receive continuing infliximab treatment in courses of up to 24 weeks providing they continue to sustain the response.***

***Patients who fail to demonstrate or sustain a response to treatment with infliximab for Crohn's disease as specified in the criteria for continuing treatment with infliximab, will not be eligible to receive PBS-subsidised treatment with this drug within 12 months of the date on which treatment was ceased.***

***At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 2 repeats will be authorised. No applications for increased repeats will be authorised.***

***Where fewer than 2 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

**Public and private hospital authority required**

***Initial treatment of Crohn's disease in a patient with short gut syndrome or an ostomy patient.***

continued ☞

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|

***Initial PBS-subsidised treatment by a gastroenterologist of a patient with severe refractory Crohn's disease who satisfies the following criteria:***
***(a) has confirmed Crohn's disease defined by standard clinical, endoscopic and/or imaging features, including histological evidence with the diagnosis confirmed by a gastroenterologist; and***
***(b) has diagnostic imaging or surgical evidence of short gut syndrome or has an ileostomy or colostomy; and***
***(c) has evidence of intestinal inflammation; and***
***(d) has signed a patient acknowledgement indicating they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment; and***
***(e) has failed to achieve an adequate response to prior systemic drug therapy including:***
***(i) a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period; and***
***(ii) immunosuppressive therapy including:***
***— azathioprine at a dose of at least 2 mg per kg daily for 3 or more months; or***
***— 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more months; or***
***— methotrexate at a dose of at least 15 mg weekly for 3 or more months.***

***If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.***

***If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of the accepted toxicities including severity can be found on the Medicare Australia website (www.medicareaustralia.gov.au).***

***The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the application:***
***(a) have evidence of intestinal inflammation, including:***
***(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; AND/OR***
***(ii) faeces: higher than normal lactoferrin or calprotectin level; AND/OR***
***(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery;***
***AND/OR***
***(b) be assessed clinically as being in a high faecal output state;***
***AND/OR***
***(c) be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of infliximab.***

***All tests and assessments should be performed preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.***

***Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.***

***Applications for authorisation must be made in writing and must include:***
***(a) a completed authority prescription form; and***
***(b) a completed Crohn's Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:***
***(i) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and***
***(ii) reports and dates of the pathology or diagnostic imaging test(s) nominated as the response criterion, if relevant; and***
***(iii) date of the most recent clinical assessment; and***
***(iv) the signed patient acknowledgement.***

***All assessments, pathology tests and diagnostic imaging studies must be made within 1 month of the date of application.***

continued ☞

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
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***A maximum quantity and number of repeats to provide for an initial course of infliximab consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.***

***Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete the 3 doses of infliximab may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.***

***The assessment of the patient's response to this initial course of treatment must be made up to 12 weeks after the first dose (6 weeks following the third dose) so that there is adequate time for a response to be demonstrated.***

***This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with infliximab.***

***It is recommended that an application for continuing treatment is posted to Medicare Australia at the time of the 12 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised infliximab treatment.***

**Public and private hospital authority required**

***Continuing treatment of Crohn's disease in a patient with short gut syndrome or an ostomy patient.***

***Continuing PBS-subsidised treatment by a gastroenterologist, or consultant physician in consultation with a gastroenterologist, of a patient who:***
***(a) has a documented history of severe refractory Crohn's disease with intestinal inflammation and with short gut syndrome or with an ileostomy or colostomy; and***
***(b) has demonstrated or sustained an adequate response to treatment with infliximab.***

***An adequate response to infliximab treatment is defined as:***
***(a) improvement of intestinal inflammation as demonstrated by:***
***(i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; AND/OR***
***(ii) faeces: normalisation of lactoferrin or calprotectin level; AND/OR***
***(iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or***
***(b) reversal of high faecal output state; or***
***(c) avoidance of the need for surgery or total parenteral nutrition (TPN).***

***Applications for authorisation must be made in writing and must include:***
***(a) a completed authority prescription; and***
***(b) a completed Crohn's Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:***
***(i) the reports and dates of the pathology or diagnostic imaging test(s) used to assess response to therapy or the date of clinical assessment.***

***The patient's assessment must be no more than 1 month old at the time of application.***

***If the application is the first application for continuing treatment with infliximab, an assessment of the patient's response must be made up to 12 weeks after the first dose (6 weeks following the third dose) so that there is adequate time for a response to be demonstrated.***

***The assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and posted to Medicare Australia no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criterion.***

***Where an assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with infliximab.***

***Patients are eligible to receive continuing infliximab treatment in courses of up to 24 weeks providing they continue to sustain the response.***

continued ☞

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
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***Patients who fail to demonstrate or sustain a response to treatment with infliximab for Crohn's disease as specified in the criteria for continuing treatment with infliximab, will not be eligible to recommence PBS-subsidised treatment with this drug within 12 months of the date on which treatment was ceased.***

***At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 2 repeats will be authorised. No applications for increased repeats will be authorised.***

***Where fewer than 2 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

**Public and private hospital authority required**

***Initial treatment of Crohn's disease in a patient with extensive small intestine disease.***

***Initial PBS-subsidised treatment by a gastroenterologist of a patient with severe refractory Crohn's disease who satisfies the following criteria:***
***(a) has confirmed Crohn's disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist; and***
***(b) has extensive small intestinal disease with radiological evidence of intestinal inflammation affecting more than 50 cm of the small intestine; and***
***(c) has signed a patient acknowledgement indicating they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment; and***
***(d) has failed to achieve an adequate response to prior systemic therapy including:***
***(i) a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period; and***
***(ii) immunosuppressive therapy including:***
***— azathioprine at a dose of at least 2 mg per kg daily for 3 or more months; or***
***— 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more months; or***
***— methotrexate at a dose of at least 15 mg weekly for 3 or more months.***

***If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.***

***If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of the accepted toxicities including severity can be found on the Medicare Australia website (www.medicareaustralia.gov.au).***

***The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the application:***
***(a) have severity of disease activity which results in a Crohn's Disease Activity Index (CDAI) Score greater than or equal to 220;***
***AND/OR***
***(b) have evidence of active intestinal inflammation, including:***
***(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; AND/OR***
***(ii) faeces: higher than normal lactoferrin or calprotectin level; AND/OR***
***(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery;***
***AND/OR***
***(c) be assessed clinically as being in a high faecal output state;***
***AND/OR***
***(d) be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of infliximab.***

***All tests and assessments should be performed preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.***

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| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
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***Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.***

***Applications for authorisation must be made in writing and must include:***
***(a) a completed authority prescription form; and***
***(b) a completed Crohn's Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:***
***(i) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and***
***(ii) (1) reports and dates of the pathology or diagnostic imaging test(s) nominated as the response criterion, if relevant; or***
***(2) the completed current Crohn's Disease Activity Index (CDAI) calculation sheets including the dates of assessment of the patient's condition, if relevant; and***
***(iii) date of the most recent clinical assessment; and***
***(iv) the signed patient acknowledgement.***

***All assessments, pathology tests and diagnostic imaging studies must be made within 1 month of the date of application.***

***A maximum quantity and number of repeats to provide for an initial course of infliximab consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.***

***Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete the 3 doses of infliximab may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.***

***The assessment of the patient's response to this initial course of treatment must be made up to 12 weeks after the first dose (6 weeks following the third dose) so that there is adequate time for a response to be demonstrated.***

***This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with infliximab.***

***It is recommended that an application for continuing treatment is posted to Medicare Australia at the time of the 12 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised infliximab treatment.***

**Public and private hospital authority required**

***Continuing treatment of Crohn's disease in a patient with extensive small intestine disease.***

***Continuing PBS-subsidised treatment by a gastroenterologist, or consultant physician in consultation with a gastroenterologist, of a patient who:***
***(a) has a documented history of severe refractory Crohn's disease with extensive intestinal inflammation affecting more than 50 cm of the small intestine; and***
***(b) has demonstrated or sustained an adequate response to treatment with infliximab.***

***An adequate response to infliximab treatment is defined as:***
***(a) a reduction in Crohn's Disease Activity Index (CDAI) Score to no greater than 150; or***
***(b) improvement of intestinal inflammation as demonstrated by:***
***(i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; AND/OR***
***(ii) faeces: normalisation of lactoferrin or calprotectin level; AND/OR***
***(iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or***
***(c) reversal of high faecal output state; or***
***(d) avoidance of the need for surgery or total parenteral nutrition (TPN).***

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| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
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***Applications for authorisation must be made in writing and must include:***
***(a) a completed authority prescription form; and***
***(b) a completed Crohn's Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:***
***(i) the completed Crohn's Disease Activity Index (CDAI) Score calculation sheet along with the date of the assessment of the patient's condition; or***
***(ii) the reports and dates of the pathology test or diagnostic imaging test(s) used to assess response to therapy; or***
***(iii) the date of clinical assessment.***

***The CDAI assessment, where relevant, must be no more than 1 month old at the time of application.***

***If the application is the first application for continuing treatment with infliximab, an assessment of the patient's response must be made up to 12 weeks after the first dose (6 weeks following the third dose) so that there is adequate time for a response to be demonstrated.***

***The assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and posted to Medicare Australia no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criterion.***

***Where an assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with infliximab.***

***Patients are eligible to receive continuing infliximab treatment in courses of up to 24 weeks providing they continue to sustain the response.***

***Patients who fail to demonstrate or sustain a response to treatment with infliximab for Crohn's disease as specified in the criteria for continuing treatment with infliximab, will not be eligible to recommence PBS-subsidised treatment with this drug within 12 months of the date on which treatment was ceased.***

***At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 2 repeats will be authorised. No applications for increased repeats will be authorised.***

***Where fewer than 2 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

**Public and private hospital authority required**

***Initial PBS-subsidised treatment of Crohn's disease in a patient with severe disease as assessed by CDAI who has previously received non-PBS-subsidised therapy with infliximab.***

***Initial PBS-subsidised supply for continuing treatment by a gastroenterologist, or consultant physician in consultation with a gastroenterologist, of a patient who:***
***(a) has a documented history of severe refractory Crohn's disease and was receiving treatment with infliximab prior to 7 March 2007; and***
***(b) had a Crohn's Disease Activity Index (CDAI) Score of greater than or equal to 300 prior to commencing treatment with infliximab. Where a baseline CDAI assessment is not available, please call Medicare Australia on 1800 700 270 to discuss; and***
***(c) has signed a patient acknowledgement indicating that they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment; and***
***(d) has demonstrated or sustained an adequate response to treatment with infliximab. For advice please contact Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

***An adequate response to infliximab treatment is defined as a reduction in Crohn's Disease Activity Index (CDAI) Score to no greater than 150.***

continued ☞

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
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***Applications for authorisation must be made in writing and must include:***
***(a) a completed authority prescription form; and***
***(b) a completed Crohn's Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:***
***(i) the completed current and baseline Crohn's Disease Activity Index (CDAI) Score calculation sheet along with the date of the assessment of the patient's condition; and***
***(ii) the signed patient acknowledgment.***

***The current CDAI assessment must be no more than 1 month old at the time of application. The baseline CDAI assessment must be from immediately prior to commencing treatment with infliximab.***

***The assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and posted to Medicare Australia no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criterion.***

***Where an assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with infliximab.***

***Patients are eligible to receive continuing infliximab treatment in courses of up to 24 weeks providing they continue to sustain the response.***

***Patients who fail to demonstrate or sustain a response to treatment with infliximab for Crohn's disease as specified in the criteria for continuing treatment with infliximab, will not be eligible to recommence PBS-subsidised treatment with this drug within 12 months of the date on which treatment was ceased.***

***At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 2 repeats will be authorised. No applications for increased repeats will be authorised.***

***Where fewer than 2 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

***Patients may qualify for PBS-subsidised treatment under this restriction once only.***

**Public and private hospital authority required**

***Initial PBS-subsidised treatment of Crohn's disease in a patient with short gut syndrome, an ostomy patient, or a patient with extensive small intestine disease, who has previously received non-PBS-subsidised therapy with infliximab.***

***Initial PBS-subsidised supply for continuing treatment by a gastroenterologist, or consultant physician in consultation with a gastroenterologist, of a patient who:***
***(a) has a documented history of severe refractory Crohn's disease and was receiving treatment with infliximab prior to 7 March 2007; and***
***(b) (1) has a history of extensive small intestinal disease with radiological evidence of intestinal inflammation affecting more than 50 cm of the small intestine; or***
***(2) has diagnostic imaging or surgical evidence of short gut syndrome or has an ileostomy or colostomy with a documented history of intestinal inflammation; and***
***(c) has signed a patient acknowledgement indicating that they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment; and***
***(d) has demonstrated or sustained an adequate response to treatment with infliximab according to the criteria included in the relevant continuation restriction. For advice please contact Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

***The same criteria used to determine an inadequate response to prior treatment at baseline must be used to determine response to treatment and eligibility for continuing therapy, according to the criteria included in the continuing treatment restriction.***

continued ☞

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
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***An adequate response to infliximab treatment is defined as:***
***(a) a reduction in Crohn's Disease Activity Index (CDAI) Score to no greater then 150; or***
***(b) improvement of intestinal inflammation as demonstrated by:***
***(i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; AND/OR***
***(ii) faeces: normalisation of lactoferrin or calprotectin level; AND/OR***
***(iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or***
***(c) reversal of high faecal output state; or***
***(d) avoidance of the need for surgery or total parenteral nutrition (TPN).***

***Applications for authorisation must be made in writing and must include:***
***(a) a completed authority prescription form; and***
***(b) a completed Crohn's Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au) ] which includes the following:***
***(i) (1) the completed current and baseline Crohn's Disease Activity Index (CDAI) Score calculation sheet, where relevant, along with the date of the assessment of the patient's condition; or***
***(2) the reports and dates of the current and baseline pathology or diagnostic imaging test(s) in order to assess response to therapy; or***
***(3) the date of clinical assessment(s); and***
***(ii) the signed patient acknowledgement.***

***The patient's assessment must be no more than 1 month old at the time of application. The baseline CDAI assessment, where applicable, must be from immediately prior to commencing treatment with infliximab. Where a baseline CDAI assessment is not available, please call Medicare Australia on 1800 700 270 to discuss.***

***The assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and posted to Medicare Australia no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criterion.***

***Where an assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with infliximab.***

***Patients are eligible to receive continuing infliximab treatment in courses of up to 24 weeks providing they continue to sustain the response.***

***Patients who fail to demonstrate or sustain a response to treatment with infliximab for Crohn's disease as specified in the criteria for continuing treatment with infliximab, will not be eligible to recommence PBS-subsidised treatment with this drug within 12 months of the date on which treatment was ceased.***

***At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 2 repeats will be authorised. No applications for increased repeats will be authorised.***

***Where fewer than 2 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

***Patients may qualify for PBS-subsidised treatment under this restriction once only.***

| | | | | | |
|---|---|---|---|---|---|
| ***9613Y*** | ***Powder for I.V. infusion 100 mg*** | ***1*** | ***751.70*** | ***Remicade*** | ***SH*** |

***INTERFERON ALFA-2a***
**CAUTION:**
***Treatment with interferon alfa has been associated with depression and suicide in some patients. Patients with a history of suicidal ideation or depressive illness should be warned of the risks. Psychiatric status during therapy should be monitored.***

**Private hospital authority required**
***Use in the treatment of Philadelphia chromosome positive myelogenous leukaemia in the chronic phase;***

***Patients with chronic hepatitis B who satisfy all of the following criteria:***

continued ☞

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | ***(a) (1) Histological evidence of chronic hepatitis on liver biopsy (except in patients with coagulation disorders considered severe enough to prevent liver biopsy);*** ***(2) Abnormal serum ALT levels in conjunction with documented chronic hepatitis B infection (HBe antigen positive and/or HBV DNA positive);*** ***(3) Are not persons with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L);*** ***(4) Female patients of child-bearing age are not pregnant, not breast-feeding, and are using an effective form of contraception.*** | | | | |
| ***6210W*** | ***Injection 3,000,000 i.u. in 0.5 mL single dose pre-filled syringe*** | ***1*** | ***29.80*** | ***Roferon-A*** | ***RO*** |
| ***6211X*** | ***Injection 4,500,000 i.u. in 0.5 mL single dose pre-filled syringe*** | ***1*** | ***44.70*** | ***Roferon-A*** | ***RO*** |
| ***6212Y*** | ***Injection 6,000,000 i.u. in 0.5 mL single dose pre-filled syringe*** | ***1*** | ***59.58*** | ***Roferon-A*** | ***RO*** |
| ***6213B*** | ***Injection 9,000,000 i.u. in 0.5 mL single dose pre-filled syringe*** | ***1*** | ***89.38*** | ***Roferon-A*** | ***RO*** |
| | ***INTERFERON ALFA-2b*** | | | | |
| | **CAUTION:** ***Treatment with interferon alfa has been associated with depression and suicide in some patients. Patients with a history of suicidal ideation or depressive illness should be warned of the risks. Psychiatric status during therapy should be monitored.*** | | | | |
| | **Private hospital authority required** ***Adjunctive therapy of malignant melanoma following surgery in patients with nodal involvement;*** ***Use in the treatment of Philadelphia chromosome positive myelogenous leukaemia in the chronic phase;*** ***Patients with chronic hepatitis B who satisfy all of the following criteria:*** ***(a) (1) Histological evidence of chronic hepatitis on liver biopsy (except in patients with coagulation disorders considered severe enough to prevent liver biopsy);*** ***(2) Abnormal serum ALT levels in conjunction with documented chronic hepatitis B infection (HBe antigen positive and/or HBV DNA positive);*** ***(3) Are not persons with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L);*** ***(4) Female patients of child-bearing age are not pregnant, not breast-feeding, and are using an effective form of contraception.*** | | | | |
| ***6246R*** | ***Solution for injection 10,000,000 i.u. in 1 mL single dose vial*** | ***5*** | ***496.50*** | ***Intron A*** | ***SH*** |
| ***6253D*** | ***Solution for injection 18,000,000 i.u. in 1.2 mL multi-dose injection pen*** | ***1*** | ***178.74*** | ***Intron A Redipen*** | ***SH*** |
| ***6218G*** | ***Solution for injection 18,000,000 i.u. in 3 mL single dose vial*** | ***1*** | ***178.74*** | ***Intron A*** | ***SH*** |
| ***6219H*** | ***Solution for injection 25,000,000 i.u. in 2.5 mL single dose vial*** | ***1*** | ***248.25*** | ***Intron A*** | ***SH*** |
| ***6254E*** | ***Solution for injection 30,000,000 i.u. in 1.2 mL multi-dose injection pen*** | ***1*** | ***297.90*** | ***Intron A Redipen*** | ***SH*** |
| ***6255F*** | ***Solution for injection 60,000,000 i.u. in 1.2 mL multi-dose injection pen*** | ***1*** | ***595.80*** | ***Intron A Redipen*** | ***SH*** |
| | ***INTERFERON GAMMA-1b*** | | | | |
| | **Private hospital authority required** ***Treatment of chronic granulomatous disease in patients with frequent and severe infections despite adequate prophylaxis with antimicrobial agents.*** | | | | |
| ***6148N*** | ***Injection 2,000,000 i.u. in 0.5 mL*** | ***6*** | ***1260.09*** | ***Imukin*** | ***BY*** |

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | ***LAMIVUDINE*** | | | | |
| | **Private hospital authority required**<br>***Patients with chronic hepatitis B who satisfy all of the following criteria:***<br>***(a) (1) Histological evidence of chronic hepatitis on liver biopsy (except in patients with coagulation disorders considered severe enough to prevent liver biopsy);***<br>***(2) Abnormal serum ALT levels in conjunction with documented chronic hepatitis B infection (HBe antigen positive and/or HBV DNA positive);***<br>***(3) Female patients of child-bearing age are not pregnant, not breast-feeding, and are using an effective form of contraception.***<br>***Persons with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.*** | | | | |
| ***6257H*** | ***Tablet 100 mg*** | ***28*** | ***149.36*** | ***Zeffix*** | ***GK*** |
| | **Private hospital authority required**<br>***Treatment of HIV infection in patients with:***<br>***(a) CD4 cell counts of less than 500 per cubic millimetre; or***<br>***(b) viral load of greater than 10,000 copies per mL.*** | | | | |
| ***6193Y*** | ***Tablet 150 mg*** | ***60*** | ***282.00*** | ***3TC*** | ***GK*** |
| ***6435Q*** | ***Tablet 300 mg*** | ***30*** | ***282.00*** | ***3TC*** | ***GK*** |
| | **Private hospital authority required**<br>***Patients with chronic hepatitis B who satisfy all of the following criteria:***<br>***(a) (1) Histological evidence of chronic hepatitis on liver biopsy (except in patients with coagulation disorders considered severe enough to prevent liver biopsy);***<br>***(2) Abnormal serum ALT levels in conjunction with documented chronic hepatitis B infection (HBe antigen positive and/or HBV DNA positive);***<br>***(3) Female patients of child-bearing age are not pregnant, not breast-feeding, and are using an effective form of contraception.***<br>***Persons with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.*** | | | | |
| ***6271C*** | ***Oral solution 5 mg per mL, 240 mL*** | ***1*** | ***64.01*** | ***Zeffix*** | ***GK*** |
| | **Private hospital authority required**<br>***Treatment of HIV infection in patients with:***<br>***(a) CD4 cell counts of less than 500 per cubic millimetre; or***<br>***(b) viral load of greater than 10,000 copies per mL.*** | | | | |
| ***6194B*** | ***Oral solution 10 mg per mL, 240 mL*** | ***1*** | ***75.20*** | ***3TC*** | ***GK*** |

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | ***LAMIVUDINE with ZIDOVUDINE*** | | | | |
| | **Private hospital authority required**<br>***Treatment of HIV infection in patients with:***<br>***(a) CD4 cell counts of less than 500 per cubic millimetre; or***<br>***(b) viral load of greater than 10,000 copies per mL.*** | | | | |
| ***6234D*** | ***Tablet 150 mg-300 mg*** | ***60*** | ***578.60*** | ***Combivir*** | ***GK*** |
| | ***LANREOTIDE ACETATE*** | | | | |
| | **Private hospital authority required**<br>***Active acromegaly in a patient with persistent elevation of mean growth hormone levels of greater than 2.5 micrograms per litre AND***<br>***(a) after failure of other therapy including dopamine agonists; or***<br>***(b) as interim treatment while awaiting the effects of radiotherapy and where treatment with dopamine agonists has failed; or***<br>***(c) if the patient is unfit for or unwilling to undergo surgery and where radiotherapy is contraindicated.***<br>***In a patient treated with radiotherapy, treatment must cease if there is biochemical evidence of remission (normal IGF1) after lanreotide has been withdrawn for at least 4 weeks (6 weeks after the last dose). Lanreotide should be withdrawn every 2 years in the 10 years after radiotherapy for assessment of remission.***<br>***Treatment must cease if IGF1 is not lower after 3 months treatment.*** | | | | |
| ***6332G*** | ***Powder for suspension for injection 30 mg (base) with diluent ampoule*** | ***1*** | ***750.00*** | ***Somatuline LA*** | ***IS*** |
| | **Private hospital authority required**<br>***Active acromegaly in a patient with persistent elevation of mean growth hormone levels of greater than 2.5 micrograms per litre AND***<br>***(a) after failure of other therapy including dopamine agonists; or***<br>***(b) as interim treatment while awaiting the effects of radiotherapy and where treatment with dopamine agonists has failed; or***<br>***(c) if the patient is unfit for or unwilling to undergo surgery and where radiotherapy is contraindicated.***<br>***In a patient treated with radiotherapy, treatment must cease if there is biochemical evidence of remission (normal IGF1) after lanreotide has been withdrawn for at least 4 weeks (8 weeks after the last dose). Lanreotide should be withdrawn every 2 years in the 10 years after radiotherapy for assessment of remission.***<br>***Treatment must cease if IGF1 is not lower after 3 months treatment;***<br>***Functional carcinoid tumour causing intractable symptoms. The patient must have experienced on average over 1 week, 3 or more episodes per day of diarrhoea and/or flushing, which persisted despite the use of anti-histamines, anti-serotonin agents and anti-diarrhoea agents, and surgery or antineoplastic therapy must have failed or be inappropriate.***<br>***Treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 3 months' therapy at a dose of 120 mg every 28 days. Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.*** | | | | |
| ***6423C*** | ***Injection 60 mg (base) in single dose pre-filled syringe*** | ***1*** | ***1345.00*** | ***Somatuline Autogel*** | ***IS*** |
| ***6424D*** | ***Injection 90 mg (base) in single dose pre-filled syringe*** | ***1*** | ***1790.00*** | ***Somatuline Autogel*** | ***IS*** |
| ***6425E*** | ***Injection 120 mg (base) in single dose pre-filled syringe*** | ***1*** | ***2240.00*** | ***Somatuline Autogel*** | ***IS*** |

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | ***LENOGRASTIM*** | | | | |
| | **Private hospital authority required**<br>***Mobilisation of peripheral blood progenitor cells to facilitate harvest of such cells for reinfusion into patients with non-myeloid malignancies who have had myeloablative or myelosuppressive therapy;***<br>***Mobilisation of peripheral blood progenitor cells, in normal volunteers, for use in allogeneic transplantation to facilitate harvest of such cells in healthy donors;***<br>***Patients with non-myeloid malignancies receiving marrow-ablative chemotherapy and subsequent peripheral blood progenitor cell or bone marrow transplantation;***<br>***Patients being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in:***<br>***(a) acute lymphoblastic leukaemia; or***<br>***(b) Ewing's sarcoma; or***<br>***(c) germ cell tumours; or***<br>***(d) infants and children with CNS tumours; or***<br>***(e) neuroblastoma; or***<br>***(f) non-Hodgkin's lymphoma (intermediate or high grade); or***<br>***(g) osteosarcoma; or***<br>***(h) relapsed Hodgkin's disease; or***<br>***(i) rhabdomyosarcoma;***<br>***Patients with breast cancer receiving standard dose adjuvant chemotherapy who have had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;***<br>***Patients receiving first-line chemotherapy for Hodgkin's disease who have had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned.*** | | | | |
| ***6337M*** | ***Powder for injection 13,400,000 i.u. (105 micrograms)*** | ***10*** | ***512.50*** | ***Granocyte 13*** | ***MX*** |
| ***6338N*** | ***Powder for injection 33,600,000 i.u. (263 micrograms)*** | ***10*** | ***1283.60*** | ***Granocyte 34*** | ***MX*** |
| | ***LOPINAVIR with RITONAVIR*** | | | | |
| | **Private hospital authority required**<br>***Treatment, in combination with 2 or more other antiretroviral drugs, of HIV infection in patients with:***<br>***(a) CD4 cell counts of less than 500 per cubic millimetre; or***<br>***(b) viral load of greater than 10,000 copies per mL.*** | | | | |
| ***6340Q*** | ***Capsule 133.3 mg-33.3 mg*** | ***90*** | ***322.50*** | ***Kaletra*** | ***AB*** |
| ***6495W*** | ***Tablet 200 mg-50 mg*** | ***120*** | ***685.00*** | ***Kaletra*** | ***AB*** |
| ***6341R*** | ***Oral liquid 400 mg-100 mg per 5 mL, 60 mL*** | ***1*** | ***129.00*** | ***Kaletra*** | ***AB*** |

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | ***MYCOPHENOLATE MOFETIL*** | | | | |
| | **CAUTION:** | | | | |
| | ***Careful monitoring of patients is mandatory.*** | | | | |
| | **Private hospital authority required** | | | | |
| | ***Management of rejection, under the supervision and direction of a transplant unit, in patients receiving this drug for:*** | | | | |
| | ***(a) prophylaxis of renal allograft rejection. Management includes initiation, stabilisation and review of therapy as required; or*** | | | | |
| | ***(b) prophylaxis of cardiac allograft rejection. Management includes initiation, stabilisation and review of therapy as required.*** | | | | |
| ***6208R*** | ***Capsule 250 mg*** | ***300*** | ***555.70*** | ***CellCept*** | ***RO*** |
| ***6209T*** | ***Tablet 500 mg*** | ***150*** | ***555.70*** | ***CellCept*** | ***RO*** |
| ***6364Y*** | ***Powder for oral suspension 1 g per 5 mL, 165 mL*** | ***1*** | ***244.51*** | ***CellCept*** | ***RO*** |
| | ***MYCOPHENOLATE SODIUM*** | | | | |
| | **CAUTION:** | | | | |
| | ***Careful monitoring of patients is mandatory.*** | | | | |
| | **Private hospital authority required** | | | | |
| | ***Management of rejection, under the supervision and direction of a transplant unit, in patients receiving this drug for prophylaxis of renal allograft rejection. Management includes initiation, stabilisation and review of therapy as required.*** | | | | |
| ***6369F*** | ***Tablet (enteric coated) 180 mg (mycophenolic acid)*** | ***120*** | ***222.28*** | ***Myfortic*** | ***NV*** |
| ***6370G*** | ***Tablet (enteric coated) 360 mg (mycophenolic acid)*** | ***120*** | ***444.56*** | ***Myfortic*** | ***NV*** |
| | ***NELFINAVIR MESYLATE*** | | | | |
| | **Private hospital authority required** | | | | |
| | ***Treatment of HIV infection in patients with:*** | | | | |
| | ***(a) CD4 cell counts of less than 500 per cubic millimetre; or*** | | | | |
| | ***(b) viral load of greater than 10,000 copies per mL.*** | | | | |
| ***6331F*** | ***Tablet 250 mg (base)*** | ***300*** | ***505.56*** | ***Viracept*** | ***RO*** |
| | ***NEVIRAPINE*** | | | | |
| | **Private hospital authority required** | | | | |
| | ***Treatment of HIV infection in patients with:*** | | | | |
| | ***(a) CD4 cell counts of less than 500 per cubic millimetre; or*** | | | | |
| | ***(b) viral load of greater than 10,000 copies per mL.*** | | | | |
| ***6215D*** | ***Tablet 200 mg*** | ***60*** | ***271.58*** | ***Viramune*** | ***BY*** |

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | ***OCTREOTIDE ACETATE*** | | | | |
| | **Private hospital authority required**<br>***Active acromegaly in a patient with persistent elevation of mean growth hormone levels of greater than 2.5 micrograms per litre AND***<br>***(a) after failure of other therapy including dopamine agonists; or***<br>***(b) as interim treatment while awaiting the effects of radiotherapy and where treatment with dopamine agonists has failed; or***<br>***(c) if the patient is unfit for or unwilling to undergo surgery and where radiotherapy is contraindicated.***<br>***In a patient treated with radiotherapy, treatment must cease if there is biochemical evidence of remission (normal IGF1) after octreotide has been withdrawn for at least 4 weeks. Octreotide should be withdrawn every 2 years in the 10 years after radiotherapy for assessment of remission.***<br>***Treatment must cease if IGF1 is not lower after 3 months treatment at a dose of 100 micrograms 3 times daily;***<br>***Functional carcinoid tumour or vasoactive intestinal peptide secreting tumour (VIPoma) causing intractable symptoms. The patient must have experienced on average over 1 week, 3 or more episodes per day of diarrhoea and/or flushing, which persisted despite the use of anti-histamines, anti-serotonin agents and anti-diarrhoea agents, and surgery or antineoplastic therapy must have failed or be inappropriate.***<br>***Treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 2 months' therapy. Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.*** | | | | |
| ***6227R*** | ***Injection 50 micrograms (base) in 1 mL*** | ***5*** | ***41.76*** | ***Sandostatin 0.05*** | ***NV*** |
| ***6228T*** | ***Injection 100 micrograms (base) in 1 mL*** | ***5*** | ***83.50*** | ***Sandostatin 0.1*** | ***NV*** |
| ***6229W*** | ***Injection 500 micrograms (base) in 1 mL*** | ***5*** | ***417.96*** | ***Sandostatin 0.5*** | ***NV*** |
| | **Private hospital authority required**<br>***Acromegaly in a patient controlled on Sandostatin subcutaneous injections.***<br>***In a patient treated with radiotherapy, treatment must cease if there is biochemical evidence of remission (normal IGF1) after octreotide has been withdrawn for at least 4 weeks (8 weeks after the last dose). Octreotide should be withdrawn every 2 years in the 10 years after radiotherapy for assessment of remission.***<br>***Treatment must cease if IGF1 is not lower after 3 months of treatment;***<br>***Functional carcinoid tumour or vasoactive intestinal peptide secreting tumour (VIPoma) with symptom control on Sandostatin subcutaneous injections.***<br>***Treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 3 months' therapy at a dose of 30 mg every 28 days and having allowed adequate rescue therapy with Sandostatin subcutaneous injections. Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.*** | | | | |
| ***6426F*** | ***Injection (modified release) 10 mg (base) vial and diluent syringe*** | ***1*** | ***1390.00*** | ***Sandostatin LAR*** | ***NV*** |
| ***6427G*** | ***Injection (modified release) 20 mg (base) vial and diluent syringe*** | ***1*** | ***1850.00*** | ***Sandostatin LAR*** | ***NV*** |
| ***6428H*** | ***Injection (modified release) 30 mg (base) vial and diluent syringe*** | ***1*** | ***2315.00*** | ***Sandostatin LAR*** | ***NV*** |
| | ***PEGFILGRASTIM*** | | | | |
| | **Private hospital authority required**<br>***For use in patients undergoing induction and consolidation therapy for acute myeloid leukaemia;***<br>***Patients being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in:***<br>***(a) acute lymphoblastic leukaemia; or***<br>***(b) breast cancer (adjuvant chemotherapy with docetaxel in combination with an anthracycline and cyclophosphamide); or*** | | | | |

continued ☞

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | ***(c) Ewing's sarcoma; or*** | | | | |
| | ***(d) germ cell tumours; or*** | | | | |
| | ***(e) infants and children with CNS tumours; or*** | | | | |
| | ***(f) neuroblastoma; or*** | | | | |
| | ***(g) non-Hodgkin's lymphoma (intermediate or high grade); or*** | | | | |
| | ***(h) osteosarcoma; or*** | | | | |
| | ***(i) relapsed Hodgkin's disease; or*** | | | | |
| | ***(j) rhabdomyosarcoma;*** | | | | |
| | ***Patients with breast cancer receiving standard dose adjuvant chemotherapy who have had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;*** | | | | |
| | ***Patients receiving first-line chemotherapy for Hodgkin's disease who have had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;*** | | | | |
| | ***Patients receiving chemotherapy for myeloma who have had a prior episode of febrile neutropenia, and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned.*** | | | | |
| ***6363X*** | ***Injection 6 mg in 0.6 mL single use pre-filled syringe*** | ***1*** | ***1925.00*** | ***Neulasta*** | ***AN*** |
| | ***PEGINTERFERON ALFA-2a*** | | | | |
| | **CAUTION:** | | | | |
| | ***Treatment with peginterferon alfa has been associated with depression and suicide in some patients. Patients with a history of suicidal ideation or depressive illness should be warned of the risks. Psychiatric status during therapy should be monitored.*** | | | | |
| | **Private hospital authority required** | | | | |
| | ***Monotherapy in patients with chronic hepatitis B and compensated liver disease who satisfy all of the following criteria:*** | | | | |
| | ***(a) (1) Histological evidence of chronic hepatitis on liver biopsy (except in patients with coagulation disorders considered severe enough to prevent liver biopsy);*** | | | | |
| | ***(2) Abnormal serum ALT levels in conjunction with documented chronic hepatitis B infection (HBe antigen positive and/or HBV DNA positive);*** | | | | |
| | ***(3) Have received no prior peginterferon alfa therapy for the treatment of hepatitis B;*** | | | | |
| | ***(4) Female patients of child-bearing age are not pregnant, not breast-feeding, and are using an effective form of contraception;*** | | | | |
| | ***(5) Are not persons with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L).*** | | | | |
| | ***Treatment is limited to 1 course of treatment for a duration of up to 48 weeks;*** | | | | |
| | ***Treatment, managed by an accredited treatment centre, of chronic hepatitis C in patients 18 years or older who have compensated liver disease and who have received no prior interferon alfa or peginterferon alfa treatment for hepatitis C and have a contraindication to ribavirin, who satisfy all of the following criteria:*** | | | | |
| | ***(a) (1) Documented chronic hepatitis C infection (repeatedly anti-HCV positive and HCV RNA positive);*** | | | | |
| | ***(2) Female patients of child-bearing age are not pregnant, not breast-feeding, and are using an effective form of contraception.*** | | | | |
| | ***The treatment course is limited to up to 48 weeks.*** | | | | |
| | ***Patients may only continue treatment after the first 12 weeks if the result of an HCV RNA quantitative assay (performed at the same laboratory using the same test) shows that the plasma HCV RNA has become undetectable or the viral load has decreased by at least a 2 log drop.*** | | | | |

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| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | **NOTE:**<br>***Treatment centres are required to have access to the following appropriate specialist facilities for the provision of clinical support services for hepatitis C:***<br>***(a) a nurse educator/counsellor for patients; and***<br>***(b) 24 hour access by patients to medical advice; and***<br>***(c) an established liver clinic; and***<br>***(d) facilities for safe liver biopsy.*** | | | | |
| ***6439X*** | ***Injection 135 micrograms in 0.5 mL single use pre-filled syringe*** | ***4*** | ***1165.90*** | ***Pegasys*** | ***RO*** |
| ***6449K*** | ***Injection 180 micrograms in 0.5 mL single use pre-filled syringe*** | ***4*** | ***1350.23*** | ***Pegasys*** | ***RO*** |
| | ***PEGINTERFERON ALFA-2b***<br>**CAUTION:**<br>***Treatment with peginterferon alfa has been associated with depression and suicide in some patients. Patients with a history of suicidal ideation or depressive illness should be warned of the risks. Psychiatric status during therapy should be monitored.*** | | | | |
| | **Private hospital authority required**<br>***Treatment, managed by an accredited treatment centre, of chronic hepatitis C in patients 18 years or older who have compensated liver disease and who have received no prior interferon alfa or peginterferon alfa treatment for hepatitis C and have a contraindication to ribavirin, who satisfy all of the following criteria:***<br>***(a) (1) Documented chronic hepatitis C infection (repeatedly anti-HCV positive and HCV RNA positive);***<br>***(2) Female patients of child-bearing age are not pregnant, not breast-feeding, and are using an effective form of contraception.***<br>***The treatment course is limited to up to 48 weeks.***<br>***Patients may only continue treatment after the first 12 weeks if the result of an HCV RNA quantitative assay (performed at the same laboratory using the same test) shows that the plasma HCV RNA has become undetectable or the viral load has decreased by at least a 2 log drop.***<br>**NOTE:**<br>***Treatment centres are required to have access to the following appropriate specialist facilities for the provision of clinical support services for hepatitis C:***<br>***(a) a nurse educator/counsellor for patients; and***<br>***(b) 24 hour access by patients to medical advice; and***<br>***(c) an established liver clinic; and***<br>***(d) facilities for safe liver biopsy.*** | | | | |
| ***6411K*** | ***Powder for injection 50 micrograms with diluent in single use injection pen*** | ***4*** | ***920.00*** | ***PEG-Intron Redipen*** | ***SH*** |
| ***6412L*** | ***Powder for injection 80 micrograms with diluent in single use injection pen*** | ***4*** | ***1472.00*** | ***PEG-Intron Redipen*** | ***SH*** |
| ***6413M*** | ***Powder for injection 100 micrograms with diluent in single use injection pen*** | ***4*** | ***1840.00*** | ***PEG-Intron Redipen*** | ***SH*** |
| ***6414N*** | ***Powder for injection 120 micrograms with diluent in single use injection pen*** | ***4*** | ***2208.00*** | ***PEG-Intron Redipen*** | ***SH*** |
| ***6415P*** | ***Powder for injection 150 micrograms with diluent in single use injection pen*** | ***4*** | ***2760.00*** | ***PEG-Intron Redipen*** | ***SH*** |

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
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***RIBAVIRIN and PEGINTERFERON ALFA-2a***

**CAUTION:**

***Treatment with peginterferon alfa has been associated with depression and suicide in some patients. Patients with a history of suicidal ideation or depressive illness should be warned of the risks. Psychiatric status during therapy should be monitored.***

**CAUTION:**

***Ribavirin is a category X drug and must not be given to pregnant women. Pregnancy in female patients or in the partners of male patients must be avoided during treatment and during the 6 months period after cessation of treatment.***

**Private hospital authority required**

***Treatment, managed by an accredited treatment centre, of chronic hepatitis C in patients 18 years or older who have compensated liver disease and who have received no prior interferon alfa or peginterferon alfa treatment for hepatitis C and who satisfy all of the following criteria:***

***(a) (1) Documented chronic hepatitis C infection (repeatedly anti-HCV positive and HCV RNA positive);***
***(2) Female patients of child-bearing age are not pregnant, not breast-feeding, and both patient and their partner are using effective forms of contraception (one for each partner). Male patients and their partners are using effective forms of contraception (one for each partner). Female partners of male patients are not pregnant.***
***For patients with genotype 2 or 3 hepatitis C without hepatic cirrhosis or bridging fibrosis, the treatment course is limited to 24 weeks. For hepatitis C patients with genotype 1, 4, 5 or 6 and those genotype 2 or 3 patients with hepatic cirrhosis or bridging fibrosis, the treatment course is limited to 48 weeks.***
***Patients with genotype 1, 4, 5 or 6 who are eligible for 48 weeks of treatment may only continue treatment after the first 12 weeks if the result of an HCV RNA quantitative assay (performed at the same laboratory using the same test) shows that the plasma HCV RNA has become undetectable or the viral load has decreased by at least a 2 log drop. (An HCV RNA assay at week 12 is unnecessary for genotype 2 and 3 patients because of the high likelihood of early viral response by week 12).***
***Patients with genotype 1, 4, 5 or 6 who are viral positive at week 12 but have attained at least a 2 log drop in viral load may only continue treatment after the first 24 weeks of treatment if plasma HCV RNA is not detectable by an HCV RNA qualitative assay at week 24. Similarly, genotype 2 or 3 patients with hepatic cirrhosis or bridging fibrosis may only continue treatment after the first 24 weeks if plasma HCV RNA is not detectable by an HCV RNA qualitative assay at week 24. An HCV RNA qualitative assay at week 24 is unnecessary for those patients with genotype 1, 4, 5 or 6 who became viral negative at week 12.***

**NOTE:**

***Treatment centres are required to have access to the following appropriate specialist facilities for the provision of clinical support services for hepatitis C:***
***(a) a nurse educator/counsellor for patients; and***
***(b) 24 hour access by patients to medical advice; and***
***(c) an established liver clinic; and***
***(d) facilities for safe liver biopsy.***

| | | | | | |
|---|---|---|---|---|---|
| ***6389G*** | ***Pack containing 84 tablets ribavirin 200 mg and 4 pre-filled syringes peginterferon alfa-2a injection 135 micrograms*** | ***‡ 1*** | ***1432.08*** | ***Pegasys RBV*** | ***RO*** |
| ***6390H*** | ***Pack containing 112 tablets ribavirin 200 mg and 4 pre-filled syringes peginterferon alfa-2a injection 135 micrograms*** | ***‡ 1*** | ***1520.81*** | ***Pegasys RBV*** | ***RO*** |
| ***6391J*** | ***Pack containing 140 tablets ribavirin 200 mg and 4 pre-filled syringes peginterferon alfa-2a injection 135 micrograms*** | ***‡ 1*** | ***1609.53*** | ***Pegasys RBV*** | ***RO*** |
| ***6392K*** | ***Pack containing 168 tablets ribavirin 200 mg and 4 pre-filled syringes peginterferon alfa-2a injection 135 micrograms*** | ***‡ 1*** | ***1698.26*** | ***Pegasys RBV*** | ***RO*** |
| ***6393L*** | ***Pack containing 84 tablets ribavirin 200 mg and 4 pre-filled syringes peginterferon alfa-2a injection 180 micrograms*** | ***‡ 1*** | ***1616.41*** | ***Pegasys RBV*** | ***RO*** |
| ***6394M*** | ***Pack containing 112 tablets ribavirin 200 mg and 4 pre-filled syringes peginterferon alfa-2a injection 180 micrograms*** | ***‡ 1*** | ***1705.14*** | ***Pegasys RBV*** | ***RO*** |

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| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| *6395N* | ***Pack containing 140 tablets ribavirin 200 mg and 4 pre-filled syringes peginterferon alfa-2a injection 180 micrograms*** | ***‡ 1*** | ***1793.86*** | ***Pegasys RBV*** | ***RO*** |
| *6396P* | ***Pack containing 168 tablets ribavirin 200 mg and 4 pre-filled syringes peginterferon alfa-2a injection 180 micrograms*** | ***‡ 1*** | ***1882.59*** | ***Pegasys RBV*** | ***RO*** |

***RIBAVIRIN and PEGINTERFERON ALFA-2b***

**CAUTION:**

***Treatment with peginterferon alfa has been associated with depression and suicide in some patients. Patients with a history of suicidal ideation or depressive illness should be warned of the risks. Psychiatric status during therapy should be monitored.***

**CAUTION:**

***Ribavirin is a category X drug and must not be given to pregnant women. Pregnancy in female patients or in the partners of male patients must be avoided during treatment and during the 6 months period after cessation of treatment.***

**Private hospital authority required**

***Treatment, managed by an accredited treatment centre, of chronic hepatitis C in patients 18 years or older who have compensated liver disease and who have received no prior interferon alfa or peginterferon alfa treatment for hepatitis C and who satisfy all of the following criteria:***

***(a) (1) Documented chronic hepatitis C infection (repeatedly anti-HCV positive and HCV RNA positive);***
***(2) Female patients of child-bearing age are not pregnant, not breast-feeding, and both patient and their partner are using effective forms of contraception (one for each partner). Male patients and their partners are using effective forms of contraception (one for each partner). Female partners of male patients are not pregnant.***
***For patients with genotype 2 or 3 hepatitis C without hepatic cirrhosis or bridging fibrosis, the treatment course is limited to 24 weeks. For hepatitis C patients with genotype 1, 4, 5 or 6 and those genotype 2 or 3 patients with hepatic cirrhosis or bridging fibrosis, the treatment course is limited to 48 weeks.***
***Patients with genotype 1, 4, 5 or 6 who are eligible for 48 weeks of treatment may only continue treatment after the first 12 weeks if the result of an HCV RNA quantitative assay (performed at the same laboratory using the same test) shows that the plasma HCV RNA has become undetectable or the viral load has decreased by at least a 2 log drop. (An HCV RNA assay at week 12 is unnecessary for genotype 2 and 3 patients because of the high likelihood of early viral response by week 12).***
***Patients with genotype 1, 4, 5 or 6 who are viral positive at week 12 but have attained at least a 2 log drop in viral load may only continue treatment after the first 24 weeks of treatment if plasma HCV RNA is not detectable by an HCV RNA qualitative assay at week 24. Similarly, genotype 2 or 3 patients with hepatic cirrhosis or bridging fibrosis may only continue treatment after the first 24 weeks if plasma HCV RNA is not detectable by an HCV RNA qualitative assay at week 24. An HCV RNA qualitative assay at week 24 is unnecessary for those patients with genotype 1, 4, 5 or 6 who became viral negative at week 12.***

**NOTE:**

***Treatment centres are required to have access to the following appropriate specialist facilities for the provision of clinical support services for hepatitis C:***
***(a) a nurse educator/counsellor for patients; and***
***(b) 24 hour access by patients to medical advice; and***
***(c) an established liver clinic; and***
***(d) facilities for safe liver biopsy.***

| | | | | | |
|---|---|---|---|---|---|
| *6399T* | ***Pack containing 84 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 50 micrograms with diluent*** | ***‡ 1*** | ***1014.02*** | ***Pegatron*** | ***SH*** |
| *6400W* | ***Pack containing 112 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 50 micrograms with diluent*** | ***‡ 1*** | ***1171.51*** | ***Pegatron*** | ***SH*** |
| *6401X* | ***Pack containing 84 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 80 micrograms with diluent*** | ***‡ 1*** | ***1338.96*** | ***Pegatron*** | ***SH*** |

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| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| *6402Y* | *Pack containing 140 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 80 micrograms with diluent* | *‡ 1* | *1496.44* | *Pegatron* | *SH* |
| *6403B* | *Pack containing 168 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 80 micrograms with diluent* | *‡ 1* | *1496.44* | *Pegatron* | *SH* |
| *6404C* | *Pack containing 84 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 100 micrograms with diluent* | *‡ 1* | *1555.58* | *Pegatron* | *SH* |
| *6405D* | *Pack containing 112 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 100 micrograms with diluent* | *‡ 1* | *1713.07* | *Pegatron* | *SH* |
| *6406E* | *Pack containing 84 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 120 micrograms with diluent* | *‡ 1* | *1772.20* | *Pegatron* | *SH* |
| *6407F* | *Pack containing 140 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 120 micrograms with diluent* | *‡ 1* | *1929.69* | *Pegatron* | *SH* |
| *6408G* | *Pack containing 84 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 150 micrograms with diluent* | *‡ 1* | *2097.14* | *Pegatron* | *SH* |
| *6409H* | *Pack containing 140 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 150 micrograms with diluent* | *‡ 1* | *2254.63* | *Pegatron* | *SH* |
| *6410J* | *Pack containing 168 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 150 micrograms with diluent* | *‡ 1* | *2254.63* | *Pegatron* | *SH* |
| | ***RIFABUTIN*** | | | | |
| | **Private hospital authority required**<br>***Treatment of Mycobacterium avium complex infections in HIV-positive patients;***<br>***Prophylaxis against Mycobacterium avium complex infections in HIV-positive patients with CD4 cell counts of less than 75 per cubic millimetre.*** | | | | |
| *6195C* | *Capsule 150 mg* | *30* | *147.00* | *Mycobutin* | *PH* |
| | ***RITONAVIR*** | | | | |
| | **Private hospital authority required**<br>***Treatment of HIV infection in patients with:***<br>***(a) CD4 cell counts of less than 500 per cubic millimetre; or***<br>***(b) viral load of greater than 10,000 copies per mL.*** | | | | |
| *6203L* | *Capsule 100 mg* | *84* | *106.17* | *Norvir* | *AB* |
| *6494T* | *Oral solution 600 mg per 7.5 mL (80 mg per mL), 90 mL* | *1* | *91.00* | *Norvir* | *AB* |

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
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***RITUXIMAB***

**NOTE:**

***Any queries concerning the arrangements to prescribe rituximab may be directed to Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

***Written applications for authority to prescribe rituximab should be forwarded to:***

***Medicare Australia***
***Prior Written Approval of Specialised Drugs***
***Reply Paid 9826***
***GPO Box 9826***
***HOBART TAS 7001***

***Further prescribing information is on the Medicare Australia website at www.medicareaustralia.gov.au.***

**NOTE:**

***TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS***

***The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological disease modifying anti-rheumatic drugs (bDMARDs) for adults with severe active rheumatoid arthritis. Where the term bDMARD appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, etanercept, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab) and the interleukin-1 inhibitor (anakinra).***

***Patients are eligible for PBS-subsidised treatment with only 1 of the above biological disease modifying anti-rheumatic drugs at any 1 time.***

***PBS-subsidised infliximab, anakinra and rituximab must be used in combination with methotrexate at a dose of at least 7.5 mg weekly. Where a patient cannot tolerate 7.5 mg of methotrexate weekly, they are only eligible to receive PBS-subsidised etanercept and adalimumab.***

***In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.***

***From 1 August 2007, under the PBS, all patients will be able to commence a Treatment Cycle where they may trial PBS-subsidised bDMARD agents without having to experience a disease flare when swapping to an alternate agent. Under these interchangeability arrangements, within a single Treatment Cycle, a patient may continue to receive long-term treatment with a bDMARD while they continue to show a response to therapy.***

