Australian Government

Department of Health and Ageing

SCHEDULE OF PHARMACEUTICAL BENEFITS

SUMMARY OF CHANGES

EFFECTIVE 1 September 2011

PHARMACEUTICAL BENEFITS

These changes to the Schedule of Pharmaceutical Benefits are effective from 1 September 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 September 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	$1.09
	Extemporaneously-prepared	$1.44
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

5276Q **Calcipotriol with Betamethasone Dipropionate**, Gel 50 micrograms-500 micrograms (base) per g (0.005%-0.05%), 30 g *(Daivobet 50/500 gel)*

5447Q **Cetuximab**, Solution for I.V. infusion 100 mg in 20 mL *(Erbitux)*

5448R **Cetuximab**, Solution for I.V. infusion 500 mg in 100 mL *(Erbitux)*

5564W **Ciprofloxacin**, Eye drops 3 mg per mL (0.3%), 5 mL *(Ciloxan, CiloQuin)* **(Optometrical)**

5436D **Clopidogrel**, Tablet 75 mg *(Clopidogrel DRLA)*

5445N **Dalteparin Sodium (low Molecular Weight Heparin Sodium—porcine mucous)** , Injection 12,500 units (anti-Xa) in 0.5 mL single dose pre-filled syringe *(Fragmin)*

5565X **Dexamethasone**, Eye drops 1 mg per mL (0.1%), 5 mL *(Maxidex)* **(Optometrical)**

5434B **Enoxaparin Sodium**, Injection 80 mg (8,000 i.u. anti-Xa) in 0.8 mL pre-filled syringe *(Clexane)*

5435C **Enoxaparin Sodium**, Injection 100 mg (10,000 i.u. anti-Xa) in 1 mL pre-filled syringe *(Clexane)*

5265D **Fentanyl**, Transdermal patch 1.28 mg (releasing approximately 12 micrograms per hour) *(Denpax)*

5437E **Fentanyl**, Transdermal patch 2.063 mg (releasing approximately 12 micrograms per hour) *(Fenpatch 12)*

5438F **Fentanyl**, Transdermal patch 4.125 mg (releasing approximately 25 micrograms per hour) *(Fenpatch 25)*

5439G **Fentanyl**, Transdermal patch 8.25 mg (releasing approximately 50 micrograms per hour) *(Fenpatch 50)*

5440H **Fentanyl**, Transdermal patch 12.375 mg (releasing approximately 75 micrograms per hour) *(Fenpatch 75)*

5441J **Fentanyl**, Transdermal patch 16.5 mg (releasing approximately 100 micrograms per hour) *(Fenpatch 100)*

8985X **Ferrous Fumarate**, Tablet 200 mg (equivalent to 65.7 mg iron) *(Ferro-tab)*

5262Y **Fingolimod**, Capsule 500 micrograms (as hydrochloride) *(Gilenya)*

5446P **Fluconazole**, Powder for oral suspension 50 mg in 5 mL, 35 mL *(Diflucan)*

2255Q **Flupenthixol Decanoate**, Oily I.M. injection 20 mg in 1 mL *(Fluanxol Depot)*

5566Y **Gentamicin Sulfate**, Eye drops 3 mg (base) per mL (0.3%), 5 mL *(Genoptic)* **(Optometrical)**

5266E **Glucose Indicator—blood**, Test strips, 50 *(TRUEresult)*

5267F **Glucose Indicator—blood**, Test strips, 50 *(TRUEbalance)*

5268G **Glucose Indicator—blood**, Test strips, 50 *(TRUEresult)*

5269H **Glucose Indicator—blood**, Test strips, 50 *(TRUEbalance)*

5443L **Imatinib**, Tablet 100 mg (as mesylate) *(Glivec)*

5444M **Imatinib**, Tablet 400 mg (as mesylate) *(Glivec)*

5567B **Ofloxacin**, Eye drops 3 mg per mL (0.3%), 5 mL *(Ocuflox)* **(Optometrical)**

5568C **Prednisolone Acetate with Phenylephrine Hydrochloride**, Eye drops 10 mg-1.2 mg per mL (1%-0.12%), 10 mL *(Prednefrin Forte)* **(Optometrical)**

5569D **Tobramycin**, Eye drops 3 mg per mL (0.3%), 5 mL *(Tobrex)* **(Optometrical)**

5570E **Tobramycin**, Eye ointment 3 mg per g (0.3%), 3.5 g *(Tobrex)* **(Optometrical)**

8097E **Zuclopenthixol Decanoate**, Oily I.M. injection 200 mg in 1 mL *(Clopixol Depot)*

Additions – Brands

8700X *Escitalopram-DRLA, RZ* – **Escitalopram**, Tablet 10 mg (as oxalate)

8701Y *Escitalopram-DRLA, RZ* – **Escitalopram**, Tablet 20 mg (as oxalate)

8506Q *Exemestane Pfizer, FZ* – **Exemestane**, Tablet 25 mg

8226Y *Ondansetron Alphapharm, AF* – **Ondansetron**, I.V. injection 4 mg (as hydrochloride dihydrate) in 2 mL

1596B *Ondansetron Alphapharm, AF* – **Ondansetron**, I.V. injection 4 mg (as hydrochloride dihydrate) in 2 mL

8227B *Ondansetron Alphapharm, AF* – **Ondansetron**, I.V. injection 8 mg (as hydrochloride dihydrate) in 4 mL

1597C *Ondansetron Alphapharm, AF* – **Ondansetron**, I.V. injection 8 mg (as hydrochloride dihydrate) in 4 mL

3050M *Idaprex 2, SZ* – **Perindopril**, Tablet containing 2 mg perindopril erbumine

3051N *Idaprex 4, SZ* – **Perindopril**, Tablet containing 4 mg perindopril erbumine

8704D *Idaprex 8, SZ* – **Perindopril**, Tablet containing 8 mg perindopril erbumine

8449Q *Idaprex Combi 4/1.25, SZ* – **Perindopril with Indapamide Hemihydrate**, Tablet containing 4 mg perindopril erbumine-1.25 mg indapamide hemihydrate

Addition – Equivalence Indicator

8878G *Durogesic 12, JC* – **Fentanyl**, Transdermal patch 2.1 mg (releasing approximately 12 micrograms per hour)

Deletions

Deletions – Items

3109P **Amiloride Hydrochloride**, Tablet 5 mg *(Kaluril)*

1157X **Cimetidine**, Tablet 200 mg *(Magicul 200)*

1017M **Clotrimazole**, Cream 10 mg per g (1%), 20 g *(Clonea)*

2587E **Isosorbide Dinitrate**, Tablet 10 mg *(Sorbidin)*

3037W **Minocycline**, Capsule 100 mg *(Akamin 100)*

2325J **Neomycin Sulfate**, Tablet 500 mg *(Neosulf)*

2047R **Sulindac**, Tablet 100 mg *(Aclin)*

2048T **Sulindac**, Tablet 200 mg *(Aclin 200)*

5217N **Sulindac**, Tablet 100 mg *(Aclin)* **(Dental)**

5218P **Sulindac**, Tablet 200 mg *(Aclin 200)* **(Dental)**

5381F **Sulindac**, Tablet 100 mg *(Aclin)* **(Palliative)**

5382G **Sulindac**, Tablet 200 mg *(Aclin 200)* **(Palliative)**

5383H **Sulindac**, Tablet 100 mg *(Aclin)* **(Palliative)**

5384J **Sulindac**, Tablet 200 mg *(Aclin 200)* **(Palliative)**

2949F **Trimethoprim with Sulfamethoxazole**, Tablet 80 mg-400 mg *(Resprim)*

3389J **Trimethoprim with Sulfamethoxazole**, Tablet 80 mg-400 mg *(Resprim)* **(Dental)**

Deletions – Brands

1446D *Parlodel, NV* – **Bromocriptine Mesylate**, Capsule 5 mg (base)

1445C *Parlodel, NV* – **Bromocriptine Mesylate**, Capsule 10 mg (base)

2709N *Vibramycin, PF* – **Doxycycline**, Tablet 100 mg (as hydrochloride)

2702F *Vibramycin, PF* – **Doxycycline**, Tablet 100 mg (as hydrochloride)

2714W *Vibramycin, PF* – **Doxycycline**, Tablet 100 mg (as hydrochloride)

