Australian Government

Department of Health and Ageing

SCHEDULE OF PHARMACEUTICAL BENEFITS

SUMMARY OF CHANGES

EFFECTIVE 1 October 2013

PHARMACEUTICAL BENEFITS

These changes to the Schedule of Pharmaceutical Benefits are effective from 1 October 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 October 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 – Brand

8295N *Candesartan RBX, RA* – **Candesartan**, candesartan cilexetil 4 mg tablet, 30
8296P *Candesartan RBX, RA* – **Candesartan**, candesartan cilexetil 8 mg tablet, 30
8297Q *Candesartan RBX, RA* – **Candesartan**, candesartan cilexetil 16 mg tablet, 30
8889W *Candesartan RBX, RA* – **Candesartan**, candesartan cilexetil 32 mg tablet, 30
8504N *Candesartan HCTZ RBX 16/12.5, RA* – **Candesartan + Hydrochlorothiazide**, candesartan cilexetil 16 mg + hydrochlorothiazide 12.5 mg tablet, 30
9314F *Candesartan HCTZ RBX 32/12.5, RA* – **Candesartan + Hydrochlorothiazide**, candesartan cilexetil 32 mg + hydrochlorothiazide 12.5 mg tablet, 30
9315G *Candesartan HCTZ RBX 32/25, RA* – **Candesartan + Hydrochlorothiazide**, candesartan cilexetil 32 mg + hydrochlorothiazide 25 mg tablet, 30
8505P *Gabapentin Aspen 100, FM* – **Gabapentin**, gabapentin 100 mg capsule, 100
1834M *Gabapentin Aspen 300, FM* – **Gabapentin**, gabapentin 300 mg capsule, 100
1835N *Gabapentin Aspen 400, FM* – **Gabapentin**, gabapentin 400 mg capsule, 100
2591J *Isotretinoin SCP 10, CR* – **Isotretinoin**, isotretinoin 10 mg capsule, 60
2592K *Isotretinoin SCP 20, CR* – **Isotretinoin**, isotretinoin 20 mg capsule, 60
8887R *Meloxicam Sandoz, SZ* – **Meloxicam**, meloxicam 7.5 mg capsule, 30
8888T *Meloxicam Sandoz, SZ* – **Meloxicam**, meloxicam 15 mg capsule, 30
8627C *Auro-Montelukast Tabs 4, DO* – **Montelukast**, montelukast 4 mg tablet: chewable, 28
8628D *Auro-Montelukast Tabs 5, DO* – **Montelukast**, montelukast 5 mg tablet: chewable, 28
8507R *Rabeprazole-DRLA, RZ* – **Rabeprazole**, rabeprazole sodium 10 mg tablet: enteric, 28 tablets
8508T *Rabeprazole-DRLA, RZ* – **Rabeprazole**, rabeprazole sodium 20 mg tablet: enteric, 30 tablets
8509W *Rabeprazole-DRLA, RZ* – **Rabeprazole**, rabeprazole sodium 20 mg tablet: enteric, 30 tablets
1760P *Roxithromycin SCP 150, CR* – **Roxithromycin**, roxithromycin 150 mg tablet, 10
5260W *Roxithromycin SCP 150, CR* – **Roxithromycin**, roxithromycin 150 mg tablet, 10
5261X *Roxithromycin SCP 300, CR* – **Roxithromycin**, roxithromycin 300 mg tablet, 5
8016X *Roxithromycin SCP 300, CR* – **Roxithromycin**, roxithromycin 300 mg tablet, 5
1849H *Sumatriptan Sandoz, SZ* – **Sumatriptan**, sumatriptan 50 mg tablet, 4
8144P *Sumatriptan Sandoz, SZ* – **Sumatriptan**, SUMATRIPTAN Tablet 50 mg (as succinate), 2
2285G *Terbinafine GH, GQ* – **Terbinafine**, terbinafine 250 mg tablet, 42
2804N *Terbinafine GH, GQ* – **Terbinafine**, terbinafine 250 mg tablet, 42
8455B *Tramadol SCP, CR* – **Tramadol**, tramadol hydrochloride 50 mg capsule, 20
8611F *Tramadol SCP, CR* – **Tramadol**, tramadol hydrochloride 50 mg capsule, 20
5232J *Tramadol SCP, CR* – **Tramadol**, tramadol hydrochloride 50 mg capsule, 20
8301X *Venlafaxine SR SCP 75, CR* – **Venlafaxine**, venlafaxine 75 mg capsule: modified release, 28 capsules
8302Y *Venlafaxine SR SCP 150, CR* – **Venlafaxine**, venlafaxine 150 mg capsule: modified release, 28 capsules
8266C *Zoltrip, QA* – **Zolmitriptan**, zolmitriptan 2.5 mg tablet, 2

Addition – Equivalence Indicator

8266C *Zomig, AP* – **Zolmitriptan**, zolmitriptan 2.5 mg tablet, 2

Deletions

Deletion – Brand

5503P *GelTears, BU* – **Carbomer-980**, carbomer-980 0.2% (2 mg/g) eye gel, 10 g
8384G *GelTears, BU* – **Carbomer-980**, carbomer-980 0.2% (2 mg/g) eye gel, 10 g
9210R *GelTears, BU* – **Carbomer-980**, carbomer-980 0.2% (2 mg/g) eye gel, 10 g
5477G *Hospira Pty Limited, HH* – **Cephazolin**, cephazolin 500 mg injection, 5 x 500 mg vials
1256D *Hospira Pty Limited, HH* – **Cephazolin**, cephazolin 500 mg injection, 5 x 500 mg vials
2711Q *Vibra-Tabs, PF* – **Doxycycline**, doxycycline 50 mg tablet, 25
8505P *DBL Gabapentin, HH* – **Gabapentin**, gabapentin 100 mg capsule, 100
1834M *DBL Gabapentin, HH* – **Gabapentin**, gabapentin 300 mg capsule, 100
1835N *DBL Gabapentin, HH* – **Gabapentin**, gabapentin 400 mg capsule, 100
8462J *Pamidronate Strides, YA* – **Pamidronate Disodium**, pamidronate disodium 30 mg/10 mL injection, 1 x 10 mL vial
1968N *Quinapril Sandoz, SZ* – **Quinapril**, quinapril 5 mg tablet, 30
1970Q *Quinapril Sandoz, SZ* – **Quinapril**, quinapril 20 mg tablet, 30
8509W *Rabeprazole-GA, GM* – **Rabeprazole**, rabeprazole sodium 20 mg tablet: enteric, 30 tablets
8508T *Rabeprazole-GA, GM* – **Rabeprazole**, rabeprazole sodium 20 mg tablet: enteric, 30 tablets

Deletion – Equivalence Indicator

5477G *Cefazolin-AFT, AE* – **Cephazolin**, cephazolin 500 mg injection, 5 x 500 mg vials
1256D *Cefazolin-AFT, AE* – **Cephazolin**, cephazolin 500 mg injection, 5 x 500 mg vials

Deletion – Special Patient Contribution Exemption Code

Special Patient Contribution no longer applies to Zolmitriptan, Tablet 2.5 mg (*Zomig*).
The following code was established to provide for cases where an authority has been obtained that grants exemption from the special patient contribution:

9736K **Zolmitriptan**, zolmitriptan 2.5 mg tablet, 2 *(Zomig)*

Alterations

Alteration – Brand Name

From:
5522P *Lacri-Lube, AG* – **Paraffin**, paraffin 1 g/g eye ointment, 2 x 3.5 g tubes
To:
5522P *Refresh Night Time, AG* – **Paraffin**, paraffin 1 g/g eye ointment, 2 x 3.5 g tubes
From:
9218E *Lacri-Lube, AG* – **Paraffin**, paraffin 1 g/g eye ointment, 2 x 3.5 g tubes
To:
9218E *Refresh Night Time, AG* – **Paraffin**, paraffin 1 g/g eye ointment, 2 x 3.5 g tubes
From:
1750D *Lacri-Lube, AG* – **Paraffin**, paraffin 1 g/g eye ointment, 2 x 3.5 g tubes
To:
1750D *Refresh Night Time, AG* – **Paraffin**, paraffin 1 g/g eye ointment, 2 x 3.5 g tubes

Alteration – Manufacturer's Code

		From	*To*
5546X	*Nyogel, AS* – **Timolol**, timolol 0.1% (1 mg/g) eye gel, 5 g	NV	AS
8803H	*Nyogel, AS* – **Timolol**, timolol 0.1% (1 mg/g) eye gel, 5 g	NV	AS

The following brands previously listed with the manufacturer code Ascent Pharma Pty Ltd (**GM**) or Willow Pharmaceuticals Pty Ltd (**WQ**) are now listed with the manufacturer Actavis Pty Ltd (**GN**).

