Australian Government

Department of Health

SCHEDULE OF PHARMACEUTICAL BENEFITS

SUMMARY OF CHANGES

EFFECTIVE 1 March 2015

PHARMACEUTICAL BENEFITS

These changes to the Schedule of Pharmaceutical Benefits are effective from 1 March 2015. 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 March 2015 and are included, where applicable, in prices published in the Schedule —

Dispensing Fees:	Ready-prepared	$6.76
	Dangerous drug fee	$2.71
	Extemporaneously-prepared	$8.80
	Allowable additional patient charge*	$4.27
Additional Fees (for safety net prices):	Ready-prepared	$1.15
	Extemporaneously-prepared	$1.50
Patient Co-payments:	General	$37.70
	Concessional	$6.10
Safety Net Thresholds:	General	$1453.90
	Concessional	$366.00
Safety Net Card Issue Fee:		$9.47

* The allowable additional patient charge is a discretionary charge to general patients if a pharmaceutical item has a dispensed price for maximum quantity less than the general patient co-payment. The pharmacist may charge general patients the allowable additional fee but the fee cannot take the cost of the prescription above the general patient co-payment for the medicine. This fee does not count towards the Safety Net threshold.

Prescriber Bag

Additions

Addition – Item

10213M **PHYTOMENADIONE**, phytomenadione 10 mg/mL injection, 5 x 1 mL ampoules *(Konakion MM)*

Alterations

Alteration – Maximum Quantity

		From	*To*
3463G	**DIPHTHERIA TOXOID + TETANUS TOXOID**, diphtheria toxoid 2 international units/0.5 mL + tetanus toxoid 20 international units/0.5 mL injection, 5 x 0.5 mL syringes	4	2

General Pharmaceutical Benefits

Additions

Addition – Item

10224D **ARIPIPRAZOLE**, aripiprazole 300 mg injection: modified release [1 x 300 mg vial] (&) inert substance diluent [1 vial], 1 pack *(Abilify Maintena)*
10219W **ARIPIPRAZOLE**, aripiprazole 400 mg injection: modified release [1 x 400 mg vial] (&) inert substance diluent [1 vial], 1 pack *(Abilify Maintena)*
10225E **COAL TAR PREPARED**, coal tar prepared 2% foam, 100 g *(Scytera)*
10215P **GLUCOSE INDICATOR BLOOD**, glucose indicator blood strip: diagnostic, 50 *(Healthpro)*
10216Q **GLUCOSE INDICATOR BLOOD**, glucose indicator blood strip: diagnostic, 50 *(Healthpro)*
10217R **GLUCOSE INDICATOR BLOOD**, glucose indicator blood strip: diagnostic, 50 *(GluNEO)*
10223C **GLUCOSE INDICATOR BLOOD**, glucose indicator blood strip: diagnostic, 50 *(GluNEO)*
10221Y **GLUCOSE INDICATOR BLOOD**, glucose indicator blood strip: diagnostic, 100 *(Dario)*
10222B **GLUCOSE INDICATOR BLOOD**, glucose indicator blood strip: diagnostic, 100 *(Dario)*
10214N **MERCAPTOPURINE**, mercaptopurine 20 mg/mL oral liquid, 100 mL *(Allmercap)*
10212L **PEGINTERFERON BETA-1A**, peginterferon beta-1a 125 microgram/0.5 mL injection, 2 x 0.5 mL injection devices *(Plegridy)*
10220X **PEGINTERFERON BETA-1A**, peginterferon beta-1a 125 microgram/0.5 mL injection, 2 x 0.5 mL injection devices *(Plegridy)*
10218T **PEGINTERFERON BETA-1A**, peginterferon beta-1a 63 microgram/0.5 mL injection [0.5 mL injection device] (&) peginterferon beta-1a 94 microgram/0.5 mL injection [0.5 mL injection device], 1 pack *(Plegridy)*