3321T *Vibramycin, PF* – **Doxycycline**, Tablet 100 mg (as hydrochloride) **(Dental)**

8505P *Gantin, AW* – **Gabapentin**, Capsule 100 mg

Deletion – Equivalence Indicator

1446D *Kripton 5, AF* – **Bromocriptine Mesylate**, Capsule 5 mg (base)

1445C *Kripton 10, AF* – **Bromocriptine Mesylate**, Capsule 10 mg (base)

Deletion – Note

9111M *Glivec, NV* – **Imatinib**, Tablet 100 mg (as mesylate)

9112N *Glivec, NV* – **Imatinib**, Tablet 400 mg (as mesylate)

Alterations

Alterations – Number of Repeats

		From:	*To:*
2816F	**Dalteparin Sodium (low Molecular Weight Heparin Sodium—porcine mucous)** , Injection 5,000 units (anti-Xa) in 0.2 mL single dose pre-filled syringe *(Fragmin)*	1	0
8603T	**Dalteparin Sodium (low Molecular Weight Heparin Sodium—porcine mucous)** , Injection 2,500 units (anti-Xa) in 0.2 mL single dose pre-filled syringe *(Fragmin)*	1	0
3418X	**Pramipexole Hydrochloride**, Tablet 0.375 mg (extended release) *(Sifrol ER)*	0	5

Alterations – Maximum Quantity

		From:	*To:*
2816F	**Dalteparin Sodium (low Molecular Weight Heparin Sodium—porcine mucous)** , Injection 5,000 units (anti-Xa) in 0.2 mL single dose pre-filled syringe *(Fragmin)*	10	20
8603T	**Dalteparin Sodium (low Molecular Weight Heparin Sodium—porcine mucous)** , Injection 2,500 units (anti-Xa) in 0.2 mL single dose pre-filled syringe *(Fragmin)*	10	20
8752P	**Mesalazine**, Suppository 1 g *(Pentasa)*	28	30

Alteration – Authorised Prescriber

The following items can no longer be prescribed by Nurse Practitioners.

2308L **Calcium Folinate**, Tablet equivalent to 15 mg folinic acid *(Leucovorin Calcium (Hospira Pty Limited))*

8740B **Calcium Folinate**, Injection equivalent to 50 mg folinic acid in 5 mL *(Leucovorin Calcium (Hospira Pty Limited), Leucovorin Calcium (Pfizer Australia Pty Ltd), Calcium Folinate Ebewe)*

8812T **Calcium Folinate**, Injection equivalent to 100 mg folinic acid in 10 mL *(Leucovorin Calcium (Pfizer Australia Pty Ltd), Calcium Folinate Ebewe)*

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

Alterations – Restriction

9111M **Imatinib**, Tablet 100 mg (as mesylate) *(Glivec)*

9112N **Imatinib**, Tablet 400 mg (as mesylate) *(Glivec)*

8780D **Risperidone**, Powder for I.M. injection 25 mg (modified release) with 2 mL diluent in pre-filled syringe *(Risperdal Consta)*

8781E **Risperidone**, Powder for I.M. injection 37.5 mg (modified release) with 2 mL diluent in pre-filled syringe *(Risperdal Consta)*

8782F **Risperidone**, Powder for I.M. injection 50 mg (modified release) with 2 mL diluent in pre-filled syringe *(Risperdal Consta)*

Alterations – Notes

8358X **Clopidogrel**, Tablet 75 mg (as hydrogen sulfate) *(Iscover, Plavix, Clopidogrel Sandoz, Chem mart Clopidogrel, Terry White Chemists Clopidogrel, APO-Clopidogrel, Clopidogrel Winthrop, Piax, Clopidogrel RBX)*

9354H **Clopidogrel**, Tablet 75 mg (as besilate) *(Clovix 75, Clopidogrel-GA, Clopidogrel Actavis)*

5277R **Fentanyl**, Transdermal patch 2.55 mg (releasing approximately 25 micrograms per hour) *(Denpax)*

5278T **Fentanyl**, Transdermal patch 5.10 mg (releasing approximately 50 micrograms per hour) *(Denpax)*

5279W **Fentanyl**, Transdermal patch 7.65 mg (releasing approximately 75 micrograms per hour) *(Denpax)*

5280X **Fentanyl**, Transdermal patch 10.20 mg (releasing approximately 100 micrograms per hour) *(Denpax)*

8878G **Fentanyl**, Transdermal patch 2.1 mg (releasing approximately 12 micrograms per hour) *(Durogesic 12)*

8891Y **Fentanyl**, Transdermal patch 4.2 mg (releasing approximately 25 micrograms per hour) *(Durogesic 25)*

8892B **Fentanyl**, Transdermal patch 8.4 mg (releasing approximately 50 micrograms per hour) *(Durogesic 50)*

8893C **Fentanyl**, Transdermal patch 12.6 mg (releasing approximately 75 micrograms per hour) *(Durogesic 75)*

8894D **Fentanyl**, Transdermal patch 16.8 mg (releasing approximately 100 micrograms per hour) *(Durogesic 100)*

Alterations – Manufacturer's Code

		From:	*To:*
2080L	*Daivonex, LO* – **Calcipotriol**, Cream 50 micrograms per g (0.005%), 30 g	CS	LO
9163G	*Daivonex, LO* – **Calcipotriol**, Scalp solution 50 micrograms per mL (0.005%), 30 mL	CS	LO
9494Q	*Daivobet, LO* – **Calcipotriol with Betamethasone Dipropionate**, Ointment 50 micrograms-500 micrograms (base) per g (0.005%-0.05%), 30 g	CS	LO
1968N	*Filpril, FZ* – **Quinapril**, Tablet 5 mg (as hydrochloride)	AL	FZ
1969P	*Filpril, FZ* – **Quinapril**, Tablet 10 mg (as hydrochloride)	AL	FZ
1970Q	*Filpril, FZ* – **Quinapril**, Tablet 20 mg (as hydrochloride)	AL	FZ

SECTION 100 – HIGHLY SPECIALISED DRUGS PROGRAM

Alterations

Alterations – Restriction

5654N **Deferasirox**, Tablet 125 mg (dispersible) *(Exjade)* **(Public)**

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

5655P **Deferasirox**, Tablet 250 mg (dispersible) *(Exjade)* **(Public)**

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

5656Q **Deferasirox**, Tablet 500 mg (dispersible) *(Exjade)* **(Public)**

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

5830W **Filgrastim**, Injection 120 micrograms in 0.2 mL single use pre-filled syringe *(Nivestim)* **(Private)**

5829T **Filgrastim**, Injection 120 micrograms in 0.2 mL single use pre-filled syringe *(Nivestim)* **(Public)**

6291D **Filgrastim**, Injection 300 micrograms in 0.5 mL single use pre-filled syringe *(Neupogen)* **(Private)**

5742F **Filgrastim**, Injection 300 micrograms in 0.5 mL single use pre-filled syringe *(Neupogen)* **(Public)**

9693E **Filgrastim**, Injection 300 micrograms in 0.5 mL single use pre-filled syringe *(Nivestim)* **(Private)**

9692D **Filgrastim**, Injection 300 micrograms in 0.5 mL single use pre-filled syringe *(Nivestim)* **(Public)**

6126K **Filgrastim**, Injection 300 micrograms in 1 mL *(Neupogen)* **(Private)**

5741E **Filgrastim**, Injection 300 micrograms in 1 mL *(Neupogen)* **(Public)**

6292E **Filgrastim**, Injection 480 micrograms in 0.5 mL single use pre-filled syringe *(Neupogen)* **(Private)**

5744H **Filgrastim**, Injection 480 micrograms in 0.5 mL single use pre-filled syringe *(Neupogen)* **(Public)**

9695G **Filgrastim**, Injection 480 micrograms in 0.5 mL single use pre-filled syringe *(Nivestim)* **(Private)**

9694F **Filgrastim**, Injection 480 micrograms in 0.5 mL single use pre-filled syringe *(Nivestim)* **(Public)**

6127L **Filgrastim**, Injection 480 micrograms in 1.6 mL *(Neupogen)* **(Private)**

5743G **Filgrastim**, Injection 480 micrograms in 1.6 mL *(Neupogen)* **(Public)**

9514R **Pegfilgrastim**, Injection 6 mg in 0.6 mL single use pre-filled syringe *(Neulasta)* **(Public)**