1003T *Lovir, GN* – **Aciclovir**, aciclovir 200 mg tablet, 25
1007B *Lovir, GN* – **Aciclovir**, aciclovir 200 mg tablet, 90
8511Y *Alendronate-GA, GN* – **Alendronate**, alendronate 70 mg tablet, 4
9183H *Dronalen Plus, GN* – **Alendronate + Colecalciferol**, alendronate 70 mg + colecalciferol 140 microgram tablet, 4
2132F *Ralozam, GN* – **Alprazolam**, alprazolam 1 mg tablet, 50
8118G *Ralozam, GN* – **Alprazolam**, alprazolam 2 mg tablet, 50
1884E *Amoxycillin-GA, GN* – **Amoxycillin**, amoxycillin 250 mg capsule, 20
3301R *Amoxycillin-GA, GN* – **Amoxycillin**, amoxycillin 250 mg capsule, 20
1889K *Amoxycillin-GA, GN* – **Amoxycillin**, amoxycillin 500 mg capsule, 20
3300Q *Amoxycillin-GA, GN* – **Amoxycillin**, amoxycillin 500 mg capsule, 20
1886G *Bgramin, GN* – **Amoxycillin**, amoxycillin 125 mg/5 mL oral liquid: powder for, 100 mL
3302T *Bgramin, GN* – **Amoxycillin**, amoxycillin 125 mg/5 mL oral liquid: powder for, 100 mL
1887H *Bgramin, GN* – **Amoxycillin**, amoxycillin 250 mg/5 mL oral liquid: powder for, 100 mL
3393N *Bgramin, GN* – **Amoxycillin**, amoxycillin 250 mg/5 mL oral liquid: powder for, 100 mL
1892N *GA-Amclav 125/31.25, GN* – **Amoxycillin + Clavulanic Acid**, amoxycillin 125 mg/5 mL + clavulanic acid 31.25 mg/5 mL oral liquid: powder for, 75 mL
5009P *GA-Amclav 125/31.25, GN* – **Amoxycillin + Clavulanic Acid**, amoxycillin 125 mg/5 mL + clavulanic acid 31.25 mg/5 mL oral liquid: powder for, 75 mL
5011R *GA-Amclav Forte 400/57, GN* – **Amoxycillin + Clavulanic Acid**, amoxycillin 400 mg/5 mL + clavulanic acid 57 mg/5 mL oral liquid: powder for, 60 mL
8319W *GA-Amclav Forte 400/57, GN* – **Amoxycillin + Clavulanic Acid**, amoxycillin 400 mg/5 mL + clavulanic acid 57 mg/5 mL oral liquid: powder for, 60 mL
1891M *GA-Amclav 500/125, GN* – **Amoxycillin + Clavulanic Acid**, amoxycillin 500 mg + clavulanic acid 125 mg tablet, 10
5008N *GA-Amclav 500/125, GN* – **Amoxycillin + Clavulanic Acid**, amoxycillin 500 mg + clavulanic acid 125 mg tablet, 10
5006L *GA-Amclav Forte 875/125, GN* – **Amoxycillin + Clavulanic Acid**, amoxycillin 875 mg + clavulanic acid 125 mg tablet, 10
8254K *GA-Amclav Forte 875/125, GN* – **Amoxycillin + Clavulanic Acid**, amoxycillin 875 mg + clavulanic acid 125 mg tablet, 10
2977Q *Ibimicyn, GN* – **Ampicillin**, ampicillin 1 g injection, 5 x 1 g vials
3314K *Ibimicyn, GN* – **Ampicillin**, ampicillin 1 g injection, 5 x 1 g vials

2390T *Ibimicyn, GN* – **Ampicillin**, ampicillin 500 mg injection, 5 x 500 mg vials
3313J *Ibimicyn, GN* – **Ampicillin**, ampicillin 500 mg injection, 5 x 500 mg vials
8179L *Anastrozole-GA, GN* – **Anastrozole**, anastrozole 1 mg tablet, 30
8213G *Atorvachol, GN* – **Atorvastatin**, atorvastatin 10 mg tablet, 30
9230T *Atorvachol, GN* – **Atorvastatin**, atorvastatin 10 mg tablet, 30
8214H *Atorvachol, GN* – **Atorvastatin**, atorvastatin 20 mg tablet, 30
9231W *Atorvachol, GN* – **Atorvastatin**, atorvastatin 20 mg tablet, 30
8215J *Atorvachol, GN* – **Atorvastatin**, atorvastatin 40 mg tablet, 30
9232X *Atorvachol, GN* – **Atorvastatin**, atorvastatin 40 mg tablet, 30
8521L *Atorvachol, GN* – **Atorvastatin**, atorvastatin 80 mg tablet, 30
9233Y *Atorvachol, GN* – **Atorvastatin**, atorvastatin 80 mg tablet, 30
2687K *Azamun, GN* – **Azathioprine**, azathioprine 50 mg tablet, 100
8200N *Zitrocin, GN* – **Azithromycin**, azithromycin 500 mg tablet, 2
8336R *Zitrocin, GN* – **Azithromycin**, azithromycin 500 mg tablet, 2
8094B *Bicalutamide-GA, GN* – **Bicalutamide**, bicalutamide 50 mg tablet, 28
8604W *Biso 2.5, GN* – **Bisoprolol**, bisoprolol fumarate 2.5 mg tablet, 28
8605X *Biso 5, GN* – **Bisoprolol**, bisoprolol fumarate 5 mg tablet, 28
8606Y *Biso 10, GN* – **Bisoprolol**, bisoprolol fumarate 10 mg tablet, 28
8465M *Prexaton, GN* – **Bupropion**, bupropion hydrochloride 150 mg tablet: modified release, 30 tablets
8710K *Prexaton, GN* – **Bupropion**, bupropion hydrochloride 150 mg tablet: modified release, 90 tablets
8393R *Cobasol, GN* – **Cabergoline**, cabergoline 1 mg tablet, 30
8394T *Cobasol, GN* – **Cabergoline**, cabergoline 2 mg tablet, 30
8114C *Dostan, GN* – **Cabergoline**, cabergoline 500 microgram tablet, 8
8115D *Dostan, GN* – **Cabergoline**, cabergoline 500 microgram tablet, 2
8295N *Candesartan-GA, GN* – **Candesartan**, candesartan cilexetil 4 mg tablet, 30
8296P *Candesartan-GA, GN* – **Candesartan**, candesartan cilexetil 8 mg tablet, 30
8297Q *Candesartan-GA, GN* – **Candesartan**, candesartan cilexetil 16 mg tablet, 30
8889W *Candesartan-GA, GN* – **Candesartan**, candesartan cilexetil 32 mg tablet, 30
8504N *Candesartan HCTZ-GA 16/12.5, GN* – **Candesartan + Hydrochlorothiazide**, candesartan cilexetil 16 mg + hydrochlorothiazide 12.5 mg tablet, 30
9314F *Candesartan HCTZ-GA 32/12.5, GN* – **Candesartan + Hydrochlorothiazide**, candesartan cilexetil 32 mg + hydrochlorothiazide 12.5 mg tablet, 30
9315G *Candesartan HCTZ-GA 32/25, GN* – **Candesartan + Hydrochlorothiazide**, candesartan cilexetil 32 mg + hydrochlorothiazide 25 mg tablet, 30
8255L *GN-Carvedilol, GN* – **Carvedilol**, carvedilol 3.125 mg tablet, 30
8256M *GN-Carvedilol, GN* – **Carvedilol**, carvedilol 6.25 mg tablet, 60
8257N *GN-Carvedilol, GN* – **Carvedilol**, carvedilol 12.5 mg tablet, 60
8258P *GN-Carvedilol, GN* – **Carvedilol**, carvedilol 25 mg tablet, 60
3094W *Cilex, GN* – **Cephalexin**, cephalexin 125 mg/5 mL oral liquid: powder for, 100 mL
3319Q *Cilex, GN* – **Cephalexin**, cephalexin 125 mg/5 mL oral liquid: powder for, 100 mL
2655R *Cilex, GN* – **Cephalexin**, cephalexin 250 mg capsule, 20
3058Y *Cilex, GN* – **Cephalexin**, cephalexin 250 mg capsule, 20
3317N *Cilex, GN* – **Cephalexin**, cephalexin 250 mg capsule, 20
3095X *Cilex, GN* – **Cephalexin**, cephalexin 250 mg/5 mL oral liquid: powder for, 100 mL
3320R *Cilex, GN* – **Cephalexin**, cephalexin 250 mg/5 mL oral liquid: powder for, 100 mL
3119E *Cilex, GN* – **Cephalexin**, cephalexin 500 mg capsule, 20
3318P *Cilex, GN* – **Cephalexin**, cephalexin 500 mg capsule, 20
1209P *Ciprofloxacin-GA, GN* – **Ciprofloxacin**, ciprofloxacin 500 mg tablet, 14
1210Q *Ciprofloxacin-GA, GN* – **Ciprofloxacin**, ciprofloxacin 750 mg tablet, 14
8318T *Clarac, GN* – **Clarithromycin**, clarithromycin 250 mg tablet, 14
2275R *Clopidogrel-GA, GN* – **Clopidogrel**, clopidogrel 75 mg tablet, 28
9354H *Clopidogrel-GA, GN* – **Clopidogrel**, clopidogrel 75 mg tablet, 28
8864M *Exorex, GN* – **Coal Tar Prepared**, coal tar prepared 1% (10 mg/g) lotion, 100 mL
2878L *Intal Spincaps, GN* – **Cromoglycate**, cromoglycate sodium 20 mg inhalation: powder for, 100 capsules
8019C *Procur 100, GN* – **Cyproterone**, cyproterone acetate 100 mg tablet, 50
1269T *Procur, GN* – **Cyproterone**, cyproterone acetate 50 mg tablet, 20
1270W *Procur, GN* – **Cyproterone**, cyproterone acetate 50 mg tablet, 50
3162K *Diazepam-GA, GN* – **Diazepam**, diazepam 5 mg tablet, 50
5072Y *Diazepam-GA, GN* – **Diazepam**, diazepam 5 mg tablet, 50
5356X *Diazepam-GA, GN* – **Diazepam**, diazepam 5 mg tablet, 50 **(Palliative Care)**
5358B *Diazepam-GA, GN* – **Diazepam**, diazepam 5 mg tablet, 50 **(Palliative Care)**
1299J *Diclofenac-GA, GN* – **Diclofenac**, diclofenac sodium 25 mg tablet: enteric, 50 tablets
5076E *Diclofenac-GA, GN* – **Diclofenac**, diclofenac sodium 25 mg tablet: enteric, 50 tablets
5361E *Diclofenac-GA, GN* – **Diclofenac**, diclofenac sodium 25 mg tablet: enteric, 50 tablets **(Palliative Care)**
5364H *Diclofenac-GA, GN* – **Diclofenac**, diclofenac sodium 25 mg tablet: enteric, 50 tablets **(Palliative Care)**
1300K *Diclofenac-GA, GN* – **Diclofenac**, diclofenac sodium 50 mg tablet: enteric, 50 tablets
5077F *Diclofenac-GA, GN* – **Diclofenac**, diclofenac sodium 50 mg tablet: enteric, 50 tablets