Addition – Brand

8361C *Capecitabine AN, EA* – **CAPECITABINE**, capecitabine 150 mg tablet, 60
8362D *Capecitabine AN, EA* – **CAPECITABINE**, capecitabine 500 mg tablet, 120
1797N *Hospira Cefazolin Sodium, HH* – **CEPHAZOLIN**, cephazolin 1 g injection, 5 x 1 g vials
1799Q *Hospira Cefazolin Sodium, HH* – **CEPHAZOLIN**, cephazolin 1 g injection, 5 x 1 g vials
2275R *Plidogrel, FM* – **CLOPIDOGREL**, clopidogrel 75 mg tablet, 28
9354H *Plidogrel, FM* – **CLOPIDOGREL**, clopidogrel 75 mg tablet, 28
5542Q *Cosdor, QA* – **DORZOLAMIDE + TIMOLOL**, dorzolamide 2% + timolol 0.5% eye drops, 5 mL **(Optometrical)**
8567X *Cosdor, QA* – **DORZOLAMIDE + TIMOLOL**, dorzolamide 2% + timolol 0.5% eye drops, 5 mL
5552F *Xalaprost, QA* – **LATANOPROST**, latanoprost 0.005% eye drops, 2.5 mL **(Optometrical)**
8243W *Xalaprost, QA* – **LATANOPROST**, latanoprost 0.005% eye drops, 2.5 mL
5553G *Xalamol 50/5, QA* – **LATANOPROST + TIMOLOL**, latanoprost 0.005% + timolol 0.5% eye drops, 2.5 mL **(Optometrical)**
8895E *Xalamol 50/5, QA* – **LATANOPROST + TIMOLOL**, latanoprost 0.005% + timolol 0.5% eye drops, 2.5 mL
1956Y *Memantine RBX, RA* – **MEMANTINE**, memantine hydrochloride 10 mg tablet, 56
2492E *Memantine RBX, RA* – **MEMANTINE**, memantine hydrochloride 10 mg tablet, 56
2513G *Memantine RBX, RA* – **MEMANTINE**, memantine hydrochloride 20 mg tablet, 28
9306T *Memantine RBX, RA* – **MEMANTINE**, memantine hydrochloride 20 mg tablet, 28
3439B *APO-Metformin XR 1000, TX* – **METFORMIN**, metformin hydrochloride 1 g tablet: modified release, 60 tablets
2590H *APO-Rosuvastatin, TX* – **ROSUVASTATIN**, rosuvastatin 5 mg tablet, 30
2606E *APO-Rosuvastatin, TX* – **ROSUVASTATIN**, rosuvastatin 5 mg tablet, 30
2590H *Blooms the Chemist Rosuvastatin, IB* – **ROSUVASTATIN**, rosuvastatin 5 mg tablet, 30
2606E *Blooms the Chemist Rosuvastatin, IB* – **ROSUVASTATIN**, rosuvastatin 5 mg tablet, 30
3402C *Blooms the Chemist Rosuvastatin, IB* – **ROSUVASTATIN**, rosuvastatin 5 mg tablet, 30
9042X *Blooms the Chemist Rosuvastatin, IB* – **ROSUVASTATIN**, rosuvastatin 5 mg tablet, 30
2590H *Chem mart Rosuvastatin, CH* – **ROSUVASTATIN**, rosuvastatin 5 mg tablet, 30
2606E *Chem mart Rosuvastatin, CH* – **ROSUVASTATIN**, rosuvastatin 5 mg tablet, 30
2590H *Terry White Chemists Rosuvastatin, TW* – **ROSUVASTATIN**, rosuvastatin 5 mg tablet, 30
2606E *Terry White Chemists Rosuvastatin, TW* – **ROSUVASTATIN**, rosuvastatin 5 mg tablet, 30
2584B *APO-Rosuvastatin, TX* – **ROSUVASTATIN**, rosuvastatin 10 mg tablet, 30
2628H *APO-Rosuvastatin, TX* – **ROSUVASTATIN**, rosuvastatin 10 mg tablet, 30
2584B *Blooms the Chemist Rosuvastatin, IB* – **ROSUVASTATIN**, rosuvastatin 10 mg tablet, 30
2628H *Blooms the Chemist Rosuvastatin, IB* – **ROSUVASTATIN**, rosuvastatin 10 mg tablet, 30
3403D *Blooms the Chemist Rosuvastatin, IB* – **ROSUVASTATIN**, rosuvastatin 10 mg tablet, 30
9043Y *Blooms the Chemist Rosuvastatin, IB* – **ROSUVASTATIN**, rosuvastatin 10 mg tablet, 30
2584B *Chem mart Rosuvastatin, CH* – **ROSUVASTATIN**, rosuvastatin 10 mg tablet, 30
2628H *Chem mart Rosuvastatin, CH* – **ROSUVASTATIN**, rosuvastatin 10 mg tablet, 30
2584B *Terry White Chemists Rosuvastatin, TW* – **ROSUVASTATIN**, rosuvastatin 10 mg tablet, 30
2628H *Terry White Chemists Rosuvastatin, TW* – **ROSUVASTATIN**, rosuvastatin 10 mg tablet, 30
2574L *APO-Rosuvastatin, TX* – **ROSUVASTATIN**, rosuvastatin 20 mg tablet, 30
2609H *APO-Rosuvastatin, TX* – **ROSUVASTATIN**, rosuvastatin 20 mg tablet, 30
2574L *Blooms the Chemist Rosuvastatin, IB* – **ROSUVASTATIN**, rosuvastatin 20 mg tablet, 30
2609H *Blooms the Chemist Rosuvastatin, IB* – **ROSUVASTATIN**, rosuvastatin 20 mg tablet, 30
3404E *Blooms the Chemist Rosuvastatin, IB* – **ROSUVASTATIN**, rosuvastatin 20 mg tablet, 30
9044B *Blooms the Chemist Rosuvastatin, IB* – **ROSUVASTATIN**, rosuvastatin 20 mg tablet, 30

2574L *Chem mart Rosuvastatin, CH* – **ROSUVASTATIN**, rosuvastatin 20 mg tablet, 30
2609H *Chem mart Rosuvastatin, CH* – **ROSUVASTATIN**, rosuvastatin 20 mg tablet, 30
2574L *Terry White Chemists Rosuvastatin, TW* – **ROSUVASTATIN**, rosuvastatin 20 mg tablet, 30
2609H *Terry White Chemists Rosuvastatin, TW* – **ROSUVASTATIN**, rosuvastatin 20 mg tablet, 30
2594M *APO-Rosuvastatin, TX* – **ROSUVASTATIN**, rosuvastatin 40 mg tablet, 30
2636R *APO-Rosuvastatin, TX* – **ROSUVASTATIN**, rosuvastatin 40 mg tablet, 30
2594M *Blooms the Chemist Rosuvastatin, IB* – **ROSUVASTATIN**, rosuvastatin 40 mg tablet, 30
2636R *Blooms the Chemist Rosuvastatin, IB* – **ROSUVASTATIN**, rosuvastatin 40 mg tablet, 30
3405F *Blooms the Chemist Rosuvastatin, IB* – **ROSUVASTATIN**, rosuvastatin 40 mg tablet, 30
9045C *Blooms the Chemist Rosuvastatin, IB* – **ROSUVASTATIN**, rosuvastatin 40 mg tablet, 30
2594M *Chem mart Rosuvastatin, CH* – **ROSUVASTATIN**, rosuvastatin 40 mg tablet, 30
2636R *Chem mart Rosuvastatin, CH* – **ROSUVASTATIN**, rosuvastatin 40 mg tablet, 30
2594M *Terry White Chemists Rosuvastatin, TW* – **ROSUVASTATIN**, rosuvastatin 40 mg tablet, 30
2636R *Terry White Chemists Rosuvastatin, TW* – **ROSUVASTATIN**, rosuvastatin 40 mg tablet, 30
8163P *Topiramate AN, EA* – **TOPIRAMATE**, topiramate 25 mg tablet, 60
8164Q *Topiramate AN, EA* – **TOPIRAMATE**, topiramate 50 mg tablet, 60
8165R *Topiramate AN, EA* – **TOPIRAMATE**, topiramate 100 mg tablet, 60
8166T *Topiramate AN, EA* – **TOPIRAMATE**, topiramate 200 mg tablet, 60
8301X *Blooms the Chemist Venlafaxine XR, IB* – **VENLAFAXINE**, venlafaxine 75 mg capsule: modified release, 28 capsules
8302Y *Blooms the Chemist Venlafaxine XR, IB* – **VENLAFAXINE**, venlafaxine 150 mg capsule: modified release, 28 capsules

