



Australian Government

Department of Health and Ageing

**SCHEDULE OF PHARMACEUTICAL
BENEFITS**

SUMMARY OF CHANGES

EFFECTIVE 1 August 2013

PHARMACEUTICAL BENEFITS

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

Dispensing Fees:	Ready-prepared	\$6.63
	Dangerous drug fee	\$2.71
	Extemporaneously-prepared	\$8.67
	Allowable additional patient charge*	\$4.11
Additional Fees (for safety net prices):	Ready-prepared	\$1.13
	Extemporaneously-prepared	\$1.48
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

2698B	Abiraterone , abiraterone acetate 250 mg tablet, 120 (<i>Zytiga</i>)
2640Y	Amino Acid Formula With Vitamins And Minerals Without Methionine , amino acid formula with vitamins and minerals without methionine oral liquid, 30 x 174 mL pouches (<i>HCU cooler 20</i>)
2639X	Amino Acid Formula With Vitamins And Minerals Without Methionine , amino acid formula with vitamins and minerals without methionine oral liquid, 30 x 87 mL pouches (<i>HCU cooler 10</i>)
2701E	Amino Acid Formula With Vitamins And Minerals Without Phenylalanine And Tyrosine , amino acid formula with vitamins and minerals without phenylalanine and tyrosine oral liquid, 30 x 174 mL pouches (<i>TYR cooler 20</i>)
2674R	Amino Acid Formula With Vitamins And Minerals Without Phenylalanine And Tyrosine , amino acid formula with vitamins and minerals without phenylalanine and tyrosine oral liquid, 30 x 87 mL pouches (<i>TYR cooler 10</i>)
2654Q	Amino Acid Formula With Vitamins And Minerals Without Valine, Leucine And Isoleucine , amino acid formula with vitamins and minerals without valine, leucine and isoleucine oral liquid, 30 x 174 mL pouches (<i>MSUD cooler 20</i>)
2651M	Amino Acid Formula With Vitamins And Minerals Without Valine, Leucine And Isoleucine , amino acid formula with vitamins and minerals without valine, leucine and isoleucine oral liquid, 30 x 87 mL pouches (<i>MSUD cooler 10</i>)
2655R	Cephalexin , cephalexin 250 mg capsule, 20 (<i>Cefalexin Sandoz, Cephalexin generichealth, Chem mart Cephalexin, Cilex, GenRx Cephalexin, Ialex, Ibilex 250, Keflex, Pharmacor Cephalexin 250, Rancef, Terry White Chemists Cephalexin</i>)
2669L	Diazepam , diazepam 1 mg/mL oral liquid, 100 mL (<i>Diazepam Elixir</i>)
2697Y	Glucose Indicator Blood , glucose indicator blood strip: diagnostic, 50 diagnostic strips (<i>OneTouch Select</i>)
2673Q	Glucose Indicator Blood , glucose indicator blood strip: diagnostic, 50 diagnostic strips (<i>OneTouch Select</i>)
2712R	Glycomacropeptide And Essential Amino Acids , glycomacropeptide and essential amino acids oral liquid, 12 x 500 mL bottles (<i>Camino Pro Restore</i>)
2696X	Glycomacropeptide And Essential Amino Acids With Vitamins And Minerals , glycomacropeptide and essential amino acids with vitamins and minerals bar, 7 x 54 g (<i>Camino Pro Complete</i>)
2644E	Glycomacropeptide And Essential Amino Acids With Vitamins And Minerals , glycomacropeptide and essential amino acids with vitamins and minerals bar, 7 x 81 g (<i>Camino Pro Complete</i>)
2685H	Glycomacropeptide And Essential Amino Acids With Vitamins And Minerals , glycomacropeptide and essential amino acids with vitamins and minerals oral liquid: powder for, 28 x 49 g sachets (<i>Camino Pro Bettermilk</i>)
2652N	High Fat Formula With Vitamins, Minerals And Trace Elements And Low In Protein And Carbohydrate , high fat formula with vitamins, minerals and trace elements and low in protein and carbohydrate (3:1 ratio long chain fat to carbohydrate plus protein) oral liquid: powder for, 300 g (<i>KetoCal 3:1</i>)
2710P	Mifepristone , mifepristone 200 mg tablet, 1 (<i>Mifepristone Linepharma</i>)
2672P	Misoprostol , misoprostol 200 microgram tablet, 4 (<i>GyMiso</i>)
2691P	Rivaroxaban , rivaroxaban 15 mg tablet, 28 (<i>Xarelto</i>)
2666H	Trimethoprim , trimethoprim 300 mg tablet, 7 (<i>Alprim, Triprim</i>)

Addition – Brand

9230T	<i>Atorvastatin SZ, HX</i> – Atorvastatin , atorvastatin 10 mg tablet, 30
8213G	<i>Atorvastatin SZ, HX</i> – Atorvastatin , atorvastatin 10 mg tablet, 30
9231W	<i>Atorvastatin SZ, HX</i> – Atorvastatin , atorvastatin 20 mg tablet, 30
8214H	<i>Atorvastatin SZ, HX</i> – Atorvastatin , atorvastatin 20 mg tablet, 30
9232X	<i>Atorvastatin SZ, HX</i> – Atorvastatin , atorvastatin 40 mg tablet, 30
8215J	<i>Atorvastatin SZ, HX</i> – Atorvastatin , atorvastatin 40 mg tablet, 30
9233Y	<i>Atorvastatin SZ, HX</i> – Atorvastatin , atorvastatin 80 mg tablet, 30
8521L	<i>Atorvastatin SZ, HX</i> – Atorvastatin , atorvastatin 80 mg tablet, 30
8295N	<i>Adesan, AF</i> – Candesartan , candesartan cilexetil 4 mg tablet, 30
8295N	<i>APO-Candesartan, TX</i> – Candesartan , candesartan cilexetil 4 mg tablet, 30
8295N	<i>Candesartan Aspen 4, QA</i> – Candesartan , candesartan cilexetil 4 mg tablet, 30
8295N	<i>Candesartan-GA, GM</i> – Candesartan , candesartan cilexetil 4 mg tablet, 30
8295N	<i>Candesartan GH, GQ</i> – Candesartan , candesartan cilexetil 4 mg tablet, 30
8295N	<i>Candesartan Sandoz, SZ</i> – Candesartan , candesartan cilexetil 4 mg tablet, 30
8295N	<i>STADA Candesartan, TD</i> – Candesartan , candesartan cilexetil 4 mg tablet, 30
8296P	<i>Adesan, AF</i> – Candesartan , candesartan cilexetil 8 mg tablet, 30
8296P	<i>APO-Candesartan, TX</i> – Candesartan , candesartan cilexetil 8 mg tablet, 30
8296P	<i>Candesartan Aspen 8, QA</i> – Candesartan , candesartan cilexetil 8 mg tablet, 30
8296P	<i>Candesartan-GA, GM</i> – Candesartan , candesartan cilexetil 8 mg tablet, 30
8296P	<i>Candesartan GH, GQ</i> – Candesartan , candesartan cilexetil 8 mg tablet, 30
8296P	<i>Candesartan Sandoz, SZ</i> – Candesartan , candesartan cilexetil 8 mg tablet, 30
8296P	<i>STADA Candesartan, TD</i> – Candesartan , candesartan cilexetil 8 mg tablet, 30
8297Q	<i>Adesan, AF</i> – Candesartan , candesartan cilexetil 16 mg tablet, 30

