Australian Government

Department of Health

SCHEDULE OF PHARMACEUTICAL BENEFITS

SUMMARY OF CHANGES

EFFECTIVE 1 May 2014

PHARMACEUTICAL BENEFITS

These changes to the Schedule of Pharmaceutical Benefits are effective from 1 May 2014. The Schedule is updated on the first day of each month and is available on the Internet at www.pbs.gov.au.

Fees, Patient Contributions and Safety Net Thresholds

The following fees, patient contributions and safety net thresholds apply as at 1 May 2014 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*	$4.19
Additional Fees (for safety net prices):	Ready-prepared	$1.13
	Extemporaneously-prepared	$1.48
Patient Co-payments:	General	$36.90
	Concessional	$6.00
Safety Net Thresholds:	General	$1421.20
	Concessional	$360.00
Safety Net Card Issue Fee:		$9.26

*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

Note:
10076H **Nicotine**, nicotine 25 mg/16 hours patch, 28 *(nicorette 16hr Invisipatch)*

This item was added to the Schedule of Pharmaceutical Benefits effective 1 April 2014.
The intention was to allow prescribing of this item by nurse practitioners, but the data did not reflect this.
This has now been amended and the addition of "NP" to the entry takes effect from 1 April 2014.

Additions

Addition – Item

10086W **Sapropterin**, sapropterin dihydrochloride 100 mg tablet: soluble, 30 tablets *(Kuvan)*
10087X **Sapropterin**, sapropterin dihydrochloride 100 mg tablet: soluble, 30 tablets *(Kuvan)*
10090C **Sitagliptin + Metformin**, sitagliptin 50 mg + metformin hydrochloride 1 g tablet: modified release, 56 *(Janumet XR)*
10089B **Sitagliptin + Metformin**, sitagliptin 100 mg + metformin hydrochloride 1 g tablet: modified release, 28 *(Janumet XR)*

Addition – Brand

2019G *Acitretin Actavis, GN* – **Acitretin**, acitretin 10 mg capsule, 100
2020H *Acitretin Actavis, GN* – **Acitretin**, acitretin 25 mg capsule, 100
1886G *APO-Amoxycillin, TX* – **Amoxycillin**, amoxycillin 125 mg/5 mL oral liquid: powder for, 100 mL
3302T *APO-Amoxycillin, TX* – **Amoxycillin**, amoxycillin 125 mg/5 mL oral liquid: powder for, 100 mL
1887H *APO-Amoxycillin, TX* – **Amoxycillin**, amoxycillin 250 mg/5 mL oral liquid: powder for, 100 mL
3393N *APO-Amoxycillin, TX* – **Amoxycillin**, amoxycillin 250 mg/5 mL oral liquid: powder for, 100 mL
2687K *APO-Azathioprine, TX* – **Azathioprine**, azathioprine 50 mg tablet, 100
2422L *Carbamazepine Sandoz, SZ* – **Carbamazepine**, CARBAMAZEPINE Tablet 100 mg, 100
5039F *Carbamazepine Sandoz, SZ* – **Carbamazepine**, CARBAMAZEPINE Tablet 100 mg, 100
3058Y *APO-Cephalexin, TX* – **Cephalexin**, cephalexin 250 mg capsule, 20
3317N *APO-Cephalexin, TX* – **Cephalexin**, cephalexin 250 mg capsule, 20
2655R *APO-Cephalexin, TX* – **Cephalexin**, cephalexin 250 mg capsule, 20
3119E *APO-Cephalexin, TX* – **Cephalexin**, cephalexin 500 mg capsule, 20
3318P *APO-Cephalexin, TX* – **Cephalexin**, cephalexin 500 mg capsule, 20
9155W *Duloxetine RBX, RA* – **Duloxetine**, duloxetine 30 mg capsule: enteric, 28
9156X *Duloxetine RBX, RA* – **Duloxetine**, duloxetine 60 mg capsule: enteric, 28
1369C *Enalapril Actavis, UA* – **Enalapril**, enalapril maleate 20 mg tablet, 30
8701Y *Cilopam-S, ER* – **Escitalopram**, escitalopram 20 mg tablet, 28
1394J *Micronelle 30 ED, TX* – **Ethinyloestradiol + Levonorgestrel**, ethinyloestradiol 30 microgram + levonorgestrel 150 microgram tablet [84] (&) inert substance tablet [28], 112 [4 x 28]
8505P *Gabacor, NJ* – **Gabapentin**, gabapentin 100 mg capsule, 100
1834M *Gabacor, NJ* – **Gabapentin**, gabapentin 300 mg capsule, 100
1835N *Gabacor, NJ* – **Gabapentin**, gabapentin 400 mg capsule, 100
8895E *Latanoprost/Timolol Sandoz 50/5, SZ* – **Latanoprost + Timolol**, latanoprost 0.005% + timolol 0.5% eye drops, 2.5 mL
5553G *Latanoprost/Timolol Sandoz 50/5, SZ* – **Latanoprost + Timolol**, latanoprost 0.005% + timolol 0.5% eye drops, 2.5 mL
8245Y *Gynotril, ER* – **Letrozole**, letrozole 2.5 mg tablet, 30
8654L *Levactam, ER* – **Levetiracetam**, levetiracetam 250 mg tablet, 60
8655M *Levactam, ER* – **Levetiracetam**, levetiracetam 500 mg tablet, 60
8656N *Levactam, ER* – **Levetiracetam**, levetiracetam 1 g tablet, 60
8612G *Molaxole, HM* – **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
5389P *Molaxole, HM* – **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 *Molaxole, HM* – **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)**