Addition – Equivalence Indicator

10138N **RANIBIZUMAB**, ranibizumab 1.65 mg/0.165 mL injection, 1 x 0.165 mL syringe *(Lucentis)*
1382R **RANIBIZUMAB**, ranibizumab 2.3 mg/0.23 mL injection, 1 x 0.23 mL vial *(Lucentis)*

Deletions

Deletion – Item

8849R **ESCITALOPRAM**, escitalopram 10 mg/mL oral liquid, 28 mL *(Lexapro)*

Deletion – Brand

5006L *GenRx Amoxycillin and Clavulanic Acid, GX* – **AMOXYCILLIN + CLAVULANIC ACID**, amoxycillin 875 mg + clavulanic acid 125 mg tablet, 10 **(Dental)**
8254K *GenRx Amoxycillin and Clavulanic Acid, GX* – **AMOXYCILLIN + CLAVULANIC ACID**, amoxycillin 875 mg + clavulanic acid 125 mg tablet, 10
2964B *Cefalotin Sandoz, SZ* – **CEPHALOTHIN**, cephalothin 1 g injection, 10 x 1 g vials
3376Q *Cefalotin Sandoz, SZ* – **CEPHALOTHIN**, cephalothin 1 g injection, 10 x 1 g vials **(Dental)**
1797N *Hospira Pty Limited, HH* – **CEPHAZOLIN**, cephazolin 1 g injection, 5 x 1 g vials
1799Q *Hospira Pty Limited, HH* – **CEPHAZOLIN**, cephazolin 1 g injection, 5 x 1 g vials
1245M *Levo/Carbidopa Sandoz, SZ* – **LEVODOPA + CARBIDOPA ANHYDROUS**, levodopa 250 mg + carbidopa anhydrous 25 mg tablet, 100

Deletion – Equivalence Indicator

2964B *Hospira Pty Limited, HH* – **CEPHALOTHIN**, cephalothin 1 g injection, 10 x 1 g vials
3376Q *Hospira Pty Limited, HH* – **CEPHALOTHIN**, cephalothin 1 g injection, 10 x 1 g vials **(Dental)**
1245M *Sinemet, MK* – **LEVODOPA + CARBIDOPA ANHYDROUS**, levodopa 250 mg + carbidopa anhydrous 25 mg tablet, 100

Alterations

Changes to Restrictions

The following items have additions, deletions or alterations to restrictions and/or notes.

8179L **ANASTROZOLE**, anastrozole 1 mg tablet, 30 *(APO-Anastrozole, Anastrol, Anastrozole AN, Anastrozole FBM, Anastrozole GH, Anastrozole RBX, Anastrozole Sandoz, Anastrozole-DRLA, Anastrozole-GA, Anzole, Arianna, Arimidex, Azastrole, Chem mart Anastrozole, Pharmacor Anastrozole 1, Pharmacy Choice Anastrozole, Terry White Chemists Anastrozole)*
2819J **EVEROLIMUS**, everolimus 5 mg tablet, 30 *(Afinitor)*
2985D **EVEROLIMUS**, everolimus 10 mg tablet, 30 *(Afinitor)*
10103R **EXEMESTANE**, exemestane 25 mg tablet, 30 *(APO-Exemestane, Aromasin, Exaccord, Exemestane AN, Exemestane GH, Exemestane Pfizer, Exemestane Sandoz, Exemestane-GA)*
8506Q **EXEMESTANE**, exemestane 25 mg tablet, 30 *(APO-Exemestane, Aromasin, Exaccord, Exemestane AN, Exemestane GH, Exemestane Pfizer, Exemestane Sandoz, Exemestane-GA)*
1454M **GOSERELIN**, goserelin 3.6 mg implant, 1 *(Zoladex Implant)*
8245Y **LETROZOLE**, letrozole 2.5 mg tablet, 30 *(APO-Letrozole, Chem mart Letrozole, Femara 2.5 mg, Femolet, Fera, Gynotril, Letrozole AN, Letrozole Actavis, Letrozole FBM, Letrozole RBX, Letrozole Sandoz, Letrozole generichealth, Letrozole-DRLA, Letrozole-GA, Lezole, Pharmacor Letrozole 2.5, Pharmacy Choice Letrozole, Terry White Chemists Letrozole)*
10138N **RANIBIZUMAB**, ranibizumab 1.65 mg/0.165 mL injection, 1 x 0.165 mL syringe *(Lucentis)*
1382R **RANIBIZUMAB**, ranibizumab 2.3 mg/0.23 mL injection, 1 x 0.23 mL vial *(Lucentis)*
2341F **TESTOSTERONE**, testosterone 2% (30 mg/1.5 mL actuation) transdermal solution, 60 actuations *(Axiron)*