- 8297Q *APO-Candesartan, TX* – **Candesartan**, candesartan cilexetil 16 mg tablet, 30
- 8297Q *Candesartan Aspen 16, QA* – **Candesartan**, candesartan cilexetil 16 mg tablet, 30
- 8297Q *Candesartan-GA, GM* – **Candesartan**, candesartan cilexetil 16 mg tablet, 30
- 8297Q *Candesartan GH, GQ* – **Candesartan**, candesartan cilexetil 16 mg tablet, 30
- 8297Q *Candesartan Sandoz, SZ* – **Candesartan**, candesartan cilexetil 16 mg tablet, 30
- 8297Q *STADA Candesartan, TD* – **Candesartan**, candesartan cilexetil 16 mg tablet, 30
- 8889W *Adesan, AF* – **Candesartan**, candesartan cilexetil 32 mg tablet, 30
- 8889W *APO-Candesartan, TX* – **Candesartan**, candesartan cilexetil 32 mg tablet, 30
- 8889W *Candesartan Aspen 32, QA* – **Candesartan**, candesartan cilexetil 32 mg tablet, 30
- 8889W *Candesartan-GA, GM* – **Candesartan**, candesartan cilexetil 32 mg tablet, 30
- 8889W *Candesartan GH, GQ* – **Candesartan**, candesartan cilexetil 32 mg tablet, 30
- 8889W *Candesartan Sandoz, SZ* – **Candesartan**, candesartan cilexetil 32 mg tablet, 30
- 8889W *STADA Candesartan, TD* – **Candesartan**, candesartan cilexetil 32 mg tablet, 30
- 8504N *Adesan HCT 16/12.5, AF* – **Candesartan + Hydrochlorothiazide**, candesartan cilexetil 16 mg + hydrochlorothiazide 12.5 mg tablet, 30
- 8504N *APO-Candesartan HCTZ 16/12.5, TX* – **Candesartan + Hydrochlorothiazide**, candesartan cilexetil 16 mg + hydrochlorothiazide 12.5 mg tablet, 30
- 8504N *Candesartan Combi Aspen 16/12.5, QA* – **Candesartan + Hydrochlorothiazide**, candesartan cilexetil 16 mg + hydrochlorothiazide 12.5 mg tablet, 30
- 8504N *Candesartan HCT GH 16/12.5, GQ* – **Candesartan + Hydrochlorothiazide**, candesartan cilexetil 16 mg + hydrochlorothiazide 12.5 mg tablet, 30
- 8504N *Candesartan HCTZ-GA 16/12.5, GM* – **Candesartan + Hydrochlorothiazide**, candesartan cilexetil 16 mg + hydrochlorothiazide 12.5 mg tablet, 30
- 8504N *STADA Candesartan HCT 16/12.5, TD* – **Candesartan + Hydrochlorothiazide**, candesartan cilexetil 16 mg + hydrochlorothiazide 12.5 mg tablet, 30
- 9314F *APO-Candesartan HCTZ 32/12.5, TX* – **Candesartan + Hydrochlorothiazide**, candesartan cilexetil 32 mg + hydrochlorothiazide 12.5 mg tablet, 30
- 9314F *Candesartan Combi Aspen 32/12.5, QA* – **Candesartan + Hydrochlorothiazide**, candesartan cilexetil 32 mg + hydrochlorothiazide 12.5 mg tablet, 30
- 9314F *Candesartan HCT GH 32/12.5, GQ* – **Candesartan + Hydrochlorothiazide**, candesartan cilexetil 32 mg + hydrochlorothiazide 12.5 mg tablet, 30
- 9314F *Candesartan HCTZ-GA 32/12.5, GM* – **Candesartan + Hydrochlorothiazide**, candesartan cilexetil 32 mg + hydrochlorothiazide 12.5 mg tablet, 30
- 9314F *STADA Candesartan HCT 32/12.5, TD* – **Candesartan + Hydrochlorothiazide**, candesartan cilexetil 32 mg + hydrochlorothiazide 12.5 mg tablet, 30
- 9315G *APO-Candesartan HCTZ 32/25, TX* – **Candesartan + Hydrochlorothiazide**, candesartan cilexetil 32 mg + hydrochlorothiazide 25 mg tablet, 30
- 9315G *Candesartan Combi Aspen 32/25, QA* – **Candesartan + Hydrochlorothiazide**, candesartan cilexetil 32 mg + hydrochlorothiazide 25 mg tablet, 30
- 9315G *Candesartan HCT GH 32/25, GQ* – **Candesartan + Hydrochlorothiazide**, candesartan cilexetil 32 mg + hydrochlorothiazide 25 mg tablet, 30
- 9315G *Candesartan HCTZ-GA 32/25, GM* – **Candesartan + Hydrochlorothiazide**, candesartan cilexetil 32 mg + hydrochlorothiazide 25 mg tablet, 30
- 9315G *STADA Candesartan HCT 32/25, TD* – **Candesartan + Hydrochlorothiazide**, candesartan cilexetil 32 mg + hydrochlorothiazide 25 mg tablet, 30
- 2275R *Clopidogrel-GA, GM* – **Clopidogrel**, clopidogrel 75 mg tablet, 28
- 9155W *Duloxetine DR GH, GQ* – **Duloxetine**, duloxetine 30 mg capsule: enteric, 28
- 9156X *Duloxetine DR GH, GQ* – **Duloxetine**, duloxetine 60 mg capsule: enteric, 28
- 8002E *Famlo, RA* – **Famciclovir**, famciclovir 250 mg tablet, 21
- 8217L *Famlo, RA* – **Famciclovir**, famciclovir 250 mg tablet, 56
- 8612G *LaxaCon, GM* – **Macrogol-3350 + Sodium Chloride + Potassium Chloride + Bicarbonate**, macrogol-3350 13.12 g + sodium chloride 350.7 mg + potassium chloride 46.6 mg (0.63 mmol potassium) + sodium bicarbonate 178.5 mg solution, 30 sachets
- 5390Q *LaxaCon, GM* – **Macrogol-3350 + Sodium Chloride + Potassium Chloride + Bicarbonate**, macrogol-3350 13.12 g + sodium chloride 350.7 mg + potassium chloride 46.6 mg (0.63 mmol potassium) + sodium bicarbonate 178.5 mg solution, 30 sachets (**Palliative Care**)
- 5389P *LaxaCon, GM* – **Macrogol-3350 + Sodium Chloride + Potassium Chloride + Bicarbonate**, macrogol-3350 13.12 g + sodium chloride 350.7 mg + potassium chloride 46.6 mg (0.63 mmol potassium) + sodium bicarbonate 178.5 mg solution, 30 sachets (**Palliative Care**)
- 1325R *APO-Metoprolol, TX* – **Metoprolol Tartrate**, METOPROLOL TARTRATE Tablet 100 mg, 60
- 1324Q *APO-Metoprolol, TX* – **Metoprolol Tartrate**, METOPROLOL TARTRATE Tablet 50 mg, 100
- 8513C *Mirtazapine-GA, GN* – **Mirtazapine**, mirtazapine 30 mg tablet, 30
- 8883M *Mirtazapine-GA, GM* – **Mirtazapine**, mirtazapine 45 mg tablet, 30
- 8627C *APO-Montelukast, TX* – **Montelukast**, montelukast 4 mg tablet: chewable, 28
- 8627C *Chemmart Montelukast, CH* – **Montelukast**, montelukast 4 mg tablet: chewable, 28
- 8627C *Lukair, FR* – **Montelukast**, montelukast 4 mg tablet: chewable, 28
- 8627C *Montair 4, GM* – **Montelukast**, montelukast 4 mg tablet: chewable, 28
- 8627C *Montelukast GH, GQ* – **Montelukast**, montelukast 4 mg tablet: chewable, 28
- 8627C *Montelukast RBX, RA* – **Montelukast**, montelukast 4 mg tablet: chewable, 28
- 8627C *Montelukast Sandoz 4, SZ* – **Montelukast**, montelukast 4 mg tablet: chewable, 28
- 8627C *Respikast 4, QA* – **Montelukast**, montelukast 4 mg tablet: chewable, 28