6363X **Pegfilgrastim**, Injection 6 mg in 0.6 mL single use pre-filled syringe *(Neulasta)* **(Private)**

SECTION 100 – OPIATE DEPENDENCE TREATMENT PROGRAM

Additions

Additions – Items

9749D **Buprenorphine with Naloxone**, Film (soluble) 2 mg (as hydrochloride)-0.5 mg (as hydrochloride) *(Suboxone Film 2/0.5)*

9750E **Buprenorphine with Naloxone**, Film (soluble) 8 mg (as hydrochloride)-2 mg (as hydrochloride) *(Suboxone Film 8/2)*

REPATRIATION PHARMACEUTICAL BENEFITS

Deletions

Deletions – Items

4365R **Oestradiol**, Implant 50 mg *(Merck Sharp & Dohme (Australia) Pty Ltd)*

4366T **Oestradiol**, Implant 100 mg *(Merck Sharp & Dohme (Australia) Pty Ltd)*

Deletions – Brands

4591P *Gantin, AW* – **Gabapentin**, Capsule 100 mg

Alterations

Alterations – Manufacturer's Code

		From:	*To:*
4493L	*Accomin Adult Tonic, PF* – **Vitamin B Group Complex**, Oral liquid 200 mL	WT	PF

Advance Notices

Advance Notices - Deletion of Item

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

3176E **Norethisterone with Mestranol**, Tablets 1 mg-50 micrograms, 21 *(Norinyl-1)*

Advance Notices – Deletion of Brand

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

2344J *Cardinorm, HX* – **Amiodarone**, Tablet containing amiodarone hydrochloride 100 mg

2343H *Cardinorm, HX* – **Amiodarone**, Tablet containing amiodarone hydrochloride 200 mg

8280T *Vinorelbine Link, FU* – **Vinorelbine**, Solution for I.V. infusion 10 mg (as tartrate) in 1 mL

8281W *Vinorelbine Link, FU* – **Vinorelbine**, Solution for I.V. infusion 50 mg (as tartrate) in 5 mL

The following brand will be deleted from the Schedule of Pharmaceutical Benefits on 1 November 2011:

Brand deletion requested by the manufacturer—

1357K *Prothiaden, AB* – **Dothiepin Hydrochloride**, Capsule 25 mg

The following brand will be deleted from the Schedule of Pharmaceutical Benefits on 1 December 2011:
Brand discontinued by the manufacturer—

2776D *Synphasic, PF* – **Norethisterone with Ethinyloestradiol**, Pack containing 12 tablets 500 micrograms-35 micrograms, 9 tablets 1 mg-35 micrograms and 7 inert tablets

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	
	CALCIPOTRIOL **Restricted benefit** Chronic stable plaque type psoriasis vulgaris. **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.								
2080L *NP*	Cream 50 micrograms per g (0.005%), 30 g	‡1	1	..	28.06	29.15		Daivonex	LO
	CALCIPOTRIOL **Restricted benefit** Chronic stable plaque type psoriasis vulgaris of the scalp. **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.								
9163G *NP*	Scalp solution 50 micrograms per mL (0.005%), 30 mL	‡1	1	..	28.06	29.15		Daivonex	LO
	CALCIPOTRIOL with BETAMETHASONE DIPROPIONATE **Restricted benefit** Chronic stable plaque type psoriasis vulgaris in a patient who is not adequately controlled with either calcipotriol or potent topical corticosteroid monotherapy. **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.								
9494Q *NP*	Ointment 50 micrograms-500 micrograms (base) per g (0.005%-0.05%), 30 g	‡1	1	..	41.89	34.20		Daivobet	LO
	CALCIPOTRIOL with BETAMETHASONE DIPROPIONATE **Restricted benefit** Chronic stable plaque type psoriasis vulgaris of the scalp in a patient who is not adequately controlled with either calcipotriol or potent topical corticosteroid monotherapy. **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.								
5276Q *NP*	Gel 50 micrograms-500 micrograms (base) per g (0.005%-0.05%), 30 g	‡1	1	..	41.89	34.20		Daivobet 50/500 gel	LO
	CALCIUM FOLINATE								
8740B	Injection equivalent to 50 mg folinic acid in 5 mL	5	5	..	*146.07	34.20	[a]	Leucovorin Calcium (Hospira Pty Limited)	HH
				..	146.10	34.20	[a]	Calcium Folinate Ebewe	SZ
				..	*147.04	34.20	[a]	Leucovorin Calcium (Pfizer Australia Pty Ltd)	PF
8812T	Injection equivalent to 100 mg folinic acid in 10 mL	10	1	..	*258.72	34.20	[a]	Calcium Folinate Ebewe	SZ
				..	258.78	34.20	[a]	Leucovorin Calcium (Pfizer Australia Pty Ltd)	PF
9041W	Injection equivalent to 300 mg folinic acid in	4	1	..	*298.50	34.20	[a]	Calcium Folinate	SZ

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	
	30 mL						a	Ebewe Leucovorin Calcium (Hospira Pty Limited)	HH

CALCIUM FOLINATE
Restricted benefit
Antidote to folic acid antagonists.

2308L	Tablet equivalent to 15 mg folinic acid	10	..	..	96.31	34.20		Leucovorin Calcium (Hospira Pty Limited)	HH

CETUXIMAB
Authority required
Initial PBS-subsidised treatment, as monotherapy or in combination with an irinotecan based therapy, of a patient with a WHO performance status of 2 or less and with K-RAS wild type metastatic colorectal cancer after failure of first-line chemotherapy;

Conitnuing PBS-subsidised treatment, as monotherapy or in combination with an irinotecan based therapy, of a patient with K-RAS wild type metastatic colorectal cancer who has previously been issued with an authority prescription for cetuximab and who does not have progressive disease.

Note
Cetuximab is not PBS-subsidised for use in combination with bevacizumab or oxaliplatin based therapies.

Note
Special Pricing Arrangements apply.

5447Q	Solution for I.V. infusion 100 mg in 20 mL	1	..	..	391.06	34.20		Erbitux	SG
5448R	Solution for I.V. infusion 500 mg in 100 mL	1	..	..	1851.36	34.20		Erbitux	SG

CLOPIDOGREL
Authority required (STREAMLINED)
1719
Prevention of recurrence of ischaemic stroke or transient cerebral ischaemic events in patients with a history of symptomatic cerebrovascular ischaemic episodes while on therapy with low-dose aspirin;

1720
Prevention of recurrence of ischaemic stroke or transient cerebral ischaemic events in patients where low-dose aspirin poses an unacceptable risk of gastrointestinal bleeding;

1721
Prevention of recurrence of ischaemic stroke or transient cerebral ischaemic events in patients where there is a history of anaphylaxis, urticaria or asthma within 4 hours of ingestion of aspirin, other salicylates, or NSAIDs;

1722
Prevention of recurrence of myocardial infarction or unstable angina in patients with a history of symptomatic cardiac ischaemic events while on therapy with low-dose aspirin;

1723
Prevention of recurrence of myocardial infarction or unstable angina in patients where low-dose aspirin poses an unacceptable risk of gastrointestinal bleeding;

1724
Prevention of recurrence of myocardial infarction or unstable angina in patients where there is a history of anaphylaxis, urticaria or asthma within 4 hours of ingestion of aspirin, other salicylates, or NSAIDs.

Note
Not for prophylaxis of DVT or peripheral arterial disease.

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.

Note
Pharmaceutical benefits that have the forms clopidogrel tablet 75 mg, clopidogrel tablet 75 mg (as besilate) and clopidogrel tablet 75 mg (as hydrogen sulfate) are equivalent for the purposes of substitution.