1324Q *Mistrom, ER* – **Metoprolol Tartrate**, METOPROLOL TARTRATE Tablet 50 mg, 100
1325R *Mistrom, ER* – **Metoprolol Tartrate**, METOPROLOL TARTRATE Tablet 100 mg, 60
1821W *Metronidazole Sandoz IV, SZ* – **Metronidazole**, metronidazole 500 mg/100 mL (0.5%) injection, 10 x 100 mL bags
1832K *Metronidazole Sandoz IV, SZ* – **Metronidazole**, metronidazole 500 mg/100 mL (0.5%) injection, 10 x 100 mL bags
8513C *APO-Mirtazapine, TX* – **Mirtazapine**, mirtazapine 30 mg tablet, 30
8186W *Olanzapine GH, GQ* – **Olanzapine**, olanzapine 7.5 mg tablet, 28
8399C *Panthron, ER* – **Pantoprazole**, pantoprazole 20 mg tablet: enteric, 30 tablets
3050M *Perindopril Actavis 2, UA* – **Perindopril**, perindopril erbumine 2 mg tablet, 30
3051N *Perindopril Actavis 4, UA* – **Perindopril**, perindopril erbumine 4 mg tablet, 30
8704D *Perindopril Actavis 8, UA* – **Perindopril**, perindopril erbumine 8 mg tablet, 30
8456C *Pharmacor Quetiapine 25, CR* – **Quetiapine**, quetiapine 25 mg tablet, 60
8457D *Pharmacor Quetiapine 100, CR* – **Quetiapine**, quetiapine 100 mg tablet, 90
8458E *Pharmacor Quetiapine 200, CR* – **Quetiapine**, quetiapine 200 mg tablet, 60
8580N *Pharmacor Quetiapine 300, CR* – **Quetiapine**, quetiapine 300 mg tablet, 60
5231H *Tramadol ACT, GN* – **Tramadol**, tramadol hydrochloride 100 mg/2 mL injection, 5 x 2 mL ampoules
8582Q *Tramadol ACT, GN* – **Tramadol**, tramadol hydrochloride 100 mg/2 mL injection, 5 x 2 mL ampoules
3484J *Tramadol ACT, GN* – **Tramadol**, tramadol hydrochloride 100 mg/2 mL injection, 5 x 2 mL ampoules **(Prescriber Bag)**
5232J *Tramadol Actavis, UA* – **Tramadol**, tramadol hydrochloride 50 mg capsule, 20
8455B *Tramadol Actavis, UA* – **Tramadol**, tramadol hydrochloride 50 mg capsule, 20
8611F *Tramadol Actavis, UA* – **Tramadol**, tramadol hydrochloride 50 mg capsule, 20
8868R *Venlafaxine Actavis XR, UA* – **Venlafaxine**, venlafaxine 37.5 mg capsule: modified release, 28 capsules
8301X *Venlafaxine Actavis XR, UA* – **Venlafaxine**, venlafaxine 75 mg capsule: modified release, 28 capsules
8302Y *Venlafaxine Actavis XR, UA* – **Venlafaxine**, venlafaxine 150 mg capsule: modified release, 28 capsules