5362F *Diclofenac-GA, GN* – **Diclofenac**, diclofenac sodium 50 mg tablet: enteric, 50 tablets **(Palliative Care)**
5365J *Diclofenac-GA, GN* – **Diclofenac**, diclofenac sodium 50 mg tablet: enteric, 50 tablets **(Palliative Care)**
1335G *Dilzem 60 mg, GN* – **Diltiazem**, diltiazem hydrochloride 60 mg tablet, 90
2532G *Donepezil-GA, GN* – **Donepezil**, donepezil hydrochloride 5 mg tablet, 28
8495D *Donepezil-GA, GN* – **Donepezil**, donepezil hydrochloride 5 mg tablet, 28
8496E *Donepezil-GA, GN* – **Donepezil**, donepezil hydrochloride 10 mg tablet, 28
2479L *Donepezil-GA, GN* – **Donepezil**, donepezil hydrochloride 10 mg tablet, 28
2711Q *Doxy-50, GN* – **Doxycycline**, doxycycline 50 mg tablet, 25
2702F *Doxy-100, GN* – **Doxycycline**, doxycycline 100 mg tablet, 7
2709N *Doxy-100, GN* – **Doxycycline**, doxycycline 100 mg tablet, 7
2714W *Doxy-100, GN* – **Doxycycline**, doxycycline 100 mg tablet, 7
3321T *Doxy-100, GN* – **Doxycycline**, doxycycline 100 mg tablet, 7
9155W *Drulox, GN* – **Duloxetine**, duloxetine 30 mg capsule: enteric, 28
9156X *Drulox, GN* – **Duloxetine**, duloxetine 60 mg capsule: enteric, 28
1370D *Enalapril-GA, GN* – **Enalapril**, enalapril maleate 5 mg tablet, 30
1368B *Enalapril-GA, GN* – **Enalapril**, enalapril maleate 10 mg tablet, 30
1369C *Enalapril-GA, GN* – **Enalapril**, enalapril maleate 20 mg tablet, 30
8506Q *Exemestane-GA, GN* – **Exemestane**, exemestane 25 mg tablet, 30
8092X *Famciclovir-GA, GN* – **Famciclovir**, famciclovir 125 mg tablet, 40
2274Q *Famciclovir-GA, GN* – **Famciclovir**, famciclovir 250 mg tablet, 20
8002E *Famciclovir-GA, GN* – **Famciclovir**, famciclovir 250 mg tablet, 21
8217L *Famciclovir-GA, GN* – **Famciclovir**, famciclovir 250 mg tablet, 56
8896F *Famciclovir-GA, GN* – **Famciclovir**, famciclovir 500 mg tablet, 56
2487X *Pepzan, GN* – **Famotidine**, famotidine 20 mg tablet, 60
2488Y *Pepzan, GN* – **Famotidine**, famotidine 40 mg tablet, 30
5441J *Dutran 100, GN* – **Fentanyl**, fentanyl 100 microgram/hour patch, 5
5437E *Dutran 12, GN* – **Fentanyl**, fentanyl 12 microgram/hour patch, 5
5438F *Dutran 25, GN* – **Fentanyl**, fentanyl 25 microgram/hour patch, 5
5439G *Dutran 50, GN* – **Fentanyl**, fentanyl 50 microgram/hour patch, 5
5440H *Dutran 75, GN* – **Fentanyl**, fentanyl 75 microgram/hour patch, 5
1524F *Flubiclox, GN* – **Flucloxacillin**, flucloxacillin 500 mg injection, 5 x 500 mg vials
5094D *Flubiclox, GN* – **Flucloxacillin**, flucloxacillin 500 mg injection, 5 x 500 mg vials
1525G *Flubiclox, GN* – **Flucloxacillin**, flucloxacillin 1 g injection, 5 x 1 g vials
5095E *Flubiclox, GN* – **Flucloxacillin**, flucloxacillin 1 g injection, 5 x 1 g vials
1434L *Fluoxetine-GA, GN* – **Fluoxetine**, fluoxetine 20 mg capsule, 28
8512B *Fluvoxamine GA, GN* – **Fluvoxamine**, fluvoxamine maleate 50 mg tablet, 30
8174F *Fluvoxamine GA, GN* – **Fluvoxamine**, fluvoxamine maleate 100 mg tablet, 30
8400D *Fosinopril/HCTZ-GA 10/12.5, GN* – **Fosinopril + Hydrochlorothiazide**, fosinopril sodium 10 mg + hydrochlorothiazide 12.5 mg tablet, 30
8401E *Fosinopril/HCTZ-GA 20/12.5, GN* – **Fosinopril + Hydrochlorothiazide**, fosinopril sodium 20 mg + hydrochlorothiazide 12.5 mg tablet, 30
2414C *Frusid, GN* – **Frusemide**, frusemide 20 mg tablet, 100
8450R *Glimepiride GA 1, GN* – **Glimepiride**, glimepiride 1 mg tablet, 30
8451T *Glimepiride GA 2, GN* – **Glimepiride**, glimepiride 2 mg tablet, 30
8533D *Glimepiride GA 3, GN* – **Glimepiride**, glimepiride 3 mg tablet, 30
8452W *Glimepiride GA 4, GN* – **Glimepiride**, glimepiride 4 mg tablet, 30
1512N *Hydroxychloroquine Actavis, GN* – **Hydroxychloroquine**, hydroxychloroquine sulfate 200 mg tablet, 100
2436F *Indapamide-GA, GN* – **Indapamide**, indapamide hemihydrate 2.5 mg tablet, 90
8246B *Irbesartan-GA, GN* – **Irbesartan**, irbesartan 75 mg tablet, 30
8247C *Irbesartan-GA, GN* – **Irbesartan**, irbesartan 150 mg tablet, 30
8248D *Irbesartan-GA, GN* – **Irbesartan**, irbesartan 300 mg tablet, 30
8404H *Irbesartan HCTZ-GA 150/12.5, GN* – **Irbesartan + Hydrochlorothiazide**, irbesartan 150 mg + hydrochlorothiazide 12.5 mg tablet, 30
8405J *Irbesartan HCTZ-GA 300/12.5, GN* – **Irbesartan + Hydrochlorothiazide**, irbesartan 300 mg + hydrochlorothiazide 12.5 mg tablet, 30
2136K *Irbesartan HCTZ-GA 300/25, GN* – **Irbesartan + Hydrochlorothiazide**, irbesartan 300 mg + hydrochlorothiazide 25 mg tablet, 30
1558B *Imtrate 60 mg, GN* – **Isosorbide Mononitrate**, isosorbide mononitrate 60 mg tablet: modified release, 30 tablets
2591J *Oratane, GN* – **Isotretinoin**, isotretinoin 10 mg capsule, 60
2592K *Oratane, GN* – **Isotretinoin**, isotretinoin 20 mg capsule, 60
2549E *Oratane, GN* – **Isotretinoin**, isotretinoin 40 mg capsule, 30
3064G *Lac-Dol, GN* – **Lactulose**, LACTULOSE Mixture 3.34 g per 5 mL, 500 mL, 1
5387M *Lac-Dol, GN* – **Lactulose**, LACTULOSE Mixture 3.34 g per 5 mL, 500 mL, 1 **(Palliative Care)**
5388N *Lac-Dol, GN* – **Lactulose**, LACTULOSE Mixture 3.34 g per 5 mL, 500 mL, 1 **(Palliative Care)**
8374R *Leflunomide-GA, GN* – **Leflunomide**, leflunomide 10 mg tablet, 30
8375T *Leflunomide-GA, GN* – **Leflunomide**, leflunomide 20 mg tablet, 30
8534E *Lercadip, GN* – **Lercanidipine**, lercanidipine hydrochloride 10 mg tablet, 28
8679T *Lercadip, GN* – **Lercanidipine**, lercanidipine hydrochloride 20 mg tablet, 28
8245Y *Letrozole-GA, GN* – **Letrozole**, letrozole 2.5 mg tablet, 30
8654L *Kepcet, GN* – **Levetiracetam**, levetiracetam 250 mg tablet, 60