8460G **TESTOSTERONE**, testosterone 2.5 mg/24 hours patch, 60 *(Androderm)*
8619P **TESTOSTERONE**, testosterone 5 mg/24 hours patch, 30 *(Androderm)*
8830R **TESTOSTERONE**, testosterone 1% (50 mg/5 g) gel, 30 x 5 g sachets *(Testogel)*
2114G **TESTOSTERONE ENANTHATE**, testosterone enanthate 250 mg/mL injection, 3 x 1 mL syringes *(Primoteston Depot)*
10205D **TESTOSTERONE UNDECANOATE**, testosterone undecanoate 1 g/4 mL injection, 1 x 4 mL vial *(Reandron 1000)*
2115H **TESTOSTERONE UNDECANOATE**, testosterone undecanoate 40 mg capsule, 60 *(Andriol Testocaps)*
9004X **TESTOSTERONE UNDECANOATE**, testosterone undecanoate 1 g/4 mL injection, 1 x 4 mL ampoule *(Reandron 1000)*

Alteration – Restriction Level

		From	*To*
8361C	**CAPECITABINE**, capecitabine 150 mg tablet, 60 *(Capecitabine AN, Capecitabine Actavis, Capecitabine Alphapharm, Capecitabine Sandoz, Capecitabine-DRLA, Xelabine, Xeloda)*	authority-required	unrestricted
8362D	**CAPECITABINE**, capecitabine 500 mg tablet, 120 *(Capecitabine AN, Capecitabine Actavis, Capecitabine Alphapharm, Capecitabine Apotex, Capecitabine GH, Capecitabine Sandoz, Capecitabine-DRLA, Xelabine, Xeloda)*	authority-required	unrestricted
2734X	**MEGESTROL**, megestrol acetate 160 mg tablet, 30 *(Megace)*	restricted	unrestricted
8216K	**TOREMIFENE**, toremifene 60 mg tablet, 30 *(Fareston)*	restricted	unrestricted

Advance Notices

1 April 2015

Deletion – Item
2710P **MIFEPRISTONE**, mifepristone 200 mg tablet, 1
2672P **MISOPROSTOL**, misoprostol 200 microgram tablet, 4
2681D **POLYVINYL ALCOHOL**, polyvinyl alcohol 3% eye drops, 15 mL
9222J **POLYVINYL ALCOHOL**, polyvinyl alcohol 3% eye drops, 15 mL
5525T **POLYVINYL ALCOHOL**, polyvinyl alcohol 3% eye drops, 15 mL
2995P **SALCATONIN**, salcatonin 50 international units/mL injection, 5 x 1 mL ampoules
3491R **TERBUTALINE**, terbutaline sulfate 500 microgram/mL injection, 5 x 1 mL ampoules

1 May 2015

Deletion – Item
2090B **CARBOMER + TRIGLYCERIDE LIPIDS**, carbomer 0.2% + triglyceride lipids 1% eye gel, 30 x 600 mg unit doses
2058H **CARBOMER + TRIGLYCERIDE LIPIDS**, carbomer 0.2% + triglyceride lipids 1% eye gel, 30 x 600 mg unit doses
9004X **TESTOSTERONE UNDECANOATE**, testosterone undecanoate 1 g/4 mL injection, 1 x 4 mL ampoule

Deletion – Brand
1627P *Tolvon (MK),* **MIANSERIN**, mianserin hydrochloride 10 mg tablet, 50

1 June 2015

Deletion – Item
1172Q **CHLORAMPHENICOL**, chloramphenicol 0.5% ear drops, 5 mL

1 August 2015

Deletion – Item
2873F **CANAGLIFLOZIN**, canagliflozin 100 mg tablet, 30
2987F **CANAGLIFLOZIN**, canagliflozin 300 mg tablet, 30

Repatriation Pharmaceutical Benefits

Alterations

Alteration – Manufacturer Code

		From	*To*
4681J	*Actisorb Plus MAP105* – **DRESSING ACTIVATED CHARCOAL MALODOROUS WOUND**, dressing activated charcoal malodorous wound 10.5 cm x 10.5 cm dressing, 1	JJ	KI
4695D	*Tielle MTL101E* – **DRESSING HYDROACTIVE SUPERFICIAL WOUND HIGH EXUDATE SEMI-PERMEABLE ABSORBENT FOAM**, dressing hydroactive superficial wound high exudate semi-permeable absorbent foam 11 cm x 11 cm dressing: island, 10 dressings	JJ	KI
4696E	*Tielle MT2442* – **DRESSING HYDROACTIVE SUPERFICIAL WOUND HIGH EXUDATE SEMI-PERMEABLE ABSORBENT FOAM**, dressing hydroactive superficial wound high exudate semi-permeable absorbent foam 18 cm x 18 cm dressing: island, 5 dressings	JJ	KI
4911L	*Nu-Gel 2497* – **DRESSING HYDROGEL SHEET**, dressing hydrogel sheet 9.5 cm x 10.2 cm dressing, 5	JJ	KI
4909J	*Adaptic 2012* – **DRESSING TULLE NON GAUZE PARAFFIN**, dressing tulle non gauze paraffin 7.6 cm x 7.6 cm dressing, 1	JJ	KI

PRESCRIBER BAG

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	Dispensed Price for Max. Qty $	Brand Name and Manufacturer	
	PHYTOMENADIONE				
10213M	phytomenadione 10 mg/mL injection, 5 x 1 mL ampoules	1	22.27	Konakion MM	RO

