Australian Government

Department of Health and Ageing

SCHEDULE OF PHARMACEUTICAL BENEFITS

SUMMARY OF CHANGES

EFFECTIVE 1 FEBRUARY 2011

PHARMACEUTICAL BENEFITS

These changes to the Schedule of Pharmaceutical Benefits are effective from 1 February 2011. 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 February 2011 and are included, where applicable, in prices published in the Schedule —

Dispensing Fees:	Ready-prepared	$6.42
	Dangerous drug fee	$2.71
	Extemporaneously-prepared	$8.46
	Allowable additional patient charge*	$3.92
Additional Fees (for safety net prices):	Ready-prepared	$1.07
	Extemporaneously-prepared	$1.41
Patient Co-payments:	General	$34.20
	Concessional	$5.60
Safety Net Thresholds:	General	$1317.20
	Concessional	$336.00
Safety Net Card Issue Fee:		$8.58

*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

5466Q **Amino Acid Synthetic Formula supplemented with Long Chain Polyunsaturated Fatty Acids and Medium Chain Triglycerides**, Compound powder 400 g (*Neocate LCP+MCT*)

5467R **Amino Acid Synthetic Formula supplemented with Long Chain Polyunsaturated Fatty Acids and Medium Chain Triglycerides**, Compound powder 400 g (*Neocate LCP+MCT*) **(Diff. Max. Rpts)**

5468T **Dutasteride**, Capsule 500 micrograms (*Avodart*)

3414Q **Nicotine**, Transdermal patch releasing approximately 21 mg per 24 hours (*Nicotinell Step 1*)

5465P **Nicotine**, Transdermal patch releasing approximately 21 mg per 24 hours (*Nicabate P*)

5469W **Varenicline**, Tablet 1 mg (as tartrate) (*Champix*)

Additions — Brands

2132F *Ralozam, GM* — **Alprazolam**, Tablet 1 mg

8118G *Ralozam, GM* — **Alprazolam**, Tablet 2 mg

8202Q *Mayne Pharma Aspirin, YT* — **Aspirin**, Tablet 100 mg

8200N *Zitrocin, GM* — **Azithromycin**, Tablet 500 mg (as dihydrate)

8336R *Zitrocin, GM* — **Azithromycin**, Tablet 500 mg (as dihydrate) **(Diff. Max. Rpts)**

8115D *Dostan, GM* — **Cabergoline**, Tablet 500 micrograms

8114C *Dostan, GM* — **Cabergoline**, Tablet 500 micrograms **(Diff. Max. Qty & Rpts)**

8393R *Cobasol, GM* — **Cabergoline**, Tablet 1 mg

8394T *Cobasol, GM* — **Cabergoline**, Tablet 2 mg

8315P *DBL Cefepime, HH* — **Cefepime**, Powder for injection 1 g (as hydrochloride) (solvent required) (code 7079N applies to above item with approved solvents)

8316Q *DBL Cefepime, HH* — **Cefepime**, Powder for injection 2 g (as hydrochloride) (solvent required) (code 7085X applies to above item with approved solvents)

1370D *Acetec, AL* — **Enalapril**, Tablet containing enalapril maleate 5 mg

1368B *Acetec, AL* — **Enalapril**, Tablet containing enalapril maleate 10 mg

1369C *Acetec, AL* — **Enalapril**, Tablet containing enalapril maleate 20 mg

1473M *Fluconazole Sandoz, SZ* — **Fluconazole**, Solution for I.V. infusion 100 mg in 50 mL

8512B *Fluvoxamine GA, GM* — **Fluvoxamine**, Tablet containing fluvoxamine maleate 50 mg

8174F *Fluvoxamine GA, GM* — **Fluvoxamine**, Tablet containing fluvoxamine maleate 100 mg

8049P *Gemplan, WQ* — **Gemcitabine**, Powder for I.V. infusion 200 mg (as hydrochloride)

8050Q *Gemplan, WQ* — **Gemcitabine**, Powder for I.V. infusion 1 g (as hydrochloride)

8534E *Lercadip, GM* — **Lercanidipine Hydrochloride**, Tablet 10 mg

8679T *Lercadip, GM* — **Lercanidipine Hydrochloride**, Tablet 20 mg

2457H *Lisinopril Sandoz, SZ* — **Lisinopril**, Tablet 10 mg

8607B *APO-Metformin 1000, TX; Chem mart Metformin 1000, CH; Terry White Chemists Metformin 1000, TW* — **Metformin Hydrochloride**, Tablet 1 g

8224W *Ondansetron-DRLA, RZ* — **Ondansetron**, Tablet 4 mg (as hydrochloride dihydrate)

1594X *Ondansetron-DRLA, RZ* — **Ondansetron**, Tablet 4 mg (as hydrochloride dihydrate) **(Diff. Max. Qty & Rpts)**

8225X *Ondansetron-DRLA, RZ* — **Ondansetron**, Tablet 8 mg (as hydrochloride dihydrate)

1595Y *Ondansetron-DRLA, RZ* — **Ondansetron**, Tablet 8 mg (as hydrochloride dihydrate) **(Diff. Max. Qty & Rpts)**

9346X *Reaptan 5/5, RX* — **Perindopril with Amlodipine**, Tablet containing 5 mg perindopril arginine with 5 mg amlodipine (as besylate)

9347Y *Reaptan 5/10, RX* — **Perindopril with Amlodipine**, Tablet containing 5 mg perindopril arginine with 10 mg amlodipine (as besylate)

9348B *Reaptan 10/5, RX* — **Perindopril with Amlodipine**, Tablet containing 10 mg perindopril arginine with 5 mg amlodipine (as besylate)

9349C *Reaptan 10/10, RX* — **Perindopril with Amlodipine**, Tablet containing 10 mg perindopril arginine with 10 mg amlodipine (as besylate)

8869T *Risperidone Sandoz, SZ* — **Risperidone**, Tablet 0.5 mg

8787L *Risperidone Sandoz, SZ* — **Risperidone**, Tablet 0.5 mg **(Diff. Max. Rpts)**

3169T *Risperidone Sandoz, SZ* — **Risperidone**, Tablet 1 mg

8789N *Risperidone Sandoz, SZ* — **Risperidone**, Tablet 1 mg **(Diff. Max. Rpts)**

3170W *Risperidone Sandoz, SZ* — **Risperidone**, Tablet 2 mg

9079W *Risperidone Sandoz, SZ* — **Risperidone**, Tablet 2 mg **(Diff. Max. Rpts)**

3171X *Risperidone Sandoz, SZ* — **Risperidone**, Tablet 3 mg

3172Y *Risperidone Sandoz, SZ* — **Risperidone**, Tablet 4 mg

2236Q *Sertracor 50, MI* — **Sertraline**, Tablet 50 mg (as hydrochloride)

2237R *Sertracor 100, MI* — **Sertraline**, Tablet 100 mg (as hydrochloride)

8144P *Sumatriptan-GA, GM* — **Sumatriptan**, Tablet 50 mg (as succinate)

8133C *Zelitrex, RE* — **Valaciclovir**, Tablet 500 mg (as hydrochloride)

8064K *Zelitrex, RE* — **Valaciclovir**, Tablet 500 mg (as hydrochloride) **(Diff. Max. Qty)**

8134D *Zelitrex, RE* — **Valaciclovir**, Tablet 500 mg (as hydrochloride) **(Diff. Max. Qty & Rpts)**

3130R *Vancomycin Alphapharm, AF* — **Vancomycin**, Powder for injection 500 mg (as hydrochloride) (500,000 i.u. vancomycin activity)

3131T *Vancomycin Alphapharm, AF* — **Vancomycin**, Powder for injection 500 mg (as hydrochloride) (500,000 i.u. vancomycin activity) **(Diff. Max. Qty)**

2269K *Vancomycin Alphapharm, AF* — **Vancomycin**, Powder for injection 1 g (as hydrochloride) (1,000,000 i.u. vancomycin activity)

2270L *Vancomycin Alphapharm, AF* — **Vancomycin**, Powder for injection 1 g (as hydrochloride) (1,000,000 i.u. vancomycin activity) **(Diff. Max. Qty)**

3323X *Vancomycin Alphapharm, AF* — **Vancomycin**, Powder for injection 500 mg (as hydrochloride) (500,000 i.u. vancomycin activity) **(Dental)**

5083M *Vancomycin Alphapharm, AF* — **Vancomycin**, Powder for injection 1 g (as hydrochloride) (1,000,000 i.u. vancomycin activity) **(Dental)**

Additions — Bioequivalence Indicators

8115D *Dostinex, PF* — **Cabergoline**, Tablet 500 micrograms

9346X *Coveram, SE* — **Perindopril with Amlodipine**, Tablet containing 5 mg perindopril arginine with 5 mg amlodipine (as besylate)

9347Y *Coveram, SE* — **Perindopril with Amlodipine**, Tablet containing 5 mg perindopril arginine with 10 mg amlodipine (as besylate)

9348B *Coveram, SE* — **Perindopril with Amlodipine**, Tablet containing 10 mg perindopril arginine with 5 mg amlodipine (as besylate)

9349C *Coveram, SE* — **Perindopril with Amlodipine**, Tablet containing 10 mg perindopril arginine with 10 mg amlodipine (as besylate)

8133C *Valtrex, GK* — **Valaciclovir**, Tablet 500 mg (as hydrochloride)

8064K *Valtrex, GK* — **Valaciclovir**, Tablet 500 mg (as hydrochloride) **(Diff. Max. Qty)**