8627C	<i>Terry White Chemists Montelukast, TW</i> – Montelukast , montelukast 4 mg tablet: chewable, 28
8628D	<i>APO-Montelukast, TX</i> – Montelukast , montelukast 5 mg tablet: chewable, 28
8628D	<i>Chemmart Montelukast, CH</i> – Montelukast , montelukast 5 mg tablet: chewable, 28
8628D	<i>Lukair, FR</i> – Montelukast , montelukast 5 mg tablet: chewable, 28
8628D	<i>Montair 5, GM</i> – Montelukast , montelukast 5 mg tablet: chewable, 28
8628D	<i>Montelukast GH, GQ</i> – Montelukast , montelukast 5 mg tablet: chewable, 28
8628D	<i>Montelukast RBX, RA</i> – Montelukast , montelukast 5 mg tablet: chewable, 28
8628D	<i>Montelukast Sandoz 5, SZ</i> – Montelukast , montelukast 5 mg tablet: chewable, 28
8628D	<i>Respikast 5, QA</i> – Montelukast , montelukast 5 mg tablet: chewable, 28
8628D	<i>Terry White Chemists Montelukast, TW</i> – Montelukast , montelukast 5 mg tablet: chewable, 28
9042X	<i>Cavstat, AF</i> – Rosuvastatin , rosuvastatin 5 mg tablet, 30
9042X	<i>Rostor 5, DO</i> – Rosuvastatin , rosuvastatin 5 mg tablet, 30
9042X	<i>Rosuvastatin GH, GQ</i> – Rosuvastatin , rosuvastatin 5 mg tablet, 30
2606E	<i>Cavstat, AF</i> – Rosuvastatin , rosuvastatin 5 mg tablet, 30
2606E	<i>Rosuvastatin GH, GQ</i> – Rosuvastatin , rosuvastatin 5 mg tablet, 30
3402C	<i>Cavstat, AF</i> – Rosuvastatin , rosuvastatin 5 mg tablet, 30
3402C	<i>Rostor 5, DO</i> – Rosuvastatin , rosuvastatin 5 mg tablet, 30
3402C	<i>Rosuvastatin GH, GQ</i> – Rosuvastatin , rosuvastatin 5 mg tablet, 30
2590H	<i>Cavstat, AF</i> – Rosuvastatin , rosuvastatin 5 mg tablet, 30
2590H	<i>Rosuvastatin GH, GQ</i> – Rosuvastatin , rosuvastatin 5 mg tablet, 30
9043Y	<i>Cavstat, AF</i> – Rosuvastatin , rosuvastatin 10 mg tablet, 30
9043Y	<i>Rostor 10, DO</i> – Rosuvastatin , rosuvastatin 10 mg tablet, 30
9043Y	<i>Rosuvastatin GH, GQ</i> – Rosuvastatin , rosuvastatin 10 mg tablet, 30
2628H	<i>Cavstat, AF</i> – Rosuvastatin , rosuvastatin 10 mg tablet, 30
2628H	<i>Rosuvastatin GH, GQ</i> – Rosuvastatin , rosuvastatin 10 mg tablet, 30
3403D	<i>Cavstat, AF</i> – Rosuvastatin , rosuvastatin 10 mg tablet, 30
3403D	<i>Rostor 10, DO</i> – Rosuvastatin , rosuvastatin 10 mg tablet, 30
3403D	<i>Rosuvastatin GH, GQ</i> – Rosuvastatin , rosuvastatin 10 mg tablet, 30
2584B	<i>Cavstat, AF</i> – Rosuvastatin , rosuvastatin 10 mg tablet, 30
2584B	<i>Rosuvastatin GH, GQ</i> – Rosuvastatin , rosuvastatin 10 mg tablet, 30
9044B	<i>Cavstat, AF</i> – Rosuvastatin , rosuvastatin 20 mg tablet, 30
9044B	<i>Rostor 20, DO</i> – Rosuvastatin , rosuvastatin 20 mg tablet, 30
9044B	<i>Rosuvastatin GH, GQ</i> – Rosuvastatin , rosuvastatin 20 mg tablet, 30
2574L	<i>Cavstat, AF</i> – Rosuvastatin , rosuvastatin 20 mg tablet, 30
2574L	<i>Rosuvastatin GH, GQ</i> – Rosuvastatin , rosuvastatin 20 mg tablet, 30
3404E	<i>Cavstat, AF</i> – Rosuvastatin , rosuvastatin 20 mg tablet, 30
3404E	<i>Rostor 20, DO</i> – Rosuvastatin , rosuvastatin 20 mg tablet, 30
3404E	<i>Rosuvastatin GH, GQ</i> – Rosuvastatin , rosuvastatin 20 mg tablet, 30
2609H	<i>Cavstat, AF</i> – Rosuvastatin , rosuvastatin 20 mg tablet, 30
2609H	<i>Rosuvastatin GH, GQ</i> – Rosuvastatin , rosuvastatin 20 mg tablet, 30
9045C	<i>Cavstat, AF</i> – Rosuvastatin , rosuvastatin 40 mg tablet, 30
9045C	<i>Rostor 40, DO</i> – Rosuvastatin , rosuvastatin 40 mg tablet, 30
9045C	<i>Rosuvastatin GH, GQ</i> – Rosuvastatin , rosuvastatin 40 mg tablet, 30
2594M	<i>Cavstat, AF</i> – Rosuvastatin , rosuvastatin 40 mg tablet, 30
2594M	<i>Rosuvastatin GH, GQ</i> – Rosuvastatin , rosuvastatin 40 mg tablet, 30
3405F	<i>Cavstat, AF</i> – Rosuvastatin , rosuvastatin 40 mg tablet, 30
3405F	<i>Rostor 40, DO</i> – Rosuvastatin , rosuvastatin 40 mg tablet, 30
3405F	<i>Rosuvastatin GH, GQ</i> – Rosuvastatin , rosuvastatin 40 mg tablet, 30
2636R	<i>Cavstat, AF</i> – Rosuvastatin , rosuvastatin 40 mg tablet, 30
2636R	<i>Rosuvastatin GH, GQ</i> – Rosuvastatin , rosuvastatin 40 mg tablet, 30
8622T	<i>Pritor Plus 40/12.5 mg, FI</i> – Telmisartan + Hydrochlorothiazide , telmisartan 40 mg + hydrochlorothiazide 12.5 mg tablet, 28
8623W	<i>Pritor Plus 80/12.5 mg, FI</i> – Telmisartan + Hydrochlorothiazide , telmisartan 80 mg + hydrochlorothiazide 12.5 mg tablet, 28
9381R	<i>Pritor Plus 80/25 mg, FI</i> – Telmisartan + Hydrochlorothiazide , telmisartan 80 mg + hydrochlorothiazide 25 mg tablet, 28

Addition – Equivalence Indicator

8295N	<i>Atacand, AP</i> – Candesartan , candesartan cilexetil 4 mg tablet, 30
8296P	<i>Atacand, AP</i> – Candesartan , candesartan cilexetil 8 mg tablet, 30
8297Q	<i>Atacand, AP</i> – Candesartan , candesartan cilexetil 16 mg tablet, 30
8889W	<i>Atacand, AP</i> – Candesartan , candesartan cilexetil 32 mg tablet, 30
8504N	<i>Atacand Plus 16/12.5, AP</i> – Candesartan + Hydrochlorothiazide , candesartan cilexetil 16 mg + hydrochlorothiazide 12.5 mg tablet, 30
9314F	<i>Atacand Plus 32/12.5, AP</i> – Candesartan + Hydrochlorothiazide , candesartan cilexetil 32 mg + hydrochlorothiazide 12.5 mg tablet, 30
9315G	<i>Atacand Plus 32/25, AP</i> – Candesartan + Hydrochlorothiazide , candesartan cilexetil 32 mg + hydrochlorothiazide 25 mg tablet, 30
2275R	<i>Clovix 75, QA</i> – Clopidogrel , clopidogrel 75 mg tablet, 28
8612G	<i>Movicol, NE</i> – Macrogol-3350 + Sodium Chloride + Potassium Chloride + Bicarbonate , macrogol-3350 13.12 g + sodium chloride