GENERAL PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	No. of Rpts	Premium $	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $		Brand Name and Manufacturer	
	ANASTROZOLE								
	Restricted benefit								
	Breast cancer								
	Clinical criteria:								
	The condition must be hormone receptor positive.								
	Population criteria:								
	Patient must not be pre-menopausal.								
	Note								
	This drug is not PBS-subsidised for primary prevention of breast cancer.								
	Note								
	This drug is not PBS-subsidised for adjuvant hormonal treatment of early breast cancer where the total duration of this drug (or any other aromatase inhibitor) treatment extends beyond 5 years.								
	Note								
	Shared Care Model:								
	For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
8179L *NP*	anastrozole 1 mg tablet, 30	1	5	..	97.24	37.70	[a]	APO-Anastrozole	TX
							[a]	Anastrol	QA
							[a]	Anastrozole AN	EA
							[a]	Anastrozole FBM	FO
							[a]	Anastrozole GH	GQ
							[a]	Anastrozole RBX	RA
							[a]	Anastrozole Sandoz	SZ
							[a]	Anastrozole-DRLA	RZ
							[a]	Anastrozole-GA	GN
							[a]	Anzole	UA
							[a]	Arianna	AF
							[a]	Arimidex	AP
							[a]	Azastrole	ER
							[a]	Chem mart Anastrozole	CH
							[a]	Pharmacor Anastrozole 1	CR
							[a]	Pharmacy Choice Anastrozole	RI
							[a]	Terry White Chemists Anastrozole	TW
	ARIPIPRAZOLE								
	Authority required (STREAMLINED)								
	4246								
	Schizophrenia								
	Note								
	Shared Care Model:								
	For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
10219W *NP*	aripiprazole 400 mg injection: modified release [1 x 400 mg vial] (&) inert substance diluent [1 vial], 1 pack	1	5	..	399.95	37.70		Abilify Maintena	LU
10224D *NP*	aripiprazole 300 mg injection: modified release [1 x 300 mg vial] (&) inert substance diluent [1 vial], 1 pack	1	5	..	324.91	37.70		Abilify Maintena	LU
	CAPECITABINE								
8361C	capecitabine 150 mg tablet, 60	1	2	..	105.47	37.70	[a]	Capecitabine AN	EA
							[a]	Capecitabine Actavis	GN

GENERAL PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	No. of Rpts	Premium $	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $		Brand Name and Manufacturer	
							[a]	Capecitabine Alphapharm	AF
							[a]	Capecitabine Sandoz	SZ
							[a]	Capecitabine-DRLA	RZ
							[a]	Xelabine	QA
							[a]	Xeloda	RO
8362D	capecitabine 500 mg tablet, 120	1	2	..	585.31	37.70	[a]	Capecitabine AN	EA
							[a]	Capecitabine Actavis	GN
							[a]	Capecitabine Alphapharm	AF
							[a]	Capecitabine Apotex	TX
							[a]	Capecitabine GH	GQ
							[a]	Capecitabine Sandoz	SZ
							[a]	Capecitabine-DRLA	RZ
							[a]	Xelabine	QA
							[a]	Xeloda	RO
	COAL TAR PREPARED								
10225E *NP*	coal tar prepared 2% foam, 100 g	‡1	2	..	33.42	34.57		Scytera	RZ

EVEROLIMUS

Authority required

Tuberous sclerosis complex (TSC)

Treatment Phase: Initial treatment

Clinical criteria:

The condition must be subependymal giant cell astrocytomas (SEGAs) associated with TSC; OR

The condition must be visceral tumours associated with TSC,

AND

The treatment must be the sole PBS-subsidised therapy for this condition,

AND

Patient must not be a candidate for curative surgical resection.

Note

Special Pricing Arrangements apply.

Authority required

Tuberous sclerosis complex (TSC)

Treatment Phase: Continuing treatment

Clinical criteria:

The condition must be subependymal giant cell astrocytomas (SEGAs) associated with TSC; OR

The condition must be visceral tumours associated with TSC,

AND

The treatment must be the sole PBS-subsidised therapy for this condition,

AND

Patient must have previously been treated with PBS-subsidised everolimus for this condition,

AND

Patient must have demonstrated a response to prior treatment.

Note

Special Pricing Arrangements apply.

Authority required

Metastatic (Stage IV) breast cancer

Clinical criteria:

The condition must be hormone receptor positive,

GENERAL PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	No. of Rpts	Premium $	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $		Brand Name and Manufacturer	
	AND The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND** The condition must have acquired endocrine resistance as demonstrated by initial response and then recurrence or progression of disease after treatment with letrozole or anastrozole, **AND** The treatment must be in combination with exemestane. **Population criteria:** Patient must not be pre-menopausal. **Note** Patients who have progressive disease with everolimus are no longer eligible for PBS-subsidised everolimus. **Note** Special Pricing Arrangements apply.								
2819J	everolimus 5 mg tablet, 30	1	5	..	2846.70	37.70		Afinitor	NV
2985D	everolimus 10 mg tablet, 30	1	5	..	5546.70	37.70		Afinitor	NV
	EXEMESTANE **Restricted benefit** Metastatic (Stage IV) breast cancer **Clinical criteria:** The condition must be hormone receptor positive, **AND** The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND** Patient must be receiving PBS-subsidised everolimus concomitantly for this condition. **Population criteria:** Patient must not be pre-menopausal.								
10103R	exemestane 25 mg tablet, 30	1	5	..	130.82	37.70	[a]	APO-Exemestane	TX
							[a]	Aromasin	PF
							[a]	Exaccord	RA
							[a]	Exemestane AN	EA
							[a]	Exemestane GH	GQ
							[a]	Exemestane Pfizer	FZ
							[a]	Exemestane Sandoz	SZ
							[a]	Exemestane-GA	GN
	EXEMESTANE **Restricted benefit** Advanced breast cancer **Clinical criteria:** The condition must be hormone receptor positive, **AND** The condition must have progressed following treatment with tamoxifen. **Population criteria:** Patient must not be pre-menopausal. **Note** This drug is not PBS-subsidised for primary prevention of breast cancer. **Note** 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.								

