Australian Government

Department of Health and Ageing

SCHEDULE OF PHARMACEUTICAL BENEFITS

SUMMARY OF CHANGES

EFFECTIVE 1 May 2013

PHARMACEUTICAL BENEFITS

These changes to the Schedule of Pharmaceutical Benefits are effective from 1 May 2013. 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 2013 and are included, where applicable, in prices published in the Schedule —

Dispensing Fees:	Ready-prepared	$6.52
	Dangerous drug fee	$2.71
	Extemporaneously-prepared	$8.56
	Allowable additional patient charge*	$4.11
Additional Fees (for safety net prices):	Ready-prepared	$1.11
	Extemporaneously-prepared	$1.45
Patient Co-payments:	General	$36.10
	Concessional	$5.90
Safety Net Thresholds:	General	$1390.60
	Concessional	$354.00
Safety Net Card Issue Fee:		$9.06

*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

Addition – Item

2518M **Aprepitant**, aprepitant 165 mg capsule, 1 *(Emend)*
2532G **Donepezil**, donepezil hydrochloride 5 mg tablet, 28 *(Donepezil-GA, Terry White Chemists Donepezil, Donepezil generichealth, Donepezil RBX, Donepezil Sandoz, STADA Donepezil, APO-Donepezil, Chem mart Donepezil, Donepezil-DRLA, Aricept, Aridon 5, Arazil)*
2479L **Donepezil**, donepezil hydrochloride 10 mg tablet, 28 *(Donepezil RBX, APO-Donepezil, STADA Donepezil, Terry White Chemists Donepezil, Donepezil Sandoz, Arazil, Donepezil-DRLA, Chem mart Donepezil, Donepezil-GA, Aricept, Aridon 10, Donepezil generichealth)*
2463P **Galantamine**, galantamine 8 mg capsule: modified release, 28 capsules *(APO-Galantamine MR, Gamine XR, Reminyl, Galantyl)*
2537M **Galantamine**, galantamine 16 mg capsule: modified release, 28 capsules *(Reminyl, APO-Galantamine MR, Galantyl, Gamine XR)*
2531F **Galantamine**, galantamine 24 mg capsule: modified release, 28 capsules *(Reminyl, Galantyl, Gamine XR, APO-Galantamine MR)*
2492E **Memantine**, memantine hydrochloride 10 mg tablet, 56 *(Ebixa, Memanxa, APO-Memantine)*
2513G **Memantine**, memantine hydrochloride 20 mg tablet, 28 *(Ebixa)*
2477J **Rivastigmine**, rivastigmine 4.6 mg/24 hours patch, 30 *(Exelon Patch 5)*
2551G **Rivastigmine**, rivastigmine 9.5 mg/24 hours patch, 30 *(Exelon Patch 10)*
2475G **Rivastigmine**, rivastigmine 1.5 mg capsule, 56 *(Exelon)*
2493F **Rivastigmine**, rivastigmine 3 mg capsule, 56 *(Exelon)*
2494G **Rivastigmine**, rivastigmine 4.5 mg capsule, 56 *(Exelon)*
2526Y **Rivastigmine**, rivastigmine 6 mg capsule, 56 *(Exelon)*
2476H **Rivastigmine**, rivastigmine 2 mg/mL oral liquid, 120 mL *(Exelon)*
2438H **Temozolomide**, temozolomide 180 mg capsule, 5 *(Temodal)*

Addition – Brand

1891M *Pharmacor AmoxyClav 500/125, CR* – **Amoxycillin + Clavulanic Acid**, amoxycillin 500 mg + clavulanic acid 125 mg tablet, 10
5008N *Pharmacor AmoxyClav 500/125, CR* – **Amoxycillin + Clavulanic Acid**, amoxycillin 500 mg + clavulanic acid 125 mg tablet, 10 **(Dental)**
8254K *Pharmacor AmoxyClav 875/125, CR* – **Amoxycillin + Clavulanic Acid**, amoxycillin 875 mg + clavulanic acid 125 mg tablet, 10
5006L *Pharmacor AmoxyClav 875/125, CR* – **Amoxycillin + Clavulanic Acid**, amoxycillin 875 mg + clavulanic acid 125 mg tablet, 10 **(Dental)**
9155W *Drulox, GM* – **Duloxetine**, duloxetine 30 mg capsule: enteric, 28
9155W *Duloxetine-DRLA, RZ* – **Duloxetine**, duloxetine 30 mg capsule: enteric, 28
9156X *Drulox, GM* – **Duloxetine**, duloxetine 60 mg capsule: enteric, 28
9156X *Duloxetine-DRLA, RZ* – **Duloxetine**, duloxetine 60 mg capsule: enteric, 28
2958Q *Foltabs 500, PP* – **Folic Acid**, folic acid 500 microgram tablet, 100
8246B *STADA Irbesartan, TD* – **Irbesartan**, irbesartan 75 mg tablet, 30
8247C *STADA Irbesartan, TD* – **Irbesartan**, irbesartan 150 mg tablet, 30
8248D *STADA Irbesartan, TD* – **Irbesartan**, irbesartan 300 mg tablet, 30
8561N *Meloxiauro 7.5, DO* – **Meloxicam**, meloxicam 7.5 mg tablet, 30
8562P *Meloxiauro 15, DO* – **Meloxicam**, meloxicam 15 mg tablet, 30
9435N *APO-Metformin XR 500, TX* – **Metformin**, metformin hydrochloride 500 mg tablet: modified release, 120 tablets
9435N *Chem mart Metformin XR 500, CH* – **Metformin**, metformin hydrochloride 500 mg tablet: modified release, 120 tablets
9435N *Terry White Chemists Metformin XR 500, TW* – **Metformin**, metformin hydrochloride 500 mg tablet: modified release, 120 tablets
3050M *Indosyl Mono 2, FM* – **Perindopril**, perindopril erbumine 2 mg tablet, 30
3051N *Indosyl Mono 4, FM* – **Perindopril**, perindopril erbumine 4 mg tablet, 30
8704D *Indosyl Mono 8, FM* – **Perindopril**, perindopril erbumine 8 mg tablet, 30

Addition – Equivalence Indicator

2958Q *Megafol 0.5, AF* – **Folic Acid**, folic acid 500 microgram tablet, 100

Deletions

Deletion – Item

1445C **Bromocriptine**, bromocriptine 10 mg capsule, 100 *(Kripton 10)*
1159B **Cimetidine**, cimetidine 800 mg tablet, 30 *(Magicul 800)*
2416E **Levonorgestrel + Ethinyloestradiol**, levonorgestrel 100 microgram + ethinyloestradiol 20 microgram tablet [84 tablets] (&) inert substance tablet [28 tablets], 112 [4 x 28 tablets] *(Femme-Tab ED 20/100)*
1753G **Naloxone**, naloxone hydrochloride 2 mg/5 mL injection, 1 x 5 mL syringe *(Naloxone Min-I-Jet)*
3482G **Naloxone**, naloxone hydrochloride 2 mg/5 mL injection, 1 x 5 mL syringe *(Naloxone Min-I-Jet)***(Prescriber Bag)**
5175J **Naloxone**, naloxone hydrochloride 2 mg/5 mL injection, 1 x 5 mL syringe *(Naloxone Min-I-Jet)*