5436D	Tablet 75 mg	28	5	..	70.30	34.20	a	Clopidogrel DRLA	RZ

NP

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	
8358X	Tablet 75 mg (as hydrogen sulfate)	28	5	..	70.30	34.20	[a]	APO-Clopidogrel	TX
NP							[a]	Chem mart Clopidogrel	CH
							[a]	Clopidogrel RBX	RA
							[a]	Clopidogrel Sandoz	SZ
							[a]	Clopidogrel Winthrop	WA
							[a]	Iscover	BQ
							[a]	Piax	AF
							[a]	Plavix	SW
							[a]	Terry White Chemists Clopidogrel	TW
9354H	Tablet 75 mg (as besilate)	28	5	..	70.30	34.20	[a]	Clopidogrel Actavis	GQ
NP							[a]	Clopidogrel-GA	GM
							[a]	Clovix 75	QA
	DALTEPARIN SODIUM (Low Molecular Weight Heparin Sodium—porcine mucous)								
5445N	Injection 12,500 units (anti-Xa) in 0.5 mL single dose pre-filled syringe	10	1	..	125.69	34.20		Fragmin	PF
NP									
2816F	Injection 5,000 units (anti-Xa) in 0.2 mL single dose pre-filled syringe	20	..	..	*108.88	34.20		Fragmin	PF
NP									
8603T	Injection 2,500 units (anti-Xa) in 0.2 mL single dose pre-filled syringe	20	..	..	*104.74	34.20		Fragmin	PF
NP									
	ENOXAPARIN SODIUM								
	Restricted benefit								
	Haemodialysis.								
5434B	Injection 80 mg (8,000 i.u. anti-Xa) in 0.8 mL pre-filled syringe	20	3	..	*174.98	34.20		Clexane	SW
NP									
5435C	Injection 100 mg (10,000 i.u. anti-Xa) in 1 mL pre-filled syringe	20	3	..	*211.08	34.20		Clexane	SW
NP									
	ESCITALOPRAM								
	Restricted benefit								
	Major depressive disorders.								
8700X	Tablet 10 mg (as oxalate)	28	5	..	21.04	22.13	[a]	APO-Escitalopram	TX
NP							[a]	Chem mart Escitalopram	CH
							[a]	Escicor 10	MI
							[a]	Escitalopram-DRLA	RZ
							[a]	Escitalopram generichealth	GQ
							[a]	Esipram	GM
							[a]	Esitalo	SZ
							[a]	Lexam 10	QA
							[a]	LoxaLate	AF
							[a]	Pharmacor Escitalopram 10	CR
							[a]	Terry White Chemists Escitalopram	TW
				[B]3.16	24.20	22.13	[a]	Lexapro	LU
8701Y	Tablet 20 mg (as oxalate)	28	5	..	21.13	22.22	[a]	APO-Escitalopram	TX
NP							[a]	Chem mart Escitalopram	CH

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	
							[a]	Escicor 20	MI
							[a]	Escitalopram-DRLA	RZ
							[a]	Escitalopram generichealth	GQ
							[a]	Esipram	GM
							[a]	Esitalo	SZ
							[a]	Lexam 20	QA
							[a]	LoxaLate	AF
							[a]	Pharmacor Escitalopram 20	CR
							[a]	Terry White Chemists Escitalopram	TW
				[B]4.63	25.76	22.22	[a]	Lexapro	LU

EXEMESTANE

Restricted benefit

Treatment of hormone-dependent advanced breast cancer in post-menopausal women with disease progression following treatment with tamoxifen citrate;

Treatment of hormone-dependent early breast cancer in post-menopausal women following a minimum of 2 years' treatment with tamoxifen citrate.

Note

This drug is not PBS-subsidised for primary prevention of breast cancer.
This drug is not PBS-subsidised for adjuvant hormonal treatment of early breast cancer extended beyond 5 years, i.e. a patient who has received 2 years of tamoxifen therapy may only receive 3 years of PBS-subsidised treatment with exemestane.

Note

Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

8506Q *NP*	Tablet 25 mg	30	5	..	152.38	34.20	[a]	Aromasin	PF
							[a]	Exaccord	RA
							[a]	Exemestane Pfizer	FZ

FENTANYL

Caution

The risk of drug dependence is high.

Restricted benefit

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

Note

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

(ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or

(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or

(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.

Note

Fentanyl transdermal patches are not recommended in opioid naive patients with non-cancer pain, because of a high incidence of adverse events in these patients. Patients with cancer pain may be initiated on the lowest strength patch (12 micrograms per hour).

Pharmaceutical benefits that have the forms fentanyl transdermal patch 2.063 mg, fentanyl transdermal patch 1.28 mg and fentanyl transdermal patch 2.1 mg (all releasing approximately 12 micrograms per hour) are equivalent for the purposes of substitution.

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	
5265D *NP*	Transdermal patch 1.28 mg (releasing approximately 12 micrograms per hour)	5	..	..	41.53	34.20	a	Denpax	AF
5437E *NP*	Transdermal patch 2.063 mg (releasing approximately 12 micrograms per hour)	5	..	..	41.53	34.20	a	Fenpatch 12	ZP
8878G *NP*	Transdermal patch 2.1 mg (releasing approximately 12 micrograms per hour)	5	..	..	41.53	34.20	a	Durogesic 12	JC

FENTANYL

Caution

The risk of drug dependence is high.

Restricted benefit

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

Note

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

(ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or

(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or

(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.

Note

Fentanyl transdermal patches are not recommended in opioid naive patients with non-cancer pain, because of a high incidence of adverse events in these patients. Patients with cancer pain may be initiated on the lowest strength patch (12 micrograms per hour).

Pharmaceutical benefits that have the forms fentanyl transdermal patch 4.125 mg, fentanyl transdermal patch 2.55 mg and fentanyl transdermal patch 4.2 mg (all releasing approximately 25 micrograms per hour) are equivalent for the purposes of substitution.

5438F *NP*	Transdermal patch 4.125 mg (releasing approximately 25 micrograms per hour)	5	..	..	49.46	34.20	a	Fenpatch 25	ZP
5277R *NP*	Transdermal patch 2.55 mg (releasing approximately 25 micrograms per hour)	5	..	..	49.46	34.20	a	Denpax	AF
8891Y *NP*	Transdermal patch 4.2 mg (releasing approximately 25 micrograms per hour)	5	..	..	49.46	34.20	a	Durogesic 25	JC

FENTANYL

Caution

The risk of drug dependence is high.

Restricted benefit

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

Note

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

(ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or

(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or

(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.

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	
	Note Fentanyl transdermal patches are not recommended in opioid naive patients with non-cancer pain, because of a high incidence of adverse events in these patients. Patients with cancer pain may be initiated on the lowest strength patch (12 micrograms per hour). Pharmaceutical benefits that have the forms fentanyl transdermal patch 8.25 mg, fentanyl transdermal patch 5.10 mg and fentanyl transdermal patch 8.4 mg (all releasing approximately 50 micrograms per hour) are equivalent for the purposes of substitution.								
5439G *NP*	Transdermal patch 8.25 mg (releasing approximately 50 micrograms per hour)	5	..	..	81.58	34.20	[a]	Fenpatch 50	ZP
5278T *NP*	Transdermal patch 5.10 mg (releasing approximately 50 micrograms per hour)	5	..	..	81.58	34.20	[a]	Denpax	AF
8892B *NP*	Transdermal patch 8.4 mg (releasing approximately 50 micrograms per hour)	5	..	..	81.58	34.20	[a]	Durogesic 50	JC
	FENTANYL **Caution** The risk of drug dependence is high. **Restricted benefit** Chronic severe disabling pain not responding to non-narcotic analgesics. **Note** Authorities for increased maximum quantities and/or repeats will be granted only for: (i) chronic severe disabling pain associated with proven malignant neoplasia; or (ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or (iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or (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. **Note** Fentanyl transdermal patches are not recommended in opioid naive patients with non-cancer pain, because of a high incidence of adverse events in these patients. Patients with cancer pain may be initiated on the lowest strength patch (12 micrograms per hour). Pharmaceutical benefits that have the forms fentanyl transdermal patch 12.375 mg, fentanyl transdermal patch 7.65 mg and fentanyl transdermal patch 12.6 mg (all releasing approximately 75 micrograms per hour) are equivalent for the purposes of substitution.								
5440H *NP*	Transdermal patch 12.375 mg (releasing approximately 75 micrograms per hour)	5	..	..	108.37	34.20	[a]	Fenpatch 75	ZP
5279W *NP*	Transdermal patch 7.65 mg (releasing approximately 75 micrograms per hour)	5	..	..	108.37	34.20	[a]	Denpax	AF
8893C *NP*	Transdermal patch 12.6 mg (releasing approximately 75 micrograms per hour)	5	..	..	108.37	34.20	[a]	Durogesic 75	JC
	FENTANYL **Caution** The risk of drug dependence is high. **Restricted benefit** Chronic severe disabling pain not responding to non-narcotic analgesics. **Note** Authorities for increased maximum quantities and/or repeats will be granted only for: (i) chronic severe disabling pain associated with proven malignant neoplasia; or (ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or (iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS								