5389P	350.7 mg + potassium chloride 46.6 mg (0.63 mmol potassium) + sodium bicarbonate 178.5 mg solution, 30 sachets <i>Movicol, NE – Macrogol-3350 + Sodium Chloride + Potassium Chloride + Bicarbonate</i> , macrogol-3350 13.12 g + sodium chloride 350.7 mg + potassium chloride 46.6 mg (0.63 mmol potassium) + sodium bicarbonate 178.5 mg solution, 30 sachets (Palliative Care)
5390Q	<i>Movicol, NE – Macrogol-3350 + Sodium Chloride + Potassium Chloride + Bicarbonate</i> , macrogol-3350 13.12 g + sodium chloride 350.7 mg + potassium chloride 46.6 mg (0.63 mmol potassium) + sodium bicarbonate 178.5 mg solution, 30 sachets (Palliative Care)
1324Q	<i>Lopresor 50, NV – Metoprolol Tartrate</i> , METOPROLOL TARTRATE Tablet 50 mg, 100
1325R	<i>Lopresor 100, NV – Metoprolol Tartrate</i> , METOPROLOL TARTRATE Tablet 100 mg, 60
8627C	<i>Singulair, MK – Montelukast</i> , montelukast 4 mg tablet: chewable, 28
8628D	<i>Singulair, MK – Montelukast</i> , montelukast 5 mg tablet: chewable, 28
8622T	<i>Micardis Plus 40/12.5 mg, BY – Telmisartan + Hydrochlorothiazide</i> , telmisartan 40 mg + hydrochlorothiazide 12.5 mg tablet, 28
8623W	<i>Micardis Plus 80/12.5 mg, BY – Telmisartan + Hydrochlorothiazide</i> , telmisartan 80 mg + hydrochlorothiazide 12.5 mg tablet, 28
9381R	<i>Micardis Plus 80/25 mg, BY – Telmisartan + Hydrochlorothiazide</i> , telmisartan 80 mg + hydrochlorothiazide 25 mg tablet, 28

Addition – Restriction

2160Q	Rivaroxaban , rivaroxaban 15 mg tablet, 42 (<i>Xarelto</i>)
2268J	Rivaroxaban , rivaroxaban 20 mg tablet, 28 (<i>Xarelto</i>)
9009E	Vinorelbine , vinorelbine 20 mg capsule, 1 (<i>Navelbine</i>)
9010F	Vinorelbine , vinorelbine 30 mg capsule, 1 (<i>Navelbine</i>)

Addition – Note

2160Q	Rivaroxaban , rivaroxaban 15 mg tablet, 42 (<i>Xarelto</i>)
2268J	Rivaroxaban , rivaroxaban 20 mg tablet, 28 (<i>Xarelto</i>)

Deletions

Deletion – Brand

2751T	<i>Pharmacor Amlodipine 5, CR – Amlodipine</i> , amlodipine 5 mg tablet, 30
2752W	<i>Pharmacor Amlodipine 10, CR – Amlodipine</i> , amlodipine 10 mg tablet, 30
8179L	<i>Anastrozole Synthron, ZT – Anastrozole</i> , anastrozole 1 mg tablet, 30
8258P	<i>GenRx Carvedilol, GX – Carvedilol</i> , carvedilol 25 mg tablet, 60
3058Y	<i>Cephatrust 250, MI – Cephalexin</i> , cephalexin 250 mg capsule, 20
3317N	<i>Cephatrust 250, MI – Cephalexin</i> , cephalexin 250 mg capsule, 20
3119E	<i>Cephatrust 500, MI – Cephalexin</i> , cephalexin 500 mg capsule, 20
3318P	<i>Cephatrust 500, MI – Cephalexin</i> , cephalexin 500 mg capsule, 20
8220P	<i>Citalopram 20, CR – Citalopram</i> , citalopram 20 mg tablet, 28
1453L	<i>Pharmacor Gemfibrozil 600, CR – Gemfibrozil</i> , gemfibrozil 600 mg tablet, 60
9248R	<i>Pharmacor Gemfibrozil 600, CR – Gemfibrozil</i> , gemfibrozil 600 mg tablet, 60
8450R	<i>Pharmacor Glimepiride 1, CR – Glimepiride</i> , glimepiride 1 mg tablet, 30
8451T	<i>Pharmacor Glimepiride 2, CR – Glimepiride</i> , glimepiride 2 mg tablet, 30
8533D	<i>Pharmacor Glimepiride 3, CR – Glimepiride</i> , glimepiride 3 mg tablet, 30
8452W	<i>Pharmacor Glimepiride 4, CR – Glimepiride</i> , glimepiride 4 mg tablet, 30
8245Y	<i>Letrozole-Synthron, ZT – Letrozole</i> , letrozole 2.5 mg tablet, 30
2456G	<i>Lisinopril 5, CR – Lisinopril</i> , lisinopril 5 mg tablet, 30
2457H	<i>Lisinopril 10, CR – Lisinopril</i> , lisinopril 10 mg tablet, 30
2458J	<i>Lisinopril 20, CR – Lisinopril</i> , lisinopril 20 mg tablet, 30
3010K	<i>Chem mart Norfloxacin, CH – Norfloxacin</i> , norfloxacin 400 mg tablet, 14
3010K	<i>Terry White Chemists Norfloxacin, TW – Norfloxacin</i> , norfloxacin 400 mg tablet, 14
1042W	<i>Olanzapine-Synthron, ZT – Olanzapine</i> , olanzapine 10 mg tablet, 28
1024X	<i>Olanzapine-Synthron, ZT – Olanzapine</i> , olanzapine 2.5 mg tablet, 28
1037N	<i>Olanzapine-Synthron, ZT – Olanzapine</i> , olanzapine 5 mg tablet, 28
1041T	<i>Olanzapine-Synthron, ZT – Olanzapine</i> , olanzapine 7.5 mg tablet, 28
2242B	<i>Paroxetine 20, CR – Paroxetine</i> , paroxetine 20 mg tablet, 30
9197C	<i>Pharmacor Paroxo 20, MI – Paroxetine</i> , paroxetine 20 mg tablet, 30
9197C	<i>Paroxetine Synthron, ZT – Paroxetine</i> , paroxetine 20 mg tablet, 30
3050M	<i>Perindopril 2, CR – Perindopril</i> , perindopril erbumine 2 mg tablet, 30
3051N	<i>Perindopril 4, CR – Perindopril</i> , perindopril erbumine 4 mg tablet, 30
8704D	<i>Perindopril 8, CR – Perindopril</i> , perindopril erbumine 8 mg tablet, 30
8457D	<i>Quetiapine-Synthron, ZT – Quetiapine</i> , quetiapine 100 mg tablet, 90
8458E	<i>Quetiapine-Synthron, ZT – Quetiapine</i> , quetiapine 200 mg tablet, 60
8456C	<i>Quetiapine-Synthron, ZT – Quetiapine</i> , quetiapine 25 mg tablet, 60
8580N	<i>Quetiapine-Synthron, ZT – Quetiapine</i> , quetiapine 300 mg tablet, 60
1968N	<i>Pharmacor Quinapril 5, CR – Quinapril</i> , quinapril 5 mg tablet, 30

1969P	<i>Pharmacor Quinapril 10, CR – Quinapril</i> , quinapril 10 mg tablet, 30
1970Q	<i>Pharmacor Quinapril 20, CR – Quinapril</i> , quinapril 20 mg tablet, 30
9120B	<i>Pharmacor Ramipril 1.25, CR – Ramipril</i> , ramipril 1.25 mg capsule, 30
9121C	<i>Pharmacor Ramipril 2.5, CR – Ramipril</i> , ramipril 2.5 mg capsule, 30
2236Q	<i>Sertraline 50, CR – Sertraline</i> , sertraline 50 mg tablet, 30
2237R	<i>Sertraline 100, CR – Sertraline</i> , sertraline 100 mg tablet, 30
2011W	<i>Synthon Simvastatin, ZT – Simvastatin</i> , simvastatin 10 mg tablet, 30
2011W	<i>Pharmacor Simvastatin 10, MI – Simvastatin</i> , simvastatin 10 mg tablet, 30
9242K	<i>Synthon Simvastatin, ZT – Simvastatin</i> , simvastatin 10 mg tablet, 30
9242K	<i>Pharmacor Simvastatin 10, MI – Simvastatin</i> , simvastatin 10 mg tablet, 30
2012X	<i>Synthon Simvastatin, ZT – Simvastatin</i> , simvastatin 20 mg tablet, 30
2012X	<i>Pharmacor Simvastatin 20, MI – Simvastatin</i> , simvastatin 20 mg tablet, 30
9243L	<i>Synthon Simvastatin, ZT – Simvastatin</i> , simvastatin 20 mg tablet, 30
9243L	<i>Pharmacor Simvastatin 20, MI – Simvastatin</i> , simvastatin 20 mg tablet, 30
8173E	<i>Synthon Simvastatin, ZT – Simvastatin</i> , simvastatin 40 mg tablet, 30
8173E	<i>Pharmacor Simvastatin 40, MI – Simvastatin</i> , simvastatin 40 mg tablet, 30
9244M	<i>Synthon Simvastatin, ZT – Simvastatin</i> , simvastatin 40 mg tablet, 30
9244M	<i>Pharmacor Simvastatin 40, MI – Simvastatin</i> , simvastatin 40 mg tablet, 30
8313M	<i>Synthon Simvastatin, ZT – Simvastatin</i> , simvastatin 80 mg tablet, 30
8313M	<i>Pharmacor Simvastatin 80, MI – Simvastatin</i> , simvastatin 80 mg tablet, 30
9245N	<i>Synthon Simvastatin, ZT – Simvastatin</i> , simvastatin 80 mg tablet, 30
9245N	<i>Pharmacor Simvastatin 80, MI – Simvastatin</i> , simvastatin 80 mg tablet, 30
2285G	<i>Terbinafine 250, CR – Terbinafine</i> , terbinafine 250 mg tablet, 42
2804N	<i>Terbinafine 250, CR – Terbinafine</i> , terbinafine 250 mg tablet, 42