8134D *Valtrex, GK* — **Valaciclovir**, Tablet 500 mg (as hydrochloride) **(Diff. Max. Qty & Rpts)**

DELETIONS

Deletions — Items

1497T **Hydrocortisone Acetate**, Eye ointment 5 mg per g (0.5%), 5 g (*Hycor*)

5515G **Hydrocortisone Acetate**, Eye ointment 5 mg per g (0.5%), 5 g (*Hycor*) **(Optometrical)**

Deletions — Brands

1368B *Enahexal, HX* — **Enalapril**, Tablet containing enalapril maleate 10 mg

1369C *Enahexal, HX* — **Enalapril**, Tablet containing enalapril maleate 20 mg

1370D *Enahexal, HX* — **Enalapril**, Tablet containing enalapril maleate 5 mg

2487X *Famohexal, HX* — **Famotidine**, Tablet 20 mg

ALTERATIONS

Alterations — Item Description

From:

8200N **Azithromycin**, Tablet 500 mg (*Zithromax, Azithromycin Sandoz, Zitrocin*)

To:

8200N **Azithromycin**, Tablet 500 mg (as dihydrate) (*Zithromax, Azithromycin Sandoz, Zitrocin*)

From:

8336R **Azithromycin**, Tablet 500 mg (*Zithromax, Azithromycin Sandoz, Zitrocin*)

To:

8336R **Azithromycin**, Tablet 500 mg (as dihydrate) (*Zithromax, Azithromycin Sandoz, Zitrocin*)

From:

8201P **Azithromycin**, Powder for oral suspension 200 mg per 5 mL, 15 mL (*Zithromax*)

To:

8201P **Azithromycin**, Powder for oral suspension 200 mg (as dihydrate) per 5 mL, 15 mL (*Zithromax*)

From:

8512B **Fluvoxamine Maleate**, Tablet 50 mg (*Luvox, Faverin 50, Movox 50, Voxam, APO-Fluvoxamine, Fluvoxamine GA*)

To:

8512B **Fluvoxamine**, Tablet containing fluvoxamine maleate 50 mg (*Luvox, Faverin 50, Movox 50, Voxam, APO-Fluvoxamine, Fluvoxamine GA*)

From:

8174F **Fluvoxamine Maleate**, Tablet 100 mg (*Luvox, Faverin 100, Movox 100, Voxam, APO-Fluvoxamine, Fluvoxamine GA*)

To:

8174F **Fluvoxamine**, Tablet containing fluvoxamine maleate 100 mg (*Luvox, Faverin 100, Movox 100, Voxam, APO-Fluvoxamine, Fluvoxamine GA*)

From:

8224W **Ondansetron**, Tablet 4 mg (*Zofran, Ondaz, Onsetron 4, APO-Ondansetron, Ondansetron-DRLA*)

To:

8224W **Ondansetron**, Tablet 4 mg (as hydrochloride dihydrate) (*Zofran, Ondaz, Onsetron 4, APO-Ondansetron, Ondansetron-DRLA*)

From:

1594X **Ondansetron**, Tablet 4 mg (*Zofran, Ondaz, Onsetron 4, APO-Ondansetron, Ondansetron-DRLA*) **(Diff. Max. Qty & Rpts)**

To:

1594X **Ondansetron**, Tablet 4 mg (as hydrochloride dihydrate) (*Zofran, Ondaz, Onsetron 4, APO-Ondansetron, Ondansetron-DRLA*) **(Diff. Max. Qty & Rpts)**

From:

8225X **Ondansetron**, Tablet 8 mg (*Zofran, Ondaz, Onsetron 8, APO-Ondansetron, Ondansetron-DRLA*)

To:

8225X **Ondansetron**, Tablet 8 mg (as hydrochloride dihydrate) (*Zofran, Ondaz, Onsetron 8, APO-Ondansetron, Ondansetron-DRLA*)

From:

1595Y **Ondansetron**, Tablet 8 mg (*Zofran, Ondaz, Onsetron 8, APO-Ondansetron, Ondansetron-DRLA*) **(Diff. Max. Qty & Rpts)**

To:

1595Y **Ondansetron**, Tablet 8 mg (as hydrochloride dihydrate) (*Zofran, Ondaz, Onsetron 8, APO-Ondansetron, Ondansetron-DRLA*) **(Diff. Max. Qty & Rpts)**

From:

1596B **Ondansetron**, I.V. injection 4 mg in 2 mL (*Zofran, Pfizer Australia Pty Ltd, Ondaz, Onsetron, Ondansetron-Claris*)

To:

1596B **Ondansetron**, I.V. injection 4 mg (as hydrochloride dihydrate) in 2 mL (*Zofran, Pfizer Australia Pty Ltd, Ondaz, Onsetron, Ondansetron-Claris*)

From:

1597C **Ondansetron**, I.V. injection 8 mg in 4 mL (*Zofran, Pfizer Australia Pty Ltd, Ondaz, Onsetron, Ondansetron-Claris*)

To:

1597C **Ondansetron**, I.V. injection 8 mg (as hydrochloride dihydrate) in 4 mL (*Zofran, Pfizer Australia Pty Ltd, Ondaz, Onsetron, Ondansetron-Claris*)

From:

8226Y **Ondansetron**, I.V. injection 4 mg in 2 mL (*Zofran, Pfizer Australia Pty Ltd, Ondaz, Onsetron, Ondansetron-Claris*)

To:

8226Y **Ondansetron**, I.V. injection 4 mg (as hydrochloride dihydrate) in 2 mL (*Zofran, Pfizer Australia Pty Ltd, Ondaz, Onsetron, Ondansetron-Claris*)

From:

8227B **Ondansetron**, I.V. injection 8 mg in 4 mL (*Zofran, Pfizer Australia Pty Ltd, Ondaz, Onsetron, Ondansetron-Claris*)

To:

8227B **Ondansetron**, I.V. injection 8 mg (as hydrochloride dihydrate) in 4 mL (*Zofran, Pfizer Australia Pty Ltd, Ondaz, Onsetron, Ondansetron-Claris*)

From:

8233H **Ondansetron**, Syrup 4 mg per 5 mL, 50 mL (*Zofran syrup 50 mL*)

To:

8233H **Ondansetron**, Syrup 4 mg (as hydrochloride dihydrate) per 5 mL, 50 mL (*Zofran syrup 50 mL*)

From:

9441X **Ondansetron**, Syrup 4 mg per 5 mL, 50 mL (*Zofran syrup 50 mL*)

To:

9441X **Ondansetron**, Syrup 4 mg (as hydrochloride dihydrate) per 5 mL, 50 mL (*Zofran syrup 50 mL*)

From:

2236Q **Sertraline Hydrochloride**, Tablet 50 mg (base) (*Zoloft, Xydep 50, Eleva 50, GenRx Sertraline, Chem mart Sertraline, Terry White Chemists Sertraline, Concorz, Setrona, Sertraline Winthrop, Sertraline 50, Sertraline generichealth, Sertra 50, Sertraline-GA, Sertracor 50*)

To:

2236Q **Sertraline**, Tablet 50 mg (as hydrochloride) (*Zoloft, Xydep 50, Eleva 50, GenRx Sertraline, Chem mart Sertraline, Terry White Chemists Sertraline, Concorz, Setrona, Sertraline Winthrop, Sertraline 50, Sertraline generichealth, Sertra 50, Sertraline-GA, Sertracor 50*)

From:

8836C **Sertraline Hydrochloride**, Tablet 50 mg (base) (*Zoloft, Xydep 50, Eleva 50*)

To:

8836C **Sertraline**, Tablet 50 mg (as hydrochloride) (*Zoloft, Xydep 50, Eleva 50*)

From:

8837D **Sertraline Hydrochloride**, Tablet 100 mg (base) (*Zoloft, Xydep 100, Eleva 100*)

To:

8837D **Sertraline**, Tablet 100 mg (as hydrochloride) (*Zoloft, Xydep 100, Eleva 100*)

From:

2237R **Sertraline Hydrochloride**, Tablet 100 mg (base) (*Zoloft, Xydep 100, Eleva 100, GenRx Sertraline, Chem mart Sertraline, Terry White Chemists Sertraline, Concorz, Setrona, Sertraline 100, Sertraline generichealth, Sertra 100, Sertraline-GA, Sertracor 100*)

To:

2237R **Sertraline**, Tablet 100 mg (as hydrochloride) (*Zoloft, Xydep 100, Eleva 100, GenRx Sertraline, Chem mart Sertraline, Terry White Chemists Sertraline, Concorz, Setrona, Sertraline 100, Sertraline generichealth, Sertra 100, Sertraline-GA, Sertracor 100*)

From:

8133C **Valaciclovir Hydrochloride**, Tablet 500 mg (base) (*Valtrex, Zelitrex*)

To:

8133C **Valaciclovir**, Tablet 500 mg (as hydrochloride) (*Valtrex, Zelitrex*)

From:

8064K **Valaciclovir Hydrochloride**, Tablet 500 mg (base) (*Valtrex, Zelitrex*) **(Diff. Max. Qty)**

To:

8064K **Valaciclovir**, Tablet 500 mg (as hydrochloride) (*Valtrex, Zelitrex*) **(Diff. Max. Qty)**

From:

8134D **Valaciclovir Hydrochloride**, Tablet 500 mg (base) (*Valtrex, Zelitrex*) **(Diff. Max. Qty & Rpts)**

To:

8134D **Valaciclovir**, Tablet 500 mg (as hydrochloride) (*Valtrex, Zelitrex*) **(Diff. Max. Qty & Rpts)**

From:

3130R **Vancomycin**, Powder for injection 500 mg (500,000 i.u.) vancomycin activity (*Hospira Pty Limited, Vancocin CP, Vancomycin Alphapharm, Vancomycin Sandoz*)

To:

3130R **Vancomycin**, Powder for injection 500 mg (as hydrochloride) (500,000 i.u. vancomycin activity) (*Hospira Pty Limited, Vancocin CP, Vancomycin Alphapharm, Vancomycin Sandoz*)

From:

3131T **Vancomycin**, Powder for injection 500 mg (500,000 i.u.) vancomycin activity (*Hospira Pty Limited, Vancocin CP, Vancomycin Sandoz*)

To:

3131T **Vancomycin**, Powder for injection 500 mg (as hydrochloride) (500,000 i.u. vancomycin activity) (*Hospira Pty Limited, Vancocin CP, Vancomycin Sandoz, Vancomycin Alphapharm*)

From:

3323X **Vancomycin**, Powder for injection 500 mg (500,000 i.u.) vancomycin activity (*Hospira Pty Limited, Vancocin CP, Vancomycin Sandoz*) **(Dental)**

To:

3323X **Vancomycin**, Powder for injection 500 mg (as hydrochloride) (500,000 i.u. vancomycin activity) (*Hospira Pty Limited, Vancocin CP, Vancomycin Sandoz, Vancomycin Alphapharm*) **(Dental)**

From:

2269K **Vancomycin**, Powder for injection 1 g (1,000,000 i.u.) vancomycin activity (*Hospira Pty Limited, Vancomycin Alphapharm, Vancomycin Sandoz*)

To:

2269K **Vancomycin**, Powder for injection 1 g (as hydrochloride) (1,000,000 i.u. vancomycin activity) (*Hospira Pty Limited, Vancomycin Alphapharm, Vancomycin Sandoz*)

From:

2270L **Vancomycin**, Powder for injection 1 g (1,000,000 i.u.) vancomycin activity (*Hospira Pty Limited, Vancomycin Alphapharm, Vancomycin Sandoz*)

To:

2270L **Vancomycin**, Powder for injection 1 g (as hydrochloride) (1,000,000 i.u. vancomycin activity) (*Hospira Pty Limited, Vancomycin Sandoz, Vancomycin Alphapharm, Vancomycin Sandoz*)

From:

5083M **Vancomycin**, Powder for injection 1 g (1,000,000 i.u.) vancomycin activity (*Hospira Pty Limited, Vancomycin Alphapharm, Vancomycin Sandoz*) **(Dental)**

To:

5083M **Vancomycin**, Powder for injection 1 g (as hydrochloride) (1,000,000 i.u. vancomycin activity) (*Hospira Pty Limited, Vancomycin Alphapharm, Vancomycin Sandoz*) **(Dental)**

Alterations — Proprietary Name

From:

8525Q **Tramadol hydrochloride**, Tablet 200mg (twice daily sustained release) (*Tramahexal SR)*

To:

8525Q **Tramadol hydrochloride,** Tablet 200mg (twice daily sustained release) (*Tramadol Sandoz SR)*

From:

5236N **Tramadol hydrochloride,** Tablet 200mg (twice daily sustained release) (*Tramahexal SR)* **(Dental)**

To:

5236N **Tramadol hydrochloride,** Tablet 200mg (twice daily sustained release) (*Tramadol Sandoz SR)* **(Dental)**

Alterations — Manufacturer's Code

		From:	*To:*
2132F	**Alprazolam**, Tablet 1 mg (*Alprazolam-GA*)	GM	GN
8118G	**Alprazolam**, Tablet 2 mg (*Alprazolam-GA*)	GM	GN
8202Q	**Aspirin**, Tablet 100 mg (*DBL Aspirin 100 mg*)	YT	GY
1062X	**Bethanechol Chloride**, Tablet 10 mg (*Uro-Carb*)	HA	YN
8569B	**Doxorubicin Hydrochloride, Pegylated Liposomal**, Suspension for I.V. infusion 20 mg in 10 mL (*Caelyx*)	SH	JC
8570C	**Doxorubicin Hydrochloride, Pegylated Liposomal**, Suspension for I.V. infusion 50 mg in 25 mL (*Caelyx*)	SH	JC
1473M	**Fluconazole,** Solution for I.V. infusion 100 mg in 50 mL *(Fluconazole Hexal)*	SZ	HX

Alteration — Restriction

9198D **Nicotine**, Transdermal patch releasing approximately 15 mg per 16 hours (*Nicorette Patch*)

Alteration — Restriction and Note

9129L **Varenicline**, Tablet 1 mg (as tartrate) (*Champix*)

SECTION 100 — HIGHLY SPECIALISED DRUGS PROGRAM

ADDITIONS

Additions — Items

9597D **Azacitidine**, Powder for injection 100 mg (*Vidaza*) **(Public)**

9598E **Azacitidine**, Powder for injection 100 mg (*Vidaza*) **(Public) (Diff. Max. Rpts)**

6100C **Azacitidine**, Powder for injection 100 mg (*Vidaza*) **(Private)**

6138C **Azacitidine**, Powder for injection 100 mg (*Vidaza*) **(Private) (Diff. Max. Rpts)**

DELETIONS

Deletions — Items

9552R **Stavudine**, Powder for oral solution 1 mg per mL, 200 mL (*Zerit*) **(Public)**

6250Y **Stavudine**, Powder for oral solution 1 mg per mL, 200 mL (*Zerit*) **(Private)**

ALTERATIONS

Alterations — Item Description

From:

5616N **Azithromycin**, Tablet 600 mg (*Zithromax*) **(Public)**

To:

5616N **Azithromycin**, Tablet 600 mg (as dihydrate) (*Zithromax*) **(Public)**

From:

6221K **Azithromycin**, Tablet 600 mg (*Zithromax*) **(Private)**

To:

6221K **Azithromycin**, Tablet 600 mg (as dihydrate) (*Zithromax*) **(Private)**

From:

9568N **Valaciclovir Hydrochloride**, Tablet 500 mg (base) (*Valtrex*) **(Public)**

To:

9568N **Valaciclovir**, Tablet 500 mg (as hydrochloride) (*Valtrex*) **(Public)**

From:

6280M **Valaciclovir Hydrochloride**, Tablet 500 mg (base) (*Valtrex*) **(Private)**

To:

6280M **Valaciclovir**, Tablet 500 mg (as hydrochloride) (*Valtrex*) **(Private)**

Alterations — Proprietary Name

From:

5610G **Apomorphine hydrochloride**, Injection 50mg in 5mL (*APO-go*) **(Public)**

To:

5610G **Apomorphine hydrochloride,** Injection 50mg in 5mL (*Apomine)* **(Public)**

From:

9640J **Apomorphine hydrochloride,** Injection 50mg in 5mL *(APO-go)* **(Private)**

To:

9640J **Apomorphine hydrochloride,** Injection 50mg in 5mL *(Apomine)* **(Private)**

Alterations — Manufacturer's Code

		From:	*To:*
5705G	**Doxorubicin Hydrochloride, Pegylated Liposomal**, Suspension for I.V. infusion 20 mg in 10 mL (*Caelyx*) **(Public)**	SH	JC
6249X	**Doxorubicin Hydrochloride, Pegylated Liposomal**, Suspension for I.V. infusion 20 mg in 10 mL (*Caelyx*) **(Private)**	SH	JC

SECTION 100 — HUMAN GROWTH HORMONE PROGRAM

ADDITION

Addition — Item

6311E **Somatropin**, Solution for injection 10 mg (30 i.u.) in 1.5 mL cartridge (with preservative) (*Omnitrope*)

SECTION 100 — SPECIAL AUTHORITY PROGRAM – TRASTUZUMAB

ADDITIONS

Additions — Items

9690B **Trastuzumab**, Powder for I.V. infusion 60 mg (*Herceptin*) **(Public)**

9691C **Trastuzumab**, Powder for I.V. infusion 60 mg (*Herceptin*) **(Private)**

REPATRIATION PHARMACEUTICAL BENEFITS

Alterations

Alterations — Item Description

From:

4115N **Azithromycin**, Tablet 500 mg (*Zithromax*)

To:

4115N **Azithromycin**, Tablet 500 mg (as dihydrate) (*Zithromax*)

ADVANCE NOTICES
DELETIONS

Advance Notice – Deletion of Items

The following items will be deleted from the Schedule of Pharmaceutical Benefits on 1 April 2011:
Items discontinued by the manufacturer—

1350C **Dydrogestrone**, Tablet 10 mg, *(Duphaston)*

2772X **Norethisterone with ethinyloestradiol**, Tablets 500 micrograms-35 micrograms, 21 (Brevinor)

2773Y **Norethisterone with ethinyloestradiol**, Tablets 1 micrograms-35 micrograms, 21 (Brevinor)

8556H **Pancreatic Extract**, Capsule (containing enteric coated minimicrospheres) providing not less than 5,000 BP units of lipase activity *(Creon 5000)*

9225M **Pancreatic Extract**, Capsule (containing enteric coated minimicrospheres) providing not less than 5,000 BP units of lipase activity *(Creon 5000)* ***(Diff.Max.Rpts)***