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	
	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.								
	Note								
	Fentanyl transdermal patches are not recommended in opioid naive patients with non-cancer pain, because of a high incidence of adverse events in these patients. Patients with cancer pain may be initiated on the lowest strength patch (12 micrograms per hour).								
	Pharmaceutical benefits that have the forms fentanyl transdermal patch 16.5 mg, fentanyl transdermal patch 10.20 mg and fentanyl transdermal patch 16.8 mg (all releasing approximately 100 micrograms per hour) are equivalent for the purposes of substitution.								
5441J *NP*	Transdermal patch 16.5 mg (releasing approximately 100 micrograms per hour)	5	..	..	132.30	34.20	a	Fenpatch 100	ZP
5280X *NP*	Transdermal patch 10.20 mg (releasing approximately 100 micrograms per hour)	5	..	..	132.30	34.20	a	Denpax	AF
8894D *NP*	Transdermal patch 16.8 mg (releasing approximately 100 micrograms per hour)	5	..	..	132.30	34.20	a	Durogesic 100	JC
	FERROUS FUMARATE								
8985X *NP*	Tablet 200 mg (equivalent to 65.7 mg iron)	60	1	..	11.62	12.71		Ferro-tab	AE
	FINGOLIMOD								
	Authority required								
	Initial treatment, as monotherapy, of clinically definite relapsing-remitting multiple sclerosis in an ambulatory (without assistance or support) patient who has 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, as monotherapy, of clinically definite relapsing-remitting multiple sclerosis in a patient previously issued with an authority prescription for this drug who does not show continuing progression of disability while on treatment with this drug and who has 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.								
	Note								
	Special Pricing Arrangements apply.								
5262Y	Capsule 500 micrograms (as hydrochloride)	28	5	..	2312.98	34.20		Gilenya	NV
	FLUCONAZOLE								
	Authority required								
	Treatment of cryptococcal meningitis in a patient unable to take a solid dose form of fluconazole;								
	Maintenance therapy in a patient with cryptococcal meningitis and immunosuppression unable to take a solid dose form of fluconazole;								
	Treatment of oropharyngeal candidiasis in an immunosuppressed patient unable to take a solid dose form of fluconazole;								
	Treatment of oesophageal candidiasis in an immunosuppressed patient unable to take a solid dose form of fluconazole;								
	Prophylaxis of oropharyngeal candidiasis in an immunosuppressed patient unable to take a solid dose form of fluconazole;								
	Treatment of serious and life-threatening candida infections in a patient unable to take a solid dose form of fluconazole.								
	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.								
5446P *NP*	Powder for oral suspension 50 mg in 5 mL, 35 mL	1	..	..	#57.85	34.20		Diflucan	PF
	FLUPENTHIXOL DECANOATE								
	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.								
2255Q	Oily I.M. injection 20 mg in 1 mL	5	..	..	20.51	21.60		Fluanxol Depot	LU

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	
NP								
	GLUCOSE INDICATOR—BLOOD							
5266E	Test strips, 50	2	5	..	*53.18	34.20	TRUEresult	NX
NP								
5267F	Test strips, 50	2	5	..	*53.18	34.20	TRUEbalance	NX
NP								

GLUCOSE INDICATOR—BLOOD

Restricted benefit

For use in patients who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

Note

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

5268G	Test strips, 50	2	11	..	*53.18	34.20	TRUEresult	NX
5269H	Test strips, 50	2	11	..	*53.18	34.20	TRUEbalance	NX

IMATINIB

Note

Any queries concerning the arrangements to prescribe imatinib mesylate 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 imatinib mesylate should be forwarded to:

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

For the following diseases, written authority is required at initiation and for continuation:
Chronic myeloid leukaemia (chronic phase);
Dermatofibrosarcoma protuberans;
Hypereosinophilic syndrome;
Chronic eosinophilic leukaemia;
Myelodysplastic or myeloproliferative disorder;
Aggressive systemic mastocytosis with eosinophilia.

Authority required

Initial PBS-subsidised treatment, for up to 3 months, of a patient with a metastatic or unresectable malignant gastrointestinal stromal tumour which has been histologically confirmed by the detection of CD117 on immunohistochemical staining.

Patients must commence treatment at a dose not exceeding 400 mg per day for at least 3 months. Authority prescriptions for a higher dose will not be approved during this initial 3 month treatment period.

Applications for authorisation must be in writing and must include:
(1) a completed authority prescription form; and
(2) a completed Imatinib Mesylate (Glivec) PBS Authority Application for Use in the Treatment of Metastatic or Unresectable Gastrointestinal Stromal Tumour - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
(i) a copy of a pathology report from an Approved Pathology Authority supporting the diagnosis of a gastrointestinal stromal tumour and confirming the presence of CD117 on immunohistochemical staining; and
(ii) a copy of the most recent (within 2 months of the application) computed tomography (CT) scan, magnetic resonance imaging (MRI) or ultrasound assessment of the tumour(s), including whether or not there is evidence of metastatic disease; and
(iii) where the application for authority to prescribe is being sought on the basis of an unresectable tumour, written evidence in support of that claim must be provided.

Authority required

Continuing PBS-subsidised treatment, at a dose of up to 600 mg per day, of a patient with a metastatic or unresectable malignant gastrointestinal stromal tumour who has previously been issued with an authority prescription for this drug.

Applications for continuing treatment may be made by telephone (1800 700 270, hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

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	
	Patients who have failed to respond or are intolerant to imatinib are no longer eligible to receive PBS-subsidised imatinib.							
	Note Patients with metastatic/unresectable disease who achieve a response to treatment at an imatinib dose of 400 mg per day should be continued at this dose and assessed for response at regular intervals. Patients who fail to achieve a response to 400 mg per day may have their dose increased to 600 mg per day. Authority applications for doses higher than 600 mg per day will not be approved. A response to treatment is defined as a decrease from baseline in the sum of the products of the perpendicular diameters of all measurable lesions of 50% or greater. (Response definition based on the Southwest Oncology Group standard criteria, see Demetri et al. N Engl J Med 2002; 347: 472-80.)							
	Note No applications for increased repeats will be authorised.							
9111M	Tablet 100 mg (as mesylate)	60	2	..	2004.98	34.20	Glivec	NV
9112N	Tablet 400 mg (as mesylate)	30	2	..	3863.60	34.20	Glivec	NV

IMATINIB

Note

Any queries concerning the arrangements to prescribe imatinib mesylate 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 imatinib mesylate should be forwarded to:

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

For the following diseases, written authority is required at initiation and for continuation:
Chronic myeloid leukaemia (chronic phase);
Dermatofibrosarcoma protuberans;
Hypereosinophilic syndrome;
Chronic eosinophilic leukaemia;
Myelodysplastic or myeloproliferative disorder;
Aggressive systemic mastocytosis with eosinophilia.

Authority required

Adjuvant treatment of a patient at high risk of recurrence following complete resection of primary gastrointestinal stromal tumour (GIST) which has been histologically confirmed by the detection of CD117 on immunohistochemical staining, at a dose not exceeding 400 mg per day for a period of 12 months.

High risk of recurrence is defined as:
Primary GIST greater than 5 cm with a mitotic count of greater than 5/50 high power fields (HPF); or
Primary GIST greater than 10 cm with any mitotic rate; or
Primary GIST with a mitotic count of greater than 10/50 HPF.
(Prognosis definition based on the Australian and New Zealand consensus approach to best practice management, see Zalcberg et al. Asia-Pacific Journal of Clinical Oncology 2008: 4.4: 188-98.)

Applications for authorisation must be in writing and must include:
(1) a completed authority prescription form; and
(2) a completed Imatinib Mesylate (Glivec) PBS Authority Application for Use in Adjuvant Treatment of Gastrointestinal Stromal Tumour - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
(i) a copy of a pathology report from an Approved Pathology Authority supporting the diagnosis of a gastrointestinal stromal tumour and confirming the presence of CD117 on immunohistochemical staining; and
(ii) a copy of the pathology report must include the size and mitotic rate of the tumour, and the date of tumour resection must be documented, which must not be more than 3 months prior to the date of this application.