Deletions – Restriction

3036T **Strontium**, strontium ranelate 2 g granules, 28 x 2 g sachets (*Protos 2 g*)

Deletion – Note

5401G	Fentanyl , FENTANYL Lozenge 200 micrograms (as citrate), 9 (<i>Actiq</i>)(Palliative Care)
5407N	Fentanyl , FENTANYL Lozenge 200 micrograms (as citrate), 30 (<i>Actiq</i>)(Palliative Care)
5402H	Fentanyl , FENTANYL Lozenge 400 micrograms (as citrate), 9 (<i>Actiq</i>)(Palliative Care)
5408P	Fentanyl , FENTANYL Lozenge 400 micrograms (as citrate), 30 (<i>Actiq</i>)(Palliative Care)
5403J	Fentanyl , FENTANYL Lozenge 600 micrograms (as citrate), 9 (<i>Actiq</i>)(Palliative Care)
5409Q	Fentanyl , FENTANYL Lozenge 600 micrograms (as citrate), 30 (<i>Actiq</i>)(Palliative Care)
5404K	Fentanyl , FENTANYL Lozenge 800 micrograms (as citrate), 9 (<i>Actiq</i>)(Palliative Care)
5410R	Fentanyl , FENTANYL Lozenge 800 micrograms (as citrate), 30 (<i>Actiq</i>)(Palliative Care)
5405L	Fentanyl , FENTANYL Lozenge 1200 micrograms (as citrate), 9 (<i>Actiq</i>)(Palliative Care)
5411T	Fentanyl , FENTANYL Lozenge 1200 micrograms (as citrate), 30 (<i>Actiq</i>)(Palliative Care)
5406M	Fentanyl , FENTANYL Lozenge 1600 micrograms (as citrate), 9 (<i>Actiq</i>)(Palliative Care)
5412W	Fentanyl , FENTANYL Lozenge 1600 micrograms (as citrate), 30 (<i>Actiq</i>)(Palliative Care)
9140C	Paliperidone , paliperidone 3 mg tablet: modified release, 28 tablets (<i>Invega</i>)
9141D	Paliperidone , paliperidone 6 mg tablet: modified release, 28 tablets (<i>Invega</i>)

Deletion – Therapeutic Group Premium Exemption Code

Therapeutic group premium no longer applies to candesartan cilexetil 8 mg tablet, 30, candesartan cilexetil 16 mg tablet, 30 and candesartan cilexetil 32 mg tablet, 30.

The following codes were established to provide for cases where an authority had been obtained that granting exemption from the therapeutic group.

8997M	Candesartan , candesartan cilexetil 8 mg tablet, 30 (<i>Atacand</i>)
8998N	Candesartan , candesartan cilexetil 16 mg tablet, 30 (<i>Atacand</i>)
8999P	Candesartan , candesartan cilexetil 32 mg tablet, 30 (<i>Atacand</i>)

Alterations

Alteration – Brand Name

From:

9133Q *HCU cooler, VF – Amino Acid Formula With Vitamins And Minerals Without Methionine*, amino acid formula with vitamins and minerals without methionine oral liquid, 30 x 130 mL cans

To:

9133Q *HCU cooler 15, VF – Amino Acid Formula With Vitamins And Minerals Without Methionine*, amino acid formula with vitamins and minerals without methionine oral liquid, 30 x 130 mL cans

From:
1923F *MMA/PA cooler, VF – Amino Acid Formula With Vitamins And Minerals Without Methionine, Threonine And Valine And Low In Isoleucine*, AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE, THREONINE and VALINE and low in ISOLEUCINE Oral liquid 130 mL, 30, 1

To:
1923F *MMA/PA cooler 15, VF – Amino Acid Formula With Vitamins And Minerals Without Methionine, Threonine And Valine And Low In Isoleucine*, AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE, THREONINE and VALINE and low in ISOLEUCINE Oral liquid 130 mL, 30, 1

From:
9132P *TYR cooler, VF – Amino Acid Formula With Vitamins And Minerals Without Phenylalanine And Tyrosine*, amino acid formula with vitamins and minerals without phenylalanine and tyrosine oral liquid, 30 x 130 mL cans

To:
9132P *TYR cooler 15, VF – Amino Acid Formula With Vitamins And Minerals Without Phenylalanine And Tyrosine*, amino acid formula with vitamins and minerals without phenylalanine and tyrosine oral liquid, 30 x 130 mL cans

From:
2375B *MSUD cooler, VF – Amino Acid Formula With Vitamins And Minerals Without Valine, Leucine And Isoleucine*, amino acid formula with vitamins and minerals without valine, leucine and isoleucine oral liquid, 30 x 130 mL cans

To:
2375B *MSUD cooler 15, VF – Amino Acid Formula With Vitamins And Minerals Without Valine, Leucine And Isoleucine*, amino acid formula with vitamins and minerals without valine, leucine and isoleucine oral liquid, 30 x 130 mL cans

Alteration – Restriction

9333F **Lacosamide**, lacosamide 50 mg tablet, 14 (*Vimpat*)

9334G **Lacosamide**, lacosamide 100 mg tablet, 14 (*Vimpat*)

9335H **Lacosamide**, lacosamide 100 mg tablet, 56 (*Vimpat*)

9336J **Lacosamide**, lacosamide 150 mg tablet, 14 (*Vimpat*)

9337K **Lacosamide**, lacosamide 150 mg tablet, 56 (*Vimpat*)

9338L **Lacosamide**, lacosamide 200 mg tablet, 56 (*Vimpat*)

8621R **Risedronate**, risedronate sodium 35 mg tablet, 4 (*Acris Once-a-Week, APO-Risedronate, Chem mart Risedronate, Risedronate-GA, Risedronate Sandoz, Risedro once a week, Terry White Chemists Risedronate*)

9391G **Risedronate**, risedronate sodium 150 mg tablet, 1 (*Acris Once-a-Month, Actonel Once-a-Month, APO-Risedronate, Chem mart Risedronate, Terry White Chemists Risedronate*)

8481J **Risedronate**, risedronate sodium 5 mg tablet, 28 (*Actonel*)

8972F **Risedronate**, RISEDRONATE SODIUM Tablet 35 mg (enteric coated), 4 (*Actonel EC*)

8899J **Risedronate (&) Calcium Carbonate**, risedronate sodium 35 mg tablet [4 tablets] (&) calcium (as carbonate) 500 mg tablet [24 tablets], 28 (*Acris Combi, Actonel Combi*)

8973G **Risedronate (&) Calcium Carbonate**, RISEDRONATE SODIUM and CALCIUM CARBONATE Pack containing 4 enteric coated tablets risedronate sodium 35 mg and 24 tablets calcium carbonate 1.25 g (equivalent to 500 mg calcium), 1 (*Actonel EC Combi, Risedronate Winthrop EC Combi*)

8974H **Risedronate (&) Calcium Carbonate + Colecalciferol**, RISEDRONATE SODIUM and CALCIUM CARBONATE with COLECALCIFEROL Pack containing 4 enteric coated tablets risedronate sodium 35 mg and 24 sachets containing granules of calcium carbonate 2.5 g (equivalent to 1 g calcium) with colecalciferol 22 micrograms, 1 (*Actonel EC Combi D, Risedronate Winthrop EC Combi D*)

