Australian Government

Department of Health and Ageing

SCHEDULE OF PHARMACEUTICAL BENEFITS

SUMMARY OF CHANGES

EFFECTIVE 1 May 2011

PHARMACEUTICAL BENEFITS

These changes to the Schedule of Pharmaceutical Benefits are effective from 1 May 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 May 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

1089H **Atropine**, Injection containing atropine sulfate 600 micrograms in 1 mL (*Pfizer Australia Pty Ltd*)

3453R **Atropine**, Injection containing atropine sulfate 600 micrograms in 1 mL (*Pfizer Australia Pty Ltd*) **(Emergency Drug Supply)**

5022H **Atropine**, Injection containing atropine sulfate 600 micrograms in 1 mL (*Pfizer Australia Pty Ltd*) **(Dental)**

8967Y **Docetaxel**, Solution concentrate for I.V. infusion 160 mg in 16 mL (*DBL Docetaxel Concentrated Injection*)

8968B **Interferon Beta-1a**, Injection 44 micrograms (12,000,000 i.u.) in 0.5 mL single dose autoinjector (*Rebif 44*)

8970D **Levodopa with Carbidopa**, Intestinal gel 20 mg-5 mg per mL, 100 mL (*Duodopa*)

Additions – Brands

9041W *Calcium Folinate Ebewe, IT* – **Calcium Folinate**, Injection equivalent to 300 mg folinic acid in 30 mL

3161J *APO-Diazepam, TX* – **Diazepam**, Tablet 2 mg

5071X *APO-Diazepam, TX* – **Diazepam**, Tablet 2 mg **(Dental)**

5357Y *APO-Diazepam, TX* – **Diazepam**, Tablet 2 mg **(Palliative Care)**

5355W *APO-Diazepam, TX* – **Diazepam**, Tablet 2 mg **(Palliative Care) (Diff.Max.Rpts)**

3162K *APO-Diazepam, TX* – **Diazepam**, Tablet 5 mg

5072Y *APO-Diazepam, TX* – **Diazepam**, Tablet 5 mg **(Dental)**

5358B *APO-Diazepam, TX* – **Diazepam**, Tablet 5 mg **(Palliative Care)**

5356X *APO-Diazepam, TX* – **Diazepam**, Tablet 5 mg **(Palliative Care)(Diff.Max.Rpts)**

8700X *Escicor 10, MI; Pharmacor Escitalopram 10, CR* – **Escitalopram Oxalate**, Tablet 10 mg (base)

8701Y *Escicor 20, MI; Pharmacor Escitalopram 20, CR* – **Escitalopram Oxalate**, Tablet 20 mg (base)

1801T *APO-Metformin 850, TX* – **Metformin Hydrochloride**, Tablet 850 mg

2430X *APO-Metformin 500, TX* – **Metformin Hydrochloride**, Tablet 500 mg

8694N *Vexazone, AF* – **Pioglitazone**, Tablet 15 mg (as hydrochloride)

8695P *Vexazone, AF* – **Pioglitazone**, Tablet 30 mg (as hydrochloride)

8696Q *Vexazone, AF* – **Pioglitazone**, Tablet 45 mg (as hydrochloride)

9122D *Ramipril-GA, GM* – **Ramipril**, Capsule 5 mg

8621R *Acris Once-a-Week, AF* – **Risedronate Sodium**, Tablet 35 mg

2285G *Tinasil, AL* – **Terbinafine**, Tablet 250 mg (as hydrochloride)

2804N *Tinasil, AL* – **Terbinafine**, Tablet 250 mg (as hydrochloride) **(Diff.Max.Rpts)**

5480K *Valacor 500, CR* – **Valaciclovir**, Tablet 500 mg (as hydrochloride)

8134D *Valacor 500, CR* – **Valaciclovir**, Tablet 500 mg (as hydrochloride)

8064K *Valacor 500, CR* – **Valaciclovir**, Tablet 500 mg (as hydrochloride) **(Diff.Max.Qty and Rpts)**

Additions – Bioequivalence Indicators

9041W *Leucovorin Calcium (Hospira Pty Limited), HH* – **Calcium Folinate**, Injection equivalent to 300 mg folinic acid in 30 mL

Deletions

Deletions – Items

1228P **Copper Sulfate**, Diagnostic compound tablets, 36 (*Clinitest*)

9251X **Copper Sulfate**, Diagnostic compound tablets, 36 (*Clinitest*) **(Diff.Max.Rpts)**

Deletions – Brands

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

Alterations

Alterations – Item Description

From:

1093M **Atropine Sulfate**, Eye drops 10 mg per mL (1%), 15 mL (*Atropt*)

To:

1093M **Atropine**, Eye drops containing atropine sulfate 10 mg per mL (1%), 15 mL (*Atropt*)

From:

1434L **Fluoxetine Hydrochloride**, Capsule 20 mg (base) (*Zactin, Lovan, Fluohexal, Auscap, Chem mart Fluoxetine, Terry White Chemists Fluoxetine, GenRx Fluoxetine, Fluoxebell, Prozac 20, Fluoxetine 20, Fluoxetine generichealth, Fluoxetine-GA*)

To:

1434L **Fluoxetine**, Capsule 20 mg (as hydrochloride) (*Auscap, Chem mart Fluoxetine, Fluohexal, Fluoxetine 20, Fluoxetine-GA, Fluoxetine generichealth, Fluoxetine RBX, GenRx Fluoxetine, Lovan, Prozac 20, Terry White Chemists Fluoxetine, Zactin*)