8655M *Kepcet, GN* – **Levetiracetam**, levetiracetam 500 mg tablet, 60
8656N *Kepcet, GN* – **Levetiracetam**, levetiracetam 1 g tablet, 60
5389P *LaxaCon, GN* – **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)**
5390Q *LaxaCon, GN* – **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)**
8612G *LaxaCon, GN* – **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
8887R *Melox 7.5, GN* – **Meloxicam**, meloxicam 7.5 mg capsule, 30
8888T *Melox 15, GN* – **Meloxicam**, meloxicam 15 mg capsule, 30
8561N *Meloxicam-GA, GN* – **Meloxicam**, meloxicam 7.5 mg tablet, 30
8562P *Meloxicam-GA, GN* – **Meloxicam**, meloxicam 15 mg tablet, 30
2430X *Metformin-GA, GN* – **Metformin**, metformin hydrochloride 500 mg tablet, 100
1801T *Metformin-GA, GN* – **Metformin**, metformin hydrochloride 850 mg tablet, 60
8607B *Metformin-GA, GN* – **Metformin**, metformin hydrochloride 1 g tablet, 90
1818Q *Methaccord, GN* – **Methotrexate**, METHOTREXATE Injection 50 mg in 2 mL, 1
8883M *Mirtazapine-GA, GN* – **Mirtazapine**, mirtazapine 45 mg tablet, 30
1900B *Clobemix, GN* – **Moclobemide**, moclobemide 150 mg tablet, 60
8003F *Clobemix, GN* – **Moclobemide**, moclobemide 300 mg tablet, 60
8627C *Montair 4, GN* – **Montelukast**, montelukast 4 mg tablet: chewable, 28
8628D *Montair 5, GN* – **Montelukast**, montelukast 5 mg tablet: chewable, 28
3010K *Norfloxacin-GA, GN* – **Norfloxacin**, norfloxacin 400 mg tablet, 14
8170B *Olanzapine-GA, GN* – **Olanzapine**, olanzapine 2.5 mg tablet, 28
8185T *Olanzapine-GA, GN* – **Olanzapine**, olanzapine 5 mg tablet, 28
8186W *Olanzapine-GA, GN* – **Olanzapine**, olanzapine 7.5 mg tablet, 28
8187X *Olanzapine-GA, GN* – **Olanzapine**, olanzapine 10 mg tablet, 28
3381Y *Olanzapine-GA ODT, GN* – **Olanzapine**, OLANZAPINE Tablet 5 mg (orally disintegrating), 28
3382B *Olanzapine-GA ODT, GN* – **Olanzapine**, OLANZAPINE Tablet 10 mg (orally disintegrating), 28
1326T *Omepro-GA, GN* – **Omeprazole**, omeprazole 20 mg capsule, 30
1327W *Omepro-GA, GN* – **Omeprazole**, omeprazole 20 mg capsule, 30
8331L *Omeprazole-GA, GN* – **Omeprazole**, omeprazole 20 mg tablet: enteric, 30 tablets
8333N *Omeprazole-GA, GN* – **Omeprazole**, omeprazole 20 mg tablet: enteric, 30 tablets
5472B *Onsetron ODT 4, GN* – **Ondansetron**, ONDANSETRON Tablet (orally disintegrating) 4 mg, 10
5470X *Onsetron ODT 4, GN* – **Ondansetron**, ONDANSETRON Tablet (orally disintegrating) 4 mg, 4
5471Y *Onsetron ODT 8, GN* – **Ondansetron**, ONDANSETRON Tablet (orally disintegrating) 8 mg, 4
5473C *Onsetron ODT 8, GN* – **Ondansetron**, ONDANSETRON Tablet (orally disintegrating) 8 mg, 10
9454N *Oxytrol, GN* – **Oxybutynin**, oxybutynin 3.9 mg/24 hours patch, 8
8399C *Pantoprazole-GA, GN* – **Pantoprazole**, pantoprazole 20 mg tablet: enteric, 30 tablets
1746X *Febridol, GN* – **Paracetamol**, paracetamol 500 mg tablet, 100
5196L *Febridol, GN* – **Paracetamol**, paracetamol 500 mg tablet, 100
5224Y *Febridol, GN* – **Paracetamol**, paracetamol 500 mg tablet, 100
8784H *Febridol, GN* – **Paracetamol**, paracetamol 500 mg tablet, 100
1705R *Cilopen VK, GN* – **Phenoxymethylpenicillin**, phenoxymethylpenicillin 250 mg capsule, 50
1789E *Cilopen VK, GN* – **Phenoxymethylpenicillin**, phenoxymethylpenicillin 250 mg capsule, 50
3364C *Cilopen VK, GN* – **Phenoxymethylpenicillin**, phenoxymethylpenicillin 500 mg capsule, 50
3363B *Cilopen VK, GN* – **Phenoxymethylpenicillin**, phenoxymethylpenicillin 250 mg capsule, 50
2965C *Cilopen VK, GN* – **Phenoxymethylpenicillin**, phenoxymethylpenicillin 500 mg capsule, 50
8694N *Pioglitazone-GA, GN* – **Pioglitazone**, pioglitazone 15 mg tablet, 28
8695P *Pioglitazone-GA, GN* – **Pioglitazone**, pioglitazone 30 mg tablet, 28
8696Q *Pioglitazone-GA, GN* – **Pioglitazone**, pioglitazone 45 mg tablet, 28
2833D *Pravastatin-GA 10, GN* – **Pravastatin**, pravastatin sodium 10 mg tablet, 30
9237E *Pravastatin-GA 10, GN* – **Pravastatin**, pravastatin sodium 10 mg tablet, 30
2834E *Pravastatin-GA 20, GN* – **Pravastatin**, pravastatin sodium 20 mg tablet, 30
9238F *Pravastatin-GA 20, GN* – **Pravastatin**, pravastatin sodium 20 mg tablet, 30
8197K *Pravastatin-GA 40, GN* – **Pravastatin**, pravastatin sodium 40 mg tablet, 30
9239G *Pravastatin-GA 40, GN* – **Pravastatin**, pravastatin sodium 40 mg tablet, 30
8829Q *Pravastatin-GA 80, GN* – **Pravastatin**, pravastatin sodium 80 mg tablet, 30
9240H *Pravastatin-GA 80, GN* – **Pravastatin**, pravastatin sodium 80 mg tablet, 30
2893G *Prochlorperazine-GA, GN* – **Prochlorperazine**, prochlorperazine maleate 5 mg tablet, 25
5205Y *Prochlorperazine-GA, GN* – **Prochlorperazine**, prochlorperazine maleate 5 mg tablet, 25
8507R *Rabeprazole-GA, GN* – **Rabeprazole**, rabeprazole sodium 10 mg tablet: enteric, 28 tablets
9120B *Ramipril-GA, GN* – **Ramipril**, ramipril 1.25 mg capsule, 30
9121C *Ramipril-GA, GN* – **Ramipril**, ramipril 2.5 mg capsule, 30
9122D *Ramipril-GA, GN* – **Ramipril**, ramipril 5 mg capsule, 30
8470T *Ramipril-GA, GN* – **Ramipril**, ramipril 10 mg capsule, 30
1978D *Ranoxyl, GN* – **Ranitidine**, ranitidine 150 mg tablet, 60
1977C *Ranoxyl, GN* – **Ranitidine**, ranitidine 300 mg tablet, 30