Alteration – Manufacturer's Code

		<i>From</i>	<i>To</i>
8220P	<i>Pharmacor Citalo 20, CR – Citalopram</i> , citalopram 20 mg tablet, 28	MI	CR
8358X	<i>Plavacor 75, CR – Clopidogrel</i> , clopidogrel 75 mg tablet, 28	MI	CR
2361G	<i>Felodur ER 2.5 mg, TX – Felodipine</i> , felodipine 2.5 mg tablet: modified release, 30 tablets	ZA	TX
2366M	<i>Felodur ER 5 mg, TX – Felodipine</i> , felodipine 5 mg tablet: modified release, 30 tablets	ZA	TX
2367N	<i>Felodur ER 10 mg, TX – Felodipine</i> , felodipine 10 mg tablet: modified release, 30 tablets	ZA	TX
2848X	<i>Lamotrusted 25, CR – Lamotrigine</i> , lamotrigine 25 mg tablet, 56	MI	CR
2849Y	<i>Lamotrusted 50, CR – Lamotrigine</i> , lamotrigine 50 mg tablet, 56	MI	CR
2850B	<i>Lamotrusted 100, CR – Lamotrigine</i> , lamotrigine 100 mg tablet, 56	MI	CR
2851C	<i>Lamotrusted 200, CR – Lamotrigine</i> , lamotrigine 200 mg tablet, 56	MI	CR
9109K	<i>Omepral, TX – Omeprazole</i> , omeprazole 20 mg tablet: enteric, 30 tablets	PM	TX
9110L	<i>Omepral, TX – Omeprazole</i> , omeprazole 20 mg tablet: enteric, 30 tablets	PM	TX
2236Q	<i>Sertracor 50, CR – Sertraline</i> , sertraline 50 mg tablet, 30	MI	CR
2237R	<i>Sertracor 100, CR – Sertraline</i> , sertraline 100 mg tablet, 30	MI	CR

Advance Notices

Advance Notices – Deletion of Item

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

2003K **Salbutamol**, salbutamol 0.5% (5 mg/mL) inhalation: solution, 1 x 30 mL bottle (*Pfizer Australia Pty Ltd*)

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

1266P **Cyclophosphamide**, cyclophosphamide 50 mg tablet, 50 (*Cycloblastin*)
 2103Q **Tiaprofenic Acid**, tiaprofenic acid 300 mg tablet, 60 (*Surgam*)

SECTION 100 – HIGHLY SPECIALISED DRUGS PROGRAM

Additions

Addition – Brand

6234D *Lamivudine 150 mg + Zidovudine 300 mg Alphapharm, AF – Lamivudine + Zidovudine*, lamivudine 150 mg + zidovudine 300 mg tablet, 60 (**Private**)
 5775Y *Lamivudine 150 mg + Zidovudine 300 mg Alphapharm, AF – Lamivudine + Zidovudine*, lamivudine 150 mg + zidovudine 300 mg tablet, 60 (**Public**)

Addition – Equivalence Indicator

6234D *Combivir, VI – Lamivudine + Zidovudine*, lamivudine 150 mg + zidovudine 300 mg tablet, 60 (**Private**)
 5775Y *Combivir, VI – Lamivudine + Zidovudine*, lamivudine 150 mg + zidovudine 300 mg tablet, 60 (**Public**)

SECTION 100 – IVF/GIFT TREATMENT

Alterations

Alteration – Brand Name

From:
 9608Q *Orion Laboratories Pty Ltd, ON – Progesterone*, progesterone 100 mg pessary, 15
To:
 9608Q *Oripro, ON – Progesterone*, progesterone 100 mg pessary, 15
From:
 9609R *Orion Laboratories Pty Ltd, ON – Progesterone*, progesterone 200 mg pessary, 15
To:
 9609R *Oripro, ON – Progesterone*, progesterone 200 mg pessary, 15

Alteration – Restriction

5817E **Corifollitropin Alfa**, corifollitropin alfa 150 microgram/0.5 mL injection, 1 x 0.5 mL syringe (*Elonva*)

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	
ABIRATERONE								
<u>Authority required</u>								
Castration resistant metastatic carcinoma of the prostate								
The Clinical criteria is:								
The treatment must be in combination with prednisone or prednisolone,								
AND the Clinical criteria is:								
The treatment must not be used in combination with chemotherapy,								
AND the Clinical criteria is:								
Patient must have failed treatment with docetaxel due to resistance or intolerance,								
AND the Clinical criteria is:								
Patient must have a WHO performance status of 2 or less,								
AND the Clinical criteria is:								
Patient must not receive PBS-subsidised abiraterone if progressive disease develops while on abiraterone.								
<u>Note</u>								
Patients who have received PBS-subsidised abiraterone or cabazitaxel are not eligible for PBS-subsidised docetaxel.								
<u>Note</u>								
Special Pricing Arrangements apply.								
2698B	abiraterone acetate 250 mg tablet, 120	1	2	..	3600.11	36.10	Zytiga	JC
AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT METHIONINE								
<u>Restricted benefit</u>								
Pyridoxine non-responsive homocystinuria								
2640Y NP	amino acid formula with vitamins and minerals without methionine oral liquid, 30 x 174 mL pouches	4	5	..	*4082.59	36.10	HCU cooler 20	VF
2639X NP	amino acid formula with vitamins and minerals without methionine oral liquid, 30 x 87 mL pouches	4	5	..	*2114.59	36.10	HCU cooler 10	VF
AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT PHENYLALANINE AND TYROSINE								
<u>Restricted benefit</u>								
Tyrosinaemia								
2701E NP	amino acid formula with vitamins and minerals without phenylalanine and tyrosine oral liquid, 30 x 174 mL pouches	4	5	..	*4082.59	36.10	TYR cooler 20	VF
2674R NP	amino acid formula with vitamins and minerals without phenylalanine and tyrosine oral liquid, 30 x 87 mL pouches	4	5	..	*2114.59	36.10	TYR cooler 10	VF
AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT VALINE, LEUCINE AND ISOLEUCINE								
<u>Restricted benefit</u>								
Maple syrup urine disease								
2654Q NP	amino acid formula with vitamins and minerals without valine, leucine and isoleucine oral liquid, 30 x 174 mL pouches	4	5	..	*4082.59	36.10	MSUD cooler 20	VF
2651M NP	amino acid formula with vitamins and minerals without valine, leucine and isoleucine oral liquid, 30 x 87 mL pouches	4	5	..	*2114.59	36.10	MSUD cooler 10	VF
CEPHALEXIN								
<u>Authority required (STREAMLINED)</u>								
4243								
Prophylaxis of urinary tract infection								
2655R	cephalexin 250 mg capsule, 20	2	2	..	*9.21	10.34	^a Cefalexin Sandoz ^a Cephalexin generichealth ^a Chem mart Cephalexin ^a Cilex	SZ GQ CH GM

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	
							GenRx Cephalexin	GX
							Iallex	LN
							Ibilex 250	AF
							Pharmacor Cephalexin 250	CR
							Rancef	RA
							Terry White Chemists Cephalexin	TW
				^b 6.76	*15.97	10.34	^a Keflex	AS

DIAZEPAM

Authority required

Chronic spasticity

The Population criteria is:

Patient must be under 18 years of age.

2669L NP	diazepam 1 mg/mL oral liquid, 100 mL	‡1	42.99	36.10	Diazepam Elixir	ON
-------------	--------------------------------------	----	----	----	-------	-------	-----------------	----

GLUCOSE INDICATOR BLOOD

Restricted benefit

Blood glucose monitoring

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.

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.