***A patient who received PBS-subsidised bDMARD treatment prior to 1 August 2007 is considered to be in their first Cycle as of 1 August 2007.***

***Within the same Treatment Cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised bDMARD more than once.***

***Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a Treatment Cycle and they must have, at a minimum, a 5-year break in PBS-subsidised bDMARD therapy before they are eligible to commence the next Cycle.***

***For patients who have failed PBS-subsidised treatment with 3 bDMARDs prior to 1 August 2007 please contact Medicare Australia on 1800 700 270.***

***The 5-year break is measured from the date of the last approval for PBS-subsidised bDMARD treatment in the most recent Cycle to the date of the first application for initial treatment with a bDMARD under the new Treatment Cycle.***

***A patient who has failed fewer than 3 bDMARDs in a Treatment Cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same Treatment Cycle.***

***A patient who has failed fewer than 3 bDMARDs in a Treatment Cycle and who has a break in therapy of more than 5 years, may commence a new Treatment Cycle.***

***There is no limit to the number of Treatment Cycles a patient may undertake in their lifetime.***

***If patients fail to respond to a particular bDMARD within a single Treatment Cycle, they are not eligible to receive further PBS-subsidised treatment with that drug until they commence the next Cycle.***

***(1) How to prescribe PBS-subsidised bDMARD therapy after 1 August 2007.***

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| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
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***(a) Initial treatment.***
***Applications for initial treatment should be made where:***
***(i) a patient has received no prior PBS-subsidised bDMARD treatment in this Treatment Cycle and wishes to commence such therapy, excluding rituximab (Initial 1); or***
***(ii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or***
***(iii) a patient wishes to re-commence treatment with a specific bDMARD following a break in PBS-subsidised therapy with that agent (Initial 2).***

***Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for etanercept, adalimumab and anakinra, 22 weeks of therapy for infliximab and 2 infusions of rituximab.***

***From 1 August 2007, a patient must be assessed for response to any course of initial PBS-subsidised treatment (excluding rituximab) following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.***

***Rituximab patients must be assessed following a minimum of 12 weeks after the first infusion, and this assessment must be submitted to Medicare Australia within 4 weeks.***

***Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.***

***For second and subsequent courses of PBS-subsidised bDMARD (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is submitted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.***

***Rituximab patients:***
***A further application may be submitted to Medicare Australia 24 weeks after the first infusion. New baselines may be submitted with this application if appropriate.***

***(b) Continuing treatment.***
***Following the completion of an initial treatment course with a specific bDMARD (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.***

***It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.***

***Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.***

***Rituximab patients:***
***A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction.***

***Where a response assessment is not submitted to Medicare Australia within these time frames, the patient will be deemed to have failed to respond to treatment with that bDMARD.***

***(2) Swapping therapy.***

***Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to an alternate bDMARD within the same Treatment Cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non-bDMARD therapy requirements. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each bDMARD trialled.***

***Patients who are not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent.***

***A patient may trial an alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug within the same Treatment Cycle.***

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| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
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***In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.***

***To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.***

***PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological agent during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate bDMARD. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate bDMARD may do so without having to have any treatment-free period.***

***To avoid confusion, an application for a patient who wishes to swap to an alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.***

**NOTE:**

***(3) Baseline measurements to determine response.***

***Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a bDMARD. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a Treatment Cycle and Medicare Australia will assess response according to these revised baseline measurements.***

***To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response.***

***(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.***

***A patient who wishes to trial a second or subsequent Treatment Cycle following a break in PBS-subsidised bDMARD therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity. Patients must have received treatment with at least 1 non-biological DMARD, at an adequate dose, for a minimum of 3 months at the time the ESR and/or CRP levels and the active joint count are measured.***

***(5) Patients 'grandfathered' onto PBS-subsidised treatment with rituximab.***

***From 1 August 2007, a patient who commenced treatment with rituximab for severe rheumatoid arthritis prior to 7 March 2007 and who was 'grandfathered' on to PBS-subsidised therapy, and who continues to receive treatment in the same Treatment Cycle, will have further applications for treatment with rituximab assessed under the continuing treatment restriction.***

***'Grandfather' arrangements will only apply for the first Treatment Cycle. For the second and subsequent Cycles, a 'grandfather' patient must requalify for initial treatment under the criteria that applies to a new patient. See 'Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' above for further details.***

**Public and private hospital authority required**

***Initial 2 (change or re-commencement)***

***Application for an initial course of PBS-subsidised treatment with rituximab, in combination with methotrexate at a dose of at least 7.5 mg weekly, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of an adult who:***

***(a) has a documented history of severe active rheumatoid arthritis; and***

***(b) has failed to respond to at least 1 PBS-subsidised TNF-alfa antagonist in this Treatment Cycle; and***

***(c) has not previously failed to respond to PBS-subsidised rituximab in the current Treatment Cycle.***

***Applications for patients who have demonstrated a response to PBS-subsidised rituximab treatment within this Treatment Cycle and who wish to re-commence rituximab treatment within the same Cycle following a break in therapy, will only be approved where evidence of a response to the patient's most recent course of PBS-subsidised rituximab treatment has been submitted to Medicare Australia.***

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| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
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***A patient may qualify to receive a further course of treatment (1 infusion at week 0 and 1 infusion at week 2) every 24 weeks with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. The demonstration of response must be submitted to Medicare Australia within 4 weeks of assessment.***

***The same indices of disease severity used to establish baseline at the commencement of treatment with each initial application must be used for assessment of all continuing applications.***

***The authority application must be made in writing and must include:***
***(1) a completed authority prescription form; and***
***(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [www.medicareaustralia.gov.au].***

***Patients who fail to demonstrate a response to treatment with rituximab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this Treatment Cycle. Patients may re-trial rituximab after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised bDMARD was approved in this Cycle and the date of the first application under the new Cycle.***

***Patients who fail to demonstrate a response to rituximab treatment and who qualify to trial an alternate bDMARD according to the interchangeability arrangements for bDMARDs for the treatment of severe rheumatoid arthritis, may do so without having to have a 22 week treatment-free period.***

***Patients who fail to demonstrate a response to treatment with 3 bDMARDs are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new bDMARD Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised bDMARD was approved in this Cycle and the date of the first application under the new Cycle.***

**Public and private hospital authority required**

***Initial 3 ('grandfather' patients)***
***Initial PBS-subsidised supply for continuing treatment with rituximab, in combination with methotrexate at a dose of at least 7.5 mg weekly, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of an adult who:***
***(a) has a documented history of severe active rheumatoid arthritis; and***
***(b) was receiving treatment with rituximab prior to 7 March 2007; and***
***(c) has demonstrated a response as specified in the criteria for continuing PBS-subsidised treatment with rituximab.***

***The authority application must be made in writing and must include:***
***(1) a completed authority prescription form; and***
***(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [www.medicareaustralia.gov.au] which includes the signed patient acknowledgement form.***

***The same indices of disease severity used to establish baseline at the commencement of treatment with a bDMARD must be used for assessment of all continuing applications.***

***Patients who fail to demonstrate a response to treatment with 3 bDMARDs are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new bDMARD Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised bDMARD was approved in this Cycle and the date of the first application under the new Cycle.***

***Patients can qualify for PBS-subsidised treatment under this criteria once only.***

**Public and private hospital authority required**

***Continuing treatment***
***Continuing PBS-subsidised treatment with rituximab, in combination with methotrexate at a dose of at least 7.5 mg weekly, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of an adult:***
***(a) who has a documented history of severe active rheumatoid arthritis; and***
***(b) who has demonstrated an adequate response to treatment with rituximab; and***
***(c) whose most recent course of PBS-subsidised bDMARD treatment in this Treatment Cycle was with rituximab.***

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| | ***An adequate response to treatment is defined as:***<br>***an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;***<br>***AND either of the following:***<br>***(i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or***<br>***(ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:***<br>***— elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or***<br>***— shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).***<br>***The authority application must be made in writing and must include:***<br>***(1) a completed authority prescription form; and***<br>***(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [www.medicareaustralia.gov.au].***<br>***Patients may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. The demonstration of response must be submitted to Medicare Australia within 4 weeks of assessment.***<br>***The same indices of disease severity used to establish baseline at the commencement of treatment with each initial application must be used for assessment of all continuing applications.***<br>***Patients who fail to demonstrate a response to treatment with 3 bDMARDs are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new bDMARD Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised bDMARD was approved in this Cycle and the date of the first application under the new Cycle.*** | | | | |
| ***9611W*** | ***Solution for I.V. infusion 500 mg in 50 mL*** | ***1*** | ***2263.57*** | ***Mabthera*** | ***RO*** |
| | ***SAQUINAVIR MESYLATE***<br><br>**Private hospital authority required**<br>***Treatment of HIV infection in patients with:***<br>***(a) CD4 cell counts of less than 500 per cubic millimetre; or***<br>***(b) viral load of greater than 10,000 copies per mL.*** | | | | |
| ***6199G*** | ***Capsule 200 mg (base)*** | ***270*** | ***455.00*** | ***Invirase*** | ***RO*** |
| ***6498B*** | ***Tablet 500 mg (base)*** | ***120*** | ***505.56*** | ***Invirase*** | ***RO*** |
| | ***SILDENAFIL CITRATE***<br>**NOTE:**<br>***Any queries concerning the arrangements to prescribe sildenafil citrate may be directed to Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***<br>***Written applications for authority to prescribe sildenafil citrate should be forwarded to:***<br>***Medicare Australia***<br>***Prior Written Approval of Specialised Drugs***<br>***Reply Paid 9826***<br>***GPO Box 9826***<br>***HOBART TAS 7001*** | | | | |

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**NOTE:**

***Sildenafil citrate is not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with scleroderma, where the total lung capacity is less than 70% of that predicted.***

***Sildenafil citrate is not PBS-subsidised when used in combination with PBS-subsidised bosentan monohydrate, PBS-subsidised iloprost trometamol, or PBS-subsidised epoprostenol sodium.***

***The following provides some explanatory notes regarding the availability of PBS-subsidised treatment with:***
***(a) bosentan monohydrate, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to scleroderma, in patients with disease of WHO Functional Class III or IV severity; AND***
***(b) iloprost trometamol, of primary pulmonary hypertension, drug-induced pulmonary arterial hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in adult patients with disease of WHO Functional Class III or IV severity; AND***
***(c) epoprostenol sodium, of primary pulmonary hypertension, in patients with disease of WHO Functional Class III or IV severity; AND***
***(d) sildenafil citrate, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity.***

***Adult patients:***
***From 1 March 2007, adult patients with primary pulmonary hypertension will be able to access, through the PBS, bosentan monohydrate, iloprost trometamol, epoprostenol sodium or sildenafil citrate (WHO Class III only). Once these patients are approved initial treatment with 1 of these 4 drugs, they may swap between bosentan monohydrate, iloprost trometamol, epoprostenol sodium and sildenafil citrate at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted. It also means that no new baseline measurements will be necessary (unless the prescriber wishes to submit new baselines).***

***Patients may only swap to bosentan monohydrate, iloprost trometamol, epoprostenol sodium or sildenafil citrate if they have not failed prior PBS-subsidised treatment with that drug.***

***Adult patients with pulmonary arterial hypertension secondary to scleroderma will be able to access, through the PBS, bosentan monohydrate, iloprost trometamol or sildenafil citrate (WHO Class III only). Once these patients are approved initial treatment with 1 of these 3 drugs, they may swap between bosentan monohydrate, iloprost trometamol and sildenafil citrate at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted. It also means that no new baseline measurements will be necessary (unless the prescriber wishes to submit new baselines).***

***Patients may only swap to bosentan monohydrate, iloprost trometamol or sildenafil citrate if they have not failed prior PBS-subsidised treatment with that drug.***

***Adult patients with pulmonary arterial hypertension secondary to connective tissue disease other than scleroderma will be able to access, through the PBS, iloprost trometamol or sildenafil citrate (WHO Class III only). Once these patients are approved initial treatment with 1 of these 2 drugs, they may swap between iloprost trometamol and sildenafil citrate at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted. It also means that no new baseline measurements will be necessary (unless the prescriber wishes to submit new baselines).***

***Patients may only swap to iloprost trometamol or sildenafil citrate if they have not failed prior PBS-subsidised treatment with that drug.***

***Patients with drug-induced pulmonary arterial hypertension are only eligible for treatment with iloprost trometamol. They may not swap to bosentan monohydrate, epoprostenol sodium or sildenafil citrate.***

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***Patients under 18 years of age:***
***From 1 March 2007, patients aged less than 18 years with primary pulmonary hypertension are eligible to receive PBS-subsidised treatment with bosentan monohydrate, epoprostenol sodium or sildenafil citrate (WHO Class III only). Once these patients are approved initial treatment with 1 of these 3 drugs, they may swap between bosentan monohydrate, epoprostenol sodium and sildenafil citrate at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted. It also means that no new baseline measurements will be necessary (unless the prescriber wishes to submit new baselines). They may qualify for treatment with iloprost trometamol when they are aged 18 years or older.***

***Patients may only swap to bosentan monohydrate, epoprostenol sodium or sildenafil citrate if they have not failed prior PBS-subsidised treatment with that drug.***

***1. Definition of primary pulmonary hypertension, drug-induced pulmonary arterial hypertension or pulmonary arterial hypertension secondary to connective tissue disease, including scleroderma.***

***Primary pulmonary hypertension, drug-induced pulmonary arterial hypertension or pulmonary arterial hypertension secondary to connective tissue disease, including scleroderma, are defined as follows:***
***(i) mean pulmonary artery pressure (mPAP) greater than 25 mmHg at rest and pulmonary capillary wedge pressure (PCWP) less than 18 mmHg; or***
***(ii) mPAP greater than 30 mmHg with exercise and PCWP less than 18 mmHg; or***
***(iii) where a right heart catheter cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.***

***2. Definition of WHO Functional Class III or IV disease severity.***

***(a) WHO Functional Class III disease severity is defined as follows:***
***Patients with pulmonary hypertension resulting in marked limitation of physical activity who are comfortable at rest and on ordinary physical activity experience dyspnoea or fatigue, chest pain or near syncope.***
***(b) WHO Functional Class IV disease severity is defined as follows:***
***Patients with the inability to carry out any physical activity without symptoms. These patients manifest signs of right heart failure. Dyspnoea and/or fatigue may even be present at rest. Discomfort is increased by any physical activity.***

***3. Designated hospitals.***

***Refer to the Medicare Australia website at www.medicareaustralia.gov.au for a list of designated hospitals.***

***4. Test requirements to establish baseline for initiation of treatment and response to treatment for continuation of treatment.***

***(a) Initiation of treatment.***
***(i) New patients.***
***The first written application for PBS-subsidised treatment with the first of either bosentan monohydrate, iloprost trometamol, epoprostenol sodium or sildenafil citrate should be accompanied by the results of a right heart catheter (RHC) composite assessment, plus an echocardiograph (ECHO) composite assessment, plus a 6 minute walk test (6MWT) to establish the patient's baseline measurements.***

***Where it is not possible to perform all 3 tests above on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:***
***(1) RHC plus ECHO composite assessments;***
***(2) RHC composite assessment plus 6MWT;***
***(3) RHC composite assessment only.***

***In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted to Medicare Australia for consideration based on the results of the following test combinations, which are listed in descending order of preference:***
***(1) ECHO composite assessment plus 6MWT;***
***(2) ECHO composite assessment only.***

***Where fewer than 3 tests are able to be performed on clinical grounds, a reason outlining why the particular test/s could not be conducted must be provided with the authority application.***

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***Where patients were initiated on PBS-subsidised treatment either with bosentan monohydrate on or after 1 March 2004, with iloprost trometamol on or after 1 April 2005, with epoprostenol sodium on or after 1 August 2006 or with sildenafil citrate on or after 1 March 2007, the test results provided with the initial application must be no more than 2 months old at the time of application. These results will form the baseline against which response assessments will be made.***

***Where patients received treatment with either bosentan monohydrate, iloprost trometamol, epoprostenol sodium or sildenafil citrate prior to being commenced on PBS-subsidised treatment with the first of either bosentan monohydrate, iloprost trometamol, epoprostenol sodium or sildenafil citrate, the test requirements above still apply. The results that will form the baseline against which response assessments will be made will be those measured at the time patients commenced non-PBS-subsidised treatment with either bosentan monohydrate, iloprost trometamol, epoprostenol sodium or sildenafil citrate, whichever of the 4 drugs the patient received first.***

**NOTE:**

***(ii) Patients who received non-PBS-subsidised treatment with sildenafil citrate prior to 1 March 2007.***
***For patients with primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease who were commenced on sildenafil citrate treatment prior to 1 March 2007 and who have received less than 6 months of treatment with sildenafil citrate at the time of application, the first application for PBS-subsidised treatment must include, where available, all 3 test results at the time that the patient commenced treatment with sildenafil citrate, epoprostenol sodium, bosentan monohydrate or iloprost trometamol, whichever was initiated first.***

***For patients with primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease who were commenced on sildenafil citrate treatment prior to 1 March 2007 and who have received 6 or more months of treatment at the time of application, the first application for PBS-subsidised treatment must include, where available, all 3 test results at the time that the patient commenced treatment with sildenafil citrate, epoprostenol sodium, bosentan monohydrate or iloprost trometamol, whichever was initiated first. The results at the time of application for initial PBS-subsidised treatment must also be provided and must be no older than 3 months.***

***(b) Continuation of treatment.***
***The following list outlines the preferred test combination, in descending order, for the purposes of continuation of PBS-subsidised treatment:***
***(1) RHC plus ECHO composite assessments plus 6MWT;***
***(2) RHC plus ECHO composite assessments;***
***(3) RHC composite assessment plus 6MWT;***
***(4) ECHO composite assessment plus 6MWT;***
***(5) RHC composite assessment only;***
***(6) ECHO composite assessment only.***

***The results of the same tests as conducted at baseline should be provided with each written continuing treatment application (i.e. every 6 months), except for patients who were able to undergo all 3 tests at baseline, and whose subsequent ECHO and 6MWT results demonstrate disease stability or improvement, in which case RHC can be omitted. In all other patients, where the same test(s) conducted at baseline cannot be performed for assessment of response on clinical grounds, a reason why the test(s) could not be conducted must be provided with the application.***

***The test(s) results provided with the application for continuing treatment must be no more than 2 months old at the time of application.***

***5. Definition of response to sildenafil citrate, bosentan monohydrate, iloprost trometamol, epoprostenol sodium or prior vasodilator treatment.***

***For adult patients with 2 or more baseline tests, response to treatment is defined as 2 or more tests demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.***

***For adult patients with a RHC composite assessment alone at baseline, response to treatment is defined as a RHC result demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.***

***For adult patients with an ECHO composite assessment alone at baseline, response to treatment is defined as an ECHO result demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.***

***For patients aged less than 18 years, response to treatment is defined as at least 1 of the baseline tests demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.***

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***6. Authority approval requirements. [The following 2 sections are only relevant to the PBS listing of sildenafil citrate. The requirements specific to bosentan monohydrate, iloprost trometamol and epoprostenol sodium are given in parts 6 and 7 of the NOTE included in the bosentan monohydrate, iloprost trometamol and epoprostenol sodium Schedule entry respectively.]***

***(a) Initiation of PBS-subsidised treatment with sildenafil citrate, where the patient has not received prior PBS-subsidised treatment with bosentan monohydrate, iloprost trometamol or epoprostenol sodium.***
***All applications for initial treatment must be made in writing, must include an authority prescription and must be submitted to Medicare Australia for authorisation. The total duration of initial PBS-subsidised treatment that will be approved with this first written application is up to 6 months.***

***Patients who commence PBS-subsidised sildenafil citrate treatment after 1 March 2007 and patients who received 6 or more months of sildenafil citrate treatment prior to 1 March 2007 are eligible to receive up to 6 months of treatment per authority application.***

***Patients who commenced treatment with sildenafil citrate prior to 1 March 2007 and who have received less than 6 months of treatment at the time of application are eligible to receive sufficient supply to allow the patient to complete a total of 6 months of combined PBS-subsidised and non-PBS-subsidised treatment.***

***All patients with primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease who commenced treatment with sildenafil citrate prior to 1 March 2007 will be eligible to commence PBS-subsidised treatment with sildenafil citrate. Thereafter, to be eligible for further PBS-subsidised supply, these patients must demonstrate a response to sildenafil citrate treatment, as defined above under definition of response.***

***(b) Continuation of treatment.***
***Written applications for continuing treatment must be submitted to Medicare Australia for authorisation every 6 months. Approvals will be limited to provide sufficient supply for up to a maximum of 6 months of treatment, based on the dosage recommendations in the TGA-approved Product Information.***

***Applications for continuing treatment will only be approved for patients who have currently demonstrated a response to treatment with sildenafil citrate.***

***The assessment of the patient's response to the first and subsequent 6 month courses of treatment should be made following the preceding 5 months of treatment, in order to allow sufficient time for a response to be demonstrated. Applications for continuing treatment with sildenafil citrate should be made prior to the completion of the 6 month treatment course to ensure continuity for those patients who respond to treatment, as assessed by the treating physician.***

***(c) Swapping between bosentan monohydrate, iloprost trometamol, epoprostenol sodium and sildenafil citrate.***
***For eligible patients, applications to swap between these 4 drugs must be made under the relevant initial treatment restriction. Patients should be assessed for response to the treatment they are ceasing at the time the application to swap therapy is being made. Patients who fail to demonstrate a response or for whom no assessment results are submitted with the application to swap therapy may not re-commence PBS-subsidised treatment with the drug they are ceasing.***

***It is important that patients are assessed for response to every course of treatment approved within the timeframes specified in the relevant restriction, in order to maximise the choice of treatment.***

***To avoid confusion, applications for patients who wish to swap to an alternate treatment should be accompanied by the previously approved authority prescription, or remaining repeats, for the treatment the patient is ceasing.***

***(d) Cessation of treatment.***
***Patients who fail to demonstrate a response to PBS-subsidised sildenafil citrate treatment at the times where an assessment is required must cease PBS-subsidised sildenafil citrate therapy.***

***7. Re-treatment with sildenafil citrate.***

***Patients who do not respond to treatment are not eligible to receive further PBS-subsidised treatment with sildenafil citrate under any circumstances.***

***8. Further information.***

***A tabulated representation of the above information and the restriction can be obtained from the Medicare Australia website at www.medicareaustralia.gov.au.***

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**Public and private hospital authority required**

***Initial (new patients)***

***Application for initial PBS-subsidised treatment with sildenafil citrate of patients who have not received prior PBS-subsidised treatment with bosentan monohydrate, iloprost trometamol or epoprostenol sodium and who have been assessed by a physician from a designated hospital to have:***

***(a) WHO Functional Class III primary pulmonary hypertension and a mean right atrial pressure of 8 mmHg or less, as measured by RHC, unless a RHC is contraindicated on clinical grounds; OR***

***(b) WHO Functional Class III pulmonary arterial hypertension secondary to connective tissue disease and a mean right atrial pressure of 8 mmHg or less, as measured by RHC, unless a RHC is contraindicated on clinical grounds.***

***Patients must have failed to respond [see Note for definition of response] to 6 or more weeks of appropriate vasodilator treatment unless intolerance or a contraindication to such treatment exists.***

***In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted to Medicare Australia for consideration based on the test results of the ECHO composite assessment plus 6MWT or the ECHO composite assessment only.***

***Applications for authorisation must be in writing and must include:***

***(1) a completed authority prescription form [see Note for authority approval requirements]; and***

***(2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:***

***(i) RHC composite assessment; and***

***(ii) ECHO composite assessment; and***

***(iii) 6MWT; and***

***(3) a signed patient acknowledgment form indicating that the patient understands and acknowledges that PBS-subsidised treatment with sildenafil citrate for primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, OR with epoprostenol sodium for primary pulmonary hypertension, OR with iloprost trometamol for primary pulmonary hypertension, drug-induced pulmonary arterial hypertension or pulmonary arterial hypertension secondary to connective tissue disease, OR with bosentan monohydrate for primary pulmonary hypertension or pulmonary arterial hypertension secondary to scleroderma, will cease if the treating physician determines that the patient has not achieved a response to treatment [see Note for definition of response].***

***Details of prior vasodilator treatment, including the dose and duration of treatment, must be provided at the time of application. Where the patient is commenced on sildenafil citrate treatment due to an adverse event or a contraindication to vasodilator treatment, details on the nature of the adverse event or contraindication according to the TGA-approved Product Information must also be provided with the application.***

***Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].***

***The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

**Public and private hospital authority required**

***Initial (new patients)***

***Application for initial PBS-subsidised treatment with sildenafil citrate of patients who have not received prior PBS-subsidised treatment with bosentan monohydrate, iloprost trometamol or epoprostenol sodium and who have been assessed by a physician from a designated hospital to have:***

***(a) WHO Functional Class III primary pulmonary hypertension and a mean right atrial pressure greater than 8 mmHg, as measured by RHC, unless a RHC is contraindicated on clinical grounds; OR***

***(b) WHO Functional Class III pulmonary arterial hypertension secondary to connective tissue disease and a mean right atrial pressure greater than 8 mmHg, as measured by RHC, unless a RHC is contraindicated on clinical grounds.***

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***In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted to Medicare Australia for consideration based on the test results of the ECHO composite assessment plus 6MWT or the ECHO composite assessment only.***

***Applications for authorisation must be in writing and must include:***
***(1) a completed authority prescription form [see Note for authority approval requirements]; and***
***(2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:***
***(i) RHC composite assessment; and***
***(ii) ECHO composite assessment; and***
***(iii) 6MWT; and***
***(3) a signed patient acknowledgment form indicating that the patient understands and acknowledges that PBS-subsidised treatment with sildenafil citrate for primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, OR with epoprostenol sodium for primary pulmonary hypertension, OR with iloprost trometamol for primary pulmonary hypertension, drug-induced pulmonary arterial hypertension or pulmonary arterial hypertension secondary to connective tissue disease, OR with bosentan monohydrate for primary pulmonary hypertension or pulmonary arterial hypertension secondary to scleroderma, will cease if the treating physician determines that the patient has not achieved a response to treatment [see Note for definition of response].***

***Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].***

***The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

**Public and private hospital authority required**

***Initial (grandfather patients)***
***Application for initial PBS-subsidised treatment with sildenafil citrate of patients who were receiving treatment with sildenafil citrate prior to 1 March 2007, who have not received prior PBS-subsidised treatment with bosentan monohydrate, iloprost trometamol or epoprostenol sodium and who have been assessed by a physician from a designated hospital to have:***
***(a) WHO Functional Class III primary pulmonary hypertension; OR***
***(b) WHO Functional Class III pulmonary arterial hypertension secondary to connective tissue disease.***

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***Applications for authorisation must be in writing and must include:***
***(1) a completed authority prescription form [see Note for authority approval requirements]; and***
***(2) (a) for patients who have received less than 6 months of sildenafil citrate treatment at the time of application — a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results of the following 3 tests, where available, at the time treatment with sildenafil citrate was commenced:***
***(i) RHC composite assessment; and***
***(ii) ECHO composite assessment; and***
***(iii) 6MWT; or***
***(b) for patients who have received 6 or more months of sildenafil citrate treatment at the time of application — a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results of the following 3 tests, both at the time treatment with sildenafil citrate was commenced and at the time of application, where available:***
***(i) RHC composite assessment; and***
***(ii) ECHO composite assessment; and***
***(iii) 6MWT; and***
***(3) the date of commencement of sildenafil citrate treatment; and***
***(4) a signed patient acknowledgment form indicating that the patient understands and acknowledges that PBS-subsidised treatment with sildenafil citrate for primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, OR epoprostenol sodium for primary pulmonary hypertension, OR with iloprost trometamol for primary pulmonary hypertension, drug-induced pulmonary arterial hypertension or pulmonary arterial hypertension secondary to connective tissue disease, OR with bosentan monohydrate for primary pulmonary hypertension or pulmonary arterial hypertension secondary to scleroderma, will cease if the treating physician determines that the patient has not achieved a response to treatment [see Note for definition of response].***

***Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].***

***The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. The number of repeats authorised will be dependent on the duration of prior sildenafil citrate therapy. Where patients have received less than 6 months of non-PBS-subsidised treatment with sildenafil citrate, sufficient repeats to allow the patient to complete a total of 6 months of combined PBS-subsidised and non-PBS-subsidised therapy may be requested. Where patients have received 6 months or more of non-PBS-subsidised treatment with sildenafil citrate, a maximum of 5 repeats may be requested. Where fewer than the maximum allowable number of repeats are requested at the time of application, authority approvals for the remainder of the allowable repeats may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

**Public and private hospital authority required**
***Initial (change or re-commencement for all patients)***
***Application for initial PBS-subsidised treatment with sildenafil citrate of patients with either of the following:***
***(a) WHO Class III primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease who wish to re-commence PBS-subsidised sildenafil citrate after a break in therapy and who have demonstrated a response to their most recent course of PBS-subsidised treatment with sildenafil citrate; OR***
***(b) WHO Class III primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease and whose most recent course of PBS-subsidised treatment was with iloprost trometamol; OR***
***(c) WHO Class III primary pulmonary hypertension or pulmonary arterial hypertension secondary to scleroderma and whose most recent course of PBS-subsidised treatment was with bosentan monohydrate; OR***
***(d) WHO Class III primary pulmonary hypertension and whose most recent course of PBS-subsidised treatment was with epoprostenol sodium.***

continued ☞

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | ***Applications for authorisation must be in writing and must include:***<br>***(1) a completed authority prescription form [see Note for authority approval requirements]; and***<br>***(2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes the results on which approval for the first application for PBS-subsidised sildenafil citrate, epoprostenol sodium, iloprost trometamol or bosentan, monohydrate, whichever was initiated first, was granted; and***<br>***(3) the date of the first application for PBS-subsidised treatment with sildenafil citrate, epoprostenol sodium, iloprost trometamol or bosentan monohydrate, whichever was initiated first; and***<br>***(4) the results of the patient's response to treatment with their last course of PBS-subsidised sildenafil citrate, epoprostenol sodium, iloprost trometamol or bosentan monohydrate.***<br>***The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***<br><br>**Public and private hospital authority required**<br>***Continuing treatment (all patients)***<br>***Continuing PBS-subsidised treatment with sildenafil citrate of patients who have received approval for initial PBS-subsidised treatment with sildenafil citrate, and who have been assessed by a physician from a designated hospital to have achieved a response to their most recent course of sildenafil citrate treatment [see Note for definition of response].***<br>***Applications for authorisation must be in writing and must include:***<br>***(1) a completed authority prescription form; and***<br>***(2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:***<br>***(i) RHC composite assessment; and***<br>***(ii) ECHO composite assessment; and***<br>***(iii) 6MWT.***<br>***Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].***<br>***The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).*** | | | | |
| ***9605M*** | ***Tablet 20 mg (base)*** | ***90*** | ***898.43*** | ***Revatio*** | ***PF*** |
| | ***SIROLIMUS***<br>**CAUTION:**<br>***Careful monitoring of patients is mandatory.***<br><br>**Private hospital authority required**<br>***Management of rejection, under the supervision and direction of a transplant unit, in patients receiving this drug for prophylaxis of renal allograft rejection. Management includes initiation, stabilisation and review of therapy as required.*** | | | | |
| ***6436R*** | ***Tablet 1 mg*** | ***100*** | ***723.33*** | ***Rapamune*** | ***WX*** |
| ***6457W*** | ***Tablet 2 mg*** | ***100*** | ***1446.67*** | ***Rapamune*** | ***WX*** |
| ***6437T*** | ***Oral solution 1 mg per mL, 60 mL*** | ***1*** | ***434.00*** | ***Rapamune*** | ***WX*** |

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | ***STAVUDINE*** | | | | |
| | **Private hospital authority required**<br>***Treatment of HIV infection in patients with:***<br>***(a) CD4 cell counts of less than 500 per cubic millimetre; or***<br>***(b) viral load of greater than 10,000 copies per mL.*** | | | | |
| ***6186N*** | ***Capsule 20 mg*** | ***60*** | ***280.00*** | ***Zerit*** | ***BQ*** |
| ***6189R*** | ***Capsule 30 mg*** | ***60*** | ***333.68*** | ***Zerit*** | ***BQ*** |
| ***6190T*** | ***Capsule 40 mg*** | ***60*** | ***444.90*** | ***Zerit*** | ***BQ*** |
| ***6250Y*** | ***Powder for oral solution 1 mg per mL, 200 mL*** | ***1*** | ***55.56*** | ***Zerit*** | ***BQ*** |
| | ***TACROLIMUS***<br>**CAUTION:**<br>***Careful monitoring of patients is mandatory.*** | | | | |
| | **Private hospital authority required**<br>***Management of rejection, under the supervision and direction of a transplant unit, in patients receiving this drug for:***<br>***(a) prophylaxis and treatment of liver allograft rejection. Management includes initiation, stabilisation and review of therapy as required; or***<br>***(b) prophylaxis and treatment of renal allograft rejection. Management includes initiation, stabilisation and review of therapy as required.*** | | | | |
| ***6328C*** | ***Capsule 500 micrograms*** | ***100*** | ***187.34*** | ***Prograf*** | ***JC*** |
| ***6216E*** | ***Capsule 1 mg*** | ***100*** | ***374.67*** | ***Prograf*** | ***JC*** |
| ***6217F*** | ***Capsule 5 mg*** | ***50*** | ***936.68*** | ***Prograf*** | ***JC*** |
| | ***TENOFOVIR DISOPROXIL FUMARATE*** | | | | |
| | **Private hospital authority required**<br>***Treatment of HIV infection in patients with:***<br>***(a) CD4 cell counts of less than 500 per cubic millimetre; or***<br>***(b) viral load of greater than 10,000 copies per mL.*** | | | | |
| ***6358P*** | ***Tablet 300 mg*** | ***30*** | ***483.10*** | ***Viread*** | ***GI*** |
| | ***TENOFOVIR DISOPROXIL FUMARATE with EMTRICITABINE*** | | | | |
| | **Private hospital authority required**<br>***Treatment of HIV infection in patients with:***<br>***(a) CD4 cell counts of less than 500 per cubic millimetre; or***<br>***(b) viral load of greater than 10,000 copies per mL.*** | | | | |
| ***6468K*** | ***Tablet 300 mg-200 mg*** | ***30*** | ***765.10*** | ***Truvada*** | ***GI*** |

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | ***THALIDOMIDE*** | | | | |
| | **CAUTION:** | | | | |
| | ***Thalidomide is a category X drug and must not be given to pregnant women. Pregnancy in female patients or in the partners of male patients must be avoided during treatment and for 1 month after cessation of treatment.*** | | | | |
| | **Private hospital authority required** | | | | |
| | ***Relapsed or refractory multiple myeloma in patients who have failed at least 1 other treatment.*** | | | | |
| | **NOTE:** | | | | |
| | ***Patients receiving thalidomide under the PBS listing must be registered in the Pharmion Risk Management Program.*** | | | | |
| ***6469L*** | ***Capsule 50 mg*** | ***28*** | ***420.00*** | ***Thalidomide Pharmion*** | ***PI*** |
| | ***TIPRANAVIR*** | | | | |
| | **Private hospital authority required** | | | | |
| | ***Treatment, in combination with other antiretroviral agents, and co-administered with 200 mg ritonavir twice daily, of HIV infection in antiretroviral experienced adults with:*** | | | | |
| | ***(a) evidence of HIV replication (viral load greater than 10,000 copies per mL); and/or*** | | | | |
| | ***(b) CD4 cell counts of less than 500 per cubic millimetre.*** | | | | |
| | ***Patients must have failed previous treatment with, or have resistance to, 3 different antiretroviral regimens which have included:*** | | | | |
| | ***(i) at least 1 non-nucleoside reverse transcriptase inhibitor; and*** | | | | |
| | ***(ii) at least 1 nucleoside reverse transcriptase inhibitor; and*** | | | | |
| | ***(iii) at least 2 protease inhibitors.*** | | | | |
| ***9610T*** | ***Capsule 250 mg*** | ***120*** | ***1071.00*** | ***Aptivus*** | ***BY*** |
| | ***NOTE:*** | | | | |
| | ***This price is based on special supply arrangements—see Pharmaceutical Benefits Pricing Authority relativity sheet for full details.*** | | | | |
| | ***VALACICLOVIR HYDROCHLORIDE*** | | | | |
| | **Private hospital authority required** | | | | |
| | ***Prophylaxis of cytomegalovirus (CMV) infection and disease following renal transplantation in patients at risk of CMV disease.*** | | | | |
| ***6280M*** | ***Tablet 500 mg (base)*** | ***100*** | ***423.18*** | ***Valtrex*** | ***GK*** |
| | ***VALGANCICLOVIR HYDROCHLORIDE*** | | | | |
| | **Private hospital authority required** | | | | |
| | ***Cytomegalovirus retinitis in patients with acquired immunodeficiency syndrome;*** | | | | |
| | ***Prophylaxis of cytomegalovirus infection and disease in solid organ transplant patients at risk of cytomegalovirus disease.*** | | | | |
| ***6357N*** | ***Tablet 450 mg (base)*** | ***60*** | ***2245.80*** | ***Valcyte*** | ***RO*** |
| | ***ZIDOVUDINE*** | | | | |
| | **Private hospital authority required** | | | | |
| | ***Treatment of HIV infection in patients with:*** | | | | |
| | ***(a) CD4 cell counts of less than 500 per cubic millimetre; or*** | | | | |
| | ***(b) viral load of greater than 10,000 copies per mL.*** | | | | |
| ***6153W*** | ***Capsule 100 mg*** | ***100*** | ***205.46*** | ***Retrovir*** | ***GK*** |

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| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| *6154X* | *Capsule 250 mg* | *60* | *308.19* | *Retrovir* | *GK* |
| *6155Y* | *Syrup 10 mg per mL, 200 mL* | *1* | *41.09* | *Retrovir* | *GK* |

***ZOLEDRONIC ACID***

**Private hospital authority required**

***Multiple myeloma;***

***Bone metastases from breast cancer;***

***Bone metastases from hormone-resistant prostate cancer, with demonstration of biochemical progression of disease despite maximal therapy with hormonal treatments;***

***Treatment of hypercalcaemia of malignancy refractory to anti-neoplastic therapy.***

| | | | | | |
|---|---|---|---|---|---|
| *6371H* | *Injection concentrate for I.V. infusion 4 mg in 5 mL* | *1* | *450.00* | *Zometa* | *NV* |

***NOTE:***

***This price is based on special supply arrangements—see Pharmaceutical Benefits Pricing Authority relativity sheet for full details.***

## BOTULINUM TOXIN PROGRAM

***BOTULINUM TOXIN TYPE A PURIFIED NEUROTOXIN COMPLEX***

**NOTE:**

***Arrangements to prescribe this item should be made by medical practitioners with Medicare Australia, contact telephone number 1800 700 270.***

***Treatment of blepharospasm associated with dystonia, including benign blepharospasm and VIIth nerve disorders (hemifacial spasm) in patients 12 years and older;***

***Treatment of dynamic equinus foot deformity due to spasticity in ambulant paediatric cerebral palsy patients 2 years of age or older;***

***Treatment of spasmodic torticollis, either as monotherapy or as adjunctive therapy to current standard care.***

| | | | | | |
|---|---|---|---|---|---|
| *6103F* | *Lyophilised powder for I.M. injection 100 units vial* | *1* | *415.50* | *Botox* | *AG* |

***NOTE:***

***The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.***

***CLOSTRIDIUM BOTULINUM TYPE A TOXIN—HAEMAGGLUTININ COMPLEX***

**NOTE:**

***Arrangements to prescribe this item should be made by medical practitioners with Medicare Australia, contact telephone number 1800 700 270.***

***Treatment of dynamic equinus foot deformity due to spasticity in ambulant paediatric cerebral palsy patients 2 years of age or older;***

***Treatment of spasmodic torticollis, either as monotherapy or as adjunctive therapy to current standard care.***

| | | | | | |
|---|---|---|---|---|---|
| *6293F* | *Lyophilised powder for I.M. injection 500 units vial* | *1* | *650.00* | *Dysport* | *IS* |

***NOTE:***

***The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.***

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | **HUMAN GROWTH HORMONE PROGRAM** | | | | |
| | ***SOMATROPIN (Recombinant human growth hormone)*** | | | | |
| | ***Short stature in accordance with the 'Guidelines for the Availability of Human Growth Hormone (hGH) as a Pharmaceutical Benefit'.*** | | | | |
| | ***NOTE:*** | | | | |
| | ***These guidelines may be obtained from the Department of Health and Ageing's internet site at http://www.health.gov.au/internet/wcms/publishing.nsf/Content/ pbs-hghguidelines-contents, or from:*** | | | | |
| | ***Growth Hormone Program<br>Access and Systems Branch<br>Department of Health and Ageing<br>GPO Box 9848<br>CANBERRA ACT 2601<br>Contact telephone number (02) 6289 7274*** | | | | |
| ***6330E*** | ***Injection 5 mg (15 i.u.) in 1 mL cartridge (with preservative)*** | ***1*** | ***247.50*** | ***Genotropin*** | ***PH*** |
| ***6476W*** | ***Solution for injection 5 mg (15 i.u.) in 1.5 mL cartridge (with preservative)*** | ***1*** | ***247.50*** | ***Omnitrope*** | ***SZ*** |
| ***6295H*** | ***Solution for injection 5 mg (15 i.u.) in 1.5 mL cartridge (with preservative)*** | ***1*** | ***247.50*** | ***Norditropin SimpleXx*** | ***NO*** |
| ***6465G*** | ***Solution for injection 5 mg (15 i.u.) in 1.5 mL cartridge (with preservative)*** | ***1*** | ***315.50*** | ***Norditropin NordiFlex*** | ***NO*** |
| | ***NOTE:*** | | | | |
| | ***This price is based on special supply arrangements—see Pharmaceutical Benefits Pricing Authority relativity sheet for full details.*** | | | | |
| ***6169Q*** | ***Injection 18 i.u. (6 mg) cartridge with 3.15 mL diluent (with preservative)*** | ***1*** | ***297.00*** | ***Humatrope*** | ***LY*** |
| ***6329D*** | ***Injection 8 mg (24 i.u.) vial with 1.37 mL diluent cartridge (with preservative) (for use with one.click auto-injector)*** | ***1*** | ***396.00*** | ***Saizen 8 mg click.easy*** | ***SG*** |
| ***6296J*** | ***Solution for injection 10 mg (30 i.u.) in 1.5 mL cartridge (with preservative)*** | ***1*** | ***495.00*** | ***Norditropin SimpleXx*** | ***NO*** |
| ***6466H*** | ***Solution for injection 10 mg (30 i.u.) in 1.5 mL cartridge (with preservative)*** | ***1*** | ***631.00*** | ***Norditropin NordiFlex*** | ***NO*** |
| | ***NOTE:*** | | | | |
| | ***This price is based on special supply arrangements—see Pharmaceutical Benefits Pricing Authority relativity sheet for full details.*** | | | | |
| ***9604L*** | ***Solution for injection 10 mg (30 i.u.) in 2 mL cartridge (with preservative)*** | ***1*** | ***495.00*** | ***NutropinAq*** | ***IS*** |
| ***6170R*** | ***Injection 36 i.u. (12 mg) cartridge with 3.15 mL diluent (with preservative)*** | ***1*** | ***594.00*** | ***Humatrope*** | ***LY*** |
| ***6312F*** | ***Injection 12 mg (36 i.u.) in 1 mL cartridge (with preservative)*** | ***1*** | ***594.00*** | ***Genotropin*** | ***PH*** |
| ***6297K*** | ***Solution for injection 15 mg (45 i.u.) in 1.5 mL cartridge (with preservative)*** | ***1*** | ***742.50*** | ***Norditropin SimpleXx*** | ***NO*** |
| ***6467J*** | ***Solution for injection 15 mg (45 i.u.) in 1.5 mL cartridge (with preservative)*** | ***1*** | ***946.50*** | ***Norditropin NordiFlex*** | ***NO*** |

continued ☞

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | ***NOTE:*** ***This price is based on special supply arrangements—see Pharmaceutical Benefits Pricing Authority relativity sheet for full details.*** | | | | |
| ***6345Y*** | ***Injection 72 i.u. (24 mg) cartridge with 3.15 mL diluent (with preservative)*** | ***1*** | ***1188.00*** | ***Humatrope*** | ***LY*** |
| ***6313G*** | ***Injection 0.8 mg (2.4 i.u.) with diluent in single use syringe (without preservative)*** | ***7*** | ***277.20*** | ***Genotropin MiniQuick*** | ***PH*** |
| ***6314H*** | ***Injection 1 mg (3 i.u.) with diluent in single use syringe (without preservative)*** | ***7*** | ***346.50*** | ***Genotropin MiniQuick*** | ***PH*** |
| ***6315J*** | ***Injection 1.2 mg (3.6 i.u.) with diluent in single use syringe (without preservative)*** | ***7*** | ***415.80*** | ***Genotropin MiniQuick*** | ***PH*** |
| ***6316K*** | ***Injection 1.4 mg (4.2 i.u.) with diluent in single use syringe (without preservative)*** | ***7*** | ***485.10*** | ***Genotropin MiniQuick*** | ***PH*** |
| ***6317L*** | ***Injection 1.6 mg (4.8 i.u.) with diluent in single use syringe (without preservative)*** | ***7*** | ***554.40*** | ***Genotropin MiniQuick*** | ***PH*** |
| ***6318M*** | ***Injection 1.8 mg (5.4 i.u.) with diluent in single use syringe (without preservative)*** | ***7*** | ***623.70*** | ***Genotropin MiniQuick*** | ***PH*** |
| ***6319N*** | ***Injection 2 mg (6 i.u.) with diluent in single use syringe (without preservative)*** | ***7*** | ***693.00*** | ***Genotropin MiniQuick*** | ***PH*** |

## IVF/GIFT PROGRAM

***CHORIOGONADOTROPIN ALFA***

***Patients who are receiving medical treatment as described in items 13200 or 13203 of the Medicare Benefits Schedule.***

**NOTE:**
***Arrangements to prescribe this item should be made by medical practitioners with Medicare Australia, contact telephone number 1800 700 270.***

| | | | | | |
|---|---|---|---|---|---|
| ***9606N*** | ***Powder for injection 250 micrograms with solvent*** | ***1*** | ***54.80*** | ***Ovidrel*** | ***SG*** |
| | ***NOTE:*** ***This price is based on special supply arrangements—see Pharmaceutical Benefits Pricing Authority relativity sheet for full details. Relativity sheets are available on the Department of Health and Ageing's internet site (visit www.health.gov.au and search for 'relativity sheets').*** | | | | |

***FOLLITROPIN ALFA***

***Patients who are receiving medical treatment as described in items 13200 or 13203 of the Medicare Benefits Schedule.***

**NOTE:**
***Arrangements to prescribe this item should be made by medical practitioners with Medicare Australia, contact telephone number 1800 700 270.***

| | | | | | |
|---|---|---|---|---|---|
| ***6373K*** | ***Injection set containing 1 vial powder for injection 75 i.u. and 1 pre-filled syringe solvent 1 mL*** | ***1*** | ***36.00*** | ***Gonal-f 75*** | ***SG*** |
| ***6374L*** | ***Injection set containing 10 vials powder for injection 75 i.u. and 10 pre-filled syringes solvent 1 mL*** | ***1*** | ***360.00*** | ***Gonal-f 75*** | ***SG*** |
| ***6431L*** | ***Injection 300 i.u. in 0.5 mL multi-dose cartridge*** | ***1*** | ***144.00*** | ***Gonal-f Pen*** | ***SG*** |
| ***6376N*** | ***Injection set containing 1 vial powder for injection 450 i.u. and 1 pre-filled syringe solvent 1 mL*** | ***1*** | ***216.00*** | ***Gonal-f*** | ***SG*** |

continued ☞

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| *6432M* | *Injection 450 i.u. in 0.75 mL multi-dose cartridge* | *1* | *216.00* | *Gonal-f Pen* | *SG* |
| *6433N* | *Injection 900 i.u. in 1.5 mL multi-dose cartridge* | *1* | *432.00* | *Gonal-f Pen* | *SG* |
| *6375M* | *Injection set containing 1 vial powder for injection 1,050 i.u. and 1 pre-filled syringe solvent 2 mL* | *1* | *504.00* | *Gonal-f* | *SG* |
| | *FOLLITROPIN BETA* | | | | |
| | *Patients who are receiving medical treatment as described in items 13200 or 13203 of the Medicare Benefits Schedule.* | | | | |
| | **NOTE:** *Arrangements to prescribe this item should be made by medical practitioners with Medicare Australia, contact telephone number 1800 700 270.* | | | | |
| *6335K* | *Solution for injection 300 i.u. in 0.36 mL multi-dose cartridge* | *1* | *144.04* | *Puregon 300 IU/ 0.36 mL* | *OR* |
| *6336L* | *Solution for injection 600 i.u. in 0.72 mL multi-dose cartridge* | *1* | *288.09* | *Puregon 600 IU/ 0.72 mL* | *OR* |
| *6464F* | *Solution for injection 900 i.u. in 1.08 mL multi-dose cartridge* | *1* | *432.11* | *Puregon 900 IU/ 1.08 mL* | *OR* |
| | *HUMAN CHORIONIC GONADOTROPHIN* | | | | |
| | *Patients who are receiving medical treatment as described in items 13200 or 13203 of the Medicare Benefits Schedule.* | | | | |
| | **NOTE:** *Arrangements to prescribe this item should be made by medical practitioners with Medicare Australia, contact telephone number 1800 700 270.* | | | | |
| *6176C* | *Injection set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1 mL* | *1* | *19.77* | *Pregnyl* | *OR* |
| *6178E* | *Injection set containing 3 ampoules powder for injection 1,500 units and 3 ampoules solvent 1 mL* | *1* | *28.06* | *Pregnyl* | *OR* |
| *6181H* | *Injection set containing 3 ampoules powder for injection 5,000 units and 3 ampoules solvent 1 mL* | *1* | *34.47* | *Pregnyl* | *OR* |
| | *PROGESTERONE* | | | | |
| | *For luteal phase support in patients who are receiving medical treatment as described in item 13200 of the Medicare Benefits Schedule. The luteal phase is defined as the time span from embryo transfer until implantation confirmed by positive B-hCG measurement.* | | | | |
| | **NOTE:** *Arrangements to prescribe this item should be made by medical practitioners with Medicare Australia, contact telephone number 1800 700 270.* | | | | |
| *6366C* | *Vaginal gel (prolonged release) 90 mg in single dose pre-filled applicator* | *15* | *148.50* | *Crinone 8%* | *SG* |
| | ***NOTE:*** *This price is based on special supply arrangements—see Pharmaceutical Benefits Pricing Authority relativity sheet for full details. Relativity sheets are available on the Department of Health and Ageing's internet site (visit www.health.gov.au and search for 'relativity sheets').* | | | | |
| *9608Q* | *Pessary 100 mg* | *15* | *43.50* | *ON* | |
| *9609R* | *Pessary 200 mg* | *15* | *48.00* | *ON* | |

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|

## OPIATE DEPENDENCE TREATMENT PROGRAM

The Australian Government funds the cost of buprenorphine hydrochloride, buprenorphine hydrochloride with naloxone hydrochloride and methadone hydrochloride supplied as pharmaceutical benefits through clinics and pharmacies approved by State and Territory governments. For further information about this program, please contact your State or Territory Government.

