Australian Government

Department of Health and Ageing

SCHEDULE OF PHARMACEUTICAL BENEFITS

SUMMARY OF CHANGES

EFFECTIVE 1 MAY 2009

PHARMACEUTICAL BENEFITS

These changes to the Schedule of Pharmaceutical Benefits are effective from 1 May 2009. 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 May 2009 and are included, where applicable, in prices published in the Schedule—

Dispensing Fees:	Ready-prepared	$5.99
	Dangerous drug fee	$2.71
	Extemporaneously-prepared	$8.03
	Allowable additional patient charge*	$3.79
Additional Fees (for safety net prices):	Ready-prepared	$1.03
	Extemporaneously-prepared	$1.39
Patient Co-payments:	General	$32.90
	Concessional	$5.30
Safety Net Thresholds:	General	$1264.90
	Concessional	$318.00
Safety Net Card Issue Fee:		$8.25

*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.

SUMMARY OF CHANGES

ADDITIONS

Additions — Items

(see under 'RESTRICTIONS' and 'NOTES' for full details)

9414L **Gemcitabine hydrochloride**, Powder for I.V. infusion 2 g (base) (*DBL Gemcitabine for Injection*)

9406C **Hydromorphone hydrochloride**, Tablet 8 mg (modified release) (*Jurnista*)
3357Q **Hydromorphone hydrochloride**, Tablet 8 mg (modified release) (*Jurnista*) **(Dental)**
9407D **Hydromorphone hydrochloride**, Tablet 16 mg (modified release) (*Jurnista*)
3358R **Hydromorphone hydrochloride**, Tablet 16 mg (modified release) (*Jurnista*) **(Dental)**
9408E **Hydromorphone hydrochloride**, Tablet 32 mg (modified release) (*Jurnista*)
3367F **Hydromorphone hydrochloride**, Tablet 32 mg (modified release) (*Jurnista*) **(Dental)**
9409F **Hydromorphone hydrochloride**, Tablet 64 mg (modified release) (*Jurnista*)
3368G **Hydromorphone hydrochloride**, Tablet 64 mg (modified release) (*Jurnista*) **(Dental)**
9410G **Irinotecan hydrochloride trihydrate**, I.V. injection 300 mg in 15 mL (*Camptosar*)
9403X **Lanthanum carbonate hydrate**, Chewable tablet 500 mg (base) (*Fosrenol*)
9404Y **Lanthanum carbonate hydrate**, Chewable tablet 750 mg (base) (*Fosrenol*)
9405B **Lanthanum carbonate hydrate**, Chewable tablet 1000 mg (base) (*Fosrenol*)
9415M **Nab paclitaxel**, Powder for I.V. injection 100 mg (base) (*Abraxane*)
9412J **Pancreatic extract**, Capsule (containing enteric coated minimicrospheres) providing not less than 40,000 BP units of lipase activity (*Creon 40,000*)
9413K **Pancreatic extract**, Capsule (containing enteric coated minimicrospheres) providing not less than 40,000 BP units of lipase activity (*Creon 40,000*) **(Diff. Max. Rpts)**
9416N **Sodium lactate compound**, I.V. infusion 500 mL (*BR*)
9417P **Sunitinib**, Capsule 12.5 mg (as malate) (*Sutent*)
9420T **Sunitinib**, Capsule 12.5 mg (as malate) (*Sutent*) **(Diff. Max. Rpts)**
9418Q **Sunitinib**, Capsule 25 mg (as malate) (*Sutent*)
9421W **Sunitinib**, Capsule 25 mg (as malate) (*Sutent*) **(Diff. Max. Rpts)**
9419R **Sunitinib**, Capsule 50 mg (as malate) (*Sutent*)
9422X **Sunitinib**, Capsule 50 mg (as malate) (*Sutent*) **(Diff. Max. Rpts)**

9411H **Teriparatide**, Injection 250 micrograms per mL, 3 mL in multi-dose pre-filled pen (*Forteo*)