Authority required

Initial treatment of a patient who was receiving adjuvant imatinib mesylate for gastrointestinal stromal tumour (GIST) prior to 1 September 2011 and who meets the PBS eligibility criteria for adjuvant treatment with imatinib mesylate of a patient at high risk of recurrence following complete resection of primary GIST. The patient is eligible to receive sufficient imatinib at a dose of 400 mg per day to complete 12 months of combined PBS-subsidised and non-PBS-subsidised therapy.

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	
	Applications for authorisation must be in writing and must include: (1) a completed authority prescription form; and (2) a completed Imatinib Mesylate (Glivec) PBS Authority Application for Use in Adjuvant Treatment of Gastrointestinal Stromal Tumour - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following: (i) a copy of a pathology report from an Approved Pathology Authority supporting the diagnosis of a gastrointestinal stromal tumour and confirming the presence of CD117 on immunohistochemical staining; and (ii) a copy of the pathology report must include the size and mitotic rate of the tumour, and the date of tumour resection must be documented.								
5443L	Tablet 100 mg (as mesylate)	60	5	..	2004.98	34.20		Glivec	NV
5444M	Tablet 400 mg (as mesylate)	30	5	..	3863.60	34.20		Glivec	NV
	MESALAZINE **Restricted benefit** Acute episode of mild to moderate ulcerative proctitis. **Note** Not for the treatment of Crohn disease. **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. **Note** No applications for increased maximum quantities and/or repeats will be authorised.								
8752P *NP*	Suppository 1 g	30	1	..	136.39	34.20		Pentasa	FP
	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.								
8226Y *NP*	I.V. injection 4 mg (as hydrochloride dihydrate) in 2 mL	1	..	..	16.90	17.99	[a]	Ondansetron Alphapharm	AF
							[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	..	..	23.06	24.15	[a]	Ondansetron Alphapharm	AF
							[a]	Ondansetron-Claris	AE
							[a]	Ondaz	SZ
							[a]	Onsetron	ZP
							[a]	Pfizer Australia Pty Ltd	PF
							[a]	Zofran	GK
	ONDANSETRON **Authority required (STREAMLINED)** ***3611*** Management of nausea and vomiting associated with radiotherapy being used to treat malignancy.								
1596B *NP*	I.V. injection 4 mg (as hydrochloride dihydrate) in 2 mL	1	..	..	16.90	17.99	[a]	Ondansetron Alphapharm	AF
							[a]	Ondansetron-Claris	AE
							[a]	Ondaz	SZ
							[a]	Onsetron	ZP

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	
							[a]	Pfizer Australia Pty Ltd	PF
							[a]	Zofran	GK
1597C *NP*	I.V. injection 8 mg (as hydrochloride dihydrate) in 4 mL	1	..	..	23.06	24.15	[a]	Ondansetron Alphapharm	AF
							[a]	Ondansetron-Claris	AE
							[a]	Ondaz	SZ
							[a]	Onsetron	ZP
							[a]	Pfizer Australia Pty Ltd	PF
							[a]	Zofran	GK
	PERINDOPRIL **Note** Bioequivalence has been demonstrated between perindopril erbumine 2 mg and perindopril arginine 2.5 mg.								
3050M *NP*	Tablet containing 2 mg perindopril erbumine	30	5	..	12.27	13.36	[a]	APO-Perindopril	TX
							[a]	Chem mart Perindopril	CH
							[a]	GenRx Perindopril	GX
							[a]	Idaprex 2	SZ
							[a]	Indopril 2	QA
							[a]	Ozapace	RA
							[a]	Perindo	AF
							[a]	Perindopril 2	CR
							[a]	Perindopril-DP	GN
							[a]	Perindopril-GA	GM
							[a]	Terry White Chemists Perindopril	TW
	PERINDOPRIL **Note** Bioequivalence has been demonstrated between perindopril erbumine 4 mg and perindopril arginine 5 mg.								
3051N *NP*	Tablet containing 4 mg perindopril erbumine	30	5	..	17.37	18.46	[a]	APO-Perindopril	TX
							[a]	Chem mart Perindopril	CH
							[a]	GenRx Perindopril	GX
							[a]	Idaprex 4	SZ
							[a]	Indopril 4	QA
							[a]	Ozapace	RA
							[a]	Perindo	AF
							[a]	Perindopril 4	CR
							[a]	Perindopril-DP	GN
							[a]	Perindopril-GA	GM
							[a]	Terry White Chemists Perindopril	TW
	PERINDOPRIL **Note** Bioequivalence has been demonstrated between perindopril erbumine 8 mg and perindopril arginine 10 mg.								
8704D	Tablet containing 8 mg perindopril erbumine	30	5	..	23.19	24.28	[a]	APO-Perindopril	TX

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	
NP									
							[a]	Chem mart Perindopril	CH
							[a]	GenRx Perindopril	GX
							[a]	Idaprex 8	SZ
							[a]	Indopril 8	QA
							[a]	Ozapace	RA
							[a]	Perindo	AF
							[a]	Perindopril 8	CR
							[a]	Perindopril-DP	GN
							[a]	Perindopril-GA	GM
							[a]	Terry White Chemists Perindopril	TW
	PERINDOPRIL with INDAPAMIDE HEMIHYDRATE **Restricted benefit** Hypertension in a patient who is not adequately controlled with either of the drugs in the combination. **Note** Bioequivalence has been demonstrated between perindopril erbumine/indapamide hemihydrate tablet 4 mg-1.25 mg and perindopril arginine/indapamide hemihydrate tablet 5 mg-1.25 mg.								
8449Q *NP*	Tablet containing 4 mg perindopril erbumine-1.25 mg indapamide hemihydrate	30	5	..	28.22	29.31	[a]	Chem mart Perindopril/ Indapamide 4/1.25	CH
							[a]	GenRx Perindopril/ Indapamide 4/1.25	GX
							[a]	Idaprex Combi 4/1.25	SZ
							[a]	Perindo Combi 4/1.25	AF
							[a]	Terry White Chemists Perindopril/ Indapamide 4/1.25	TW
	PRAMIPEXOLE HYDROCHLORIDE **Caution** Episodes of sudden onset of sleep without warning, during activity, have been reported with this drug. **Note** Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists. **Restricted benefit** Parkinson disease. **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. **Note** No applications for increased maximum quantities and/or repeats will be approved for extended release pramipexole formulations.								
3418X *NP*	Tablet 0.375 mg (extended release)	30	5	..	22.39	23.48		Sifrol ER	BY
	QUINAPRIL								
1968N *NP*	Tablet 5 mg (as hydrochloride)	30	5	..	13.58	14.67	[a]	Acquin 5	QA
							[a]	APO-Quinapril	TX
							[a]	Aquinafil	GN

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	
							[a]	Filpril	FZ
							[a]	Pharmacor Quinapril 5	CR
							[a]	Qpril 5	AF
							[a]	Quinapril generichealth	GQ
							[a]	Quinapril Sandoz	SZ
				[B]0.46	14.04	14.67	[a]	Accupril	PF
1969P *NP*	Tablet 10 mg (as hydrochloride)	30	5	..	16.62	17.71	[a]	Acquin 10	QA
							[a]	APO-Quinapril	TX
							[a]	Aquinafil	GN
							[a]	Filpril	FZ
							[a]	Pharmacor Quinapril 10	CR
							[a]	Qpril 10	AF
							[a]	Quinapril generichealth	GQ
				[B]0.62	17.24	17.71	[a]	Accupril	PF
1970Q *NP*	Tablet 20 mg (as hydrochloride)	30	5	..	19.06	20.15	[a]	Acquin 20	QA
							[a]	APO-Quinapril	TX
							[a]	Aquinafil	GN
							[a]	Filpril	FZ
							[a]	Pharmacor Quinapril 20	CR
							[a]	Qpril 20	AF
							[a]	Quinapril-GA	GM
							[a]	Quinapril generichealth	GQ
							[a]	Quinapril Sandoz	SZ
				[B]0.95	20.01	20.15	[a]	Accupril	PF

RISPERIDONE

Authority required (STREAMLINED)

1589

Schizophrenia;

3841

Maintenance treatment, in combination with lithium or sodium valproate, of treatment refractory 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.

Note

Special Pricing Arrangements apply for the I.M. injections.