***BUPRENORPHINE HYDROCHLORIDE***

***Treatment of opiate dependence, including maintenance and detoxification (withdrawal), within a framework of medical, social and psychological treatment.***

**NOTE:**
***Treatment must be in accordance with the law of the relevant State or Territory.***

| | | | | | | |
|---|---|---|---|---|---|---|
| *6307Y* | *Sublingual tablet 400 micrograms (base)* | *7* | *6.16* | | *Subutex* | *RC* |
| *6308B* | *Sublingual tablet 2 mg (base)* | *7* | *10.50* | | *Subutex* | *RC* |
| *6309C* | *Sublingual tablet 8 mg (base)* | *7* | *30.10* | | *Subutex* | *RC* |

***BUPRENORPHINE HYDROCHLORIDE with NALOXONE HYDROCHLORIDE***

***Treatment of opiate dependence within a framework of medical, social and psychological treatment.***

**NOTE:**
***Treatment must be in accordance with the law of the relevant State or Territory.***

| | | | | | | |
|---|---|---|---|---|---|---|
| *6470M* | *Sublingual tablet 2 mg (base)-0.5 mg (base)* | *28* | *42.00* | | *Suboxone* | *RC* |
| *6471N* | *Sublingual tablet 8 mg (base)-2 mg (base)* | *28* | *120.40* | | *Suboxone* | *RC* |

***METHADONE HYDROCHLORIDE***
**CAUTION:**
***The risk of drug dependence is high.***

***Treatment of opiate dependence in accordance with the law of the relevant State or Territory.***

| | | | | | | |
|---|---|---|---|---|---|---|
| *6171T* | *Oral liquid 25 mg per 5 mL, 200 mL* | *1* | *7.40* | *a* | *Biodone Forte* | *MW* |
| | | | | *a* | *GK* | |
| *6172W* | *Oral liquid 25 mg per 5 mL, 1 L* | *1* | *36.00* | *a* | *Biodone Forte* | *MW* |
| | | | | *a* | *GK* | |
| *6174Y* | *Powder 1 g (for preparation of other dosage forms)* | *1* | *3.50* | | *GK* | |

## SPECIAL AUTHORITY PROGRAM

***IMATINIB MESYLATE***
**NOTE:**
***Any queries concerning the arrangements to prescribe imatinib mesylate may be directed to Medicare Australia on 1800 700 270.***

***Written applications for authority to prescribe imatinib mesylate should be forwarded to:***

***Medicare Australia***
***Prior Written Approval of Specialised Drugs***
***Reply Paid 9826***
***GPO Box 9826***
***HOBART TAS 7001***

continued ☞

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|

**NOTE:**
***Imatinib mesylate is not PBS-subsidised for the treatment of patients with resectable malignant gastrointestinal stromal tumours.***

**Section 100 authority required**

***Initial PBS-subsidised treatment, for up to 3 months, of adult patients with a metastatic or unresectable malignant gastrointestinal stromal tumour which has been histologically confirmed by the detection of CD117 on immunohistochemical staining.***

***Patients who have not previously been treated with imatinib mesylate for a metastatic or unresectable malignant gastrointestinal stromal tumour must commence treatment at a dose not exceeding 400 mg per day for at least 3 months. Authority prescriptions for a higher dose will not be approved during this initial 3 month treatment period.***

***Patients who have previously been treated with non-PBS-subsidised imatinib mesylate for a metastatic or unresectable malignant gastrointestinal stromal tumour are eligible to receive up to 3 months treatment at a dose of up to 600 mg per day.***

***Applications for authorisation must be in writing and must include:***
***(1) a completed authority prescription form; and***
***(2) a completed Imatinib Mesylate (Glivec) PBS Authority Application for Use in the Treatment of Gastrointestinal Stromal Tumour - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:***
***(i) a copy of a pathology report from an Approved Pathology Authority supporting the diagnosis of a gastrointestinal stromal tumour and confirming the presence of CD117 on immunohistochemical staining; and***
***(ii) a copy of the most recent (within 2 months of the application) computed tomography (CT) scan, magnetic resonance imaging (MRI) or ultrasound assessment of the tumour(s), including whether or not there is evidence of metastatic disease; and***
***(iii) where the application for authority to prescribe is being sought on the basis of an unresectable tumour, written evidence in support of that claim must be provided; and***
***(iv) for patients who commenced treatment with imatinib mesylate for a metastatic or unresectable malignant gastrointestinal stromal tumour prior to 1 December 2004, the date on which therapy with imatinib mesylate was commenced.***

**Section 100 authority required**

***Continuing PBS-subsidised treatment, at a dose of up to 600 mg per day, of adult patients with a metastatic or unresectable malignant gastrointestinal stromal tumour who have previously been issued with an authority prescription for this drug.***

***Applications for continuing treatment may be made by telephone (1800 700 270, hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

**NOTE:**
***Patients who achieve a response to treatment at an imatinib dose of 400 mg per day should be continued at this dose and assessed for response at regular intervals. Patients who fail to achieve a response to 400 mg per day may have their dose increased to 600 mg per day. Authority applications for doses higher than 600 mg per day will not be approved.***

***A response to treatment is defined as a decrease from baseline in the sum of the products of the perpendicular diameters of all measurable lesions of 50% or greater. (Response definition based on the Southwest Oncology Group standard criteria, see Demetri et al. N Engl J Med 2002; 347: 472-80.)***

| | | | | | |
|---|---|---|---|---|---|
| ***6440Y*** | ***Tablet 100 mg (base)*** | ***60*** | ***1886.17*** | ***Glivec*** | ***NV*** |
| ***6441B*** | ***Tablet 400 mg (base)*** | ***30*** | ***3772.33*** | ***Glivec*** | ***NV*** |

***NOTE:***
***No applications for increased maximum quantities will be authorised. Up to 2 repeats may be authorised for item 6440Y or 6441B.***

continued ☞

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|

**Section 100 authority required**

***Initial treatment of patients in the chronic phase of chronic myeloid leukaemia expressing the Philadelphia chromosome or the transcript, bcr-abl tyrosine kinase, and who have a primary diagnosis of chronic myeloid leukaemia.***

***Applications under this restriction will be limited to provide patients with a maximum of 18 months of therapy from the date the first application for initial treatment was approved.***

***Applications for authorisation must be in writing and must include:***
***(1) a completed authority prescription form; and***
***(2) a completed Imatinib Mesylate (Glivec) PBS Authority Application for Use in the Treatment of Chronic Myeloid Leukaemia - Supporting Information form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and***
***(3) a pathology cytogenetic report conducted on peripheral blood or bone marrow supporting the diagnosis of chronic myeloid leukaemia to confirm eligibility for treatment, or a qualitative PCR report documenting the presence of the bcr-abl transcript in either peripheral blood or bone marrow; and***
***(4) a copy of a signed patient acknowledgement form indicating that the patient understands and acknowledges that PBS-subsidised treatment with imatinib mesylate for the chronic phase of chronic myeloid leukaemia will cease if subsequent testing demonstrates that:***
***(i) the patient has failed to achieve a major cytogenetic response within the initial 18 months of treatment [see Note defining major cytogenetic response]; or***
***(ii) the patient has failed to sustain a major cytogenetic response for 12 months from the date of the last pathology report that indicated that a major cytogenetic response had been achieved [see Note defining major cytogenetic response].***

**NOTE:**

***Imatinib mesylate in the chronic phase of chronic myeloid leukaemia will only be subsidised for patients who are not receiving concomitant PBS-subsidised interferon alfa therapy.***

***Patients should be commenced on a dose of imatinib mesylate of 400 mg (base) daily and maintained on a minimum dose of imatinib mesylate of 400 mg (base) daily. Prescribing of lower doses should be carefully considered. Continuing therapy is dependent on patients demonstrating a response to imatinib mesylate therapy following the initial 18 months of treatment and at 12 monthly intervals thereafter, irrespective of the daily imatinib mesylate dose received.***

**Section 100 authority required**

***Continuing treatment of patients who have received initial treatment with imatinib mesylate as a pharmaceutical benefit for the chronic phase of chronic myeloid leukaemia and who have demonstrated either a major cytogenetic response or less than 1% bcr-abl level in the blood in the preceding 12 months.***

***Applications for authorisation must be in writing and must include:***
***(1) a completed authority prescription form; and***
***(2) demonstration of continued response to treatment as evidenced by either:***
***(a) major cytogenetic response [see Note explaining requirements]. Where this has been supplied within the previous 12 months, only the date of the relevant pathology report need be provided; or***
***(b) a peripheral blood level of bcr-abl of less than 1% on the international scale [see Note explaining requirements]. Where this has been supplied within the previous 12 months, only the date of the relevant pathology report need be provided.***

continued ☞

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|

**NOTE:**

***Definitions of response.***

***A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells.***

***A peripheral blood bcr-abl level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response.***

***Authority approval requirements.***

***For the purposes of assessing response to PBS-subsidised treatment with imatinib mesylate, either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of bcr-abl transcript in the peripheral blood using the international scale, must be submitted. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with bcr-abl specific probe must be submitted. The cytogenetic or peripheral blood quantitative PCR analyses must be submitted as follows:***

***(i) between 10 and 12 months of the commencement of treatment with imatinib mesylate, at which time patients in whom a major cytogenetic response or peripheral blood bcr-abl level of less than 1% has been demonstrated may receive authorisation for a further 12 months of treatment; and***

***(ii) within 18 months of the commencement of treatment with imatinib mesylate, in patients who have failed to demonstrate a major cytogenetic response or peripheral blood bcr-abl level of less than 1% at between 10 and 12 months (patients in whom a major cytogenetic response or peripheral blood bcr-abl level of less than 1% is demonstrable by 18 months may also receive authorisation for a further 12 months of treatment); and***

***(iii) at no greater than 12 month intervals thereafter, to demonstrate that the major cytogenetic response or peripheral blood bcr-abl level of less than 1% has been sustained.***

***For each authority application where eligibility for continuing PBS-subsidised treatment is to be demonstrated, a copy of the cytogenetic analysis indicating the number of Philadelphia positive [t (9; 22)] cells in the bone marrow measured by standard karyotyping, or a copy of the quantitative PCR indicating the relative level of bcr-abl transcript in the peripheral blood using the international scale, must be submitted as described in (i) to (iii) above. For bone marrow analyses, where the standard karyotyping conducted at the time of application is not informative, a copy of a cytogenetic analysis conducted on the bone marrow using FISH with bcr-abl specific probe must be submitted with the authority application. A copy of the non-informative standard karyotype analysis must be included with the authority application.***

***Where a patient has previously received PBS-subsidised treatment with imatinib mesylate, no approval will be granted for PBS-subsidised re-treatment in the chronic phase of chronic myeloid leukaemia, where that patient has at any time failed to meet the criteria for continuing treatment.***

| | | | | | |
|---|---|---|---|---|---|
| ***6444E*** | ***Tablet 100 mg (base)*** | ***60*** | ***1886.17*** | ***Glivec*** | ***NV*** |
| ***6445F*** | ***Tablet 400 mg (base)*** | ***30*** | ***3772.33*** | ***Glivec*** | ***NV*** |

***NOTE:***

***Up to 5 repeats may be authorised for item 6444E or 6445F.***

continued ☞

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|

**Section 100 authority required**

***Treatment of patients in the accelerated phase of chronic myeloid leukaemia expressing the Philadelphia chromosome or the transcript, bcr-abl tyrosine kinase, and who have a primary diagnosis of chronic myeloid leukaemia. Progress to the accelerated phase is defined by the presence of 1 or more of the following:***
***(1) Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 15% but less than 30%; or***
***(2) Percentage of blasts plus promyelocytes in the peripheral blood or bone marrow greater than or equal to 30%; or***
***(3) Peripheral basophils greater than or equal to 20%; or***
***(4) Progressive splenomegaly to a size greater than or equal to 10 cm below the left costal margin to be confirmed on 2 occasions at least 4 weeks apart, or a greater than or equal to 50% increase in size below the left costal margin over 4 weeks; or***
***(5) Karyotypic evolution (chromosomal abnormalities in addition to a single Philadelphia chromosome).***

***Applications for authorisation must be in writing and must include:***
***(a) a completed authority prescription form; and***
***(b) a completed Imatinib Mesylate (Glivec) PBS Authority Application for Use in the Treatment of Chronic Myeloid Leukaemia - Supporting Information form, stating which of the above criteria are satisfied by the patient; and***
***(c) a copy of the confirming pathology report from an Approved Pathology Authority in the case of criteria (1), (2), (3) and (5) above, or details of the dates of assessments in the case of progressive splenomegaly.***

**Section 100 authority required**

***Treatment of patients in the blast phase of chronic myeloid leukaemia expressing the Philadelphia chromosome or the transcript, bcr-abl tyrosine kinase, and who have a primary diagnosis of chronic myeloid leukaemia. Progress to myeloid blast crisis is defined as either:***
***(1) Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 30%; or***
***(2) Extramedullary involvement other than spleen and liver.***

***Applications for authorisation must be in writing and must include:***
***(a) a completed authority prescription form; and***
***(b) a completed Imatinib Mesylate (Glivec) PBS Authority Application for Use in the Treatment of Chronic Myeloid Leukaemia - Supporting Information form, stating which of the above criteria are satisfied by the patient; and***
***(c) a copy of the confirming pathology report from an Approved Pathology Authority in the case of criterion (1) above, or details of the date of assessment in the case of extramedullary involvement.***

**Section 100 authority required**

***Continuing treatment of patients with chronic myeloid leukaemia expressing the Philadelphia chromosome or the transcript, bcr-abl tyrosine kinase, where the patient has previously received PBS-subsidised treatment with imatinib mesylate of:***
***(a) the accelerated phase of chronic myeloid leukaemia; or***
***(b) the blast phase of chronic myeloid leukaemia.***

| | | | | | |
|---|---|---|---|---|---|
| *6446G* | *Tablet 100 mg (base)* | *60* | *1886.17* | *Glivec* | *NV* |
| *6447H* | *Tablet 400 mg (base)* | *30* | *3772.33* | *Glivec* | *NV* |

***NOTE:***
***Up to 2 repeats may be authorised for item 6446G or 6447H.***

***TRASTUZUMAB***
**NOTE:**
***Any queries concerning the arrangements to prescribe trastuzumab may be directed to Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***

***Written applications for authority to prescribe trastuzumab should be forwarded to:***

***Medicare Australia***
***Prior Written Approval of Specialised Drugs***
***Reply Paid 9826***
***GPO Box 9826***
***HOBART TAS 7001***

continued ☞

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|

***Further prescribing information is on the Medicare Australia website at www.medicareaustralia.gov.au.***

**Section 100 authority required**

***Initial treatment for HER2 positive early breast cancer commencing concurrently with adjuvant chemotherapy following surgery.***

***The total duration of PBS-subsidised treatment (initial plus continuing) that will be authorised is 52 weeks.***

***HER2 positivity must be demonstrated by in situ hybridisation (ISH).***

***Trastuzumab must not be used in patients with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure. Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, prior to seeking the initial authority approval and then at 3 monthly intervals during treatment.***

***Authority applications for initial treatment must be made in writing and must include:***
***(a) a completed authority prescription form; and***
***(b) a completed Early Breast Cancer - PBS Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes:***
***(i) a copy of the pathology report from an Approved Pathology Authority confirming the presence of HER2 gene amplification by in situ hybridisation (ISH); and***
***(ii) a copy of the signed patient acknowledgement form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].***

***The medical practitioner should request sufficient quantity based on the weight of the patient to provide for a maximum of 3 weeks' treatment (equivalent to the loading dose for the 3 weekly regimen, and the loading dose and 2 weekly doses for the once weekly regimen).***

**Section 100 authority required**

***Initial treatment for HER2 positive early breast cancer in patients receiving treatment with adjuvant chemotherapy following surgery at 1 October 2006.***

***The total duration of PBS-subsidised treatment (initial plus continuing) that will be authorised is 52 weeks.***

***HER2 positivity must be demonstrated by in situ hybridisation (ISH).***

***Trastuzumab must not be used in patients with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure. Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, prior to seeking the initial authority approval and then at 3 monthly intervals during treatment.***

***Authority applications for initial treatment must be made in writing and must include:***
***(a) a completed authority prescription form; and***
***(b) a completed Early Breast Cancer - PBS Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes:***
***(i) a copy of the pathology report from an Approved Pathology Authority confirming the presence of HER2 gene amplification by in situ hybridisation (ISH); and***
***(ii) a copy of the signed patient acknowledgement form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].***

***The medical practitioner should request sufficient quantity based on the weight of the patient to provide for a maximum of 3 weeks' treatment (equivalent to the loading dose for the 3 weekly regimen, and the loading dose and 2 weekly doses for the once weekly regimen).***

**Section 100 authority required**

***Initial PBS-subsidised treatment for HER2 positive early breast cancer where the patient was receiving treatment with trastuzumab at 1 October 2006.***

***The patient is eligible to receive sufficient trastuzumab to complete 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy.***

***Trastuzumab must not be used in patients with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure. Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, at 3 monthly intervals during treatment.***

continued ☞

| Code | Item and Section 100 Restriction | Pack Size | Price ex Manufacturer $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|
| | ***Authority applications for initial PBS-subsidised treatment must be made in writing and must include:***<br>***(a) a completed authority prescription form; and***<br>***(b) a completed Early Breast Cancer - PBS Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes:***<br>***(i) the date upon which the patient commenced non-PBS-subsidised treatment with trastuzumab and the number of weeks of treatment received; and***<br>***(ii) a copy of the signed patient acknowledgement form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].***<br>***The medical practitioner should request sufficient quantity based on the weight of the patient for 3 weeks' supply (equivalent to 1 dose for the 3 weekly regimen, or 3 doses for the once weekly regimen). Up to a maximum of 3 repeats may be authorised.***<br><br>**Section 100 authority required**<br>***Continuing treatment for HER2 positive early breast cancer where the patient has previously received treatment with PBS-subsidised trastuzumab.***<br>***The patient is eligible to receive sufficient trastuzumab to complete 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy.***<br>***Trastuzumab must not be used in patients with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure. Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, at 3 monthly intervals during treatment.***<br>***Authority applications for continuing treatment may be made by telephone on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).***<br>***The medical practitioner should request sufficient quantity based on the weight of the patient for 3 weeks' supply (equivalent to 1 dose for the 3 weekly dosing regimen, or 3 doses for the once weekly dosing regimen). Up to a maximum of 3 repeats may be authorised.***<br>***Breaks in therapy.***<br>***Where a patient has a break in trastuzumab therapy of more than 1 week but less than 6 weeks from when the last dose was due, authority approval will be granted for a new loading dose. Authority applications for new loading doses may be made by telephone on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).*** | | | | |
| ***6497Y*** | ***Powder for I.V. infusion 150 mg*** | ***1*** | ***1030.21*** | ***Herceptin*** | ***RO*** |

# Section 3

## Container Prices, Fees, Standard Packs and Prices for Ready Prepared Pharmaceutical Benefits

**CONTAINER PRICES FOR QUANTITIES OF READY PREPARED BENEFITS LESS THAN THE STANDARD PACK:**

| | | |
|---|---|---|
| **Injectables** | **150 mL vial** | **$0.77** |
| **Other Items** | **25 mL vial** | **$0.30** |

**(The 25 mL is the most commonly used size)**

**FEES:**

| | |
|---|---|
| **Dispensing Fee for Ready Prepared Benefits** | **$5.44** |
| **Dangerous Drug Fee** | **$2.71** |
| **Additional Fee for Agreed Price Ready Prepared Benefits** | **$1.01** |

**NOTE -**

***Standard packs and prices (including mark-up, but without dispensing fee and dangerous drug fee) are for items against the price of which an asterisk (*) is shown in Section 2 of the Schedule.***

**(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)**

| Code | Name | Form/Strength | Pack and Price $ | Manufacturer |
|---|---|---|---|---|

## EMERGENCY DRUG (DOCTOR'S BAG) SUPPLIES

| | | | | |
|---|---|---|---|---|
| 3486L | Benzylpenicillin | 600 mg | 1 @ 3.29 | CS |
| 3463G | Diphtheria and Tetanus Vaccine, Adsorbed, Diluted For Adult Use | 0.5 mL | 5 @ 67.15 | CS |
| 3470P | Hydrocortisone Sodium Succinate | 100 mg with 2 mL solvent | 1 @ 5.23 | PH |
| 3481F | Naloxone Hydrochloride | 800 mcg in 2 mL | 1 @ 20.94 | CS |
| 3482G | | 2 mg in 5 mL | 1 @ 33.48 | CS |
| 3488N | Promethazine Hydrochloride | 50 mg in 2 mL | 5 @ 7.60 | MX |

## *SPECIAL PHARMACEUTICAL BENEFITS - FOR GENERAL USE*

| | | | | |
|---|---|---|---|---|
| 2315W | Bleomycin Sulfate | 15,000 i.u. | 1 @ 49.57 | MX |
| | | | (for reimbursement price) | |
| | | | 1 @ 94.16 | MX |
| | | | (for total dispensed price) | |
| 8298R | Naratriptan Hydrochloride | 2.5 mg (base) | 2 @ 9.32 | GK |
| | | | (for reimbursement price) | |
| | | | 2 @ 10.65 | GK |
| | | | (for total dispensed price) | |
| 9734H | | 2.5 mg (base) | 2 @ 10.65 | GK |
| | | | (for reimbursement price) | |
| | | | 2 @ 10.65 | GK |
| | | | (for total dispensed price) | |
| 8809P | Pemetrexed Disodium | 500 mg (base) | 1 @ 1450.56 | LY |
| | | | (for reimbursement price) | |
| | | | 1 @ 1649.92 | LY |
| | | | (for total dispensed price) | |
| 9713F | | 500 mg (base) | 1 @ 1649.92 | LY |
| | | | (for reimbursement price) | |
| | | | 1 @ 1649.92 | LY |
| | | | (for total dispensed price) | |
| 8266C | Zolmitriptan | 2.5 mg | 2 @ 9.28 | AP |
| | | | (for reimbursement price) | |
| | | | 2 @ 10.60 | AP |
| | | | (for total dispensed price) | |
| 9736K | | 2.5 mg | 2 @ 10.60 | AP |
| | | | (for reimbursement price) | |
| | | | 2 @ 10.60 | AP |
| | | | (for total dispensed price) | |

## *GENERAL PHARMACEUTICAL BENEFITS*

| | | | | |
|---|---|---|---|---|
| 8048N | Abciximab | 10 mg in 5 mL | 1 @ 477.01 | LY |
| 8747J | Acetylcysteine | 200 mg per mL, 5 mL | 6 @ 28.11 | BQ |
| 1003T | Aciclovir | 200 mg | 25 @ 42.08 | AF, GM, HX |
| | | | 25 @ 44.97 | GK |
| 2600W | Allopurinol | 100 mg | 100 @ 4.32 | AF |
| 2576N | Aluminium Hydroxide with Magnesium Hydroxide | 200 mg-200 mg | 100 @ 3.84 | PC |
| 2157M | | 200 mg-200 mg per 5 mL, 500 mL | 1 @ 3.84 | PC |
| 2159P | Aluminium Hydroxide with Magnesium Trisilicate and Magnesium Hydroxide | 250 mg-120 mg-120 mg per 5 mL, 500 mL | 1 @ 3.84 | FM |
| 3109P | Amiloride Hydrochloride | 5 mg | 50 @ 2.18 | AF |

**(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)**

| Code | Name | Form/Strength | Pack and Price $ | Manufacturer |
|---|---|---|---|---|
| 3079C | Amino Acid Formula without Methionine, Threonine and Valine and low in Isoleucine | 200 g | 1 @ 208.38 | SB |
| 8554F | Amino Acid Formula without Phenylalanine | 500 mg, 200 | 1 @ 78.82 | SB |
| 8678R | | 1 g, 75 | 1 @ 58.58 | SB |
| 8706F | | 42 g, 20 | 1 @ 154.47 | SB |
| 2347M | | 20 g, 30 | 1 @ 205.78 | SB |
| 3072Q | | 250 g | 1 @ 149.64 | SB |
| 2379F | Amino Acid Formula without Phenylalanine, Tyrosine and Methionine | 500 g | 1 @ 344.29 | SB |
| 8479G | Amino Acid Formula with Vitamins, Minerals and Long Chain Polyunsaturated Fatty Acids without Phenylalanine | 400 g | 1 @ 87.15 | SB |
| 2650L | Amino Acid Formula with Vitamins and Minerals without Lysine and low in Tryptophan | 400 g | 1 @ 83.41 | SB |
| 2646G | | 500 g | 1 @ 199.50 | SB |
| 8417B | Amino Acid Formula with Vitamins and Minerals without Methionine | 400 g | 1 @ 86.34 | SB |
| 8677Q | | 20 g, 30 | 1 @ 335.94 | VF |
| 8744F | | 25 g, 30 | 1 @ 440.59 | VF |
| 8328H | | 500 g | 1 @ 166.74 | SB |
| 8416Y | | 500 g | 1 @ 193.38 | SB |
| 8058D | Amino Acid Formula with Vitamins and Minerals without Methionine, Threonine and Valine and low in Isoleucine | 400 g | 1 @ 77.88 | SB |
| 8059E | | 500 g | 1 @ 189.65 | SB |
| 8061G | | 500 g | 1 @ 236.94 | SB |
| 8555G | Amino Acid Formula with Vitamins and Minerals without Phenylalanine | 20 g, 30 | 1 @ 221.15 | VF |
| 8591E | | 25 g, 30 | 1 @ 380.85 | VF |
| 8804J | | 27.8 g, 30 | 1 @ 507.89 | SB |
| 8613H | | 29 g, 30 | 1 @ 221.42 | SB |
| 8727H | | 50 g, 30 | 1 @ 495.91 | SB |
| 2737C | | 400 g | 1 @ 60.81 | SB |
| 8467P | | 325 g | 1 @ 85.54 | AB |
| 8545R | | 400 g | 1 @ 105.27 | AB |
| 2738D | | 500 g | 1 @ 109.70 | SB |
| 2739E | | 500 g | 1 @ 166.78 | SB |
| 8746H | | 250 mL | 18 @ 259.32 | SB |
| 2382J | | 87 mL, 30 | 1 @ 257.09 | VF |
| 9021T | | 125 mL, 30 | 1 @ 507.89 | SB |
| 8846N | | 130 mL, 30 | 1 @ 380.65 | VF |
| 2474F | | 174 mL, 30 | 1 @ 504.40 | VF |
| 8631G | Amino Acid Formula with Vitamins and Minerals without Phenylalanine and Tyrosine | 20 g, 30 | 1 @ 399.44 | VF |
| 8667E | | 25 g, 30 | 1 @ 582.03 | VF |
| 8445L | | 400 g | 1 @ 95.61 | SB |
| 8446M | | 500 g | 1 @ 198.24 | SB |
| 3078B | | 500 g | 1 @ 254.04 | SB |
| 8592F | Amino Acid Formula with Vitamins and Minerals without Valine, Leucine and Isoleucine | 20 g, 30 | 1 @ 423.28 | VF |

**(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)**

| Code | Name | Form/Strength | Pack and Price $ | Manufacturer |
|---|---|---|---|---|
| 8632H | | 25 g, 30 | 1 @ 748.00 | VF |
| 8745G | | 29 g, 30 | 1 @ 423.77 | SB |
| 8468Q | | 350 g | 1 @ 89.54 | AB |
| 2380G | | 400 g | 1 @ 88.69 | SB |
| 8469R | | 325 g | 1 @ 163.90 | AB |
| 8310J | | 500 g | 1 @ 641.40 | SB |
| 8260R | | 500 g | 1 @ 210.00 | SB |
| 8057C | | 500 g | 1 @ 324.80 | SB |
| 2375B | | 130 mL, 30 | 1 @ 748.00 | VF |
| 8574G | Amino Acids—Synthetic, Formula | 400 g | 1 @ 44.34 | AB |
| 8443J | | 400 g | 1 @ 44.34 | SB |
| 8754R | | 400 g | 1 @ 44.34 | SB |
| 2244D | | 400 g | 1 @ 44.34 | SB |
| 8575H | | 400 g | 1 @ 44.34 | AB |
| 3066J | | 400 g | 1 @ 44.34 | SB |
| 8755T | | 400 g | 1 @ 44.34 | SB |
| 2553J | | 400 g | 1 @ 44.34 | SB |
| 2246F | Amino Acid Synthetic Formula supplemented with Long Chain Polyunsaturated Fatty Acids | 400 g | 1 @ 45.18 | SB |
| 2560R | | 400 g | 1 @ 45.18 | SB |
| 8736T | Amisulpride | 100 mg per mL, 60 mL | 1 @ 66.90 | SW |
| 9092M | Atomoxetine Hydrochloride | 10 mg (base) | 28 @ 107.38 | LY |
| 9093N | | 18 mg (base) | 28 @ 107.38 | LY |
| 9094P | | 25 mg (base) | 28 @ 107.38 | LY |
| 9095Q | | 40 mg (base) | 28 @ 107.38 | LY |
| 9096R | | 60 mg (base) | 28 @ 107.38 | LY |
| 1140B | Bcg Immunotherapeutic (bacillus Calmette-guérin/ Connaught Strain) | 6.6 to 19.2 x $10^8$ CFU set | 1 @ 151.15 | SW |
| 9002T | Benzathine Penicillin | 900 mg (1,200,000 i.u.) | 10 @ 202.25 | AS |
| 8743E | | 900 mg in 2 mL | 1 @ 20.28 | AS |
| 9003W | | 900 mg (1,200,000 i.u.) | 10 @ 202.25 | AS |
| 1775K | Benzylpenicillin | 600 mg | 1 @ 3.29 | CS |
| 2647H | | 3 g | 1 @ 5.65 | CS |
| 2812B | Betamethasone Valerate | 200 mcg (base) per g, 100 g | 1 @ 4.14 | EX, FM, SH |
| | | | 1 @ 7.14 | SI |
| 2820K | | 200 mcg (base) per g, 100 g | 1 @ 4.14 | EX, SH |
| 8066M | Bifonazole | 10 mg per g, 15 g | 1 @ 9.27 | BN |
| 2544X | Biperiden Hydrochloride | 2 mg | 100 @ 6.92 | AB |
| 1260H | Bisacodyl | 10 mg, 10 | 1 @ 5.03 | PP |
| | | | 1 @ 5.40 | BY |
| 1258F | | 10 mg, 12 | 1 @ 4.10 | FL, PP |
| 3116B | Calcium | 500 mg | 60 @ 4.22 | IA |
| 8740B | Calcium Folinate | equiv. to 50 mg folinic acid in 5 mL | 1 @ 30.28 | MX |
| | | | 10 @ 238.93 | PF |
| 8812T | | equiv. to 100 mg folinic acid in 10 mL | 1 @ 27.21 | IT |
| 9041W | | equiv. to 300 mg folinic acid in 30 mL | 1 @ 78.80 | MX |
| 1153Q | Carbimazole | 5 mg | 100 @ 11.77 | RO |
| 8576J | Carbohydrate, Fat, Vitamins, Minerals and Trace Elements | 400 g | 1 @ 31.76 | AB |
| 8369L | | 400 g | 1 @ 35.63 | SB |
| 8514D | Carbomer 974 | 3 mg per g, 0.5 g, 30 | 1 @ 9.45 | AQ |
| 8578L | Carbomer 980 | 2 mg per g, 0.6 mL, 30 | 1 @ 9.45 | NV |

**(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)**

| Code | Name | Form/Strength | Pack and Price $ | Manufacturer |
|---|---|---|---|---|
| 1160C | Carboplatin | 50 mg in 5 mL | 1 @ 31.57 | IT, MX, PU |
| 1161D | | 150 mg in 15 mL | 1 @ 72.31 | IT, MX, PU |
| 1162E | | 450 mg in 45 mL | 1 @ 139.59 | IT, MX, PU |
| 8823J | Carmellose Sodium | 2.5 mg per mL, 0.6 mL, 24 | 1 @ 8.13 | CX |
| 2338C | | 5 mg per mL, 0.4 mL, 30 | 1 @ 9.45 | AG |
| 2324H | | 10 mg per mL, 0.4 mL, 30 | 1 @ 9.45 | AG |
| 8824K | | 10 mg per mL, 0.6 mL, 28 | 1 @ 8.82 | CX |
| 8315P | Cefepime | 1 g | 1 @ 17.74 | BQ |
| 8316Q | | 2 g | 1 @ 32.52 | BQ |
| 1085D | Cefotaxime | 1 g | 1 @ 4.71 | SZ |
| 1086E | | 2 g | 1 @ 8.69 | SZ |
| 1783W | Ceftriaxone | 500 mg | 1 @ 3.97 | IZ |
| 1784X | | 1 g | 1 @ 6.20 | IZ, RO, SZ |
| 1785Y | | 2 g | 1 @ 11.51 | IZ, MX, RO, SZ |
| 1256D | Cephazolin | 500 mg | 5 @ 19.44 | MX |
| 1257E | | 1 g | 5 @ 30.67 | MX, SZ |
| 9097T | Cetuximab | 100 mg in 50 mL | 1 @ 373.31 | SG |
| 9098W | | 100 mg in 50 mL | 1 @ 376.64 | SG |
| 1163F | Chlorambucil | 2 mg | 25 @ 32.89 | GK |
| 1585K | Chlorthalidone | 25 mg | 50 @ 3.45 | NV |
| 2967E | Cholestyramine | 4.7 g (equiv. to 4 g cholestyramine) | 1 @ 25.52 | BQ |
| 1217C | Ciprofloxacin | 3 mg per mL, 5 mL | 1 @ 12.30 | IQ |
| | | | 1 @ 13.49 | AQ |
| 8800E | Cladribine | 10 mg in 5 mL | 1 @ 648.40 | OA |
| 1211R | Clomiphene Citrate | 50 mg | 5 @ 17.01 | AW, GX, HX |
| 1805B | Clonazepam | 500 mcg | 100 @ 8.79 | AF |
| | | | 100 @ 11.08 | RO |
| 1806C | | 2 mg | 100 @ 16.52 | AF |
| | | | 100 @ 19.12 | RO |
| 1808E | | 2.5 mg per mL, 10 mL | 1 @ 4.13 | RO |
| 1027C | Clotrimazole | 10 mg per mL, 20 mL | 1 @ 5.71 | BN |
| 8785J | Codeine Phosphate with Paracetamol | 30 mg-500 mg | 20 @ 2.11 | AL, AV, CO, FM, GK, WA |
| | | | 20 @ 3.95 | SW |
| 1228P | Copper Sulfate | Tablets, 36 | 1 @ 32.53 | BN |
| 1079T | Cyclophosphamide | 500 mg | 1 @ 11.17 | BX |
| 8657P | Cyclosporin | 10 mg | 60 @ 44.00 | NV |
| 8658Q | | 25 mg | 30 @ 49.24 | HX |
| | | | 30 @ 50.40 | NV |
| 8659R | | 50 mg | 30 @ 102.12 | HX |
| | | | 30 @ 103.27 | NV |
| 8660T | | 100 mg | 30 @ 198.73 | HX |
| | | | 30 @ 199.89 | NV |
| 8661W | | 100 mg per mL, 50 mL | 1 @ 353.12 | NV |
| 1798P | Cyproheptadine Hydrochloride | 4 mg | 50 @ 3.72 | FR |
| 1270W | Cyproterone Acetate | 50 mg | 50 @ 131.20 | AF, GM, GX, HX, SY |
| | | | 50 @ 133.20 | SC |
| 2884T | Cytarabine | 100 mg in 5 mL | 5 @ 30.76 | PU |
| 8641T | Dalteparin Sodium (low Molecular Weight Heparin Sodium—Porcine Mucous) | 2,500 units (anti-Xa) in 0.2 mL | 10 @ 49.16 | PH |
| 8642W | | 5,000 units (anti-Xa) in 0.2 mL | 10 @ 51.23 | PH |
| 8643X | | 7,500 units (anti-Xa) in 0.75 mL | 10 @ 77.23 | PH |

**(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)**

| Code | Name | Form/Strength | Pack and Price $ | | Manufacturer |
|---|---|---|---|---|---|
| 8662X | Desmopressin Acetate | 200 mcg | 30 @ | 48.31 | FP |
| 2129C | | 100 mcg per mL, 2.5 mL | 1 @ | 30.95 | FP |
| 8711L | | 10 mcg per actuation, 60 actuations, 6 mL | 1 @ | 77.31 | FP |
| 1302M | Diclofenac Sodium | 100 mg | 20 @ | 8.84 | NV |
| 1299J | | 25 mg (e.c.) | 50 @ | 4.24 | AW, CH, GM, GX, HX, TW |
| | | | 50 @ | 5.49 | NV |
| 3164M | Digoxin | 50 mcg per mL, 60 mL | 1 @ | 10.65 | SI |
| 1341N | Diphtheria and Tetanus Vaccine, Adsorbed | 0.5 mL | 1 @ | 4.49 | CS |
| 8461H | Disodium Pamidronate | 15 mg in 5 mL | 1 @ | 65.67 | MX |
| 8462J | | 30 mg in 10 mL | 1 @ | 131.35 | MX |
| 8071T | Docetaxel | 20 mg (anhydrous) set | 1 @ | 327.33 | SW |
| 1336H | Doxorubicin Hydrochloride | 10 mg in 5 mL | 1 @ | 34.80 | IT, MX, PH |
| 1340M | | 20 mg in 10 mL | 1 @ | 61.09 | PH |
| 1342P | | 50 mg in 25 mL | 1 @ | 139.79 | IT, MX, PH |
| 9107H | Doxycycline | 100 mg (as monohydrate) | 7 @ | 2.61 | CH, GX, SZ, TW |
| 2702F | | 100 mg (as hydrochloride) | 7 @ | 2.61 | AF, GM, SI |
| | | | 7 @ | 4.14 | PF |
| 2703G | | 100 mg (as hydrochloride) | 7 @ | 2.61 | FA |
| | | | 7 @ | 4.07 | MX |
| 9108J | | 100 mg (as monohydrate) | 7 @ | 2.61 | CH, SZ, TW |
| 2714W | | 100 mg (as hydrochloride) | 7 @ | 2.61 | AF, GM, SI |
| | | | 7 @ | 4.14 | PF |
| 3199J | Electrolyte Replacement Solution | 1 L | 1 @ | 7.44 | BX |
| 8716R | Enoxaparin Sodium | 20 mg (2,000 i.u. anti-Xa) in 0.2 mL | 10 @ | 49.16 | SW |
| 8639Q | | 40 mg (4,000 i.u. anti-Xa) in 0.4 mL | 10 @ | 51.23 | SW |
| 8640R | | 60 mg (6,000 i.u. anti-Xa) in 0.6 mL | 10 @ | 73.26 | SW |
| 8367J | Entacapone | 200 mg | 100 @ | 137.70 | NV |
| 1375J | Epirubicin Hydrochloride | 10 mg in 5 mL | 1 @ | 54.34 | IT, PH |
| 1376K | | 20 mg in 10 mL | 1 @ | 100.69 | PH |
| 1377L | | 50 mg in 25 mL | 1 @ | 247.37 | IT, MX, PH |
| 9018P | | 50 mg | 1 @ | 247.37 | MX |
| 8817C | | 100 mg in 50 mL | 1 @ | 488.09 | IT, MX |
| 8397Y | Eprosartan Mesylate | 400 mg (base) | 28 @ | 11.06 | SM |
| 8683B | Eptifibatide Acetate | 20 mg (base) in 10 mL | 1 @ | 128.06 | SH |
| 8684C | | 75 mg (base) in 100 mL | 1 @ | 337.98 | SH |
| 1397M | Erythromycin Lactobionate | 1 g (base) | 1 @ | 8.90 | AB |
| 8001D | Essential Amino Acids Formula with Minerals and Vitamin C | 200 g | 1 @ | 62.77 | SB |
| 8778B | Etanercept | 25 mg and 1 mL solvent, 4 | 1 @ | 896.29 | WX |
| 8779C | | 25 mg and 1 mL solvent, 4 | 1 @ | 896.29 | WX |
| 9035M | | 25 mg and 1 mL solvent, 4 | 1 @ | 896.29 | WX |
| 9036N | | 25 mg and 1 mL solvent, 4 | 1 @ | 896.29 | WX |
| 8637N | | 25 mg and 1 mL solvent, 4 | 1 @ | 896.29 | WX |
| 8638P | | 25 mg and 1 mL solvent, 4 | 1 @ | 896.29 | WX |
| 9037P | | 25 mg and 1 mL solvent, 4 | 1 @ | 896.29 | WX |
| 8748K | Ethacrynic Acid | 25 mg | 100 @ | 25.63 | MK |
| 1390E | Etoposide | 100 mg in 5 mL | 1 @ | 34.06 | IT, MX |
| 8120J | Etoposide Phosphate | 113.6 mg (equiv. to 100 mg etoposide) | 1 @ | 34.06 | BQ |
| 8842J | Everolimus | 0.75 mg | 60 @ | 775.87 | NV |
| 1473M | Fluconazole | 100 mg in 50 mL | 1 @ | 26.52 | PF |

**(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)**

| Code | Name | Form/Strength | Pack and Price $ | Manufacturer |
|---|---|---|---|---|
| 1474N | | 200 mg in 100 mL | 1 @ 47.93 | PF |
| 1433K | Fludrocortisone Acetate | 100 mcg | 100 @ 5.84 | BQ |
| 2528C | Fluorouracil | 500 mg in 10 mL | 1 @ 5.23 | IT, MX |
| 9005Y | | 1000 mg in 20 mL | 1 @ 8.90 | IT |
| 2958Q | Folic Acid | 500 mcg | 100 @ 3.48 | AF |
| 1437P | | 5 mg | 100 @ 3.58 | AF |
| 8672K | Follitropin Alfa | 75 i.u. | 1 @ 48.23 | SG |
| 8713N | | 300 i.u. | 1 @ 185.67 | SG |
| 8675N | | 450 i.u. | 1 @ 278.49 | SG |
| 8714P | | 450 i.u. | 1 @ 278.50 | SG |
| 8715Q | | 900 i.u. | 1 @ 553.09 | SG |
| 8565T | Follitropin Beta | 300 i.u. in 0.36 mL | 1 @ 185.67 | OR |
| 8566W | | 600 i.u. in 0.72 mL | 1 @ 371.33 | OR |
| 8871X | | 900 i.u. in 1.08 mL | 1 @ 553.08 | OR |
| 2414C | Frusemide | 20 mg | 50 @ 1.66 | FM, SW |
| 8444K | Gelatin - Succinylated | 20 g per 500 mL, 500 mL | 1 @ 12.77 | BR |
| 8049P | Gemcitabine Hydrochloride | 200 mg (base) | 1 @ 57.38 | LY |
| 8050Q | | 1 g (base) | 1 @ 271.56 | LY |
| 2824P | Gentamicin Sulfate | 80 mg (base) in 2 mL | 5 @ 6.86 | MX |
| 2245E | Glucose | 278 mmol per L, 1 L | 1 @ 3.73 | BX |
| 3106L | Glucose and Ketone Indicator—Urine | Reagent strips, 50 | 1 @ 5.20 | RD |
| 3107M | | Reagent strips, 50 | 1 @ 5.26 | BN |
| 2979T | Glucose Indicator—Blood | Electrode strips, 50 | 1 @ 23.24 | RD |
| 2891E | | Electrode strips, 50 | 1 @ 23.24 | RD |
| 8890X | | Electrode strips, 50 | 1 @ 23.24 | MS |
| 1820T | | Electrode strips, 50 | 1 @ 23.24 | DB |
| 9013J | | Electrode strips, 50 | 1 @ 23.24 | OZ |
| 8749L | | Electrode strips, 50 | 1 @ 23.24 | OZ |
| 8766J | | Electrode strips, 50 | 1 @ 23.24 | OZ |
| 8682Y | | Electrode strips, 50 | 1 @ 23.24 | WF |
| 8723D | | Electrode strips, 50 | 1 @ 23.24 | BR |
| 9063B | | Electrode strips, 50 | 1 @ 23.24 | BR |
| 9046D | | Electrode strips, 50 | 1 @ 23.24 | DN |
| 8825L | | Electrode strips, 50 | 1 @ 23.24 | DB |
| 8176H | | Discs containing electrode sensors, 10 sensors per disc, 5 | 1 @ 23.24 | BN |
| 8190C | | Reagent strips, 50 | 1 @ 23.24 | RD |
| 8739Y | | Reagent strips, 50 | 1 @ 23.24 | RD |
| 8806L | | Reagent strips, 51 | 1 @ 23.24 | RD |
| 2890D | | Reagent strips, 50 | 1 @ 23.24 | NA |
| 2860M | | Reagent strips, 50 | 1 @ 23.24 | NA |
| 8759B | | Reagent strips, 50 | 1 @ 23.24 | LB |
| 2914J | | Reagent strips, 50 | 1 @ 19.24 | NA |
| 2917M | | Reagent strips, 50 | 1 @ 19.24 | BN |
| 8795X | | Reagent strips, 50 | 1 @ 23.24 | PX |
| 8634K | | Electrode strips, 50 | 1 @ 26.94 | BN |
| 2352T | Glucose Indicator—Urine | Reagent strips, 50 | 1 @ 6.41 | BN |
| 3104J | | Reagent strips, 50 | 1 @ 5.94 | BN |
| 2555L | Glycerol | 700 mg, 12 | 1 @ 3.54 | PP |
| 2556M | | 1.4 g, 12 | 1 @ 3.69 | PP |
| 2557N | | 2.8 g, 12 | 1 @ 3.81 | PP |
| 8728J | Granisetron Hydrochloride | 2 mg (base) | 1 @ 26.28 | MX |
| 1076P | Heparin Sodium | 35,000 units in 35 mL | 1 @ 16.98 | MX |

**(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)**

| Code | Name | Form/Strength | Pack and Price $ | Manufacturer |
|---|---|---|---|---|
| 1583H | Human Chorionic Gonadotrophin | 500 units set | 1 @ 23.39 | OR |
| 1640H | Hydralazine Hydrochloride | 25 mg | 100 @ 4.35 | AF |
| 1639G | | 50 mg | 100 @ 5.26 | AF |
| 1486F | Hydrochlorothiazide with Amiloride Hydrochloride | 50 mg-5 mg | 50 @ 3.10 | AF |
| | | | 50 @ 4.75 | MK |
| 1502C | Hydrocortisone Acetate | 21.1 g | 1 @ 15.17 | AS |
| 1501B | Hydrocortisone Sodium Succinate | 100 mg with 2 mL solvent | 1 @ 5.23 | PH |
| 1510L | | 100 mg with 2 mL solvent | 1 @ 5.23 | PH |
| 1511M | | 250 mg with 2 mL solvent | 1 @ 9.46 | PH |
| 8299T | Hypromellose with Dextran | 3 mg-1 mg per mL, 0.4 mL, 28 | 1 @ 9.45 | AQ |
| 3198H | Ibuprofen | 200 mg | 50 @ 2.70 | AF |
| 3190X | | 400 mg | 30 @ 2.65 | AB |
| 2446R | Idarubicin Hydrochloride | 5 mg | 1 @ 80.23 | PH |
| 2448W | | 10 mg | 1 @ 148.40 | PH |
| 8076C | Ifosfamide | 1 g | 1 @ 51.03 | BX |
| 8077D | | 2 g | 1 @ 94.15 | BX |
| 2757D | Indomethacin | 100 mg | 20 @ 7.69 | MK |
| 2454E | | 25 mg | 50 @ 2.70 | AF |
| | | | 50 @ 4.19 | MK |
| 8571D | Insulin Aspart | 100 units per mL, 10 mL | 1 @ 30.57 | NO |
| 8435Y | | 100 units per mL, 3 mL, 5 | 1 @ 51.56 | NF, NO |
| 8609D | Insulin Aspart—Insulin Aspart Protamine Suspension | 100 units (30 units-70 units) per mL, 3 mL, 5 | 1 @ 51.56 | NF, NO |
| 9040T | Insulin Detemir | 100 units per mL, 3 mL, 5 | 1 @ 85.26 | NF, NO |
| 9039R | Insulin Glargine | 100 units per mL, 3 mL, 5 | 1 @ 85.26 | AV, SW |
| 1921D | Insulin Glulisine | 100 units per mL, 3 mL, 5 | 1 @ 51.56 | SW |
| 1711C | Insulin Isophane (n.p.h.) | 100 units per mL, 10 mL | 1 @ 26.62 | AS |
| 1533Q | | 100 units per mL, 10 mL | 1 @ 25.48 | LY, NO |
| 1761Q | | 100 units per mL, 3 mL, 5 | 1 @ 43.58 | LY, NI, NL, NO |
| 8084L | Insulin Lispro | 100 units per mL, 10 mL | 1 @ 30.57 | LY |
| 8212F | | 100 units per mL, 3 mL, 5 | 1 @ 51.56 | LY |
| 8390N | Insulin Lispro—Insulin Lispro Protamine Suspension | 100 units (25 units-75 units) per mL, 3 mL, 5 | 1 @ 51.56 | LY |
| 8874C | | 100 units (50 units-50 units) per mL, 3 mL, 5 | 1 @ 51.56 | LY |
| 1713E | Insulin Neutral | 100 units per mL, 10 mL | 1 @ 26.62 | AS |
| 1531N | | 100 units per mL, 10 mL | 1 @ 25.48 | LY, NO |
| 1762R | | 100 units per mL, 3 mL, 5 | 1 @ 43.58 | LY, NO |
| 1426C | Insulin Neutral—Insulin Isophane (n.p.h.), (mixed) (biphasic Isophane) | 100 units (30 units-70 units) per mL, 10 mL | 1 @ 25.48 | LY |
| 1763T | | 100 units (30 units-70 units) per mL, 3 mL, 5 | 1 @ 43.58 | LY, NI, NO |
| 2062M | | 100 units (50 units-50 units) per mL, 3 mL, 5 | 1 @ 43.58 | NO |
| 8180M | Interferon Alfa-2a | 3,000,000 i.u. in 0.5 mL | 1 @ 33.32 | RO |
| 8551C | | 4,500,000 i.u. in 0.5 mL | 1 @ 51.66 | RO |
| 8552D | | 6,000,000 i.u. in 0.5 mL | 1 @ 67.66 | RO |
| 8553E | | 9,000,000 i.u. in 0.5 mL | 1 @ 99.94 | RO |
| 8181N | | 3,000,000 i.u. in 0.5 mL | 1 @ 33.32 | RO |
| 8182P | | 4,500,000 i.u. in 0.5 mL | 1 @ 51.66 | RO |
| 8183Q | | 6,000,000 i.u. in 0.5 mL | 1 @ 67.66 | RO |
| 8184R | | 9,000,000 i.u. in 0.5 mL | 1 @ 99.94 | RO |