From:

8270G **Fluoxetine Hydrochloride**, Tablet 20 mg (base) (dispersible) (*Lovan 20 Tab, Prozac Tab*)

To:

8270G **Fluoxetine**, Tablet, dispersible, 20 mg (as hydrochloride) (*Lovan 20 Tab, Prozac Tab*)

Alterations – Authorised Prescriber

Items which can now be prescribed by Nurse Practitioners:

5453B **Pancreatic Extract**, Granules (enteric coated) providing not less than 5,000 BP units of lipase activity per 100 mg, 20 g

Alterations – Manufacturer's Code

		From:	To:
1824B	**Mefenamic Acid**, Capsule 250 mg (*Ponstan*)	PD	PF

Alterations – Brand Name and Manufacturer's Code

From:

1434L **Fluoxetine**, Capsule 20 mg (as hydrochloride) (*Fluoxebell*, BF)

To:

1434L **Fluoxetine**, Capsule 20 mg (as hydrochloride) (*Fluoxetine RBX*, RA)

Alterations – Maximum Quantity

		From:	**To:**
5064M	**Morphine Sulfate**, Capsule 30 mg (controlled release) (*MS Mono*) **(Dental)**	10	14
5065N	**Morphine Sulfate**, Capsule 60 mg (controlled release) (*MS Mono*) **(Dental)**	10	14
5066P	**Morphine Sulfate**, Capsule 90 mg (controlled release) (*MS Mono*) **(Dental)**	10	14
5067Q	**Morphine Sulfate**, Capsule 120 mg (controlled release) (*MS Mono*) **(Dental)**	10	14
1653B	**Morphine Sulfate**, Tablet 10 mg (controlled release) (*Momex SR 10, MS Contin*)	20	28
1654C	**Morphine Sulfate**, Tablet 30 mg (controlled release) (*Momex SR 30, MS Contin*)	20	28
1655D	**Morphine Sulfate**, Tablet 60 mg (controlled release) (*Momex SR 60, MS Contin*)	20	28
1656E	**Morphine Sulfate**, Tablet 100 mg (controlled release) (*Momex SR 100, MS Contin*)	20	28

5161P	**Morphine Sulfate**, Tablet 15 mg (controlled release) (*MS Contin*) **(Dental)**	20	28
5162Q	**Morphine Sulfate**, Tablet 5 mg (controlled release) (*MS Contin*) **(Dental)**	20	28
5164T	**Morphine Sulfate**, Tablet 10 mg (controlled release) (*Momex SR 10, MS Contin*) **(Dental)**	20	28
5165W	**Morphine Sulfate**, Tablet 30 mg (controlled release) (*Momex SR 30, MS Contin*) **(Dental)**	20	28
5166X	**Morphine Sulfate**, Tablet 60 mg (controlled release) (*Momex SR 60, MS Contin*) **(Dental)**	20	28
5167Y	**Morphine Sulfate**, Tablet 100 mg (controlled release) (*Momex SR 100, MS Contin*) **(Dental)**	20	28
5171E	**Morphine Sulfate**, Sachet containing controlled release granules for oral suspension, 20 mg per sachet (*MS Contin Suspension 20 mg*) **(Dental)**	20	28
5243Y	**Morphine Sulfate**, Sachet containing controlled release granules for oral suspension, 30 mg per sachet (*MS Contin Suspension 30 mg*) **(Dental)**	20	28
5244B	**Morphine Sulfate**, Sachet containing controlled release granules for oral suspension, 60 mg per sachet (*MS Contin Suspension 60 mg*) **(Dental)**	20	28
5245C	**Morphine Sulfate**, Sachet containing controlled release granules for oral suspension, 100 mg per sachet (*MS Contin Suspension 100 mg*) **(Dental)**	20	28
5391R	**Morphine Sulfate**, Tablet 200 mg (controlled release) (*MS Contin*) **(Palliative Care)**	20	28
5392T	**Morphine Sulfate**, Tablet 200 mg (controlled release) (*MS Contin*) **(Palliative Care)**	20	28
8035X	**Morphine Sulfate**, Tablet 5 mg (controlled release) (*MS Contin*)	20	28
8146R	**Morphine Sulfate**, Sachet containing controlled release granules for oral suspension, 30 mg per sachet (*MS Contin Suspension 30 mg*)	20	28
8305D	**Morphine Sulfate**, Sachet containing controlled release granules for oral suspension, 60 mg per sachet (*MS Contin Suspension 60 mg*)	20	28
8306E	**Morphine Sulfate**, Sachet containing controlled release granules for oral suspension, 100 mg per sachet (*MS Contin Suspension 100 mg*)	20	28
8453X	**Morphine Sulfate**, Tablet 200 mg (controlled release) (*MS Contin*)	20	28
8454Y	**Morphine Sulfate**, Sachet containing controlled release granules for oral suspension, 200 mg per sachet (*MS Contin Suspension 200 mg*)	20	28
8489T	**Morphine Sulfate**, Tablet 15 mg (controlled release) (*MS Contin*)	20	28
8490W	**Morphine Sulfate**, Sachet containing controlled release granules for oral suspension, 20 mg per sachet (*MS Contin Suspension 20 mg*)	20	28
8491X	**Morphine Sulfate**, Capsule 30 mg (controlled release) (*MS Mono*)	10	14
8492Y	**Morphine Sulfate**, Capsule 60 mg (controlled release) (*MS Mono*)	10	14
8493B	**Morphine Sulfate**, Capsule 90 mg (controlled release) (*MS Mono*)	10	14
8494C	**Morphine Sulfate**, Capsule 120 mg (controlled release) (*MS Mono*)	10	14