GENERAL PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	No. of Rpts	Premium $	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $		Brand Name and Manufacturer	
	Note **Shared Care Model**: For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners. **Restricted benefit** Early breast cancer **Clinical criteria:** The condition must be hormone receptor positive, **AND** The condition must have previously been treated with tamoxifen for a minimum of 2 years. **Population criteria:** Patient must not be pre-menopausal. **Note** This drug is not PBS-subsidised for primary prevention of breast cancer. **Note** 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. **Note** **Shared Care Model**: For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
8506Q *NP*	exemestane 25 mg tablet, 30	1	5	..	130.82	37.70	[a]	APO-Exemestane	TX
							[a]	Aromasin	PF
							[a]	Exaccord	RA
							[a]	Exemestane AN	EA
							[a]	Exemestane GH	GQ
							[a]	Exemestane Pfizer	FZ
							[a]	Exemestane Sandoz	SZ
							[a]	Exemestane-GA	GN
	GLUCOSE INDICATOR BLOOD **Restricted benefit** Blood glucose monitoring **Clinical criteria:** Patient must be receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements. **Note** No increase in the maximum quantity or number of units may be authorised. **Note** No increase in the maximum number of repeats may be authorised.								
10215P	glucose indicator blood strip: diagnostic, 50	2	11	..	*53.52	37.70		Healthpro	IF
10217R	glucose indicator blood strip: diagnostic, 50	2	11	..	*53.52	37.70		GluNEO	IF
10222B	glucose indicator blood strip: diagnostic, 100	‡1	11	..	53.50	37.70		Dario	UH
	GLUCOSE INDICATOR BLOOD								
10216Q *NP*	glucose indicator blood strip: diagnostic, 50	2	5	..	*53.52	37.70		Healthpro	IF
10221Y *NP*	glucose indicator blood strip: diagnostic, 100	‡1	5	..	53.50	37.70		Dario	UH
10223C *NP*	glucose indicator blood strip: diagnostic, 50	2	5	..	*53.52	37.70		GluNEO	IF
	GOSERELIN **Authority required** Locally advanced (stage C) or metastatic (stage D) carcinoma of the prostate								

GENERAL PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	No. of Rpts	Premium $	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $	Brand Name and Manufacturer	
	Authority required Locally advanced (Stage III) or metastatic (Stage IV) breast cancer **Clinical criteria:** The condition must be hormone receptor positive.							
	Authority required Endometriosis **Clinical criteria:** The condition must be visually proven, **AND** The treatment must be for the short-term (up to 6 months). **Note** Only 1 course of not more than 6 months' therapy will be authorised.							
	Authority required Breast cancer **Clinical criteria:** The condition must be hormone receptor positive, **AND** The treatment must be an alternative to adjuvant chemotherapy.							
1454M	goserelin 3.6 mg implant, 1	1	5	..	333.34	37.70	Zoladex Implant	AP
	LETROZOLE **Restricted benefit** Breast cancer **Clinical criteria:** The condition must be hormone receptor positive. **Population criteria:** Patient must not be pre-menopausal. **Note** This drug is not PBS-subsidised for primary prevention of breast cancer. **Note** This drug is not PBS-subsidised for adjuvant hormonal treatment of early breast cancer where the total duration of this drug (or any other aromatase inhibitor) treatment extends beyond 5 years. **Note** **Shared Care Model**: For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
	Restricted benefit Early breast cancer **Clinical criteria:** The condition must be hormone receptor positive, **AND** The treatment must be for extended adjuvant treatment of the condition commencing within 6 months of ceasing treatment with tamoxifen. **Population criteria:** Patient must not be pre-menopausal. **Note** This drug is not PBS-subsidised for primary prevention of breast cancer. **Note** This drug is not PBS-subsidised for adjuvant hormonal treatment of early breast cancer where the total duration of this drug (or any other aromatase inhibitor) treatment extends beyond 5 years. **Note** **Shared Care Model**: For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.							

GENERAL PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	No. of Rpts	Premium $	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $		Brand Name and Manufacturer	
8245Y *NP*	letrozole 2.5 mg tablet, 30	1	5	..	91.52	37.70	[a]	APO-Letrozole	TX
							[a]	Chem mart Letrozole	CH
							[a]	Femara 2.5 mg	NV
							[a]	Femolet	AF
							[a]	Fera	QA
							[a]	Gynotril	ER
							[a]	Letrozole AN	EA
							[a]	Letrozole Actavis	VN
							[a]	Letrozole FBM	FO
							[a]	Letrozole RBX	RA
							[a]	Letrozole Sandoz	SZ
							[a]	Letrozole generichealth	GQ
							[a]	Letrozole-DRLA	RZ
							[a]	Letrozole-GA	GN
							[a]	Lezole	UA
							[a]	Pharmacor Letrozole 2.5	CR
							[a]	Pharmacy Choice Letrozole	RI
							[a]	Terry White Chemists Letrozole	TW
	MEGESTROL								
2734X	megestrol acetate 160 mg tablet, 30	1	2	..	83.73	37.70		Megace	QA
	MERCAPTOPURINE								
10214N	mercaptopurine 20 mg/mL oral liquid, 100 mL	‡1	2	..	462.37	37.70		Allmercap	LM

PEGINTERFERON BETA-1A

Authority required

Multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR

The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient,

AND

Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to the multiple sclerosis, in the preceding 2 years,

AND

Patient must be ambulatory (without assistance or support).

Where applicable, the date of the magnetic resonance imaging scan must be provided with the authority application.

Note

No increase in the maximum quantity or number of units may be authorised.

Note

No increase in the maximum number of repeats may be authorised.