**(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)**

| Code | Name | Form/Strength | Pack and Price $ | | Manufacturer |
|---|---|---|---|---|---|
| 8572E | Interferon Alfa-2b | 18,000,000 i.u. in 1.2 mL | 1 @ | 199.87 | SH |
| 8348J | | 18,000,000 i.u. in 1.2 mL | 1 @ | 199.87 | SH |
| 8476D | | 30,000,000 i.u. in 1.2 mL | 1 @ | 333.11 | SH |
| 8671J | Ipratropium Bromide | 21 mcg per dose (200 doses) | 1 @ | 17.37 | BY |
| 1542E | | 250 mcg (anhydrous) in 1 mL, 30 | 1 @ | 19.68 | AF, AW, CH, GM, GX, PU, TW |
| | | | 1 @ | 20.14 | BY |
| 8238N | | 500 mcg (anhydrous) in 1 mL, 30 | 1 @ | 23.27 | AF, AW, CH, GM, GX, PU, TW |
| | | | 1 @ | 23.72 | BY |
| 1541D | | 250 mcg (anhydrous) per mL, 20 mL | 1 @ | 5.86 | BY |
| 8415X | Irinotecan Hydrochloride Trihydrate | 100 mg in 5 mL | 1 @ | 330.22 | MX, PU |
| 2587E | Isosorbide Dinitrate | 10 mg | 100 @ | 3.77 | AF |
| | | | 100 @ | 5.63 | SI |
| 2588F | | 5 mg | 100 @ | 4.21 | SI |
| 1588N | Ketoprofen | 100 mg | 20 @ | 8.04 | SW |
| 8797B | Levodopa with Carbidopa and Entacapone | 50 mg-12.5 mg-200 mg | 100 @ | 152.73 | NV |
| 8798C | | 100 mg-25 mg-200 mg | 100 @ | 167.75 | NV |
| 8799D | | 150 mg-37.5 mg-200 mg | 100 @ | 182.77 | NV |
| 8290H | Lithium Carbonate | 450 mg (s.r.) | 100 @ | 13.33 | GK |
| 1598D | Mercaptopurine | 50 mg | 25 @ | 56.47 | GK |
| 8753Q | Mesalazine | 1 g in 100 mL, 7 | 1 @ | 82.45 | FP |
| 8616L | | 2 g in 60 mL, 7 | 1 @ | 82.45 | OA |
| 8617M | | 4 g in 60 mL, 7 | 1 @ | 109.87 | OA |
| 8768L | | 80 g | 1 @ | 82.45 | OA |
| 2826R | Methysergide | 1 mg | 50 @ | 18.72 | NV |
| 1638F | Metronidazole | 500 mg in 100 mL | 1 @ | 7.44 | BX |
| 9026C | Miconazole Nitrate | 20 mg per g, 15 g | 1 @ | 4.53 | JC |
| 8282X | Milk Powder—Lactose Free Formula | 900 g | 1 @ | 16.50 | WX |
| 2350Q | | 900 g | 1 @ | 16.50 | NU |
| 8283Y | | 900 g | 1 @ | 16.50 | WX |
| 2349P | | 900 g | 1 @ | 16.50 | NU |
| 2358D | Milk Powder—Lactose Modified | 900 g | 1 @ | 17.00 | SJ |
| 2357C | | 900 g | 1 @ | 17.00 | SJ |
| 3092R | Milk Powder—Synthetic | 400 g | 1 @ | 35.30 | NU |
| 8630F | Milk Protein and Fat Formula with Vitamins and Minerals—Carbohydrate Free | 225 g | 1 @ | 26.75 | SB |
| 8816B | Modafinil | 100 mg | 60 @ | 170.28 | CS |
| 1674D | Naproxen | 250 mg | 50 @ | 4.65 | AF |
| | | | 50 @ | 6.15 | RO |
| 2732T | Nitrazepam | 5 mg | 25 @ | 1.87 | AF |
| | | | 25 @ | 3.83 | VT |
| 1967M | Norethisterone | 350 mcg | 1 @ | 2.61 | JC, KR |
| | | | 1 @ | 3.58 | PH |
| 2772X | Norethisterone with Ethinyloestradiol | 500 mcg-35 mcg | 1 @ | 4.53 | PH |
| 2774B | | Tablet-Pack | 1 @ | 2.61 | KR |
| | | | 1 @ | 4.53 | PH |
| 2773Y | | 1 mg-35 mcg | 1 @ | 4.53 | PH |
| 2775C | | Tablet-Pack | 1 @ | 2.61 | KR |
| | | | 1 @ | 4.53 | PH |

**(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)**

| Code | Name | Form/Strength | Pack and Price $ | | Manufacturer |
|---|---|---|---|---|---|
| 2776D | | Tablet-Pack | 1 @ | 2.61 | KR |
| | | | 1 @ | 4.53 | PH |
| 3176E | Norethisterone with Mestranol | 1 mg-50 mcg | 1 @ | 2.61 | PH |
| 3179H | | Tablet-Pack | 1 @ | 2.61 | PH |
| 1698J | Nystatin | 100,000 units per g, 15 g | 1 @ | 4.35 | BQ |
| 1733F | Oestrogens—Conjugated | 300 mcg | 28 @ | 3.99 | WX |
| 1734G | | 625 mcg | 28 @ | 4.24 | WX |
| 8383F | Ofloxacin | 3 mg per mL, 5 mL | 1 @ | 12.30 | AG |
| 3134Y | Oxazepam | 15 mg | 25 @ | 1.24 | AF |
| | | | 25 @ | 2.98 | SI |
| 3135B | | 30 mg | 25 @ | 1.44 | AF, FM |
| | | | 25 @ | 3.29 | SI |
| 8588B | Oxcarbazepine | 60 mg per mL, 250 mL | 1 @ | 65.85 | NV |
| 3026G | Paclitaxel | 30 mg in 5 mL | 1 @ | 196.66 | BQ, IT, MX |
| 8018B | | 100 mg in 16.7 mL | 1 @ | 647.24 | BQ, IT, MX |
| 3017T | | 150 mg in 25 mL | 1 @ | 934.30 | BQ, IT, MX |
| 8556H | Pancreatic Extract | not less than 5,000 BP units lipase activity | 100 @ | 22.56 | SM |
| 8020D | | not less than 10,000 BP units lipase activity | 100 @ | 32.87 | SM |
| 8021E | | not less than 25,000 BP units lipase activity | 100 @ | 65.74 | SM |
| 2495H | Pancrelipase | not less than 10,000 BP units lipase activity | 250 @ | 83.58 | OR |
| 8366H | | not less than 25,000 BP units lipase activity | 100 @ | 65.74 | TM |
| 8784H | Paracetamol | 500 mg | 100 @ | 2.55 | AW, CH, FM, GM, HX, JT, PC, SW, TW |
| 8814X | | 665 mg (m.r.) | 96 @ | 3.27 | ME |
| | | | 96 @ | 5.63 | GC |
| 1754H | Paraffin | 3.5 g | 1 @ | 7.36 | IQ |
| | | | 1 @ | 8.36 | AQ |
| 1166J | Phenoxybenzamine Hydrochloride | 10 mg, 30 | 1 @ | 66.16 | GH |
| 1787C | Phenoxymethylpenicillin | 250 mg | 25 @ | 3.28 | SI |
| 3028J | | 500 mg | 25 @ | 4.87 | SI |
| 2356B | | 125 mg per 5 mL, 100 mL | 1 @ | 3.67 | FM |
| | | | 1 @ | 4.58 | SI |
| 2354X | | 250 mg per 5 mL, 100 mL | 1 @ | 5.02 | FM |
| | | | 1 @ | 5.92 | SI |
| 1703P | | 250 mg | 25 @ | 3.28 | SI |
| 2334W | Polygeline | 17.5 g per 500 mL, 500 mL | 1 @ | 12.77 | AE |
| 2642C | Potassium Chloride | 600 mg | 100 @ | 3.05 | NM |
| | | | 100 @ | 4.43 | NV |
| 1920C | Prednisolone Sodium Phosphate | equiv. to 20 mg prednisolone in 100 mL | 7 @ | 31.89 | SI |
| 2554K | | equiv. to 5 mg prednisolone, 10 | 1 @ | 13.77 | SI |
| 1948M | Promethazine Hydrochloride | 50 mg in 2 mL | 5 @ | 7.60 | MX |
| 1953T | Propantheline Bromide | 15 mg | 100 @ | 9.58 | SI |
| 1955X | Propylthiouracil | 50 mg | 100 @ | 20.20 | PL |
| 2676W | Protein Hydrolysate Formula with Medium Chain Triglycerides | 400 g | 1 @ | 11.48 | NT |
| 8259Q | | 450 g | 1 @ | 12.93 | NU |

**(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)**

| Code | Name | Form/Strength | Pack and Price $ | | Manufacturer |
|---|---|---|---|---|---|
| 8284B | Raltitrexed | 2 mg | 1 @ | 283.29 | AP |
| 1937Y | Ranitidine Hydrochloride | 150 mg (base), effervescent | 30 @ | 9.41 | GK |
| 8162N | | 150 mg (base) per 10 mL, 300 mL | 1 @ | 8.37 | GK |
| 8903N | | 150 mg (base), effervescent | 30 @ | 9.41 | GK |
| 8905Q | | 150 mg (base) per 10 mL, 300 mL | 1 @ | 8.37 | GK |
| 8787L | Risperidone | 0.5 mg | 20 @ | 11.11 | JC |
| 8788M | | 0.5 mg (orally disintegrating) | 28 @ | 15.55 | JC |
| 8790P | | 1 mg (orally disintegrating) | 28 @ | 31.10 | JC |
| 9080X | | 2 mg (orally disintegrating) | 28 @ | 62.49 | JC |
| 8792R | | 1 mg (orally disintegrating) | 28 @ | 31.10 | JC |
| 8794W | | 2 mg (orally disintegrating) | 28 @ | 62.49 | JC |
| 9075P | | 3 mg (orally disintegrating) | 28 @ | 92.90 | JC |
| 9076Q | | 4 mg (orally disintegrating) | 28 @ | 121.54 | JC |
| 8869T | | 0.5 mg | 20 @ | 11.11 | JC |
| 8870W | | 0.5 mg (orally disintegrating) | 28 @ | 15.55 | JC |
| 8780D | | 25 mg | 1 @ | 157.36 | JC |
| 8781E | | 37.5 mg | 1 @ | 201.99 | JC |
| 8782F | | 50 mg | 1 @ | 246.67 | JC |
| 1099W | Salbutamol Sulfate | 200 mcg (base) | 100 @ | 7.70 | GK |
| 8288F | | 100 mcg (base) per dose (200 doses) | 1 @ | 5.62 | AL, AW, IA |
| | | | 1 @ | 6.37 | GK |
| 8354Q | | 100 mcg (base) per dose (200 doses) | 1 @ | 15.39 | IA |
| 2000G | | 2.5 mg (base) in 2.5 mL, 30 | 1 @ | 9.12 | AF, AW, CH, GX, PU, TW |
| | | | 1 @ | 10.19 | GK |
| 2001H | | 5 mg (base) in 2.5 mL, 30 | 1 @ | 9.64 | AF, AW, CH, GX, TW |
| | | | 1 @ | 10.70 | GK |
| 2003K | | 5 mg (base) per mL, 30 mL | 1 @ | 3.34 | PU |
| 1103C | | 2 mg (base) per 5 mL, 150 mL | 1 @ | 3.77 | GK |
| 2995P | Salcatonin | 50 i.u. in 1 mL | 5 @ | 33.54 | NV |
| 2997R | | 100 i.u. in 1 mL | 5 @ | 51.57 | NV |
| 2014B | Sodium Alginate with Calcium Carbonate and Sodium Bicarbonate | 1 g-320 mg-534 mg in 20 mL, 500 mL | 1 @ | 3.95 | RC |
| 2264E | Sodium Chloride | 154 mmol per L, 1 L | 1 @ | 3.73 | BX |
| 2260Y | | 513 mmol per L, 1 L | 1 @ | 5.64 | BX |
| 2266G | Sodium Chloride Compound | 1 L | 1 @ | 5.64 | BX |
| 2281C | Sodium Chloride with Glucose | 31 mmol-222 mmol per L, 1 L | 1 @ | 3.73 | BX |
| 2279Y | | 19 mmol-104 mmol per 500 mL, 500 mL | 1 @ | 4.90 | BX |
| 2278X | | 39 mmol-69 mmol per 500 mL, 500 mL | 1 @ | 4.90 | BX |
| 2286H | Sodium Lactate Compound | 1 L | 1 @ | 3.73 | BX |
| 2294R | Sodium Valproate | 100 mg | 100 @ | 12.07 | SW |
| 2289L | | 200 mg (e.c.) | 100 @ | 13.39 | AF, AV, WA |
| | | | 100 @ | 13.95 | SW |
| 2290M | | 500 mg (e.c.) | 100 @ | 26.51 | AF, AV, WA |
| | | | 100 @ | 27.20 | SW |
| 2293Q | | 200 mg per 5 mL, 300 mL | 1 @ | 13.63 | SW |
| 2295T | | 200 mg per 5 mL, 300 mL | 1 @ | 13.63 | SW |
| 2091C | Sorbitol with Sodium Citrate and Sodium Lauryl Sulfoacetate | 3.125 g-450 mg-45 mg in 5 mL, 12 | 1 @ | 14.42 | PH |

**(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)**

| Code | Name | Form/Strength | Pack and Price $ | Manufacturer |
|---|---|---|---|---|
| 8577K | Soy Protein and Fat Formula with Vitamins and Minerals—Carbohydrate Free | 384 mL | 1 @ 5.53 | AB |
| 2093E | Sulfasalazine | 500 mg | 100 @ 23.47 | PH |
| 2096H | | 500 mg (e.c.) | 100 @ 25.83 | KR |
| | | | 100 @ 26.63 | PH |
| 2047R | Sulindac | 100 mg | 50 @ 4.74 | AF |
| 8144P | Sumatriptan Succinate | 50 mg (base) | 2 @ 9.32 | AF, GK, ME |
| 8885P | | 50 mg (base) (fast disintegrating) | 2 @ 9.32 | GK |
| 2109B | Tamoxifen Citrate | 10 mg (base) | 30 @ 21.76 | AP |
| 2110C | | 20 mg (base) | 30 @ 37.79 | AP |
| 2088X | Temazepam | 10 mg | 25 @ 1.87 | AF, FM |
| | | | 25 @ 3.64 | SI |
| 8819E | Temozolomide | 5 mg | 5 @ 70.43 | SH |
| 8820F | | 20 mg | 5 @ 197.02 | SH |
| 8821G | | 100 mg | 5 @ 824.87 | SH |
| 1251W | Terbutaline Sulfate | 5 mg in 2 mL, 30 | 1 @ 10.70 | AP |
| 8098F | Testosterone | 100 mg | 1 @ 33.86 | OR |
| 8099G | | 200 mg | 1 @ 67.71 | OR |
| 2670M | Testosterone Esters | 100 mg | 1 @ 4.54 | OR |
| 2101N | | 250 mg | 1 @ 8.62 | OR |
| 2832C | Tetracosactrin | 1 mg in 1 mL | 1 @ 12.97 | NV |
| 2345K | Thiotepa | 15 mg | 1 @ 65.05 | SI |
| 8223T | Tiagabine Hydrochloride | 15 mg (base) | 50 @ 95.23 | MX |
| 1356J | Tobramycin Sulfate | 80 mg (base) in 2 mL | 5 @ 29.30 | MX |
| 8872Y | | 80 mg (base) in 2 mL (without preservative) | 5 @ 29.30 | PU |
| 2117K | Triamcinolone Acetonide | 200 mcg per g, 100 g | 1 @ 4.14 | FM |
| | | | 1 @ 5.73 | SI |
| 2118L | | 200 mcg per g, 100 g | 1 @ 4.14 | FM |
| | | | 1 @ 5.73 | SI |
| 3128P | Triglycerides, Medium Chain | 500 mL | 1 @ 22.80 | SB |
| 3136C | Triglycerides, Medium Chain and Long Chain with Glucose Polymer | 400 g | 1 @ 36.14 | SB |
| 8478F | Triglycerides—Medium Chain, Formula | 400 g | 1 @ 38.29 | SB |
| 8629E | | 420 g | 1 @ 41.81 | SB |
| 8133C | Valaciclovir Hydrochloride | 500 mg (base) | 10 @ 49.68 | GK |
| 3113W | Vancomycin | 125 mg | 20 @ 121.66 | AS |
| 3114X | | 250 mg | 20 @ 234.33 | AS |
| 3130R | | 500 mg | 1 @ 22.83 | AS, MX |
| 3131T | | 500 mg | 1 @ 22.83 | AS, MX |
| 2374Y | Vincristine Sulfate | 1 mg in 1 mL | 5 @ 79.05 | MX, PU |
| 9009E | Vinorelbine Tartrate | 20 mg (base) | 1 @ 104.82 | FB |
| 9010F | | 30 mg (base) | 1 @ 155.89 | FB |
| 8280T | | 10 mg (base) in 1 mL | 1 @ 74.69 | FB, IT, MX |
| 8281W | | 50 mg (base) in 5 mL | 1 @ 311.28 | FB, IT, MX |
| 8587Y | Whey Protein Formula supplemented with Amino Acids, Vitamins and Minerals, and low in Protein, Phosphate, Potassium and Lactose | 400 g | 1 @ 47.30 | SB |

**(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)**

| Code | Name | Form/Strength | Pack and Price $ | | Manufacturer |
|---|---|---|---|---|---|
| | | ***PREPARATIONS WHICH MAY BE PRESCRIBED FOR PATIENTS RECEIVING PALLIATIVE CARE*** | | | |
| 5303D | Bisacodyl | 10 mg, 10 | 1 @ | 5.03 | PP |
| | | | 1 @ | 5.40 | BY |
| 5304E | | 10 mg, 12 | 1 @ | 4.10 | FL, PP |
| 5307H | | 10 mg, 10 | 1 @ | 5.03 | PP |
| | | | 1 @ | 5.40 | BY |
| 5308J | | 10 mg, 12 | 1 @ | 4.10 | FL, PP |
| 5339B | Clonazepam | 2.5 mg per mL, 10 mL | 1 @ | 4.13 | RO |
| 5342E | | 2.5 mg per mL, 10 mL | 1 @ | 4.13 | RO |
| 5361E | Diclofenac Sodium | 25 mg (e.c.) | 50 @ | 4.24 | AW, CH, GM, GX, HX, TW |
| | | | 50 @ | 5.49 | NV |
| 5363G | | 100 mg | 20 @ | 8.84 | NV |
| 5364H | | 25 mg (e.c.) | 50 @ | 4.24 | AW, CH, GM, GX, HX, TW |
| | | | 50 @ | 5.49 | NV |
| 5366K | | 100 mg | 20 @ | 8.84 | NV |
| 5311M | Glycerol | 700 mg, 12 | 1 @ | 3.54 | PP |
| 5312N | | 1.4 g, 12 | 1 @ | 3.69 | PP |
| 5313P | | 2.8 g, 12 | 1 @ | 3.81 | PP |
| 5314Q | | 700 mg, 12 | 1 @ | 3.54 | PP |
| 5315R | | 1.4 g, 12 | 1 @ | 3.69 | PP |
| 5316T | | 2.8 g, 12 | 1 @ | 3.81 | PP |
| 5367L | Ibuprofen | 200 mg | 50 @ | 2.70 | AF |
| 5368M | | 400 mg | 30 @ | 2.65 | AB |
| 5369N | | 200 mg | 50 @ | 2.70 | AF |
| 5370P | | 400 mg | 30 @ | 2.65 | AB |
| 5377B | Indomethacin | 25 mg | 50 @ | 2.70 | AF |
| | | | 50 @ | 4.19 | MK |
| 5378C | | 100 mg | 20 @ | 7.69 | MK |
| 5379D | | 25 mg | 50 @ | 2.70 | AF |
| | | | 50 @ | 4.19 | MK |
| 5380E | | 100 mg | 20 @ | 7.69 | MK |
| 5345H | Naproxen | 250 mg | 50 @ | 4.65 | AF |
| | | | 50 @ | 6.15 | RO |
| 5349M | | 250 mg | 50 @ | 4.65 | AF |
| | | | 50 @ | 6.15 | RO |
| 5359C | Nitrazepam | 5 mg | 25 @ | 1.87 | AF |
| | | | 25 @ | 3.83 | VT |
| 5360D | | 5 mg | 25 @ | 1.87 | AF |
| | | | 25 @ | 3.83 | VT |
| 5371Q | Oxazepam | 15 mg | 25 @ | 1.24 | AF |
| | | | 25 @ | 2.98 | SI |
| 5372R | | 30 mg | 25 @ | 1.44 | AF, FM |
| | | | 25 @ | 3.29 | SI |
| 5373T | | 15 mg | 25 @ | 1.24 | AF |
| | | | 25 @ | 2.98 | SI |
| 5374W | | 30 mg | 25 @ | 1.44 | AF, FM |
| | | | 25 @ | 3.29 | SI |
| 5343F | Paracetamol | 665 mg (m.r.) | 96 @ | 3.27 | ME |
| | | | 96 @ | 5.63 | GC |

**(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)**

| Code | Name | Form/Strength | Pack and Price $ | | Manufacturer |
|---|---|---|---|---|---|
| 5344G | | 665 mg (m.r.) | 96 @ | 3.27 | ME |
| | | | 96 @ | 5.63 | GC |
| 5331N | Sorbitol with Sodium Citrate and Sodium Lauryl Sulfoacetate | 3.125 g-450 mg-45 mg in 5 mL, 12 | 1 @ | 14.42 | PH |
| 5332P | | 3.125 g-450 mg-45 mg in 5 mL, 12 | 1 @ | 14.42 | PH |
| 5381F | Sulindac | 100 mg | 50 @ | 4.74 | AF |
| 5383H | | 100 mg | 50 @ | 4.74 | AF |
| 5375X | Temazepam | 10 mg | 25 @ | 1.87 | AF, FM |
| | | | 25 @ | 3.64 | SI |
| 5376Y | | 10 mg | 25 @ | 1.87 | AF, FM |
| | | | 25 @ | 3.64 | SI |

## PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY

| | | | | | |
|---|---|---|---|---|---|
| 5252K | Benzathine Penicillin | 900 mg (1,200,000 i.u.) | 10 @ | 202.25 | AS |
| 3398W | Benzylpenicillin | 600 mg | 1 @ | 3.29 | CS |
| 3399X | | 3 g | 1 @ | 5.65 | CS |
| 5048Q | Cefotaxime | 1 g | 1 @ | 4.71 | SZ |
| 5049R | | 2 g | 1 @ | 8.69 | SZ |
| 5079H | Diclofenac Sodium | 100 mg | 20 @ | 8.84 | NV |
| 5076E | | 25 mg (e.c.) | 50 @ | 4.24 | AW, CH, GM, GX, HX, TW |
| | | | 50 @ | 5.49 | NV |
| 5088T | Erythromycin Lactobionate | 1 g (base) | 1 @ | 8.90 | AB |
| 5106R | Glucose | 278 mmol per L, 1 L | 1 @ | 3.73 | BX |
| 5118J | Hydrocortisone Sodium Succinate | 100 mg with 2 mL solvent | 1 @ | 5.23 | PH |
| 5119K | | 250 mg with 2 mL solvent | 1 @ | 9.46 | PH |
| 5121M | Ibuprofen | 200 mg | 50 @ | 2.70 | AF |
| 5123P | | 400 mg | 30 @ | 2.65 | AB |
| 5128X | Indomethacin | 100 mg | 20 @ | 7.69 | MK |
| 5126T | | 25 mg | 50 @ | 2.70 | AF |
| | | | 50 @ | 4.19 | MK |
| 5139L | Ketoprofen | 100 mg | 20 @ | 8.04 | SW |
| 5154G | Metronidazole | 500 mg in 100 mL | 1 @ | 7.44 | BX |
| 5176K | Naproxen | 250 mg | 50 @ | 4.65 | AF |
| | | | 50 @ | 6.15 | RO |
| 5224Y | Paracetamol | 500 mg | 100 @ | 2.55 | AW, CH, FM, GM, HX, JT, PC, SW, TW |
| 3360W | Phenoxymethylpenicillin | 250 mg | 25 @ | 3.28 | SI |
| 3361X | | 500 mg | 25 @ | 4.87 | SI |
| 3365D | | 125 mg per 5 mL, 100 mL | 1 @ | 3.67 | FM |
| | | | 1 @ | 4.58 | SI |
| 3366E | | 250 mg per 5 mL, 100 mL | 1 @ | 5.02 | FM |
| | | | 1 @ | 5.92 | SI |
| 3374N | Promethazine Hydrochloride | 50 mg in 2 mL | 5 @ | 7.60 | MX |
| 5212H | Sodium Chloride | 154 mmol per L, 1 L | 1 @ | 3.73 | BX |
| 5213J | | 513 mmol per L, 1 L | 1 @ | 5.64 | BX |
| 5214K | Sodium Chloride with Glucose | 31 mmol-222 mmol per L, 1 L | 1 @ | 3.73 | BX |
| 5215L | | 19 mmol-104 mmol per 500 mL, 500 mL | 1 @ | 4.90 | BX |

**(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)**

| Code | Name | Form/Strength | Pack and Price $ | Manufacturer |
|---|---|---|---|---|
| 5216M | | 39 mmol-69 mmol per 500 mL, 500 mL | 1 @ 4.90 | BX |
| 5217N | Sulindac | 100 mg | 50 @ 4.74 | AF |
| 3323X | Vancomycin | 500 mg | 1 @ 22.83 | AS, MX |

# Section 4

Drug Tariff

Container Prices

Standard Formulae Preparations

Table of Codes, Maximum Quantities, and Number of Repeats for Extemporaneously Prepared Pharmaceutical Benefits

***Special Note:***

Purified Water BP is the minimum requirement for water in all PBS extemporaneous preparations.

# Drug Tariff

| Drug | Standard | Recovery Prices 0.1 g/mL $ | 1 g/mL $ | 10 g/mL $ | 100 g/mL $ |
|---|---|---|---|---|---|
| Acacia Mucilage (by weight) | APF 15 | 0.01 | 0.07 | 0.57 | 5.09 |
| Acacia, powdered | BP | 0.02 | 0.13 | 1.02 | 9.10 |
| Acetic Acid (6 per cent) | BP | 0.01 | 0.02 | 0.12 | 1.05 |
| Acetic Acid (33 per cent) | BP | 0.01 | 0.05 | 0.37 | 3.30 |
| Acetone (use as additive only) | BP | 0.01 | 0.07 | 0.57 | 5.05 |
| Alum | BP | 0.02 | 0.13 | 1.07 | 9.48 |
| Aluminium Acetate Solution | BP | 0.02 | 0.12 | 0.95 | 8.46 |
| Anise Water Concentrated 1 in 40 (use as additive only) | BP | 0.01 | 0.07 | 0.54 | 4.78 |
| Aqueous Cream (for use only as a base combined with active ingredients) | APF | 0.01 | 0.02 | 0.19 | 1.65 |
| Ascorbic Acid (for use only as an ingredient of ferrous sulfate mixtures) | BP | 0.05 | 0.36 | 2.85 | 25.34 |
| Aspirin | BP | 0.07 | 0.54 | 4.33 | 38.50 |
| Belladonna Tincture | BP | 0.04 | 0.31 | 2.48 | 22.00 |
| Benzocaine | BP | 0.07 | 0.55 | 4.41 | 39.20 |
| Benzoic Acid | BP | 0.03 | 0.26 | 2.08 | 18.48 |
| Benzoic Acid Compound Ointment | APF | 0.01 | 0.09 | 0.73 | 6.46 |
| Benzoic Acid Solution | BP | 0.01 | 0.08 | 0.60 | 5.35 |
| Benzoin Compound Tincture | BP | 0.02 | 0.17 | 1.36 | 12.12 |
| Boric Acid (use as additive only) | BP | 0.01 | 0.05 | 0.37 | 3.30 |
| Boric Acid, Olive Oil and Zinc Oxide Ointment | QHF | 0.01 | 0.06 | 0.44 | 3.95 |
| Calcium Hydroxide | BP | 0.02 | 0.15 | 1.19 | 10.57 |
| Calcium Hydroxide Solution | BP | 0.01 | 0.01 | 0.06 | 0.56 |
| Castor Oil (use as additive only) | BP | 0.01 | 0.05 | 0.39 | 3.42 |
| Cetomacrogol Aqueous Cream (for use only as a base combined with active ingredients) | APF | 0.01 | 0.02 | 0.19 | 1.71 |
| Cetrimide Aqueous Cream (for use only as a base combined with active ingredients) | APF | 0.02 | 0.12 | 0.92 | 8.13 |
| Chlorhexidine Acetate (use as additive only) | BP | 0.42 | 3.32 | 26.52 | 235.73 |
| Chlorhexidine Aqueous Cream (for use only as a base combined with active ingredients) | APF | 0.03 | 0.20 | 1.63 | 14.45 |
| Chloroform (use as additive only) | BP | 0.02 | 0.12 | 0.95 | 8.40 |
| Chloroform Spirit | BP | 0.01 | 0.03 | 0.23 | 2.08 |
| Chloroform Water Concentrated 1 in 40 | APF 15 | 0.01 | 0.03 | 0.23 | 2.05 |
| Citric Acid Monohydrate | BP | 0.01 | 0.06 | 0.47 | 4.22 |
| Coal Tar | BP | 0.10 | 0.79 | 6.30 | 56.00 |
| Coal Tar Solution | BP | 0.01 | 0.10 | 0.78 | 6.97 |
| Cocaine Hydrochloride | BP | 4.19 | 33.49 | 267.93 | 2381.57 |
| Coconut Oil | BP | 0.01 | 0.10 | 0.78 | 6.89 |

| Drug | Standard | Recovery Prices 0.1 g/mL $ | 1 g/mL $ | 10 g/mL $ | 100 g/mL $ |
|---|---|---|---|---|---|
| Codeine Linctus | APF | 0.01 | 0.05 | 0.41 | 3.63 |
| Codeine Phosphate (may only be prescribed in linctuses, mixtures or mixtures for children) | BP | 1.11 | 8.84 | 70.73 | 628.71 |
| Collodion Flexible | BP | 0.04 | 0.33 | 2.63 | 23.33 |
| Dithranol | BP | 3.24 | 25.92 | 207.32 | 1842.83 |
| Emulsifying Ointment (for use only as a base combined with active ingredients) | BP | 0.01 | 0.06 | 0.47 | 4.19 |
| Ephedrine Hydrochloride (may only be prescribed in nasal instillations) | BP | 0.49 | 3.90 | 31.20 | 277.33 |
| Ethanol (90 per cent) (use as additive only) | BP | 0.01 | 0.02 | 0.18 | 1.56 |
| Ethanol (96 per cent) (use as additive only) | BP | 0.01 | 0.03 | 0.21 | 1.89 |
| Ether Solvent (use as additive only) | BP | 0.01 | 0.11 | 0.87 | 7.71 |
| Eucalyptus Oil (use as additive only) | BP | 0.02 | 0.12 | 0.99 | 8.78 |
| Ferrous Sulfate | BP | 0.09 | 0.68 | 5.40 | 48.00 |
| Formaldehyde Solution | BP | 0.02 | 0.16 | 1.26 | 11.20 |
| Gentian Alkaline Mixture | APF | 0.01 | 0.05 | 0.41 | 3.66 |
| Glycerol | BP | 0.01 | 0.05 | 0.36 | 3.20 |
| Honey Purified (use as additive only) | BP 1993 | 0.01 | 0.01 | 0.11 | 1.01 |
| Hydroxybenzoate Compound Solution | APF | 0.06 | 0.47 | 3.72 | 33.10 |
| Iodine | BP | 0.33 | 2.63 | 21.00 | 186.67 |
| Iodine Alcoholic Solution | BP | 0.01 | 0.12 | 0.95 | 8.45 |
| Iodine Aqueous Oral Solution | BP | 0.02 | 0.17 | 1.38 | 12.27 |
| Kaolin Mixture | BPC 1968 | 0.01 | 0.07 | 0.59 | 5.25 |
| Kaolin and Opium Mixture | APF 14 | 0.01 | 0.08 | 0.66 | 5.83 |
| Lactic Acid | BP | 0.05 | 0.39 | 3.13 | 27.79 |
| Lavender Spike Oil | BPC 1968 | 0.07 | 0.57 | 4.54 | 40.38 |
| Liquorice Liquid Extract | BP | 0.03 | 0.21 | 1.69 | 15.03 |
| Magnesium Carbonate Light | BP | 0.02 | 0.17 | 1.34 | 11.90 |
| Magnesium Sulfate (may only be prescribed for other than oral use) | BP | 0.01 | 0.01 | 0.09 | 0.82 |
| Magnesium Trisilicate | BP | 0.04 | 0.28 | 2.20 | 19.58 |
| Menthol, Racemic or Levomenthol | BP | 0.19 | 1.50 | 12.00 | 106.71 |
| Methyl Hydroxybenzoate | BP | 0.24 | 1.95 | 15.60 | 138.67 |
| Methyl Hydroxybenzoate Solution | APF | 0.03 | 0.20 | 1.62 | 14.41 |
| Methylated Industrial Spirit (use as additive only) | BP | 0.01 | 0.03 | 0.27 | 2.38 |
| Olive Oil (use as additive only) | BP | 0.01 | 0.10 | 0.77 | 6.82 |
| Paraffin Hard | BP | 0.01 | 0.06 | 0.45 | 3.97 |
| Paraffin Liquid (may only be prescribed for other than oral use) | BP | 0.01 | 0.03 | 0.22 | 1.94 |
| Paraffin Light Liquid | BP | 0.01 | 0.10 | 0.82 | 7.31 |
| Paraffin Soft White | BP | 0.01 | 0.03 | 0.24 | 2.10 |

| Drug | Standard | Recovery Prices 0.1 g/mL $ | 1 g/mL $ | 10 g/mL $ | 100 g/mL $ |
|---|---|---|---|---|---|
| Paraffin Soft Yellow | BP | 0.01 | 0.05 | 0.41 | 3.66 |
| Peppermint Oil (use as additive only) | BP | 0.09 | 0.72 | 5.72 | 50.84 |
| Peppermint Water Concentrated 1 in 40 (use as additive only) | APF 16 | 0.03 | 0.20 | 1.62 | 14.41 |
| Phenobarbitone Sodium (may only be prescribed for the treatment of epilepsy) | BP | 10.22 | 81.75 | 654.00 | 5813.33 |
| Phenol Liquefied (not available for ear drops) | BP | 0.05 | 0.37 | 2.93 | 26.00 |
| Podophyllum Resin | BP | 0.79 | 6.30 | 50.40 | 448.00 |
| Potassium Citrate | BP | 0.01 | 0.09 | 0.69 | 6.16 |
| Potassium Iodide | BP | 0.06 | 0.44 | 3.53 | 31.33 |
| Potassium Permanganate | BP | 0.02 | 0.14 | 1.08 | 9.57 |
| Propyl Hydroxybenzoate | BP | 0.21 | 1.65 | 13.20 | 117.33 |
| Propylene Glycol | BP | 0.01 | 0.07 | 0.52 | 4.66 |
| Red Syrup | APF 15 | 0.01 | 0.11 | 0.85 | 7.56 |
| Resorcinol | BP | 0.11 | 0.87 | 6.96 | 61.89 |
| Salicylic Acid | BP | 0.02 | 0.17 | 1.39 | 12.35 |
| Salicylic Acid Ointment | APF | 0.02 | 0.13 | 1.05 | 9.38 |
| Salicylic Acid Ointment | BP | 0.01 | 0.09 | 0.69 | 6.10 |
| Simple Ointment (white) (for use only as a base combined with active ingredients) | BP | 0.02 | 0.13 | 1.07 | 9.48 |
| Simple Ointment (yellow) (for use only as a base combined with active ingredients) | BP | 0.02 | 0.15 | 1.17 | 10.42 |
| Sodium Bicarbonate | BP | 0.01 | 0.06 | 0.46 | 4.11 |
| Sodium Chloride | BP | 0.01 | 0.10 | 0.82 | 7.27 |
| Sodium Chloride Solution | BP | 0.01 | 0.02 | 0.15 | 1.37 |
| Sodium Citrate | BP | 0.01 | 0.10 | 0.83 | 7.40 |
| Sodium Thiosulfate (use as additive only) | BP | 0.02 | 0.17 | 1.34 | 11.89 |
| Starch | BP | 0.01 | 0.07 | 0.54 | 4.84 |
| Sulfur Ointment (for use only as a base combined with active ingredients) | BP 1980 | 0.02 | 0.13 | 1.07 | 9.51 |
| Sulfur Precipitated | BP 1980 | 0.02 | 0.12 | 0.98 | 8.71 |
| Syrup | BP | 0.01 | 0.03 | 0.22 | 1.99 |
| Talc Purified, sterilised | BP | 0.02 | 0.14 | 1.10 | 9.79 |
| Thymol | BP | 0.17 | 1.33 | 10.64 | 94.58 |
| Thymol Compound Mouth Wash | APF 15 | 0.01 | 0.08 | 0.61 | 5.42 |
| Tragacanth Compound Powder | BP 1980 | 0.05 | 0.42 | 3.35 | 29.76 |
| Tragacanth Mucilage | APF 13 | 0.01 | 0.07 | 0.56 | 4.95 |
| Tragacanth Mucilage | BPC 1973 | 0.01 | 0.02 | 0.13 | 1.14 |
| Tragacanth, powdered | BP | 0.08 | 0.66 | 5.27 | 46.80 |
| Trichloroacetic Acid | BP 1980 | 0.24 | 1.91 | 15.27 | 135.69 |
| Triethanolamine | BP | 0.04 | 0.33 | 2.63 | 23.33 |
| Water For Injections, sterilised (b) (extemporaneously prepared eye drops and eye lotions) | BP | 0 | 0 | 0 | 8.09 |
| Water Purified | BP | 0.01 | 0.01 | 0.06 | 0.55 |
| Wool Alcohols Ointment (white) | BP | 0.02 | 0.12 | 0.96 | 8.51 |

| Drug | Standard | Recovery Prices | | | |
|---|---|---|---|---|---|
| | | 0.1 g/mL $ | 1 g/mL $ | 10 g/mL $ | 100 g/mL $ |
| (for use only as a base combined with active ingredients) | | | | | |
| Wool Alcohols Ointment (yellow) | BP | 0.02 | 0.12 | 0.96 | 8.51 |
| (for use only as a base combined with active ingredients) | | | | | |
| Wool Fat | BP | 0.01 | 0.11 | 0.84 | 7.48 |
| Wool Fat Hydrous | BP | 0.01 | 0.09 | 0.69 | 6.16 |
| Zinc Compound Paste | BP | 0.02 | 0.14 | 1.12 | 9.96 |
| Zinc Cream | BP | 0.01 | 0.06 | 0.48 | 4.29 |
| (for use only as a base combined with active ingredients) | | | | | |
| Zinc Oxide | BP | 0.01 | 0.08 | 0.67 | 5.99 |
| Zinc and Salicylic Acid Paste | BP | 0.02 | 0.12 | 0.96 | 8.49 |
| Zinc Sulfate | BP | 0.02 | 0.16 | 1.29 | 11.45 |

# Container Prices

| | $ |
|---|---|
| DISPENSING BOTTLES - | |
| 25mL | 0.52 |
| 50mL | 0.44 |
| 100mL | 0.45 |
| 200mL | 0.69 |
| 500mL | 0.94 |
| POISON BOTTLES - | |
| 25mL | 0.46 |
| 50mL | 0.49 |
| 100mL | 0.82 |
| 200mL | 1.14 |
| 500mL | 1.00 |
| SCREW CAP JARS - | |
| 25g | 0.49 |
| 50g | 0.61 |
| 100g | 0.70 |
| 200g | 0.57 |
| 500g | 1.07 |
| DROPPER CONTAINERS - | |
| 15mL polythene | 0.65 |
| 15mL glass | 0.82 |

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| | |
|---|---|
| **Dispensing Fee for Extemporaneously Prepared Benefits** | **$7.48** |
| **Additional Fee for Agreed Price Extemporaneously Prepared Benefits** | **$1.40** |

# Standard Formula Preparations

The following list is not intended to indicate in any way which particular formula an approved pharmacist should use in filling a prescription.

The prices shown in the column 'Dispensed Price for Max. Qty' are for the ingredients, the container and the dispensing fee. The prices shown in the column 'Maximum Recordable Value for Safety Net' are for the ingredients, the container and the dispensing fee and, where applicable, the additional fee for agreed price benefits.

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**KEY TO REFERENCES:**

| | |
|---|---|
| **APF** | **Australian Pharmaceutical Formulary** |
| **BP** | **British Pharmacopoeia** |
| **BPC** | **British Pharmaceutical Codex** |
| **QHF** | **Queensland Hospital Formulary** |

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| Code | Item | Reference | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ |
|---|---|---|---|---|
| | **CREAMS** | | | |
| | **(Maximum Quantity 100 g and 1 Repeat)** | | | |
| 7502W | Salicylic Acid and Sulfur Aqueous | APF | 10.34 | 11.74 |
| | **DUSTING POWDERS** | | | |
| | **(Maximum Quantity 100 g and 1 Repeat)** | | | |
| 7458M | Zinc, Starch and Talc | APF 15 & BPC 1973 | 16.58 | 17.98 |
| | **EAR DROPS** | | | |
| | **(Maximum Quantity 15 mL and 2 Repeats)** | | | |
| 7642F | Aluminium Acetate | APF | 9.14 | 10.54 |
| 7643G | Aluminium Acetate | BP | 9.56 | 10.96 |
| 7314Y | Sodium Bicarbonate | APF & BP | 8.48 | 9.88 |
| 7313X | Spirit | APF | 8.34 | 9.74 |
| | **INHALATIONS** | | | |
| | **(Maximum Quantity 50 mL and 1 Repeat)** | | | |
| 7484X | Benzoin and Menthol | APF | 16.27 | 17.67 |
| 7308P | Menthol | APF | 10.37 | 11.77 |
| 7310R | Menthol and Eucalyptus | BP 1980 | 10.94 | 12.34 |
| | **LINCTUSES CONTAINING CODEINE PHOSPHATE** | | | |
| | **(Maximum Quantity 100 mL and 0 Repeats)** | | | |
| 7530H | Codeine | APF | 11.56 | 12.96 |
| | **LOTIONS** | | | |
| | **(Maximum Quantity 200 mL and 2 Repeats)** | | | |
| 7709R | Aluminium Acetate Aqueous | APF | 10.62 | 12.02 |
| | **MIXTURES, OTHER** | | | |
| | **(Maximum Quantity 200 mL and 4 Repeats)** | | | |
| 7604F | Gentian Alkaline | APF | 15.49 | 16.89 |
| 7348R | Kaolin | BPC 1968 | 18.67 | 20.07 |
| 7301G | Kaolin and Opium | APF 14 | 19.83 | 21.23 |
| 7342K | Magnesium Trisilicate | BPC 1968 | 14.24 | 15.64 |
| 7343L | Magnesium Trisilicate and Belladonna | BPC 1968 | 16.62 | 18.02 |
| | **MOUTH WASHES** | | | |
| | **(Maximum Quantity 200 mL and 1 Repeat)** | | | |
| 7457L | Thymol Compound | APF 15 | 19.46 | 20.86 |
| | **OINTMENTS** | | | |
| | **(Maximum Quantity 100 g and 1 Repeat)** | | | |
| 7914M | Benzoic Acid Compound | APF | 14.64 | 16.04 |
| 7914M | Benzoic Acid Compound (extemporaneous formula) | BP | 14.64 | 16.94 |
| 7902X | Boric Acid, Olive Oil and Zinc Oxide | QHF | 12.13 | 13.53 |

—CONTAINER RATES ARE INCLUDED—

| Code | Item | Reference | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ |
|---|---|---|---|---|
| 7926E | Salicylic Acid | APF | 17.56 | 18.96 |
| 7928G | Salicylic Acid (extemporaneous formula) | BP | 14.28 | 15.68 |
| | **PAINTS (Maximum Quantity 25 mL and 1 Repeat)** | | | |
| 7567G | Podophyllin Compound | APF 16 & BP | 34.97 | 30.70 |
| 7568H | Salicylic Acid | APF | 18.00 | 19.40 |
| | **PASTES, OTHER (Maximum Quantity 100 g and 1 Repeat)** | | | |
| 7558T | Zinc | APF | 18.14 | 19.54 |
| 7558T | Zinc Compound (extemporaneous formula) | BP | 18.14 | 19.54 |
| | **POWDER FOR INTERNAL USE (Maximum Quantity 100 g and 2 Repeats)** | | | |
| 7545D | Magnesium Trisilicate | BP | 27.63 | 29.03 |

# Table of Codes, Maximum Quantities, and Number of Repeats for Extemporaneously Prepared Benefits

| Code | Preparation | Maximum Quantity | | Number of Repeats |
|---|---|---|---|---|
| 13Q | Creams | 100 | g | 1 |
| 48M | Dusting Powders | 100 | g | 1 |
| 15T | Ear Drops | 15 | mL | 2 |
| 19B | Eye Drops containing Cocaine Hydrochloride | 15 | mL | .. |
| 22E | Eye Drops, Other | 15 | mL | 5 |
| 23F | Eye Lotions | 200 | mL | 2 |
| 29M | Inhalations | 50 | mL | 1 |
| 64J | Linctuses containing Codeine Phosphate | 100 | mL | .. |
| 34T | Linctuses, Other | 100 | mL | 2 |
| 39C | Lotions | 200 | mL | 2 |
| 65K | Mixtures containing Codeine Phosphate | 200 | mL | .. |
| 40D | Mixtures, Other | 200 | mL | 4 |
| 66L | Mixtures for Children containing Codeine Phosphate | 100 | mL | .. |
| 41E | Mixtures for Children, Other | 100 | mL | 4 |
| 30N | Mouth Washes | 200 | mL | 1 |
| 42F | Nasal Instillations | 15 | mL | 2 |
| 43G | Ointments, Waxes | 100 | g | 1 |
| 44H | Paints | 25 | mL | 1 |
| 63H | Pastes containing Cocaine Hydrochloride | 25 | g | .. |
| 45J | Pastes, Other | 100 | g | 1 |
| 49N | Powders for Internal Use | 100 | g | 2 |
| 52R | Solutions | 200 | mL | 2 |

Australian Government

Department of Veterans' Affairs

# REPATRIATION SCHEDULE OF PHARMACEUTICAL BENEFITS

## 1 OCTOBER 2007

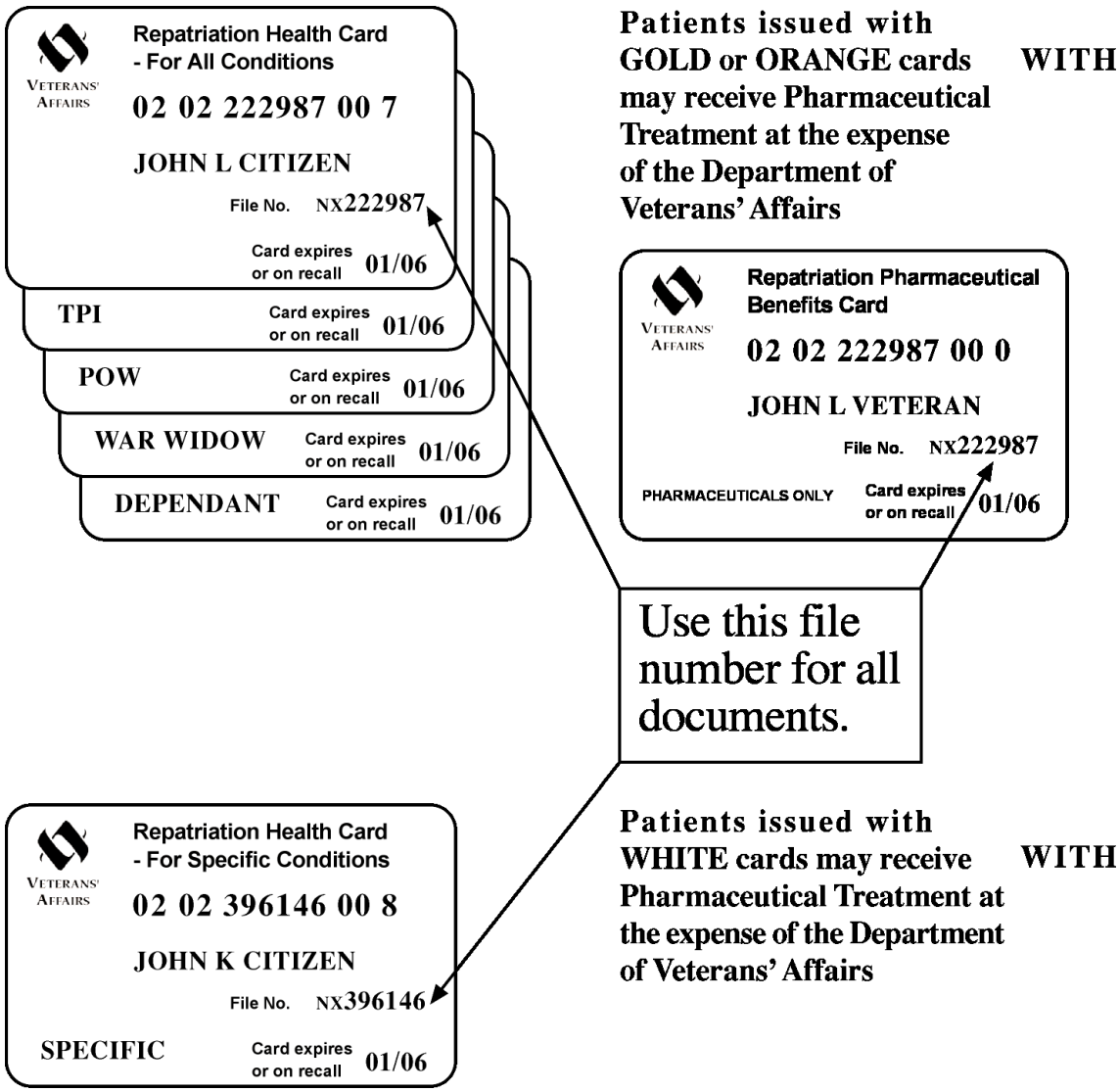
The benefits listed in this Schedule may only be prescribed to Department of Veterans' Affairs beneficiaries holding a:

- Repatriation Health Card For All Conditions (gold); or
- Repatriation Health Card For Specific Conditions (white); or
- Repatriation Pharmaceutical Benefits Card (orange);

# BENEFICIARIES' ENTITLEMENT CARDS AND ELIGIBILITY

The diagram below outlines the drug eligibility of Department of Veterans' Affairs

## REPATRIATION PHARMACEUTICAL BENEFITS



**FOR REPATRIATION PHARMACEUTICAL BENEFITS**

beneficiaries in accordance with their treatment entitlement.

| | | | | |
|---|---|---|---|---|
| PBS Schedule listings written on the common PBS/RPBS prescription form, ticked as 'RPBS' (restrictions apply) | + | Repatriation Schedule listings written on the common PBS/RPBS prescription form, ticked as 'RPBS' | + | Items for which prescribing approval has been authorised on the common PBS/RPBS authority prescription form for:<br>(i) PBS and Repatriation Schedules 'Authority required' items;<br>(ii) greater quantities/repeats of drugs listed in PBS and Repatriation Schedules; or<br>(iii) items not listed in PBS or Repatriation Schedules. |

**Only for disabilities that have been accepted for treatment by the Department of Veterans' Affairs**

| | | | | |
|---|---|---|---|---|
| PBS Schedule listings written on the common PBS/RPBS prescription form, ticked as 'RPBS' (restrictions apply) | + | Repatriation Schedule listings written on the common PBS/RPBS prescription form, ticked as 'RPBS' | + | Items for which prescribing approval has been authorised on a common PBS/RPBS authority prescription form for:<br>(i) PBS and Repatriation Schedules 'Authority required' items;<br>(ii) greater quantities/repeats of drugs listed in PBS and Repatriation Schedules; or<br>(iii) items not listed in PBS or Repatriation Schedules. |

# RPBS Explanatory Notes

## Introduction

### The Australian Repatriation System

1. The Australian Repatriation system is based primarily on the principle of compensation to veterans and eligible dependants for injury or death related to war service. In certain cases, treatment is also provided for accepted injuries or conditions that are not service-related or have occurred as a result of other than war service.
2. Through the *Veterans' Entitlements Act 1986* the Department of Veterans' Affairs provides programs of compensation, income support and treatment for eligible veterans and their dependants. One of the defined benefits for eligible veterans is the Repatriation Pharmaceutical Benefits Scheme. This range of medications and dressings is more comprehensive than is available through the Pharmaceutical Benefits Scheme.