Advance Notice — Deletion of Brands

The following brands will be deleted from the Schedule of Pharmaceutical Benefits on 1 March 2011:
Brands discontinued by the manufacturer—

2315W *Blenoxane, BQ* —**Bleomycin sulfate**, Powder for injection 15,000 i.u. (solvent required) (with any determined brand of sodium chloride as the required solvent)
(Special Pharmaceutical Benefit)

1978D *Ranihexal, SZ* —**Ranitidine hydrochloride**, Tablet 150 mg (base)

The following brands will be deleted from the Schedule of Pharmaceutical Benefits on 1 May 2011:
Brands discontinued by the manufacturer—

2132F *Alprazolam-GA, GN* — **Alprazolam***,* Tablet 1 mg

8118G *Alprazolam-GA, GN* — **Alprazolam,** Tablet 2 mg

8202Q *DBL Aspirin 100 mg, GY* — **Aspirin,** Tablet 100 mg

2457H *Lisinopril Hexal, HX* — **Lisinopril,** Tablet 10 mg

GENERAL PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $		Brand Name and Manufacturer	
	ALPRAZOLAM								
	Authority required								
	Panic disorder where other treatments have failed or are inappropriate.								
2132F *NP*	Tablet 1 mg	50	2	..	14.79	15.86	a	Alprax 1	SI
							a	Alprazolam-GA	GN
							a	Alprazolam Sandoz	SZ
							a	Chem mart Alprazolam	CH
							a	GenRx Alprazolam	GX
							a	Kalma 1	AF
							a	Ralozam	GM
							a	Terry White Chemists Alprazolam	TW
				B 1.26	16.05	15.86	a	Xanax	PF
8118G *NP*	Tablet 2 mg	50	2	..	19.38	20.45	a	Alprax 2	SI
							a	Alprazolam-GA	GN
							a	Alprazolam Sandoz	SZ
							a	Chem mart Alprazolam	CH
							a	GenRx Alprazolam	GX
							a	Kalma 2	AF
							a	Ralozam	GM
							a	Terry White Chemists Alprazolam	TW
				B 1.52	20.90	20.45	a	Xanax Tri-Score	PF
	AMINO ACID SYNTHETIC FORMULA supplemented with LONG CHAIN POLYUNSATURATED FATTY ACIDS and MEDIUM CHAIN TRIGLYCERIDES								
	Authority required								
	Initial treatment, for up to 3 months, for combined intolerance (not infant colic) to cows' milk protein, soy protein and protein hydrolysate formulae in a child up to the age of 2 years. Combined intolerance is demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy 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;								
	Initial treatment, in consultation with a paediatric gastroenterologist or specialist allergist, for up to 3 months, of a child up to the age of 2 years with severe intolerance (not infant colic) to cows' milk protein. 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.								
5466Q *NP*	Compound powder 400 g	8	5	..	*367.86	34.20		Neocate LCP+MCT	SB

AMINO ACID SYNTHETIC FORMULA supplemented with LONG CHAIN POLYUNSATURATED FATTY ACIDS and MEDIUM CHAIN TRIGLYCERIDES

Authority required

Continuing treatment for combined intolerance (not infant colic) to cows' milk protein, soy protein and protein hydrolysate formulae in a child up to the age of 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, soy protein and protein hydrolysate formulae in a child aged 2 years and 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;

Continuing treatment for severe intolerance (not infant colic) to cows' milk protein in a child up to the age of 2 years, where the child has been assessed by a paediatric gastroenterologist or specialist allergist and soy protein and protein hydrolysate formulae are not tolerated or not likely to be tolerated. The date of birth of the patient must be included in the authority application;

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $		Brand Name and Manufacturer	
	Treatment for severe intolerance (not infant colic) to cows' milk protein in a child aged 2 years and over, where the child is assessed by a paediatric gastroenterologist or specialist allergist 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.								
5467R *NP*	Compound powder 400 g	8	5	..	*367.86	34.20		Neocate LCP+MCT	SB
	ASPIRIN								
8202Q *NP*	Tablet 100 mg	112	1	..	8.03	9.10	a	DBL Aspirin 100 mg	GY
							a	Mayne Pharma Aspirin	YT
				B1.29	9.32	9.10	a	Astrix	YN
	AZITHROMYCIN **Restricted benefit** Uncomplicated urethritis due to Chlamydia trachomatis; Uncomplicated cervicitis due to Chlamydia trachomatis. **Note** No applications for increased maximum quantities and/or repeats will be authorised.								
8200N *NP*	Tablet 500 mg (as dihydrate)	2	..	..	21.09	22.16	a	Azithromycin Sandoz	SZ
							a	Zithromax	PF
							a	Zitrocin	GM
	AZITHROMYCIN **Restricted benefit** Trachoma. **Note** No applications for increased maximum quantities and/or repeats will be authorised.								
8336R *NP*	Tablet 500 mg (as dihydrate)	2	2	..	21.09	22.16	a	Azithromycin Sandoz	SZ
							a	Zithromax	PF
							a	Zitrocin	GM
8201P *NP*	Powder for oral suspension 200 mg (as dihydrate) per 5 mL, 15 mL	‡1	..	..	#21.09	22.50		Zithromax	PF
	BETHANECHOL CHLORIDE								
1062X *NP*	Tablet 10 mg	100	2	..	21.03	22.10		Uro-Carb	YN
	CABERGOLINE **Restricted benefit** Prevention of the onset of lactation in the puerperium for medical reasons.								
8115D *NP*	Tablet 500 micrograms	2	..	..	23.72	24.79	a	Dostan	GM
							a	Dostinex	PF
	CABERGOLINE **Authority required (STREAMLINED)** ***2659*** Pathological hyperprolactinaemia where surgery is not indicated;								

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $		Brand Name and Manufacturer	
	2660 Pathological hyperprolactinaemia where surgery has already been used with incomplete resolution; ***2661*** Pathological hyperprolactinaemia where radiotherapy is not indicated; ***2662*** Pathological hyperprolactinaemia where radiotherapy has already been used with incomplete resolution.								
8114C	Tablet 500 micrograms	8	5	..	65.07	34.20	[a]	Dostan	GM
							[a]	Dostinex	PF
							[a]	Tinexa	SI
	CABERGOLINE **Restricted benefit** Parkinson's disease. **Note** Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists. **Note** **Continuing Therapy Only:** For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
8393R *NP*	Tablet 1 mg	30	5	..	59.78	34.20	[a]	Bergoline 1	SI
							[a]	Cabaser	PF
							[a]	Cobasol	GM
8394T *NP*	Tablet 2 mg	30	5	..	77.94	34.20	[a]	Bergoline 2	SI
							[a]	Cabaser	PF
							[a]	Cobasol	GM
	CEFEPIME **Authority required** Treatment of febrile neutropenia. **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.								
8315P *NP*	Powder for injection 1 g (as hydrochloride) (solvent required) (code 7079N applies to above item with approved solvent)	10	..	..	*161.62	34.20	[a]	DBL Cefepime	HH
							[a]	Maxipime	BQ
							[a]	Omegapharm Pty Ltd	OE
8316Q *NP*	Powder for injection 2 g (as hydrochloride) (solvent required) (code 7085X applies to above item with approved solvent)	10	..	..	*293.22	34.20	[a]	DBL Cefepime	HH
							[a]	Maxipime	BQ
							[a]	Omegapharm Pty Ltd	OE
	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	..	..	703.05	34.20		Caelyx	JC

GENERAL PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $		Brand Name and Manufacturer	
8570C	Suspension for I.V. infusion 50 mg in 25 mL	1	..	..	1621.79	34.20		Caelyx	JC
	DUTASTERIDE								
	Authority required (STREAMLINED)								
	3667								
	Treatment, in combination with an alpha-antagonist, of lower urinary tract symptoms due to benign prostatic hyperplasia where treatment is initiated by a urologist.								
5468T	Capsule 500 micrograms	30	5	..	30.43	31.50		Avodart	GK
	ENALAPRIL								
1368B	Tablet containing enalapril maleate 10 mg	30	5	..	16.90	17.97	[a]	Acetec	AL
NP							[a]	Alphapril	AF
							[a]	Auspril	SI
							[a]	Chem mart Enalapril	CH
							[a]	Enalabell	BF
							[a]	Enalapril-DP 10mg	GN
							[a]	Enalapril-GA	GM
							[a]	Enalapril generichealth	GQ
							[a]	Enalapril Sandoz	SZ
							[a]	Enalapril Winthrop	WA
							[a]	GenRx Enalapril	GX
							[a]	Terry White Chemists Enalapril	TW
				[B]4.65	21.55	17.97	[a]	Renitec	MK
1369C	Tablet containing enalapril maleate 20 mg	30	5	..	19.76	20.83	[a]	Acetec	AL
NP							[a]	Alphapril	AF
							[a]	Auspril	SI
							[a]	Chem mart Enalapril	CH
							[a]	Enalabell	BF
							[a]	Enalapril-DP 20mg	GN
							[a]	Enalapril-GA	GM
							[a]	Enalapril generichealth	GQ
							[a]	Enalapril Sandoz	SZ
							[a]	GenRx Enalapril	GX
							[a]	Terry White Chemists Enalapril	TW
				[B]4.66	24.42	20.83	[a]	Renitec 20	MK
1370D	Tablet containing enalapril maleate 5 mg	30	5	..	12.80	13.87	[a]	Acetec	AL
NP							[a]	Alphapril	AF
							[a]	Auspril	SI
							[a]	Chem mart Enalapril	CH
							[a]	Enalabell	BF
							[a]	Enalapril-DP 5mg	GN
							[a]	Enalapril-GA	GM
							[a]	Enalapril generichealth	GQ
							[a]	Enalapril Sandoz	SZ
							[a]	Enalapril Winthrop	WA

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $		Brand Name and Manufacturer	
							[a]	GenRx Enalapril	GX
							[a]	Terry White Chemists Enalapril	TW
				[B]4.66	17.46	13.87	[a]	Renitec M	MK

FLUCONAZOLE

Authority required (STREAMLINED)

3615

Treatment of cryptococcal meningitis;

3616

Maintenance therapy in patients with cryptococcal meningitis and immunosuppression;

3613

Treatment of oropharyngeal candidiasis in immunosuppressed patients;

3614

Treatment of oesophageal candidiasis in immunosuppressed patients;

3617

Prophylaxis of oropharyngeal candidiasis in immunosuppressed patients;

3618

Treatment of serious and life-threatening candida infections.