8869T *Risperidone-GA, GN* – **Risperidone**, risperidone 500 microgram tablet, 60
8787L *Risperidone-GA, GN* – **Risperidone**, risperidone 500 microgram tablet, 60
3169T *Risperidone-GA, GN* – **Risperidone**, risperidone 1 mg tablet, 60
8789N *Risperidone-GA, GN* – **Risperidone**, risperidone 1 mg tablet, 60
3170W *Risperidone-GA, GN* – **Risperidone**, risperidone 2 mg tablet, 60
9079W *Risperidone-GA, GN* – **Risperidone**, risperidone 2 mg tablet, 60
3171X *Risperidone-GA, GN* – **Risperidone**, risperidone 3 mg tablet, 60
3172Y *Risperidone-GA, GN* – **Risperidone**, risperidone 4 mg tablet, 60
8621R *Risedronate-GA, GN* – **Risedronate**, risedronate sodium 35 mg tablet, 4
2606E *Rosuvastatin Actavis 5, GN* – **Rosuvastatin**, rosuvastatin 5 mg tablet, 30
2590H *Rosuvastatin Actavis 5, GN* – **Rosuvastatin**, rosuvastatin 5 mg tablet, 30
3402C *Rosuvastatin Actavis 5, GN* – **Rosuvastatin**, rosuvastatin 5 mg tablet, 30
9042X *Rosuvastatin Actavis 5, GN* – **Rosuvastatin**, rosuvastatin 5 mg tablet, 30
2628H *Rosuvastatin Actavis 10, GN* – **Rosuvastatin**, rosuvastatin 10 mg tablet, 30
2584B *Rosuvastatin Actavis 10, GN* – **Rosuvastatin**, rosuvastatin 10 mg tablet, 30
3403D *Rosuvastatin Actavis 10, GN* – **Rosuvastatin**, rosuvastatin 10 mg tablet, 30
9043Y *Rosuvastatin Actavis 10, GN* – **Rosuvastatin**, rosuvastatin 10 mg tablet, 30
2574L *Rosuvastatin Actavis 20, GN* – **Rosuvastatin**, rosuvastatin 20 mg tablet, 30
2609H *Rosuvastatin Actavis 20, GN* – **Rosuvastatin**, rosuvastatin 20 mg tablet, 30
9044B *Rosuvastatin Actavis 20, GN* – **Rosuvastatin**, rosuvastatin 20 mg tablet, 30
3404E *Rosuvastatin Actavis 20, GN* – **Rosuvastatin**, rosuvastatin 20 mg tablet, 30
2636R *Rosuvastatin Actavis 40, GN* – **Rosuvastatin**, rosuvastatin 40 mg tablet, 30
2594M *Rosuvastatin Actavis 40, GN* – **Rosuvastatin**, rosuvastatin 40 mg tablet, 30
3405F *Rosuvastatin Actavis 40, GN* – **Rosuvastatin**, rosuvastatin 40 mg tablet, 30
9045C *Rosuvastatin Actavis 40, GN* – **Rosuvastatin**, rosuvastatin 40 mg tablet, 30
1760P *Roxithromycin-GA, GN* – **Roxithromycin**, roxithromycin 150 mg tablet, 10
5260W *Roxithromycin-GA, GN* – **Roxithromycin**, roxithromycin 150 mg tablet, 10
5261X *Roxithromycin-GA, GN* – **Roxithromycin**, roxithromycin 300 mg tablet, 5
8016X *Roxithromycin-GA, GN* – **Roxithromycin**, roxithromycin 300 mg tablet, 5
2000G *Salbutamol-GA, GN* – **Salbutamol**, salbutamol 2.5 mg/2.5 mL inhalation: solution, 30 x 2.5 mL ampoules
3496B *Salbutamol-GA, GN* – **Salbutamol**, salbutamol 2.5 mg/2.5 mL inhalation: solution, 30 x 2.5 mL ampoules **(Prescriber Bag)**
2001H *Salbutamol-GA, GN* – **Salbutamol**, salbutamol 5 mg/2.5 mL inhalation: solution, 30 x 2.5 mL ampoules
3497C *Salbutamol-GA, GN* – **Salbutamol**, salbutamol 5 mg/2.5 mL inhalation: solution, 30 x 2.5 mL ampoules **(Prescriber Bag)**
3196F *restore O.R.S., GN* – **Sodium Chloride + Potassium Chloride + Glucose Monohydrate + Citrate**, sodium chloride 470 mg + potassium chloride 300 mg + glucose monohydrate 3.56 g + sodium acid citrate 530 mg oral liquid: powder for, 10 x 4.9 g sachets
1849H *Sumatriptan-GA, GN* – **Sumatriptan**, sumatriptan 50 mg tablet, 4
2110C *Tamoxen 20 mg, GN* – **Tamoxifen**, tamoxifen 20 mg tablet, 60
8378Y *Astromide, GN* – **Temozolomide**, temozolomide 5 mg capsule, 5
8819E *Astromide, GN* – **Temozolomide**, temozolomide 5 mg capsule, 5
8379B *Astromide, GN* – **Temozolomide**, temozolomide 20 mg capsule, 5
8820F *Astromide, GN* – **Temozolomide**, temozolomide 20 mg capsule, 5
8380C *Astromide, GN* – **Temozolomide**, temozolomide 100 mg capsule, 5
8821G *Astromide, GN* – **Temozolomide**, temozolomide 100 mg capsule, 5
9361Q *Astromide, GN* – **Temozolomide**, temozolomide 140 mg capsule, 5
9362R *Astromide, GN* – **Temozolomide**, temozolomide 140 mg capsule, 5
2438H *Astromide, GN* – **Temozolomide**, temozolomide 180 mg capsule, 5
8381D *Astromide, GN* – **Temozolomide**, temozolomide 250 mg capsule, 5
8460G *Androderm, GN* – **Testosterone**, testosterone 2.5 mg/24 hours patch, 60
8619P *Androderm, GN* – **Testosterone**, testosterone 5 mg/24 hours patch, 30
8163P *Topiramate-GA, GN* – **Topiramate**, topiramate 25 mg tablet, 60
8164Q *Topiramate-GA, GN* – **Topiramate**, topiramate 50 mg tablet, 60
8165R *Topiramate-GA, GN* – **Topiramate**, topiramate 100 mg tablet, 60
8166T *Topiramate-GA, GN* – **Topiramate**, topiramate 200 mg tablet, 60
8523N *GA Tramadol SR 100mg, GN* – **Tramadol**, tramadol hydrochloride 100 mg tablet: modified release, 20 tablets
8524P *GA Tramadol SR 150mg, GN* – **Tramadol**, tramadol hydrochloride 150 mg tablet: modified release, 20 tablets
8525Q *GA Tramadol SR 200mg, GN* – **Tramadol**, tramadol hydrochloride 200 mg tablet: modified release, 20 tablets
5232J *GA Tramadol 50mg, GN* – **Tramadol**, tramadol hydrochloride 50 mg capsule, 20
8455B *GA Tramadol 50mg, GN* – **Tramadol**, tramadol hydrochloride 50 mg capsule, 20
8611F *GA Tramadol 50mg, GN* – **Tramadol**, tramadol hydrochloride 50 mg capsule, 20
2269K *Vycin IV, GN* – **Vancomycin**, vancomycin 1 g injection, 1 x 1 g vial
2270L *Vycin IV, GN* – **Vancomycin**, vancomycin 1 g injection, 1 x 1 g vial
5083M *Vycin IV, GN* – **Vancomycin**, vancomycin 1 g injection, 1 x 1 g vial
3130R *Vycin IV, GN* – **Vancomycin**, vancomycin 500 mg injection, 1 x 500 mg vial
3131T *Vycin IV, GN* – **Vancomycin**, vancomycin 500 mg injection, 1 x 500 mg vial
3323X *Vycin IV, GN* – **Vancomycin**, vancomycin 500 mg injection, 1 x 500 mg vial
8301X *Venlexor XR, GN* – **Venlafaxine**, venlafaxine 75 mg capsule: modified release, 28 capsules
8302Y *Venlexor XR, GN* – **Venlafaxine**, venlafaxine 150 mg capsule: modified release, 28 capsules

The following brands previously listed with the manufacturer code Ascent Pharma Pty Ltd (**GM**) or Willow Pharmaceuticals Pty Ltd (**WQ**) are now listed with the manufacturer Actavis Pty Ltd (**UA**).