## RPBS prescribing provisions

3. Unless otherwise stated, Repatriation Pharmaceutical Benefits Scheme (RPBS) prescriptions must conform with the requirements of Pharmaceutical Benefits Scheme (PBS) prescriptions, as detailed in Section 1 – Explanatory Notes in the *Schedule of Pharmaceutical Benefits* book. The prescriber shall ensure that a prescription contains the following details:
    - the category of benefit, i.e., RPBS, by placing a cross in the relevant box;
    - the patient's full name and address;
    - the prescription date;
    - the DVA file number of the patient as evidence of entitlement;
    - in the case of authority prescriptions, the Authority approval number or the four digit streamlined authority code;
    - the item, form, strength, quantity and directions;
    - the number of repeats, if applicable;
    - indicate when brand substitution is not permitted; and
    - the name, signature, the prescriber number and address of the prescriber.

### Prior Approval Arrangements

4. The prior approval of the Department is required to prescribe the following:
    - ‘Authority required’ items (excluding ‘Authority required (STREAMLINED)’ items) listed in either the PBS or RPBS Schedule;
    - increased quantities and/or repeats of items listed in either the PBS or RPBS Schedule;
    - items listed under section 100 of the *National Health Act 1953*; and
    - other items not listed in either Schedule (non-Schedule items).
5. The above items are to be prescribed on the common PBS/RPBS authority prescription form in accordance with the directions stated in the Explanatory Notes in the *Schedule of Pharmaceutical Benefits*.

6. All Authority required prescriptions and requests for non-Schedule items must receive prior approval from the Department. This can be achieved by either:
   - using the Department's national free call number 1800 552 580; or
   - by mailing the written authority prescription to the Veterans' Affairs Pharmaceutical Advisory Centre (VAPAC) at the reply paid address shown at the end of these RPBS Explanatory Notes.

Prior approval is not required from DVA to prescribe an Authority required (STREAMLINED) item (except where increased quantities and/or repeats are required). Instead the authority prescription form must include a four digit streamlined authority code.

7. Some requests for prior approval (including some non-Schedule items) need to be referred by VAPAC to the Repatriation Pharmaceutical Reference Committee for consideration. In such cases a VAPAC pharmacist will advise the prescriber to submit a request in writing that provides the following information:
   - A current clinical report on the patient's condition (such as age, co-morbidities, renal, liver failure) and clinical reports including pathology, biochemistry, diagnostic and other investigations if appropriate.
   - Details of past and current therapy for the condition. Include details of PBS, RPBS and non-Schedule items utilised, and the results of those therapies.
   - Details of the proposed treatment regimen. Include intended dose and duration of treatment and objective measures of response.
   - When the proposed use of the item is outside the TGA-approved indications for use in Australia, provide copies of articles from peer reviewed publications supporting the proposed treatment.
   - Signed, informed patient consent where the item is to be used for a non-TGA-approved indication.
   - For items without Australian marketing approval, a copy of the TGA Special Access Scheme approval to prescribe the drug.
8. Requests for prior approval to prescribe a non-Schedule (PBS or RPBS) item that is of the same therapeutic class (ATC level 3) as an item that is listed on the Schedule, will not be approved unless unequivocal clinical evidence is presented to demonstrate that the requested item is essential for effective treatment of the nominated patient.
9. A pharmacist should not supply an item prescribed on an RPBS Authority Prescription Form unless the form has been approved and stamped by VAPAC, or has been endorsed by the prescriber with a telephone Authority approval number provided by VAPAC. Medicare Australia will not accept RPBS Authority prescriptions that have not been approved by the Department of Veterans' Affairs for payment.

### Palliative Care Drugs

10. The following medications may be available, or made available in increased quantities or doses under prior approval arrangements for use only in the palliative care of terminal disease:
    - clonazepam
    - cyclizine
    - dexamethasone
    - disodium pamidronate
    - fentanyl
    - glycopyrrolate
    - hyoscine butylbromide
    - hyoscine hydrobromide
    - ketamine
    - midazolam
    - octreotide

    For further information telephone VAPAC on 1800 552 580.

### Dental Prescribing

11. Under Department of Veterans' Affairs arrangements, financial responsibility for pharmaceutical benefits prescribed by a Local Dental Officer (LDO) is limited to treatment to which holders of the following cards are entitled:
    - a Gold Repatriation Health Card – For All Conditions; or
    - a White Repatriation Health Card – For Specific Conditions; or
    - an Orange Repatriation Pharmaceutical Benefits Card.

    Where possible the LDO shall prescribe in accordance with the provisions governing dental prescribing under the Pharmaceutical Benefits Scheme (PBS).
12. Prescriptions for PBS Dental Schedule items for Gold, White and Orange Card holders are to be dispensed at the PBS concessional rate. Claims for payment by the dispensing pharmacist are to be included with other Repatriation prescriptions. The card holder is required to meet the cost of any applicable brand premium.
13. When a non-PBS Dental Schedule item is prescribed for an eligible card holder, the LDO's private prescription form should be used. The dispensing pharmacist may charge the patient the full cost of the prescription. The patient may claim a refund for the full cost of a non-Schedule item from the Department if an itemised receipt (not a cash register receipt) and a copy of the prescription are provided.

## Provisions governing pricing and payment for RPBS benefits

### Introduction

14. Unless otherwise stated, the pricing and payment principles and arrangements for approved pharmacists supplying pharmaceutical benefits under the RPBS will be the same as those arrangements applying under the PBS.

15. Where a pharmaceutical benefit that is not listed on the PBS or RPBS Schedule is dispensed on an RPBS Authority prescription, a pharmacist will price the benefit and enter the serial number, prescription identifying number and price on the sticker or stamp imprint affixed to the prescription.

### Pricing of Schedule Items

16. Items supplied under the RPBS from the PBS Schedule, both ready-prepared and extemporaneously-prepared, will be paid on the same basis as benefits supplied under the PBS. Items supplied under the RPBS from the Repatriation Schedule, including wound dressings, will be paid on the basis of the price as given in the Repatriation Pharmaceutical Benefits section (Section 1 – RPBS Schedule, Drugs, Medicines and Dressings) of the *Schedule of Pharmaceutical Benefits*.

### Pricing of Non-Schedule Ready Prepared Items

17. Non-Schedule ready-prepared items are to be priced on the basis of the invoiced, GST-exclusive wholesale price to pharmacists plus the appropriate PBS mark-up and the PBS dispensing fee. Where the item price to pharmacists is greater than $100.00, a copy of the invoice pertaining to the supply of that item is to be submitted together with the appropriate copy of the authority prescription as part of the claim for payment.

### Pricing of Non-Schedule Extemporaneously Prepared Items

18. When an ingredient drug is not listed in the PBS Drug Tariff, the recovery price will be based on the invoiced wholesale price to pharmacists, increased by a mark-up of 100%, calculated in accordance with the directions contained in the pricing instructions for pricing of PBS extemporaneously-prepared benefits in this Schedule. The price paid by the pharmacist for the commercial pack from which the ingredient is used shall be endorsed on the prescription form.

### Miscellaneous Pricing Rules

19. The price to pharmacists used as the basis of pricing will be the invoiced, GST-exclusive price from the wholesaler.
20. If multiple quantities of a manufacturer's original pack are supplied, the PBS mark-up is applied to the price to pharmacist of each pack and then totalled. The PBS dispensing fee, and the PBS dangerous drug fee if applicable, are then added to the total of the marked-up prices.
21. When the quantity prescribed corresponds with the quantity of a manufacturer's original pack, in no circumstances will the price payable for one pack exceed that payable for multiples or combinations of packs to supply the quantity prescribed.
22. The list of ingredient drugs and prices included in the PBS Drug Tariff are common to both the PBS and RPBS. Certain restrictions apply regarding the prescribing and dispensing of some of these ingredient drugs as pharmaceutical benefits, e.g., use as additive only.
23. For items prescribed generically, including non-Schedule and wound dressings, the pharmacist should indicate on the prescription the quantity and brand supplied. If prescriptions are not endorsed, the Department will pay the lowest priced acceptable product available.

## General

### Packaging Material, Postage or Freight

24. Payment to a pharmacist for the costs of packaging materials, postage or freight required to supply a pharmaceutical benefit is to be paid by the patient, who may then claim reimbursement from the Department through the provision of a pharmacists itemised receipt.

### Payment for Items Supplied at Short Intervals

25. For all items dispensed at specific short intervals of time, the Department will pay a separate PBS dispensing fee for each occasion that the drug is supplied and which is acknowledged on receipt by the patient or agent.

26. The price payable on the items supplied will be based on the individual dose quantity supplied. Where applicable, a PBS dangerous drug fee and a minimum container charge will be payable for each supply.

### Receipts for Patient Charges

27. Where a charge is paid by a patient in any of the circumstances of paragraphs 13 or 24, the pharmacist is required to provide a printed receipt to the patient with the details of the items or services provided, the amount paid, date of supply and the patients name and address. The patient may apply for reimbursement from the Department.

### Special Patient Contributions

28. The Special Patient Contribution for items listed as Special Pharmaceutical Benefits in the PBS Schedule is not payable by veterans entitled to pharmaceutical benefits under the RPBS. Eligible veterans receiving Special Pharmaceutical Benefits under the RPBS are required to pay only the concessional patient contribution and any applicable brand premium. If a Safety Net Entitlement card is held, the veteran should receive a Special Pharmaceutical Benefit free of charge, subject to any brand premium applicable. Medicare Australia will reimburse the dispensing pharmacist the total dispensed price, less the concessional patient contribution and/or brand premium if applicable.

### Therapeutic Group Premiums — Authority Processing

29. Items attracting a therapeutic group premium are dual listed. Dispensing pharmacists are therefore required to select the appropriate code for those items that are dual listed as authority and non-authority items, in order to correctly charge the patient and claim from Medicare Australia. Those authority prescriptions that grant exemption from a therapeutic group premium will have the letters 'TPX' at the beginning of the telephone Authority approval number, or, in the case of a written approval, will be stamped with the words "This prescription does not attract a therapeutic group premium".

# DEPARTMENT OF VETERANS' AFFAIRS

## Authority Prescription Applications

Applications for authority to prescribe under the Repatriation Pharmaceutical Benefits Scheme (RPBS) should be sent to the Veterans' Affairs Pharmaceutical Advisory Centre (VAPAC) using the free postal service:

REPLY PAID No. 372
VAPAC (Veterans' Affairs Pharmaceutical Advisory Centre)
GPO Box 9998
BRISBANE QLD 4001

**For RPBS enquiries and telephone approvals 24 hours a day the Freecall number is:**

**1800 552 580**

**Departmental pharmacists answer applications for prior approval for non-Schedule items and Authority application calls.**

# REPATRIATION PHARMACEUTICAL BENEFITS

***This Schedule is effective from 1 October 2007 and all previous issues are cancelled.***

***New Schedules take effect on the first day of each month.***

## SUMMARY OF CHANGES

### ALTERATIONS

*Alterations - Manufacturer's Codes*

| | | *From* | *To* |
|---|---|---|---|
| 4333C | **Calcium**, Tablet (chewable) 500 mg (as carbonate) (*Cal-Sup*) | MM | IA |
| 4559Y | **Imiquimod**, Cream 50 mg per g (5%), 250 mg single use sachets, 12 (*Aldara*) | MM | IA |
| 4071G | **Pholcodine**, Linctus 1 mg per mL (0.1%), 100 mL (*Duro-Tuss*) | MM | IA |

# Therapeutic Index for RPBS Schedule

# THERAPEUTIC INDEX

# THERAPEUTIC INDEX

# Section 1

Drugs, Medicines and Dressings

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **ALIMENTARY TRACT AND METABOLISM** | | | | | | | |
| | STOMATOLOGICAL PREPARATIONS | | | | | | | |
| | **Stomatological preparations** | | | | | | | |
| | • ***Antiinfectives and antiseptics for local oral treatment*** | | | | | | | |
| | CHLORHEXIDINE GLUCONATE | | | | | | | |
| 4161B | Mouth wash 2 mg per mL (0.2%), 250 mL | ‡ 1 | .. | .. | 10.68 | 4.90 | Plaqacide | OB |
| | | | | .. | 11.17 | 4.90 | Savacol Mouth and Throat Rinse | OM |
| 4160Y | Mouth wash 2 mg per mL (0.2%), 250 mL | ‡ 1 | .. | .. | 12.47 | 4.90 | Periogard (Chlorohex) Mouth Rinse | OM |
| | • ***Other agents for local oral treatment*** | | | | | | | |
| | CARMELLOSE SODIUM | | | | | | | |
| 4568K | Mouth spray 10 mg per mL, 25 mL | ‡ 1 | 1 | .. | 8.86 | 4.90 | Aquae | HA |
| 4569L | Mouth spray 10 mg per mL, 100 mL | ‡ 1 | .. | .. | 10.98 | 4.90 | Aquae | HA |
| | DRUGS FOR ACID RELATED DISORDERS | | | | | | | |
| | **Antacids** | | | | | | | |
| | • ***Calcium compounds*** | | | | | | | |
| | CALCIUM CARBONATE with GLYCINE | | | | | | | |
| | **NOTE:** | | | | | | | |
| | For patients with chronic renal failure. | | | | | | | |
| 4055K | Tablet 420 mg-180 mg | 200 | 5 | .. | * 21.48 | 4.90 | Titralac | MM |
| | • ***Combinations and complexes of aluminium, calcium and magnesium compounds*** | | | | | | | |
| | ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE and SIMETHICONE | | | | | | | |
| 4453J | Tablet 400 mg-400 mg-40 mg | 200 | 5 | .. | * 44.16 | 4.90 | Mylanta Double Strength | PC |
| 4118R | Oral suspension 400 mg-400 mg-30 mg per 5 mL, 500 mL | 2 | 5 | .. | * 20.96 | 4.90 | Mylanta Double Strength | PC |
| | DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS | | | | | | | |
| | **Drugs for functional bowel disorders** | | | | | | | |
| | • ***Synthetic anticholinergics, esters with tertiary amino group*** | | | | | | | |
| | MEBEVERINE HYDROCHLORIDE | | | | | | | |
| 4328T | Tablet 135 mg | 90 | .. | .. | 26.20 | 4.90 | [a] Colese | AF |
| | | | | .. | 29.34 | 4.90 | [a] Colofac | SM |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **Belladonna and derivatives, plain** | | | | | | | |
| | • ***Belladonna alkaloids semisynthetic, quaternary ammonium compounds*** | | | | | | | |
| | HYOSCINE BUTYLBROMIDE | | | | | | | |
| 4279F | Injection 20 mg in 1 mL | 5 | .. | .. | 18.45 | 4.90 | Buscopan | BY |
| | LAXATIVES | | | | | | | |
| | **Laxatives** | | | | | | | |
| | • ***Softeners, emollients*** | | | | | | | |
| | DOCUSATE SODIUM | | | | | | | |
| 4200C | Tablet 50 mg | 100 | 2 | .. | 11.48 | 4.90 | Coloxyl 50 | FM |
| | • ***Contact laxatives*** | | | | | | | |
| | DOCUSATE SODIUM with SENNA | | | | | | | |
| 4198Y | Tablet 50 mg-8 mg | 90 | 2 | .. | 13.09 | 4.90 | Coloxyl with Senna | FM |
| | SENNA STANDARDISED | | | | | | | |
| 4455L | Tablet 7.5 mg | 100 | 1 | .. | 11.38 | 4.90 | Senokot | RC |
| | • ***Bulk producers*** | | | | | | | |
| | ISPAGHULA HUSK | | | | | | | |
| 4285M | Sachets 3.5 g, 30 | ‡ 1 | 1 | .. | 14.39 | 4.90 | Fybogel | RC |
| | PSYLLIUM HYDROPHILIC MUCILLOID | | | | | | | |
| 4419N | Oral powder (orange-flavoured, sugar-free) 283 g | ‡ 1 | 1 | .. | 20.03 | 4.90 | Metamucil Smooth Texture Orange | PY |
| 4422R | Oral powder (non-flavoured) 336 g | ‡ 1 | 1 | .. | 20.03 | 4.90 | Metamucil Regular | PY |
| | PSYLLIUM HYDROPHILIC MUCILLOID with HIGH AMYLOSE MAIZE STARCH | | | | | | | |
| 4416K | Oral powder 2.7 g-0.7 g per 7.5 g, 440 g | ‡ 1 | 1 | .. | 19.64 | 4.90 | Nucolox | SI |
| | STERCULIA with FRANGULA BARK | | | | | | | |
| 4558X | Granules 620 mg-80 mg per g (62%-8%), 500 g | ‡ 1 | 1 | .. | 23.16 | 4.90 | Normacol Plus | NE |
| | • ***Enemas*** | | | | | | | |
| | SORBITOL with SODIUM CITRATE and SODIUM LAURYL SULFOACETATE | | | | | | | |
| 4462W | Enemas 3.125 g-450 mg-45 mg in 5 mL, 4 | ‡ 1 | .. | .. | 10.87 | 4.90 | Microlax | PC |

# REPATRIATION

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | • ***Other laxatives*** | | | | | | | |
| | ***GLYCEROL*** | | | | | | | |
| | **Restricted Benefit** | | | | | | | |
| | ***Short-term use when oral laxative therapy has failed or is inappropriate.*** | | | | | | | |
| ***4246L*** | ***Suppositories 2.8 g (for adults), 12*** | ***3*** | ***..*** | ***..*** | **** 16.87*** | ***4.90*** | ***PP*** | |

## ANTIOBESITY PREPARATIONS, EXCL. DIET PRODUCTS

### Antiobesity preparations, excl. diet products

• ***Peripherally acting antiobesity products***

***ORLISTAT***

**Authority Required**

***For the treatment of obese patients.***
***Total treatment will not exceed 12 months from initial application.***
***Patients are eligible for 1 continuous treatment in a lifetime.***
***The patient must be receiving, or enrolled to receive, professional dietetic and weight management advice (where this is available).***

***Initial treatment for patients who meet the following criteria to qualify:***
***(a) Body Mass Index (BMI) greater than or equal to 35 with no known co-morbidities; or***
***(b) BMI greater than or equal to 30 with 1 or more of the following co-morbidities:***
***(i) diabetes;***
***(ii) ischaemic heart disease;***
***(iii) psychiatric conditions;***
***(iv) hypertension.***
***The prescriber must provide the following:***
***(a) initial body weight; and***
***(b) BMI.***

***Continuing treatment for patients who have previously been issued with an authority prescription for orlistat. After 3 months and up to 6 months following commencement of orlistat treatment, patient's initial body weight must have been reduced by 2.5 kg or 2.5% (whichever is the lesser).***

***Continuing treatment for patients who have previously been issued with an authority prescription for orlistat. After 6 months and up to 12 months following commencement of orlistat treatment, patient's initial body weight must have been reduced by 5 kg or 5% (whichever is the lesser).***

**NOTE:**
***The patient should be ideally enrolled in an exercise program and be receiving supplemental vitamins.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ***4570M*** | ***Capsule 120 mg*** | ***84*** | ***2*** | ***..*** | ***127.66*** | ***4.90*** | ***Xenical*** | ***RO*** |

## VITAMINS

### Vitamin $B_1$, plain and in combination with vitamin $B_6$ and vitamin $B_{12}$

• ***Vitamin $B_1$, plain***

THIAMINE HYDROCHLORIDE

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 4043T | Tablet 100 mg | 100 | 2 | .. | 9.65 | 4.90 | Betamin | SW |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **Vitamin B-complex, incl. combinations** | | | | | | | |
| | • ***Vitamin B-complex, plain*** | | | | | | | |
| | VITAMIN B GROUP COMPLEX | | | | | | | |
| 4493L | Oral liquid 200 mL | ‡ 1 | 2 | .. | 12.06 | 4.90 | Accomin Adult Tonic | WT |

## MINERAL SUPPLEMENTS

**Calcium**

• ***Calcium***

***CALCIUM***

**Restricted Benefit**

***Hyperphosphataemia in chronic renal failure;***

***Hypocalcaemia;***

***Osteoporosis;***

***Proven calcium malabsorption.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ***4332B*** | ***Tablet 250 mg (as citrate)*** | ***120*** | ***1*** | ***..*** | ***12.99*** | ***4.90*** | ***Citracal*** | ***KY*** |
| ***4333C*** | ***Tablet (chewable) 500 mg (as carbonate)*** | ***120*** | ***1*** | ***..*** | **** 13.88*** | ***4.90*** | ***Cal-Sup*** | ***IA*** |
| ***4334D*** | ***Tablet 600 mg (as carbonate)*** | ***120*** | ***1*** | ***..*** | ***12.99*** | ***4.90*** | ***Caltrate*** | ***WT*** |

**Other mineral supplements**

• ***Magnesium***

***MAGNESIUM ASPARTATE***

**Restricted Benefit**

***Patients with documented hypomagnesaemia.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ***4321K*** | ***Tablet 500 mg*** | ***50*** | ***..*** | ***..*** | ***13.06*** | ***4.90*** | ***Magmin*** | ***BB*** |

# BLOOD AND BLOOD FORMING ORGANS

## ANTITHROMBOTIC AGENTS

**Antithrombotic agents**

• ***Platelet aggregation inhibitors excl. heparin***

ASPIRIN

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 4076M | Tablet 100 mg (with glycine) | 90 | 1 | .. | 12.87 | 4.90 | Cardiprin 100 | RC |
| 4077N | Tablet 100 mg (enteric coated) | 84 | 1 | .. | 12.41 | 4.90 | Cartia | GK |
| 4078P | Capsule 100 mg (containing enteric coated pellets) | 84 | 1 | .. | 13.28 | 4.90 | Astrix | MX |

**NOTE:**

The enteric coated preparations are for patients with a significant risk of gastrointestinal bleeding.

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***CLOPIDOGREL HYDROGEN SULFATE*** | | | | | | | |
| | **Authority Required**<br>***For use in patients pre- and post-angioplasty.*** | | | | | | | |
| ***4179Y*** | ***Tablet 75 mg (base)*** | ***28*** | ***3*** | ***..*** | ***82.24*** | ***4.90*** | ***[a] Iscover*** | ***BQ*** |
| | | | | | | | ***[a] Plavix*** | ***SW*** |

BLOOD SUBSTITUTES AND PERFUSION SOLUTIONS

**Irrigating solutions**

- ***Salt solutions***

SODIUM CHLORIDE

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 4460R | Irrigation solution 9 mg per mL (0.9%), 500 mL | ‡ 1 | 2 | .. | 9.18 | 4.90 | BX | |
| 4461T | Irrigation solution 9 mg per mL (0.9%), 1 L | ‡ 1 | 2 | .. | 9.49 | 4.90 | BX | |

## CARDIOVASCULAR SYSTEM

VASOPROTECTIVES

**Antihemorrhoidals for topical use**

- ***Products containing corticosteroids***

HYDROCORTISONE with CINCHOCAINE HYDROCHLORIDE

**CAUTION:**

Long-term use may lead to skin atrophy.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 4036K | Ointment 5 mg-5 mg per g (0.5%-0.5%), 30 g | ‡ 1 | .. | .. | 18.46 | 4.90 | Proctosedyl | SW |
| 4038M | Suppositories 5 mg-5 mg, 12 | ‡ 1 | .. | .. | 17.42 | 4.90 | Proctosedyl | SW |

- ***Other antihemorrhoidals for topical use***

ZINC OXIDE

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 4039N | Compound ointment 50 g | ‡ 1 | 1 | .. | 13.11 | 4.90 | Anusol | PC |
| 4040P | Compound suppositories, 12 | ‡ 1 | 1 | .. | 12.07 | 4.90 | Anusol | PC |

## DERMATOLOGICALS

ANTIFUNGALS FOR DERMATOLOGICAL USE

**Antifungals for topical use**

- ***Antibiotics***

NYSTATIN

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 4001N | Cream 100,000 units per g, 15 g | ‡ 1 | 1 | .. | 9.79 | 4.90 | Mycostatin | BQ |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **• *Imidazole and triazole derivatives*** | | | | | | | |
| | BIFONAZOLE | | | | | | | |
| 4003Q | Cream 10 mg per g (1%), 15 g | ‡ 1 | .. | .. | 14.71 | 4.90 | Mycospor | BN |
| | CLOTRIMAZOLE | | | | | | | |
| 4004R | Cream 10 mg per g (1%), 20 g | ‡ 1 | 1 | .. | 7.88 | 4.90 | Clonea | AF |
| 4005T | Lotion 10 mg per mL (1%), 20 mL | ‡ 1 | 1 | .. | 11.15 | 4.90 | Canesten | BN |
| | ***KETOCONAZOLE*** | | | | | | | |
| | **Restricted Benefit**<br>***Severe seborrhoeic dermatitis.*** | | | | | | | |
| ***4008Y*** | ***Shampoo 20 mg per g (2%), 60 mL*** | ***‡ 1*** | .. | .. | ***16.81*** | ***4.90*** | ***Nizoral 2%*** | ***JC*** |
| ***4007X*** | ***Shampoo 20 mg per g (2%), 100 mL*** | ***‡ 1*** | .. | .. | ***17.83*** | ***4.90*** | ***Sebizole*** | ***GM*** |
| | | | | .. | ***17.85*** | ***4.90*** | ***Hexal Konazol 2% Shampoo*** | ***HX*** |
| | MICONAZOLE | | | | | | | |
| 4341L | Tincture 20 mg per mL (2%), 30 mL | ‡ 1 | 1 | .. | 17.93 | 4.90 | Daktarin | JC |
| | MICONAZOLE NITRATE | | | | | | | |
| 4454K | Cream 20 mg per g (2%), 30 g | ‡ 1 | 1 | .. | 13.45 | 4.90 | Daktarin | JC |
| | **• *Other antifungals for topical use*** | | | | | | | |
| | ***AMOROLFINE HYDROCHLORIDE*** | | | | | | | |
| | **Restricted Benefit**<br>***Onychomycosis.*** | | | | | | | |
| ***4010C*** | ***Nail treatment kit containing nail lacquer 50 mg (base) per mL (5%), 5 mL, 60 isopropyl alcohol cleaning pads, 10 spatulas and 30 nail files*** | ***‡ 1*** | ***1*** | .. | ***91.68*** | ***4.90*** | ***Loceryl*** | ***GA*** |
| | ***CICLOPIROX OLAMINE*** | | | | | | | |
| | **Restricted Benefit**<br>***Severe seborrhoeic dermatitis.*** | | | | | | | |
| ***4106D*** | ***Shampoo 15 mg per g (1.5%), 60 mL*** | ***‡ 1*** | .. | .. | ***15.14*** | ***4.90*** | ***Stieprox Liquid*** | ***SX*** |
| | ***TERBINAFINE*** | | | | | | | |
| | **Restricted Benefit**<br>***Tinea pedis.*** | | | | | | | |
| ***4463X*** | ***Gel 10 mg per g (1%), 15 g*** | ***‡ 1*** | .. | .. | ***21.63*** | ***4.90*** | ***Lamisil DermGel*** | ***NC*** |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | ***TERBINAFINE HYDROCHLORIDE*** | | | | | | | |
| | **Restricted Benefit**<br>***Tinea pedis.*** | | | | | | | |
| ***4473K*** | ***Cream 10 mg per g (1%), 15 g*** | ***‡ 1*** | ***1*** | ***..*** | ***21.63*** | ***4.90*** | ***Lamisil*** | ***NC*** |
| | TOLNAFTATE | | | | | | | |
| 4481W | Spray aerosol 10 mg per g (1%), 100 g | ‡ 1 | .. | .. | 13.34 | 4.90 | Tinaderm | SH |
| | **Antifungals for systemic use** | | | | | | | |
| | • ***Antifungals for systemic use*** | | | | | | | |
| | ***TERBINAFINE HYDROCHLORIDE*** | | | | | | | |
| | **Authority Required**<br>***Onychomycosis due to dermatophyte infection proven by microscopy or culture and confirmed by an approved pathology provider.*** | | | | | | | |
| ***4011D*** | ***Tablet 250 mg (base)*** | ***42*** | ***1*** | ***..*** | ***133.98*** | ***4.90*** | [a] ***Tamsil*** | ***AW*** |
| | | | | | | | [a] ***Terbinafine-DP*** | ***GM*** |
| | | | | | | | [a] ***Zabel*** | ***AF*** |
| | | | | ***..*** | ***135.91*** | ***4.90*** | [a] ***Lamisil*** | ***NV*** |
| | EMOLLIENTS AND PROTECTIVES | | | | | | | |
| | **Emollients and protectives** | | | | | | | |
| | • ***Silicone products*** | | | | | | | |
| | ***DIMETHICONE with GLYCEROL*** | | | | | | | |
| | **Restricted Benefit**<br>***For colostomy and ileostomy use;***<br>***For use by paraplegic and quadriplegic patients;***<br>***For use with surgical appliances.*** | | | | | | | |
| ***4556T*** | ***Cream 150 mg-20 mg per g (15%-2%), 75 g*** | ***‡ 1*** | ***..*** | ***..*** | ***10.26*** | ***4.90*** | ***Silic 15*** | ***EO*** |
| ***4551M*** | ***Cream 150 mg-20 mg per g (15%-2%), 500 g*** | ***‡ 1*** | ***..*** | ***..*** | ***21.20*** | ***4.90*** | ***Silic 15*** | ***EO*** |
| | • ***Soft paraffin and fat products*** | | | | | | | |
| | WOOL ALCOHOLS | | | | | | | |
| 4041Q | Ointment 100 g | ‡ 1 | 1 | .. | 11.55 | 4.90 | Eucerin | BE |
| | • ***Carbamide products*** | | | | | | | |
| | UREA | | | | | | | |
| 4042R | Cream 100 mg per g (10%), 100 g | ‡ 1 | 2 | .. | 10.58 | 4.90 | Urederm | HA |
| | | | | .. | 10.85 | 4.90 | Aquacare H.P. | AG |
| | | | | .. | 11.11 | 4.90 | Calmurid | OL |
| | | | | | | | Nutraplus | GA |

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|---|---|---|---|---|---|---|---|---|
| | • ***Other emollients and protectives*** | | | | | | | |
| | CARMELLOSE SODIUM with PECTIN and GELATIN | | | | | | | |
| 4518T | Paste 167 mg-167 mg-167 mg per g (16.7%-16.7%- 16.7%), 5 g | ‡ 1 | .. | .. | 9.71 | 4.90 | Orabase | BQ |
| | SKIN EMOLLIENT | | | | | | | |
| 4122Y | Bath oil 500 mL | ‡ 1 | 2 | .. | 15.89 | 4.90 | Alpha Keri Bath Oil | MT |
| | | | | .. | 16.62 | 4.90 | QV Bath Oil | EO |
| | | | | .. | 17.96 | 4.90 | Hamilton Skin Therapy Oil | HA |
| 4107E | Lotion 500 mL | ‡ 1 | 2 | .. | 15.89 | 4.90 | Alpha Keri Lotion | MT |
| | **Protectives against UV-radiation** | | | | | | | |
| | • ***Protectives against UV-radiation for topical use*** | | | | | | | |
| | SUNSCREENS | | | | | | | |
| 4543D | Solid stick 4.5 g | ‡ 1 | 2 | .. | 10.64 | 4.90 | Hamilton Solastick 30+ | HA |
| 4544E | Cream 100 g | ‡ 1 | 2 | .. | 13.75 | 4.90 | Hamilton Sunscreen Family Sunscreen Cream SPF 15 | HA |
| | | | | .. | 15.30 | 4.90 | SunSense Cream SPF 30+ | EO |
| 4546G | Lotion (non-alcoholic) 125 mL | ‡ 1 | 2 | .. | 13.75 | 4.90 | Hamilton Sunscreen Family Sunscreen Milk SPF 15 | HA |
| | | | | .. | 14.58 | 4.90 | Aquasun Lotion SPF 18 | PF |
| | | | | .. | 15.55 | 4.90 | SunSense Ultra SPF 30+ | EO |
| | ANTIPRURITICS, INCL. ANTIHISTAMINES, ANESTHETICS, ETC. | | | | | | | |
| | **Antipruritics, incl. antihistamines, anesthetics, etc.** | | | | | | | |
| | • ***Anesthetics for topical use*** | | | | | | | |
| | LIGNOCAINE HYDROCHLORIDE with CARBOXYMETHYLCELLULOSE | | | | | | | |
| 4308R | Mucilage 20 mg-25 mg per mL (2%-2.5%), 200 mL | ‡ 1 | .. | .. | 68.34 | 4.90 | Xylocaine Viscous | AP |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | • ***Other antipruritics*** | | | | | | | |
| | PINE TAR with TRIETHANOLAMINE LAURYL SULFATE | | | | | | | |
| | **NOTE:** | | | | | | | |
| | For patients who have failed to respond to simple moisturising agents. | | | | | | | |
| 4408B | Solution 23 mg-60 mg per mL (2.3%-6%), 500 mL | ‡ 1 | 2 | .. | 18.10 | 4.90 | Hamilton Pine Tar Solution | HA |
| | | | | .. | 18.24 | 4.90 | Pinetarsol | EO |
| | ANTIPSORIATICS | | | | | | | |
| | **Antipsoriatics for topical use** | | | | | | | |
| | • ***Tars*** | | | | | | | |
| | ALLANTOIN with SULFUR, PHENOL, COAL TAR SOLUTION and MENTHOL | | | | | | | |
| 4505D | Gel 25 mg-5 mg-5 mg-0.05 mL-7.5 mg per g (2.5%-0.5%-0.5%-5%-0.75%), 30 g | ‡ 1 | 2 | .. | 13.51 | 4.90 | Egopsoryl-TA | EO |
| | ANTIBIOTICS AND CHEMOTHERAPEUTICS FOR DERMATOLOGICAL USE | | | | | | | |
| | **Antibiotics for topical use** | | | | | | | |
| | • ***Other antibiotics for topical use*** | | | | | | | |
| | ***MUPIROCIN*** | | | | | | | |
| | **Restricted Benefit** | | | | | | | |
| | ***For the topical treatment of secondarily infected traumatic skin lesions.*** | | | | | | | |
| ***4348W*** | ***Cream 20 mg (as calcium) per g (2%), 15 g*** | ***‡ 1*** | ***..*** | ***..*** | ***14.87*** | ***4.90*** | ***Bactroban*** | ***GK*** |
| ***4350Y*** | ***Ointment 20 mg per g (2%), 15 g*** | ***‡ 1*** | ***..*** | ***..*** | ***14.87*** | ***4.90*** | ***Bactroban*** | ***GK*** |
| | **Chemotherapeutics for topical use** | | | | | | | |
| | • ***Antivirals*** | | | | | | | |
| | ***PODOPHYLLOTOXIN*** | | | | | | | |
| | **Authority Required** | | | | | | | |
| | ***For the treatment of ano-genital warts.*** | | | | | | | |
| ***4566H*** | ***Paint 5 mg per mL (0.5%), 3.5 mL (with 30 swabs)*** | ***‡ 1*** | ***..*** | ***..*** | ***35.93*** | ***4.90*** | ***Condyline Paint*** | ***HA*** |
| | • ***Other chemotherapeutics*** | | | | | | | |
| | METRONIDAZOLE | | | | | | | |
| 4030D | Gel 7.5 mg per g (0.75%), 50 g | ‡ 1 | .. | .. | 28.14 | 4.90 | Rozex | GA |
| 4340K | Cream 7.5 mg per g (0.75%), 30 g | ‡ 1 | 1 | .. | 19.95 | 4.90 | Rozex | GA |

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|---|---|---|---|---|---|---|---|---|
| | **CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS** | | | | | | | |
| | **Corticosteroids, plain** | | | | | | | |
| | • ***Corticosteroids, potent (group III)*** | | | | | | | |
| | BETAMETHASONE VALERATE | | | | | | | |
| 4131K | Cream 1 mg (base) per g (0.1%), 30 g | ‡ 1 | 2 | .. | 20.75 | 4.90 | Betnovate | SI |
| 4132L | Ointment 1 mg (base) per g (0.1%), 30 g | ‡ 1 | 2 | .. | 20.75 | 4.90 | Betnovate | SI |
| | MOMETASONE FUROATE | | | | | | | |
| 4342M | Cream 1 mg per g (0.1%), 45 g | ‡ 1 | .. | .. | 24.94 | 4.90 | Elocon | SH |
| 4343N | Ointment 1 mg per g (0.1%), 45 g | ‡ 1 | .. | .. | 24.94 | 4.90 | Elocon | SH |
| | **NOTE:** Application to large areas of skin for longer than four weeks is not recommended. | | | | | | | |
| | **Corticosteroids, combinations with antibiotics** | | | | | | | |
| | • ***Corticosteroids, moderately potent, combinations with antibiotics*** | | | | | | | |
| | TRIAMCINOLONE ACETONIDE with NEOMYCIN SULFATE, GRAMICIDIN and NYSTATIN | | | | | | | |
| 4482X | Ointment 1 mg-2.5 mg (base)-250 micrograms- 100,000 units per g (0.1%-0.25% (base)-0.025%- 100,000 units in 1 g), 15 g | ‡ 1 | .. | .. | 15.40 | 4.90 | Kenacomb | BQ |
| | **CAUTION:** For the short-term treatment of localised infective eczema only. | | | | | | | |
| | **ANTISEPTICS AND DISINFECTANTS** | | | | | | | |
| | **Antiseptics and disinfectants** | | | | | | | |
| | • ***Iodine products*** | | | | | | | |
| | POVIDONE-IODINE | | | | | | | |
| 4411E | Solution 100 mg per mL (10%), 100 mL | ‡ 1 | .. | .. | 19.21 | 4.90 | Betadine Antiseptic Liquid | FH |
| | **OTHER DERMATOLOGICAL PREPARATIONS** | | | | | | | |
| | **Other dermatological preparations** | | | | | | | |
| | • ***Antihidrotics*** | | | | | | | |
| | DIPHEMANIL METHYLSULFATE | | | | | | | |
| 4191N | Dusting powder 20 mg per g (2%), 50 g | ‡ 1 | 1 | .. | 15.70 | 4.90 | Prantal | SH |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **• *Medicated shampoos*** | | | | | | | |
| | PINE TAR with CADE OIL, COAL TAR SOLUTION, ARACHIS OIL EXTRACT OF CRUDE COAL TAR and OLEYL ALCOHOL | | | | | | | |
| 4405W | Scalp cleanser 3 mg-3 mg-1 mg-3 mg-10 mg per mL (0.3%-0.3%-0.1%-0.3%-1%), 300 mL | ‡ 1 | 2 | .. | 19.41 | 4.90 | Polytar | SX |
| | SALICYLIC ACID with BENZALKONIUM CHLORIDE, ALCOHOL, COAL TAR and POLYOXYETHYLENE ETHERS | | | | | | | |
| 4560B | Scalp cleanser 20 mg-2 mg-130 mg-50 mg-216 mg per mL (2%-0.2%-13%-5%-21.6%), 250 mL | ‡ 1 | 2 | .. | 17.42 | 4.90 | Ionil-T | GA |
| | SALICYLIC ACID with BENZALKONIUM CHLORIDE, ALCOHOL and POLYOXYETHYLENE ETHERS | | | | | | | |
| 4445Y | Scalp cleanser 20 mg-2 mg-130 mg-216 mg per mL (2%-0.2%-13%-21.6%), 250 mL | ‡ 1 | 2 | .. | 17.12 | 4.90 | Ionil | GA |
| | SALICYLIC ACID with COAL TAR SOLUTION, PINE TAR and UNDECYLENAMIDE | | | | | | | |
| 4447C | Scalp cleanser 20 mg-10 mg-10 mg-10 mg per mL (2%- 1%-1%-1%), 250 mL | ‡ 1 | 2 | .. | 16.24 | 4.90 | Sebitar | EO |
| | SELENIUM SULFIDE | | | | | | | |
| 4452H | Shampoo 25 mg per mL (2.5%), 125 mL | ‡ 1 | .. | .. | 12.82 | 4.90 | Selsun | AB |
| | **• *Wart and anti-corn preparations*** | | | | | | | |
| | SALICYLIC ACID with PODOPHYLLIN RESIN | | | | | | | |
| 4450F | Paint 100 mg-200 mg per mL (10%-20%), 6 mL | ‡ 1 | 1 | .. | 13.94 | 4.90 | Posalfilin | NE |
| | **• *Other dermatologicals*** | | | | | | | |
| | ALLANTOIN with GLYCEROL and ICHTHAMMOL<br>**NOTE:**<br>For patients who have failed to respond to simple moisturising agents. | | | | | | | |
| 4281H | Cream 5 mg-10 mg-10 mg per g (0.5%-1%-1%), 50 g | ‡ 1 | 2 | .. | 14.66 | 4.90 | Egoderm Cream | EO |
| 4280G | Ointment 5 mg-10 mg-10 mg per g (0.5%-1%-1%), 50 g | ‡ 1 | 2 | .. | 14.66 | 4.90 | Egoderm Ointment | EO |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | CATIONIC CONDITIONER with PANTHENOL<br>**NOTE:**<br>To be used in conjunction with the scalp cleanser salicylic acid with coal tar solution, pine tar and undecylenamide (code 4447C). | | | | | | | |
| 4519W | Solution 250 mL | ‡ 1 | 2 | .. | 12.25 | 4.90 | SebiRinse Conditioner | EO |
| | HYDROLYZED COLLAGEN PROTEINS<br>**NOTE:**<br>To be used in conjunction with the two scalp cleansers:<br>salicylic acid, benzalkonium chloride, alcohol and polyoxyethylene ethers (code 4445Y); and<br>salicylic acid, benzalkonium chloride, alcohol, coal tar and polyoxyethylene ethers (code 4560B). | | | | | | | |
| 4271T | Hair conditioner 250 mL | ‡ 1 | 2 | .. | 11.96 | 4.90 | Ionil Rinse | GA |
| | ***IMIQUIMOD***<br>**Authority Required**<br>***Primary treatment of histopathologically confirmed superficial basal cell carcinoma where other standard treatments are inappropriate and topical drug therapy is required.*** | | | | | | | |
| ***4559Y*** | ***Cream 50 mg per g (5%), 250 mg single use sachets, 12*** | ***1*** | ***1*** | ***..*** | ***158.97*** | ***4.90*** | ***Aldara*** | ***IA*** |
| | SKIN CLEANSER | | | | | | | |
| 4549K | Lotion 500 mL | ‡ 1 | 2 | .. | 18.77 | 4.90 | Hamilton Skin Therapy Wash | HA |
| | ZINC OXIDE with STARCH and CHLORPHENESIN | | | | | | | |
| 4497Q | Dusting powder 100 g | ‡ 1 | 1 | .. | 11.03 | 4.90 | Z.S.C. | SI |

## GENITO URINARY SYSTEM AND SEX HORMONES

### GYNECOLOGICAL ANTIINFECTIVES AND ANTISEPTICS

**Antiinfectives and antiseptics, excl. comb. with corticosteroids**

- ***Antibiotics***

NYSTATIN

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 4012E | Cream pessaries 100,000 units, 15 | ‡ 1 | 1 | .. | 12.49 | 4.90 | Nilstat | SI |
| 4013F | Vaginal cream 100,000 units per dose, 15 doses, 75 g | ‡ 1 | 1 | .. | 12.49 | 4.90 | Nilstat | SI |

- ***Imidazole derivatives***

CLOTRIMAZOLE

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 4014G | Pessaries 100 mg, 6 | ‡ 1 | .. | .. | 13.72 | 4.90 | Clofeme | HX |
| | | | | .. | 15.44 | 4.90 | Canesten | BN |

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| 4015H | Pessary 500 mg | 1 | .. | .. | 14.30 | 4.90 | Clofeme | HX |
| | | | | .. | 16.57 | 4.90 | Canesten 1 | BN |
| 4016J | Vaginal cream 50 mg per 5 g (1%), 35 g | ‡ 1 | .. | .. | 13.72 | 4.90 | Chem mart Clotrimazole 6 Day Cream | CH |
| | | | | | | | GenRx Clotrimazole 6 Day Cream | GX |
| | | | | | | | healthsense Clotrimazole 6 Day Cream | HS |
| | | | | | | | Terry White Chemists Clotrimazole 6 Day Cream | TW |
| | | | | .. | 13.83 | 4.90 | Hexal Clofeme 6 Day Cream | HX |
| | | | | .. | 15.07 | 4.90 | Canesten | BN |
| 4017K | Vaginal cream 100 mg per 5 g (2%), 20 g | ‡ 1 | .. | .. | 13.72 | 4.90 | Chem mart Clotrimazole 3 Day Cream | CH |
| | | | | | | | GenRx Clotrimazole 3 Day Cream | GX |
| | | | | | | | healthsense Clotrimazole 3 Day Cream | HS |
| | | | | | | | Terry White Chemists Clotrimazole 3 Day Cream | TW |
| | | | | .. | 13.83 | 4.90 | Hexal Clofeme 3 Day Cream | HX |
| | | | | .. | 16.00 | 4.90 | Canesten 3 | BN |
| | MICONAZOLE NITRATE | | | | | | | |
| 4020N | Pessaries 100 mg, 7 | ‡ 1 | .. | .. | 13.50 | 4.90 | Monistat 7 | JC |
| 4021P | Vaginal cream 100 mg per 5 g (2%), 40 g | ‡ 1 | .. | .. | 13.50 | 4.90 | Monistat 7 | JC |

## OTHER GYNECOLOGICALS

### Other gynecologicals

- ***Other gynecologicals***

RICINOLEIC ACID with ACETIC ACID and HYDROXYQUINOLINE SULFATE

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 4434J | Vaginal jelly 7 mg-9.4 mg-250 micrograms per g (0.7%-0.94%-0.025%), 100 g | ‡ 1 | .. | .. | 30.77 | 4.90 | Aci-Jel | JC |

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|---|---|---|---|---|---|---|---|---|
| | **SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM** | | | | | | | |
| | **Estrogens** | | | | | | | |
| | • ***Natural and semisynthetic estrogens, plain*** | | | | | | | |
| | ***OESTRADIOL*** | | | | | | | |
| | **Restricted Benefit** | | | | | | | |
| | ***Post-menopausal symptoms in women who have failed to respond using oral or topical oestrogens.*** | | | | | | | |
| *4365R* | *Implant 50 mg* | *1* | *..* | *..* | *75.38* | *4.90* | *OR* | |
| *4366T* | *Implant 100 mg* | *1* | *..* | *..* | *115.11* | *4.90* | *OR* | |
| | **UROLOGICALS** | | | | | | | |
| | **Other urologicals, incl. antispasmodics** | | | | | | | |
| | • ***Drugs used in erectile dysfunction*** | | | | | | | |
| | ***ALPROSTADIL*** | | | | | | | |
| | **Authority Required** | | | | | | | |
| | ***Specific accepted war-caused or service-related disabilities for males with vasculogenic, psychogenic or neurogenic erectile dysfunction.*** | | | | | | | |
| | ***Authorisation will not be given for any additional prescriptions within 6 months or for any increased quantities or repeats.*** | | | | | | | |
| *4579B* | *Intracavernosal injection 10 micrograms with diluent in single use syringe* | *6* | *3* | *..* | ** 81.64* | *4.90* | *Caverject Impulse* | *PH* |
| *4580C* | *Intracavernosal injection 20 micrograms with diluent in single use syringe* | *6* | *3* | *..* | ** 102.64* | *4.90* | *Caverject Impulse* | *PH* |
| | ***SILDENAFIL CITRATE*** | | | | | | | |
| | **Authority Required** | | | | | | | |
| | ***Specific accepted war-caused or service-related disabilities for males with vasculogenic, psychogenic or neurogenic erectile dysfunction.*** | | | | | | | |
| | ***Authorisation will not be given for any additional prescriptions within 6 months or for any increased quantities or repeats.*** | | | | | | | |
| *4584G* | *Tablet 25 mg (base)* | *4* | *5* | *..* | *57.12* | *4.90* | *Viagra* | *PF* |
| *4585H* | *Tablet 50 mg (base)* | *4* | *5* | *..* | *71.22* | *4.90* | *Viagra* | *PF* |
| *4586J* | *Tablet 100 mg (base)* | *4* | *5* | *..* | *76.59* | *4.90* | *Viagra* | *PF* |
| | ***TADALAFIL*** | | | | | | | |
| | **Authority Required** | | | | | | | |
| | ***Specific accepted war-caused or service-related disabilities for males with vasculogenic, psychogenic or neurogenic erectile dysfunction.*** | | | | | | | |
| | ***Authorisation will not be given for any additional prescriptions within 6 months or for any increased quantities or repeats.*** | | | | | | | |
| *4596X* | *Tablet 10 mg* | *4* | *5* | *..* | *70.49* | *4.90* | *Cialis* | *LY* |

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| ***4597Y*** | ***Tablet 20 mg*** | ***4*** | ***5*** | ***..*** | ***75.80*** | ***4.90*** | ***Cialis*** | ***LY*** |
| | • ***Other urologicals*** | | | | | | | |
| | SODIUM BICARBONATE | | | | | | | |
| 4458P | Capsule 840 mg<br>**CAUTION:**<br>For use in the treatment of renal disease. | 100 | 2 | .. | 12.69 | 4.90 | Sodibic | AS |
| | ***SODIUM CITRO-TARTRATE*** | | | | | | | |
| | **Restricted Benefit**<br>***For relief of urinary symptoms when antibiotic or other therapy alone is inappropriate.*** | | | | | | | |
| ***4049D*** | ***Sachets containing oral effervescent powder 4 g, 28*** | ***‡ 1*** | ***4*** | ***..*** | ***12.26*** | ***4.90*** | ***Ural Sachets*** | ***SI*** |
| | **Drugs used in benign prostatic hypertrophy** | | | | | | | |
| | • ***Alpha-adrenoreceptor antagonists*** | | | | | | | |
| | ***TERAZOSIN HYDROCHLORIDE*** | | | | | | | |
| | **Authority Required**<br>***Treatment of benign prostatic hyperplasia where surgery is inappropriate, or where other drug treatment has failed or is contraindicated.*** | | | | | | | |
| ***4396J*** | ***Starter pack containing 7 tablets 1 mg and 7 tablets 2 mg*** | ***‡ 1*** | ***..*** | ***..*** | ***18.48*** | ***4.90*** | ***Hytrin*** | ***AB*** |
| ***4397K*** | ***Tablet 2 mg*** | ***28*** | ***5*** | ***..*** | ***39.29*** | ***4.90*** | ***Hytrin*** | ***AB*** |
| ***4398L*** | ***Tablet 5 mg*** | ***28*** | ***5*** | ***..*** | ***57.21*** | ***4.90*** | ***Hytrin*** | ***AB*** |
| ***4399M*** | ***Tablet 10 mg*** | ***28*** | ***5*** | ***..*** | ***85.08*** | ***4.90*** | ***Hytrin*** | ***AB*** |
| | • ***Testosterone-5-alpha reductase inhibitors*** | | | | | | | |
| | ***FINASTERIDE*** | | | | | | | |
| | **Authority Required**<br>***Treatment of benign prostatic hyperplasia where surgery is inappropriate, or where other drug treatment has failed or is contraindicated.*** | | | | | | | |
| ***4233T*** | ***Tablet 5 mg*** | ***30*** | ***5*** | ***..*** | ***110.71*** | ***4.90*** | ***Proscar*** | ***MK*** |