Deletion – Brand

8511Y *Fosamax Once Weekly, MK* – **Alendronate**, alendronate 70 mg tablet, 4
8254K *Clavycillin 875/125, CR* – **Amoxycillin + Clavulanic Acid**, amoxycillin 875 mg + clavulanic acid 125 mg tablet, 10
5006L *Clavycillin 875/125, CR* – **Amoxycillin + Clavulanic Acid**, amoxycillin 875 mg + clavulanic acid 125 mg tablet, 10 **(Dental)**
8495D *Donepezil-Synthon, ZT* – **Donepezil**, donepezil hydrochloride 5 mg tablet, 28
8496E *Donepezil-Synthon, ZT* – **Donepezil**, donepezil hydrochloride 10 mg tablet, 28
3416T *MediHealth ClearLax, ON* – **Macrogol-3350**, macrogol-3350 1 g/g oral liquid: powder for, 510 g
5426N *MediHealth ClearLax, ON* – **Macrogol-3350**, macrogol-3350 1 g/g oral liquid: powder for, 510 g **(Palliative Care)**
5427P *MediHealth ClearLax, ON* – **Macrogol-3350**, macrogol-3350 1 g/g oral liquid: powder for, 510 g **(Palliative Care)**
2430X *Glucophage, MQ* – **Metformin**, metformin hydrochloride 500 mg tablet, 100
8399C *Pantoloc, TE* – **Pantoprazole**, pantoprazole 20 mg tablet: enteric, 30 tablets
8008L *Pantoloc, TE* – **Pantoprazole**, pantoprazole 40 mg tablet: enteric, 30 tablets
8007K *Pantoloc, TE* – **Pantoprazole**, pantoprazole 40 mg tablet: enteric, 30 tablets
2285G *Terbihexal, HX* – **Terbinafine**, terbinafine 250 mg tablet, 42
2804N *Terbihexal, HX* – **Terbinafine**, terbinafine 250 mg tablet, 42

Deletion – Therapeutic Group Premium Exemption Code

Therapeutic group premium no longer applies to ranitidine 150 mg tablet: effervescent, 30 *(Zantac)* and ranitidine 150 mg/10 mL oral liquid, 300 mL *(Zantac Syrup).*
The following codes were established to provide for cases where an authority has been obtained that grants exemption from the therapeutic group premium:
8903N **Ranitidine**, ranitidine 150 mg tablet: effervescent, 30 *(Zantac)*
8905Q **Ranitidine**, ranitidine 150 mg/10 mL oral liquid, 300 mL *(Zantac Syrup)*

Alterations

Alteration – Brand Name

From:
9437Q *Arginine Amino Acid Supplement, VF* – **Arginine With Carbohydrate**, arginine with carbohydrate containing 500 mg arginine oral liquid: powder for, 30 x 4 g sachets
To:
9437Q *Arginine 500, VF* – **Arginine With Carbohydrate**, arginine with carbohydrate containing 500 mg arginine oral liquid: powder for, 30 x 4 g sachets
From:
5482M *Arginine 2000 Amino Acid Supplement, VF* – **Arginine With Carbohydrate**, arginine with carbohydrate containing 2 g arginine oral liquid: powder for, 30 x 4 g sachets
To:
5482M *Arginine 2000, VF* – **Arginine With Carbohydrate**, arginine with carbohydrate containing 2 g arginine oral liquid: powder for, 30 x 4 g sachets
From:
5481L *Citrulline 1000 Amino Acid Supplement, VF* – **Citrulline With Carbohydrate**, citrulline with carbohydrate containing 1 g citrulline oral liquid: powder for, 30 x 4 g sachets
To:
5481L *Citrulline 1000, VF* – **Citrulline With Carbohydrate**, citrulline with carbohydrate containing 1 g citrulline oral liquid: powder for, 30 x 4 g sachets
From:
9164H *Cystine Amino Acid Supplement, VF* – **Cystine With Carbohydrate**, cystine with carbohydrate containing 500 mg cystine oral liquid: powder for, 30 x 4 g sachets
To:
9164H *Cystine 500, VF* – **Cystine With Carbohydrate**, cystine with carbohydrate containing 500 mg cystine oral liquid: powder for, 30 x 4 g sachets
From:
8246B *Irbesat, GQ* – **Irbesartan**, irbesartan 75 mg tablet, 30
To:
8246B *Irbesat GH, GQ* – **Irbesartan**, irbesartan 75 mg tablet, 30
From:
8247C *Irbesat, GQ* – **Irbesartan**, irbesartan 150 mg tablet, 30
To:
8247C *Irbesat GH, GQ* – **Irbesartan**, irbesartan 150 mg tablet, 30
From:
8248D *Irbesat, GQ* – **Irbesartan**, irbesartan 300 mg tablet, 30
To:
8248D *Irbesat GH, GQ* – **Irbesartan**, irbesartan 300 mg tablet, 30
From:

8404H *Irbesatzide 150/12.5, GQ* – **Irbesartan + Hydrochlorothiazide**, irbesartan 150 mg + hydrochlorothiazide 12.5 mg tablet, 30
To:
8404H *Irbesatzide GH 150/12.5, GQ* – **Irbesartan + Hydrochlorothiazide**, irbesartan 150 mg + hydrochlorothiazide 12.5 mg tablet, 30
From:
8404H *Irabesartan/HCTZ RBX 150/12.5, RA* – **Irbesartan + Hydrochlorothiazide**, irbesartan 150 mg + hydrochlorothiazide 12.5 mg tablet, 30
To:
8404H *Irbesartan/HCTZ RBX 150/12.5, RA* – **Irbesartan + Hydrochlorothiazide**, irbesartan 150 mg + hydrochlorothiazide 12.5 mg tablet, 30
From:
8404H *Irbesartan HCT Winthrop, WA* – **Irbesartan + Hydrochlorothiazide**, irbesartan 150 mg + hydrochlorothiazide 12.5 mg tablet, 30
To:
8404H *Irbesartan HCT Winthrop 150/12.5, WA* – **Irbesartan + Hydrochlorothiazide**, irbesartan 150 mg + hydrochlorothiazide 12.5 mg tablet, 30
From:
8404H *Irbesartan HCTZ-GA, GM* – **Irbesartan + Hydrochlorothiazide**, irbesartan 150 mg + hydrochlorothiazide 12.5 mg tablet, 30
To:
8404H *Irbesartan HCTZ-GA 150/12.5, GM* – **Irbesartan + Hydrochlorothiazide**, irbesartan 150 mg + hydrochlorothiazide 12.5 mg tablet, 30
From:
8405J *Irbesatzide 300/12.5, GQ* – **Irbesartan + Hydrochlorothiazide**, irbesartan 300 mg + hydrochlorothiazide 12.5 mg tablet, 30
To:
8405J *Irbesatzide GH 300/12.5, GQ* – **Irbesartan + Hydrochlorothiazide**, irbesartan 300 mg + hydrochlorothiazide 12.5 mg tablet, 30
From:
8405J *Irbesartan HCT Winthrop, WA* – **Irbesartan + Hydrochlorothiazide**, irbesartan 300 mg + hydrochlorothiazide 12.5 mg tablet, 30
To:
8405J *Irbesartan HCT Winthrop 300/12.5, WA* – **Irbesartan + Hydrochlorothiazide**, irbesartan 300 mg + hydrochlorothiazide 12.5 mg tablet, 30
From:
8405J *Irbesartan HCTZ-GA, GM* – **Irbesartan + Hydrochlorothiazide**, irbesartan 300 mg + hydrochlorothiazide 12.5 mg tablet, 30
To:
8405J *Irbesartan HCTZ-GA 300/12.5, GM* – **Irbesartan + Hydrochlorothiazide**, irbesartan 300 mg + hydrochlorothiazide 12.5 mg tablet, 30
From:
2136K *Irbesatzide 300/25, GQ* – **Irbesartan + Hydrochlorothiazide**, irbesartan 300 mg + hydrochlorothiazide 25 mg tablet, 30
To:
2136K *Irbesatzide GH 300/25, GQ* – **Irbesartan + Hydrochlorothiazide**, irbesartan 300 mg + hydrochlorothiazide 25 mg tablet, 30
From:
2136K *Irbesartan HCT Winthrop, WA* – **Irbesartan + Hydrochlorothiazide**, irbesartan 300 mg + hydrochlorothiazide 25 mg tablet, 30
To:
2136K *Irbesartan HCT Winthrop 300/25, WA* – **Irbesartan + Hydrochlorothiazide**, irbesartan 300 mg + hydrochlorothiazide 25 mg tablet, 30
From:
2136K *Irbesartan HCTZ-GA, GM* – **Irbesartan + Hydrochlorothiazide**, irbesartan 300 mg + hydrochlorothiazide 25 mg tablet, 30
To:
2136K *Irbesartan HCTZ-GA 300/25, GM* – **Irbesartan + Hydrochlorothiazide**, irbesartan 300 mg + hydrochlorothiazide 25 mg tablet, 30
From:
9134R *Isoleucine Amino Acid Supplement, VF* – **Isoleucine With Carbohydrate**, isoleucine with carbohydrate containing 50 mg isoleucine oral liquid: powder for, 30 x 4 g sachets
To:
9134R *Isoleucine 50, VF* – **Isoleucine With Carbohydrate**, isoleucine with carbohydrate containing 50 mg isoleucine oral liquid: powder for, 30 x 4 g sachets
From:
9436P *Isoleucine 1000 Amino Acid Supplement, VF* – **Isoleucine With Carbohydrate**, isoleucine with carbohydrate containing 1 g isoleucine oral liquid: powder for, 30 x 4 g sachets
To:
9436P *Isoleucine 1000, VF* – **Isoleucine With Carbohydrate**, isoleucine with carbohydrate containing 1 g isoleucine oral liquid: powder for, 30 x 4 g sachets
From:
9384X *Phenylalanine Amino Acid Supplement, VF* – **Phenylalanine With Carbohydrate**, phenylalanine with carbohydrate containing 50 mg phenylalanine oral liquid: powder for, 30 x 4 g sachets
To:
9384X *Phenylalanine 50, VF* – **Phenylalanine With Carbohydrate**, phenylalanine with carbohydrate containing 50 mg phenylalanine oral liquid: powder for, 30 x 4 g sachets
From:
9165J *Tyrosine Amino Acid Supplement, VF* – **Tyrosine With Carbohydrate**, tyrosine with carbohydrate containing 1 g tyrosine oral liquid: powder for, 30 x 4 g sachets
To:
9165J *Tyrosine 1000, VF* – **Tyrosine With Carbohydrate**, tyrosine with carbohydrate containing 1 g tyrosine oral liquid: powder for, 30 x 4 g sachets
From:

9135T *Valine Amino Acid Supplement, VF* – **Valine With Carbohydrate**, valine with carbohydrate containing 50 mg valine oral liquid: powder for, 30 x 4 g sachets

To:

9135T *Valine 50, VF* – **Valine With Carbohydrate**, valine with carbohydrate containing 50 mg valine oral liquid: powder for, 30 x 4 g sachets

From:

9434M *Valine 1000 Amino Acid Supplement, VF* – **Valine With Carbohydrate**, valine with carbohydrate containing 1 g valine oral liquid: powder for, 30 x 4 g sachets

To:

9434M *Valine 1000, VF* – **Valine With Carbohydrate**, valine with carbohydrate containing 1 g valine oral liquid: powder for, 30 x 4 g sachets

Alteration – Restriction

8495D **Donepezil**, donepezil hydrochloride 5 mg tablet, 28 *(Donepezil RBX, STADA Donepezil, Donepezil-DRLA, Arazil, Donepezil-GA, Donepezil Sandoz, Aricept, APO-Donepezil, Aridon 5, Donepezil generichealth, Chem mart Donepezil, Terry White Chemists Donepezil)*

8496E **Donepezil**, donepezil hydrochloride 10 mg tablet, 28 *(APO-Donepezil, Chem mart Donepezil, Terry White Chemists Donepezil, Donepezil RBX, Donepezil generichealth, Aricept, Aridon 10, STADA Donepezil, Donepezil-GA, Arazil, Donepezil Sandoz, Donepezil-DRLA)*

8770N **Galantamine**, galantamine 8 mg capsule: modified release, 28 capsules *(Gamine XR, Galantyl, Reminyl, APO-Galantamine MR)*

8771P **Galantamine**, galantamine 16 mg capsule: modified release, 28 capsules *(APO-Galantamine MR, Gamine XR, Reminyl, Galantyl)*

8772Q **Galantamine**, galantamine 24 mg capsule: modified release, 28 capsules *(APO-Galantamine MR, Galantyl, Gamine XR, Reminyl)*

1956Y **Memantine**, memantine hydrochloride 10 mg tablet, 56 *(Ebixa, Memanxa, APO-Memantine)*

9306T **Memantine**, memantine hydrochloride 20 mg tablet, 28 *(Ebixa)*

9161E **Rivastigmine**, rivastigmine 4.6 mg/24 hours patch, 30 *(Exelon Patch 5)*

9162F **Rivastigmine**, rivastigmine 9.5 mg/24 hours patch, 30 *(Exelon Patch 10)*