Additions — Brands

1884E *Amoxycillin Ranbaxy, RA* — **Amoxycillin**, Capsule 250 mg

3301R *Amoxycillin Ranbaxy, RA* — **Amoxycillin**, Capsule 250 mg **(Dental)**
1889K *Amoxycillin Ranbaxy, RA* — **Amoxycillin**, Capsule 500 mg
3300Q *Amoxycillin Ranbaxy, RA* — **Amoxycillin**, Capsule 500 mg **(Dental)**
1475P *APO-Fluconazole, TX* — **Fluconazole**, Capsule 200 mg
8049P *DBL Gemcitabine for Injection, HH* — **Gemcitabine hydrochloride**, Powder for I.V. infusion 200 mg (base)
8050Q *DBL Gemcitabine for Injection, HH* — **Gemcitabine hydrochloride**, Powder for I.V. infusion 1 g (base)
2848X *Lamotrust 25, MI* — **Lamotrigine**, Tablet 25 mg
2849Y *Lamotrust 50, MI* — **Lamotrigine**, Tablet 50 mg
2850B *Lamotrust 100, MI* — **Lamotrigine**, Tablet 100 mg
2851C *Lamotrust 200, MI* — **Lamotrigine**, Tablet 200 mg
8224W *APO-Ondansetron, TX* — **Ondansetron**, Tablet 4 mg
1594X *APO-Ondansetron, TX* — **Ondansetron**, Tablet 4 mg **(Diff. Max. Qty and Rpts)**
8225X *APO-Ondansetron, TX* — **Ondansetron**, Tablet 8 mg
1595Y *APO-Ondansetron, TX* — **Ondansetron**, Tablet 8 mg **(Diff. Max. Qty and Rpts)**

2011W *APO-Simvastatin, TX* — **Simvastatin**, Tablet 10 mg
9242K *APO-Simvastatin, TX* — **Simvastatin**, Tablet 10 mg **(Diff. Max. Rpts)**
2012X *APO-Simvastatin, TX* — **Simvastatin**, Tablet 20 mg
9243L *APO-Simvastatin, TX* — **Simvastatin**, Tablet 20 mg **(Diff. Max. Rpts)**
8173E *APO-Simvastatin, TX* — **Simvastatin**, Tablet 40 mg
9244M *APO-Simvastatin, TX* — **Simvastatin**, Tablet 40 mg **(Diff. Max. Rpts)**
8313M *APO-Simvastatin, TX* — **Simvastatin**, Tablet 80 mg
9245N *APO-Simvastatin, TX* — **Simvastatin**, Tablet 80 mg **(Diff. Max. Rpts)**

Additions — Notes

(see under 'NOTES' for full details)

2142R **Sevelamer hydrochloride**, Tablet 800 mg (*Renagel*)
9380Q **Sorafenib**, Tablet 200 mg (as tosylate) (*Nexavar*)

DELETIONS

Deletions — Items

9388D **Zonisamide**, Capsule 25 mg (*Zonegran*)
9389E **Zonisamide**, Capsule 50 mg (*Zonegran*)
9390F **Zonisamide**, Capsule 100 mg (*Zonegran*)

Deletions — Brands

1895R *Feldene-D, PF* — **Piroxicam**, Dispersible tablet 10 mg
5201R *Feldene-D, PF* — **Piroxicam**, Dispersible tablet 10 mg **(Dental)**

Deletions — Bioequivalence Indicator

The bioequivalence indicator ([a]) has been removed from the following brands:

1895R *Mobilis D-10, AF* — **Piroxicam**, Dispersible tablet 10 mg
5201R *Mobilis D-10, AF* — **Piroxicam**, Dispersible tablet 10 mg **(Dental)**

ALTERATIONS

Alterations — Items

From:
8120J **Etoposide phosphate**, Powder for I.V. infusion 113.6 mg (equivalent to 100 mg etoposide) (*Etopophos*)
To:
8120J **Etoposide**, Powder for I.V. infusion 100 mg (as phosphate) (*Etopophos*)
From:
8515E **Etoposide phosphate**, Powder for I.V. infusion 1136 mg (equivalent to 1 g etoposide) (*Etopophos*)
To:
8515E **Etoposide**, Powder for I.V. infusion 1 g (as phosphate) (*Etopophos*)

Alterations — Restrictions

(see under 'RESTRICTIONS' for full details)

2142R **Sevelamer hydrochloride**, Tablet 800 mg (*Renagel*)

Alterations — Manufacturer's Code

		From	*To*
2420J	**Imipramine hydrochloride**, Tablet 10 mg (*Tofranil 10*)	NV	LM
2421K	**Imipramine hydrochloride**, Tablet 25 mg (*Tofranil 25*)	NV	LM

SECTION 100

HIGHLY SPECIALISED DRUGS PROGRAM

ADDITIONS

Additions — Items

(see under 'RESTRICTIONS' for full details)