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|---|---|---|---|---|---|---|---|---|

## ANTIINFECTIVES FOR SYSTEMIC USE

### ANTIBACTERIALS FOR SYSTEMIC USE

#### Macrolides, lincosamides and streptogramins

- ***Macrolides***

***AZITHROMYCIN***

**Restricted Benefit**

***Upper and lower respiratory tract infections.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *4115N* | *Tablet 500 mg* | *3* | *..* | *..* | *32.87* | *4.90* | *Zithromax* | *PF* |

#### Quinolone antibacterials

- ***Fluoroquinolones***

***MOXIFLOXACIN HYDROCHLORIDE***

**Authority Required**

***For treatment, where other therapies have failed or are inappropriate, of:***

***(a) community-acquired pneumonia; or***

***(b) acute bacterial exacerbations of chronic bronchitis; or***

***(c) acute bacterial sinusitis.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *4329W* | *Tablet 400 mg (base)* | *5* | *1* | *..* | *45.95* | *4.90* | *Avelox* | *BN* |
| *4330X* | *Solution for I.V. infusion 400 mg (base) in 250 mL* | *3* | *..* | *..* | ** 193.57* | *4.90* | *Avelox* | *BN* |

## ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS

### ANTINEOPLASTIC AGENTS

#### Antimetabolites

- ***Pyrimidine analogues***

FLUOROURACIL

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 4222F | Cream 50 mg per g (5%), 20 g | ‡ 1 | .. | .. | 45.56 | 4.90 | Efudix | VT |

### IMMUNOSUPPRESSIVE AGENTS

#### Immunosuppressive agents

- ***Selective immunosuppressive agents***

***ALEFACEPT***

**NOTE:**

***Any queries concerning the arrangements to prescribe alefacept may be directed to the Veterans' Affairs Pharmaceutical Approvals Centre (VAPAC) on 1800 552 580.***

***Written applications for authority to prescribe alefacept should be forwarded to:***

***Reply Paid 372***
***Veterans' Affairs Pharmaceutical Approvals Centre (VAPAC)***
***GPO Box 9998***
***BRISBANE QLD 4001***

***No telephone approvals will be granted for initial or continuing authority applications.***

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|---|---|---|

***No application for increased maximum quantities and/or repeats will be authorised. A maximum of 2 courses of either intravenous or intramuscular alefacept (Amevive) treatment will be authorised in a 12-month period.***

***The assessment of the patient's response to the initial course of treatment should be made up to 24 weeks following commencement of the treatment course so that there is adequate time for a response to be demonstrated. Measurement of response should be made prior to the completion of the 24-week follow up to ensure continuity for those patients who meet the criteria. Use of alefacept in combination with other systemic therapies must be in line with the Therapeutic Goods Administration (TGA)-approved Product Information.***

**Authority Required**

***Initial treatment by a dermatologist for patients who have severe chronic plaque psoriasis, in whom other systemic therapies are ineffective or inappropriate, with the following criteria:***
***(1) CD4+ lymphocyte counts above the lower limit of normal within 2 weeks prior to dosing;***
***AND***
***(2) Baseline Psoriasis Area and Severity Index (PASI) score of 15 or more (the date of PASI assessment must be provided);***
***AND***
***(3) who have signed a patient agreement form indicating that they understand and acknowledge that RPBS-subsidised treatment will cease if the predetermined response criteria do not support continuation of RPBS-subsidised treatment.***

***If the above requirements cannot be met, the application must state the reasons why these criteria cannot be met.***

***Applications for authorisation must be in writing and must include:***
***(1) a completed authority prescription form;***
***(2) a completed Alefacept (Amevive) RPBS Authority Application - Supporting Information Form (contact the VAPAC on 1800 552 580 for a copy of this form); and***
***(3) a signed patient agreement form.***

**Authority Required**

***Initial RPBS-subsidised supply for continuing treatment by a dermatologist for patients who have severe chronic plaque psoriasis and were receiving treatment with alefacept prior to July 2004, who:***
***(1) have demonstrated a response as specified in the criteria for continuing RPBS-subsidised treatment with alefacept (the date of assessment of the patient must be provided); and***
***(2) have signed a patient agreement form indicating that they understand and acknowledge that RPBS-subsidised treatment will cease if the predetermined response criteria do not support continuation of RPBS-subsidised treatment.***

***Applications for authorisation must be in writing and must include:***
***(1) a completed authority prescription form;***
***(2) a completed Alefacept (Amevive) RPBS Authority Application - Supporting Information Form (contact the VAPAC on 1800 552 580 for a copy of this form); and***
***(3) a signed patient agreement form.***

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **Authority Required**<br>***Continuing RPBS-subsidised treatment by a dermatologist for patients who have severe chronic plaque psoriasis and who:***<br>***(1) at the time of application, have demonstrated a reduction in PASI score of 75% or more from baseline at any time up to 24 weeks following commencement of initial treatment. Re-treatment may be initiated as needed, provided that CD4+ T-cell count is above 250 cells per microlitre and a minimum of 12 weeks has passed between courses of treatment; OR***<br>***(2) at the time of application, have demonstrated a reduction in PASI score of from at least 50% to up to 75% from baseline at any time up to 24 weeks following initiation of treatment. These patients may receive a second course of alefacept, provided that their CD4+ T-cell count is within the normal range and a minimum of 12 weeks has passed between courses of treatment. Patients must demonstrate a reduction of 75% or more from baseline PASI score at any time up to 24 weeks following the second course of treatment to be eligible to continue RPBS-subsidised treatment.***<br>***Patients who fail to demonstrate an adequate response, as specified in the criteria for continuing treatment with alefacept, will not be eligible to recommence treatment. Patients unable to complete the course of treatment for reasons other than safety will be eligible to recommence treatment with alefacept within 12 months of the date on which treatment was ceased. Where re-treatment with alefacept after a break in RPBS-subsidised treatment with the drug is sought, the reason for and date of cessation of the previous treatment course with alefacept must be included in the application.***<br>***Applications for authorisation must be in writing and must include:***<br>***(1) a completed authority prescription form; and***<br>***(2) a completed Alefacept (Amevive) RPBS Authority Application - Supporting Information Form (contact the VAPAC on 1800 552 580 for a copy of this form).*** | | | | | | | |
| *4534P* | ***Pack containing 4 vials powder for I.V. injection 7.5 mg with 4 vials solvent*** | ***1*** | ***2*** | ***..*** | ***5808.33*** | ***4.90*** | ***Amevive*** | ***BD*** |
| *4535Q* | ***Pack containing 4 vials powder for I.M. injection 15 mg with 4 vials solvent*** | ***1*** | ***2*** | ***..*** | ***5808.33*** | ***4.90*** | ***Amevive*** | ***BD*** |
| | ***INFLIXIMAB***<br>**NOTE:**<br>***Any queries concerning the arrangements to prescribe infliximab may be directed to the Veterans' Affairs Pharmaceutical Approvals Centre (VAPAC) on 1800 552 580.***<br>***Written applications for authority to prescribe infliximab should be forwarded to:***<br>***Reply Paid 372***<br>***Veterans' Affairs Pharmaceutical Approvals Centre (VAPAC)***<br>***GPO Box 9998***<br>***BRISBANE QLD 4001*** | | | | | | | |

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|

**Authority Required**

***Initial treatment, in combination with methotrexate, of specific accepted war-caused or service-related disability of refractory rheumatoid arthritis. Initial treatment may be prescribed by rheumatologists or consultant physicians for the reduction of signs and symptoms and prevention of structural joint damage in adult patients with active rheumatoid arthritis who satisfy all of the following criteria:***
***(1) (a) Proven raised erythrocyte sedimentation rate (ESR) and/or C-reactive protein (CRP); and***
***(1) (b) Proven erosive rheumatoid arthritis without end-stage disease;***
***(2) Failure of an adequate trial of methotrexate and 2 other disease modifying anti-rheumatic drugs (such as sulfasalazine, hydroxychloroquine, leflunomide or cyclosporin) — unless these drugs were contraindicated or intolerance had developed;***
***(3) No history of active tuberculosis requiring treatment in the last 3 years;***
***(4) No history of opportunistic infection in the last 2 months;***
***(5) Female patients of child-bearing age are not pregnant, not breast-feeding, and are using an effective form of contraception.***

***Applications for authorisation must be in writing and must include:***
***(1) a completed authority prescription form; and***
***(2) a completed Infliximab (Remicade) RPBS Authority Application - Supporting Information form (contact the VAPAC on 1800 552 580 for a copy of the form).***

**Authority Required**

***Continuing treatment, in combination with methotrexate, of specific accepted war-caused or service-related disability of refractory rheumatoid arthritis. Continuing treatment may be prescribed by rheumatologists or consultant physicians, following initial therapy of 3 doses, in patients who satisfy the following criteria:***
***(1) There is improvement in ESR and/or CRP; and***
***(2) An ACR20 (American College of Rheumatology) response is achieved by 14 weeks after the commencement of therapy.***

***Applications for authorisation must be in writing and must include:***
***(1) a completed authority prescription form; and***
***(2) a completed Infliximab (Remicade) RPBS Authority Application - Supporting Information form (contact the VAPAC on 1800 552 580 for a copy of the form).***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *4284L* | *Powder for I.V. infusion 100 mg* | *1* | *2* | *..* | *846.00* | *4.90* | *Remicade* | *SH* |

## MUSCULO-SKELETAL SYSTEM

### ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS

**Antiinflammatory and antirheumatic products, non-steroids**

- ***Acetic acid derivatives and related substances***

***DICLOFENAC SODIUM with MISOPROSTOL***

**Authority Required**

***Patients requiring an NSAID in whom a risk of upper gastrointestinal complications is high or with a history of peptic ulcer disease.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *4190M* | *Tablet 50 mg-200 micrograms* | *60* | *2* | *..* | *35.44* | *4.90* | *Arthrotec 50* | *PH* |

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|---|---|---|---|---|---|---|---|---|
| | **TOPICAL PRODUCTS FOR JOINT AND MUSCULAR PAIN** | | | | | | | |
| | **Topical products for joint and muscular pain** | | | | | | | |
| | • ***Preparations with salicylic acid derivatives*** | | | | | | | |
| | METHYL SALICYLATE | | | | | | | |
| 4022Q | Compound cream APF, 100 g | ‡ 1 | 1 | .. | 12.62 | 4.90 | Gold Cross | BI |
| 4023R | Ointment BP, 100 g | ‡ 1 | 1 | .. | 10.87 | 4.90 | Gold Cross | BI |
| 4025W | Compound ointment APF 1934, 100 g | ‡ 1 | 1 | .. | 9.64 | 4.90 | Gold Cross | BI |
| 4026X | Liniment APF, 100 mL | ‡ 1 | 1 | .. | 8.61 | 4.90 | Gold Cross | BI |
| 4027Y | Compound liniment APF, 100 mL | ‡ 1 | 1 | .. | 10.31 | 4.90 | Gold Cross | BI |
| | **DRUGS FOR TREATMENT OF BONE DISEASES** | | | | | | | |
| | **Drugs affecting bone structure and mineralization** | | | | | | | |
| | • ***Bisphosphonates*** | | | | | | | |
| | ***RISEDRONATE SODIUM*** | | | | | | | |
| | **Authority Required** | | | | | | | |
| | ***For preservation of bone mineral density in patients on long-term glucocorticoid therapy where patients are undergoing continuous treatment with a dose equal to or greater than 7.5 mg of prednisone or equivalent per day. Prescribers need to demonstrate that the patient has been on continuous therapy for 3 months or more and demonstrate that the patient is osteopenic (bone mineral density t-score of less than -1.0).*** | | | | | | | |
| ***4443W*** | ***Tablet 5 mg*** | ***28*** | ***5*** | ***..*** | ***52.10*** | ***4.90*** | ***Actonel*** | ***SW*** |
| ***4444X*** | ***Tablet 35 mg*** | ***4*** | ***5*** | ***..*** | ***52.10*** | ***4.90*** | ***Actonel Once-a-Week*** | ***SW*** |
| | **NERVOUS SYSTEM** | | | | | | | |
| | **ANALGESICS** | | | | | | | |
| | **Opioids** | | | | | | | |
| | • ***Natural opium alkaloids*** | | | | | | | |
| | ***MORPHINE SULFATE*** | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | ***The risk of drug dependence is high.*** | | | | | | | |
| | **Restricted Benefit** | | | | | | | |
| | ***Chronic severe disabling pain not responding to non-narcotic analgesics.*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***Authorities for increased maximum quantities and/or repeats will be granted only for*** | | | | | | | |
| | ***(i) chronic severe disabling pain associated with proven malignant neoplasia; or*** | | | | | | | |
| | ***(ii) chronic severe disabling pain where treatment has been initiated by a specialist with appropriate expertise in pain management.*** | | | | | | | |
| ***4349X*** | ***Tablet 200 mg (controlled release)*** | ***20*** | ***..*** | ***..*** | ***103.95*** | ***4.90*** | ***MS Contin*** | ***MF*** |

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|---|---|---|---|---|---|---|---|---|
| | • ***Diphenylpropylamine derivatives*** | | | | | | | |
| | DEXTROPROPOXYPHENE NAPSYLATE | | | | | | | |
| | **CAUTION:** | | | | | | | |
| | Chronic use of this preparation is likely to cause drug dependence. | | | | | | | |
| 4081T | Capsule 100 mg | 50 | .. | .. | * 17.09 | 4.90 | Doloxene | AS |
| | **Other analgesics and antipyretics** | | | | | | | |
| | • ***Salicylic acid and derivatives*** | | | | | | | |
| | CODEINE PHOSPHATE with ASPIRIN | | | | | | | |
| 4061R | Tablet soluble 8 mg-300 mg | 50 | 2 | .. | 12.28 | 4.90 | Aspalgin | FM |
| | • ***Anilides*** | | | | | | | |
| | CODEINE PHOSPHATE with PARACETAMOL | | | | | | | |
| 4171M | Tablet 8 mg-500 mg | 50 | 2 | .. | 10.53 | 4.90 | Panamax Co. | SW |
| | | | | .. | 11.60 | 4.90 | Codalgin | FM |
| 4170L | Tablet 15 mg-500 mg | 20 | 2 | .. | 8.12 | 4.90 | Prodeine 15 | SW |
| | • ***Other analgesics and antipyretics*** | | | | | | | |
| | ***GABAPENTIN*** | | | | | | | |
| | **Authority Required** | | | | | | | |
| | ***To be approved for the treatment of refractory neuropathic pain not controlled by other drugs.*** | | | | | | | |
| ***4591P*** | ***Capsule 100 mg*** | ***100*** | ***5*** | ***..*** | ***27.62*** | ***4.90*** | [a] ***Gantin*** | ***AW*** |
| | | | | | | | [a] ***Neurontin*** | ***PF*** |
| | | | | | | | [a] ***Nupentin 100*** | ***AF*** |
| ***4592Q*** | ***Capsule 300 mg*** | ***100*** | ***5*** | ***..*** | ***79.56*** | ***4.90*** | [a] ***DBL Gabapentin*** | ***MX*** |
| | | | | | | | [a] ***Douglas Gabapentin 300mg*** | ***GM*** |
| | | | | | | | [a] ***Gabahexal 300mg*** | ***HX*** |
| | | | | | | | [a] ***Gantin*** | ***AW*** |
| | | | | | | | [a] ***GenRx Gabapentin*** | ***GX*** |
| | | | | | | | [a] ***Neurontin*** | ***PF*** |
| | | | | | | | [a] ***Nupentin 300*** | ***AF*** |
| ***4593R*** | ***Capsule 400 mg*** | ***100*** | ***5*** | ***..*** | ***106.53*** | ***4.90*** | [a] ***DBL Gabapentin*** | ***MX*** |
| | | | | | | | [a] ***Douglas Gabapentin 400mg*** | ***GM*** |
| | | | | | | | [a] ***Gabahexal 400mg*** | ***HX*** |
| | | | | | | | [a] ***Gantin*** | ***AW*** |
| | | | | | | | [a] ***GenRx Gabapentin*** | ***GX*** |
| | | | | | | | [a] ***Neurontin*** | ***PF*** |
| | | | | | | | [a] ***Nupentin 400*** | ***AF*** |
| ***4594T*** | ***Tablet 600 mg*** | ***100*** | ***5*** | ***..*** | ***165.91*** | ***4.90*** | ***Neurontin*** | ***PF*** |

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| *4595W* | *Tablet 800 mg* | *100* | *5* | *..* | *217.90* | *4.90* | [a] *Gantin* | *AW* |
| | | | | | | | [a] *Neurontin* | *PF* |

## PSYCHOLEPTICS

### Anxiolytics

#### • *Benzodiazepine derivatives*

***BROMAZEPAM***

**Authority Required**

***Patients with terminal disease;***

***Patients with refractory phobic or anxiety states.***

**NOTE:**

***For short-term use and palliative care. This drug should not be used as the first line of treatment. Other PBS-listed benzodiazepines should have been adequately tried and found to be ineffective or inappropriate. Authorities for increased quantities and/or repeats may be granted to patients with terminal disease, and other patients who have been shown to be dependent on this item by an unsuccessful attempt at gradual withdrawal.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *4150K* | *Tablet 3 mg* | *60* | *..* | *..* | * *25.48* | *4.90* | *Lexotan* | *RO* |
| *4151L* | *Tablet 6 mg* | *60* | *..* | *..* | * *31.24* | *4.90* | *Lexotan* | *RO* |

#### • *Azaspirodecanedione derivatives*

***BUSPIRONE HYDROCHLORIDE***

**Authority Required**

***For the short-term treatment of anxiety.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *4144D* | *Tablet 5 mg* | *50* | *..* | *..* | *30.25* | *4.90* | *Buspar* | *BQ* |
| *4145E* | *Tablet 10 mg* | *50* | *..* | *..* | *45.13* | *4.90* | *Buspar* | *BQ* |

### Hypnotics and sedatives

#### • *Benzodiazepine derivatives*

***FLUNITRAZEPAM***

**Authority Required**

***Patients with terminal disease;***

***Patients with refractory phobic or anxiety states.***

**NOTE:**

***For short-term use and palliative care. This drug should not be used as the first line of treatment. Other PBS-listed benzodiazepines should have been adequately tried and found to be ineffective or inappropriate. Authorities for increased quantities and/or repeats may be granted to patients with terminal disease, and other patients who have been shown to be dependent on this item by an unsuccessful attempt at gradual withdrawal.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *4216X* | *Tablet 1 mg* | *30* | *..* | *..* | *12.34* | *4.90* | *Hypnodorm* | *AF* |

# REPATRIATION

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|---|
| | • ***Benzodiazepine related drugs*** | | | | | | | | |
| | ***ZOPICLONE*** | | | | | | | | |
| | **Restricted Benefit** | | | | | | | | |
| | ***For the short-term treatment of insomnia.*** | | | | | | | | |
| ***4522B*** | ***Tablet 7.5 mg*** | ***30*** | ***..*** | ***..*** | ***20.11*** | ***4.90*** | ***a*** | ***Imrest*** | ***AF*** |
| | | | | ***..*** | ***21.62*** | ***4.90*** | ***a*** | ***Imovane*** | ***SW*** |

## OTHER NERVOUS SYSTEM DRUGS

### Drugs used in addictive disorders

• ***Drugs used in nicotine dependence***

***NICOTINE***

**Authority Required**

***Patients who have indicated that they are ready to cease smoking and who have entered a support and counselling program.***

**NOTE:**

***Studies have shown that successful therapy with this drug is enhanced by patient participation in a support and counselling program.***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| ***4576W*** | ***Transdermal patches releasing approximately 5 mg per 16 hours, 7*** | ***2*** | ***..*** | ***..*** | **** 49.34*** | ***4.90*** | | ***Nicorette Patch*** | ***PC*** |
| ***4571N*** | ***Transdermal patches releasing approximately 7 mg per 24 hours, 7*** | ***2*** | ***..*** | ***..*** | **** 44.24*** | ***4.90*** | | ***QuitX*** | ***AF*** |
| | | | | ***..*** | **** 73.34*** | ***4.90*** | | ***Nicabate CQ 7*** | ***GK*** |
| ***4577X*** | ***Transdermal patches releasing approximately 10 mg per 16 hours, 7*** | ***2*** | ***..*** | ***..*** | **** 53.68*** | ***4.90*** | | ***Nicorette Patch*** | ***PC*** |
| ***4572P*** | ***Transdermal patches releasing approximately 14 mg per 24 hours, 7*** | ***2*** | ***..*** | ***..*** | **** 47.90*** | ***4.90*** | | ***QuitX*** | ***AF*** |
| | | | | ***..*** | **** 73.34*** | ***4.90*** | | ***Nicabate CQ 14*** | ***GK*** |
| ***4578Y*** | ***Transdermal patches releasing approximately 15 mg per 16 hours, 7*** | ***2*** | ***2*** | ***..*** | **** 58.98*** | ***4.90*** | | ***Nicorette Patch*** | ***PC*** |
| ***4573Q*** | ***Transdermal patches releasing approximately 21 mg per 24 hours, 7*** | ***2*** | ***2*** | ***..*** | **** 52.30*** | ***4.90*** | | ***QuitX*** | ***AF*** |
| | | | | ***..*** | **** 73.34*** | ***4.90*** | | ***Nicabate CQ 21*** | ***GK*** |

## ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLENTS

## ANTHELMINTICS

### Antinematodal agents

• ***Benzimidazole derivatives***

MEBENDAZOLE

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 4325P | Tablet 100 mg | 6 | .. | .. | 18.48 | 4.90 | | Vermox | JC |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **RESPIRATORY SYSTEM** | | | | | | | |
| | NASAL PREPARATIONS | | | | | | | |
| | **Decongestants and other nasal preparations for topical use** | | | | | | | |
| | • ***Sympathomimetics, plain*** | | | | | | | |
| | OXYMETAZOLINE HYDROCHLORIDE | | | | | | | |
| 4377J | Nasal drops 500 micrograms per mL (0.05%), 15 mL | ‡ 1 | .. | .. | 15.21 | 4.90 | Drixine | SH |
| 4378K | Nasal spray 500 micrograms per mL (0.05%), 15 mL | ‡ 1 | .. | .. | 15.21 | 4.90 | Drixine | SH |
| 4379L | Nasal spray 500 micrograms per mL (0.05%), 18 mL | ‡ 1 | .. | .. | 15.33 | 4.90 | Logicin Rapid Relief | SI |
| | • ***Antiallergic agents, excl. corticosteroids*** | | | | | | | |
| | LEVOCABASTINE HYDROCHLORIDE | | | | | | | |
| 4311X | Nasal spray 500 micrograms per mL (0.05%), 10 mL (100 doses) | ‡ 1 | 2 | .. | 16.75 | 4.90 | Livostin | JC |
| | SODIUM CROMOGLYCATE | | | | | | | |
| 4468E | Nasal spray metered dose pump 20 mg per mL (2%), 26 mL | ‡ 1 | 5 | .. | 18.77 | 4.90 | Rynacrom | SW |
| | • ***Corticosteroids*** | | | | | | | |
| | ***BUDESONIDE*** | | | | | | | |
| | **Restricted Benefit** | | | | | | | |
| | ***Severe intractable rhinitis.*** | | | | | | | |
| ***4092J*** | ***Aqueous nasal spray (pump pack) 64 micrograms per dose (120 doses)*** | ***‡ 1*** | ***..*** | ***..*** | ***26.32*** | ***4.90*** | ***Budamax Aqueous*** | ***PM*** |
| | • ***Other nasal preparations*** | | | | | | | |
| | ***IPRATROPIUM BROMIDE*** | | | | | | | |
| | **Restricted Benefit** | | | | | | | |
| | ***Severe intractable rhinorrhoea, associated with perennial rhinitis, unresponsive to insufflated nasal steroids.*** | | | | | | | |
| ***4089F*** | ***Aqueous nasal spray (pump pack) 21 micrograms (anhydrous) per dose (180 doses)*** | ***‡ 1*** | ***5*** | ***..*** | ***20.79*** | ***4.90*** | ***Atrovent Nasal Aqueous*** | ***BY*** |
| ***4090G*** | ***Aqueous nasal spray (pump pack) 42 micrograms (anhydrous) per dose (180 doses)*** | ***‡ 1*** | ***5*** | ***..*** | ***26.93*** | ***4.90*** | ***Atrovent Nasal Forte*** | ***BY*** |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **Nasal decongestants for systemic use** | | | | | | | |
| | • ***Sympathomimetics*** | | | | | | | |
| | PSEUDOEPHEDRINE HYDROCHLORIDE | | | | | | | |
| 4420P | Tablet 60 mg | 30 | .. | .. | 14.70 | 4.90 | Logicin Sinus<br>Sudafed Sinus & Nasal Decongestant | SI<br>PC |
| | COUGH AND COLD PREPARATIONS | | | | | | | |
| | **Expectorants, excl. combinations with cough suppressants** | | | | | | | |
| | • ***Expectorants*** | | | | | | | |
| | SENEGA and AMMONIA | | | | | | | |
| 4074K | Mixture 200 mL | ‡ 1 | 4 | .. | 8.00 | 4.90 | Gold Cross | BI |
| | **Cough suppressants, excl. combinations with expectorants** | | | | | | | |
| | • ***Opium alkaloids and derivatives*** | | | | | | | |
| | PHOLCODINE | | | | | | | |
| 4071G | Linctus 1 mg per mL (0.1%), 100 mL | ‡ 1 | 2 | ..<br>.. | 7.85<br>12.59 | 4.90<br>4.90 | Gold Cross<br>Duro-Tuss | BI<br>IA |
| | ANTIHISTAMINES FOR SYSTEMIC USE | | | | | | | |
| | **Antihistamines for systemic use** | | | | | | | |
| | • ***Phenothiazine derivatives*** | | | | | | | |
| | PROMETHAZINE HYDROCHLORIDE | | | | | | | |
| 4072H | Tablet 10 mg | 50 | 2 | .. | 13.33 | 4.90 | Phenergan | SW |
| 4073J | Tablet 25 mg<br>**CAUTION:**<br>Significant side effects may occur. | 50 | 2 | .. | 15.33 | 4.90 | Phenergan | SW |
| | • ***Piperazine derivatives*** | | | | | | | |
| | CETIRIZINE HYDROCHLORIDE | | | | | | | |
| 4175R | Tablet 10 mg | 30 | .. | .. | 37.03 | 4.90 | Zyrtec | PC |
| | • ***Other antihistamines for systemic use*** | | | | | | | |
| | FEXOFENADINE HYDROCHLORIDE | | | | | | | |
| 4237B | Tablet 60 mg | 60 | .. | .. | * 46.42 | 4.90 | Telfast | SW |
| 4238C | Tablet 120 mg | 30 | .. | ..<br>.. | 32.50<br>39.10 | 4.90<br>4.90 | [a] Xergic<br>[a] Telfast 120 | AF<br>SW |
| | LORATADINE | | | | | | | |
| 4313B | Tablet 10 mg | 30 | .. | .. | 42.64 | 4.90 | Claratyne | SH |

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|---|---|---|---|---|---|---|---|---|
| | **SENSORY ORGANS** | | | | | | | |
| | OPHTHALMOLOGICALS | | | | | | | |
| | **Decongestants and antiallergics** | | | | | | | |
| | • ***Sympathomimetics used as decongestants*** | | | | | | | |
| | ANTAZOLINE with NAPHAZOLINE | | | | | | | |
| 4031E | Eye drops 5 mg (sulfate)-250 micrograms (nitrate) per mL (0.5%-0.025%), 10 mL | ‡ 1 | 1 | .. | 12.56 | 4.90 | Antistine-Privine | NV |
| 4032F | Eye drops 5 mg (phosphate)-500 micrograms (hydrochloride) per mL (0.5%-0.05%), 15 mL | ‡ 1 | 1 | .. | 12.51 | 4.90 | Albalon-A | AG |
| | NAPHAZOLINE HYDROCHLORIDE | | | | | | | |
| 4035J | Eye drops 1 mg per mL (0.1%), 15 mL | ‡ 1 | 1 | ..<br>.. | 11.75<br>12.57 | 4.90<br>4.90 | Naphcon Forte<br>Albalon Liquifilm | AQ<br>AG |
| | NAPHAZOLINE HYDROCHLORIDE with PHENIRAMINE MALEATE | | | | | | | |
| 4355F | Eye drops 250 micrograms-3 mg per mL (0.025%-0.3%), 15 mL | ‡ 1 | 1 | .. | 12.82 | 4.90 | Naphcon-A | AQ |
| | ZINC SULFATE with PHENYLEPHRINE HYDROCHLORIDE | | | | | | | |
| 4034H | Eye drops 2.5 mg-1.2 mg per mL (0.25%-0.12%), 15 mL | ‡ 1 | 5 | .. | 11.75 | 4.90 | Zincfrin | AQ |
| | • ***Other antiallergics*** | | | | | | | |
| | LEVOCABASTINE HYDROCHLORIDE | | | | | | | |
| 4310W | Eye drops 500 micrograms per mL (0.05%), 4 mL (120 doses) | ‡ 1 | 1 | .. | 16.75 | 4.90 | Livostin | JC |
| | OTOLOGICALS | | | | | | | |
| | **Corticosteroids and antiinfectives in combination** | | | | | | | |
| | • ***Corticosteroids and antiinfectives in combination*** | | | | | | | |
| | ***CIPROFLOXACIN HYDROCHLORIDE with HYDROCORTISONE*** | | | | | | | |
| | **Authority Required** | | | | | | | |
| | ***Indicated where first-line treatment has not been successful or is inappropriate.*** | | | | | | | |
| ***4528H*** | ***Ear drops 2 mg (base)-10 mg per mL (0.2%-1%), 10 mL*** | ***‡ 1*** | ***2*** | ***..*** | ***27.80*** | ***4.90*** | ***Ciproxin HC*** | ***AQ*** |

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **Other otologicals** | | | | | | | |
| | • ***Indifferent preparations*** | | | | | | | |
| | CARBAMIDE PEROXIDE | | | | | | | |
| 4176T | Ear drops 65 mg per mL (6.5%), 12 mL | ‡ 1 | .. | .. | 13.07 | 4.90 | Ear Clear for Ear Wax Removal | KY |
| | DICHLOROBENZENE with CHLORBUTOL and TURPENTINE OIL | | | | | | | |
| 4180B | Ear drops 20 mg-50 mg-0.1 mL per mL (2%-5%-10%), 11 mL | ‡ 1 | .. | .. | 12.77 | 4.90 | Cerumol | AC |
| | DOCUSATE SODIUM | | | | | | | |
| 4199B | Ear drops 5 mg per mL (0.5%), 10 mL | ‡ 1 | .. | .. | 13.14 | 4.90 | Waxsol | NE |
| | **VARIOUS** | | | | | | | |
| | ALL OTHER THERAPEUTIC PRODUCTS | | | | | | | |
| | **All other therapeutic products** | | | | | | | |
| | • ***Drugs for treatment of hyperkalemia and hyperphosphatemia*** | | | | | | | |
| | SODIUM POLYSTYRENE SULFONATE | | | | | | | |
| 4470G | Oral powder 454 g | ‡ 1 | 2 | .. | 64.58 | 4.90 | Resonium-A | SW |

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|---|---|---|

ALL OTHER NON-THERAPEUTIC PRODUCTS

**All other non-therapeutic products**

- ***Other non-therapeutic auxiliary products***

# REPATRIATION PHARMACEUTICAL BENEFITS SCHEME (RPBS) WOUND ASSESSMENT AND DRESSING IDENTIFICATION

It is essential to define the aetiology of the wound before selecting a dressing. Recommendations are based on wound type, colour of wound base, depth of wound, and amount of exudate.

This wound chart adheres to the MOIST WOUND concept of healing and wound dressings are described below as ABSORBING or MOISTURE DONATING.

Most wound healing products are designed to remain in situ for several days, with the exception of those for infected wounds which should be changed daily. The quantities and repeats listed in the Repatriation Schedule are considered to be adequate to manage the treatment of a wound for two weeks to one month, when an assessment of the wound's healing process should be undertaken.

## DRESSINGS

### PINK EPITHELIALISING WOUND

Aim: To protect and promote epithelialisation. Epithelialising wounds normally are superficial and only produce a light exudate.

| | | |
|---|---|---|
| (A) Covering | • Film;<br>• Film Island | • Gauze—Paraffin;<br>• Non-adherent |
| (B) Absorbing | • Foam (Light Exudate);<br>• Hydroactive (Superficial Wound—Light Exudate) | • Hydrocolloid (Superficial Wound—Light Exudate) |

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|---|---|---|

**RED GRANULATING WOUND**

Aims: (1) to protect the granulating tissue; (2) to encourage epithelialisation; (3) to absorb excess exudate.

| | | |
|---|---|---|
| **LIGHT EXUDATE:** | **Superficial** | **Cavity** |
| (A) Absorbing | • Foam (Light Exudate);<br>• Hydroactive (Superficial Wound—Light Exudate);<br>• Hydrocolloid (Superficial Wound—Light Exudate) | • Hydrocolloid (Cavity Wound) |
| (B) Moisture donating | • Hydrogel—Amorphous;<br>• Hydrogel—Sheet | • Hydrogel—Amorphous |
| **HIGH EXUDATE:** | **Superficial** | **Cavity** |
| (A) Absorbing | • Alginate (Superficial Wound);<br>• Foam—Heavy Exudate;<br>• Hydroactive (Superficial Wound—Moderate Exudate);<br>• Hydrocolloid (Superficial Wound—Moderate/High Exudate) | • Alginate (Cavity Wound);<br>• Foam—Moderate Exudate (see “cavity conforming” product);<br>• Hydroactive (Cavity Wound);<br>• Hydrocolloid (Cavity Wound) |
| (B) Moisture donating | NOT APPROPRIATE | |

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|---|---|---|

**YELLOW SLOUGHY WOUND**

Aims: (1) to remove slough; (2) to encourage granulation; (3) to absorb excess exudate.

| | | |
|---|---|---|
| **LIGHT EXUDATE:** | **Superficial** | **Cavity** |
| (A) Absorbing | • Cadexomer Iodine;<br>• Foam—Light Exudate;<br>• Foam with Charcoal;<br>• Hydroactive (Superficial Wound—Moderate Exudate);<br>• Hydrocolloid (Superficial Wound—Moderate Exudate) | • Cadexomer Iodine;<br>• Hydrocolloid (Cavity Wound) |
| (B) Moisture Donating | • Hydrogel—Amorphous;<br>• Hydrogel—Sheet | • Hydrogel—Amorphous |
| **HIGH EXUDATE:** | **Superficial** | **Cavity** |
| (A) Absorbing | • Alginate (Superficial Wound);<br>• Cadexomer Iodine;<br>• Foam—Heavy Exudate;<br>• Hydroactive (Superficial Wound—Moderate/High Exudate);<br>• Hydrocolloid (Superficial Wound—Moderate/High Exudate) | • Alginate (Cavity Wound);<br>• Cadexomer Iodine;<br>• Hydrocolloid (Cavity Wound) |
| (B) Moisture donating | NOT APPROPRIATE | |

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer |
|---|---|---|---|---|---|---|---|

**BLACK NECROTIC WOUND**

Aim: To remove eschar by — (1) sharp debridement, e.g., scissor/scalpel and/or (2) rehydration and autolytic debridement. (These wounds usually produce a LIGHT EXUDATE.)

| **DRY / LIGHT EXUDATE:** | **Superficial** | **Cavity** |
|---|---|---|
| (A) Absorbing | • Hydroactive (Superficial Wound—Light Exudate);<br>• Hydrocolloid (Superficial Wound—Light/Moderate Exudate) | • Hydrocolloid (Cavity Wound) |
| (B) Moisture donating | • Hydrogel—Amorphous;<br>• Hydrogel—Sheet | • Hydrogel—Amorphous;<br>• Hydrogel—Sheet |

**INFECTED WOUNDS**

Aims: (1) to clear the infection with systemic antibiotics; (2) to absorb excess exudate; (3) to remove slough if present.

**MALODOROUS WOUNDS**

Aims: (1) to clear infection if present; (2) to remove slough if present; (3) to clear colonising odour-producing bacteria **in** slough — by applying metronidazole gel; (4) to absorb excess exudate.

Products: Activated Charcoal; Alginate with Charcoal; Foam with Charcoal.

**MINOR SKIN TRAUMA**

Aims: (1) to stop bleeding; (2) to prevent infection; (3) to minimise the surface defect; (4) to promote epithelialisation.

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|

## ORDERING HARTMANN PRODUCTS

Hartmann wound dressings are available through the Hartmann Alliance only. To order please telephone the Hartmann Alliance distributor in your State/Territory as below.

| | | |
|---|---|---|
| NSW & ACT | Paul Hartmann Pty Ltd | 1800 805 839 |
| VIC & TAS | Sutherland Medical | 1300 664 027 |
| QLD | Medical and Surgical Requisites Pty Ltd | 1800 801 226 |
| WA | Perth Surgical Supply Co | (08) 9344 3111 |
| SA | McNeil's Surgical | (08) 8363 0888 |
| NT | McNeil's Surgical | (08) 8948 4047 |

BANDAGE—ABSORBENT WOOL

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 4651T | Bandage (natural, non-sterile) 10 cm x 2.7 m | 6 | .. | .. | * 32.26 | 4.90 | Soffban 7224 | BV |
| 4653X | Bandage 10 cm x 3 m | 6 | .. | .. | 18.74 | 4.90 | Surepress 650948 | CC |

BANDAGE—CALICO

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 4717G | Bandage, triangular, large | ‡ 1 | .. | .. | 12.21 | 4.90 | Handy 5608 | BV |

BANDAGE—COMPRESSION

**NOTE:**

***Treatment of varices and oedema associated with venous disease and lymphoedema; contraindicated in arterial disease.***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 4654Y | Bandage, short stretch, 8 cm x 5 m | 5 | .. | .. | * 69.74 | 4.90 | Comprilan 1027 | BV |
| 4736G | Bandage, high stretch, 7.5 cm x 3 m | 5 | .. | .. | * 83.14 | 4.90 | Tensopress 66004347 | BV |
| 4656C | Bandage, high stretch, 7.5 cm x 3.5 m | 5 | .. | .. | * 67.39 | 4.90 | Setopress 3504 | SS |
| 4748X | Bandage, high stretch, 10 cm x 3 m | 5 | .. | .. | * 71.94 | 4.90 | Surepress 650947 | CC |
| | | | | .. | * 108.29 | 4.90 | Tensopress 66004348 | BV |
| 4657D | Bandage, high stretch, 10 cm x 3.5 m | 5 | .. | .. | * 54.69 | 4.90 | Eloflex 2480 | BV |
| | | | | .. | * 77.59 | 4.90 | Setopress 3505 | SS |
| 4658E | Bandage, four layer | 5 | .. | .. | * 196.99 | 4.90 | Profore 66050016 | SN |
| 4598B | Bandage, four layer | 5 | .. | .. | * 132.79 | 4.90 | Profore Lite 66050415 | SN |

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| | ***BANDAGE—COMPRESSION*** | | | | | | | |
| | **NOTE:** | | | | | | | |
| | ***Treatment of varices and oedema associated with venous disease and lymphoedema; contraindicated in arterial disease.*** | | | | | | | |
| | **Restricted Benefit** | | | | | | | |
| | ***Initial treatment of venous ulcers.*** | | | | | | | |
| ***4938X*** | ***Bandage, two layer, 18 cm-22 cm (red)*** | ***1*** | ***..*** | ***..*** | ***42.66*** | ***4.90*** | ***ProGuide 66000780*** | ***SN*** |
| ***4939Y*** | ***Bandage, two layer, 22 cm-28 cm (yellow)*** | ***1*** | ***..*** | ***..*** | ***42.66*** | ***4.90*** | ***ProGuide 66000781*** | ***SN*** |
| ***4940B*** | ***Bandage, two layer, 28 cm-32 cm (green)*** | ***1*** | ***..*** | ***..*** | ***42.66*** | ***4.90*** | ***ProGuide 66000782*** | ***SN*** |
| | **Restricted Benefit** | | | | | | | |
| | ***Continuation of treatment of venous ulcers where patient's ability to tolerate dressing has been demonstrated.*** | | | | | | | |
| ***4941C*** | ***Bandage, two layer, 18 cm-22 cm (red)*** | ***4*** | ***..*** | ***..*** | **** 154.32*** | ***4.90*** | ***ProGuide 66000780*** | ***SN*** |
| ***4942D*** | ***Bandage, two layer, 22 cm-28 cm (yellow)*** | ***4*** | ***..*** | ***..*** | **** 154.32*** | ***4.90*** | ***ProGuide 66000781*** | ***SN*** |
| ***4943E*** | ***Bandage, two layer, 28 cm-32 cm (green)*** | ***4*** | ***..*** | ***..*** | **** 154.32*** | ***4.90*** | ***ProGuide 66000782*** | ***SN*** |
| | BANDAGE—RETENTION—COHESIVE—HEAVY | | | | | | | |
| 4811F | Bandage 5 cm x 1.3 m | 2 | .. | .. | * 12.70 | 4.90 | Peg 7420 | BK |
| 4812G | Bandage 7.5 cm x 1.3 m | 2 | .. | .. | * 15.84 | 4.90 | Peg 7422 | BK |
| 4659F | Bandage 7.5 cm x 3 m | 2 | .. | .. | * 18.48 | 4.90 | Coplus 3629 | BV |
| 4813H | Bandage 10 cm x 1.3 m | 2 | .. | .. | * 19.44 | 4.90 | Peg 7423 | BK |
| 4660G | Bandage 10 cm x 2 m | 2 | .. | .. | * 17.82 | 4.90 | Coban 1584 | MM |
| 4814J | Bandage 15 cm x 1.3 m | 2 | .. | .. | * 26.26 | 4.90 | Peg 7425 | BK |
| | BANDAGE—RETENTION—COHESIVE—LIGHT | | | | | | | |
| 4718H | Bandages 2.5 cm x 4 m, 2 | ‡ 1 | .. | .. | 11.27 | 4.90 | Handygauze Cohesive 8631 | BV |
| 4719J | Bandage 6 cm x 4 m | 2 | .. | .. | * 13.36 | 4.90 | Handygauze Cohesive 8633 | BV |
| 4662J | Bandage 10 cm x 4 m | 2 | .. | .. | * 15.70 | 4.90 | Handygauze Cohesive 8635 | BV |

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|---|---|---|---|---|---|---|---|---|
| | BANDAGE—RETENTION—COTTON CREPE | | | | | | | |
| 4727T | Bandage 5 cm x 2.3 m | 2 | .. | .. | * 15.98 | 4.90 | Telfa 8252F | KE |
| | | | | .. | * 16.80 | 4.90 | Elastocrepe 36102520 | BV |
| 4728W | Bandage 7.5 cm x 2.3 m | 2 | .. | .. | * 20.56 | 4.90 | Telfa 8253F | KE |
| | | | | .. | * 20.74 | 4.90 | Elastocrepe 36102420 | BV |
| 4729X | Bandage 10 cm x 2.3 m | 2 | .. | .. | * 23.56 | 4.90 | Telfa 8254F | KE |
| | | | | .. | * 25.90 | 4.90 | Elastocrepe 36102320 | BV |
| | BANDAGE—TUBULAR | | | | | | | |
| 4855M | Bandage 6.25 cm x 1 m | ‡ 1 | .. | .. | 16.68 | 4.90 | Tubigrip B 1520 | SS |
| 4856N | Bandage 6.75 cm x 1 m | ‡ 1 | .. | .. | 16.68 | 4.90 | Tubigrip C 1545 | SS |
| 4857P | Bandage 7.5 cm x 1 m | ‡ 1 | .. | .. | 16.68 | 4.90 | Tubigrip D 1546 | SS |
| 4858Q | Bandage 8.75 cm x 1 m | ‡ 1 | .. | .. | 16.68 | 4.90 | Tubigrip E 1547 | SS |
| 4859R | Bandage 10 cm x 1 m | ‡ 1 | .. | .. | 16.68 | 4.90 | Tubigrip F 1548 | SS |
| 4663K | Bandage, straight, size C | ‡ 1 | .. | .. | 13.76 | 4.90 | Elastoplast 2225 | BE |
| 4664L | Bandage, straight, size D | ‡ 1 | .. | .. | 13.76 | 4.90 | Elastoplast 2226 | BE |
| 4665M | Bandage, straight, size E | ‡ 1 | .. | .. | 13.76 | 4.90 | Elastoplast 2227 | BE |
| 4667P | Bandage, lightweight, 8.75 cm x 1 m | ‡ 1 | .. | .. | 15.63 | 4.90 | Tensogrip 36361259 | BV |
| | BANDAGE—TUBULAR (FINGER) | | | | | | | |
| 4798M | Complete pack including applicator | ‡ 1 | .. | .. | 16.30 | 4.90 | Tubegauz 0501633 | SS |
| 4726R | Refill | ‡ 1 | .. | .. | 12.44 | 4.90 | Tubegauz 0501658 | SS |
| | BANDAGE—TUBULAR (LIGHTWEIGHT) | | | | | | | |
| 4671W | Bandage, small limb size (red), 10 m | ‡ 1 | .. | .. | 26.43 | 4.90 | Tubifast 2434 | SS |
| 4672X | Bandage, medium limb size (green), 10 m | ‡ 1 | .. | .. | 29.93 | 4.90 | Tubifast 2436 | SS |
| 4673Y | Bandage, large limb size (blue), 10 m | ‡ 1 | .. | .. | 33.34 | 4.90 | Tubifast 2438 | SS |
| | BANDAGE—TUBULAR (LONG STOCKING) | | | | | | | |
| 4674B | Bandage, small size | 2 | .. | .. | * 37.74 | 4.90 | Tubigrip 1482 | SS |
| 4797L | Bandage, medium size | 2 | .. | .. | * 37.74 | 4.90 | Tubigrip 1483 | SS |
| 4799N | Bandage, large size | 2 | .. | .. | * 37.74 | 4.90 | Tubigrip 1484 | SS |
| 4675C | Bandage, XX/large size | 2 | .. | .. | * 37.74 | 4.90 | Tubigrip 1486 | SS |

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|---|---|---|---|---|---|---|---|---|
| | BANDAGE—TUBULAR (SHORT STOCKING) | | | | | | | |
| 4661H | Bandage, small B/C size | 2 | .. | .. | * 28.40 | 4.90 | Tubigrip 1479 | SS |
| 4815K | Bandage, medium C/D size | 2 | .. | .. | * 28.40 | 4.90 | Tubigrip 1480 | SS |
| 4816L | Bandage, large D/E size | 2 | .. | .. | * 28.40 | 4.90 | Tubigrip 1481 | SS |
| | BANDAGE—ZINC PASTE<br>**NOTE:**<br>Used as an adjunct in the management of leg ulceration and associated eczema and skin conditions. | | | | | | | |
| 4668Q | Bandage 7.5 cm x 6 m | 2 | .. | .. | * 27.22 | 4.90 | Zincaband 3604 | SS |
| 4669R | Bandage 7.5 cm x 6 m | 2 | .. | .. | * 27.66 | 4.90 | Steripaste 3610 | SS |
| 4750B | Bandage 7.5 cm x 6 m | 2 | .. | .. | * 59.92 | 4.90 | Viscopaste 4948 | SN |
| 4749Y | Bandage 8 cm x 5 m (compression) | 2 | .. | .. | * 36.18 | 4.90 | Gelocast Elastic 1080 | BV |
| 4670T | Bandage 10 cm x 9.1 m | 2 | .. | .. | * 26.82 | 4.90 | Flexidress 650941 | CC |
| 4760M | Bandages 80 cm (stockings), 4 | ‡ 1 | .. | .. | 69.06 | 4.90 | ZipZoc 66000747 | SN |
| | COTTON WOOL ROLL | | | | | | | |
| 4701K | Roll 100 g | ‡ 1 | 2 | .. | 9.36 | 4.90 | JJ 02013 | JJ |
| | DRESSING—ACTIVATED CHARCOAL (MALODOROUS WOUND) | | | | | | | |
| 4742N | Dressings 10 cm x 10 cm, 10 | ‡ 1 | .. | .. | 78.00 | 4.90 | CarboFLEX 403202 | CC |
| 4681J | Dressing 10.5 cm x 10.5 cm | 10 | .. | .. | * 84.24 | 4.90 | Actisorb Plus MAC031 | JJ |
| 4743P | Dressings 15 cm x 20 cm, 5 | ‡ 1 | .. | .. | 88.89 | 4.90 | CarboFLEX 403204 | CC |
| | DRESSING—ALGINATE (CAVITY WOUND)<br>**NOTE:**<br>This dressing should be used only on moderately to heavily exuding wounds and should remain in place until saturated or for a maximum of 3 days. | | | | | | | |
| 4832H | Rope 2 g | 10 | .. | .. | * 114.28 | 4.90 | Kaltostat 168117 | CC |
| | | | | .. | * 133.24 | 4.90 | Sorbsan 1411 | UM |
| 4685N | Ropes 2 g (30 cm), 5 | 2 | .. | .. | * 81.14 | 4.90 | Restore CalciCare 9940 | HO |
| 4682K | Ropes 2 g (40 cm), 6 | 2 | .. | .. | * 116.76 | 4.90 | Comfeel SeaSorb Filler 3740 | CT |

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|---|---|---|---|---|---|---|---|---|
| | DRESSING—ALGINATE (SUPERFICIAL WOUND)<br>**NOTE:**<br>This dressing should be used only on moderately to heavily exuding wounds and should remain in place until saturated or for a maximum of 3 days. | | | | | | | |
| 4699H | Dressings 5 cm x 5 cm, 10 | ‡ 1 | 1 | .. | 38.06 | 4.90 | Restore CalciCare 9938 | HO |
| | | | | .. | 40.88 | 4.90 | Algisite M 66000519 | SN |
| | | | | .. | 47.77 | 4.90 | Kaltostat 168210 | CC |
| 4684M | Dressing 5 cm x 5 cm | 10 | 1 | .. | * 40.84 | 4.90 | Comfeel SeaSorb Dressing 3705 | CT |
| 4683L | Dressings 7.5 cm x 12 cm, 10 | ‡ 1 | 1 | .. | 90.10 | 4.90 | Kaltostat 168212 | CC |
| 4831G | Dressing 10 cm x 10 cm | 10 | 1 | .. | * 80.24 | 4.90 | Comfeel SeaSorb Dressing 3710 | CT |
| | | | | .. | * 82.54 | 4.90 | Sorbsan 1410 | UM |
| 4700J | Dressings 10 cm x 10 cm, 10 | ‡ 1 | 1 | .. | 70.66 | 4.90 | Restore CalciCare 9937 | HO |
| | | | | .. | 78.90 | 4.90 | Algisite M 66000520 | SN |
| 4691X | Dressings 15 cm x 20 cm, 10 | ‡ 1 | 1 | .. | 191.34 | 4.90 | Algisite M 66000521 | SN |
| | DRESSING—FILM | | | | | | | |
| 4686P | Dressings 6 cm x 7 cm, 8 | ‡ 1 | .. | .. | 14.26 | 4.90 | Nexcare Tegaderm Transparent H1624 | MM |
| 4687Q | Dressings 10 cm x 12 cm, 4 | ‡ 1 | .. | .. | 18.09 | 4.90 | Nexcare Tegaderm Transparent H1626 | MM |
| 4893M | Dressings 10 cm x 12 cm, 10 | ‡ 1 | .. | .. | 25.25 | 4.90 | Op-Site Flexigrid 4629 | SN |
| 4688R | Dressing 15 cm x 20 cm | 6 | .. | .. | * 28.60 | 4.90 | Tegaderm Transparent 1628 | MM |
| | DRESSING—FILM ISLAND | | | | | | | |
| 4689T | Dressing 5 cm x 7 cm | 10 | .. | .. | * 14.84 | 4.90 | Tegaderm Transparent Island 3582 | MM |
| 4898T | Dressings 5 cm x 7.2 cm, 5 | 2 | .. | .. | * 22.02 | 4.90 | Cutifilm Plus 76309 | SN |
| 4899W | Dressings 8 cm x 10 cm, 5 | 2 | .. | .. | * 34.76 | 4.90 | Cutifilm Plus 76308 | SN |