2697Y	glucose indicator blood strip: diagnostic, 50 diagnostic strips	2	11	..	*53.39	36.10	OneTouch Select	JJ
-------	---	---	----	----	--------	-------	-----------------	----

GLUCOSE INDICATOR BLOOD

2673Q NP	glucose indicator blood strip: diagnostic, 50 diagnostic strips	2	5	..	*53.39	36.10	OneTouch Select	JJ
-------------	---	---	---	----	--------	-------	-----------------	----

GLYCOMACROPEPTIDE AND ESSENTIAL AMINO ACIDS

Restricted benefit

Phenylketonuria

2712R NP	glycomacropeptide and essential amino acids oral liquid, 12 x 500 mL bottles	12	5	..	*1270.35	36.10	Camino Pro Restore	QH
-------------	--	----	---	----	----------	-------	--------------------	----

GLYCOMACROPEPTIDE AND ESSENTIAL AMINO ACIDS WITH VITAMINS AND MINERALS

Restricted benefit

Phenylketonuria

2696X NP	glycomacropeptide and essential amino acids with vitamins and minerals bar, 7 x 54 g	14	5	..	*866.65	36.10	Camino Pro Complete	QH
2644E NP	glycomacropeptide and essential amino acids with vitamins and minerals bar, 7 x 81 g	14	5	..	*1296.73	36.10	Camino Pro Complete	QH
2685H NP	glycomacropeptide and essential amino acids with vitamins and minerals oral liquid: powder for, 28 x 49 g sachets	4	5	..	*1479.99	36.10	Camino Pro Bettermilk	QH

HIGH FAT FORMULA WITH VITAMINS, MINERALS AND TRACE ELEMENTS AND LOW IN PROTEIN AND CARBOHYDRATE

Restricted benefit

Ketogenic diet

The Clinical criteria is:

Patient must have intractable seizures requiring treatment with a ketogenic diet; OR

Patient must have a glucose transport protein defect; OR

Patient must have pyruvate dehydrogenase deficiency.

Note

KetoCal 3:1 should only be used under strict supervision of a dietician, together with a metabolic physician and/or neurologist.

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
------	--	---------------------	----------------	---------------	--	--	--------------------------------

Note

Authorities for increased maximum quantities, up to a maximum of 48, may be authorised.

2652N NP	high fat formula with vitamins, minerals and trace elements and low in protein and carbohydrate (3:1 ratio long chain fat to carbohydrate plus protein) oral liquid: powder for, 300 g	24	5	..	*1037.67	36.10	KetoCal 3:1	SB
-------------	--	----	---	----	----------	-------	-------------	----

LACOSAMIDE**Authority required (STREAMLINED)****4264**

Intractable partial epileptic seizures

Treatment Phase: Initial

The Treatment criteria is:

Must be treated by a neurologist,

AND the Clinical criteria is:

The treatment must be in combination with two or more anti-epileptic drugs which includes one second-line adjunctive agent,

AND the Clinical criteria is:

The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs, which includes at least one first-line anti-epileptic agent and at least two second-line adjunctive anti-epileptic agents,

AND the Population criteria is:

Patient must be aged 16 years or older.

Authority required (STREAMLINED)**4249**

Intractable partial epileptic seizures

Treatment Phase: Continuing

The Clinical criteria is:

Patient must have previously been treated with PBS-subsidised lacosamide,

AND the Population criteria is:

Patient must be aged 16 years or older.

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.

9335H NP	lacosamide 100 mg tablet, 56	1	5	..	188.67	36.10	Vimpat	UC
-------------	------------------------------	---	---	----	--------	-------	--------	----

LACOSAMIDE**Authority required (STREAMLINED)****4240**

Intractable partial epileptic seizures

Treatment Phase: Initial

The Treatment criteria is:

Must be treated by a neurologist,

AND the Clinical criteria is:

The treatment must be in combination with two or more anti-epileptic drugs which includes one second-line adjunctive agent,

AND the Clinical criteria is:

The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs, which includes at least one first-line anti-epileptic agent and at least two second-line adjunctive anti-epileptic agents,

AND the Population criteria is:

Patient must be aged 16 years or older.

Authority required (STREAMLINED)**4257**

Intractable partial epileptic seizures

Treatment Phase: Continuing

The Clinical criteria is:

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	
	Patient must have previously been treated with PBS-subsidised lacosamide,							
	AND the Population criteria is:							
	Patient must be aged 16 years or older.							
	Note							
	No applications for increased maximum quantities will be authorised for the 56 tablet packs of the 150 mg and 200 mg strengths.							
	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.							
9337K NP	lacosamide 150 mg tablet, 56	1	5	..	272.87	36.10	Vimpat	UC
9338L NP	lacosamide 200 mg tablet, 56	1	5	..	355.59	36.10	Vimpat	UC
	LACOSAMIDE							
	Authority required (STREAMLINED)							
	4271							
	Intractable partial epileptic seizures							
	Treatment Phase: Initial							
	The Treatment criteria is:							
	Must be treated by a neurologist,							
	AND the Clinical criteria is:							
	The treatment must be in combination with two or more anti-epileptic drugs which includes one second-line adjunctive agent,							
	AND the Clinical criteria is:							
	The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs, which includes at least one first-line anti-epileptic agent and at least two second-line adjunctive anti-epileptic agents,							
	AND the Clinical criteria is:							
	The treatment must be for dose titration purposes,							
	AND the Population criteria is:							
	Patient must be aged 16 years or older.							
	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.							
9333F NP	lacosamide 50 mg tablet, 14	1	1	..	30.42	31.55	Vimpat	UC
9334G NP	lacosamide 100 mg tablet, 14	1	1	..	52.50	36.10	Vimpat	UC
9336J NP	lacosamide 150 mg tablet, 14	1	1	..	74.90	36.10	Vimpat	UC
	MIFEPRISTONE							
	Authority required							
	Termination of an intra-uterine pregnancy							
	The Treatment criteria is:							
	Must be treated by a prescriber who is registered with the MS 2 Step Prescribing Program,							
	AND the Clinical criteria is:							
	The condition must be an intra-uterine pregnancy of up to 49 days of gestation,							
	AND the Clinical criteria is:							
	The treatment must be in sequential combination with misoprostol 800 micrograms.							
	Note							
	An authority prescription for misoprostol 200 microgram tablets must be sought at the time of authority application.							
	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.							
2710P	mifepristone 200 mg tablet, 1	1	320.09	36.10	Mifepristone	XH

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
							Linepharma

MISOPROSTOL

Authority required

Termination of an intra-uterine pregnancy

The Treatment criteria is:

Must be treated by a prescriber who is registered with the MS 2 Step Prescribing Program,

AND the Clinical criteria is:

The condition must be an intra-uterine pregnancy of up to 49 days of gestation,

AND the Clinical criteria is:

The treatment must be in sequential combination with mifepristone 200 mg.

Note

An authority prescription for mifepristone 200 mg tablet must be sought at the time of authority application.

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.

2672P	misoprostol 200 microgram tablet, 4	1	1	..	7.95	9.08	GyMiso	XH
-------	-------------------------------------	---	---	----	------	------	--------	----

RISEDRONATE

Authority required (STREAMLINED)

4122

Corticosteroid-induced osteoporosis

The Clinical criteria is:

Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy,

AND the Clinical criteria is:

Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less,

AND the Clinical criteria is:

Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

Note

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

Note

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

Authority required (STREAMLINED)

4133

Osteoporosis

The Population criteria is:

Patient must be aged 70 years or older,

AND the Clinical criteria is:

Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less,

AND the Clinical criteria is:

Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

Note

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

Note

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

Authority required (STREAMLINED)

4123

Established osteoporosis

The Clinical criteria is:

Patient must have fracture due to minimal trauma,

AND the Clinical criteria is:

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
Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.							
Note							
The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.							
Note							
A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.							
Note							
Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride, strontium ranelate and zoledronic acid.							
8621R NP	risedronate sodium 35 mg tablet, 4	1	5	..	45.60	36.10	^a Acris Once-a-Week AF ^a APO-Risedronate TX ^a Chem mart Risedronate CH ^a Risedronate-GA GM ^a Risedronate Sandoz SZ ^a Risedro once a week QA ^a Terry White Chemists TW Risedronate
9391G NP	risedronate sodium 150 mg tablet, 1	1	5	..	48.48	36.10	^a Acris Once-a-Month AF ^a Actonel Once-a-Month SW ^a APO-Risedronate TX ^a Chem mart Risedronate CH ^a Terry White Chemists TW Risedronate
8481J NP	risedronate sodium 5 mg tablet, 28	1	5	..	45.60	36.10	Actonel SW
8972F NP	RISEDRONATE SODIUM Tablet 35 mg (enteric coated), 4	1	5	..	45.60	36.10	Actonel EC SW