8497F **Rivastigmine**, rivastigmine 1.5 mg capsule, 56 *(Exelon)*

8498G **Rivastigmine**, rivastigmine 3 mg capsule, 56 *(Exelon)*

8499H **Rivastigmine**, rivastigmine 4.5 mg capsule, 56 *(Exelon)*

8500J **Rivastigmine**, rivastigmine 6 mg capsule, 56 *(Exelon)*

8563Q **Rivastigmine**, rivastigmine 2 mg/mL oral liquid, 120 mL *(Exelon)*

Alteration – Manufacturer's Code

		From:	*To:*
2002J	*Zinnat, AS* – **Cefuroxime**, CEFUROXIME AXETIL Powder for oral suspension 125 mg (base) per 5 mL, 70 mL, 1	GK	AS
5499K	*Zinnat, AS* – **Cefuroxime**, CEFUROXIME AXETIL Powder for oral suspension 125 mg (base) per 5 mL, 70 mL, 1	GK	AS
3423E	*Byetta 5 microgram, LY* – **Exenatide**, exenatide 5 microgram/20 microlitre injection, 60 unit doses	LY	BQ
3424F	*Byetta 10 microgram, LY* – **Exenatide**, exenatide 10 microgram/40 microlitre injection, 60 unit doses	LY	BQ
8349K	*Kapanol, YN* – **Morphine**, morphine Capsule 10 mg (containing sustained release pellets), 28	GK	YN
2839K	*Kapanol, YN* – **Morphine**, morphine Capsule 20 mg (containing sustained release pellets), 28	GK	YN
2840L	*Kapanol, YN* – **Morphine**, morphine Capsule 50 mg (containing sustained release pellets), 28	GK	YN
2841M	*Kapanol, YN* – **Morphine**, morphine Capsule 100 mg (containing sustained release pellets), 28	GK	YN

SECTION 100 – HIGHLY SPECIALISED DRUGS PROGRAM

Advance Notices

Advance Notices – Deletion of Item

The following item will be deleted from the Schedule of Pharmaceutical Benefits on 1 June 2013

5730N **Epoetin Beta**, epoetin beta 20 000 international units/0.6 mL injection, 6 x 0.6 mL syringes *(NeoRecormon)***(Public)**

6486J **Epoetin Beta**, epoetin beta 20 000 international units/0.6 mL injection, 6 x 0.6 mL syringes *(NeoRecormon)***(Private)**

SECTION 100 – HUMAN GROWTH HORMONE

Deletions

Deletion – Item

6465G **Somatropin**, somatropin 15 international units (5 mg/1.5 mL) injection, 1 x 1.5 mL cartridge *(Norditropin NordiFlex)*

6466H **Somatropin**, somatropin 30 international units (10 mg/1.5 mL) injection, 1 x 1.5 mL cartridge *(Norditropin NordiFlex)*

6467J **Somatropin**, somatropin 45 international units (15 mg/1.5 mL) injection, 1 x 1.5 mL cartridge *(Norditropin NordiFlex)*

REPATRIATION PHARMACEUTICAL BENEFITS

Additions

Addition – Item

2525X **Betaine + Polyaminopropyl Biguanide**, betaine 0.1% (40 microgram/40 mL) + polyaminopropyl biguanide 0.1% (40 microgram/40 mL), 6 x 40 mL ampoules *(Prontosan Wound Irrigation Solution)*
2439J **Dressing Foam With Silicone And Silver**, dressing foam with silicone and silver 10 cm x 10 cm dressing, 5 *(Mepilex Ag)*
2470B **Dressing Foam With Silicone And Silver**, dressing foam with silicone and silver 10 cm x 10 cm dressing, 5 *(Mepilex Border Ag)*
2486W **Dressing Hydrofibre Gelling Fibre**, dressing hydrofibre gelling fibre 10 cm x 10 cm dressing, 10 *(Durafiber 66800560)*
2445Q **Dressing Hydrofibre Gelling Fibre**, dressing hydrofibre gelling fibre 15 cm x 15 cm dressing, 5 *(Durafiber 66800561)*
2462N **Dressing Hydrofibre Gelling Fibre**, dressing hydrofibre gelling fibre 2 cm x 45 cm rope, 5 *(Durafiber 66800563)*
2471C **Dressing Hydrogel**, dressing hydrogel 10 cm x 10 cm dressing, 20 *(Sorbact Absorption Dressing S98222)*
2533H **Dressing Hydrogel Foam**, dressing hydrogel foam 10 cm x 10 cm dressing, 10 *(Sorbact Foam Dressing S98310)*
2512F **Dressing Hydrogel Ribbon**, dressing hydrogel ribbon 1 cm x 50 cm dressing, 20 *(Sorbact Ribbon Gauze S98118)*
2529D **Dressing Hydrogel Ribbon**, dressing hydrogel ribbon 5 cm x 200 cm dressing, 10 *(Sorbact Ribbon Gauze S98120)*
2464Q **Ingenol Mebutate**, ingenol mebutate 0.015% gel, 3 x 470 mg tubes *(Picato)*
2468X **Ingenol Mebutate**, ingenol mebutate 0.05% gel, 2 x 470 mg tubes *(Picato)*
4043T **Thiamine**, thiamine hydrochloride 100 mg tablet, 100 *(Betavit)*

Addition – Brand

4115N *Azithromycin Sandoz, SZ* – **Azithromycin**, azithromycin 500 mg tablet, 3
4198Y *Co-Senna, PP* – **Docusate + Sennosides**, docusate sodium 50 mg + sennosides 11.27 mg tablet, 90
4233T *Finasteride Alphapharm, AF* – **Finasteride**, finasteride 5 mg tablet, 30
4233T *APO-Finasteride, TX* – **Finasteride**, finasteride 5 mg tablet, 30
4233T *Finasteride RBX, RA* – **Finasteride**, finasteride 5 mg tablet, 30
4233T *Pharmacor Finasteride 5, CR* – **Finasteride**, finasteride 5 mg tablet, 30
4303L *Pharmacy Choice Finasteride, RI* – **Finasteride**, finasteride 5 mg tablet, 28
4591P *APO-Gabapentin, TX* – **Gabapentin**, gabapentin 100 mg capsule, 100
4592Q *Gabapentin 300, CR* – **Gabapentin**, gabapentin 300 mg capsule, 100
4593R *Gabapentin 400, CR* – **Gabapentin**, gabapentin 400 mg capsule, 100
4594T *GenRx Gabapentin, GX* – **Gabapentin**, gabapentin 600 mg tablet, 100
4595W *GenRx Gabapentin, GX* – **Gabapentin**, gabapentin 800 mg tablet, 100
4559Y *APO-Imiquimod, TX* – **Imiquimod**, imiquimod 5% (12.5 mg/250 mg) cream, 12 x 250 mg sachets
4134N *APO-Imiquimod, TX* – **Imiquimod**, imiquimod 5% (12.5 mg/250 mg) cream, 12 x 250 mg sachets
4455L *Senna-Gen, PP* – **Sennoside B**, sennoside B 7.5 mg tablet, 100
4011D *GenRx Terbinafine, GX* – **Terbinafine**, terbinafine 250 mg tablet, 42

Addition – Equivalence Indicator

4198Y *Coloxyl with Senna, FM* – **Docusate + Sennosides**, docusate sodium 50 mg + sennosides 11.27 mg tablet, 90
4303L *Finpro, RZ* – **Finasteride**, finasteride 5 mg tablet, 28
4455L *Senokot, RC* – **Sennoside B**, sennoside B 7.5 mg tablet, 100