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|---|---|---|---|---|---|---|---|---|
| 4690W | Dressing 9 cm x 10 cm | 10 | .. | .. | * 25.84 | 4.90 | Tegaderm Transparent Island 3586 | MM |
| | DRESSING—FOAM—HEAVY EXUDATE<br>**NOTE:**<br>This dressing should remain in place until saturated or up to a maximum of 7 days. Allow a minimum of 2 cm to 3 cm in excess of the wound size of the dressing around the wound. | | | | | | | |
| 4692Y | Dressings (foam alternative) 10 cm x 10 cm, 10 | ‡ 1 | .. | .. | 53.82 | 4.90 | CombiDERM 651031 | CC |
| 4693B | Dressings (foam alternative) 15 cm x 18 cm, 5 | ‡ 1 | .. | .. | 70.74 | 4.90 | CombiDERM 651027 | CC |
| | DRESSING—FOAM—LIGHT EXUDATE<br>**NOTE:**<br>This dressing should remain in place until saturated or up to a maximum of 7 days. Allow a minimum of 2 cm to 3 cm in excess of the wound size of the dressing around the wound. | | | | | | | |
| 4890J | Dressings 7.5 cm x 7.5 cm, 10 | ‡ 1 | 1 | .. | 40.55 | 4.90 | Lyofoam Flat 603092 | SS |
| 4891K | Dressings 10 cm x 10 cm, 10 | ‡ 1 | 1 | .. | 47.86 | 4.90 | Lyofoam Flat 603093 | SS |
| 4878R | Dressings 20 cm x 15 cm, 10 | ‡ 1 | .. | .. | 100.88 | 4.90 | Lyofoam Flat 603095 | SS |
| | DRESSING—FOAM—MODERATE EXUDATE<br>**NOTE:**<br>This dressing should remain in place until saturated or up to a maximum of 7 days. Allow a minimum of 2 cm to 3 cm in excess of the wound size of the dressing around the wound. | | | | | | | |
| 4795J | Dressings 10 cm x 10 cm, 10 | ‡ 1 | .. | .. | 74.08 | 4.90 | Lyofoam Extra 603088 | SS |
| | | | | .. | 107.91 | 4.90 | Allevyn 66007637 | SN |
| 4590N | Dressings 12.5 cm x 12.5 cm, 10 | ‡ 1 | .. | .. | 101.68 | 4.90 | Allevyn Adhesive 66000044 | SN |
| | **NOTE:**<br>Care should be taken when changing *Allevyn Adhesive* dressings to avoid skin tears. | | | | | | | |
| 4880W | Dressings 20 cm x 15 cm, 10 | ‡ 1 | .. | .. | 188.13 | 4.90 | Lyofoam Extra 603090 | SS |
| 4694C | Dressing, cavity, conforming, 20 g | 1 | .. | .. | 69.28 | 4.90 | Cavicare 4563 | SN |
| 4927H | Non-adhesive waterproof semi-permeable absorbent foam pads 10 cm x 10 cm, 10 | ‡ 1 | 1 | .. | 81.12 | 4.90 | Biatain Non-adhesive 3410 | CT |
| 4928J | Non-adhesive waterproof semi-permeable absorbent foam pads 15 cm x 15 cm, 5 | ‡ 1 | 2 | .. | 79.69 | 4.90 | Biatain Non-adhesive 3413 | CT |

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|---|---|---|---|---|---|---|---|---|
| 4929K | Adhesive waterproof semi-permeable absorbent foam pads 12 cm x 12 cm, 10 | ‡ 1 | 1 | .. | 89.26 | 4.90 | Biatain Adhesive 3420 | CT |
| 4930L | Adhesive waterproof semi-permeable absorbent foam pads 18 cm x 18 cm, 5 | ‡ 1 | 2 | .. | 86.51 | 4.90 | Biatain Adhesive 3423 | CT |
| | DRESSING—FOAM with CHARCOAL (MALODOROUS WOUND)<br>**NOTE:**<br>This dressing should remain in place on wounds with odour until saturated or up to a maximum of 7 days. Allow a minimum of 2 cm to 3 cm in excess of the wound size of the dressing around the wound. | | | | | | | |
| 4892L | Dressings 10 cm x 10 cm, 10 | 2 | .. | .. | * 173.08 | 4.90 | Lyofoam C 603025 | SS |
| | DRESSING—GAUZE (ABSORBENT PAD) | | | | | | | |
| 4707R | Pads 5 cm x 5 cm, 100 | ‡ 1 | .. | .. | 12.58 | 4.90 | Handy 5672 | BV |
| 4708T | Pads 10 cm x 10 cm, 100 | ‡ 1 | .. | .. | 25.50 | 4.90 | Handy 5674 | BV |
| | DRESSING—GAUZE—EYE PAD | | | | | | | |
| 4768Y | Pads, 12 | ‡ 1 | .. | .. | 11.57 | 4.90 | Curity 4112 | KE |
| | DRESSING—GAUZE—PARAFFIN | | | | | | | |
| 4759L | Dressings 10 cm x 10 cm, 10 | ‡ 1 | .. | .. | 15.79 | 4.90 | Jelonet 7404 | SN |
| | DRESSING—GAUZE—PARAFFIN with CHLORHEXIDINE ACETATE | | | | | | | |
| 4845B | Dressings 10 cm x 10 cm, 10 | ‡ 1 | 2 | .. | 22.29 | 4.90 | Bactigras 7457 | SN |
| | DRESSING—GAUZE—POVIDONE-IODINE PAD | | | | | | | |
| 4779M | Pads 22.5 cm x 7.5 cm, 12 | ‡ 1 | 2 | .. | 31.38 | 4.90 | Betadine | FH |
| | DRESSING—HYDROACTIVE (CAVITY WOUND) | | | | | | | |
| 4918W | Dressings 5 cm x 6 cm, 10 | ‡ 1 | 1 | .. | 72.42 | 4.90 | Allevyn Plus Cavity 66047571 | SN |
| 4919X | Dressings 10 cm x 10 cm, 5 | 2 | 1 | .. | * 152.74 | 4.90 | Allevyn Plus Cavity 66047573 | SN |
| | DRESSING—HYDROACTIVE (DEBRIDEMENT) | | | | | | | |
| 4949L | Dressings 4 cm, 8 | ‡ 1 | .. | .. | 66.92 | 4.90 | TenderWet 24 Active | HR |
| 4948K | Dressings 5.5 cm, 8 | ‡ 1 | .. | .. | 67.68 | 4.90 | TenderWet Active Cavity | HR |
| 4950M | Dressings 7.5 cm x 7.5 cm, 8 | ‡ 1 | .. | .. | 91.21 | 4.90 | TenderWet 24 Active | HR |

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|---|---|---|---|---|---|---|---|---|
| | **NOTE:** Hartmann products are not available through pharmacy wholesalers. To order please contact the Hartmann Alliance (refer to 'Ordering Hartmann Products' at the foot of the 'Wound Assessment and Dressing Identification' chart at the beginning of this section). | | | | | | | |
| | DRESSING—HYDROACTIVE (SUPERFICIAL WOUND—HIGH EXUDATE) | | | | | | | |
| 4695D | Dressings, island, 11 cm x 11 cm, 10 | ‡ 1 | .. | .. | 84.98 | 4.90 | Tielle MT2440 | JJ |
| 4696E | Dressings, island, 18 cm x 18 cm, 5 | ‡ 1 | .. | .. | 100.95 | 4.90 | Tielle MT2442 | JJ |
| | DRESSING—HYDROACTIVE (SUPERFICIAL WOUND—LIGHT EXUDATE) | | | | | | | |
| 4905E | Dressings 5 cm x 6 cm, 10 | ‡ 1 | 1 | .. | 50.09 | 4.90 | Allevyn Thin 66047576 | SN |
| 4906F | Dressings 10 cm x 10 cm, 5 | 2 | 1 | .. | * 91.14 | 4.90 | Allevyn Thin 66047578 | SN |
| | DRESSING—HYDROACTIVE (SUPERFICIAL WOUND—MODERATE EXUDATE) | | | | | | | |
| 4885D | Dressings 5 cm x 6 cm, 10 | ‡ 1 | 1 | .. | 38.94 | 4.90 | Cutinova Hydro 66047441 | SN |
| 4886E | Dressings 10 cm x 10 cm, 5 | 2 | 1 | .. | * 65.58 | 4.90 | Cutinova Hydro 66047443 | SN |
| | DRESSING—HYDROCOLLOID (CAVITY WOUND) **NOTE:** This dressing should remain in place until saturated or strike through occurs for a maximum of 7 days. | | | | | | | |
| 4896Q | Paste 30 g | 10 | .. | .. | * 144.14 | 4.90 | DuoDERM Paste H7930 | CC |
| 4895P | Paste 50 g | 6 | .. | .. | * 100.48 | 4.90 | Comfeel Paste 4701 | CT |
| 4697F | Powder 6 g | 2 | .. | .. | * 19.76 | 4.90 | Comfeel Powder 4706 | CT |
| 4698G | Ropes 2 g (30 cm), 5 | ‡ 1 | .. | .. | 82.73 | 4.90 | Aquacel 177904 | CC |
| | DRESSING—HYDROCOLLOID (SUPERFICIAL WOUND—LIGHT EXUDATE) **NOTE:** This dressing should be applied to a thickness of 3 mm to 5 mm. It should be covered with a hydrocolloid dressing and may be left in place for up to 7 days. | | | | | | | |
| 4888G | Dressings 5 cm x 7 cm, 10 | ‡ 1 | 1 | .. | 35.56 | 4.90 | Comfeel Plus Transparent 3530 | CT |

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|---|---|---|---|---|---|---|---|---|
| 4889H | Dressings 9 cm x 14 cm, 10 | ‡ 1 | 1 | .. | 75.31 | 4.90 | Comfeel Plus Transparent 3536 | CT |
| 4908H | Dressings 10 cm x 10 cm, 5 | 2 | 1 | .. | * 52.04 | 4.90 | Restore Extra Thin 9921 | HO |
| 4907G | Dressings 10 cm x 10 cm, 10 | ‡ 1 | 1 | .. | 70.74 | 4.90 | DuoDERM Extra Thin H7955 | CC |
| 4924E | Dressings 10 cm x 10 cm, 10 | ‡ 1 | 1 | .. | 61.89 | 4.90 | Comfeel Plus Transparent 3533 | CT |
| 4947J | Dressings 10 cm x 10 cm, 10 | ‡ 1 | 1 | .. | 46.39 | 4.90 | Hydrocoll Thin 900942/1 | HR |
| | **NOTE:**<br>Hartmann products are not available through pharmacy wholesalers. To order please contact the Hartmann Alliance (refer to 'Ordering Hartmann Products' at the foot of the 'Wound Assessment and Dressing Identification' chart at the beginning of this section). | | | | | | | |
| | DRESSING—HYDROCOLLOID (SUPERFICIAL WOUND—MODERATE EXUDATE)<br>**NOTE:**<br>This dressing should remain in place until saturated or strike through occurs for a maximum of 7 days. | | | | | | | |
| 4897R | Dressings 10 cm x 10 cm, 5 | 2 | 1 | .. | * 57.84 | 4.90 | Restore Plus 9956 | HO |
| | | | | .. | * 80.42 | 4.90 | DuoDERM CGF H7660 | CC |
| 4921B | Dressings 10 cm x 10 cm, 10 | ‡ 1 | 1 | .. | 67.54 | 4.90 | Replicare Ultra 66000434 | SN |
| | | | | .. | 100.00 | 4.90 | Aquacel 177902 | CC |
| 4945G | Dressings 10 cm x 10 cm, 10 | ‡ 1 | 1 | .. | 46.39 | 4.90 | Hydrocoll 900938/1 | HR |
| | **NOTE:**<br>Hartmann products are not available through pharmacy wholesalers. To order please contact the Hartmann Alliance (refer to 'Ordering Hartmann Products' at the foot of the 'Wound Assessment and Dressing Identification' chart at the beginning of this section). | | | | | | | |
| 4922C | Dressings 15 cm x 15 cm, 5 | 2 | 1 | .. | * 207.72 | 4.90 | Aquacel 177903 | CC |
| 4946H | Dressings 15 cm x 15 cm, 10 | ‡ 1 | 1 | .. | 88.93 | 4.90 | Hydrocoll 900939/1 | HR |
| | **NOTE:**<br>Hartmann products are not available through pharmacy wholesalers. To order please contact the Hartmann Alliance (refer to 'Ordering Hartmann Products' at the foot of the 'Wound Assessment and Dressing Identification' chart at the beginning of this section). | | | | | | | |
| 4853K | Dressings 15 cm x 20 cm, 3 | 3 | 1 | .. | * 132.28 | 4.90 | Restore Plus 9957 | HO |
| 4854L | Dressings 20 cm x 20 cm, 3 | 3 | 1 | .. | * 157.45 | 4.90 | Restore Plus 9958 | HO |
| 4920Y | Dressings 20 cm x 20 cm, 5 | 2 | 1 | .. | * 221.34 | 4.90 | DuoDERM CGF H7662 | CC |
| 4923D | Dressings with alginate 10 cm x 10 cm, 10 | ‡ 1 | 1 | .. | 72.67 | 4.90 | Comfeel Plus Ulcer Dressing 3110 | CT |

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|---|---|---|---|---|---|---|---|---|
| 4842W | Dressings, sacral, 5 | 2 | 1 | .. | * 98.62 | 4.90 | Restore Plus Sacral 9959 | HO |
| | DRESSING—HYDROGEL—AMORPHOUS<br>**NOTE:**<br>This dressing should be applied to a thickness of 3 mm to 5 mm and remain in situ in infected wounds for 24 hours and in clean wounds for up to 3 days. It should be covered with a secondary dressing such as foam or film. It should not be covered with gauze or combine. | | | | | | | |
| 4912M | Tubes 15 g, 10 | ‡ 1 | 1 | .. | 63.50 | 4.90 | DuoDERM Gel H7990 | CC |
| | | | | .. | 64.09 | 4.90 | Comfeel Purilon Gel 3900 | CT |
| 4894N | Tubes 25 g, 10 | ‡ 1 | 1 | .. | 113.53 | 4.90 | Intrasite Gel 7313 | SN |
| 4913N | Tubes 30 g, 3 | 3 | 1 | .. | * 96.13 | 4.90 | DuoDERM Gel H7987 | CC |
| 4914P | Tube 50 g | 12 | 1 | .. | * 92.56 | 4.90 | Solugel 10336 | JJ |
| 4599C | Tube 50 g | 6 | 1 | .. | * 42.22 | 4.90 | SoloSite Gel 36361354 | SN |
| | DRESSING—HYDROGEL—SHEET<br>**NOTE:**<br>This dressing should be applied to a thickness of 3 mm to 5 mm and remain in situ in infected wounds for 24 hours and in clean wounds for up to 3 days. It should be covered with a secondary dressing such as foam or film. It should not be covered with gauze or combine. | | | | | | | |
| 4911L | Dressings 9.5 cm x 10.2 cm, 5 | 2 | .. | .. | * 82.22 | 4.90 | Nu-Gel 2497 | JJ |
| 4806Y | Dressings 11 cm x 10 cm, 5 | 2 | .. | .. | * 52.04 | 4.90 | Aquaclear | HR |
| | **NOTE:**<br>Hartmann products are not available through pharmacy wholesalers. To order please contact the Hartmann Alliance (refer to 'Ordering Hartmann Products' at the foot of the 'Wound Assessment and Dressing Identification' chart at the beginning of this section). | | | | | | | |
| | DRESSING—NON-ADHERENT | | | | | | | |
| 4860T | Dressings 5 cm x 5 cm, 5 | 2 | .. | .. | * 12.88 | 4.90 | Melolin 36361357 | SN |
| 4819P | Dressings 5 cm x 5 cm, 5 | 2 | .. | .. | * 12.38 | 4.90 | Cutilin Non-Stick Wound Pad 76301 | SN |
| 4755G | Dressings 5 cm x 7.5 cm, 10 | ‡ 1 | .. | .. | 9.84 | 4.90 | Telfa 1970C | KE |
| 4909J | Dressing 7.6 cm x 7.6 cm | 10 | 1 | .. | * 14.34 | 4.90 | Adaptic 2012 | JJ |
| 4758K | Dressings 7.5 cm x 10 cm, 6 | ‡ 1 | .. | .. | 10.04 | 4.90 | Telfa 2140C | KE |
| 4944F | Dressings 7.5 cm x 10 cm, 10 | ‡ 1 | .. | .. | 13.88 | 4.90 | Atrauman 499513 | HR |

continued ☞

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | **NOTE:**<br>Hartmann products are not available through pharmacy wholesalers. To order please contact the Hartmann Alliance (refer to 'Ordering Hartmann Products' at the foot of the 'Wound Assessment and Dressing Identification' chart at the beginning of this section). | | | | | | | |
| 4862X | Dressings 10 cm x 10 cm, 5 | 2 | .. | .. | * 19.44 | 4.90 | Cutilin Non-Stick Wound Pad 76300 | SN |
| 4861W | Dressings 10 cm x 10 cm, 10 | ‡ 1 | .. | .. | 26.52 | 4.90 | Melolin 66974933 | SN |
| 4843X | Dressings, self-adhesive, 5 cm x 7.5 cm, 10 | ‡ 1 | 2 | .. | 11.41 | 4.90 | Telfa 6020C | KE |
| 4844Y | Dressings, self-adhesive, 7.5 cm x 10 cm, 6 | ‡ 1 | 2 | .. | 10.80 | 4.90 | Telfa 7650C | KE |
| | DRESSING with CADEXOMER IODINE<br>**NOTE:**<br>Suitable for yellow sloughy infected and malodorous wounds. | | | | | | | |
| 4931M | Sachets 3 g, 7 | ‡ 1 | .. | .. | 56.08 | 4.90 | Iodosorb Powder 66051070 | SN |
| 4932N | Tubes 10 g, 4 | ‡ 1 | .. | .. | 90.32 | 4.90 | Iodosorb Ointment 66051240 | SN |
| 4933P | Tubes 20 g, 2 | ‡ 1 | .. | .. | 89.48 | 4.90 | Iodosorb Ointment 66051230 | SN |
| 4935R | Sachets 5 g (6 cm x 4 cm), 5 | ‡ 1 | .. | .. | 85.37 | 4.90 | Iodosorb 66051330 | SN |
| 4936T | Sachets 10 g (8 cm x 6 cm), 3 | ‡ 1 | .. | .. | 123.71 | 4.90 | Iodosorb 66051340 | SN |
| 4937W | Sachets 17 g (10 cm x 8 cm), 2 | ‡ 1 | .. | .. | 130.32 | 4.90 | Iodosorb 66051360 | SN |
| | GAUZE and COTTON TISSUE (COMBINE ROLL) | | | | | | | |
| 4767X | Wrapped pack 9 cm x 10 m | ‡ 1 | .. | .. | 14.02 | 4.90 | BSN 2902165 | BV |
| 4761N | Wrapped pack 10 cm x 10 m | ‡ 1 | .. | .. | 13.75 | 4.90 | JJ 12010 | JJ |
| | GLOVES PLASTIC (DISPOSABLE) | | | | | | | |
| 4772E | Gloves, small, 100 | ‡ 1 | .. | .. | 10.97 | 4.90 | Handy 4207 | BV |
| 4773F | Gloves, medium, 100 | ‡ 1 | .. | .. | 10.97 | 4.90 | Handy 4208 | BV |
| 4774G | Gloves, large, 100 | ‡ 1 | .. | .. | 10.97 | 4.90 | Handy 4209 | BV |
| | LUBRICATING AGENT | | | | | | | |
| 4318G | Jelly 60 g | ‡ 1 | .. | .. | 9.73 | 4.90 | Surgical Lubricating Gel | BI |

# REPATRIATION

| Code | Name, Restriction, Manner of Administration and Form | Max. Qty | No. of Rpts | Premium | Dispensed Price for Max. Qty $ | Maximum Recordable Value for Safety Net $ | Proprietary Name and Manufacturer | |
|---|---|---|---|---|---|---|---|---|
| | PRESSURE REDUCING PRODUCTS | | | | | | | |
| 4676D | Sheet 10 cm x 10 cm x 3 mm | 2 | .. | .. | * 26.56 | 4.90 | Spenco Dermal Pad 10-553 | KC |
| 4677E | Sheet 10 cm x 10 cm x 12 mm | 2 | .. | .. | * 47.68 | 4.90 | Spenco Dermal Pad 10-561 | KC |
| 4678F | Butterfly shape 7 cm | 5 | .. | .. | * 48.84 | 4.90 | Comfeel Plus Pressure Relieving 3350 | CT |
| 4679G | Round 10 cm | 5 | .. | .. | * 52.94 | 4.90 | Comfeel Plus Pressure Relieving 3353 | CT |
| | TAPES—NON-WOVEN RETENTION (POLYACRYLATE) | | | | | | | |
| 4915Q | Roll 2.5 cm x 9.1 m | ‡ 1 | .. | .. | 11.61 | 4.90 | Medipore 2961 | MM |
| 4863Y | Roll 2.5 cm x 10 m | ‡ 1 | .. | .. | 14.94 | 4.90 | Hypafix 71443-0 | BV |
| 4917T | Roll 2.5 cm x 10 m | ‡ 1 | .. | .. | 9.86 | 4.90 | Mefix 310250 | MH |
| 4916R | Roll 5 cm x 10 m | ‡ 1 | .. | .. | 21.90 | 4.90 | Hypafix 71443-1 | BV |
| | TAPES—PLASTER ADHESIVE ELASTIC | | | | | | | |
| 4780N | Roll 2.5 cm x 2.5 m | ‡ 1 | .. | .. | 11.50 | 4.90 | Leukoplast 1071 | BV |
| 4781P | Roll 5 cm x 2.5 m | ‡ 1 | .. | .. | 17.06 | 4.90 | Leukoplast 1072 | BV |
| 4782Q | Roll 7.5 cm x 2.5 m | ‡ 1 | .. | .. | 20.47 | 4.90 | Leukoplast 1073 | BV |
| 4735F | Roll 10 cm x 2.5 m | ‡ 1 | .. | .. | 20.68 | 4.90 | Elastoplast 1004 | BV |
| | TAPES—PLASTER ADHESIVE HYPOALLERGENIC | | | | | | | |
| 4783R | Roll 1.25 cm x 5 m | ‡ 1 | .. | .. | 9.19 | 4.90 | Leukopor 2471 | BV |
| 4785W | Roll 1.25 cm x 5 m | ‡ 1 | .. | .. | 9.46 | 4.90 | Leukosilk 1021 | BV |
| 4794H | Roll 2.5 cm x 5 m | ‡ 1 | .. | .. | 11.48 | 4.90 | Leukopor 2472 | BV |
| 4787Y | Roll 2.5 cm x 5 m | ‡ 1 | .. | .. | 11.96 | 4.90 | Leukosilk 1022 | BV |
| 4788B | Stretch roll 5 cm x 5 m | ‡ 1 | .. | .. | 15.76 | 4.90 | Leukoflex 1124 | BV |
| 4790D | Roll 5 cm x 5 m | ‡ 1 | .. | .. | 14.80 | 4.90 | Leukopor 2474 | BV |
| 4789C | Roll 5 cm x 5 m | ‡ 1 | .. | .. | 15.60 | 4.90 | Leukosilk 1024 | BV |
| 4848E | Roll (dispenser) 1.9 cm x 5.4 m | ‡ 1 | .. | .. | 9.87 | 4.90 | Nexcare Durable Cloth First Aid Tape 799 | MM |
| 4849F | Roll (dispenser) 1.9 cm x 7.3 m | ‡ 1 | .. | .. | 9.87 | 4.90 | Nexcare Gentle Paper First Aid Tape 789 | MM |

# Section 2

Standard Packs and Prices

NOTE—
*Standard packs and prices (including mark-up, but without dispensing fee and dangerous drug fee) are for items against the price of which an asterisk (*) is shown in Section 1 of the Schedule.*

**(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)**

| Code | Name | Form/Strength | Pack and Price $ | | Manufacturer |
|---|---|---|---|---|---|
| 4579B | Alprostadil | 10 mcg | 2 @ | 25.40 | PH |
| 4580C | | 20 mcg | 2 @ | 32.40 | PH |
| 4453J | Aluminium Hydroxide with Magnesium Hydroxide and Simethicone | 400 mg-400 mg-40 mg | 100 @ | 19.36 | PC |
| 4118R | | 400 mg-400 mg-30 mg per 5 mL, 500 mL | 1 @ | 7.76 | PC |
| 4651T | Bandage—Absorbent Wool | 10 cm x 2.7 m | 1 @ | 4.47 | BV |
| 4654Y | Bandage—Compression | 8 cm x 5 m | 1 @ | 12.86 | BV |
| 4736G | | 7.5 cm x 3 m | 1 @ | 15.54 | BV |
| 4656C | | 7.5 cm x 3.5 m | 1 @ | 12.39 | SS |
| 4748X | | 10 cm x 3 m | 1 @ | 13.30 | CC |
| | | | 1 @ | 20.57 | BV |
| 4657D | | 10 cm x 3.5 m | 1 @ | 9.85 | BV |
| | | | 1 @ | 14.43 | SS |
| 4658E | | Four layer | 1 @ | 38.31 | SN |
| 4598B | | Four layer | 1 @ | 25.47 | SN |
| 4941C | | Two layer, 18 cm-22 cm | 1 @ | 37.22 | SN |
| 4942D | | Two layer, 22 cm-28 cm | 1 @ | 37.22 | SN |
| 4943E | | Two layer, 28 cm-32 cm | 1 @ | 37.22 | SN |
| 4811F | Bandage—Retention—Cohesive—Heavy | 5 cm x 1.3 m | 1 @ | 3.63 | BK |
| 4812G | | 7.5 cm x 1.3 m | 1 @ | 5.20 | BK |
| 4659F | | 7.5 cm x 3 m | 1 @ | 6.52 | BV |
| 4813H | | 10 cm x 1.3 m | 1 @ | 7.00 | BK |
| 4660G | | 10 cm x 2 m | 1 @ | 6.19 | MM |
| 4814J | | 15 cm x 1.3 m | 1 @ | 10.41 | BK |
| 4719J | Bandage—Retention—Cohesive—Light | 6 cm x 4 m | 1 @ | 3.96 | BV |
| 4662J | | 10 cm x 4 m | 1 @ | 5.13 | BV |
| 4727T | Bandage—Retention—Cotton Crepe | 5 cm x 2.3 m | 1 @ | 5.27 | KE |
| | | | 1 @ | 5.68 | BV |
| 4728W | | 7.5 cm x 2.3 m | 1 @ | 7.56 | KE |
| | | | 1 @ | 7.65 | BV |
| 4729X | | 10 cm x 2.3 m | 1 @ | 9.06 | KE |
| | | | 1 @ | 10.23 | BV |
| 4674B | Bandage—Tubular (long Stocking) | Small | 1 @ | 16.15 | SS |
| 4797L | | Medium | 1 @ | 16.15 | SS |
| 4799N | | Large | 1 @ | 16.15 | SS |
| 4675C | | XX/large | 1 @ | 16.15 | SS |
| 4661H | Bandage—Tubular (short Stocking) | Small B/C | 1 @ | 11.48 | SS |
| 4815K | | Medium C/D | 1 @ | 11.48 | SS |
| 4816L | | Large D/E | 1 @ | 11.48 | SS |
| 4668Q | Bandage—Zinc Paste | 7.5 cm x 6 m | 1 @ | 10.89 | SS |
| 4669R | | 7.5 cm x 6 m | 1 @ | 11.11 | SS |
| 4750B | | 7.5 cm x 6 m | 1 @ | 27.24 | SN |
| 4749Y | | 8 cm x 5 m | 1 @ | 15.37 | BV |
| 4670T | | 10 cm x 9.1 m | 1 @ | 10.69 | CC |
| 4150K | Bromazepam | 3 mg | 30 @ | 10.02 | RO |
| 4151L | | 6 mg | 30 @ | 12.90 | RO |
| 4333C | Calcium | 500 mg | 60 @ | 4.22 | IA |
| 4055K | Calcium Carbonate with Glycine | 420 mg-180 mg | 100 @ | 8.02 | MM |
| 4081T | Dextropropoxyphene Napsylate | 100 mg | 10 @ | 2.33 | AS |
| 4681J | Dressing—Activated Charcoal (malodorous Wound) | 10.5 cm x 10.5 cm | 1 @ | 7.88 | JJ |

**(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)**

| Code | Name | Form/Strength | Pack and Price $ | | Manufacturer |
|---|---|---|---|---|---|
| 4832H | Dressing—Alginate (cavity Wound) | 2 g | 5 @ | 54.42 | CC |
| | | | 1 @ | 12.78 | UM |
| 4685N | | 2 g (30 cm), 5 | 1 @ | 37.85 | HO |
| 4682K | | 2 g (40 cm), 6 | 1 @ | 55.66 | CT |
| 4684M | Dressing—Alginate (superficial Wound) | 5 cm x 5 cm | 1 @ | 3.54 | CT |
| 4831G | | 10 cm x 10 cm | 1 @ | 7.48 | CT |
| | | | 1 @ | 7.71 | UM |
| 4688R | Dressing—Film | 15 cm x 20 cm | 1 @ | 3.86 | MM |
| 4689T | Dressing—Film Island | 5 cm x 7 cm | 1 @ | 0.94 | MM |
| 4898T | | 5 cm x 7.2 cm, 5 | 1 @ | 8.29 | SN |
| 4899W | | 8 cm x 10 cm, 5 | 1 @ | 14.66 | SN |
| 4690W | | 9 cm x 10 cm | 1 @ | 2.04 | MM |
| 4892L | Dressing—Foam with Charcoal (malodorous Wound) | 10 cm x 10 cm, 10 | 1 @ | 83.82 | SS |
| 4919X | Dressing—Hydroactive (cavity Wound) | 10 cm x 10 cm, 5 | 1 @ | 73.65 | SN |
| 4906F | Dressing—Hydroactive (superficial Wound—Light Exudate) | 10 cm x 10 cm, 5 | 1 @ | 42.85 | SN |
| 4886E | Dressing—Hydroactive (superficial Wound—Moderate Exudate) | 10 cm x 10 cm, 5 | 1 @ | 30.07 | SN |
| 4896Q | Dressing—Hydrocolloid (cavity Wound) | 30 g | 1 @ | 13.87 | CC |
| 4895P | | 50 g | 1 @ | 15.84 | CT |
| 4697F | | 6 g | 1 @ | 7.16 | CT |
| 4908H | Dressing—Hydrocolloid (superficial Wound—Light Exudate) | 10 cm x 10 cm, 5 | 1 @ | 23.30 | HO |
| 4897R | Dressing—Hydrocolloid (superficial Wound—Moderate Exudate) | 10 cm x 10 cm, 5 | 1 @ | 26.20 | HO |
| | | | 1 @ | 37.49 | CC |
| 4922C | | 15 cm x 15 cm, 5 | 1 @ | 101.14 | CC |
| 4853K | | 15 cm x 20 cm, 3 | 1 @ | 42.28 | HO |
| 4854L | | 20 cm x 20 cm, 3 | 1 @ | 50.67 | HO |
| 4920Y | | 20 cm x 20 cm, 5 | 1 @ | 107.95 | CC |
| 4842W | | 5 | 1 @ | 46.59 | HO |
| 4913N | Dressing—Hydrogel—Amorphous | 30 g, 3 | 1 @ | 30.23 | CC |
| 4914P | | 50 g | 1 @ | 7.26 | JJ |
| 4599C | | 50 g | 1 @ | 6.13 | SN |
| 4911L | Dressing—Hydrogel—Sheet | 9.5 cm x 10.2 cm, 5 | 1 @ | 38.39 | JJ |
| 4806Y | | 11 cm x 10 cm, 5 | 1 @ | 23.30 | HR |
| 4860T | Dressing—Non-adherent | 5 cm x 5 cm, 5 | 1 @ | 3.72 | SN |
| 4819P | | 5 cm x 5 cm, 5 | 1 @ | 3.47 | SN |
| 4909J | | 7.6 cm x 7.6 cm | 1 @ | 0.89 | JJ |
| 4862X | | 10 cm x 10 cm, 5 | 1 @ | 7.00 | SN |
| 4237B | Fexofenadine Hydrochloride | 60 mg | 20 @ | 13.66 | SW |
| 4246L | Glycerol | 2.8 g, 12 | 1 @ | 3.81 | PP |
| 4330X | Moxifloxacin Hydrochloride | 400 mg (base) in 250 mL | 1 @ | 62.71 | BN |
| 4576W | Nicotine | Approx. 5 mg per 16 hours, 7 | 1 @ | 21.95 | PC |
| 4571N | | Approx. 7 mg per 24 hours, 7 | 1 @ | 19.40 | AF |
| | | | 1 @ | 33.95 | GK |
| 4577X | | Approx. 10 mg per 16 hours, 7 | 1 @ | 24.12 | PC |
| 4572P | | Approx. 14 mg per 24 hours, 7 | 1 @ | 21.23 | AF |
| | | | 1 @ | 33.95 | GK |
| 4578Y | | Approx. 15 mg per 16 hours, 7 | 1 @ | 26.77 | PC |
| 4573Q | | Approx. 21 mg per 24 hours, 7 | 1 @ | 23.43 | AF |
| | | | 1 @ | 33.95 | GK |

**(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)**

| Code | Name | Form/Strength | Pack and Price $ | Manufacturer |
|---|---|---|---|---|
| 4676D | Pressure Reducing Products | 10 cm x 10 cm x 3 mm | 1 @ 10.56 | KC |
| 4677E | | 10 cm x 10 cm x 12 mm | 1 @ 21.12 | KC |
| 4678F | | 7 cm | 1 @ 8.68 | CT |
| 4679G | | 10 cm | 1 @ 9.50 | CT |

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# THERAPEUTIC GROUP PREMIUM POLICY

PHARMACEUTICAL BENEFIT ITEMS WHICH HAVE A THERAPEUTIC GROUP PREMIUM WITH EFFECT FROM 1 OCTOBER 2007

The Schedule of Pharmaceutical Benefits shows differences in price in some therapeutic groups where alternative drugs may have a therapeutic group premium.

The Therapeutic Group Premium Policy applies within narrowly defined therapeutic sub-groups where the drugs concerned are of similar safety and health outcomes.

The Australian Government, through the PBS, subsidises up to the price of the lowest priced drug in the group. This means that consumers may have to pay for more expensive drugs (those with a therapeutic group premium). This extra amount does not count towards their PBS safety net threshold.

Therapeutic group premiums apply where a prescriber has prescribed a drug within a therapeutic group that attracts a therapeutic group premium and has not sought an exemption from Medicare Australia on clinical grounds.

The exemption provisions are:

- adverse effects occurring with all of the base-priced drugs; or
- drug interactions occurring with all of the base-priced drugs; or
- drug interactions expected to occur with all of the base-priced drugs; or
- transfer to a base-priced drug would cause patient confusion resulting in problems with compliance.

The premiums are not a Government charge but reflect the fact that the supplier(s) of the drug charge a price higher than the Government is willing to subsidise.

Under the Therapeutic Group Premium Policy drug substitution by pharmacists is not permitted.

For ease of prescribing and dispensing, and in the interests of your patients, the following list shows those PBS drugs that attract a therapeutic group premium.

| Premium Priced Brand | Form and Strength | Max. Qty | Therapeutic Group Premium $ |
|---|---|---|---|
| ***$H_2$-RECEPTOR ANTAGONISTS*** | | | |
| *Zantac* | Effervescent tablet 150 mg (base) | 60 | 4.18 |
| *Zantac Syrup* | Syrup 150 mg (base) per 10 mL, 300 mL | 2 | 2.10 |

The base-priced drugs in this therapeutic group are cimetidine, famotidine, nizatidine, and ranitidine hydrochloride (except ranitidine hydrochloride effervescent tablet 150 mg (base) and syrup 150 mg (base) per 10 mL, 300 mL).

| | | | |
|---|---|---|---|
| ***DIHYDROPYRIDINE-DERIVATIVE CALCIUM CHANNEL BLOCKERS*** | | | |
| *Adalat Oros 20mg* | Tablet 20 mg (controlled release) | 30 | 2.88 |
| *Zanidip* | Tablet 10 mg | 30 | 0.94 |
| *Zanidip* | Tablet 20 mg | 30 | 3.23 |

The base-priced drugs in this therapeutic group are amlodipine, felodipine and nifedipine (except nifedipine controlled release tablet 20 mg).

# BRAND PREMIUM POLICY

BRANDS OF PHARMACEUTICAL BENEFIT ITEMS WHICH HAVE A BRAND PREMIUM AND THAT MAY BE SUBSTITUTED WITH EFFECT FROM 1 OCTOBER 2007

The Schedule of Pharmaceutical Benefits shows differences in price between some alternative brands of the same drug product.

Manufacturers can develop generic equivalents and apply to have them listed on the PBS. In doing this, manufacturers need to ensure that they comply with the relevant legislation applicable to patents. These brands are clinically equivalent and must undergo the same strict quality controls. Although these brands are designed to act on the body in exactly the same way, they are usually cheaper than the originator brands.

The Australian Government, through the PBS, subsidises up to the price of the lowest priced brand (except in those instances where the lowest priced brand has, as part of its price, a therapeutic group premium). This means that consumers may have to pay extra for more expensive brands (those with a brand premium). This extra amount does not count towards their PBS safety net threshold.

Brand substitution by pharmacists without reference to the prescriber is permitted for PBS prescriptions where:

- the patient agrees to the substitution;
- the brands are identified in the Schedule of Pharmaceutical Benefits as being interchangeable;
- the prescriber has not indicated on the prescription form that substitution is not to occur; and
- substitution is permitted under the relevant State or Territory legislation.

Prescription forms supplied by Medicare Australia contain a box to be ticked where brand substitution is not to take place.

Prescribers not using these prescription forms should endorse the prescription if brand substitution is not permitted. Where a stamp is used for this purpose, the prescriber will be required to initial the stamped statement.

For ease of prescribing and dispensing, and in the interests of your patients, the following list shows those PBS drugs that attract a brand premium and that can be substituted where permitted. They are listed alphabetically, by brand name, with the brand premium and benchmark brand(s) cited in the last column.

| Premium Priced Brand | Form and Strength | Max. Qty | Brand Premium $ | Benchmark Priced Brands |
|---|---|---|---|---|
| *Abbocillin-V* | Paediatric oral suspension 125 mg per 5 mL, 100 mL | 2 | 1.82 | *Cilicaine V* |
| | Oral suspension 250 mg per 5 mL, 100 mL | 2 | 1.80 | *Cilicaine V* |
| *Accupril* | Tablet 5 mg (base) | 30 | 0.49 | *Acquin 5*; *Filpril* |
| | Tablet 10 mg (base) | 30 | 0.66 | *Acquin 10*; *Filpril* |
| | Tablet 20 mg (base) | 30 | 0.98 | *Acquin 20*; *Filpril* |
| *Adalat Oros 30* | Tablet 30 mg (controlled release) | 30 | 3.24 | *Addos XR 30*; *Adefin XL 30* |
| *Adalat Oros 60* | Tablet 60 mg (controlled release) | 30 | 3.59 | *Addos XR 60*; *Adefin XL 60* |
| *Adalat 10* | Tablet 10 mg | 60 | 1.51 | *Adefin 10*; *Nypine 10* |
| *Adalat 20* | Tablet 20 mg | 60 | 2.81 | *Adefin 20*; *Chem mart Nifedipine*; *GenRx Nifedipine*; *Nifehexal*; *Nyefax 20 mg*; *Nypine 20*; *Terry White Chemists Nifedipine* |
| *Aldactone* | Tablet 25 mg | 100 | 1.84 | *Spiractin 25* |
| | Tablet 100 mg | 100 | 2.53 | *Spiractin 100* |
| *Aldomet* | Tablet 250 mg | 100 | 2.85 | *Hydopa* |
| *Alphagan* | Eye drops 2 mg per mL (0.2%), 5 mL | 1 | 1.70 | *Enidin* |
| *Amaryl* | Tablet 1 mg | 30 | 2.41 | *Aylide 1*; *Diapride 1*; *Dimirel*; *Glimepiride Sandoz* |
| | Tablet 2 mg | 30 | 2.41 | *Aylide 2*; *Diapride 2*; *Dimirel*; *Glimepiride Sandoz* |
| | Tablet 3 mg | 30 | 2.43 | *Aylide 3*; *Diapride 3*; *Dimirel*; *Glimepiride Sandoz* |
| | Tablet 4 mg | 30 | 2.42 | *Aylide 4*; *Diapride 4*; *Dimirel*; *Glimepiride Sandoz* |
| *Amoxil* | Capsule 250 mg | 20 | 1.00 | *Alphamox 250*; *Amohexal*; *Amoxycillin-DP*; *Chem mart Amoxycillin*; *Cilamox*; *GenRx Amoxycillin*; *Terry White Chemists Amoxycillin* |
| | Capsule 500 mg | 20 | 1.00 | *Alphamox 500*; *Amohexal*; *Amoxycillin-DP*; *Chem mart Amoxycillin*; *Cilamox*; *GenRx Amoxycillin*; *Moxacin*; *Terry White Chemists Amoxycillin* |
| | Powder for syrup 125 mg per 5 mL, 100 mL | 1 | 1.22 | *Alphamox 125*; *Amohexal*; *Bgramin*; *Chem mart Amoxycillin*; *GenRx Amoxycillin*; *Terry White Chemists Amoxycillin* |
| *Amoxil Duo* | Tablet 1 g | 14 | 1.49 | *Amoxycillin Sandoz* |
| *Amoxil Forte* | Powder for syrup 250 mg per 5 mL, 100 mL | 1 | 1.01 | *Alphamox 250*; *Amohexal*; *Bgramin*; *Chem mart Amoxycillin*; *Cilamox*; *GenRx Amoxycillin*; *Terry White Chemists Amoxycillin* |
| *Amprace 10* | Tablet 10 mg | 30 | 3.14 | *Alphapril*; *Auspril*; *Chem mart Enalapril*; *Enahexal*; *Enalabell*; *Enalapril-DP 10mg*; *Enalapril Winthrop*; *GenRx Enalapril*; *Terry White Chemists Enalapril* |
| *Amprace 20* | Tablet 20 mg | 30 | 3.14 | *Alphapril*; *Auspril*; *Chem mart Enalapril*; *Enahexal*; *Enalabell*; *Enalapril-DP 20mg*; *Enalapril Winthrop*; *GenRx Enalapril*; *Terry White Chemists Enalapril* |

| Premium Priced Brand | Form and Strength | Max. Qty | Brand Premium $ | Benchmark Priced Brands |
|---|---|---|---|---|
| *Anafranil 25* | Tablet 25 mg | 50 | 3.26 | *Chem mart Clomipramine*; *GenRx Clomipramine*; *Placil*; *Terry White Chemists Clomipramine* |
| *Anaprox 550* | Tablet 550 mg | 50 | 2.91 | *Crysanal* |
| *Androcur* | Tablet 50 mg | 20 | 4.58 | *Cyprohexal*; *Cyprone*; *Cyprostat*; *GenRx Cyproterone Acetate*; *Procur* |
| | Tablet 50 mg | 100 | 4.00 | *Cyprohexal*; *Cyprone*; *Cyprostat*; *GenRx Cyproterone Acetate*; *Procur* |
| *Androcur-100* | Tablet 100 mg | 50 | 2.01 | *Cyprohexal*; *Cyprostat-100*; *GenRx Cyproterone Acetate*; *Procur 100* |
| *Anginine Stabilised* | Tablets 600 micrograms, 100 | 1 | 1.61 | *Lycinate* |
| *Arava* | Tablet 10 mg | 30 | 1.17 | *Arabloc* |
| | Tablet 20 mg | 30 | 1.17 | *Arabloc* |
| *Aristocort 0.02%* | Cream 200 micrograms per g (0.02%), 100 g | 2 | 3.18 | *Tricortone* |
| | Ointment 200 micrograms per g (0.02%), 100 g | 2 | 3.18 | *Tricortone* |
| *Aropax* | Tablet 20 mg (base) | 30 | 1.10 | *Chem mart Paroxetine*; *Extine 20*; *GenRx Paroxetine*; *Oxetine*; *Paroxetine 20*; *Paroxetine-DP*; *Paxtine*; *Terry White Chemists Paroxetine* |
| *Astrix* | Tablet 100 mg | 112 | 1.32 | *DBL Aspirin 100 mg* |
| *Atrovent* | Nebuliser solution single dose units 250 micrograms (anhydrous) in 1 mL, 30 | 2 | 0.92 | *Aeron 250*; *Apoven 250*; *Chem mart Ipratropium*; *GenRx Ipratropium*; *Ipratrin*; *Ipravent*; *Terry White Chemists Ipratropium* |
| *Atrovent Adult* | Nebuliser solution single dose units 500 micrograms (anhydrous) in 1 mL, 30 | 2 | 0.90 | *Aeron 500*; *Apoven 500*; *Chem mart Ipratropium*; *GenRx Ipratropium*; *Ipratrin Adult*; *Ipravent*; *Terry White Chemists Ipratropium* |
| *Augmentin* | Powder for syrup 125 mg-31.25 mg per 5 mL, 75 mL | 1 | 0.96 | *Clamohexal 125mg/31.25mg/5mL*; *Clamoxyl*; *Clavulin* |
| *Augmentin Duo* | Tablet 500 mg-125 mg | 10 | 0.99 | *Clamohexal Duo 500mg/125mg*; *Clamoxyl Duo*; *Clavulin Duo*; *Curam 500/125*; *Moxiclav Duo 500/125* |
| *Augmentin Duo forte* | Tablet 875 mg-125 mg | 10 | 1.30 | *Chem mart Amoxycillin and Clavulanic Acid*; *Clamohexal Duo Forte 875mg/125mg*; *Clamoxyl Duo forte*; *Clavulin Duo Forte*; *Clavycillin 875/125*; *Curam 875/125*; *GenRx Amoxycillin and Clavulanic Acid*; *Moxiclav Duo Forte 875/125*; *Terry White Chemists Amoxycillin and Clavulanic Acid* |
| *Augmentin Duo 400* | Powder for syrup 400 mg-57 mg per 5 mL, 60 mL | 1 | 0.98 | *Clamohexal Duo 400mg/57mg/5mL*; *Clamoxyl Duo 400*; *Clavulin Duo 400* |
| *Aurorix* | Tablet 150 mg | 60 | 0.93 | *Amira 150*; *Arima*; *Chem mart Moclobemide*; *Clobemix*; *GenRx Moclobemide*; *Mohexal*; *Terry White Chemists Moclobemide* |
| *Aurorix 300 mg* | Tablet 300 mg | 60 | 1.86 | *Amira 300*; *Arima 300*; *Chem mart Moclobemide*; *Clobemix*; *GenRx Moclobemide*; *Maosig*; *Mohexal*; *Terry White Chemists Moclobemide* |
| *Avanza* | Tablet 30 mg | 30 | 2.17 | *Axit 30*; *Mirtazapine-DP*; *Mirtazapine Sandoz*; *Mirtazon* |

| Premium Priced Brand | Form and Strength | Max. Qty | Brand Premium $ | Benchmark Priced Brands |
|---|---|---|---|---|
| | Tablet 45 mg | 30 | 2.19 | *Mirtazapine Sandoz*; *Mirtazon* |
| *Azopt* | Eye drops 10 mg per mL (1%), 5 mL | 1 | 0.98 | *BrinzoQuin* |
| *Betaloc* | Tablet 50 mg | 100 | 3.25 | *Chem mart Metoprolol*; *GenRx Metoprolol*; *Metohexal*; *Metolol*; *Metrol 50*; *Minax 50*; *Terry White Chemists Metoprolol* |
| | Tablet 100 mg | 60 | 3.25 | *Chem mart Metoprolol*; *GenRx Metoprolol*; *Metohexal*; *Metolol*; *Metrol 100*; *Minax 100*; *Terry White Chemists Metoprolol* |
| *Betnovate 1/2* | Cream 500 micrograms (base) per g (0.05%), 15 g | 1 | 1.86 | *Cortival 1/2* |
| | Ointment 500 micrograms (base) per g (0.05%), 15 g | 1 | 1.86 | *Cortival 1/2* |
| *Betnovate 1/5* | Cream 200 micrograms (base) per g (0.02%), 100 g | 2 | 6.00 | *Cortival 1/5* |
| *Betoptic* | Eye drops, solution, 5 mg (base) per mL (0.5%), 5 mL | 1 | 1.95 | *BetoQuin* |
| *Blenoxane* | Powder for injection 15,000 i.u. (solvent required) | 10 | 76.86 | *Blenamax*; MX brand |
| *Brevinor* | Tablets 500 micrograms-35 micrograms, 21 | 4 | 7.68 | *Norimin 28 Day* |
| | Pack containing 21 tablets 500 micrograms-35 micrograms and 7 inert tablets | 4 | 7.68 | *Norimin 28 Day* |
| *Brevinor-1* | Tablets 1 mg-35 micrograms, 21 | 4 | 7.68 | *Norimin-1 28 Day* |
| | Pack containing 21 tablets 1 mg-35 micrograms and 7 inert tablets | 4 | 7.68 | *Norimin-1 28 Day* |
| *Capoten* | Tablet 12.5 mg | 90 | 2.46 | *Acenorm 12.5 mg*; *Captohexal*; *Chem mart Captopril*; *GenRx Captopril*; *Terry White Chemists Captopril*; *Topace*; GM brand |
| | Tablet 25 mg | 90 | 2.47 | *Acenorm 25 mg*; *Captohexal*; *Chem mart Captopril*; *GenRx Captopril*; *Terry White Chemists Captopril*; *Topace*; GM brand |
| | Tablet 50 mg | 90 | 2.46 | *Acenorm 50 mg*; *Captohexal*; *Chem mart Captopril*; *GenRx Captopril*; *Terry White Chemists Captopril*; *Topace*; GM brand |
| *Carafate* | Tablet equivalent to 1 g anhydrous sucralfate | 120 | 2.13 | *Ulcyte* |
| *Cardizem* | Tablet 60 mg | 90 | 2.23 | *Chem mart Diltiazem*; *Coras*; *Diltahexal*; *Dilzem 60 mg*; *GenRx Diltiazem*; *Terry White Chemists Diltiazem*; *Vasocardol* |
| *Cardizem CD* | Capsule 180 mg (controlled delivery) | 30 | 2.23 | *Chem mart Diltiazem CD*; *Diltahexal CD*; *Dilzem CD*; *GenRx Diltiazem CD*; *Terry White Chemists Diltiazem CD*; *Vasocardol CD* |
| | Capsule 240 mg (controlled delivery) | 30 | 2.23 | *Chem mart Diltiazem CD*; *Diltahexal CD*; *Dilzem CD*; *GenRx Diltiazem CD*; *Terry White Chemists Diltiazem CD*; *Vasocardol CD* |
| | Capsule 360 mg (controlled delivery) | 30 | 2.72 | *Diltahexal CD*; *Vasocardol CD* |
| *Ceclor* | Powder for oral suspension 125 mg per 5 mL, 100 mL | 1 | 2.54 | *Aclor 125*; *Chem mart Cefaclor*; *GenRx Cefaclor*; *Keflor*; *Terry White Chemists Cefaclor* |
| | Powder for oral suspension 250 mg per 5 mL, 75 mL | 1 | 2.62 | *Aclor 250*; *Chem mart Cefaclor*; *GenRx Cefaclor*; *Keflor*; *Terry White Chemists Cefaclor* |