RISEDRONATE (&) CALCIUM CARBONATE

Authority required (STREAMLINED)

4122

Corticosteroid-induced osteoporosis

The Clinical criteria is:

Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy,

AND the Clinical criteria is:

Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less,

AND the Clinical criteria is:

Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

Note

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

Note

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

Authority required (STREAMLINED)

4133

Osteoporosis

The Population criteria is:

Patient must be aged 70 years or older,

AND the Clinical criteria is:

Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less,

AND the Clinical criteria is:

Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

Note

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 date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.						
	Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride, strontium ranelate and zoledronic acid.						
	Authority required (STREAMLINED) 4123 Established osteoporosis						
	The Clinical criteria is: Patient must have fracture due to minimal trauma,						
	AND the Clinical criteria is: Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.						
	Note The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.						
	Note A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.						
	Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride, strontium ranelate and zoledronic acid.						
8899J NP	risedronate sodium 35 mg tablet [4 tablets] (&) calcium (as carbonate) 500 mg tablet [24 tablets], 28	1	5	..	45.60	36.10	^a Acris Combi AF
8973G NP	RISEDRONATE SODIUM and CALCIUM CARBONATE Pack containing 4 enteric coated tablets risedronate sodium 35 mg and 24 tablets calcium carbonate 1.25 g (equivalent to 500 mg calcium), 1	1	5	..	45.60	36.10	^a Actonel Combi SW ^a Actonel EC Combi SW
							^a Risedronate Winthrop EC Combi WA

RISEDRONATE (&) CALCIUM CARBONATE + COLECALCIFEROL

Authority required (STREAMLINED)

4122

Corticosteroid-induced osteoporosis

The Clinical criteria is:

Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy,

AND the Clinical criteria is:

Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less,

AND the Clinical criteria is:

Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

Note

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

Note

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

Authority required (STREAMLINED)

4133

Osteoporosis

The Population criteria is:

Patient must be aged 70 years or older,

AND the Clinical criteria is:

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	
	Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less,							
	AND the Clinical criteria is:							
	Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.							
	Note							
	The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.							
	Note							
	Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride, strontium ranelate and zoledronic acid.							
	Authority required (STREAMLINED)							
	4123							
	Established osteoporosis							
	The Clinical criteria is:							
	Patient must have fracture due to minimal trauma,							
	AND the Clinical criteria is:							
	Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.							
	Note							
	The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.							
	Note							
	A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.							
	Note							
	Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride, strontium ranelate and zoledronic acid.							
8974H NP	RISEDRONATE SODIUM and CALCIUM CARBONATE with COLECALCIFEROL Pack containing 4 enteric coated tablets risedronate sodium 35 mg and 24 sachets containing granules of calcium carbonate 2.5 g (equivalent to 1 g calcium) with colecalciferol 22 micrograms, 1	1	5	..	45.60	36.10 ^a	Actonel EC Combi D	SW
						^a	Risedronate Winthrop EC Combi D	WA
	RIVAROXABAN							
	Authority required (STREAMLINED)							
	4269							
	Prevention of stroke or systemic embolism							
	The Clinical criteria is:							
	Patient must have non-valvular atrial fibrillation,							
	AND the Clinical criteria is:							
	Patient must have one or more risk factors for developing stroke or systemic embolism.							
	Note							
	Risk factors for developing stroke or systemic ischaemic embolism are:							
	(i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism;							
	(ii) age 75 years or older;							
	(iii) hypertension;							
	(iv) diabetes mellitus;							
	(v) heart failure and/or left ventricular ejection fraction 35% or less.							
	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.							

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
------	--	------------------	-------------	------------	---------------------------------	--	-----------------------------

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.

Note

Special Pricing Arrangements apply.

2691P NP	rivaroxaban 15 mg tablet, 28	1	5	..	94.72	36.10	Xarelto	BN
-------------	------------------------------	---	---	----	-------	-------	---------	----

RIVAROXABAN**Authority required (STREAMLINED)****4098**

Deep vein thrombosis

Treatment Phase: Initial treatment

The Clinical criteria is:

Patient must have confirmed acute symptomatic deep vein thrombosis,

AND the Clinical criteria is:

Patient must not have symptomatic pulmonary embolism.

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

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.

Authority required (STREAMLINED)**4260**

Pulmonary embolism

Treatment Phase: Initial treatment

The Clinical criteria is:

Patient must have confirmed acute symptomatic pulmonary embolism.

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

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.

Note

Special Pricing Arrangements apply.

2160Q NP	rivaroxaban 15 mg tablet, 42	1	138.76	36.10	Xarelto	BN
-------------	------------------------------	---	----	----	--------	-------	---------	----

RIVAROXABAN**Authority required (STREAMLINED)****4099**

Deep vein thrombosis

Treatment Phase: Continuing treatment

The Clinical criteria is:

Patient must have confirmed acute symptomatic deep vein thrombosis,

AND the Clinical criteria is:

Patient must not have symptomatic pulmonary embolism.

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

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
------	--	------------------	-------------	------------	---------------------------------	--	-----------------------------

arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

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.

Authority required (STREAMLINED)

4132

Prevention of recurrent venous thromboembolism

Treatment Phase: Continuing treatment

The Clinical criteria is:

Patient must have a history of venous thromboembolism.

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

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.

Authority required (STREAMLINED)

4268

Pulmonary embolism

Treatment Phase: Continuing treatment

The Clinical criteria is:

Patient must have confirmed acute symptomatic pulmonary embolism.

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

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.

Note

Special Pricing Arrangements apply.

Authority required (STREAMLINED)

4269

Prevention of stroke or systemic embolism

The Clinical criteria is:

Patient must have non-valvular atrial fibrillation,

AND the Clinical criteria is:

Patient must have one or more risk factors for developing stroke or systemic embolism.

Note

Risk factors for developing stroke or systemic ischaemic embolism are:

- (i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism;
- (ii) age 75 years or older;
- (iii) hypertension;
- (iv) diabetes mellitus;
- (v) heart failure and/or left ventricular ejection fraction 35% or less.

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

No increase in the maximum quantity or number of units may be authorised.

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		
	Note No increase in the maximum number of repeats may be authorised.								
	Note Special Pricing Arrangements apply.								
2268J NP	rivaroxaban 20 mg tablet, 28	1	5	..	94.72	36.10	Xarelto	BN	
	TRIMETHOPRIM								
	Authority required (STREAMLINED)								
	4243								
	Prophylaxis of urinary tract infection								
2666H	trimethoprim 300 mg tablet, 7	2	2	..	*10.55	11.68	^a Alprim	AF	
				^B 3.78	*14.33	11.68	^a Triprim	QA	
	VINORELBINE								
	Authority required								
	Advanced breast cancer								
	The Clinical criteria is:								
	Patient must have failed standard prior therapy, which includes an anthracycline.								
	Authority required								
	Locally advanced or metastatic non-small cell lung cancer								
9009E	vinorelbine 20 mg capsule, 1	20	2	..	*1579.43	36.10	Navelbine	FB	
9010F	vinorelbine 30 mg capsule, 1	16	2	..	*1887.43	36.10	Navelbine	FB	

SECTION 100 (IVF/GIFT TREATMENT)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	Price ex manufacturer \$	Brand Name and Manufacturer	
<p>CORIFOLLITROPIN ALFA</p> <p><u>Criteria for availability</u></p> <p>Controlled ovarian stimulation</p> <p>The Treatment criteria is:</p> <p>Patient must be undergoing treatment as described in items 13200, 13201 or 13202 of the Health Insurance (General Medical Services Table) Regulations,</p> <p>AND the Treatment criteria is:</p> <p>Patient must be undergoing a gonadotrophin releasing hormone antagonist cycle,</p> <p>AND the Clinical criteria is:</p> <p>Patient must have an antral follicle count of 20 or less.</p> <p><u>Note</u></p> <p>Supply of these items is through an accredited IVF/GIFT clinic. For enquiries relating to the IVF/GIFT Program, medical practitioners should contact the Department of Human Services on 1800 700 270.</p>					
5817E	corifollitropin alfa 150 microgram/0.5 mL injection, 1 x 0.5 mL syringe	1	673.51	Elonva	MK