Deletions

Deletion – Item

2215N **Alendronate**, alendronate 70 mg tablet, 4 *(Fosamax Once Weekly)*

Alterations

Alteration – Brand Name

From:
4948K *TenderWet Active Cavity, HR* – **Dressing Hydroactive Debridement**, DRESSING-HYDROACTIVE (DEBRIDEMENT) Dressings 5.5 cm, 10, 1
To:
4948K *TenderWet Active Cavity 609272, HR* – **Dressing Hydroactive Debridement**, DRESSING-HYDROACTIVE (DEBRIDEMENT) Dressings 5.5 cm, 10, 1
From:
4949L *TenderWet 24 Active, HR* – **Dressing Hydroactive Debridement**, DRESSING-HYDROACTIVE (DEBRIDEMENT) Dressings 4 cm, 10, 1
To:
4949L *TenderWet 24 Active 609210, HR* – **Dressing Hydroactive Debridement**, DRESSING-HYDROACTIVE (DEBRIDEMENT) Dressings 4 cm, 10, 1

From:

4950M *TenderWet 24 Active, HR* – **Dressing Hydroactive Debridement**, DRESSING-HYDROACTIVE (DEBRIDEMENT) Dressings 7.5 cm x 7.5 cm, 10, 1

To:

4950M *TenderWet 24 Active 609213, HR* – **Dressing Hydroactive Debridement**, DRESSING-HYDROACTIVE (DEBRIDEMENT) Dressings 7.5 cm x 7.5 cm, 10, 1

GENERAL PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	No. of Rpts	Premium $	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $	Brand Name and Manufacturer	
	APREPITANT **Authority required (STREAMLINED)** ***4211*** Nausea and vomiting **The Clinical criteria is:** The condition must be associated with cytotoxic chemotherapy being used to treat malignancy, **AND the Clinical criteria is:** The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone, **AND the Clinical criteria is:** Patient must be scheduled to be administered a chemotherapy regimen that includes any 1 of the following agents: altretamine; carmustine; cisplatin when a single dose constitutes a cycle of chemotherapy; cyclophosphamide at a dose of 1500 mg per square metre per day or greater; dacarbazine; procarbazine when a single dose constitutes a cycle of chemotherapy; streptozocin . No more than 1 capsule of aprepitant 165 mg will be authorised per cycle of cytotoxic chemotherapy. **Authority required (STREAMLINED)** ***4215*** Nausea and vomiting **The Clinical criteria is:** The condition must be associated with cytotoxic chemotherapy being used to treat breast cancer, **AND the Clinical criteria is:** The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone, **AND the Clinical criteria is:** Patient must be scheduled to be co-administered cyclophosphamide and an anthracycline. No more than 1 capsule of aprepitant 165 mg will be authorised per cycle of cytotoxic chemotherapy. **Authority required (STREAMLINED)** ***4213*** Nausea and vomiting **The Clinical criteria is:** The condition must be associated with moderately emetogenic cytotoxic chemotherapy being used to treat malignancy, **AND the Clinical criteria is:** The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone on day 1 of a chemotherapy cycle, **AND the Clinical criteria is:** Patient must have had a prior episode of chemotherapy induced nausea or vomiting, **AND the Clinical criteria is:** Patient must be scheduled to be administered a chemotherapy regimen that includes any 1 of the following intravenous chemotherapy agents: arsenic trioxide; azacitidine; carboplatin; cyclophosphamide at a dose of less than 1500 mg per square metre per day; cytarabine at a dose of greater than 1 g per square metre per day; dactinomycin; daunorubicin; doxorubicin; epirubicin; fotemustine; idarubicin; ifosfamide; irinotecan; melphalan; methotrexate at a dose of 250 mg to 1 g per square metre; oxaliplatin; raltitrexed . No more than 1 capsule of aprepitant 165 mg will be authorised per cycle of cytotoxic chemotherapy. Concomitant use of a 5HT3 antagonist should not occur with aprepitant on days 2 and 3 of any chemotherapy cycle. **Note** Aprepitant is not PBS-subsidised for nausea and vomiting associated with radiotherapy being used to treat malignancy. **Note** No increase in the maximum quantity or number of units may be authorised. **Note** No increase in the maximum number of repeats may be authorised.							
2518M *NP*	aprepitant 165 mg capsule, 1	1	5	..	137.89	36.10	Emend	MK
	DONEPEZIL **Authority required (STREAMLINED)** ***4219*** Mild to moderately severe Alzheimer disease Treatment Phase: Continuing **The Clinical criteria is:**							

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	No. of Rpts	Premium $	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $		Brand Name and Manufacturer	
	Patient must have received six months of sole PBS-subsidised initial therapy with this drug,								
	AND the Clinical criteria is:								
	Patient must demonstrate a clinically meaningful response to the initial treatment,								
	AND the Clinical criteria is:								
	The treatment must be the sole PBS-subsidised therapy for this condition.								
	Prior to continuing treatment, a comprehensive assessment must be undertaken and documented, involving the patient, the patient's family or carer and the treating physician to establish agreement that treatment is continuing to produce worthwhile benefit.								
	Treatment should cease if there is no agreement of benefit as there is always the possibility of harm from unnecessary use.								
	Re-assessments for a clinically meaningful response are to be undertaken and documented every six months.								
	Clinically meaningful response to treatment is demonstrated in the following areas:								
	Patient's quality of life including but not limited to level of independence and happiness;								
	Patient's cognitive function including but not limited to memory, recognition and interest in environment;								
	Patient's behavioural symptoms, including but not limited to hallucination, delusions, anxiety, marked agitation or associated aggressive behaviour.								
	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.								
2532G *NP*	donepezil hydrochloride 5 mg tablet, 28	1	5	..	81.63	36.10	[a]	APO-Donepezil	TX
							[a]	Arazil	AF
							[a]	Aricept	PF
							[a]	Aridon 5	QA
							[a]	Chem mart Donepezil	CH
							[a]	Donepezil-DRLA	RZ
							[a]	Donepezil-GA	GM
							[a]	Donepezil generichealth	GQ
							[a]	Donepezil RBX	RA
							[a]	Donepezil Sandoz	SZ
							[a]	STADA Donepezil	TD
							[a]	Terry White Chemists Donepezil	TW
2479L *NP*	donepezil hydrochloride 10 mg tablet, 28	1	5	..	81.63	36.10	[a]	APO-Donepezil	TX
							[a]	Arazil	AF
							[a]	Aricept	PF
							[a]	Aridon 10	QA
							[a]	Chem mart Donepezil	CH
							[a]	Donepezil-DRLA	RZ
							[a]	Donepezil-GA	GM
							[a]	Donepezil generichealth	GQ
							[a]	Donepezil RBX	RA
							[a]	Donepezil Sandoz	SZ
							[a]	STADA Donepezil	TD
							[a]	Terry White Chemists Donepezil	TW
	DONEPEZIL **Authority required** Mild to moderately severe Alzheimer disease								
	Treatment Phase: Initial								
	The Clinical criteria is:								
	Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 10 or more,								
	AND the Clinical criteria is:								
	The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist),								
	AND the Clinical criteria is:								
	The treatment must be the sole PBS-subsidised therapy for this condition.								
	The authority application must include the result of the baseline MMSE or SMMSE. If this score is 25 - 30 points, the result of a baseline Alzheimer								