SECTION 100 – HIGHLY SPECIALISED DRUGS PROGRAM

Additions

Additions – Items

9743T **Levodopa with Carbidopa**, Intestinal gel 20 mg-5 mg per mL, 100 mL (*Duodopa*) **(Public)**
9744W **Levodopa with Carbidopa**, Intestinal gel 20 mg-5 mg per mL, 100 mL (*Duodopa*) **(Private)**

Additions – Brands

6280M *Zelitrex, RE* – **Valaciclovir**, Tablet 500 mg (as hydrochloride) **(Private)**
9568N *Zelitrex, RE* – **Valaciclovir**, Tablet 500 mg (as hydrochloride) **(Public)**

SUMMARY OF CHANGES – REPATRIATION PHARMACEUTICAL BENEFITS SCHEME

Alterations

Alterations – Manufacturer's Code

		From:	To:
4579B	**Alprostadil**, Intracavernosal injection 10 micrograms with diluent in single use syringe (*Caverject Impulse*)	PH	PF
4580C	**Alprostadil**, Intracavernosal injection 20 micrograms with diluent in single use syringe (*Caverject Impulse*)	PH	PF
4190M	**Diclofenac Sodium with Misoprostol**, Tablet 50 mg-200 micrograms (*Arthrotec 50*)	PH	PF

Alterations – Maximum Quantity

		From:	To:
4349X	**Morphine Sulfate**, Tablet 200 mg (controlled release) (*MS Contin*)	20	28

ADVANCE NOTICES
DELETIONS

Advance Notice – Deletion of Items

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

2059J **Memantine Hydrochloride,** Oral drops 10 mg per g, 50 g (*Ebixa)*

Item deletions requested by the manufacturer—

2063N **Sulfacetamide** Sodium, Eye drops 100 mg per mL (10%), 15 mL (Bleph 10)

5530C **Sulfacetamide Sodium,** Eye drops 100 mg per mL (10%), 15 mL (Bleph 10) **(Optometrical)**

Advance Notice — Deletion of Brands

The following brands will be deleted from the Schedule of Pharmaceutical Benefits on 1 July 2011:
Brand deletion requested by the manufacturer—

1358L *Prothiaden, AB* — **Dothiepin Hydrochloride***,* Tablet 75 mg

Brand discontinued by the manufacturer—

3010K *Norflohexal, HX* — **Norfloxacin***,* Tablet 400 mg

Code	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	
	ATROPINE								
	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.								
1089H *NP*	Injection containing atropine sulfate 600 micrograms in 1 mL	10	1	..	20.54	21.61		Pfizer Australia Pty Ltd	PF
	ATROPINE								
3453R *NP*	Injection containing atropine sulfate 600 micrograms in 1 mL	10	..	..	20.54	21.61		Pfizer Australia Pty Ltd	PF
5022H	Injection containing atropine sulfate 600 micrograms in 1 mL **(Dental)**	10	..	..	20.54	21.61		Pfizer Australia Pty Ltd	PF
1093M *NP*	Eye drops containing atropine sulfate 10 mg per mL (1%), 15 mL	‡1	2	..	21.77	22.84		Atropt	SI
	CALCIUM FOLINATE								
9041W *NP*	Injection equivalent to 300 mg folinic acid in 30 mL	4	1	..	*298.50	34.20	[a]	Calcium Folinate Ebewe	IT
							[a]	Leucovorin Calcium (Hospira Pty Limited)	HH
	DIAZEPAM								
	Note								
	Authorities for increased maximum quantities and/or repeats for the oral forms of diazepam will be granted only for (i) the treatment of disabling spasticity; or (ii) malignant neoplasia (late stage); or (iii) use by patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities and who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal; or (iv) use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult and who has been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal. Up to six months' treatment (i.e. one month's treatment with five repeats) may be requested.								
3161J *NP*	Tablet 2 mg	50	..	..	7.72	8.79	[a]	Antenex 2	AF
							[a]	APO-Diazepam	TX
							[a]	Ranzepam	RA
							[a]	Valpam 2	SI
				[B]0.82	8.54	8.79	[a]	Valium	RO
3162K *NP*	Tablet 5 mg	50	..	..	7.85	8.92	[a]	Antenex 5	AF
							[a]	APO-Diazepam	TX
							[a]	Diazepam-GA	GM
							[a]	Ranzepam	RA
							[a]	Valpam 5	SI
				[B]0.85	8.70	8.92	[a]	Valium	RO

Code	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	
	DIAZEPAM								
5071X	Tablet 2 mg **(Dental)**	50	..	..	7.72	8.79	a	Antenex 2	AF
							a	APO-Diazepam	TX
							a	Ranzepam	RA
							a	Valpam 2	SI
				B0.82	8.54	8.79	a	Valium	RO
5072Y	Tablet 5 mg **(Dental)**	50	..	..	7.85	8.92	a	Antenex 5	AF
							a	APO-Diazepam	TX
							a	Diazepam-GA	GM
							a	Ranzepam	RA
							a	Valpam 5	SI
				B0.85	8.70	8.92	a	Valium	RO

DIAZEPAM

Authority required

Initial supply, for up to 4 months, for a palliative care patient where anxiety is a problem.

Note

No applications for increased repeats will be authorised.