10212L	peginterferon beta-1a 125 microgram/0.5 mL injection, 2 x 0.5 mL injection devices	1	4	..	1057.11	37.70		Plegridy	BD
10218T	peginterferon beta-1a 63 microgram/0.5 mL injection [0.5 mL injection device] (&) peginterferon beta-1a 94 microgram/0.5 mL injection [0.5 mL injection device], 1 pack	‡1	..	..	1057.11	37.70		Plegridy	BD

PEGINTERFERON BETA-1A

Authority required

GENERAL PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	No. of Rpts	Premium $	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $	Brand Name and Manufacturer	
	Multiple sclerosis Treatment Phase: Continuing treatment **Clinical criteria:** Patient must have previously been issued with an authority prescription for this drug, **AND** Patient must not show continuing progression of disability while on treatment with this drug, **AND** Patient must have demonstrated compliance with, and an ability to tolerate this therapy. **Note** No increase in the maximum quantity or number of units may be authorised. **Note** No increase in the maximum number of repeats may be authorised.							
10220X	peginterferon beta-1a 125 microgram/0.5 mL injection, 2 x 0.5 mL injection devices	1	5	..	1057.11	37.70	Plegridy	BD
	RANIBIZUMAB **Authority required** Subfoveal choroidal neovascularisation (CNV) Treatment Phase: Initial treatment **Clinical criteria:** The condition must be due to age-related macular degeneration (AMD), **AND** The condition must be diagnosed by fluorescein angiography, **AND** The treatment must be the sole PBS-subsidised therapy for this condition. **Treatment criteria:** Must be treated by an ophthalmologist. Authority approval for initial treatment of each eye must be sought. The first authority application for each eye must be made in writing or by telephone. A written application must include: a) a completed authority prescription form; b) a completed Subfoveal Choroidal Neovascularisation (CNV) - PBS Supporting Information Form; and c) a copy of the fluorescein angiogram. A telephone application must be made following submission by facsimile of a copy of a completed Subfoveal Choroidal Neovascularisation (CNV) - PBS Supporting Information Form and a copy of the fluorescein angiogram. The original documentation must be submitted to the Chief Executive Medicare by post after the application has been authorised. Where a fluorescein angiogram cannot be performed due to a contraindication as listed in the TGA-approved product information, details of the contraindication must be provided. A copy of the report of an alternative method of diagnosis must be included in the application, for example, optical coherence tomography (OCT) or red free photography. **Note** The first authority application may be faxed to the Department of Human Services on 1300 093 177 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). The Department will then contact the prescriber by telephone. **Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at www.humanservices.gov.au Applications for authority to prescribe should be forwarded to: Department of Human Services Prior Written Approval of Complex Drugs Reply Paid 9826 GPO Box 9826 HOBART TAS 7001							

GENERAL PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	No. of Rpts	Premium $	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $		Brand Name and Manufacturer	
	Note Special Pricing Arrangements apply.								
	Note Pharmaceutical benefits that have the form ranibizumab 0.165 mL injection syringe and pharmaceutical benefits that have the form ranibizumab 0.23 mL injection vial are equivalent for the purposes of substitution.								
	Authority required Subfoveal choroidal neovascularisation (CNV) Treatment Phase: Continuing treatment **Clinical criteria:** The condition must be due to age-related macular degeneration (AMD), **AND** The treatment must be the sole PBS-subsidised therapy for this condition, **AND** Patient must have previously been granted an authority prescription for the same eye. **Treatment criteria:** Must be treated by an ophthalmologist.								
	Note 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).								
	Note Special Pricing Arrangements apply.								
	Note Pharmaceutical benefits that have the form ranibizumab 0.165 mL injection syringe and pharmaceutical benefits that have the form ranibizumab 0.23 mL injection vial are equivalent for the purposes of substitution.								
10138N	ranibizumab 1.65 mg/0.165 mL injection, 1 x 0.165 mL syringe	1	2	..	1431.50	37.70	a	Lucentis	NV
1382R	ranibizumab 2.3 mg/0.23 mL injection, 1 x 0.23 mL vial	1	2	..	1431.50	37.70	a	Lucentis	NV
	TESTOSTERONE **Authority required** Androgen deficiency **Clinical criteria:** Patient must have an established pituitary or testicular disorder. **Population criteria:** Patient must be male. **Treatment criteria:** Must be treated by a specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a registered member of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists. The name of the specialist must be included in the authority application.								
	Authority required Androgen deficiency **Clinical criteria:** Patient must not have an established pituitary or testicular disorder, **AND** The condition must not be due to age, obesity, cardiovascular diseases, infertility or drugs. **Population criteria:** Patient must be male,								

GENERAL PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	No. of Rpts	Premium $	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $	Brand Name and Manufacturer	
	AND							
	Patient must be aged 40 years or older.							
	Treatment criteria:							
	Must be treated by a specialist urologist, specialist endocrinologist or a registered member of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.							
	Androgen deficiency is defined as:							
	(i) testosterone level of less than 6 nmol per litre; OR							
	(ii) testosterone level between 6 and 15 nmol per litre with high luteinising hormone (LH) (greater than 1.5 times the upper limit of the eugonodal reference range for young men, or greater than 14 IU per litre, whichever is higher).							
	Androgen deficiency must be confirmed by at least two morning blood samples taken on different mornings.							
	The dates and levels of the qualifying testosterone and LH measurements must be, or must have been provided in the authority application when treatment with this drug is or was initiated.							
	The name of the specialist must be included in the authority application.							
	Authority required Micropenis							
	Population criteria:							
	Patient must be male,							
	AND							
	Patient must be under 18 years of age.							
	Treatment criteria:							
	Must be treated by a specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a registered member of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.							
	The name of the specialist must be included in the authority application.							
	Authority required Pubertal induction							
	Population criteria:							
	Patient must be male,							
	AND							
	Patient must be under 18 years of age.							
	Treatment criteria:							
	Must be treated by a specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a registered member of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.							
	The name of the specialist must be included in the authority application.							
	Authority required Constitutional delay of growth or puberty							
	Population criteria:							
	Patient must be male,							
	AND							
	Patient must be under 18 years of age.							
	Treatment criteria:							
	Must be treated by a specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a registered member of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.							
	The name of the specialist must be included in the authority application.							
2341F	testosterone 2% (30 mg/1.5 mL actuation) transdermal solution, 60 actuations	ǂ1	5	..	82.79	37.70	Axiron	LY
8460G	testosterone 2.5 mg/24 hours patch, 60	ǂ1	5	..	96.18	37.70	Androderm	GN
8619P	testosterone 5 mg/24 hours patch, 30	ǂ1	5	..	96.18	37.70	Androderm	GN
8830R	testosterone 1% (50 mg/5 g) gel, 30 x 5 g sachets	ǂ1	5	..	95.46	37.70	Testogel	HB
	TESTOSTERONE ENANTHATE **Authority required**							