8780D *NP*	Powder for I.M. injection 25 mg (modified release) with 2 mL diluent in pre-filled syringe	2	5	..	*298.40	34.20	Risperdal Consta	JC
8781E *NP*	Powder for I.M. injection 37.5 mg (modified release) with 2 mL diluent in pre-filled syringe	2	5	..	*380.84	34.20	Risperdal Consta	JC
8782F *NP*	Powder for I.M. injection 50 mg (modified release) with 2 mL diluent in pre-filled syringe	2	5	..	*462.44	34.20	Risperdal Consta	JC

ZUCLOPENTHIXOL DECANOATE

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.

8097E *NP*	Oily I.M. injection 200 mg in 1 mL	5	..	..	27.24	28.33	Clopixol Depot	LU

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

PREPARATIONS WHICH MAY BE PRESCRIBED BY AUTHORISED OPTOMETRISTS FOR OPTOMETRICAL 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	
	CIPROFLOXACIN							
	Authority required							
	Bacterial keratitis under the supervision and direction of an opthalmologist.							
5564W	Eye drops 3 mg per mL (0.3%), 5 mL	2	..	..	*28.48	29.57 [a]	CiloQuin	IQ
				[B]2.06	*30.54	29.57 [a]	Ciloxan	AQ
	DEXAMETHASONE							
	Note							
	No applications for increased maximum quantities and/or repeats will be authorised.							
5565X	Eye drops 1 mg per mL (0.1%), 5 mL	‡1	..	..	10.61	11.70	Maxidex	AQ
	GENTAMICIN SULFATE							
	Restricted benefit							
	Perioperative use in ophthalmic surgery;							
	Suspected pseudomonal eye infection.							
5566Y	Eye drops 3 mg (base) per mL (0.3%), 5 mL	‡1	2	..	18.29	19.38	Genoptic	AG
	OFLOXACIN							
	Authority required							
	Bacterial keratitis under the supervision and direction of an opthalmologist.							
5567B	Eye drops 3 mg per mL (0.3%), 5 mL	2	..	..	*32.14	33.23	Ocuflox	AG
	PREDNISOLONE ACETATE with PHENYLEPHRINE HYDROCHLORIDE							
	Restricted benefit							
	Uveitis.							
	Note							
	No applications for increased maximum quantities and/or repeats will be authorised.							
5568C	Eye drops 10 mg-1.2 mg per mL (1%-0.12%), 10 mL	‡1	..	..	23.73	24.82	Prednefrin Forte	AG
	TOBRAMYCIN							
	Restricted benefit							
	Perioperative use in ophthalmic surgery;							
	Suspected pseudomonal eye infection.							
5569D	Eye drops 3 mg per mL (0.3%), 5 mL	‡1	2	..	19.28	20.37	Tobrex	AQ
5570E	Eye ointment 3 mg per g (0.3%), 3.5 g	‡1	..	..	22.38	23.47	Tobrex	AQ

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium $	Dispensed Price for Max. Qty $	Brand Name and Manufacturer	
	DEFERASIROX						
	Authority required						
	Chronic iron overload in patients with disorders of erythropoiesis.						
	Note						
	Special Pricing Arrangements apply.						
6499C	Tablet 125 mg (dispersible)	168	5	..	*1447.92	Exjade	NV
6500D	Tablet 250 mg (dispersible)	168	5	..	*2849.34	Exjade	NV
9600G	Tablet 500 mg (dispersible)	168	5	..	*5652.24	Exjade	NV
	FILGRASTIM						
	Authority required						
	For use in a patient undergoing induction and consolidation therapy for acute myeloid leukaemia;						
	Mobilisation of peripheral blood progenitor cells to facilitate harvest of such cells for autologous transplantation into a patient with a non-myeloid malignancy who has had myeloablative or myelosuppressive therapy;						
	Mobilisation of peripheral blood progenitor cells, in a normal volunteer, for use in allogeneic transplantation;						
	A patient receiving marrow-ablative chemotherapy and subsequent bone marrow transplantation;						
	A patient with a non-myeloid malignancy receiving marrow-ablative chemotherapy and subsequent autologous peripheral blood progenitor cell transplantation;						
	A patient with breast cancer receiving standard dose adjuvant chemotherapy who has had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;						
	A patient receiving chemotherapy for B-cell chronic lymphocytic leukaemia with fludarabine and cyclophosphamide who has had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;						
	A patient receiving first-line chemotherapy for Hodgkin disease who has had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;						
	A patient receiving chemotherapy for myeloma who has had a prior episode of febrile neutropenia, and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;						
	A patient with severe congenital neutropenia (absolute neutrophil count of less than 100 million cells per litre measured on 3 occasions, with readings at least 2 weeks apart, and in whom a bone marrow examination has shown evidence of maturational arrest of the neutrophil lineage);						
	A patient with severe chronic neutropenia (absolute neutrophil count of less than 1,000 million cells per litre measured on 3 occasions, with readings at least 2 weeks apart, or evidence of neutrophil dysfunction, and, either having experienced a life-threatening infectious episode requiring hospitalisation and treatment with intravenous antibiotics in the previous 12 months, or having recurrent clinically significant infections (a minimum of 3 in the previous 12 months));						
	A patient with chronic cyclic neutropenia (absolute neutrophil count of less than 500 million cells per litre lasting for 3 days per cycle, measured over 3 separate cycles, and, either having experienced a life-threatening infectious episode requiring hospitalisation and treatment with intravenous antibiotics, or having recurrent clinically significant infections (a minimum of 3 in the previous 12 months));						
	A patient with inoperable Stage III, IVa or IVb squamous cell carcinoma of the oral cavity, larynx, oropharynx or hypopharynx receiving neoadjuvant treatment with docetaxel in combination with cisplatin and fluorouracil who has had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned.						
	Authority required						
	A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in acute lymphoblastic leukaemia;						
	A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in breast cancer (adjuvant chemotherapy with docetaxel in combination with an anthracycline and cyclophosphamide);						
	A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in germ cell tumours;						
	A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in infants and children with CNS tumours;						
	A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in neuroblastoma;						

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium $	Dispensed Price for Max. Qty $	Brand Name and Manufacturer	
	A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in non-Hodgkin lymphoma (aggressive grades; or low grade receiving an anthracycline-containing regimen);						
	A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in relapsed Hodgkin disease;						
	A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in sarcoma;						
	A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in Hodgkin disease (first-line chemotherapy with escalated BEACOPP).						
5830W	Injection 120 micrograms in 0.2 mL single use pre-filled syringe	20	11	..	*1052.64	Nivestim	HH
6291D	Injection 300 micrograms in 0.5 mL single use pre-filled syringe	20	11	..	*2561.96	Neupogen	AN
9693E	Injection 300 micrograms in 0.5 mL single use pre-filled syringe	20	11	..	*2561.96	Nivestim	HH
6126K	Injection 300 micrograms in 1 mL	20	11	..	*2561.96	Neupogen	AN
6292E	Injection 480 micrograms in 0.5 mL single use pre-filled syringe	20	11	..	*4079.00	Neupogen	AN
9695G	Injection 480 micrograms in 0.5 mL single use pre-filled syringe	20	11	..	*4079.00	Nivestim	HH
6127L	Injection 480 micrograms in 1.6 mL	20	11	..	*4079.00	Neupogen	AN
	PEGFILGRASTIM						
	Authority required						
	For use in a patient undergoing induction and consolidation therapy for acute myeloid leukaemia;						
	A patient with breast cancer receiving standard dose adjuvant chemotherapy who has had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;						
	A patient receiving chemotherapy for B-cell chronic lymphocytic leukaemia with fludarabine and cyclophosphamide who has had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;						
	A patient receiving first-line chemotherapy for Hodgkin disease who has had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;						
	A patient receiving chemotherapy for myeloma who has had a prior episode of febrile neutropenia, and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;						
	A patient with inoperable Stage III, IVa or IVb squamous cell carcinoma of the oral cavity, larynx, oropharynx or hypopharynx receiving neoadjuvant treatment with docetaxel in combination with cisplatin and fluorouracil who has had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned.						
	Authority required						
	A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in acute lymphoblastic leukaemia;						
	A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in breast cancer (adjuvant chemotherapy with docetaxel in combination with an anthracycline and cyclophosphamide);						
	A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in germ cell tumours;						
	A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in infants and children with CNS tumours;						
	A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in neuroblastoma;						
	A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in non-Hodgkin lymphoma (aggressive grades; or low grade receiving an anthracycline-containing regimen);						
	A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in relapsed Hodgkin disease;						
	A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in sarcoma;						
	A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in Hodgkin disease (first-line chemotherapy with escalated BEACOPP).						
6363X	Injection 6 mg in 0.6 mL single use pre-filled syringe	1	11	..	1971.42	Neulasta	AN