5355W *NP*	Tablet 2 mg **(Palliative Care)**	50	3	..	7.72	8.79	a	Antenex 2	AF
							a	APO-Diazepam	TX
							a	Ranzepam	RA
							a	Valpam 2	SI
				B0.82	8.54	8.79	a	Valium	RO
5356X *NP*	Tablet 5 mg **(Palliative Care)**	50	3	..	7.85	8.92	a	Antenex 5	AF
							a	APO-Diazepam	TX
							a	Diazepam-GA	GM
							a	Ranzepam	RA
							a	Valpam 5	SI
				B0.85	8.70	8.92	a	Valium	RO

DIAZEPAM

Authority required

Continuing supply for a palliative care patient where anxiety is a problem.

Note

Where consultation with a palliative care specialist or service has occurred, applications for increased repeats may be authorised.

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $		Brand Name and Manufacturer	
5357Y	Tablet 2 mg	50	..	..	7.72	8.79	a	Antenex 2	AF
NP	**(Palliative Care)**								
							a	APO-Diazepam	TX
							a	Ranzepam	RA
							a	Valpam 2	SI
				B0.82	8.54	8.79	a	Valium	RO
5358B	Tablet 5 mg	50	..	..	7.85	8.92	a	Antenex 5	AF
NP	**(Palliative Care)**								
							a	APO-Diazepam	TX
							a	Diazepam-GA	GM
							a	Ranzepam	RA
							a	Valpam 5	SI
				B0.85	8.70	8.92	a	Valium	RO

DOCETAXEL

Authority required

Neoadjuvant treatment of a patient with a WHO performance status of 1 or less, with inoperable Stage III, IVa or IVb squamous cell carcinoma of the oral cavity, larynx, oropharynx or hypopharynx, in combination with cisplatin and fluorouracil.

Note

The carcinoma can be considered inoperable for technical or organ preservation reasons.

Authority required

Adjuvant treatment of node-positive breast cancer in combination with an anthracycline and cyclophosphamide;

Advanced breast cancer after failure of prior therapy;

Advanced metastatic ovarian cancer after failure of prior therapy which includes a platinum compound;

Locally advanced or metastatic non-small cell lung cancer;

Treatment of HER2 positive early breast cancer in combination with trastuzumab.

Authority required

Treatment of androgen independent (hormone refractory) metastatic carcinoma of the prostate in a patient with a Karnofsky performance-status score of at least 60%. Docetaxel must be used as first-line chemotherapy and administered in three weekly cycles.

Note

A maximum of 10 cycles of treatment with docetaxel will be authorised under this restriction.

Authority required

Adjuvant treatment of operable breast cancer in combination with cyclophosphamide.

Note

A maximum of four cycles of treatment will be authorised under this restriction.

8967Y	Solution concentrate for I.V. infusion 160 mg in 16 mL	1	..	..	2457.26	34.20		DBL Docetaxel Concentrated Injection	HH

ESCITALOPRAM OXALATE

Restricted benefit

Major depressive disorders.

Code	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	
8700X	Tablet 10 mg (base)	28	5	..	28.06	29.13	a	APO-Escitalopram	TX
NP							a	Chem mart Escitalopram	CH
							a	Escicor 10	MI
							a	Esipram	GM
							a	Esitalo	SZ
							a	Lexam 10	SI
							a	LoxaLate	AF
							a	Pharmacor Escitalopram 10	CR
							a	Terry White Chemists Escitalopram	TW
				B4.70	32.76	29.13	a	Lexapro	LU
8701Y	Tablet 20 mg (base)	28	5	..	28.19	29.26	a	APO-Escitalopram	TX
NP							a	Chem mart Escitalopram	CH
							a	Escicor 20	MI
							a	Esipram	GM
							a	Esitalo	SZ
							a	Lexam 20	SI
							a	LoxaLate	AF
							a	Pharmacor Escitalopram 20	CR
							a	Terry White Chemists Escitalopram	TW
				B6.85	35.04	29.26	a	Lexapro	LU

FLUOXETINE

Restricted benefit

Major depressive disorders;

Obsessive-compulsive disorder.

Code	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	
1434L	Capsule 20 mg (as hydrochloride)	28	5	..	20.08	21.15	[a]	Auscap	SI
NP							[a]	Chem mart Fluoxetine	CH
							[a]	Fluohexal	SZ
							[a]	Fluoxetine 20	CR
							[a]	Fluoxetine-GA	GM
							[a]	Fluoxetine generichealth	GQ
							[a]	Fluoxetine RBX	RA
							[a]	GenRx Fluoxetine	GX
							[a]	Lovan	AL
							[a]	Terry White Chemists Fluoxetine	TW
							[a]	Zactin	AF
				[B]4.34	24.42	21.15	[a]	Prozac 20	LY
8270G	Tablet, dispersible, 20 mg (as hydrochloride)	28	5	..	20.08	21.15	[a]	Lovan 20 Tab	AL
NP									
				[B]4.34	24.42	21.15	[a]	Prozac Tab	LY

INTERFERON BETA-1a

Authority required

Initial treatment of clinically definite relapsing-remitting multiple sclerosis in ambulatory (without assistance or support) patients who have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to the multiple sclerosis, in the preceding 2 years. The diagnosis must be confirmed by magnetic resonance imaging of the brain and/or spinal cord and the date of the scan included in the authority application, unless the authority application is accompanied by written certification provided by a radiologist that an MRI scan is contraindicated because of the risk of physical (not psychological) injury to the patient. The authority will be limited to the maximum quantity and number of repeats indicated in the schedule;

Continuing treatment of clinically definite relapsing-remitting multiple sclerosis in patients previously issued with an authority prescription for this drug who do not show continuing progression of disability while on treatment with this drug and who have demonstrated compliance with, and an ability to tolerate, this therapy. Authorities will be limited to the maximum quantity and number of repeats indicated in the schedule.