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	No. of Rpts	Premium $	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $		Brand Name and Manufacturer	
	Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) may also be specified. The application must be made in writing, but initial supply may be sought by telephone. For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. This telephone application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment. For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised. **Authority required** Mild to moderately severe Alzheimer disease Treatment Phase: Initial **The Clinical criteria is:** Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 9 or less, **AND the Clinical criteria is:** The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND the Clinical criteria is:** The treatment must be the sole PBS-subsidised therapy for this condition. A patient who is unable to register a score of 10 or more for reasons other than their Alzheimer disease, as specified below. Such patients will need to be assessed using the Clinicians Interview Based Impression of Severity (CIBIS) scale. The authority application must include the result of the baseline (S)MMSE and specify to which group(s) (see below) the patient belongs. Patients who qualify under this criterion are from 1 or more of the following groups: (1) Unable to communicate adequately because of lack of competence in English, in people of non-English speaking background; (2) Limited education, as defined by less than 6 years of education, or who are illiterate or innumerate; (3) Aboriginal or Torres Strait Islanders who, by virtue of cultural factors, are unable to complete an (S)MMSE test; (4) Intellectual (developmental or acquired) disability, eg Down's syndrome; (5) Significant sensory impairment despite best correction, which precludes completion of an (S)MMSE test; (6) Prominent dysphasia, out of proportion to other cognitive and functional impairment. The application must be made in writing, but initial supply may be sought by telephone. For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. This telephone application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment. For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised. **Note** **Continuing Therapy Only:** For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
8495D *NP*	donepezil hydrochloride 5 mg tablet, 28	1	5	..	81.63	36.10	[a]	APO-Donepezil	TX
							[a]	Arazil	AF
							[a]	Aricept	PF
							[a]	Aridon 5	QA
							[a]	Chem mart Donepezil	CH
							[a]	Donepezil-DRLA	RZ
							[a]	Donepezil-GA	GM
							[a]	Donepezil generichealth	GQ
							[a]	Donepezil RBX	RA
							[a]	Donepezil Sandoz	SZ
							[a]	STADA Donepezil	TD
							[a]	Terry White Chemists Donepezil	TW
8496E *NP*	donepezil hydrochloride 10 mg tablet, 28	1	5	..	81.63	36.10	[a]	APO-Donepezil	TX
							[a]	Arazil	AF
							[a]	Aricept	PF
							[a]	Aridon 10	QA
							[a]	Chem mart Donepezil	CH
							[a]	Donepezil-DRLA	RZ

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							[a]	Donepezil-GA	GM
							[a]	Donepezil generichealth	GQ
							[a]	Donepezil RBX	RA
							[a]	Donepezil Sandoz	SZ
							[a]	STADA Donepezil	TD
							[a]	Terry White Chemists Donepezil	TW
	GALANTAMINE **Authority required (STREAMLINED)** ***4219*** Mild to moderately severe Alzheimer disease Treatment Phase: Continuing **The Clinical criteria is:** Patient must have received six months of sole PBS-subsidised initial therapy with this drug, **AND the Clinical criteria is:** Patient must demonstrate a clinically meaningful response to the initial treatment, **AND the Clinical criteria is:** The treatment must be the sole PBS-subsidised therapy for this condition. Prior to continuing treatment, a comprehensive assessment must be undertaken and documented, involving the patient, the patient's family or carer and the treating physician to establish agreement that treatment is continuing to produce worthwhile benefit. Treatment should cease if there is no agreement of benefit as there is always the possibility of harm from unnecessary use. Re-assessments for a clinically meaningful response are to be undertaken and documented every six months. Clinically meaningful response to treatment is demonstrated in the following areas: Patient's quality of life including but not limited to level of independence and happiness; Patient's cognitive function including but not limited to memory, recognition and interest in environment; Patient's behavioural symptoms, including but not limited to hallucination, delusions, anxiety, marked agitation or associated aggressive behaviour. **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.								
2463P *NP*	galantamine 8 mg capsule: modified release, 28 capsules	1	5	..	54.14	36.10	[a]	APO-Galantamine MR	TX
							[a]	Galantyl	AF
							[a]	Gamine XR	QA
							[a]	Reminyl	JC
2537M *NP*	galantamine 16 mg capsule: modified release, 28 capsules	1	5	..	64.55	36.10	[a]	APO-Galantamine MR	TX
							[a]	Galantyl	AF
							[a]	Gamine XR	QA
							[a]	Reminyl	JC
2531F *NP*	galantamine 24 mg capsule: modified release, 28 capsules	1	5	..	75.67	36.10	[a]	APO-Galantamine MR	TX
							[a]	Galantyl	AF
							[a]	Gamine XR	QA
							[a]	Reminyl	JC
	GALANTAMINE **Authority required** Mild to moderately severe Alzheimer disease Treatment Phase: Initial **The Clinical criteria is:** Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 10 or more, **AND the Clinical criteria is:** The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND the Clinical criteria is:** The treatment must be the sole PBS-subsidised therapy for this condition.								

GENERAL PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	No. of Rpts	Premium $	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $		Brand Name and Manufacturer	
	The authority application must include the result of the baseline MMSE or SMMSE. If this score is 25 - 30 points, the result of a baseline Alzheimer Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) may also be specified. The application must be made in writing, but initial supply may be sought by telephone. For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. This telephone application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment. For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised. **Authority required** Mild to moderately severe Alzheimer disease Treatment Phase: Initial **The Clinical criteria is:** Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 9 or less, **AND the Clinical criteria is:** The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND the Clinical criteria is:** The treatment must be the sole PBS-subsidised therapy for this condition. A patient who is unable to register a score of 10 or more for reasons other than their Alzheimer disease, as specified below. Such patients will need to be assessed using the Clinicians Interview Based Impression of Severity (CIBIS) scale. The authority application must include the result of the baseline (S)MMSE and specify to which group(s) (see below) the patient belongs. Patients who qualify under this criterion are from 1 or more of the following groups: (1) Unable to communicate adequately because of lack of competence in English, in people of non-English speaking background; (2) Limited education, as defined by less than 6 years of education, or who are illiterate or innumerate; (3) Aboriginal or Torres Strait Islanders who, by virtue of cultural factors, are unable to complete an (S)MMSE test; (4) Intellectual (developmental or acquired) disability, eg Down's syndrome; (5) Significant sensory impairment despite best correction, which precludes completion of an (S)MMSE test; (6) Prominent dysphasia, out of proportion to other cognitive and functional impairment. The application must be made in writing, but initial supply may be sought by telephone. For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. This telephone application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment. For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised. **Note** **Continuing Therapy Only:** For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
8770N *NP*	galantamine 8 mg capsule: modified release, 28 capsules	1	5	..	54.14	36.10	[a]	APO-Galantamine MR	TX
							[a]	Galantyl	AF
							[a]	Gamine XR	QA
							[a]	Reminyl	JC
8771P *NP*	galantamine 16 mg capsule: modified release, 28 capsules	1	5	..	64.55	36.10	[a]	APO-Galantamine MR	TX
							[a]	Galantyl	AF
							[a]	Gamine XR	QA
							[a]	Reminyl	JC
8772Q *NP*	galantamine 24 mg capsule: modified release, 28 capsules	1	5	..	75.67	36.10	[a]	APO-Galantamine MR	TX
							[a]	Galantyl	AF
							[a]	Gamine XR	QA
							[a]	Reminyl	JC
	MEMANTINE **Authority required (STREAMLINED)** ***4214*** Moderately severe Alzheimer disease Treatment Phase: Continuing								