9635D **Lanthanum carbonate hydrate**, Chewable tablet 500 mg (base) (*Fosrenol*)

9636E **Lanthanum carbonate hydrate**, Chewable tablet 750 mg (base) (*Fosrenol*)

9637F **Lanthanum carbonate hydrate**, Chewable tablet 1000 mg (base) (*Fosrenol*)

Additions — Notes

(see under 'NOTES' for full details)

9620H **Sevelamer hydrochloride**, Tablet 800 mg (*Renagel*)

ALTERATIONS

Alterations — Restrictions

(see under 'RESTRICTIONS' for full details)

9620H **Sevelamer hydrochloride**, Tablet 800 mg (*Renagel*)

Alterations — Notes

(see under 'NOTES' for full details)

6264Q **Abacavir sulfate**, Tablet 300 mg (base) (*Ziagen*)

6265R **Abacavir sulfate**, Oral solution 20 mg (base) per mL, 240 mL (*Ziagen*)

6429J **Bosentan monohydrate**, Tablet 62.5 mg (base) (*Tracleer*)

6430K **Bosentan monohydrate**, Tablet 125 mg (base) (*Tracleer*)

6499C **Deferasirox**, Tablet 125 mg (dispersible) (*Exjade*)

6500D **Deferasirox**, Tablet 250 mg (dispersible) (*Exjade*)

9600G **Deferasirox**, Tablet 500 mg (dispersible) (*Exjade*)

6356M **Efavirenz**, Tablet 600 mg (*Stocrin*)

6372J **Efavirenz**, Oral solution 30 mg per mL, 180 mL (*Stocrin*)

9618F **Efavirenz**, Tablet 200 mg (*Stocrin*)

6453P **Fosamprenavir calcium**, Tablet 700 mg (base) (*Telzir*)

6456T **Iloprost trometamol**, Solution for inhalation 20 micrograms (base) in 2 mL (*Ventavis*)

9610T **Tipranavir**, Capsule 250 mg (*Aptivus*)

6371H **Zoledronic acid**, Injection concentrate for I.V. infusion 4 mg (as monohydrate) in 5 mL (*Zometa*)

HUMAN GROWTH HORMONE PROGRAM
ALTERATIONS

Alterations — Notes

(see under 'NOTES' for full details)

6465G **Somatropin (recombinant human growth hormone)**, Solution for injection 5 mg (15 i.u.) in 1.5 mL cartridge (with preservative) (*Norditropin NordiFlex*)

6466H **Somatropin (recombinant human growth hormone)**, Solution for injection 10 mg (30 i.u.) in 1.5 mL cartridge (with preservative) (*Norditropin NordiFlex*)

6467J **Somatropin (recombinant human growth hormone)**, Solution for injection 15 mg (45 i.u.) in 1.5 mL cartridge (with preservative) (*Norditropin NordiFlex*)

IVF/GIFT PROGRAM
ALTERATIONS

Alterations — Notes

(see under 'NOTES' for full details)

9631X **Choriogonadotropin alfa**, Solution for injection 250 micrograms in 0.5 mL pre-filled syringe (*Ovidrel*)

6366C **Progesterone**, Vaginal gel (prolonged release) 90 mg in single dose pre-filled applicator (*Crinone 8%*)

ADVANCE NOTICES

Advance Notice — Deletion of Items

The following item will be deleted from the Schedule of Pharmaceutical Benefits on 1 June 2009:

Deletion requested by the manufacturer —

8818D **Metoprolol succinate**, Pack containing 15 tablets 23.75 mg (controlled release), 15 tablets 47.5 mg (controlled release) and 15 tablets 95 mg (controlled release) (*Toprol-XL Titration Pack*)

The following brands will be deleted from the Schedule of Pharmaceutical Benefits on 1 June 2009:

Deletions requested by the manufacturer —

2592K *Chem mart Isotretinoin, CH; Terry White Chemists Isotretinoin, TW* — **Isotretinoin**, Capsule 20 mg

The following items will be deleted from the Schedule of Pharmaceutical Benefits on 1 August 2009:

Deletion requested by the manufacturer —

1579D **Human chorionic gonadotrophin**, Injection set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1 mL (*Pregnyl*)

1583H **Human chorionic gonadotrophin**, Injection set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1 mL (*Pregnyl*) **(Diff. Max. Qty and Rpts)**

6176C **Human chorionic gonadotrophin**, Injection set containing 3 ampoules powder for injection 500 units and 3 ampoules solvent 1 mL (*Pregnyl*) **(Diff. Max. Qty and Rpts)**