8968B	Injection 44 micrograms (12,000,000 i.u.) in 0.5 mL single dose autoinjector	12	5	..	1056.77	34.20		Rebif 44	SG

LEVODOPA with CARBIDOPA

Authority required

Maintenance therapy following treatment which was commenced in a hospital-based movement disorder clinic, of a patient with advanced Parkinson disease with severe disabling motor fluctuations not adequately controlled by oral therapy.

Note

Patients should have adequate cognitive function to manage administration with a portable continuous infusion pump.

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.

8970D	Intestinal gel 20 mg-5 mg per mL, 100 mL	56	5	..	*11682.34	34.20		Duodopa	AB
NP									

MEFENAMIC ACID

Restricted benefit

Dysmenorrhoea;

Menorrhagia.

Code	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	
1824B *NP*	Capsule 250 mg	50	2	..	18.16	19.23		Ponstan	PF
	METFORMIN HYDROCHLORIDE								
1801T *NP*	Tablet 850 mg	60	5	..	12.76	13.83	[a]	APO-Metformin 850	TX
							[a]	Ascent Pharmaceuticals Limited	GN
							[a]	Chem mart Metformin	CH
							[a]	Diaformin 850	AF
							[a]	Formet 850	SI
							[a]	GenRx Metformin	GX
							[a]	Glucohexal	HX
							[a]	Metformin 850	CR
							[a]	Metformin-GA	GM
							[a]	Metformin generichealth	GQ
							[a]	Metformin Ranbaxy	RA
							[a]	Metformin Sandoz	SZ
							[a]	Terry White Chemists Metformin	TW
				[B]1.04	13.80	13.83	[a]	Glucophage	MQ
				[B]1.70	14.46	13.83	[a]	Diabex 850	AL
2430X *NP*	Tablet 500 mg	100	5	..	12.76	13.83	[a]	APO-Metformin 500	TX
							[a]	Ascent Pharmaceuticals Limited	GN
							[a]	Chem mart Metformin	CH
							[a]	Diaformin	AF
							[a]	Formet 500	SI
							[a]	GenRx Metformin	GX
							[a]	Glucohexal	HX
							[a]	Metformin 500	CR
							[a]	Metformin-GA	GM
							[a]	Metformin generichealth	GQ
							[a]	Metformin Ranbaxy	RA
							[a]	Metformin Sandoz	SZ
							[a]	Terry White Chemists Metformin	TW
				[B]1.04	13.80	13.83	[a]	Glucophage	MQ
				[B]1.70	14.46	13.83	[a]	Diabex	AL

MORPHINE SULFATE

Caution

The risk of drug dependence is high.

Restricted benefit

Chronic severe disabling pain not responding to non-narcotic analgesics.

Note

Authorities for increased maximum quantities and/or repeats will be granted only for:
(i) chronic severe disabling pain associated with proven malignant neoplasia; or

Code	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	
	(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.								
1653B *NP*	Tablet 10 mg (controlled release)	28	..	..	20.04	21.11	[a]	Momex SR 10	SI
							[a]	MS Contin	MF
1654C *NP*	Tablet 30 mg (controlled release)	28	..	..	35.89	34.20	[a]	Momex SR 30	SI
							[a]	MS Contin	MF
1655D *NP*	Tablet 60 mg (controlled release)	28	..	..	54.48	34.20	[a]	Momex SR 60	SI
							[a]	MS Contin	MF
1656E *NP*	Tablet 100 mg (controlled release)	28	..	..	72.51	34.20	[a]	Momex SR 100	SI
							[a]	MS Contin	MF
8035X *NP*	Tablet 5 mg (controlled release)	28	..	..	17.59	18.66		MS Contin	MF
8146R *NP*	Sachet containing controlled release granules for oral suspension, 30 mg per sachet	28	..	..	62.07	34.20		MS Contin Suspension 30 mg	MF
8305D *NP*	Sachet containing controlled release granules for oral suspension, 60 mg per sachet	28	..	..	69.87	34.20		MS Contin Suspension 60 mg	MF
8306E *NP*	Sachet containing controlled release granules for oral suspension, 100 mg per sachet	28	..	..	86.37	34.20		MS Contin Suspension 100 mg	MF
8489T *NP*	Tablet 15 mg (controlled release)	28	..	..	24.23	25.30		MS Contin	MF
8490W *NP*	Sachet containing controlled release granules for oral suspension, 20 mg per sachet	28	..	..	60.29	34.20		MS Contin Suspension 20 mg	MF
8491X *NP*	Capsule 30 mg (controlled release)	14	..	..	24.22	25.29		MS Mono	MF
8492Y *NP*	Capsule 60 mg (controlled release)	14	..	..	35.87	34.20		MS Mono	MF
8493B *NP*	Capsule 90 mg (controlled release)	14	..	..	41.42	34.20		MS Mono	MF
8494C *NP*	Capsule 120 mg (controlled release)	14	..	..	54.47	34.20		MS Mono	MF

MORPHINE SULFATE

Caution

The risk of drug dependence is high.