2751T *Amlodipine-GA, UA* – **Amlodipine**, amlodipine 5 mg tablet, 30
2752W *Amlodipine-GA, UA* – **Amlodipine**, amlodipine 10 mg tablet, 30
8179L *Anzole, UA* – **Anastrozole**, anastrozole 1 mg tablet, 30
2502Q *Calcitriol-GA, UA* – **Calcitriol**, calcitriol 0.25 microgram capsule, 100
8220P *Ciazil, UA* – **Citalopram**, citalopram 20 mg tablet, 28
8700X *Esipram, UA* – **Escitalopram**, escitalopram 10 mg tablet, 28
9432K *Esipram, UA* – **Escitalopram**, escitalopram 10 mg tablet, 28
8701Y *Esipram, UA* – **Escitalopram**, escitalopram 20 mg tablet, 28
9433L *Esipram, UA* – **Escitalopram**, escitalopram 20 mg tablet, 28
2412Y *Frusid, UA* – **Frusemide**, frusemide 40 mg tablet, 100
1834M *Gabapentin-GA, UA* – **Gabapentin**, gabapentin 300 mg capsule, 100
1453L *Gemfibrozil-GA, UA* – **Gemfibrozil**, gemfibrozil 600 mg tablet, 60
9248R *Gemfibrozil-GA, UA* – **Gemfibrozil**, gemfibrozil 600 mg tablet, 60
8245Y *Lezole, UA* – **Letrozole**, letrozole 2.5 mg tablet, 30
8513C *Mirtazapine-DP, UA* – **Mirtazapine**, mirtazapine 30 mg tablet, 30
8007K *Pantoprazole-GA, UA* – **Pantoprazole**, pantoprazole 40 mg tablet: enteric, 30
8008L *Pantoprazole-GA, UA* – **Pantoprazole**, pantoprazole 40 mg tablet: enteric, 30
3050M *Perindopril-GA, UA* – **Perindopril**, perindopril erbumine 2 mg tablet, 30
3051N *Perindopril-GA, UA* – **Perindopril**, perindopril erbumine 4 mg tablet, 30
8704D *Perindopril-GA, UA* – **Perindopril**, perindopril erbumine 8 mg tablet, 30
8456C *Quetiaccord, UA* – **Quetiapine**, quetiapine 25 mg tablet, 60
8457D *Quetiaccord, UA* – **Quetiapine**, quetiapine 100 mg tablet, 90
8458E *Quetiaccord, UA* – **Quetiapine**, quetiapine 200 mg tablet, 60
8580N *Quetiaccord, UA* – **Quetiapine**, quetiapine 300 mg tablet, 60
1970Q *Quinapril-GA, UA* – **Quinapril**, quinapril 20 mg tablet, 30
2236Q *Sertraline-GA, UA* – **Sertraline**, sertraline 50 mg tablet, 30
2237R *Sertraline-GA, UA* – **Sertraline**, sertraline 100 mg tablet, 30
2011W *Simvastatin-DP, UA* – **Simvastatin**, simvastatin 10 mg tablet, 30
9242K *Simvastatin-DP, UA* – **Simvastatin**, simvastatin 10 mg tablet, 30
2012X *Simvastatin-DP, UA* – **Simvastatin**, simvastatin 20 mg tablet, 30
9243L *Simvastatin-DP, UA* – **Simvastatin**, simvastatin 20 mg tablet, 30
8173E *Simvastatin-DP, UA* – **Simvastatin**, simvastatin 40 mg tablet, 30
9244M *Simvastatin-DP, UA* – **Simvastatin**, simvastatin 40 mg tablet, 30
8313M *Simvastatin-DP, UA* – **Simvastatin**, simvastatin 80 mg tablet, 30
9245N *Simvastatin-DP, UA* – **Simvastatin**, simvastatin 80 mg tablet, 30
2285G *Terbinafine-GA, UA* – **Terbinafine**, terbinafine 250 mg tablet, 42
2804N *Terbinafine-GA, UA* – **Terbinafine**, terbinafine 250 mg tablet, 42
8133C *Zelitrex, UA* – **Valaciclovir**, valaciclovir 500 mg tablet, 10
5480K *Zelitrex, UA* – **Valaciclovir**, valaciclovir 500 mg tablet, 30
8134D *Zelitrex, UA* – **Valaciclovir**, valaciclovir 500 mg tablet, 30
8064K *Zelitrex, UA* – **Valaciclovir**, valaciclovir 500 mg tablet, 42

The following brand previously listed with the manufacturer code Ascent Pharma Pty Ltd (**GM**) is now listed with manufacturer Actavis Pty Ltd (**VN**).

8456C *Quipine, VN* – **Quetiapine**, quetiapine 25 mg tablet, 60
8457D *Quipine, VN* – **Quetiapine**, quetiapine 100 mg tablet, 90
8458E *Quipine, VN* – **Quetiapine**, quetiapine 200 mg tablet, 60
8580N *Quipine, VN* – **Quetiapine**, quetiapine 300 mg tablet, 60

Advance Notices

Advance Notices – Deletion of Item

The following items will be deleted from the Schedule of Pharmaceutical Benefits on 1 November 2013:
2103Q **Tiaprofenic Acid**, tiaprofenic acid 300 mg tablet, 60 *(Surgam)*

The following items will be deleted from the Schedule of Pharmaceutical Benefits on 1 January 2014:
8373Q **Leflunomide**, leflunomide 100 mg tablet [3 tablets] (&) leflunomide 20 mg tablet [30 tablets], 33 *(Arava)*
8629E **Triglycerides Medium Chain Formula**, triglycerides medium chain formula oral liquid: powder for, 420 g *(Caprilon)*

SECTION 100 – HIGHLY SPECIALISED DRUGS PROGRAM

Additions

Addition – Item

2799H **Lenalidomide**, lenalidomide 5 mg capsule, 21 *(Revlimid)* **(Public)**
2798G **Lenalidomide**, lenalidomide 5 mg capsule, 21 *(Revlimid)* **(Private)**
2802L **Lenalidomide**, lenalidomide 10 mg capsule, 21 *(Revlimid)* **(Public)**
2796E **Lenalidomide**, lenalidomide 10 mg capsule, 21 *(Revlimid)* **(Private)**

Deletions

Deletion – Brand

5668H *Pamidronate Strides, YA* – **Pamidronate Disodium**, pamidronate disodium 30 mg/10 mL injection, 1 x 10 mL vial **(Public)**
6287X *Pamidronate Strides, YA* – **Pamidronate Disodium**, pamidronate disodium 30 mg/10 mL injection, 1 x 10 mL vial **(Private)**
5670K *Pamidronate Strides, YA* – **Pamidronate Disodium**, pamidronate disodium 90 mg/10 mL injection, 1 x 10 mL vial **(Public)**
6289B *Pamidronate Strides, YA* – **Pamidronate Disodium**, pamidronate disodium 90 mg/10 mL injection, 1 x 10 mL vial **(Private)**

Alterations

Alteration – Manufacturer's Code

The following brands previously listed with the manufacturer code Ascent Pharma Pty Ltd (**GM**) are now listed with the manufacturer Actavis Pty Ltd (**UA**).

6280M *Zelitrex, UA* – **Valaciclovir**, valaciclovir 500 mg tablet, 100 **(Private)**
9568N *Zelitrex, UA* – **Valaciclovir**, valaciclovir 500 mg tablet, 100 **(Public)**

SECTION 100 – BOTULINUM TOXIN PROGRAM

Alterations

Alteration – Restriction

6103F **Botulinum Toxin Type A**, botulinum toxin type A 100 units injection, 1 x 100 units vial *(Botox)*

REPATRIATION SCHEDULE OF PHARMACEUTICAL BENEFITS

Additions

Addition – Item

2797F **Dressing Hydrofibre Alternate To Alginates**, dressing hydrofibre alternate to alginates 10 cm x 10 cm dressing, 10 *(Aquacel Extra 420672)*
2803M **Dressing Hydrofibre Alternate To Alginates**, dressing hydrofibre alternate to alginates 15 cm x 15 cm dressing, 5 *(Aquacel Extra 420673)*