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.

1473M *NP*	Solution for I.V. infusion 100 mg in 50 mL	7	..	..	*156.29	34.20	[a]	Diflucan	PF
							[a]	Fluconazole-Claris	AE
							[a]	Fluconazole Hexal	HX
							[a]	Fluconazole Sandoz	SZ

FLUVOXAMINE

Restricted benefit

Major depressive disorders;

Obsessive-compulsive disorder.

8174F *NP*	Tablet containing fluvoxamine maleate 100 mg	30	5	..	26.49	27.56	[a]	APO-Fluvoxamine	TX
							[a]	Faverin 100	SI
							[a]	Fluvoxamine GA	GM
							[a]	Movox 100	AF
							[a]	Voxam	SZ
				[B]2.80	29.29	27.56	[a]	Luvox	SM
8512B *NP*	Tablet containing fluvoxamine maleate 50 mg	30	5	..	19.67	20.74	[a]	APO-Fluvoxamine	TX
							[a]	Faverin 50	SI
							[a]	Fluvoxamine GA	GM
							[a]	Movox 50	AL
							[a]	Voxam	SZ
				[B]2.82	22.49	20.74	[a]	Luvox	SM

GEMCITABINE

Authority required

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

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

Locally advanced or metastatic non-small cell lung cancer;

Locally advanced or metastatic adenocarcinoma of the pancreas;

Locally advanced or metastatic bladder cancer, in combination with cisplatin.

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $		Brand Name and Manufacturer	
	Note The powder for I.V. infusion 200 mg (as hydrochloride) (after reconstitution) and the solution concentrate for I.V. infusion 200 mg (as hydrochloride) are bioequivalent.								
8049P	Powder for I.V. infusion 200 mg (as hydrochloride)	4	2	..	*201.90	34.20	[a]	DBL Gemcitabine for Injection	HH
							[a]	Gemcitabine Actavis	GQ
							[a]	Gemcitabine Ebewe	IT
							[a]	Gemcitabine Kabi	PK
							[a]	Gemcitabine Sun	ZF
							[a]	Gemcite	ZP
							[a]	Gemplan	WQ
							[a]	Gemzar	LY
	GEMCITABINE **Authority required** Advanced breast cancer in combination with paclitaxel after failure of prior therapy which includes an anthracycline; Advanced epithelial ovarian cancer, in combination with carboplatin, in patients who relapse more than 6 months after platinum-based therapy; Locally advanced or metastatic non-small cell lung cancer; Locally advanced or metastatic adenocarcinoma of the pancreas; Locally advanced or metastatic bladder cancer, in combination with cisplatin. **Note** The powder for I.V. infusion 1 g (as hydrochloride) (after reconstitution) and the solution concentrate for I.V. infusion 1000 mg (as hydrochloride) are bioequivalent.								
8050Q	Powder for I.V. infusion 1 g (as hydrochloride)	2	2	..	*463.28	34.20	[a]	DBL Gemcitabine for Injection	HH
							[a]	Gemcitabine Actavis	GQ
							[a]	Gemcitabine Ebewe	IT
							[a]	Gemcitabine Kabi	PK
							[a]	Gemcitabine Sun	ZF
							[a]	Gemcite	ZP
							[a]	Gemplan	WQ
							[a]	Gemzar	LY
	LERCANIDIPINE HYDROCHLORIDE								
8534E *NP*	Tablet 10 mg	28	5	..	15.70	16.77	[a]	APO-Lercanidipine	TX
							[a]	Chem mart Lercanidipine	CH
							[a]	Lercadip	GM
							[a]	Lercan	SI
							[a]	Terry White Chemists Lercanidipine	TW
				[B]1.84	17.54	16.77	[a]	Zanidip	SM
					15.70	16. 77	[a]	Lercanidipine Sandoz	SZ
8679T *NP*	Tablet 20 mg	28	5	..	21.92	22.99	[a]	APO-Lercanidipine	TX
							[a]	Chem mart Lercanidipine	CH
							[a]	Lercadip	GM
							[a]	Lercan	SI
							[a]	Terry White Chemists	TW

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $		Brand Name and Manufacturer	
								Lercanidipine	
				[B]3.27	25.19	22.99	[a]	Zanidip	SM
					21.92	22.99	[a]	Lercanidipine Sandoz	SZ
	LISINOPRIL								
2457H *NP*	Tablet 10 mg	30	5	..	17.41	18.48	[a]	APO-Lisinopril	TX
							[a]	Chem mart Lisinopril	CH
							[a]	Fibsol 10	SI
							[a]	GenRx Lisinopril	GX
							[a]	Liprace	GM
							[a]	Lisinopril 10	CR
							[a]	Lisinopril-DRLA	RZ
							[a]	Lisinopril-GA	GN
							[a]	Lisinopril generichealth	GQ
							[a]	Lisinopril Hexal	HX
							[a]	Lisinopril Ranbaxy	RA
							[a]	Lisinopril Sandoz	SZ
							[a]	Lisinopril Winthrop	WA
							[a]	Lisodur	AF
							[a]	Terry White Chemists Lisinopril	TW
				[B]1.98	19.39	18.48	[a]	Zestril	AP
				[B]3.76	21.17	18.48	[a]	Prinivil 10	MK
	METFORMIN HYDROCHLORIDE								
8607B *NP*	Tablet 1 g	90	5	..	17.46	18.53	[a]	APO-Metformin 1000	TX
							[a]	Chem mart Metformin 1000	CH
							[a]	Diaformin 1000	AF
							[a]	Formet 1000	SI
							[a]	Glucohexal	HX
							[a]	Metformin-GA	GM
							[a]	Metformin generichealth 1000	GQ
							[a]	Metformin Ranbaxy 1000	RA
							[a]	Metformin Sandoz	SZ
							[a]	Pharmacor Metformin 1000	CR
							[a]	Terry White Chemists Metformin 1000	TW
				[B]1.71	19.17	18.53	[a]	Diabex 1000	AL

NICOTINE

Authority required

Nicotine dependence in an Aboriginal or a Torres Strait Islander person as the sole PBS-subsidised therapy.

Note

Only 2 courses of PBS-subsidised nicotine replacement therapy will be authorised per year.
No applications for increased maximum quantities and/or repeats will be authorised.
Benefit is improved if used in conjunction with a comprehensive support and counselling program.

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $		Brand Name and Manufacturer	
	Authority required Short-term sole PBS-subsidised therapy as an aid to achieving abstinence in a patient who has indicated they are ready to cease smoking and who has entered a comprehensive support and counselling program. Details of the program must be specified in the initial authority application; Short-term sole PBS-subsidised therapy as an aid to achieving abstinence in a patient who has indicated they are ready to cease smoking and who is 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 initial authority application. **Note** A maximum of 12 weeks of PBS-subsidised nicotine replacement therapy will be authorised per year. No applications for increased maximum quantities and/or repeats will be authorised.								
9198D *NP*	Transdermal patch releasing approximately 15 mg per 16 hours	28	2	..	55.22	34.20		Nicorette Patch	JT
	NICOTINE **Authority required** Short-term sole PBS-subsidised therapy as an aid to achieving abstinence in a patient who has indicated they are ready to cease smoking and who has entered a comprehensive support and counselling program. Details of the program must be specified in the initial authority application; Short-term sole PBS-subsidised therapy as an aid to achieving abstinence in a patient who has indicated they are ready to cease smoking and who is 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 initial authority application. **Note** A maximum of 12 weeks of PBS-subsidised nicotine replacement therapy will be authorised per year. No applications for increased maximum quantities and/or repeats will be authorised.								
3414Q *NP*	Transdermal patch releasing approximately 21 mg per 24 hours	28	2	..	55.22	34.20		Nicotinell Step 1	NC
5465P *NP*	Transdermal patch releasing approximately 21 mg per 24 hours	28	2	..	55.22	34.20		Nicabate P	GC
	ONDANSETRON **Restricted benefit** Management of nausea and vomiting associated with cytotoxic chemotherapy being used to treat malignancy which occurs within 48 hours of chemotherapy administration. Increased maximum quantities will be limited to a maximum of 7 days per chemotherapy cycle.								
8224W *NP*	Tablet 4 mg (as hydrochloride dihydrate)	4	..	..	38.78	34.20	[a]	APO-Ondansetron	TX
							[a]	Ondansetron-DRLA	RZ
							[a]	Ondaz	SZ
							[a]	Onsetron 4	ZP
							[a]	Zofran	GK
8225X *NP*	Tablet 8 mg (as hydrochloride dihydrate)	4	..	..	54.99	34.20	[a]	APO-Ondansetron	TX
							[a]	Ondansetron-DRLA	RZ
							[a]	Ondaz	SZ
							[a]	Onsetron 8	ZP
							[a]	Zofran	GK
8226Y *NP*	I.V. injection 4 mg (as hydrochloride dihydrate) in 2 mL	1	..	..	19.93	21.00	[a]	Ondansetron-Claris	AE
							[a]	Ondaz	SZ
							[a]	Onsetron	ZP
							[a]	Pfizer Australia Pty Ltd	PF
							[a]	Zofran	GK
8227B *NP*	I.V. injection 8 mg (as hydrochloride dihydrate) in 4 mL	1	..	..	27.90	28.97	[a]	Ondansetron-Claris	AE
							[a]	Ondaz	SZ
							[a]	Onsetron	ZP