Authority required

Initial supply, for up to 3 months, for a palliative care patient with chronic severe disabling pain not responding to non-narcotic analgesics.

Note

Telephone approvals are limited to 1 month's therapy.

5391R *NP*	Tablet 200 mg (controlled release) **(Palliative Care)**	28	2	..	121.86	34.20		MS Contin	MF

Code	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	
	MORPHINE SULFATE **Caution** The risk of drug dependence is high. **Authority required** Continuing supply for a palliative care patient with chronic severe disabling pain not responding to non-narcotic analgesics. **Note** Where consultation with a palliative care specialist or service has occurred, applications for increased repeats for up to 3 months' supply may be authorised. Telephone approvals are limited to 1 month's therapy.								
5392T *NP*	Tablet 200 mg (controlled release) **(Palliative Care)**	28	..	..	121.86	34.20		MS Contin	MF
	MORPHINE SULFATE **Caution** The risk of drug dependence is high. **Restricted benefit** Chronic severe disabling pain not responding to non-narcotic analgesics. **Note** Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.								
5064M	Capsule 30 mg (controlled release) **(Dental)**	14	..	..	24.22	25.29		MS Mono	MF
5065N	Capsule 60 mg (controlled release) **(Dental)**	14	..	..	35.87	34.20		MS Mono	MF
5066P	Capsule 90 mg (controlled release) **(Dental)**	14	..	..	41.42	34.20		MS Mono	MF
5067Q	Capsule 120 mg (controlled release) **(Dental)**	14	..	..	54.47	34.20		MS Mono	MF
5161P	Tablet 15 mg (controlled release) **(Dental)**	28	..	..	24.23	25.30		MS Contin	MF
5162Q	Tablet 5 mg (controlled release) **(Dental)**	28	..	..	17.59	18.66		MS Contin	MF
5164T	Tablet 10 mg (controlled release) **(Dental)**	28	..	..	20.04	21.11	[a]	Momex SR 10	SI
							[a]	MS Contin	MF
5165W	Tablet 30 mg (controlled release) **(Dental)**	28	..	..	35.89	34.20	[a]	Momex SR 30	SI
							[a]	MS Contin	MF
5166X	Tablet 60 mg (controlled release) **(Dental)**	28	..	..	54.48	34.20	[a]	Momex SR 60	SI
							[a]	MS Contin	MF
5167Y	Tablet 100 mg (controlled release) **(Dental)**	28	..	..	72.51	34.20	[a]	Momex SR 100	SI
							[a]	MS Contin	MF
5171E	Sachet containing controlled release granules for oral suspension, 20 mg per sachet **(Dental)**	28	..	..	60.29	34.20		MS Contin Suspension 20 mg	MF
5243Y	Sachet containing controlled release granules for oral suspension, 30 mg per sachet **(Dental)**	28	..	..	62.07	34.20		MS Contin Suspension 30 mg	MF
5244B	Sachet containing controlled release granules for oral suspension, 60 mg per sachet **(Dental)**	28	..	..	69.87	34.20		MS Contin Suspension 60 mg	MF
5245C	Sachet containing controlled release granules for oral suspension, 100 mg per sachet **(Dental)**	28	..	..	86.37	34.20		MS Contin Suspension 100 mg	MF
	MORPHINE SULFATE **Caution** The risk of drug dependence is high.								

Code	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 Chronic severe disabling pain due to cancer.							
8453X *NP*	Tablet 200 mg (controlled release)	28	..	..	121.86	34.20	MS Contin	MF
8454Y *NP*	Sachet containing controlled release granules for oral suspension, 200 mg per sachet	28	..	..	163.75	34.20	MS Contin Suspension 200 mg	MF

PANCREATIC EXTRACT

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.

5453B *NP*	Granules (enteric coated) providing not less than 5,000 BP units of lipase activity per 100 mg, 20 g	3	10	..	*141.78	34.20	Creon Micro	SM

PIOGLITAZONE

Note

Pioglitazone hydrochloride is not PBS-subsidised as monotherapy or in combination with a dipeptidyl peptidase 4 inhibitor (gliptin) or a glucagon-like peptide-1.

Authority required (STREAMLINED)

3540

Dual oral combination therapy with metformin or a sulfonylurea

Type 2 diabetes, in combination with either metformin or a sulfonylurea, in a patient whose HbA1c is greater than 7% prior to initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone) or a glucagon-like peptide-1 despite treatment with either metformin or a sulfonylurea and where a combination of metformin and a sulfonylurea is contraindicated or not tolerated.

The date and level of the qualifying HbA1c must be documented in the patient's medical records at the time treatment with a gliptin, a glitazone or a glucagon-like peptide-1 is initiated. The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone or a glucagon-like peptide-1 is initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:
(a) clinical conditions with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or
(b) red cell transfusion within the previous 3 months.
A patient in these circumstances will be eligible for treatment where blood glucose monitoring over a 2 week period shows blood glucose levels greater than 10 mmol per L in more than 20% of tests. The results of this blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone or a glucagon-like peptide-1, must be documented in the patient's medical records.

Authority required (STREAMLINED)

3541

Combination therapy with insulin

Type 2 diabetes, in combination with insulin, in a patient whose HbA1c is greater than 7% prior to initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone) or a glucagon-like peptide-1 despite treatment with insulin and oral anti-diabetic agents, or insulin alone where metformin is contraindicated.