Deletions

Deletion – Item

4656C **Bandage Compression**, bandage compression 7.5 cm x 3.5 m bandage: high stretch, 1 bandage *(Setopress 3504)*
4726R **Bandage Tubular Finger**, bandage tubular finger bandage, 1 *(Tubegauz 0501658)*
4668Q **Bandage Zinc Paste**, bandage zinc paste 7.5 cm x 6 m bandage, 1 *(Zincaband 3604)*
4892L **Dressing Foam With Charcoal Malodorous Wound**, dressing foam with charcoal malodorous wound 10 cm x 10 cm dressing, 10 *(Lyofoam C 603025)*
4880W **Dressing Foam Heavy Exudate**, dressing foam heavy exudate 20 cm x 15 cm dressing, 10 *(Lyofoam Extra 603090)*
4891K **Dressing Foam Moderate Exudate**, dressing foam moderate exudate 10 cm x 10 cm dressing, 10 *(Lyofoam Flat 603093)*
4878R **Dressing Foam Moderate Exudate**, dressing foam moderate exudate 20 cm x 15 cm dressing, 10 *(Lyofoam Flat 603095)*

4890J **Dressing Foam Moderate Exudate**, dressing foam moderate exudate 7.5 cm x 7.5 cm dressing, 10 *(Lyofoam Flat 603092)*
4389B **Salicylic Acid**, salicylic acid 27% gel, 15 g *(Duofilm Gel)*

Deletion – Brand

4795J *Lyofoam Extra 603088, XP* – **Dressing Foam Heavy Exudate**, dressing foam heavy exudate 10 cm x 10 cm dressing, 10

Alterations

Alteration – Manufacturer's Code

		From	*To*
4199B	*Waxsol, HM* – **Docusate**, docusate sodium 0.5% (5 mg/mL) ear drops, 10 mL	NE	HM

The following brands previously listed with the manufacturer code Ascent Pharma Pty Ltd (**GM**) are now listed with the manufacturer Actavis Pty Ltd (**GN**).

4115N *Zitrocin, GN* – **Azithromycin**, azithromycin 500 mg tablet, 3
4049D *Uracol, GN* – **Bicarbonate + Citrate + Tartaric Acid**, sodium bicarbonate 1.76 g + citrate sodium 630 mg + citrate 720 mg + tartaric acid 890 mg oral liquid: powder for, 28 x 4 g sachets
4028B *Soflax, GN* – **Docusate + Sennoside B**, docusate sodium 50 mg + sennoside B 8 mg tablet, 100
4233T *Finasteride-GA 5, GN* – **Finasteride**, finasteride 5 mg tablet, 30
4007X *Sebizole, GN* – **Ketoconazole**, ketoconazole 2% (20 mg/g) application, 100 mL
4444X *Risedronate-GA, GN* – **Risedronate**, risedronate sodium 35 mg tablet, 4

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	No. of Rpts	Premium $	Dispensed Price for Max. Qty $	Brand Name and Manufacturer

LENALIDOMIDE

Authority required

Myelodysplastic syndrome

Treatment Phase: Initial treatment

The Clinical criteria is:

The treatment must be limited to a maximum duration of 16 weeks,

AND the Clinical criteria is:

Patient must be classified as Low risk or Intermediate-1 according to the International Prognostic Scoring System (IPSS),

AND the Clinical criteria is:

Patient must have a deletion 5q cytogenetic abnormality with or without additional cytogenetic abnormalities,

AND the Clinical criteria is:

Patient must be red blood cell transfusion dependent.

Classification of a patient as Low risk requires a score of 0 on the IPSS, achieved with the following combination: less than 5% marrow blasts with good karyotypic status (normal, -Y alone, -5q alone, -20q alone), and 0/1 cytopenias.

Classification of a patient as Intermediate-1 requires a score of 0.5 to 1 on the IPSS, achieved with the following possible combinations:

1. 5%-10% marrow blasts with good karyotypic status (normal, -Y alone, -5q alone, -20q alone), and 0/1 cytopenias; OR

2. less than 5% marrow blasts with intermediate karyotypic status (other abnormalities), and 0/1 cytopenias; OR

3. less than 5% marrow blasts with good karyotypic status (normal, -Y alone, -5q alone, -20q alone), and 2/3 cytopenias; OR

4. less than 5% marrow blasts with intermediate karyotypic status (other abnormalities), and 2/3 cytopenias; OR

5. 5%-10% marrow blasts with intermediate karyotypic status (other abnormalities), and 0/1 cytopenias; OR

6. 5%-10% marrow blasts with good karyotypic status (normal, -Y alone, -5q alone, -20q alone), and 2/3 cytopenias; OR

7. less than 5% marrow blasts with poor karyotypic status (complex, greater than 3 abnormalities), and 0/1 cytopenias.

Classification of a patient as red blood cell transfusion dependent requires that:

(i) the patient has been transfused within the last 8 weeks; and

(ii) the patient has received at least 8 units of red blood cell in the last 6 months prior to commencing PBS-subsidised therapy with lenalidomide; and would be expected to continue this requirement without lenalidomide treatment.

Patients receiving lenalidomide under the PBS listing must be registered in the i-access risk management program.

The authority application must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Myelodysplastic Syndrome Lenalidomide Authority Application - Supporting Information Form; and

(c) a copy of the bone marrow biopsy report demonstrating that the patient has myelodysplastic syndrome; and

(d) a copy of the full blood examination report; and

(e) a copy of the pathology report detailing the cytogenetics demonstrating Low risk or Intermediate-1 disease according to the IPSS (note: using Fluorescence in Situ Hybridization (FISH) to demonstrate MDS -5q is acceptable); and

(f) details of transfusion requirements including: (i) the date of most recent transfusion and the number of red blood cell units transfused; and (ii) the total number of red cell units transfused in the 4 and 6 months preceding the date of this application; and

(g) a signed patient acknowledgement form.

Note

Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at www.humanservices.gov.au

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Prior Written Approval of Complex Drugs

Reply Paid 9826

GPO Box 9826

HOBART TAS 7001

Note

Special Pricing Arrangements apply.

Authority required

Myelodysplastic syndrome

Treatment Phase: Continuing treatment

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	No. of Rpts	Premium $	Dispensed Price for Max. Qty $	Brand Name and Manufacturer	
	The Clinical criteria is:						
	Patient must be classified as Low risk or Intermediate-1 according to the International Prognostic Scoring System (IPSS),						
	AND the Clinical criteria is:						
	Patient must have a deletion 5q cytogenetic abnormality with or without additional cytogenetic abnormalities,						
	AND the Clinical criteria is:						
	Patient must have received PBS-subsidised initial therapy with lenalidomide for myelodysplastic syndrome,						
	AND the Clinical criteria is:						
	Patient must have achieved and maintained transfusion independence; or least a 50% reduction in red blood cell unit transfusion requirements compared with the four month period prior to commencing initial PBS-subsidised therapy with lenalidomide,						
	AND the Clinical criteria is:						
	Patient must not have progressive disease.						
	Patients receiving lenalidomide under the PBS listing must be registered in the i-access risk management program.						
	The first authority application for continuing supply must be made in writing. Subsequent authority applications for continuing supply may be made by telephone.						
	The following evidence of response must be provided at each application:						
	(i) a haemoglobin level taken within the last 4 weeks; and						
	(ii) the date of the last transfusion; and						
	(iii) a statement of the number of units of red cells transfused in the 4 months immediately preceding this application; and						
	(iv) a statement confirming that the patient has not progressed to acute myeloid leukaemia.						
	Note Written applications for authority to prescribe should be forwarded to:						
	Department of Human Services						
	Prior Written Approval of Complex Drugs						
	Reply Paid 9826						
	GPO Box 9826						
	HOBART TAS 7001						
	Note Subsequent authority applications for continuing treatment may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).						
	Note Special Pricing Arrangements apply.						
2799H	lenalidomide 5 mg capsule, 21	1	3	..	5392.38	Revlimid	CJ
2802L	lenalidomide 10 mg capsule, 21	1	3	..	5643.33	Revlimid	CJ

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	No. of Rpts	Premium $	Dispensed Price for Max. Qty $	Brand Name and Manufacturer

LENALIDOMIDE

Authority required

Myelodysplastic syndrome

Treatment Phase: Initial treatment

The Clinical criteria is:

The treatment must be limited to a maximum duration of 16 weeks,

AND the Clinical criteria is:

Patient must be classified as Low risk or Intermediate-1 according to the International Prognostic Scoring System (IPSS),

AND the Clinical criteria is:

Patient must have a deletion 5q cytogenetic abnormality with or without additional cytogenetic abnormalities,

AND the Clinical criteria is:

Patient must be red blood cell transfusion dependent.

Classification of a patient as Low risk requires a score of 0 on the IPSS, achieved with the following combination: less than 5% marrow blasts with good karyotypic status (normal, -Y alone, -5q alone, -20q alone), and 0/1 cytopenias.