RESTRICTIONS

The text of restrictions mentioned above:

9414L **Gemcitabine hydrochloride**, Powder for I.V. infusion 2 g (base) (*DBL Gemcitabine for Injection*)

Authority required

Advanced breast cancer in combination with paclitaxel after failure of prior therapy which includes an anthracycline

Authority required

Advanced epithelial ovarian cancer, in combination with carboplatin, in patients who relapse more than 6 months after platinum-based therapy

Authority required

Locally advanced or metastatic non-small cell lung cancer

Authority required

Locally advanced or metastatic adenocarcinoma of the pancreas

Authority required

Locally advanced or metastatic bladder cancer, in combination with cisplatin

HYDROMORPHONE HYDROCHLORIDE

CAUTION:

The risk of drug dependence is high.

9407D **Hydromorphone hydrochloride**, Tablet 16 mg (modified release) (*Jurnista*)
3358R **Hydromorphone hydrochloride**, Tablet 16 mg (modified release) (*Jurnista*)
9408E **Hydromorphone hydrochloride**, Tablet 32 mg (modified release) (*Jurnista*)
3367F **Hydromorphone hydrochloride**, Tablet 32 mg (modified release) (*Jurnista*)
9409F **Hydromorphone hydrochloride**, Tablet 64 mg (modified release) (*Jurnista*)
3368G **Hydromorphone hydrochloride**, Tablet 64 mg (modified release) (*Jurnista*)
9406C **Hydromorphone hydrochloride**, Tablet 8 mg (modified release) (*Jurnista*)
3357Q **Hydromorphone hydrochloride**, Tablet 8 mg (modified release) (*Jurnista*)

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

9410G **Irinotecan hydrochloride trihydrate**, I.V. injection 300 mg in 15 mL (*Camptosar*)

Authority required

Metastatic colorectal cancer in patients with a WHO performance status of 2 or less

NOTE:

In first-line usage, effectiveness and tolerance may be improved when irinotecan is combined with an infusional 5-fluorouracil regimen

9405B **Lanthanum carbonate hydrate**, Chewable tablet 1000 mg (base) (*Fosrenol*)
9403X **Lanthanum carbonate hydrate**, Chewable tablet 500 mg (base) (*Fosrenol*)
9404Y **Lanthanum carbonate hydrate**, Chewable tablet 750 mg (base) (*Fosrenol*)

Authority required

Maintenance therapy, following initiation and stabilisation of treatment with lanthanum carbonate, of hyperphosphataemia in a patient with chronic kidney disease on dialysis whose serum phosphate is not controlled on calcium and where serum phosphate is greater than 1.6 mmol per L

Authority required

Maintenance therapy, following initiation and stabilisation of treatment with lanthanum carbonate, of hyperphosphataemia in a patient with chronic kidney disease on dialysis whose serum phosphate is not controlled on calcium and where the serum calcium times phosphate product is greater than 4.0

NOTE:

Not to be used in combination with sevelamer

9637F **Lanthanum carbonate hydrate**, Chewable tablet 1000 mg (base) (*Fosrenol*)
9635D **Lanthanum carbonate hydrate**, Chewable tablet 500 mg (base) (*Fosrenol*)
9636E **Lanthanum carbonate hydrate**, Chewable tablet 750 mg (base) (*Fosrenol*)

Private hospital authority required

Management of hyperphosphataemia in a patient with chronic kidney disease on dialysis whose serum phosphate is not controlled on calcium and where serum phosphate is greater than 1.6 mmol per L

Private hospital authority required

Management of hyperphosphataemia in a patient with chronic kidney disease on dialysis whose serum phosphate is not controlled on calcium and where the serum calcium times phosphate product is greater than 4.0

NOTE:

Not to be used in combination with sevelamer

9415M **Nab paclitaxel**, Powder for I.V. injection 100 mg (base) (*Abraxane*)

Authority required

Metastatic breast cancer after failure of prior therapy which includes an anthracycline

9413K **Pancreatic extract**, Capsule (containing enteric coated minimicrospheres) providing not less than 40,000 BP units of lipase activity (*Creon 40,000*)

Restricted benefit

For use in patients with cystic fibrosis, and who are 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 applications for increased maximum quantities and/or repeats will be authorised

9620H **Sevelamer hydrochloride**, Tablet 800 mg (*Renagel*)