The date and level of the qualifying HbA1c must be documented in the patient's medical records at the time treatment with a gliptin, a glitazone or a glucagon-like peptide-1 is initiated. The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone or a glucagon-like peptide-1 is initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:
(a) clinical conditions with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or
(b) red cell transfusion within the previous 3 months.
A patient in these circumstances will be eligible for treatment where blood glucose monitoring over a 2 week period shows blood glucose levels greater than 10 mmol per L in more than 20% of tests. The results of this blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone or a glucagon-like peptide-1, must be documented in the patient's medical records.

Authority required (STREAMLINED)

3542

Triple oral combination therapy with metformin and a sulfonylurea

Type 2 diabetes, in combination with metformin and a sulfonylurea, in a patient whose HbA1c is greater than 7% prior to initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone) or a glucagon-like peptide-1 despite treatment with maximally tolerated doses of metformin and a sulfonylurea.

The date and level of the qualifying HbA1c must be documented in the patient's medical records at the time treatment with a gliptin, a glitazone or a glucagon-like peptide-1 is initiated. The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone or a glucagon-

Code	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	
	like peptide-1 is initiated. Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances: (a) clinical conditions with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or (b) red cell transfusion within the previous 3 months. A patient in these circumstances will be eligible for treatment where blood glucose monitoring over a 2 week period shows blood glucose levels greater than 10 mmol per L in more than 20% of tests. The results of this blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone or a glucagon-like peptide-1, must be documented in the patient's medical records.								
8694N *NP*	Tablet 15 mg (as hydrochloride)	28	5	..	53.00	34.20	a	Acpio 15	SI
							a	Actos	LY
							a	APOTEX-Pioglitazone	TX
							a	Chem mart Pioglitazone	CH
							a	Pharmacor Pioglitazone 15	CR
							a	Pioglitazone generichealth 15	GQ
							a	Pizaccord	MI
							a	Terry White Chemists Pioglitazone	TW
							a	Vexazone	AF
8695P *NP*	Tablet 30 mg (as hydrochloride)	28	5	..	77.62	34.20	a	Acpio 30	SI
							a	Actos	LY
							a	APOTEX-Pioglitazone	TX
							a	Chem mart Pioglitazone	CH
							a	Pharmacor Pioglitazone 30	CR
							a	Pioglitazone generichealth 30	GQ
							a	Pizaccord	MI
							a	Terry White Chemists Pioglitazone	TW
							a	Vexazone	AF
8696Q *NP*	Tablet 45 mg (as hydrochloride)	28	5	..	99.01	34.20	a	Acpio 45	SI
							a	Actos	LY
							a	APOTEX-Pioglitazone	TX
							a	Chem mart Pioglitazone	CH
							a	Pharmacor Pioglitazone 45	CR
							a	Pioglitazone generichealth 45	GQ
							a	Pizaccord	MI
							a	Terry White Chemists Pioglitazone	TW
							a	Vexazone	AF

RAMIPRIL

Note

Ramipril 5 mg tablets and capsules are bioequivalent.

Code	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	
9122D *NP*	Capsule 5 mg	30	5	..	15.46	16.53	a	Pharmacor Ramipril 5	CR
							a	Ramipril-DP	GN
							a	Ramipril-GA	GM
							a	Ramipril generichealth	GQ
							a	Tryzan Caps 5	AF

RISEDRONATE SODIUM

Authority required (STREAMLINED)

3070

Treatment as the sole PBS-subsidised anti-resorptive agent for corticosteroid-induced osteoporosis in a patient currently on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy with a Bone Mineral Density (BMD) T-score of -1.5 or less.

The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

2645

Treatment as the sole PBS-subsidised anti-resorptive agent for osteoporosis in a patient aged 70 years of age or older with a Bone Mineral Density (BMD) T-score of -3.0 or less.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

2646

Treatment as the sole PBS-subsidised anti-resorptive agent for established osteoporosis in patients with fracture due to minimal trauma. The fracture must have been demonstrated radiologically and the year of plain x-ray or CT-scan or MRI scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

Note

Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, disodium etidronate, raloxifene hydrochloride, strontium ranelate and zoledronic acid.

8621R *NP*	Tablet 35 mg	4	5	..	46.55	34.20	a	Acris Once-a-Week	AF
							a	Actonel Once-a-Week	SW
							a	APO-Risedronate	TX
							a	Chem mart Risedronate	CH
							a	Terry White Chemists Risedronate	TW

TERBINAFINE

Authority required

Treatment of a dermatophyte infection in an Aboriginal or a Torres Strait Islander person where topical treatment has failed;

Treatment of a dermatophyte infection in a patient aged up to 18 years inclusive where topical treatment and griseofulvin have failed.

Code	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	
2285G	Tablet 250 mg (as hydrochloride)	42	..	..	98.01	34.20	a	GenRx Terbinafine	GX
NP							a	Lamisil	NV
							a	Sebifin 250	RA
							a	Tamsil	SI
							a	Terbihexal	SZ
							a	Terbinafine 250	CR
							a	Terbinafine-DRLA	RZ
							a	Terbinafine-GA	GM
							a	Terbix 250	MI
							a	Tinasil	AL
							a	Zabel	AF

TERBINAFINE

Authority required

Proximal or extensive (greater than 80% nail involvement) onychomycosis due to dermatophyte infection where topical treatment has failed. This infection must be proven by microscopy or culture and confirmed by an Approved Pathology Authority. The date of the pathology report must be provided at the time of application and must not be more than 12 months old.