| Premium Priced Brand | Form and Strength | Max. Qty | Brand Premium $ | Benchmark Priced Brands |
|---|---|---|---|---|
| *Ceclor CD* | Tablet 375 mg (sustained release) | 10 | 2.91 | *Chem mart Cefaclor CD*; *Douglas Cefaclor-CD*; *GenRx Cefaclor CD*; *Karlor CD*; *Keflor CD*; *Ozcef*; *Terry White Chemists Cefaclor CD* |
| *Cefotaxime Sandoz* | Powder for injection 1 g | 10 | 26.40 | MX brand |
| | Powder for injection 2 g | 10 | 48.60 | MX brand |
| *Chlorvescent* | Effervescent tablet 14 mmol potassium and 8 mmol chloride | 60 | 2.54 | *K-Sol* |
| *Ciloxan* | Eye drops 3 mg per mL (0.3%), 5 mL | 2 | 2.38 | *CiloQuin* |
| *Cipramil* | Tablet 20 mg (base) | 28 | 4.45 | *Celapram*; *Chem mart Citalopram*; *Ciazil*; *Citalopram 20*; *Citalopram-RL*; *Citalopram Winthrop*; *GenRx Citalopram*; *Talam*; *Talohexal*; *Terry White Chemists Citalopram* |
| *Ciproxin 250* | Tablet 250 mg | 14 | 1.85 | *C-Flox 250*; *Ciprofloxacin-BC*; *Ciprol 250*; *GenRx Ciprofloxacin*; *Profloxin* |
| *Ciproxin 500* | Tablet 500 mg | 14 | 1.85 | *C-Flox 500*; *Ciprofloxacin 500*; *Ciprofloxacin-BC*; *Ciprofloxacin-BW*; *Ciprol 500*; *GenRx Ciprofloxacin*; *Profloxin*; *Proquin*; GN brand |
| *Ciproxin 750* | Tablet 750 mg | 14 | 1.83 | *C-Flox 750*; *Ciprofloxacin 750*; *Ciprofloxacin-BW*; *Ciprol 750*; *GenRx Ciprofloxacin*; *Profloxin*; *Proquin*; GN brand |
| *Clomid* | Tablet 50 mg | 10 | 3.61 | *Clomhexal*; *Fermil*; *GenRx Clomiphene* |
| *Colgout* | Tablet 500 micrograms | 100 | 0.89 | *Lengout* |
| *Cordarone X 100* | Tablet 100 mg | 30 | 0.97 | *Aratac 100*; *Cardinorm*; *GenRx Amiodarone*; *Rithmik 100* |
| *Cordarone X 200* | Tablet 200 mg | 30 | 0.96 | *Aratac 200*; *Cardinorm*; *Chem mart Amiodarone*; *GenRx Amiodarone*; *Rithmik 200*; *Terry White Chemists Amiodarone* |
| *Dalacin C* | Capsule 150 mg | 25 | 1.41 | *Cleocin* |
| *Daonil* | Tablet 5 mg | 100 | 1.19 | *Glimel* |
| *Depo-Medrol* | Injection 40 mg in 1 mL | 5 | 0.74 | *Depo-Nisolone* |
| *Depo-Provera* | Injection 150 mg in 1 mL | 1 | 3.25 | *Depo-Ralovera* |
| *Diabex* | Tablet 500 mg | 100 | 1.80 | *Chem mart Metformin*; *Diaformin*; *Formet 500*; *GenRx Metformin*; *Glucohexal*; *Glucomet 500 mg*; *Metforbell*; *Metformin 500*; *Terry White Chemists Metformin*; GN brand |
| *Diabex 850* | Tablet 850 mg | 60 | 1.80 | *Chem mart Metformin*; *Diaformin 850*; *Formet 850*; *GenRx Metformin*; *Glucohexal*; *Glucomet 850 mg*; *Metforbell*; *Metformin 850*; *Terry White Chemists Metformin*; GN brand |
| *Diabex 1000* | Tablet 1 g | 90 | 1.80 | *Diaformin 1000*; *Formet 1000* |
| *Diamicron* | Tablet 80 mg | 100 | 2.60 | *Chem mart Gliclazide*; *GenRx Gliclazide*; *Glyade*; *Mellihexal*; *Nidem*; *Terry White Chemists Gliclazide* |
| *Doryx* | Capsule 100 mg (as hydrochloride) | 7 | 1.46 | *DBL Doxycycline* |
| | Capsule 50 mg (as hydrochloride) | 25 | 1.66 | *DBL Doxycycline* |
| | Capsule 100 mg (as hydrochloride) | 28 | 5.84 | *DBL Doxycycline* |
| | Capsule 100 mg (as hydrochloride) | 21 | 2.66 | *DBL Doxycycline* |

| Premium Priced Brand | Form and Strength | Max. Qty | Brand Premium $ | Benchmark Priced Brands |
|---|---|---|---|---|
| *Duphalac* | Mixture 3.34 g per 5 mL, 500 mL | 1 | 2.13 | *Actilax*; *Genlac*; *GenRx Lactulose*; *Lac-Dol*; *Lactocur* |
| *Duratears* | Compound eye ointment 3.5 g | 2 | 2.00 | *Poly Visc* |
| *Durolax* | Suppositories 10 mg, 10 | 3 | 1.11 | *Petrus Bisacodyl Suppositories* |
| *E.E.S. Granules* | Powder for oral liquid 400 mg (base) per 5 mL, 100 mL | 1 | 1.71 | *E-Mycin 400* |
| *E.E.S. 200* | Powder for oral liquid 200 mg (base) per 5 mL, 100 mL | 1 | 2.12 | *E-Mycin 200* |
| *E.E.S. 400 Filmtab* | Tablet 400 mg (base) | 25 | 3.00 | *E-Mycin* |
| *Epilim EC* | Tablet 200 mg (enteric coated) | 200 | 1.12 | *Sodium Valproate Sandoz*; *Valpro 200*; *Valproate Winthrop EC 200* |
| | Tablet 500 mg (enteric coated) | 200 | 1.38 | *Sodium Valproate Sandoz*; *Valpro 500*; *Valproate Winthrop EC 500* |
| *Eryc* | Capsule 250 mg | 25 | 1.72 | *DBL Erythromycin* |
| *Fasigyn* | Tablet 500 mg | 4 | 2.44 | *Simplotan* |
| *Feldene* | Capsule 10 mg | 50 | 2.66 | *Chem mart Piroxicam*; *GenRx Piroxicam*; *Mobilis 10*; *Terry White Chemists Piroxicam* |
| | Capsule 20 mg | 25 | 2.64 | *Chem mart Piroxicam*; *GenRx Piroxicam*; *Mobilis 20*; *Terry White Chemists Piroxicam* |
| *Feldene-D* | Dispersible tablet 10 mg | 50 | 2.66 | *GenRx Piroxicam Dispersible*; *Mobilis D-10*; *Pirohexal-D* |
| | Dispersible tablet 20 mg | 25 | 2.64 | *Chem mart Piroxicam Dispersible*; *GenRx Piroxicam Dispersible*; *Mobilis D-20*; *Pirohexal-D*; *Terry White Chemists Piroxicam Dispersible* |
| *Flagyl* | Tablet 200 mg | 21 | 1.92 | *Metrogyl 200*; *Metronide 200* |
| | Tablet 400 mg | 21 | 2.00 | *Metrogyl 400*; *Metronide 400* |
| *Floxapen* | Capsule 250 mg | 24 | 0.45 | *Flopen*; *Staphylex 250* |
| | Capsule 500 mg | 24 | 0.57 | *Flopen*; *Staphylex 500* |
| | Powder for syrup 250 mg per 5 mL, 100 mL | 1 | 0.09 | *Flopen* |
| *Fosamax Once Weekly* | Tablet equivalent to 70 mg alendronic acid | 4 | 0.83 | *Alendro Once Weekly* |
| *Genteal* | Eye drops 3 mg per mL (0.3%), 15 mL (contains sodium perborate as preservative) | 1 | 1.82 | *In a Wink Moisturising* |
| *Genteal gel* | Ocular lubricating gel 3 mg-2 mg per g (0.3%-0.2%), 10 g | 1 | 1.82 | *HPMC PAA* |
| *Glucophage* | Tablet 500 mg | 100 | 1.41 | *Chem mart Metformin*; *Diaformin*; *Formet 500*; *GenRx Metformin*; *Glucohexal*; *Glucomet 500 mg*; *Metforbell*; *Metformin 500*; *Terry White Chemists Metformin*; GN brand |
| | Tablet 850 mg | 60 | 1.41 | *Chem mart Metformin*; *Diaformin 850*; *Formet 850*; *GenRx Metformin*; *Glucohexal*; *Glucomet 850 mg*; *Metforbell*; *Metformin 850*; *Terry White Chemists Metformin*; GN brand |
| *Gopten* | Capsule 500 micrograms | 28 | 1.50 | *Odrik*; *Tranalpha* |
| | Capsule 1 mg | 28 | 1.50 | *Odrik*; *Tranalpha* |
| | Capsule 2 mg | 28 | 1.50 | *Odrik*; *Tranalpha* |
| *Imdur 120 mg* | Tablet 120 mg (sustained release) | 30 | 3.00 | *Monodur 120 mg* |

| Premium Priced Brand | Form and Strength | Max. Qty | Brand Premium $ | Benchmark Priced Brands |
|---|---|---|---|---|
| *Imdur Durule* | Tablet 60 mg (sustained release) | 30 | 2.84 | *Chem mart Isosorbide Mononitrate*; *Duride*; *GenRx Isosorbide Mononitrate*; *Imtrate 60 mg*; *Isomonit*; *Monodur 60 mg*; *Terry White Chemists Isosorbide Mononitrate* |
| *Imodium* | Capsule 2 mg | 12 | 0.90 | *Gastro-Stop Loperamide* |
| *Imuran* | Tablet 25 mg | 100 | 1.51 | *Azahexal* |
| | Tablet 50 mg | 100 | 1.44 | *Azahexal*; *Azamun*; *Azapin*; *GenRx Azathioprine*; *Thioprine* |
| *Indocid* | Capsule 25 mg | 100 | 2.98 | *Arthrexin* |
| *Isoptin* | Tablet 40 mg | 100 | 0.97 | *Anpec 40* |
| | Tablet 80 mg | 100 | 0.97 | *Anpec 80* |
| *Isoptin SR* | Tablet 240 mg (sustained release) | 30 | 2.89 | *Anpec SR*; *Cordilox SR* |
| *Isoptin 180 SR* | Tablet 180 mg (sustained release) | 30 | 2.89 | *Cordilox 180 SR* |
| *Isordil* | Tablet 10 mg | 200 | 3.72 | *Sorbidin* |
| *Keflex* | Capsule 250 mg | 20 | 2.39 | *Chem mart Cephalexin*; *Cilex*; *GenRx Cephalexin*; *Ialex*; *Ibilex 250*; *Rancef*; *Sporahexal*; *Terry White Chemists Cephalexin* |
| | Capsule 500 mg | 20 | 2.84 | *Chem mart Cephalexin*; *Cilex*; *GenRx Cephalexin*; *Ialex*; *Ibilex 500*; *Rancef*; *Sporahexal*; *Terry White Chemists Cephalexin* |
| | Granules for syrup 125 mg per 5 mL, 100 mL | 1 | 2.47 | *Chem mart Cephalexin*; *Cilex*; *GenRx Cephalexin*; *Ialex*; *Ibilex 125*; *Terry White Chemists Cephalexin* |
| | Granules for syrup 250 mg per 5 mL, 100 mL | 1 | 2.82 | *Chem mart Cephalexin*; *Cilex*; *GenRx Cephalexin*; *Ialex*; *Ibilex 250*; *Terry White Chemists Cephalexin* |
| *Kenacomb Otic* | Ear drops 1 mg-2.5 mg (base)-250 micrograms-100,000 units per g (0.1%-0.25%-0.025%-100,000 units per g), 7.5 mL | 1 | 1.05 | *Otocomb Otic* |
| | Ear ointment 1 mg-2.5 mg (base)-250 micrograms-100,000 units per g (0.1%-0.25%-0.025%-100,000 units per g), 5 g | 1 | 1.05 | *Otocomb Otic* |
| *Klacid* | Tablet 250 mg | 14 | 2.50 | *Chem mart Clarithromycin*; *Clarac*; *Clarihexal*; *Clarithro 250*; *GenRx Clarithromycin*; *Kalixocin*; *Terry White Chemists Clarithromycin* |
| *Lacri-Lube* | Pack containing 2 tubes compound eye ointment 3.5 g | 1 | 2.19 | *Ircal* |
| *Lamictal* | Tablet 5 mg | 56 | 0.97 | *Elmendos*; *Lamitrin*; *Lamogine*; *Seaze 5* |
| | Tablet 25 mg | 56 | 0.98 | *Elmendos*; *GenRx Lamotrigine*; *Lamidus*; *Lamitrin*; *Lamogine*; *Lamotrigine-DP*; *Seaze 25* |
| | Tablet 50 mg | 56 | 0.97 | *Elmendos*; *GenRx Lamotrigine*; *Lamidus*; *Lamitrin*; *Lamogine*; *Lamotrigine-DP*; *Seaze 50* |
| | Tablet 100 mg | 56 | 0.97 | *Elmendos*; *GenRx Lamotrigine*; *Lamidus*; *Lamitrin*; *Lamogine*; *Lamotrigine-DP*; *Seaze 100* |
| | Tablet 200 mg | 56 | 0.96 | *Elmendos*; *GenRx Lamotrigine*; *Lamidus*; *Lamitrin*; *Lamogine*; *Lamotrigine-DP*; *Seaze 200* |

| Premium Priced Brand | Form and Strength | Max. Qty | Brand Premium $ | Benchmark Priced Brands |
|---|---|---|---|---|
| *Lamisil* | Tablet 250 mg (base) | 42 | 1.93 | *GenRx Terbinafine*; *Tamsil*; *Terbihexal*; *Terbinafine 250*; *Terbinafine-DP*; *Zabel* |
| *Lanoxin* | Tablet 250 micrograms | 100 | 1.75 | *Sigmaxin* |
| *Lanoxin-PG* | Tablet 62.5 micrograms | 200 | 1.74 | *Sigmaxin-PG* |
| *Lexapro* | Tablet 10 mg (base) | 28 | 3.20 | *Esipram* |
| | Tablet 20 mg (base) | 28 | 5.35 | *Esipram* |
| *Lioresal 10* | Tablet 10 mg | 100 | 2.90 | *Baclo*; *Baclohexal*; *Chem mart Baclofen*; *Clofen 10*; *GenRx Baclofen*; *Stelax 10*; *Terry White Chemists Baclofen* |
| *Lioresal 25* | Tablet 25 mg | 100 | 2.90 | *Baclo*; *Baclohexal*; *Chem mart Baclofen*; *Clofen 25*; *GenRx Baclofen*; *Stelax 25*; *Terry White Chemists Baclofen* |
| *Lipex 10* | Tablet 10 mg | 30 | 0.71 | *Chem mart Simvastatin*; *GenRx Simvastatin*; *Ransim*; *Simvabell*; *Simvahexal*; *Simvar 10*; *Simvastatin-DP*; *Simvastatin-RL*; *Simvastatin Winthrop*; *Simvasyn*; *Terry White Chemists Simvastatin*; *Zimstat*; GN brand |
| *Lipex 20* | Tablet 20 mg | 30 | 0.70 | *Chem mart Simvastatin*; *GenRx Simvastatin*; *Ransim*; *Simvabell*; *Simvahexal*; *Simvar 20*; *Simvastatin-DP*; *Simvastatin-RL*; *Simvastatin Winthrop*; *Simvasyn*; *Terry White Chemists Simvastatin*; *Zimstat*; GN brand |
| *Lipex 40* | Tablet 40 mg | 30 | 0.70 | *Chem mart Simvastatin*; *GenRx Simvastatin*; *Ransim*; *Simvabell*; *Simvahexal*; *Simvar 40*; *Simvastatin-DP*; *Simvastatin-RL*; *Simvastatin Winthrop*; *Simvasyn*; *Terry White Chemists Simvastatin*; *Zimstat*; GN brand |
| *Lipex 80* | Tablet 80 mg | 30 | 0.70 | *Chem mart Simvastatin*; *GenRx Simvastatin*; *Ransim*; *Simvabell*; *Simvahexal*; *Simvar 80*; *Simvastatin-DP*; *Simvastatin-RL*; *Simvastatin Winthrop*; *Simvasyn*; *Terry White Chemists Simvastatin*; *Zimstat*; GN brand |
| *Liquifilm Forte* | Eye drops 30 mg per mL (3%), 15 mL | 1 | 5.80 | *PVA Forte* |
| *Liquifilm Tears* | Eye drops 14 mg per mL (1.4%), 15 mL | 1 | 1.66 | *PVA Tears* |
| *Lomotil* | Tablet 2.5 mg-25 micrograms | 20 | 1.78 | *Lofenoxal* |
| *Lopid* | Tablet 600 mg | 60 | 3.38 | *Ausgem*; *Chem mart Gemfibrozil*; *Gemhexal*; *GenRx Gemfibrozil*; *Jezil*; *Lipazil 600 mg*; *Terry White Chemists Gemfibrozil* |
| *Losec Tablets* | Tablet 20 mg (as magnesium) | 30 | 2.75 | *Acimax Tablets*; *Meprazol*; *Omepral*; *Omeprazole-GA*; *Omeprazole Winthrop* |
| *Luvox* | Tablet 50 mg | 30 | 3.77 | *Faverin 50*; *Movox 50*; *Voxam* |
| | Tablet 100 mg | 30 | 3.77 | *Faverin 100*; *Movox 100*; *Voxam* |

| Premium Priced Brand | Form and Strength | Max. Qty | Brand Premium $ | Benchmark Priced Brands |
|---|---|---|---|---|
| *Maxamox* | Tablet 1 g | 14 | 1.49 | *Amoxycillin Sandoz* |
| *Menorest 37.5* | Transdermal patches 3.28 mg (releasing approximately 37.5 micrograms per 24 hours), 8 | 1 | 1.50 | *Estradot 37.5* |
| *Menorest 50* | Transdermal patches 4.33 mg (releasing approximately 50 micrograms per 24 hours), 8 | 1 | 1.50 | *Estradot 50* |
| *Menorest 75* | Transdermal patches 6.57 mg (releasing approximately 75 micrograms per 24 hours), 8 | 1 | 1.49 | *Estradot 75* |
| *Menorest 100* | Transdermal patches 8.66 mg (releasing approximately 100 micrograms per 24 hours), 8 | 1 | 1.49 | *Estradot 100* |
| *Microgynon 30* | Tablets 150 micrograms-30 micrograms, 21 | 4 | 11.17 | *Levlen ED* |
| *Microgynon 30 ED* | Pack containing 21 tablets 150 micrograms-30 micrograms and 7 inert tablets | 4 | 11.17 | *Levlen ED* |
| *Minidiab* | Tablet 5 mg | 100 | 3.97 | *Melizide* |
| *Minipress* | Tablet 1 mg (base) | 100 | 2.95 | *Chem mart Prazosin*; *GenRx Prazosin*; *Pressin 1*; *Terry White Chemists Prazosin* |
| | Tablet 2 mg (base) | 100 | 3.04 | *Chem mart Prazosin*; *GenRx Prazosin*; *Pressin 2*; *Terry White Chemists Prazosin* |
| | Tablet 5 mg (base) | 100 | 3.29 | *Chem mart Prazosin*; *GenRx Prazosin*; *Pressin 5*; *Terry White Chemists Prazosin* |
| *Minomycin-50* | Tablet 50 mg | 60 | 1.08 | *Akamin 50* |
| *Mobic* | Tablet 7.5 mg | 30 | 1.58 | *Chem mart Meloxicam 7.5 mg*; *GenRx Meloxicam*; *Meloxicam-GA*; *Movalis 7.5*; *Moxicam 7.5*; *Terry White Chemists Meloxicam 7.5 mg* |
| | Tablet 15 mg | 30 | 1.57 | *Chem mart Meloxicam 15 mg*; *GenRx Meloxicam*; *Meloxicam-GA*; *Movalis 15*; *Moxicam 15*; *Terry White Chemists Meloxicam 15 mg* |
| *Moduretic* | Tablet 50 mg-5 mg | 100 | 3.30 | *Amizide* |
| *Mogadon* | Tablet 5 mg | 50 | 3.92 | *Alodorm* |
| | Tablet 5 mg | 25 | 1.96 | *Alodorm* |
| *Naprosyn* | Tablet 250 mg | 100 | 3.00 | *Inza 250* |
| | Tablet 500 mg | 50 | 1.75 | *Inza 500* |
| *Naprosyn SR1000* | Tablet 1 g (sustained release) | 28 | 1.72 | *Proxen SR 1000* |
| *Naprosyn SR750* | Tablet 750 mg (sustained release) | 28 | 1.62 | *Proxen SR 750* |
| *Natrilix* | Tablet 2.5 mg | 90 | 3.26 | *Chem mart Indapamide*; *Dapa-Tabs*; *GenRx Indapamide*; *Indahexal*; *Insig*; *Napamide 2.5 mg*; *Terry White Chemists Indapamide* |
| *Neoral 25* | Capsule 25 mg | 60 | 2.32 | *Cicloral* |
| *Neoral 50* | Capsule 50 mg | 60 | 2.30 | *Cicloral* |
| *Neoral 100* | Capsule 100 mg | 60 | 2.32 | *Cicloral* |
| *Nolvadex* | Tablet 10 mg (base) | 60 | 2.12 | *Genox 10*; *Tamoxen 10 mg* |
| *Nolvadex-D* | Tablet 20 mg (base) | 60 | 3.82 | *Chem mart Tamoxifen*; *Genox 20*; *GenRx Tamoxifen*; *Tamosin*; *Tamoxen 20 mg*; *Tamoxifen Hexal*; *Terry White Chemists Tamoxifen* |
| *Nordette 28* | Pack containing 21 tablets 150 micrograms-30 micrograms and 7 inert tablets | 4 | 11.50 | *Monofeme 28* |
| *Noriday 28 Day* | Tablets 350 micrograms, 28 | 4 | 3.88 | *Locilan 28 Day* |
| *Normison* | Tablet 10 mg | 25 | 1.77 | *Temaze*; *Temtabs* |
| | Tablet 10 mg | 50 | 3.54 | *Temaze*; *Temtabs* |

| Premium Priced Brand | Form and Strength | Max. Qty | Brand Premium $ | Benchmark Priced Brands |
|---|---|---|---|---|
| *Noroxin* | Tablet 400 mg | 14 | 3.61 | *Chem mart Norfloxacin*; *GenRx Norfloxacin*; *Norflohexal*; *Nufloxib*; *Roxin*; *Terry White Chemists Norfloxacin*; GM brand |
| *Norvasc* | Tablet 5 mg (as besylate) | 30 | 3.91 | *Amlodipine Sandoz*; *Perivasc* |
| | Tablet 10 mg (as besylate) | 30 | 5.68 | *Amlodipine Sandoz*; *Perivasc* |
| *Ogen .625* | Tablet 730 micrograms (equivalent to 625 micrograms sodium oestrone sulfate) | 56 | 1.43 | *Genoral 0.625* |
| *Ogen 1.25* | Tablet 1.46 mg (equivalent to 1.25 mg sodium oestrone sulfate) | 56 | 1.45 | *Genoral 1.25* |
| *Oroxine* | Tablet equivalent to 50 micrograms anhydrous thyroxine sodium | 200 | 1.27 | *Eutroxsig* |
| | Tablet equivalent to 100 micrograms anhydrous thyroxine sodium | 200 | 1.27 | *Eutroxsig* |
| | Tablet equivalent to 200 micrograms anhydrous thyroxine sodium | 200 | 1.26 | *Eutroxsig* |
| *Orudis SR 200* | Capsule 200 mg (sustained release) | 28 | 1.95 | *Oruvail SR* |
| *P.V. Carpine* | Eye drops 10 mg per mL (1%), 15 mL | 1 | 2.90 | *Pilopt* |
| | Eye drops 20 mg per mL (2%), 15 mL | 1 | 2.89 | *Pilopt* |
| | Eye drops 40 mg per mL (4%), 15 mL | 1 | 2.76 | *Pilopt* |
| | Eye drops 60 mg per mL (6%), 15 mL | 1 | 2.79 | *Pilopt* |
| *Panadeine Forte* | Tablet 30 mg-500 mg | 20 | 1.84 | *Codalgin Forte*; *Codapane Forte*; *Comfarol Forte*; *Dolaforte*; *Dymadon Forte*; *Prodeine Forte* |
| | Tablet 30 mg-500 mg | 60 | 5.52 | *Codalgin Forte*; *Codapane Forte*; *Comfarol Forte*; *Dolaforte*; *Dymadon Forte*; *Prodeine Forte* |
| *Panadol Osteo* | Tablet 665 mg (modified release) | 192 | 4.72 | *Duatrol SR* |
| *Panafcort* | Tablet 1 mg | 100 | 0.60 | *Predsone* |
| *Panafcortelone* | Tablet 1 mg | 100 | 0.60 | *Predsolone* |
| *Parlodel* | Tablet 2.5 mg (base) | 30 | 2.84 | *Kripton 2.5* |
| | Tablet 2.5 mg (base) | 60 | 2.92 | *Kripton 2.5* |
| | Capsule 5 mg (base) | 60 | 2.91 | *Kripton 5* |
| | Capsule 10 mg (base) | 100 | 3.08 | *Kripton 10* |
| *Pepcidine* | Tablet 40 mg | 30 | 5.41 | *Ausfam 40*; *Chem mart Famotidine*; *Famohexal*; *GenRx Famotidine*; *Pamacid 40*; *Pepzan*; *Terry White Chemists Famotidine* |
| *Pepcidine M* | Tablet 20 mg | 60 | 5.41 | *Ausfam 20*; *Chem mart Famotidine*; *Famohexal*; *GenRx Famotidine*; *Pamacid 20*; *Pepzan*; *Terry White Chemists Famotidine* |
| *Plendil ER* | Tablet 2.5 mg (extended release) | 30 | 2.64 | *Felodur ER 2.5 mg* |
| | Tablet 5 mg (extended release) | 30 | 2.93 | *Felodur ER 5 mg* |
| | Tablet 10 mg (extended release) | 30 | 4.08 | *Felodur ER 10 mg* |
| *Pravachol* | Tablet 10 mg | 30 | 4.50 | *Chem mart Pravastatin*; *Cholstat 10*; *GenRx Pravastatin*; *Lipostat 10*; *Liprachol*; *Pravastatin 10*; *Pravastatin-DP*; *Pravastatin-RL*; *Pravastatin Winthrop*; *Terry White Chemists Pravastatin* |

| Premium Priced Brand | Form and Strength | Max. Qty | Brand Premium $ | Benchmark Priced Brands |
|---|---|---|---|---|
| | Tablet 20 mg | 30 | 4.50 | *Chem mart Pravastatin*; *Cholstat 20*; *GenRx Pravastatin*; *Lipostat 20*; *Liprachol*; *Pravastatin 20*; *Pravastatin-DP*; *Pravastatin-RL*; *Pravastatin Winthrop*; *Terry White Chemists Pravastatin* |
| | Tablet 40 mg | 30 | 4.50 | *Chem mart Pravastatin*; *Cholstat 40*; *GenRx Pravastatin*; *Lipostat 40*; *Liprachol*; *Pravastatin 40*; *Pravastatin-DP*; *Pravastatin-RL*; *Pravastatin Winthrop*; *Terry White Chemists Pravastatin* |
| | Tablet 80 mg | 30 | 4.50 | *Lipostat 80* |
| *Prinivil 5* | Tablet 5 mg | 30 | 1.95 | *Chem mart Lisinopril*; *Fibsol 5*; *GenRx Lisinopril*; *Liprace*; *Lisinobell*; *Lisinopril 5*; *Lisinopril Hexal*; *Lisinopril Winthrop*; *Lisodur*; *Terry White Chemists Lisinopril* |
| *Prinivil 10* | Tablet 10 mg | 30 | 1.95 | *Chem mart Lisinopril*; *Fibsol 10*; *GenRx Lisinopril*; *Liprace*; *Lisinobell*; *Lisinopril 10*; *Lisinopril Hexal*; *Lisinopril Winthrop*; *Lisodur*; *Terry White Chemists Lisinopril* |
| *Prinivil 20* | Tablet 20 mg | 30 | 1.95 | *Chem mart Lisinopril*; *Fibsol 20*; *GenRx Lisinopril*; *Liprace*; *Lisinobell*; *Lisinopril 20*; *Lisinopril Hexal*; *Lisinopril Winthrop*; *Lisodur*; *Terry White Chemists Lisinopril* |
| *Prothiaden* | Capsule 25 mg | 50 | 2.00 | *Dothep 25* |
| | Tablet 75 mg | 30 | 1.03 | *Dothep 75* |
| *Provera* | Tablet 5 mg | 56 | 1.71 | *Ralovera* |
| | Tablet 10 mg | 30 | 1.70 | *Medroxyhexal*; *Ralovera* |
| | Tablet 10 mg | 100 | 1.59 | *Ralovera* |
| *Prozac Tab* | Tablet 20 mg (base) (dispersible) | 28 | 5.26 | *Lovan 20 Tab* |
| *Prozac 20* | Capsule 20 mg (base) | 28 | 5.26 | *Auscap*; *Chem mart Fluoxetine*; *Fluohexal*; *Fluoxebell*; *Fluoxetine 20*; *Fluoxetine-DP*; *GenRx Fluoxetine*; *Lovan*; *Terry White Chemists Fluoxetine*; *Zactin* |
| *Quinate* | Tablet 300 mg | 50 | 2.13 | *Quinsul* |
| *Redipred* | Oral solution equivalent to 5 mg prednisolone per mL, 30 mL | 1 | 1.79 | *PredMix* |
| *Remeron* | Tablet 30 mg | 30 | 25.83 | *Axit 30*; *Mirtazapine-DP*; *Mirtazapine Sandoz*; *Mirtazon* |
| *Renitec* | Tablet 10 mg | 30 | 3.14 | *Alphapril*; *Auspril*; *Chem mart Enalapril*; *Enahexal*; *Enalabell*; *Enalapril-DP 10mg*; *Enalapril Winthrop*; *GenRx Enalapril*; *Terry White Chemists Enalapril* |
| *Renitec M* | Tablet 5 mg | 30 | 3.14 | *Alphapril*; *Auspril*; *Chem mart Enalapril*; *Enahexal*; *Enalabell*; *Enalapril-DP 5mg*; *Enalapril Winthrop*; *GenRx Enalapril*; *Terry White Chemists Enalapril* |

| Premium Priced Brand | Form and Strength | Max. Qty | Brand Premium $ | Benchmark Priced Brands |
|---|---|---|---|---|
| *Renitec 20* | Tablet 20 mg | 30 | 3.14 | *Alphapril*; *Auspril*; *Chem mart Enalapril*; *Enahexal*; *Enalabell*; *Enalapril-DP 20mg*; *Enalapril Winthrop*; *GenRx Enalapril*; *Terry White Chemists Enalapril* |
| *Ritalin 10* | Tablet 10 mg | 100 | 1.75 | *Attenta* |
| *Rivotril* | Tablet 500 micrograms | 200 | 4.58 | *Paxam 0.5* |
| | Tablet 2 mg | 200 | 5.20 | *Paxam 2* |
| | Tablet 500 micrograms | 100 | 2.29 | *Paxam 0.5* |
| | Tablet 2 mg | 100 | 2.60 | *Paxam 2* |
| *Roaccutane* | Capsule 20 mg | 60 | 2.42 | *Chem mart Isotretinoin*; *GenRx Isotretinoin*; *Isohexal*; *Oratane*; *Terry White Chemists Isotretinoin* |
| *Rulide* | Tablet 150 mg | 10 | 2.42 | *Biaxsig*; *Roxar 150*; *Roxide*; *Roximycin*; *Roxithromycin-RL* |
| | Tablet 300 mg | 5 | 2.42 | *Biaxsig*; *Roxar 300*; *Roxide*; *Roximycin*; *Roxithromycin-RL* |
| *Salazopyrin-EN* | Tablet 500 mg (enteric coated) | 200 | 1.60 | *Pyralin EN* |
| *Septrin* | Oral suspension 40 mg-200 mg per 5 mL, 100 mL | 1 | 1.85 | *Resprim* |
| *Septrin Forte* | Tablet 160 mg-800 mg | 10 | 1.41 | *Bactrim DS*; *Chem mart Trimethoprim with Sulfamethoxazole DS*; *GenRx Trimethoprim with Sulfamethoxazole DS*; *Resprim Forte*; *Terry White Chemists Trimethoprim with Sulfamethoxazole DS* |
| *Serepax* | Tablet 15 mg | 25 | 1.74 | *Alepam 15* |
| | Tablet 30 mg | 25 | 1.85 | *Alepam 30*; *Murelax* |
| | Tablet 15 mg | 50 | 3.48 | *Alepam 15* |
| | Tablet 30 mg | 50 | 3.70 | *Alepam 30*; *Murelax* |
| *Serophene* | Tablet 50 mg | 10 | 0.18 | *Clomhexal*; *Fermil*; *GenRx Clomiphene* |
| *Sigmacort* | Cream 10 mg per g (1%), 30 g | 1 | 1.85 | *Cortic-DS 1%* |
| | Cream 10 mg per g (1%), 50 g | 1 | 1.86 | *Cortic-DS 1%* |
| | Topical ointment 10 mg per g (1%), 30 g | 1 | 1.85 | *Cortic-DS 1%* |
| | Topical ointment 10 mg per g (1%), 50 g | 1 | 1.86 | *Cortic-DS 1%* |
| *Sinemet* | Tablet 250 mg-25 mg | 100 | 3.10 | *Levohexal* |
| *Sinemet 100/25* | Tablet 100 mg-25 mg | 100 | 5.22 | *Kinson* |
| *Slow-K* | Tablet 600 mg (sustained release) | 200 | 2.76 | *Duro-K* |
| *Sofradex* | Ear drops 500 micrograms-5 mg-50 micrograms per mL, 8 mL | 1 | 1.71 | *Otodex* |
| *Sotacor* | Tablet 80 mg | 60 | 1.60 | *GenRx Sotalol*; *Solavert*; *Sotahexal* |
| | Tablet 160 mg | 60 | 1.74 | *Cardol*; *Chem mart Sotalol*; *GenRx Sotalol*; *Solavert*; *Sotab*; *Sotahexal*; *Terry White Chemists Sotalol* |
| *Stemetil* | Tablet containing prochlorperazine maleate 5 mg | 25 | 2.09 | *Stemzine* |
| *Synphasic* | Pack containing 12 tablets<br>500 micrograms-35 micrograms, 9 tablets<br>1 mg-35 micrograms and 7 inert tablets | 4 | 7.68 | *Improvil 28 Day* |
| *Tagamet* | Tablet 200 mg | 120 | 2.49 | *Magicul 200* |
| | Tablet 400 mg | 60 | 2.49 | *GenRx Cimetidine*; *Magicul 400* |
| *Tambocor* | Tablet 100 mg | 60 | 2.77 | *Flecatab* |
| *Tazac* | Capsule 150 mg | 60 | 5.31 | *Nizac*; *Tacidine* |
| | Capsule 300 mg | 30 | 5.31 | *Nizac*; *Tacidine* |
| *Tears Naturale* | Eye drops 3 mg-1 mg per mL (0.3%-0.1%), 15 mL | 1 | 1.63 | *Poly-Tears* |
| *Tegretol 100* | Tablet 100 mg | 200 | 3.25 | *Carbamazepine Sandoz* |

| Premium Priced Brand | Form and Strength | Max. Qty | Brand Premium $ | Benchmark Priced Brands |
|---|---|---|---|---|
| *Tegretol 200* | Tablet 200 mg | 200 | 3.50 | *Carbamazepine Sandoz*; *Teril* |
| *Tenormin* | Tablet 50 mg | 30 | 3.55 | *Anselol 50 mg*; *Atehexal*; *Chem mart Atenolol*; *GenRx Atenolol*; *Noten*; *Tensig*; *Terry White Chemists Atenolol* |
| *Ticlid* | Tablet 250 mg | 60 | 2.20 | *Ticlopidine Hexal*; *Tilodene* |
| *Timoptol* | Eye drops 2.5 mg (base) per mL (0.25%), 5 mL | 1 | 1.05 | *Tenopt* |
| | Eye drops 5 mg (base) per mL (0.5%), 5 mL | 1 | 1.10 | *Tenopt* |
| *Tofranil 10* | Tablet 10 mg | 50 | 1.70 | *Tolerade 10* |
| *Tofranil 25* | Tablet 25 mg | 50 | 1.70 | *Tolerade 25* |
| *Tolvon* | Tablet 10 mg | 50 | 1.93 | *Lumin 10* |
| | Tablet 20 mg | 50 | 2.90 | *Lumin 20* |
| *Tramal* | Capsule 50 mg | 20 | 1.45 | *Chem mart Tramadol*; *GenRx Tramadol*; *Terry White Chemists Tramadol*; *Tramedo*; *Zydol* |
| *Tramal SR 100* | Tablet 100 mg (sustained release) | 20 | 1.94 | *Tramahexal SR*; *Zydol SR 100* |
| *Tramal SR 150* | Tablet 150 mg (sustained release) | 20 | 1.94 | *Tramahexal SR*; *Zydol SR 150* |
| *Tramal SR 200* | Tablet 200 mg (sustained release) | 20 | 1.92 | *Tramahexal SR*; *Zydol SR 200* |
| *Trandate* | Tablet 100 mg | 100 | 2.91 | *Presolol 100* |
| | Tablet 200 mg | 100 | 2.91 | *Presolol 200* |
| *Triphasil 28* | Pack containing 6 tablets<br>50 micrograms-30 micrograms, 5 tablets<br>75 micrograms-40 micrograms, 10 tablets<br>125 micrograms-30 micrograms and 7 inert tablets | 4 | 11.50 | *Trifeme 28* |
| *Triprim* | Tablet 300 mg | 7 | 1.32 | *Alprim* |
| *Triquilar ED* | Pack containing 6 tablets<br>50 micrograms-30 micrograms, 5 tablets<br>75 micrograms-40 micrograms, 10 tablets<br>125 micrograms-30 micrograms and 7 inert tablets | 4 | 11.17 | *Logynon ED* |
| *Tritace* | Tablet 10 mg | 30 | 3.00 | *Prilace 10*; *Ramace 10 mg*; *Ramipril Sandoz*; *Ramipril Winthrop*; *Tryzan 10* |
| *Tritace 1.25 mg* | Tablet 1.25 mg | 30 | 3.00 | *Prilace 1.25*; *Ramace 1.25 mg*; *Ramipril Sandoz*; *Ramipril Winthrop* |
| *Tritace 10 mg* | Capsule 10 mg | 30 | 3.00 | *Prilace 10*; *Ramace 10 mg*; *Ramipril Sandoz*; *Ramipril Winthrop*; *Tryzan 10* |
| *Tritace 2.5 mg* | Tablet 2.5 mg | 30 | 3.00 | *Prilace 2.5*; *Ramace 2.5 mg*; *Ramipril Sandoz*; *Ramipril Winthrop* |
| *Tritace 5 mg* | Tablet 5 mg | 30 | 3.00 | *Prilace 5*; *Ramace 5 mg*; *Ramipril Sandoz*; *Ramipril Winthrop* |
| *Valium* | Tablet 2 mg | 50 | 1.27 | *Antenex 2*; *Valpam 2* |
| | Tablet 5 mg | 50 | 1.28 | *Antenex 5*; *Diazepam-DP*; *Valpam 5* |
| *Vastin* | Capsule 20 mg (fluvastatin) | 28 | 1.60 | *Lescol* |
| | Capsule 40 mg (fluvastatin) | 28 | 1.74 | *Lescol* |
| *Ventolin CFC-free* | Oral pressurised inhalation 100 micrograms (base) per dose (200 doses), CFC-free formulation | 2 | 1.50 | *Airomir*; *Asmol CFC-free*; *Epaq* |
| *Ventolin Nebules* | Nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30 | 2 | 2.14 | *Asmol 2.5 uni-dose*; *Butamol 2.5*; *Chem mart Salbutamol*; *GenRx Salbutamol*; *Terry White Chemists Salbutamol*; PU brand |
| | Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30 | 2 | 2.12 | *Asmol 5 uni-dose*; *Butamol 5*; *Chem mart Salbutamol*; *GenRx Salbutamol*; *Terry White Chemists Salbutamol* |
| *Vibramycin* | Tablet 100 mg (as hydrochloride) | 7 | 1.53 | *Chem mart Doxycycline*; *Doxsig*; *Doxy-100*; *Doxyhexal*; *Doxylin 100*; *GenRx Doxycycline*; *Terry White Chemists Doxycycline* |

| Premium Priced Brand | Form and Strength | Max. Qty | Brand Premium $ | Benchmark Priced Brands |
|---|---|---|---|---|
| | Tablet 100 mg (as hydrochloride) | 28 | 6.12 | *Chem mart Doxycycline*; *Doxsig*; *Doxy-100*; *Doxyhexal*; *Doxylin 100*; *GenRx Doxycycline*; *Terry White Chemists Doxycycline* |
| | Tablet 100 mg (as hydrochloride) | 21 | 4.59 | *Chem mart Doxycycline*; *Doxsig*; *Doxy-100*; *Doxyhexal*; *Doxylin 100*; *GenRx Doxycycline*; *Terry White Chemists Doxycycline* |
| *Vibra-Tabs* | Tablet 50 mg (as hydrochloride) | 25 | 1.60 | *Chem mart Doxycycline*; *Doxy-50*; *Doxyhexal*; *Doxylin 50*; *Frakas*; *GenRx Doxycycline*; *Terry White Chemists Doxycycline* |
| *Viscotears Liquid Gel* | Ocular lubricating gel 2 mg per g (0.2%), 10 g | 1 | 0.98 | *PAA* |
| *Visken 5* | Tablet 5 mg | 100 | 2.71 | *Barbloc 5* |
| *Visken 15* | Tablet 15 mg | 50 | 2.69 | *Barbloc 15* |
| *Voltaren 25* | Tablet 25 mg (enteric coated) | 100 | 2.50 | *Chem mart Diclofenac*; *Clonac 25*; *Diclohexal*; *Dinac*; *Fenac 25*; *GenRx Diclofenac*; *Terry White Chemists Diclofenac* |
| *Voltaren 50* | Tablet 50 mg (enteric coated) | 50 | 2.49 | *Chem mart Diclofenac*; *Clonac 50*; *Diclohexal*; *Dinac*; *Fenac*; *GenRx Diclofenac*; *Terry White Chemists Diclofenac* |
| *Xanax* | Tablet 250 micrograms | 50 | 1.05 | *Alprax 0.25*; *Kalma 0.25*; *Zamhexal 0.25mg* |
| | Tablet 500 micrograms | 50 | 1.12 | *Alprax 0.5*; *Kalma 0.5*; *Zamhexal 0.5mg* |
| | Tablet 1 mg | 50 | 1.32 | *Alprax 1*; *Alprazolam-DP*; *Chem mart Alprazolam*; *GenRx Alprazolam*; *Kalma 1*; *Terry White Chemists Alprazolam*; *Zamhexal 1.0mg* |
| *Xanax Tri-Score* | Tablet 2 mg | 50 | 1.60 | *Alprax 2*; *Alprazolam-DP*; *Chem mart Alprazolam*; *GenRx Alprazolam*; *Kalma 2*; *Terry White Chemists Alprazolam*; *Zamhexal 2mg* |
| *Zantac* | Tablet 150 mg (base) | 60 | 2.17 | *Ausran*; *Chem mart Ranitidine*; *GenRx Ranitidine*; *Rani 2*; *Ranihexal*; *Ranoxyl*; *Terry White Chemists Ranitidine*; *Ulcaid* |
| | Tablet 300 mg (base) | 30 | 2.17 | *Ausran*; *Chem mart Ranitidine*; *GenRx Ranitidine*; *Rani 2*; *Ranihexal*; *Ranoxyl*; *Terry White Chemists Ranitidine*; *Ulcaid* |
| *Zestril* | Tablet 10 mg | 30 | 2.65 | *Chem mart Lisinopril*; *Fibsol 10*; *GenRx Lisinopril*; *Liprace*; *Lisinobell*; *Lisinopril 10*; *Lisinopril Hexal*; *Lisinopril Winthrop*; *Lisodur*; *Terry White Chemists Lisinopril* |
| | Tablet 20 mg | 30 | 2.65 | *Chem mart Lisinopril*; *Fibsol 20*; *GenRx Lisinopril*; *Liprace*; *Lisinobell*; *Lisinopril 20*; *Lisinopril Hexal*; *Lisinopril Winthrop*; *Lisodur*; *Terry White Chemists Lisinopril* |

| Premium Priced Brand | Form and Strength | Max. Qty | Brand Premium $ | Benchmark Priced Brands |
|---|---|---|---|---|
| | Tablet 5 mg | 30 | 2.65 | *Chem mart Lisinopril*; *Fibsol 5*; *GenRx Lisinopril*; *Liprace*; *Lisinobell*; *Lisinopril 5*; *Lisinopril Hexal*; *Lisinopril Winthrop*; *Lisodur*; *Terry White Chemists Lisinopril* |
| *Zocor* | Tablet 10 mg | 30 | 0.71 | *Chem mart Simvastatin*; *GenRx Simvastatin*; *Ransim*; *Simvabell*; *Simvahexal*; *Simvar 10*; *Simvastatin-DP*; *Simvastatin-RL*; *Simvastatin Winthrop*; *Simvasyn*; *Terry White Chemists Simvastatin*; *Zimstat*; GN brand |
| | Tablet 20 mg | 30 | 0.70 | *Chem mart Simvastatin*; *GenRx Simvastatin*; *Ransim*; *Simvabell*; *Simvahexal*; *Simvar 20*; *Simvastatin-DP*; *Simvastatin-RL*; *Simvastatin Winthrop*; *Simvasyn*; *Terry White Chemists Simvastatin*; *Zimstat*; GN brand |
| | Tablet 40 mg | 30 | 0.70 | *Chem mart Simvastatin*; *GenRx Simvastatin*; *Ransim*; *Simvabell*; *Simvahexal*; *Simvar 40*; *Simvastatin-DP*; *Simvastatin-RL*; *Simvastatin Winthrop*; *Simvasyn*; *Terry White Chemists Simvastatin*; *Zimstat*; GN brand |
| | Tablet 80 mg | 30 | 0.70 | *Chem mart Simvastatin*; *GenRx Simvastatin*; *Ransim*; *Simvabell*; *Simvahexal*; *Simvar 80*; *Simvastatin-DP*; *Simvastatin-RL*; *Simvastatin Winthrop*; *Simvasyn*; *Terry White Chemists Simvastatin*; *Zimstat*; GN brand |
| | Tablet 5 mg | 30 | 0.70 | *Simvabell*; *Simvahexal*; *Simvastatin-RL*; *Simvastatin Winthrop*; *Simvasyn*; *Zimstat* |
| *Zofran* | Tablet 4 mg | 4 | 0.68 | *Ondansetron-RL*; *Ondaz*; *Onsetron 4* |
| | Tablet 8 mg | 4 | 0.69 | *Ondansetron-RL*; *Ondaz*; *Onsetron 8* |
| | I.V. injection 4 mg in 2 mL | 1 | 0.69 | *Ondansetron-RL*; *Ondaz*; *Onsetron*; PF brand |
| | I.V. injection 8 mg in 4 mL | 1 | 0.67 | *Ondansetron-RL*; *Ondaz*; *Onsetron*; PF brand |
| | Tablet 4 mg | 10 | 0.69 | *Ondansetron-RL*; *Ondaz*; *Onsetron 4* |
| | Tablet 8 mg | 10 | 0.68 | *Ondansetron-RL*; *Ondaz*; *Onsetron 8* |
| *Zofran Zydis* | Wafer 4 mg | 4 | 0.68 | *Ondansetron-RL Zydis*; *Ondaz Zydis* |
| | Wafer 8 mg | 4 | 0.69 | *Ondansetron-RL Zydis*; *Ondaz Zydis* |
| | Wafer 4 mg | 10 | 0.69 | *Ondansetron-RL Zydis*; *Ondaz Zydis* |
| | Wafer 8 mg | 10 | 0.68 | *Ondansetron-RL Zydis*; *Ondaz Zydis* |
| *Zoloft* | Tablet 50 mg (base) | 30 | 0.54 | *Chem mart Sertraline*; *Concorz*; *Eleva 50*; *GenRx Sertraline*; *Sertraline 50*; *Sertraline-DP*; *Sertraline Winthrop*; *Setrona*; *Terry White Chemists Sertraline*; *Xydep 50* |

| Premium Priced Brand | Form and Strength | Max. Qty | Brand Premium $ | Benchmark Priced Brands |
|---|---|---|---|---|
| | Tablet 100 mg (base) | 30 | 0.54 | *Chem mart Sertraline*; *Concorz*; *Eleva 100*; *GenRx Sertraline*; *Sertraline 100*; *Sertraline-DP*; *Sertraline Winthrop*; *Setrona*; *Terry White Chemists Sertraline*; *Xydep 100* |
| *Zovirax 200 mg* | Tablet 200 mg | 50 | 5.78 | *Acihexal*; *Acyclo-V 200*; *GenRx Aciclovir*; *Lovir* |
| | Tablet 200 mg | 90 | 4.28 | *Aciclovir 200*; *Acihexal*; *Acyclo-V 200*; *Chem mart Aciclovir*; *GenRx Aciclovir*; *Lovir*; *Ozvir*; *Terry White Chemists Aciclovir* |
| *Zovirax 800 mg* | Tablet 800 mg | 35 | 2.09 | *Aciclovir 800*; *Acihexal*; *Acyclo-V 800*; *GenRx Aciclovir*; *Lovir* |
| | Tablet 800 mg | 120 | 7.19 | *Acihexal*; *Acyclo-V 800*; *Lovir* |
| *Zyban* | Tablet 150 mg (sustained release) | 30 | 0.87 | *Bupropion-RL*; *Clorprax*; *Prexaton* |
| | Tablet 150 mg (sustained release) | 90 | 0.87 | *Bupropion-RL*; *Clorprax*; *Prexaton* |
| *Zyloprim* | Tablet 100 mg | 200 | 2.43 | *Allohexal*; *Allosig*; *Chem mart Allopurinol*; *GenRx Allopurinol*; *Progout 100*; *Terry White Chemists Allopurinol* |
| | Tablet 300 mg | 60 | 2.29 | *Allohexal*; *Allosig*; *Chem mart Allopurinol*; *GenRx Allopurinol*; *Progout 300*; *Terry White Chemists Allopurinol* |