Classification of a patient as Intermediate-1 requires a score of 0.5 to 1 on the IPSS, achieved with the following possible combinations:

1. 5%-10% marrow blasts with good karyotypic status (normal, -Y alone, -5q alone, -20q alone), and 0/1 cytopenias; OR

2. less than 5% marrow blasts with intermediate karyotypic status (other abnormalities), and 0/1 cytopenias; OR

3. less than 5% marrow blasts with good karyotypic status (normal, -Y alone, -5q alone, -20q alone), and 2/3 cytopenias; OR

4. less than 5% marrow blasts with intermediate karyotypic status (other abnormalities), and 2/3 cytopenias; OR

5. 5%-10% marrow blasts with intermediate karyotypic status (other abnormalities), and 0/1 cytopenias; OR

6. 5%-10% marrow blasts with good karyotypic status (normal, -Y alone, -5q alone, -20q alone), and 2/3 cytopenias; OR

7. less than 5% marrow blasts with poor karyotypic status (complex, greater than 3 abnormalities), and 0/1 cytopenias.

Classification of a patient as red blood cell transfusion dependent requires that:

(i) the patient has been transfused within the last 8 weeks; and

(ii) the patient has received at least 8 units of red blood cell in the last 6 months prior to commencing PBS-subsidised therapy with lenalidomide; and would be expected to continue this requirement without lenalidomide treatment.

Patients receiving lenalidomide under the PBS listing must be registered in the i-access risk management program.

The authority application must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Myelodysplastic Syndrome Lenalidomide Authority Application - Supporting Information Form; and

(c) a copy of the bone marrow biopsy report demonstrating that the patient has myelodysplastic syndrome; and

(d) a copy of the full blood examination report; and

(e) a copy of the pathology report detailing the cytogenetics demonstrating Low risk or Intermediate-1 disease according to the IPSS (note: using Fluorescence in Situ Hybridization (FISH) to demonstrate MDS -5q is acceptable); and

(f) details of transfusion requirements including: (i) the date of most recent transfusion and the number of red blood cell units transfused; and (ii) the total number of red cell units transfused in the 4 and 6 months preceding the date of this application; and

(g) a signed patient acknowledgement form.

Note

Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at www.humanservices.gov.au

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Prior Written Approval of Complex Drugs

Reply Paid 9826

GPO Box 9826

HOBART TAS 7001

Note

Special Pricing Arrangements apply.

Authority required

Myelodysplastic syndrome

Treatment Phase: Continuing treatment

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	No. of Rpts	Premium $	Dispensed Price for Max. Qty $	Brand Name and Manufacturer	
	The Clinical criteria is:						
	Patient must be classified as Low risk or Intermediate-1 according to the International Prognostic Scoring System (IPSS),						
	AND the Clinical criteria is:						
	Patient must have a deletion 5q cytogenetic abnormality with or without additional cytogenetic abnormalities,						
	AND the Clinical criteria is:						
	Patient must have received PBS-subsidised initial therapy with lenalidomide for myelodysplastic syndrome,						
	AND the Clinical criteria is:						
	Patient must have achieved and maintained transfusion independence; or least a 50% reduction in red blood cell unit transfusion requirements compared with the four month period prior to commencing initial PBS-subsidised therapy with lenalidomide,						
	AND the Clinical criteria is:						
	Patient must not have progressive disease.						
	Patients receiving lenalidomide under the PBS listing must be registered in the i-access risk management program.						
	The first authority application for continuing supply must be made in writing. Subsequent authority applications for continuing supply may be made by telephone.						
	The following evidence of response must be provided at each application:						
	(i) a haemoglobin level taken within the last 4 weeks; and						
	(ii) the date of the last transfusion; and						
	(iii) a statement of the number of units of red cells transfused in the 4 months immediately preceding this application; and						
	(iv) a statement confirming that the patient has not progressed to acute myeloid leukaemia.						
	Note Written applications for authority to prescribe should be forwarded to:						
	Department of Human Services						
	Prior Written Approval of Complex Drugs						
	Reply Paid 9826						
	GPO Box 9826						
	HOBART TAS 7001						
	Note Subsequent authority applications for continuing treatment may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).						
	Note Special Pricing Arrangements apply.						
2798G	lenalidomide 5 mg capsule, 21	1	3	..	5439.01	Revlimid	CJ
2796E	lenalidomide 10 mg capsule, 21	1	3	..	5689.96	Revlimid	CJ

SECTION 100 (BOTULINUM TOXIN PROGRAM)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	Price ex manufacturer $	Brand Name and Manufacturer

BOTULINUM TOXIN TYPE A

Criteria for availability

Blepharospasm or hemifacial spasm

The Population criteria is:

Patient must be aged 12 years or older.

Criteria for availability

Dynamic equinus foot deformity

The Clinical criteria is:

The condition must be due to spasticity,

AND the Clinical criteria is:

Patient must be an ambulant cerebral palsy patient,

AND the Population criteria is:

Patient must be aged from 2 to 17 years inclusive.

Criteria for availability

Dynamic equinus foot deformity

The Clinical criteria is:

The condition must be due to spasticity,

AND the Clinical criteria is:

Patient must be an ambulant cerebral palsy patient,

AND the Clinical criteria is:

Patient must have commenced on PBS-subsidised treatment with botulinum toxin type A purified neurotoxin complex as a paediatric patient,

AND the Population criteria is:

Patient must be aged 18 years or older.

Criteria for availability

Spasmodic torticollis

The Clinical criteria is:

The treatment must be as monotherapy; OR

The treatment must be as adjunctive therapy to current standard care.

Criteria for availability

Moderate to severe spasticity of the upper limb

The Clinical criteria is:

Patient must have cerebral palsy,

AND the Population criteria is:

Patient must be aged from 2 to 17 years inclusive.

Criteria for availability

Moderate to severe spasticity of the upper limb

The Clinical criteria is:

Patient must have cerebral palsy,

AND the Clinical criteria is:

Patient must have commenced on PBS-subsidised treatment with botulinum toxin type A purified neurotoxin complex as a paediatric patient,

AND the Population criteria is:

Patient must be aged 18 years or older.

Criteria for availability

Moderate to severe spasticity of the upper limb following a stroke

The Clinical criteria is:

The treatment must be used as second line therapy when standard management has failed (e.g. physiotherapy and/or oral spasticity agents) or as an adjunct to physical therapy,

AND the Population criteria is:

Patient must be an adult.

Moderate to severe spasticity is defined as MAS greater than or equal to 3 using modified Ashworth scale.

Maximum number of treatments to be authorised is 4 (total Botox and Dysport) per upper limb per lifetime. Treatment should not be initiated until 3 months post-stroke in patients who do not have established severe contracture. Treatment should be discontinued if the patient does not respond (decrease of MAS greater than 1 in at least one joint) after two treatments.

SECTION 100 (BOTULINUM TOXIN PROGRAM)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	Price ex manufacturer $	Brand Name and Manufacturer	
	The date of the stroke must be provided. Contraindications to treatment include established severe contracture and known sensitivity to botulinum toxin. **Criteria for availability** Severe primary axillary hyperhidrosis **The Clinical criteria is:** Patient must have previously failed or be intolerant to topical aluminium chloride hexahydrate after one to two months of treatment, **AND the Population criteria is:** Patient must be aged 12 years or older. Maximum number of treatments per year is 3, with no less than 4 months to elapse between treatments. **Criteria for availability** Urinary incontinence **The Clinical criteria is:** The condition must be due to neurogenic detrusor overactivity, as demonstrated by urodynamic study, **AND the Clinical criteria is:** The condition must be inadequately controlled by anti-cholinergic therapy, **AND the Clinical criteria is:** Patient must experience at least 14 episodes of urinary incontinence per week prior to commencement of treatment with botulinum toxin, **AND the Clinical criteria is:** The treatment must not continue if the patient does not achieve a 50% or greater reduction from baseline in urinary incontinence episodes 6-12 weeks after the first treatment, **AND the Clinical criteria is:** Patient must be willing and able to self-catheterise, **AND the Population criteria is:** Patient must have a spinal cord injury; OR Patient must be aged 18 years or older and have spina bifida; OR Patient must have multiple sclerosis. **Note** Arrangements to prescribe this item should be made by medical practitioners with the Department of Human Services, contact telephone number 1800 700 270. **Note** Contact the Department of Human Services before commencing PBS-subsidised treatment in cerebral palsy patients who have been treated for moderate to severe spasticity of the upper limb with non-PBS-subsidised botulinum toxin prior to the age of 18. **Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.				
6103F	botulinum toxin type A 100 units injection, 1 x 100 units vial	1	415.50	Botox	AG

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	
	DRESSING HYDROFIBRE ALTERNATE TO ALGINATES							
2797F	dressing hydrofibre alternate to alginates 10 cm x 10 cm dressing, 10	‡1	1	..	101.19	5.90	Aquacel Extra 420672	CC
2803M	dressing hydrofibre alternate to alginates 15 cm x 15 cm dressing, 5	2	1	..	*208.91	5.90	Aquacel Extra 420673	CC