Note

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

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $		Brand Name and Manufacturer	
2804N	Tablet 250 mg (as hydrochloride)	42	1	..	98.01	34.20	a	GenRx Terbinafine	GX
NP							a	Lamisil	NV
							a	Sebifin 250	RA
							a	Tamsil	SI
							a	Terbihexal	SZ
							a	Terbinafine 250	CR
							a	Terbinafine-DRLA	RZ
							a	Terbinafine-GA	GM
							a	Terbix 250	MI
							a	Tinasil	AL
							a	Zabel	AF

VALACICLOVIR

Authority required (STREAMLINED)

3624

Episodic treatment of moderate to severe recurrent genital herpes. Microbiological confirmation of diagnosis (viral culture, antigen detection or nucleic acid amplification by PCR) is required but need not delay treatment.

Note

Valaciclovir 500 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.

Code	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	
8134D *NP*	Tablet 500 mg (as hydrochloride)	30	5	..	155.43	34.20	a	APO-Valaciclovir	TX
							a	Chem mart Valaciclovir	CH
							a	Terry White Chemists Valaciclovir	TW
							a	Vaclovir	AF
							a	Valaciclovir GA	GM
							a	Valaciclovir RBX	RA
							a	Valaciclovir Sandoz	SZ
							a	Valaciclovir SZ	HX
							a	Valacor 500	CR
							a	Valnir	SI
							a	Valtrex	GK
							a	Zelitrex	RE

VALACICLOVIR

Authority required (STREAMLINED)

3623

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.

Code	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	
5480K *NP*	Tablet 500 mg (as hydrochloride)	30	5	..	155.43	34.20	a	APO-Valaciclovir	TX
							a	Chem mart Valaciclovir	CH
							a	Terry White Chemists Valaciclovir	TW
							a	Vaclovir	AF
							a	Valaciclovir GA	GM
							a	Valaciclovir RBX	RA
							a	Valaciclovir SZ	HX
							a	Valacor 500	CR
							a	Valnir	SI
							a	Valtrex	GK
							a	Zelitrex	RE

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.

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	
8064K	Tablet 500 mg (as hydrochloride)	42	..	..	214.06	34.20	[a]	APO-Valaciclovir	TX
NP							[a]	Chem mart Valaciclovir	CH
							[a]	Terry White Chemists Valaciclovir	TW
							[a]	Vaclovir	AF
							[a]	Valaciclovir GA	GM
							[a]	Valaciclovir RBX	RA
							[a]	Valaciclovir Sandoz	SZ
							[a]	Valacor 500	CR
							[a]	Valnir	SI
							[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	
	LEVODOPA with CARBIDOPA **Authority required (STREAMLINED)** ***3704*** Management of advanced Parkinson disease in a patient with severe disabling motor fluctuations not adequately controlled by oral therapy. Treatment must be commenced in a hospital-based movement disorder clinic. **Note** Patients should have adequate cognitive function to manage administration with a portable continuous infusion pump. A positive clinical response to Duodopa administered via a temporary nasoduodenal tube should be confirmed before a permanent percutaneous endoscopic gastrostomy (PEG) tube is inserted.							
9743T	Intestinal gel 20 mg-5 mg per mL, 100 mL **(Public)**	56	5	..	*11536.00		Duodopa	AB
	LEVODOPA with CARBIDOPA **Authority required** Management of advanced Parkinson disease in a patient with severe disabling motor fluctuations not adequately controlled by oral therapy. Treatment must be commenced in a hospital-based movement disorder clinic. **Note** Patients should have adequate cognitive function to manage administration with a portable continuous infusion pump. A positive clinical response to Duodopa administered via a temporary nasoduodenal tube should be confirmed before a permanent percutaneous endoscopic gastrostomy (PEG) tube is inserted.							
9744W	Intestinal gel 20 mg-5 mg per mL, 100 mL **(Private)**	56	5	..	*11582.42		Duodopa	AB
	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	[a]	APO-Valaciclovir	TX
						[a]	Valtrex	GK
						[a]	Zelitrex	RE
	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	[a]	APO-Valaciclovir	TX
						[a]	Valtrex	GK
						[a]	Zelitrex	RE

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	
	ALPROSTADIL							
	Authority required							
	Specific accepted war-caused or service-related disabilities for males with vasculogenic, psychogenic or neurogenic erectile dysfunction.							
	Authorisation will not be given for any additional prescriptions within 6 months or for any increased quantities or repeats.							
4579B	Intracavernosal injection 10 micrograms with diluent in single use syringe	6	3	..	*82.62	5.60	Caverject Impulse	PF
4580C	Intracavernosal injection 20 micrograms with diluent in single use syringe	6	3	..	*103.62	5.60	Caverject Impulse	PF
	DICLOFENAC SODIUM with MISOPROSTOL							
	Authority required							
	Patients requiring an NSAID in whom a risk of upper gastrointestinal complications is high or with a history of peptic ulcer disease.							
4190M	Tablet 50 mg-200 micrograms	60	2	..	37.78	5.60	Arthrotec 50	PF
	MORPHINE SULFATE							
	Caution							
	The risk of drug dependence is high.							
	Restricted benefit							
	Chronic severe disabling pain not responding to non-narcotic analgesics.							
	Note							
	Authorities for increased maximum quantities and/or repeats will be granted only for (i) chronic severe disabling pain associated with proven malignant neoplasia; or							
	(ii) chronic severe disabling pain where treatment has been initiated by a specialist with appropriate expertise in pain management.							
4349X	Tablet 200 mg (controlled release)	28	..	..	121.86	5.60	MS Contin	MF