Private hospital authority required

Management of hyperphosphataemia in a patient with chronic kidney disease on dialysis whose serum phosphate is not controlled on calcium and where serum phosphate is greater than 1.6 mmol per L

Private hospital authority required

Management of hyperphosphataemia in a patient with chronic kidney disease on dialysis whose serum phosphate is not controlled on calcium and where the serum calcium times phosphate product is greater than 4.0

NOTE:

Not to be used in combination with lanthanum

2142R **Sevelamer hydrochloride**, Tablet 800 mg (*Renagel*)

Authority required

Maintenance therapy, following initiation and stabilisation of treatment with sevelamer hydrochloride, of hyperphosphataemia in a patient with chronic kidney disease on dialysis whose serum phosphate is not controlled on calcium and where serum phosphate is greater than 1.6 mmol per L

Authority required

Maintenance therapy, following initiation and stabilisation of treatment with sevelamer hydrochloride, of hyperphosphataemia in a patient with chronic kidney disease on dialysis whose serum phosphate is not controlled on calcium and where the serum calcium times phosphate product is greater than 4.0

NOTE:

Not to be used in combination with lanthanum

9417P **Sunitinib**, Capsule 12.5 mg (as malate) (*Sutent*)
9418Q **Sunitinib**, Capsule 25 mg (as malate) (*Sutent*)
9419R **Sunitinib**, Capsule 50 mg (as malate) (*Sutent*)

Authority required

Initial treatment, as the sole PBS-subsidised therapy, of Stage IV clear cell variant renal cell carcinoma (RCC) in a patient who meets the Memorial Sloan Kettering Cancer Centre (MSKCC) low to intermediate risk group and has a WHO performance status of 2 or less

NOTE:

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

NOTE:

Special Pricing Arrangements apply

9420T **Sunitinib**, Capsule 12.5 mg (as malate) (*Sutent*)
9421W **Sunitinib**, Capsule 25 mg (as malate) (*Sutent*)
9422X **Sunitinib**, Capsule 50 mg (as malate) (*Sutent*)

Authority required

Continuing treatment beyond 3 months, as the sole PBS-subsidised therapy, of Stage IV clear cell variant renal cell carcinoma (RCC) in a patient who has previously been issued with an authority prescription for sunitinib and who has stable or responding disease according to RECIST criteria

NOTE:

RECIST Criteria is defined as follows: Complete response (CR) is disappearance of all target lesions Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions Progressive disease

(PD) is a 20% increase in the sum of the longest diameter of target lesions Stable disease (SD) is small changes that do not meet above criteria

Authority required

Initial treatment, as the sole PBS-subsidised therapy, of Stage IV clear cell variant renal cell carcinoma (RCC) in a patient who was receiving treatment with sunitinib prior to 1 May 2009

NOTE:

Special Pricing Arrangements apply

TERIPARATIDE

Any queries concerning the arrangements to prescribe teriparatide 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 teriparatide 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

9411H **Teriparatide**, Injection 250 micrograms per mL, 3 mL in multi-dose pre-filled pen (*Forteo*)

Authority required

Initial treatment, as the sole PBS-subsidised agent, by a specialist or consultant physician, for severe, established osteoporosis in a patient with a very high risk of fracture who:

(a) has a bone mineral density (BMD) T-score of -3.0 or less; and

(b) has had 2 or more fractures due to minimal trauma; and

(c) has experienced at least 1 symptomatic new fracture after at least 12 months continuous therapy with an anti-resorptive agent at adequate doses

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

If treatment with anti-resorptive therapy is contraindicated according to the relevant TGA-approved Product Information, details of the contraindication must be provided at the time of application

If an intolerance of a severity necessitating permanent treatment withdrawal develops during the relevant period of use of one anti-resorptive agent, alternate anti-resorptive agents must be trialled so that the patient achieves the minimum requirement of 12 months continuous therapy. Details of accepted toxicities including severity can be found on the Medicare Australia website at www.medicareaustralia.gov.au and must be provided at the time of application

Anti-resorptive therapies for osteoporosis and their adequate doses which will be accepted for the purposes of administering this restriction are alendronate sodium 10 mg per day or 70 mg once weekly, risedronate sodium 5 mg per day or 35 mg once weekly, raloxifene hydrochloride 60 mg per day (women only), etidronate 200 mg with calcium carbonate 1.25 g per day, strontium ranelate 2 g per day and zoledronic acid 5 mg per annum

Authority applications must be made in writing and must include:

Details of prior anti-resorptive therapy, fracture history including the date(s), site(s), the symptoms associated with the fracture(s) which developed during the course of anti-resorptive therapy and the score of the qualifying BMD measurement

NOTE:

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

NOTE:

Special Pricing Arrangements apply

Authority required

Initial treatment, as the sole PBS-subsidised agent, by a specialist or consultant physician, for severe, established osteoporosis in a patient with a very high risk of fracture who was receiving treatment with teriparatide prior to 1 May 2009

The authority application must be made in writing and the commencement date of treatment and the number of doses the patient has received of teriparatide must be provided with the application. The patient is eligible to receive a maximum of 18 months therapy of combined PBS-subsidised and non-PBS-subsidised therapy

Patients may qualify for PBS-subsidised treatment under this restriction once only

NOTE:

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

NOTE:

Special Pricing Arrangements apply

Authority required

Continuing treatment for severe established osteoporosis where the patient has previously been issued with an authority prescription for this drug

Teriparatide must only be used for a lifetime maximum of 18 months therapy (18 pens). Up to a maximum of 18 pens will be reimbursed through the PBS

Authority applications for continuing treatment may be made by telephone to Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday)

NOTE:

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

NOTE:

Special Pricing Arrangements apply

NOTES

The text of notes mentioned above:

3357Q **Hydromorphone hydrochloride**, Tablet 8 mg (modified release)

3358R **Hydromorphone hydrochloride**, Tablet 16 mg (modified release)
3367F **Hydromorphone hydrochloride**, Tablet 32 mg (modified release)
3368G **Hydromorphone hydrochloride**, Tablet 64 mg (modified release)

NOTE:

Prescribing of drugs of addiction by dentists is not permitted in some States/Territories

6264Q **Abacavir sulfate**, Tablet 300 mg (base)
6265R **Abacavir sulfate**, Oral solution 20 mg (base) per mL, 240 mL
6429J **Bosentan monohydrate**, Tablet 62.5 mg (base)
6430K **Bosentan monohydrate**, Tablet 125 mg (base)
9631X **Choriogonadotropin alfa**, Solution for injection 250 micrograms in 0.5 mL pre-filled syringe
6499C **Deferasirox**, Tablet 125 mg (dispersible)
6500D **Deferasirox**, Tablet 250 mg (dispersible)
9600G **Deferasirox**, Tablet 500 mg (dispersible)
6356M **Efavirenz**, Tablet 600 mg

6372J	**Efavirenz**, Oral solution 30 mg per mL, 180 mL
9618F	**Efavirenz**, Tablet 200 mg
6453P	**Fosamprenavir calcium**, Tablet 700 mg (base)
6456T	**Iloprost trometamol**, Solution for inhalation 20 micrograms (base) in 2 mL
6366C	**Progesterone**, Vaginal gel (prolonged release) 90 mg in single dose pre-filled applicator
6465G	**Somatropin (recombinant human growth hormone)**, Solution for injection 5 mg (15 i.u.) in 1.5 mL cartridge (with preservative)
6466H	**Somatropin (recombinant human growth hormone)**, Solution for injection 10 mg (30 i.u.) in 1.5 mL cartridge (with preservative)
6467J	**Somatropin (recombinant human growth hormone)**, Solution for injection 15 mg (45 i.u.) in 1.5 mL cartridge (with preservative)
9380Q	**Sorafenib**, Tablet 200 mg (as tosylate)
9417P	**Sunitinib**, Capsule 12.5 mg (as malate)
9420T	**Sunitinib**, Capsule 12.5 mg (as malate) **(Diff. Max. Rpts)**
9418Q	**Sunitinib**, Capsule 25 mg (as malate)
9421W	**Sunitinib**, Capsule 25 mg (as malate) **(Diff. Max. Rpts)**
9419R	**Sunitinib**, Capsule 50 mg (as malate)
9422X	**Sunitinib**, Capsule 50 mg (as malate) **(Diff. Max. Rpts)**
9411H	**Teriparatide**, Injection 250 micrograms per mL, 3 mL in multi-dose pre-filled pen
9610T	**Tipranavir**, Capsule 250 mg
6371H	**Zoledronic acid**, Injection concentrate for I.V. infusion 4 mg (as monohydrate) in 5 mL
	NOTE:
	Special Pricing Arrangements apply

REPATRIATION PHARMACEUTICAL BENEFITS

There are no changes to the Repatriation Pharmaceutical Benefits Schedule listings effective from 1 May 2009. New Schedules take effect on the first day of each month.