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $		Brand Name and Manufacturer	
							[a]	Pfizer Australia Pty Ltd	PF
							[a]	Zofran	GK
9441X *NP*	Syrup 4 mg (as hydrochloride dihydrate) per 5 mL, 50 mL	‡1	..	..	85.38	34.20		Zofran syrup 50mL	GK
	ONDANSETRON								
	Authority required (STREAMLINED)								
	3611								
	Management of nausea and vomiting associated with radiotherapy being used to treat malignancy.								
1594X *NP*	Tablet 4 mg (as hydrochloride dihydrate)	10	1	..	83.79	34.20	[a]	APO-Ondansetron	TX
							[a]	Ondansetron-DRLA	RZ
							[a]	Ondaz	SZ
							[a]	Onsetron 4	ZP
							[a]	Zofran	GK
1595Y *NP*	Tablet 8 mg (as hydrochloride dihydrate)	10	1	..	127.64	34.20	[a]	APO-Ondansetron	TX
							[a]	Ondansetron-DRLA	RZ
							[a]	Ondaz	SZ
							[a]	Onsetron 8	ZP
							[a]	Zofran	GK
1596B *NP*	I.V. injection 4 mg (as hydrochloride dihydrate) in 2 mL	1	..	..	19.93	21.00	[a]	Ondansetron-Claris	AE
							[a]	Ondaz	SZ
							[a]	Onsetron	ZP
							[a]	Pfizer Australia Pty Ltd	PF
							[a]	Zofran	GK
1597C *NP*	I.V. injection 8 mg (as hydrochloride dihydrate) in 4 mL	1	..	..	27.90	28.97	[a]	Ondansetron-Claris	AE
							[a]	Ondaz	SZ
							[a]	Onsetron	ZP
							[a]	Pfizer Australia Pty Ltd	PF
							[a]	Zofran	
8233H *NP*	Syrup 4 mg (as hydrochloride dihydrate) per 5 mL, 50 mL	‡1	1	..	85.38	34.20		Zofran syrup 50mL	GK
	PERINDOPRIL with AMLODIPINE								
	Note								
	Treatment should not be initiated with this combination.								
	Restricted benefit								
	Hypertension in a patient who is not adequately controlled with either of the drugs in the combination;								
	Stable coronary heart disease in a patient who is stabilised on treatment with perindopril and amlodipine at the same doses.								
9346X *NP*	Tablet containing 5 mg perindopril arginine with 5 mg amlodipine (as besylate)	30	5	..	27.11	28.18	[a]	Coveram	SE
							[a]	Reaptan 5/5	RX
9347Y *NP*	Tablet containing 5 mg perindopril arginine with 10 mg amlodipine (as besylate)	30	5	..	34.45	34.20	[a]	Coveram	SE
							[a]	Reaptan 5/10	RX
9348B *NP*	Tablet containing 10 mg perindopril arginine with 5 mg amlodipine (as besylate)	30	5	..	32.94	34.01	[a]	Coveram	SE
							[a]	Reaptan 10/5	RX
9349C *NP*	Tablet containing 10 mg perindopril arginine with 10 mg amlodipine (as besylate)	30	5	..	40.26	34.20	[a]	Coveram	SE
							[a]	Reaptan 10/10	RX

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $		Brand Name and Manufacturer	
	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)								
	3083								
	Treatment under the supervision of a paediatrician or psychiatrist, in combination with non-pharmacological measures, of severe behavioural disturbances in a patient aged less than 18 years with autism.								
	Continuing PBS-subsidised treatment under the supervision of a paediatrician or psychiatrist, in combination with non-pharmacological measures, of severe behavioural disturbances in a patient 18 years of age or older with autism who was commenced on PBS-subsidised treatment with risperidone prior to turning 18 years of age.								
	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.								
	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.								
8787L	Tablet 0.5 mg	60	2	..	30.34	31.41	[a]	Ozidal	RA
NP							[a]	Resdone 0.5	CR
							[a]	Rispa	SI
							[a]	Risperidone-DRLA	RZ
							[a]	Risperidone-GA	GM
							[a]	Risperidone Sandoz	SZ
							[a]	Rixadone	AF
					*30.36	31.43	[a]	APO-Risperidone	TX
							[a]	Risperdal	JC
8789N	Tablet 1 mg	60	2	..	51.07	34.20	[a]	APO-Risperidone	TX
NP							[a]	Ozidal	RA
							[a]	Resdone 1	CR
							[a]	Rispa	SI
							[a]	Risperdal	JC
							[a]	Risperidone-DRLA	RZ
							[a]	Risperidone-GA	GM
							[a]	Risperidone generichealth	GQ
							[a]	Risperidone Sandoz	SZ
							[a]	Rixadone	AF
	RISPERIDONE								
	Authority required (STREAMLINED)								
	1589								
	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.								
8869T	Tablet 0.5 mg	60	5	..	30.34	31.41	[a]	Ozidal	RA
NP									

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $		Brand Name and Manufacturer	
							[a]	Resdone 0.5	CR
							[a]	Rispa	SI
							[a]	Risperidone-DRLA	RZ
							[a]	Risperidone-GA	GM
							[a]	Risperidone Sandoz	SZ
							[a]	Rixadone	AF
					*30.36	31.43	[a]	APO-Risperidone	TX
							[a]	Risperdal	JC

RISPERIDONE

Authority required (STREAMLINED)

1589

Schizophrenia.

Authority required (STREAMLINED)

2272

Adjunctive therapy to mood stabilisers for up to 6 months, of an episode of acute mania associated with bipolar I disorder.

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.

3169T *NP*	Tablet 1 mg	60	5	..	51.07	34.20	[a]	APO-Risperidone	TX
							[a]	Ozidal	RA
							[a]	Resdone 1	CR
							[a]	Rispa	SI
							[a]	Risperdal	JC
							[a]	Risperidone-DRLA	RZ
							[a]	Risperidone-GA	GM
							[a]	Risperidone generichealth	GQ
							[a]	Risperidone Sandoz	SZ
							[a]	Rixadone	AF
3170W *NP*	Tablet 2 mg	60	5	..	107.42	34.20	[a]	APO-Risperidone	TX
							[a]	Ozidal	RA
							[a]	Resdone 2	CR
							[a]	Rispa	SI
							[a]	Risperdal	JC
							[a]	Risperidone-DRLA	RZ
							[a]	Risperidone-GA	GM
							[a]	Risperidone generichealth	GQ
							[a]	Risperidone Sandoz	SZ
							[a]	Rixadone	AF
3171X *NP*	Tablet 3 mg	60	5	..	162.16	34.20	[a]	APO-Risperidone	TX
							[a]	Ozidal	RA
							[a]	Resdone 3	CR
							[a]	Rispa	SI
							[a]	Risperdal	JC
							[a]	Risperidone-DRLA	RZ
							[a]	Risperidone-GA	GM
							[a]	Risperidone generichealth	GQ
							[a]	Risperidone Sandoz	SZ

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $	Brand Name and Manufacturer	
							[a] Rixadone	AF
3172Y *NP*	Tablet 4 mg	60	5	..	215.55	34.20	[a] APO-Risperidone	TX
							[a] Ozidal	RA
							[a] Resdone 4	CR
							[a] Rispa	SI
							[a] Risperdal	JC
							[a] Risperidone-DRLA	RZ
							[a] Risperidone-GA	GM
							[a] Risperidone generichealth	GQ
							[a] Risperidone Sandoz	SZ
							[a] Rixadone	AF

RISPERIDONE

Authority required (STREAMLINED)

3083

Treatment under the supervision of a paediatrician or psychiatrist, in combination with non-pharmacological measures, of severe behavioural disturbances in a patient aged less than 18 years with autism.

Continuing PBS-subsidised treatment under the supervision of a paediatrician or psychiatrist, in combination with non-pharmacological measures, of severe behavioural disturbances in a patient 18 years of age or older with autism who was commenced on PBS-subsidised treatment with risperidone prior to turning 18 years of age.

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.

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.

9079W *NP*	Tablet 2 mg	60	2	..	107.42	34.20	[a] APO-Risperidone	TX
							[a] Ozidal	RA
							[a] Resdone 2	CR
							[a] Rispa	SI
							[a] Risperdal	JC
							[a] Risperidone-DRLA	RZ
							[a] Risperidone-GA	GM
							[a] Risperidone generichealth	GQ
							[a] Risperidone Sandoz	SZ
							[a] Rixadone	AF

SERTRALINE

Restricted benefit

Major depressive disorders.