GENERAL PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	No. of Rpts	Premium $	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $		Brand Name and Manufacturer	
	The Clinical criteria is:								
	Patient must have received six months of sole PBS-subsidised initial therapy with this drug,								
	AND the Clinical criteria is:								
	Patient must demonstrate a clinically meaningful response to the initial treatment,								
	AND the Clinical criteria is:								
	The treatment must be the sole PBS-subsidised therapy for this condition.								
	Prior to continuing treatment, a comprehensive assessment must be undertaken and documented, involving the patient, the patient's family or carer and the treating physician to establish agreement that treatment is continuing to produce worthwhile benefit.								
	Treatment should cease if there is no agreement of benefit as there is always the possibility of harm from unnecessary use.								
	Re-assessments for a clinically meaningful response are to be undertaken and documented every six months.								
	Clinically meaningful response to treatment is demonstrated in the following areas:								
	Patient's quality of life including but not limited to level of independence and happiness;								
	Patient's cognitive function including but not limited to memory, recognition and interest in environment;								
	Patient's behavioural symptoms, including but not limited to hallucination, delusions, anxiety, marked agitation or associated aggressive behaviour.								
	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.								
2492E *NP*	memantine hydrochloride 10 mg tablet, 56	1	5	..	66.84	36.10	[a]	APO-Memantine	TX
							[a]	Ebixa	LU
							[a]	Memanxa	QA
2513G *NP*	memantine hydrochloride 20 mg tablet, 28	1	5	..	66.84	36.10		Ebixa	LU
	MEMANTINE								
	Authority required								
	Moderately severe Alzheimer disease								
	Treatment Phase: Initial								
	The Clinical criteria is:								
	Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 10 to 14,								
	AND the Clinical criteria is:								
	The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist),								
	AND the Clinical criteria is:								
	The treatment must be the sole PBS-subsidised therapy for this condition.								
	The authority application must include the result of the baseline MMSE or SMMSE of 10 to 14.								
	The application must be made in writing, but initial supply may be sought by telephone.								
	For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. This telephone application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment.								
	For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised.								
	Authority required								
	Moderately severe Alzheimer disease								
	Treatment Phase: Initial								
	The Clinical criteria is:								
	Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 9 or less,								
	AND the Clinical criteria is:								
	The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist),								
	AND the Clinical criteria is:								
	The treatment must be the sole PBS-subsidised therapy for this condition.								
	A patient who is unable to register a score of 10 to 14 for reasons other than their Alzheimer disease, as specified below.								
	Such patients will need to be assessed using the Clinicians Interview Based Impression of Severity (CIBIS) scale. The authority application must include the result of the baseline (S)MMSE and specify to which group(s) (see below) the patient belongs.								

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	Patients who qualify under this criterion are from 1 or more of the following groups:								
	(1) Unable to communicate adequately because of lack of competence in English, in people of non-English speaking background;								
	(2) Limited education, as defined by less than 6 years of education, or who are illiterate or innumerate;								
	(3) Aboriginal or Torres Strait Islanders who, by virtue of cultural factors, are unable to complete an (S)MMSE test;								
	(4) Intellectual (developmental or acquired) disability, eg Down's syndrome;								
	(5) Significant sensory impairment despite best correction, which precludes completion of an (S)MMSE test;								
	(6) Prominent dysphasia, out of proportion to other cognitive and functional impairment.								
	The application must be made in writing, but initial supply may be sought by telephone.								
	For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. This telephone application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment.								
	For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised.								
	Note								
	Continuing Therapy Only:								
	For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
1956Y *NP*	memantine hydrochloride 10 mg tablet, 56	1	5	..	66.84	36.10	[a]	APO-Memantine	TX
							[a]	Ebixa	LU
							[a]	Memanxa	QA
9306T *NP*	memantine hydrochloride 20 mg tablet, 28	1	5	..	66.84	36.10		Ebixa	LU
	RIVASTIGMINE								
	Authority required (STREAMLINED)								
	4219								
	Mild to moderately severe Alzheimer disease								
	Treatment Phase: Continuing								
	The Clinical criteria is:								
	Patient must have received six months of sole PBS-subsidised initial therapy with this drug,								
	AND the Clinical criteria is:								
	Patient must demonstrate a clinically meaningful response to the initial treatment,								
	AND the Clinical criteria is:								
	The treatment must be the sole PBS-subsidised therapy for this condition.								
	Prior to continuing treatment, a comprehensive assessment must be undertaken and documented, involving the patient, the patient's family or carer and the treating physician to establish agreement that treatment is continuing to produce worthwhile benefit.								
	Treatment should cease if there is no agreement of benefit as there is always the possibility of harm from unnecessary use.								
	Re-assessments for a clinically meaningful response are to be undertaken and documented every six months.								
	Clinically meaningful response to treatment is demonstrated in the following areas:								
	Patient's quality of life including but not limited to level of independence and happiness;								
	Patient's cognitive function including but not limited to memory, recognition and interest in environment;								
	Patient's behavioural symptoms, including but not limited to hallucination, delusions, anxiety, marked agitation or associated aggressive behaviour.								
	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.								
2477J *NP*	rivastigmine 4.6 mg/24 hours patch, 30	1	5	..	102.32	36.10		Exelon Patch 5	NV
2551G *NP*	rivastigmine 9.5 mg/24 hours patch, 30	1	5	..	102.32	36.10		Exelon Patch 10	NV
2475G *NP*	rivastigmine 1.5 mg capsule, 56	1	5	..	95.94	36.10		Exelon	NV
2493F *NP*	rivastigmine 3 mg capsule, 56	1	5	..	95.94	36.10		Exelon	NV
2494G *NP*	rivastigmine 4.5 mg capsule, 56	1	5	..	95.94	36.10		Exelon	NV
2526Y	rivastigmine 6 mg capsule, 56	1	5	..	95.94	36.10		Exelon	NV

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NP								
2476H	rivastigmine 2 mg/mL oral liquid, 120 mL	‡1	5	..	95.94	36.10	Exelon	NV
NP								

RIVASTIGMINE

Authority required

Mild to moderately severe Alzheimer disease

Treatment Phase: Initial

The Clinical criteria is:

Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 10 or more,

AND the Clinical criteria is:

The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist),

AND the Clinical criteria is:

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

The authority application must include the result of the baseline MMSE or SMMSE. If this score is 25 - 30 points, the result of a baseline Alzheimer Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) may also be specified.

