

SCHEDULE OF PHARMACEUTICAL BENEFITS EFFECTIVE 1 JULY 2013 ERRATA

(1) This Erratum corrects the entry for Rosuvastatin in the 1 July 2013 PBS Schedule. The Cavstat (AF) and Rosuvastatin GH (GQ) brands are delisted effective 1 July due to the inability of the company to meet guarantee of supply requirements under the *National Health Act 1953*. The revised entry should appear as follows:

PBS Item 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
9042X NP	<p>ROSUVASTATIN Restricted benefit For use in patients who meet the criteria set out in the General Statement for Lipid-Lowering Drugs The Clinical criteria is: The treatment must not be prescribed for hypercholesterolaemia if the patient has heterozygous familial hypercholesterolaemia.</p>	1	5	..	32.31	33.42	^a APO-Rosuvastatin TX
	rosuvastatin 5 mg tablet, 30						^a Chem mart CH Rosuvastatin ^a Crestor AP ^a Rosuvastatin WQ Actavis 5 ^a Rosuvastatin RBX RA ^a Rosuvastatin SZ Sandoz ^a Terry White TW Chemists Rosuvastatin
9043Y NP	rosuvastatin 10 mg tablet, 30	1	5	..	43.90	36.10	^a APO-Rosuvastatin TX ^a Chem mart CH Rosuvastatin ^a Crestor AP ^a Rosuvastatin WQ Actavis 10 ^a Rosuvastatin RBX RA ^a Rosuvastatin SZ Sandoz ^a Terry White TW Chemists

9044B NP	rosuvastatin 20 mg tablet, 30	1	5	..	57.96	36.10	Rosuvastatin ^a APO-Rosuvastatin ^a Chem mart Rosuvastatin ^a Crestor ^a Rosuvastatin Actavis 20 ^a Rosuvastatin RBX ^a Rosuvastatin Sandoz ^a Terry White Chemists	TX CH AP WQ RA SZ TW
9045C NP	rosuvastatin 40 mg tablet, 30	1	5	..	79.84	36.10	Rosuvastatin ^a APO-Rosuvastatin ^a Chem mart Rosuvastatin ^a Crestor ^a Rosuvastatin Actavis 40 ^a Rosuvastatin RBX ^a Rosuvastatin Sandoz ^a Terry White Chemists Rosuvastatin	TX CH AP WQ RA SZ TW

PBS Item 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
	<p>ROSUVASTATIN <u>Restricted benefit</u> For use in patients who meet the criteria set out in the General Statement for Lipid-Lowering Drugs The Clinical criteria is: Patient must be 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, AND the Clinical criteria is: The treatment must not be prescribed for hypercholesterolaemia if the patient has heterozygous familial hypercholesterolaemia. 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.</p>						
3402C	rosuvastatin 5 mg tablet, 30	1	11	..	32.31	33.42	^a APO-Rosuvastatin TX ^a Chem mart CH Rosuvastatin ^a Crestor AP ^a Rosuvastatin WQ Actavis 5 ^a Rosuvastatin RBX RA ^a Rosuvastatin SZ Sandoz ^a Terry White TW Chemists Rosuvastatin
3403D	rosuvastatin 10 mg tablet, 30	1	11	..	43.90	36.10	^a APO-Rosuvastatin TX ^a Chem mart CH Rosuvastatin ^a Crestor AP ^a Rosuvastatin WQ Actavis 10 ^a Rosuvastatin RBX RA ^a Rosuvastatin SZ Sandoz

3404E	rosuvastatin 20 mg tablet, 30	1	11	..	57.96	36.10	^a Terry White Chemists Rosuvastatin ^a APO-Rosuvastatin ^a Chem mart Rosuvastatin ^a Crestor ^a Rosuvastatin Actavis 20 ^a Rosuvastatin RBX ^a Rosuvastatin Sandoz ^a Terry White Chemists Rosuvastatin	TW TX CH AP WQ RA SZ TW
3405F	rosuvastatin 40 mg tablet, 30	1	11	..	79.84	36.10	^a APO-Rosuvastatin ^a Chem mart Rosuvastatin ^a Crestor ^a Rosuvastatin Actavis 40 ^a Rosuvastatin RBX ^a Rosuvastatin Sandoz ^a Terry White Chemists Rosuvastatin	TX CH AP WQ RA SZ TW

PBS Item 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
ROSUVASTATIN <u>Restricted benefit</u> For use in patients that meet the criteria set out in the General Statement for Lipid-Lowering Drugs							
2606E NP	rosuvastatin 5 mg tablet, 30	1	5	..	32.31	33.42	^a Crestor AP ^a Rosuvastatin WQ Actavis 5
2628H NP	rosuvastatin 10 mg tablet, 30	1	5	..	43.90	36.10	^a Crestor AP ^a Rosuvastatin WQ Actavis 10
2574L NP	rosuvastatin 20 mg tablet, 30	1	5	..	57.96	36.10	^a Crestor AP ^a Rosuvastatin WQ Actavis 20
2594M NP	rosuvastatin 40 mg tablet, 30	1	5	..	79.84	36.10	^a Crestor AP ^a Rosuvastatin WQ Actavis 40

PBS Item 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
ROSUVASTATIN <u>Restricted benefit</u> For use in patients who meet the criteria set out in the General Statement for Lipid-Lowering Drugs, and who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements <u>Note</u> No applications for increased maximum quantities and/or repeats will be authorised.							
2590H	rosuvastatin 5 mg tablet, 30	1	11	..	32.31	33.42	^a Crestor ^a Rosuvastatin Actavis 5
							AP WQ
2584B	rosuvastatin 10 mg tablet, 30	1	11	..	43.90	36.10	^a Crestor ^a Rosuvastatin Actavis 10
							AP WQ
2609H	rosuvastatin 20 mg tablet, 30	1	11	..	57.96	36.10	^a Crestor ^a Rosuvastatin Actavis 20
							AP WQ
2636R	rosuvastatin 40 mg tablet, 30	1	11	..	79.84	36.10	^a Crestor ^a Rosuvastatin Actavis 40
							AP WQ GQ

(2) This Erratum corrects the entry in the 1 July 2013 Schedule for Olanzapine.

The following Note should appear in the Schedule entry for all Olanzapine items. The Note was omitted for items 1024X, 1037N, 1041T, 1042W, 3381Y, 3382B, 3384D, and 3385E.

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.

(3) This Erratum corrects the entry in the 1 July 2013 Schedule for Tocilizumab.

The Notes with the heading “TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS” and with the subheadings:

- (1) How to prescribe PBS-subsidised bDMARD therapy after 1 August 2010.
- (2) Swapping therapy.
- (3) Baseline measurements to determine response.

are not relevant to the section 100 Highly Specialised Drugs listing of Tocilizumab for systemic juvenile idiopathic arthritis. These Notes do not apply to the PBS availability of items 1423X, 1464C, 1419Q, 1481Y, 1482B and 1476Q.