GENERAL PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	No. of Rpts	Premium $	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $	Brand Name and Manufacturer

Androgen deficiency

Clinical criteria:

Patient must have an established pituitary or testicular disorder.

Population criteria:

Patient must be male.

Treatment criteria:

Must be treated by a specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a registered member of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

Authority required

Androgen deficiency

Clinical criteria:

Patient must not have an established pituitary or testicular disorder,

AND

The condition must not be due to age, obesity, cardiovascular diseases, infertility or drugs.

Population criteria:

Patient must be male,

AND

Patient must be aged 40 years or older.

Treatment criteria:

Must be treated by a specialist urologist, specialist endocrinologist or a registered member of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

Androgen deficiency is defined as:

(i) testosterone level of less than 6 nmol per litre; OR

(ii) testosterone level between 6 and 15 nmol per litre with high luteinising hormone (LH) (greater than 1.5 times the upper limit of the eugonodal reference range for young men, or greater than 14 IU per litre, whichever is higher).

Androgen deficiency must be confirmed by at least two morning blood samples taken on different mornings.

The dates and levels of the qualifying testosterone and LH measurements must be, or must have been provided in the authority application when treatment with this drug is or was initiated.

The name of the specialist must be included in the authority application.

Authority required

Micropenis

Population criteria:

Patient must be male,

AND

Patient must be under 18 years of age.

Treatment criteria:

Must be treated by a specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a registered member of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

Authority required

Pubertal induction

Population criteria:

Patient must be male,

AND

Patient must be under 18 years of age.

Treatment criteria:

Must be treated by a specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a registered member of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	No. of Rpts	Premium $	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $	Brand Name and Manufacturer	
	specialists.							
	The name of the specialist must be included in the authority application.							
	Authority required							
	Constitutional delay of growth or puberty							
	Population criteria:							
	Patient must be male,							
	AND							
	Patient must be under 18 years of age.							
	Treatment criteria:							
	Must be treated by a specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a registered member of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.							
	The name of the specialist must be included in the authority application.							
2114G	testosterone enanthate 250 mg/mL injection, 3 x 1 mL syringes	1	3	..	33.82	34.97	Primoteston Depot	BN
	TESTOSTERONE UNDECANOATE							
	Authority required							
	Androgen deficiency							
	Clinical criteria:							
	Patient must have an established pituitary or testicular disorder.							
	Population criteria:							
	Patient must be male.							
	Treatment criteria:							
	Must be treated by a specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a registered member of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.							
	The name of the specialist must be included in the authority application.							
	Authority required							
	Androgen deficiency							
	Clinical criteria:							
	Patient must not have an established pituitary or testicular disorder,							
	AND							
	The condition must not be due to age, obesity, cardiovascular diseases, infertility or drugs.							
	Population criteria:							
	Patient must be male,							
	AND							
	Patient must be aged 40 years or older.							
	Treatment criteria:							
	Must be treated by a specialist urologist, specialist endocrinologist or a registered member of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.							
	Androgen deficiency is defined as:							
	(i) testosterone level of less than 6 nmol per litre; OR							
	(ii) testosterone level between 6 and 15 nmol per litre with high luteinising hormone (LH) (greater than 1.5 times the upper limit of the eugonodal reference range for young men, or greater than 14 IU per litre, whichever is higher).							
	Androgen deficiency must be confirmed by at least two morning blood samples taken on different mornings.							
	The dates and levels of the qualifying testosterone and LH measurements must be, or must have been provided in the authority application when treatment with this drug is or was initiated.							
	The name of the specialist must be included in the authority application.							
	Authority required							
	Micropenis							
	Population criteria:							

GENERAL PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	No. of Rpts	Premium $	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $	Brand Name and Manufacturer	
	Patient must be male, **AND** Patient must be under 18 years of age. **Treatment criteria:** Must be treated by a specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a registered member of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists. The name of the specialist must be included in the authority application. **Authority required** Pubertal induction **Population criteria:** Patient must be male, **AND** Patient must be under 18 years of age. **Treatment criteria:** Must be treated by a specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a registered member of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists. The name of the specialist must be included in the authority application. **Authority required** Constitutional delay of growth or puberty **Population criteria:** Patient must be male, **AND** Patient must be under 18 years of age. **Treatment criteria:** Must be treated by a specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a registered member of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists. The name of the specialist must be included in the authority application.							
10205D	testosterone undecanoate 1 g/4 mL injection, 1 x 4 mL vial	1	1	..	147.75	37.70	Reandron 1000	BN
2115H	testosterone undecanoate 40 mg capsule, 60	1	5	..	37.87	37.70	Andriol Testocaps	MK
9004X	testosterone undecanoate 1 g/4 mL injection, 1 x 4 mL ampoule	1	1	..	147.75	37.70	Reandron 1000	BN
	TOREMIFENE							
8216K	toremifene 60 mg tablet, 30	1	5	..	74.08	37.70	Fareston	MK