The application must be made in writing, but initial supply may be sought by telephone.

For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. This telephone application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment.

For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised.

Authority required

Mild to moderately severe Alzheimer disease

Treatment Phase: Initial

The Clinical criteria is:

Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 9 or less,

AND the Clinical criteria is:

The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist),

AND the Clinical criteria is:

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

A patient who is unable to register a score of 10 or more for reasons other than their Alzheimer disease, as specified below.

Such patients will need to be assessed using the Clinicians Interview Based Impression of Severity (CIBIS) scale. The authority application must include the result of the baseline (S)MMSE and specify to which group(s) (see below) the patient belongs.

Patients who qualify under this criterion are from 1 or more of the following groups:

(1) Unable to communicate adequately because of lack of competence in English, in people of non-English speaking background;

(2) Limited education, as defined by less than 6 years of education, or who are illiterate or innumerate;

(3) Aboriginal or Torres Strait Islanders who, by virtue of cultural factors, are unable to complete an (S)MMSE test;

(4) Intellectual (developmental or acquired) disability, eg Down's syndrome;

(5) Significant sensory impairment despite best correction, which precludes completion of an (S)MMSE test;

(6) Prominent dysphasia, out of proportion to other cognitive and functional impairment.

The application must be made in writing, but initial supply may be sought by telephone.

For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. This telephone application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment.

For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised.

Note

Continuing Therapy Only:

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

9161E	rivastigmine 4.6 mg/24 hours patch, 30	1	5	..	102.32	36.10	Exelon Patch 5	NV
NP								
9162F	rivastigmine 9.5 mg/24 hours patch, 30	1	5	..	102.32	36.10	Exelon Patch 10	NV
NP								
8497F	rivastigmine 1.5 mg capsule, 56	1	5	..	95.94	36.10	Exelon	NV

GENERAL PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	No. of Rpts	Premium $	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $	Brand Name and Manufacturer	
NP								
8498G	rivastigmine 3 mg capsule, 56	1	5	..	95.94	36.10	Exelon	NV
NP								
8499H	rivastigmine 4.5 mg capsule, 56	1	5	..	95.94	36.10	Exelon	NV
NP								
8500J	rivastigmine 6 mg capsule, 56	1	5	..	95.94	36.10	Exelon	NV
NP								
8563Q	rivastigmine 2 mg/mL oral liquid, 120 mL	‡1	5	..	95.94	36.10	Exelon	NV
NP								
	TEMOZOLOMIDE							
	Authority required							
	Recurrence of anaplastic astrocytoma following standard therapy							
	Authority required							
	Recurrence of glioblastoma multiforme following standard therapy							
	Authority required							
	Glioblastoma multiforme following radiotherapy							
2438H	temozolomide 180 mg capsule, 5	1	5	..	1173.75	36.10	Temodal	MK

REPATRIATION PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	No. of Rpts	Premium $	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $	Brand Name and Manufacturer	
	BETAINE + POLYAMINOPROPYL BIGUANIDE							
2525X	betaine 0.1% (40 microgram/40 mL) + polyaminopropyl biguanide 0.1% (40 microgram/40 mL), 6 x 40 mL ampoules	1	..	..	26.77	5.90	Prontosan Wound Irrigation Solution	BR
	DRESSING FOAM WITH SILICONE AND SILVER							
	Authority required							
	Wound critical colonisation or chronic wounds that have not responded to conventional dressings							
	The Clinical criteria is:							
	Patient must have a wound where there is evidence of critical colonisation; OR							
	Patient must have a well-assessed chronic wound that has not responded to conventional dressings.							
	Note							
	Molnlycke Health Care products are distributed through leading pharmacy distributors. To best ensure product availability at the RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email: customerservice@independenceaustralia.com. Molnlycke Health Care is not able to ensure product availability or pricing on listed products beyond these two suppliers.							
2439J	dressing foam with silicone and silver 10 cm x 10 cm dressing, 5	‡1	..	..	109.40	5.90	Mepilex Ag	MH
2470B	dressing foam with silicone and silver 10 cm x 10 cm dressing, 5	‡1	..	..	117.16	5.90	Mepilex Border Ag	MH
	DRESSING HYDROFIBRE GELLING FIBRE							
	Note							
	Smith & Nephew products are distributed via the three major wholesalers, API, Sigma and Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.							
2486W	dressing hydrofibre gelling fibre 10 cm x 10 cm dressing, 10	‡1	1	..	95.58	5.90	Durafiber 66800560	SN
2445Q	dressing hydrofibre gelling fibre 15 cm x 15 cm dressing, 5	‡1	1	..	198.80	5.90	Durafiber 66800561	SN
2462N	dressing hydrofibre gelling fibre 2 cm x 45 cm rope, 5	‡1	1	..	79.80	5.90	Durafiber 66800563	SN
	DRESSING HYDROGEL							
2471C	dressing hydrogel 10 cm x 10 cm dressing, 20	1	..	..	114.14	5.90	Sorbact Absorption Dressing S98222	QL
	DRESSING HYDROGEL FOAM							
2533H	dressing hydrogel foam 10 cm x 10 cm dressing, 10	1	..	..	79.55	5.90	Sorbact Foam Dressing S98310	QL
	DRESSING HYDROGEL RIBBON							
2512F	dressing hydrogel ribbon 1 cm x 50 cm dressing, 20	1	..	..	117.99	5.90	Sorbact Ribbon Gauze S98118	QL
2529D	dressing hydrogel ribbon 5 cm x 200 cm dressing, 10	1	..	..	114.14	5.90	Sorbact Ribbon Gauze S98120	QL
	INGENOL MEBUTATE							
	Authority required							
	Solar keratosis							
	The Clinical criteria is:							
	Patient must require topical drug therapy on the face and scalp as field treatment for clinically visible and subclinical lesions where other standard treatments are inappropriate.							
2464Q	ingenol mebutate 0.015% gel, 3 x 470 mg tubes	1	..	..	139.36	5.90	Picato	LO
	INGENOL MEBUTATE							
	Authority required							
	Solar (actinic) keratosis							
	The Clinical criteria is:							
	Patient must require topical drug therapy as field treatment for clinically visible and subclinical lesions where other standard treatments are inappropriate.							
2468X	ingenol mebutate 0.05% gel, 2 x 470 mg tubes	1	..	..	139.36	5.90	Picato	LO

REPATRIATION PHARMACEUTICAL BENEFITS

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	THIAMINE							
4043T	thiamine hydrochloride 100 mg tablet, 100	1	2	..	10.21	5.90	Betavit	PP