2236Q *NP*	Tablet 50 mg (as hydrochloride)	30	5	..	23.75	24.82	[a] Chem mart Sertraline	CH
							[a] Concorz	SZ
							[a] Eleva 50	AF
							[a] GenRx Sertraline	GX
							[a] Sertra 50	SI
							[a] Sertracor 50	MI
							[a] Sertraline 50	CR

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $		Brand Name and Manufacturer	
							[a]	Sertraline-GA	GM
							[a]	Sertraline generichealth	GQ
							[a]	Sertraline Winthrop	WA
							[a]	Setrona	RA
							[a]	Terry White Chemists Sertraline	TW
							[a]	Xydep 50	GN
				[B]1.42	25.17	24.82	[a]	Zoloft	PF
2237R *NP*	Tablet 100 mg (as hydrochloride)	30	5	..	23.75	24.82	[a]	Chem mart Sertraline	CH
							[a]	Concorz	SZ
							[a]	Eleva 100	AF
							[a]	GenRx Sertraline	GX
							[a]	Sertra 100	SI
							[a]	Sertracor 100	MI
							[a]	Sertraline 100	CR
							[a]	Sertraline-GA	GM
							[a]	Sertraline generichealth	GQ
							[a]	Setrona	RA
							[a]	Terry White Chemists Sertraline	TW
							[a]	Xydep 100	GN
				[B]1.42	25.17	24.82	[a]	Zoloft	PF

SERTRALINE

Restricted benefit

Obsessive-compulsive disorder;

Panic disorder where other treatments have failed or are inappropriate.

8836C *NP*	Tablet 50 mg (as hydrochloride)	30	5	..	23.75	24.82	[a]	Eleva 50	AF
							[a]	Xydep 50	GN
				[B]1.42	25.17	24.82	[a]	Zoloft	PF
8837D *NP*	Tablet 100 mg (as hydrochloride)	30	5	..	23.75	24.82	[a]	Eleva 100	AF
							[a]	Xydep 100	GN
				[B]1.42	25.17	24.82	[a]	Zoloft	PF

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)

3233

Migraine attack in a patient where attacks in the past have usually failed to respond to analgesics.

Note

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

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

8144P *NP*	Tablet 50 mg (as succinate)	4	5	..	*24.38	25.45	[a]	Imigran	GK

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $		Brand Name and Manufacturer	
							[a]	Pharmacor Sumatriptan 50	CR
							[a]	Sumagran 50	SI
							[a]	Sumatab	AF
							[a]	Sumatriptan-GA	GM
							[a]	APO-Sumatriptan	TX
							[a]	Chem mart Sumatriptan	CH
							[a]	Terry White Chemists Sumatriptan	TW
	TRAMADOL HYDROCHLORIDE **Restricted benefit** For pain where aspirin and/or paracetamol alone are inappropriate or have failed. **Note** Authorities for increased maximum quantities and/or repeats will be granted only for severe disabling pain not responding to non-narcotic analgesics.								
8525Q *NP*	Tablet 200 mg (twice daily sustained release)	20	..	..	18.02	19.09	[a]	APO-Tramadol SR	TX
							[a]	Chem mart Tramadol SR	CH
							[a]	GA Tramadol SR 200mg	GM
							[a]	Lodam SR 200	ZP
							[a]	Terry White Chemists Tramadol SR	TW
							[a]	Tramadol Sandoz SR	SZ
							[a]	Tramedo SR 200	AF
							[a]	Zydol SR 200	SI
				[B]5.78	23.80	19.09	[a]	Tramal SR 200	CS
	VALACICLOVIR **Authority required (STREAMLINED)** ***3632*** 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** Valaciclovir 500 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes. **Note** No applications for increased maximum quantities and/or repeats will be authorised.								
8133C *NP*	Tablet 500 mg (as hydrochloride)	20	..	..	*105.78	34.20	[a]	Valtrex	GK
							[a]	Zelitrex	RE
	VALACICLOVIR **Authority required (STREAMLINED)** ***3633*** 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** Valaciclovir 500 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.								
8134D *NP*	Tablet 500 mg (as hydrochloride)	30	5	..	155.43	34.20	[a]	Valtrex	GK
							[a]	Zelitrex	RE

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $		Brand Name and Manufacturer	
	VALACICLOVIR								
	Authority required (STREAMLINED)								
	3622								
	Treatment of patients with herpes zoster within 72 hours of the onset of the rash;								
	3631								
	Herpes zoster ophthalmicus.								
	Note								
	Valaciclovir is effective only if commenced within 72 hours of onset of rash.								
	Valaciclovir 500 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.								
	Note								
	No applications for repeats will be authorised.								
8064K *NP*	Tablet 500 mg (as hydrochloride)	42	..	..	214.06	34.20	a	Valtrex	GK
							a	Zelitrex	RE
	VANCOMYCIN								
	Restricted benefit								
	Prophylaxis of endocarditis in patients hypersensitive to penicillin.								
2269K	Powder for injection 1 g (as hydrochloride) (1,000,000 i.u. vancomycin activity)	1	..	..	17.95	19.02	a	Hospira Pty Limited	HH
							a	Vancomycin Alphapharm	AF
							a	Vancomycin Sandoz	SZ
3130R	Powder for injection 500 mg (as hydrochloride) (500,000 i.u. vancomycin activity)	2	..	..	*17.96	19.03	a	Hospira Pty Limited	HH
							a	Vancocin CP	AS
							a	Vancomycin Alphapharm	AF
							a	Vancomycin Sandoz	SZ
	VANCOMYCIN								
	Restricted benefit								
	Endophthalmitis;								
	Use initiated in a hospital for infections where vancomycin is an appropriate antibiotic.								
2270L	Powder for injection 1 g (as hydrochloride) (1,000,000 i.u. vancomycin activity)	3	..	..	*41.01	34.20	a	Hospira Pty Limited	HH
							a	Vancomycin Alphapharm	AF
							a	Vancomycin Sandoz	SZ
3131T	Powder for injection 500 mg (as hydrochloride) (500,000 i.u. vancomycin activity)	5	..	..	*35.27	34.20	a	Hospira Pty Limited	HH
							a	Vancocin CP	AS
							a	Vancomycin Alphapharm	AF
							a	Vancomycin Sandoz	SZ
	VARENICLINE								
	Note								
	The period between commencing varenicline tartrate and bupropion hydrochloride must be at least 6 months. A course of treatment with varenicline tartrate is 12 weeks or up to 24 weeks, if initial treatment of 12 weeks has been successful. No increased maximum quantities or repeats will be authorised. Clinical review is recommended within 2 to 3 weeks of the initial prescription being requested.								
	Authority required								
	Continuation of short-term sole PBS-subsidised therapy as an aid to achieving abstinence in a patient who has previously been issued with an authority prescription for this drug and who is enrolled in a comprehensive support and counselling program.								
9129L *NP*	Tablet 1 mg (as tartrate)	112	..	..	*231.70	34.20		Champix	PF

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $	Brand Name and Manufacturer	
	VARENICLINE							
	Note							
	The period between commencing varenicline tartrate and bupropion hydrochloride must be at least 6 months. A course of treatment with varenicline tartrate is 12 weeks or up to 24 weeks, if initial treatment of 12 weeks has been successful. No increased maximum quantities or repeats will be authorised. Clinical review is recommended within 2 to 3 weeks of the initial prescription being requested.							
	Authority required							
	Completion of short-term sole PBS-subsidised therapy as an aid to achieving long-term abstinence after completion of an initial 12-week PBS-subsidised course in a patient who has ceased smoking, and who is enrolled in a comprehensive support and counselling program.							
5469W *NP*	Tablet 1 mg (as tartrate)	56	2	..	120.42	34.20	Champix	PF

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 $		Brand Name and Manufacturer	
	TRAMADOL HYDROCHLORIDE **Restricted benefit** For pain where aspirin and/or paracetamol alone are inappropriate or have failed.								
5236N	Tablet 200 mg (twice daily sustained release) **(Dental)**	20	..	..	18.02	19.09	[a]	APO-Tramadol SR	TX
							[a]	Chem mart Tramadol SR	CH
							[a]	GA Tramadol SR 200mg	GM
							[a]	Lodam SR 200	ZP
							[a]	Terry White Chemists Tramadol SR	TW
							[a]	Tramadol Sandoz SR	SZ
							[a]	Tramedo SR 200	AF
							[a]	Zydol SR 200	SI
				[B]5.78	23.80	19.09	[a]	Tramal SR 200	CS
	VANCOMYCIN **Restricted benefit** Prophylaxis of endocarditis in patients hypersensitive to penicillin.								
5083M	Powder for injection 1 g (as hydrochloride) (1,000,000 i.u. vancomycin activity) **(Dental)**	1	..	..	17.95	19.02	[a]	Hospira Pty Limited	HH
							[a]	Vancomycin Alphapharm	AF
							[a]	Vancomycin Sandoz	SZ
3323X	Powder for injection 500 mg (as hydrochloride) (500,000 i.u. vancomycin activity) **(Dental)**	2	..	..	*17.96	19.03	[a]	Hospira Pty Limited	HH
							[a]	Vancocin CP	AS
							[a]	Vancomycin Alphapharm	AF
							[a]	Vancomycin Sandoz	SZ

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium $	Dispensed Price for Max. Qty $	Brand Name and Manufacturer	
	APOMORPHINE HYDROCHLORIDE						
	Authority required (STREAMLINED)						
	3314						
	Parkinson's disease in patients severely disabled by motor fluctuations which do not respond to other therapy.						
5610G	Injection 50 mg in 5 mL **(Public)**	5	..	..	194.65	Apomine	HH
	APOMORPHINE HYDROCHLORIDE						
	Authority required						
	Parkinson's disease in patients severely disabled by motor fluctuations which do not respond to other therapy.						
9640J	Injection 50 mg in 5 mL **(Private)**	5	..	..	208.86	Apomine	HH

AZACITIDINE

Note

Any queries concerning the arrangements to prescribe azacitidine 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.