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium $	Dispensed Price for Max. Qty $	Brand Name and Manufacturer	
	DEFERASIROX						
	Authority required (STREAMLINED)						
	3828						
	Chronic iron overload in patients with disorders of erythropoiesis.						
	Note						
	Special Pricing Arrangements apply.						
5654N	Tablet 125 mg (dispersible)	168	5	..	*1401.48	Exjade	NV
5655P	Tablet 250 mg (dispersible)	168	5	..	*2802.90	Exjade	NV
5656Q	Tablet 500 mg (dispersible)	168	5	..	*5605.80	Exjade	NV
	FILGRASTIM						
	Authority required (STREAMLINED)						
	3357						
	For use in a patient undergoing induction and consolidation therapy for acute myeloid leukaemia;						
	3358						
	Mobilisation of peripheral blood progenitor cells to facilitate harvest of such cells for autologous transplantation into a patient with a non-myeloid malignancy who has had myeloablative or myelosuppressive therapy;						
	3359						
	Mobilisation of peripheral blood progenitor cells, in a normal volunteer, for use in allogeneic transplantation;						
	3360						
	A patient receiving marrow-ablative chemotherapy and subsequent bone marrow transplantation;						
	3361						
	A patient with a non-myeloid malignancy receiving marrow-ablative chemotherapy and subsequent autologous peripheral blood progenitor cell transplantation;						
	3362						
	A patient with breast cancer receiving standard dose adjuvant chemotherapy who has had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;						
	3363						
	A patient receiving chemotherapy for B-cell chronic lymphocytic leukaemia with fludarabine and cyclophosphamide who has had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;						
	3364						
	A patient receiving first-line chemotherapy for Hodgkin disease who has had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;						
	3365						
	A patient receiving chemotherapy for myeloma who has had a prior episode of febrile neutropenia, and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;						
	3366						
	A patient with severe congenital neutropenia (absolute neutrophil count of less than 100 million cells per litre measured on 3 occasions, with readings at least 2 weeks apart, and in whom a bone marrow examination has shown evidence of maturational arrest of the neutrophil lineage);						
	3367						
	A patient with severe chronic neutropenia (absolute neutrophil count of less than 1,000 million cells per litre measured on 3 occasions, with readings at least 2 weeks apart, or evidence of neutrophil dysfunction, and, either having experienced a life-threatening infectious episode requiring hospitalisation and treatment with intravenous antibiotics in the previous 12 months, or having recurrent clinically significant infections (a minimum of 3 in the previous 12 months));						
	3368						
	A patient with chronic cyclic neutropenia (absolute neutrophil count of less than 500 million cells per litre lasting for 3 days per cycle, measured over 3 separate cycles, and, either having experienced a life-threatening infectious episode requiring hospitalisation and treatment with intravenous antibiotics, or having recurrent clinically significant infections (a minimum of 3 in the previous 12 months));						
	3369						
	A patient with inoperable Stage III, IVa or IVb squamous cell carcinoma of the oral cavity, larynx, oropharynx or hypopharynx receiving neoadjuvant treatment with docetaxel in combination with cisplatin and fluorouracil who has had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy						

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium $	Dispensed Price for Max. Qty $	Brand Name and Manufacturer	
	with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned.						
	Authority required (STREAMLINED)						
	3370						
	A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in acute lymphoblastic leukaemia;						
	3371						
	A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in breast cancer (adjuvant chemotherapy with docetaxel in combination with an anthracycline and cyclophosphamide);						
	3372						
	A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in germ cell tumours;						
	3373						
	A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in infants and children with CNS tumours;						
	3374						
	A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in neuroblastoma;						
	3375						
	A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in non-Hodgkin lymphoma (aggressive grades; or low grade receiving an anthracycline-containing regimen);						
	3376						
	A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in relapsed Hodgkin disease;						
	3377						
	A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in sarcoma;						
	3834						
	A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in Hodgkin disease (first-line chemotherapy with escalated BEACOPP).						
5829T	Injection 120 micrograms in 0.2 mL single use pre-filled syringe	20	11	..	*1006.22	Nivestim	HH
5742F	Injection 300 micrograms in 0.5 mL single use pre-filled syringe	20	11	..	*2515.54	Neupogen	AN
9692D	Injection 300 micrograms in 0.5 mL single use pre-filled syringe	20	11	..	*2515.54	Nivestim	HH
5741E	Injection 300 micrograms in 1 mL	20	11	..	*2515.54	Neupogen	AN
5744H	Injection 480 micrograms in 0.5 mL single use pre-filled syringe	20	11	..	*4032.58	Neupogen	AN
9694F	Injection 480 micrograms in 0.5 mL single use pre-filled syringe	20	11	..	*4032.58	Nivestim	HH
5743G	Injection 480 micrograms in 1.6 mL	20	11	..	*4032.58	Neupogen	AN
	PEGFILGRASTIM						
	Authority required (STREAMLINED)						
	3357						
	For use in a patient undergoing induction and consolidation therapy for acute myeloid leukaemia;						
	3362						
	A patient with breast cancer receiving standard dose adjuvant chemotherapy who has had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;						
	3363						
	A patient receiving chemotherapy for B-cell chronic lymphocytic leukaemia with fludarabine and cyclophosphamide who has had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;						
	3364						
	A patient receiving first-line chemotherapy for Hodgkin disease who has had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;						
	3365						
	A patient receiving chemotherapy for myeloma who has had a prior episode of febrile neutropenia, and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;						

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium $	Dispensed Price for Max. Qty $	Brand Name and Manufacturer	
	3369 A patient with inoperable Stage III, IVa or IVb squamous cell carcinoma of the oral cavity, larynx, oropharynx or hypopharynx receiving neoadjuvant treatment with docetaxel in combination with cisplatin and fluorouracil who has had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned. **Authority required (STREAMLINED)** ***3370*** A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in acute lymphoblastic leukaemia; ***3371*** A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in breast cancer (adjuvant chemotherapy with docetaxel in combination with an anthracycline and cyclophosphamide); ***3372*** A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in germ cell tumours; ***3373*** A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in infants and children with CNS tumours; ***3374*** A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in neuroblastoma; ***3375*** A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in non-Hodgkin lymphoma (aggressive grades; or low grade receiving an anthracycline-containing regimen); ***3376*** A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in relapsed Hodgkin disease; ***3377*** A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in sarcoma; ***3834*** A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in Hodgkin disease (first-line chemotherapy with escalated BEACOPP).						
9514R	Injection 6 mg in 0.6 mL single use pre-filled syringe	1	11	..	1925.00	Neulasta	AN

SECTION 100 (OPIATE DEPENDENCE TREATMENT PROGRAM)

Code	Name, Restriction, Manner of Administration and Form	Pack Size	Price ex manufacturer $	Brand Name and Manufacturer	
	BUPRENORPHINE with NALOXONE				
	Caution				
	Buprenorphine with naloxone soluble film and buprenorphine with naloxone sublingual tablet do not meet all the criteria for bioequivalence. Patients being switched between sublingual tablets and soluble films may therefore require a dosage adjustment.				
	Criteria for availability				
	Treatment of opiate dependence within a framework of medical, social and psychological treatment.				
	Note				
	Treatment must be in accordance with the law of the relevant State or Territory.				
	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.				
9749D *NP*	Film (soluble) 2 mg (as hydrochloride)-0.5 mg (as hydrochloride)	28	46.20	Suboxone Film 2/0.5	RC
9750E *NP*	Film (soluble) 8 mg (as hydrochloride)-2 mg (as hydrochloride)	28	132.44	Suboxone Film 8/2	RC

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	
	VITAMIN B GROUP COMPLEX							
4493L	Oral liquid 200 mL	‡1	2	..	13.34	5.60	Accomin Adult Tonic	PF