Written applications for authority to prescribe azacitidine should be forwarded to:

Medicare Australia
Prior Written Approval of Specialised Drugs
Reply Paid 9826
GPO Box 9826
HOBART TAS 7001.

Authority required

Initial PBS-subsidised treatment of a patient with:
(1) Myelodysplastic syndrome classified as Intermediate-2 or high risk according to the International Prognostic Scoring System (IPSS); OR
(2) Chronic Myelomonocytic Leukaemia (10% to 29% marrow blasts without Myeloproliferative Disorder); OR
(3) Acute Myeloid Leukaemia with 20 to 30% marrow blasts and multi-lineage dysplasia, according to World Health Organisation (WHO) Classification.

Classification of a patient as Intermediate-2 requires a score of 1.5 to 2.0 on the IPSS, achieved with the possible combinations:
1. 11% to 30% marrow blasts with good karyotypic status (normal, -Y alone, del(5q) alone, del(20q) alone), and 0 to 1 cytopenias; OR
2. 11% to 20% marrow blasts with intermediate karyotypic status (other abnormalities), and 0 to 1 cytopenias; OR
3. 11% to 20% marrow blasts with good karyotypic status (normal, -Y alone, del(5q) alone, del(20q) alone), and 2 to 3 cytopenias; OR
4. 5% to 10% marrow blasts with poor karyotypic status (3 or more abnormalities or chromosome 7 anomalies), regardless of cytopenias; OR
5. 5% to 10% marrow blasts with intermediate karyotypic status (other abnormalities), and 2 to 3 cytopenias; OR
6. less than 5% marrow blasts with poor karyotypic status (3 or more abnormalities or chromosome 7 anomalies), and 2 to 3 cytopenias.

Classification of a patient as high risk requires a score of 2.5 or more on the IPSS, achieved with the possible combinations:
1. 21% to 30% marrow blasts with good karyotypic status (normal, -Y alone, del(5q) alone, del(20q) alone), and 2 to 3 cytopenias; OR
2. 21% to 30% marrow blasts with intermediate (other abnormalities) or poor karyotypic status (3 or more abnormalities or chromosome 7 anomalies), regardless of cytopenias; OR
3. 11% to 20% marrow blasts with poor karyotypic status (3 or more abnormalities or chromosome 7 anomalies), regardless of cytopenias; OR
4. 11% to 20% marrow blasts with intermediate karyotypic status (other abnormalities), and 2 to 3 cytopenias.

The first authority application must be made in writing and must include:
(a) a completed authority prescription form; and
(b) a completed Azacitidine PBS Authority Application - Supporting Information Form; and
(c) a copy of the bone marrow biopsy report demonstrating that the patient has myelodysplastic syndrome, chronic myelomonocytic leukaemia or acute myeloid leukaemia; and
(d) a copy of the full blood examination report; and
(e) for myelodysplastic syndrome, a copy of the pathology report detailing the cytogenetics demonstrating intermediate-2 or high risk disease according to the International Prognostic Scoring System (IPSS); and
(f) a signed patient acknowledgment form.

No more than three cycles will be authorised.

Note

Special Pricing Arrangements apply.

6100C	Powder for injection 100 mg	14	2	..	*7746.46	Vidaza	CJ

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium $	Dispensed Price for Max. Qty $	Brand Name and Manufacturer	
	(Private)						
9597D	Powder for injection 100 mg **(Public)**	14	2	..	*7700.00	Vidaza	CJ

AZACITIDINE

Note

Any queries concerning the arrangements to prescribe azacitidine 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.

Written applications for authority to prescribe azacitidine should be forwarded to:

Medicare Australia
Prior Written Approval of Specialised Drugs
Reply Paid 9826
GPO Box 9826
HOBART TAS 7001.

Authority required

Continuing treatment of a patient with:
(1) Myelodysplastic syndrome classified as Intermediate-2 or high risk according to the International Prognostic Scoring System (IPSS); OR
(2) Chronic Myelomonocytic Leukaemia (10% to 29% marrow blasts without Myeloproliferative Disorder); OR
(3) Acute Myeloid Leukaemia with 20 to 30% blasts and multi-lineage dysplasia, according to World Health Organisation (WHO) Classification;
who has previously been issued with an authority prescription for azacitidine and does not have progressive disease.

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).

Up to six cycles will be authorised.

Note

Special Pricing Arrangements apply.

6138C	Powder for injection 100 mg **(Private)**	14	5	..	*7746.46	Vidaza	CJ
9598E	Powder for injection 100 mg **(Public)**	14	5	..	*7700.00	Vidaza	CJ

AZITHROMYCIN

Authority required (STREAMLINED)

3317

Prophylaxis against Mycobacterium avium complex infections in HIV-positive patients with CD4 cell counts of less than 75 per cubic millimetre.

5616N	Tablet 600 mg (as dihydrate) **(Public)**	16	5	..	*113.96	Zithromax	PF

AZITHROMYCIN

Authority required

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 (as dihydrate) **(Private)**	16	5	..	*124.94	Zithromax	PF

DOXORUBICIN HYDROCHLORIDE, PEGYLATED LIPOSOMAL

Authority required (STREAMLINED)

3348

Treatment of AIDS-related Kaposi's sarcoma in patients with CD4 cell counts of less than 200 per cubic millimetre and extensive mucocutaneous involvement;

3349

Treatment of AIDS-related Kaposi's sarcoma in patients with CD4 cell counts of less than 200 per cubic millimetre and extensive visceral involvement.

5705G	Suspension for I.V. infusion 20 mg in 10 mL **(Public)**	4	5	..	*2491.96	Caelyx	JC

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium $	Dispensed Price for Max. Qty $	Brand Name and Manufacturer	
	DOXORUBICIN HYDROCHLORIDE, PEGYLATED LIPOSOMAL **Authority required** Treatment of AIDS-related Kaposi's sarcoma in patients with CD4 cell counts of less than 200 per cubic millimetre and extensive mucocutaneous involvement; Treatment of AIDS-related Kaposi's sarcoma in patients with CD4 cell counts of less than 200 per cubic millimetre and extensive visceral involvement.						
6249X	Suspension for I.V. infusion 20 mg in 10 mL **(Private)**	4	5	..	*2538.38	Caelyx	JC
	VALACICLOVIR **Authority required** Prophylaxis of cytomegalovirus (CMV) infection and disease following renal transplantation in patients at risk of CMV disease.						
6280M	Tablet 500 mg (as hydrochloride) **(Private)**	500	2	..	*2162.32	Valtrex	GK
	VALACICLOVIR **Authority required (STREAMLINED)** ***3419*** Prophylaxis of cytomegalovirus (CMV) infection and disease following renal transplantation in patients at risk of CMV disease.						
9568N	Tablet 500 mg (as hydrochloride) **(Public)**	500	2	..	*2115.90	Valtrex	GK

SECTION 100 – HUMAN GROWTH HORMONE PROGRAM

Code	Name, Restriction, Manner of Administration and Form	Pack Size	Price ex manufacturer $	Brand Name and Manufacturer	
	SOMATROPIN (Recombinant human growth hormone)				
	Criteria for availability				
	Short stature in accordance with the 'Guidelines for the Availability of Human Growth Hormone (hGH) as a Pharmaceutical Benefit'.				
	Genotropin branded products (including MiniQuick) are also available for the treatment of Prader-Willi Syndrome in accordance with the 'Guidelines for the Availability of Human Growth Hormone (hGH) as a Pharmaceutical Benefit for the treatment of Prader-Willi Syndrome'.				
	Note				
	These guidelines may be obtained from the Department of Health and Ageing's internet site at http://www.health.gov.au/hGH, or from:				
	Growth Hormone Program Access and Systems Branch Department of Health and Ageing GPO Box 9848 CANBERRA ACT 2601 Contact telephone number (02) 6289 7274				
6311E	Solution for injection 10 mg (30 i.u.) in 1.5 mL cartridge (with preservative)	1	495.00	Omnitrope	SZ

SECTION 100 – SPECIAL AUTHORITY PROGRAM – TRASTUZUMAB

Code	Name, Restriction, Manner of Administration and Form	Pack Size	Price ex manufacturer $	Brand Name and Manufacturer	
	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				
	Further prescribing information is on the Medicare Australia website at www.medicareaustralia.gov.au.				
	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).				
	Authority required				
	Continuing treatment for HER2 positive early breast cancer where the patient has previously received treatment with PBS-subsidised trastuzumab.				
	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.				
	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).				
	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.				
	Breaks in therapy. 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).				
9690B	Powder for I.V. infusion 60 mg **(Public)**	1	412.08	Herceptin	RO
9691C	Powder for I.V. infusion 60 mg **(Private)**	1	434.98	Herceptin	RO

REPATRIATION PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $	Brand Name and Manufacturer	
	AZITHROMYCIN							
	Restricted benefit							
	Upper and lower respiratory tract infections.							
4115N	Tablet 500 mg (as dihydrate)	3	..	..	31.51	5.60	Zithromax	PF