Deletions

Deletion – Item

2041K **Carbomer + Triglyceride Lipids**, carbomer 0.2% + triglyceride lipids 1% eye gel, 10 g *(Artelac)*
2082N **Carbomer + Triglyceride Lipids**, carbomer 0.2% + triglyceride lipids 1% eye gel, 10 g *(Artelac)*
2044N **Carbomer + Triglyceride Lipids**, carbomer 0.2% + triglyceride lipids 1% eye gel, 10 g *(Artelac)*
8723D **Glucose Indicator Blood**, glucose indicator blood strip: diagnostic, 50 *(Omnitest EZ)*
9265P **Glucose Indicator Blood**, glucose indicator blood strip: diagnostic, 50 *(Omnitest EZ)*
2826R **Methysergide**, methysergide 1 mg tablet, 50 *(Deseril)*
2808T **Pergolide**, pergolide 50 microgram tablet, 100 *(Permax)*
2809W **Pergolide**, pergolide 250 microgram tablet, 100 *(Permax)*
2810X **Pergolide**, pergolide 1 mg tablet, 100 *(Permax)*
1278G **Timolol**, timolol 0.25% (2.5 mg/mL) eye drops, 5 mL *(Tenopt)*
5547Y **Timolol**, timolol 0.25% (2.5 mg/mL) eye drops, 5 mL *(Tenopt)*
1254B **Verapamil**, verapamil hydrochloride 120 mg tablet, 100 *(Isoptin)*

Deletion – Brand

5478H *Kefzol, AS* – **Cephazolin**, cephazolin 1 g injection, 10 x 1 g vials
1257E *Kefzol, AS* – **Cephazolin**, cephazolin 1 g injection, 10 x 1 g vials
3050M *Perindopril-DP, GN* – **Perindopril**, perindopril erbumine 2 mg tablet, 30
3050M *Perindopril-GA, UA* – **Perindopril**, perindopril erbumine 2 mg tablet, 30
3051N *Perindopril-DP, GN* – **Perindopril**, perindopril erbumine 4 mg tablet, 30
3051N *Perindopril-GA, UA* – **Perindopril**, perindopril erbumine 4 mg tablet, 30
8704D *Perindopril-DP, GN* – **Perindopril**, perindopril erbumine 8 mg tablet, 30
8704D *Perindopril-GA, UA* – **Perindopril**, perindopril erbumine 8 mg tablet, 30
1248Q *Isoptin, AB* – **Verapamil**, verapamil hydrochloride 40 mg tablet, 100

Deletion – Equivalence Indicator

1248Q *Anpec 40, AF* – **Verapamil**, verapamil hydrochloride 40 mg tablet, 100

Alterations

Alteration – Brand Name

From:
8254K *Amoxycillin/Clavulanic Acid 875/125 generichealth, GQ* – **Amoxycillin + Clavulanic Acid**, amoxycillin 875 mg + clavulanic acid 125 mg tablet, 10
To:
8254K *AmoxyClav GH 875/125, GQ* – **Amoxycillin + Clavulanic Acid**, amoxycillin 875 mg + clavulanic acid 125 mg tablet, 10
From:
5006L *Amoxycillin/Clavulanic Acid 875/125 generichealth, GQ* – **Amoxycillin + Clavulanic Acid**, amoxycillin 875 mg + clavulanic acid 125 mg tablet, 10

To:

5006L *AmoxyClav GH 875/125, GQ* – **Amoxycillin + Clavulanic Acid**, amoxycillin 875 mg + clavulanic acid 125 mg tablet, 10

Alteration – Manufacturer's Code

		From	To
10011X	*Forxiga, AP* – **Dapagliflozin**, dapagliflozin 10 mg tablet, 28	BQ	AP
3423E	*Byetta 5 microgram, AP* – **Exenatide**, exenatide 5 microgram/0.02 mL injection, 60 unit doses	BQ	AP
3424F	*Byetta 10 microgram, AP* – **Exenatide**, exenatide 10 microgram/0.04 mL injection, 60 unit doses	BQ	AP
8983T	*Onglyza, AP* – **Saxagliptin**, saxagliptin 5 mg tablet, 28	BQ	AP
10048W	*Kombiglyze XR 2.5/1000, AP* – **Saxagliptin + Metformin**, saxagliptin 2.5 mg + metformin hydrochloride 1 g tablet: modified release, 56	BQ	AP
10055F	*Kombiglyze XR 5/500, AP* – **Saxagliptin + Metformin**, saxagliptin 5 mg + metformin hydrochloride 500 mg tablet: modified release, 28	BQ	AP
10051B	*Kombiglyze XR 5/1000, AP* – **Saxagliptin + Metformin**, saxagliptin 5 mg + metformin hydrochloride 1 g tablet: modified release, 28	BQ	AP

Advance Notices

Advance Notices – Deletion of Item

The following item will be deleted from the Schedule of Pharmaceutical Benefits on 1 July 2014:

9198D **Nicotine**, NICOTINE Transdermal patch releasing approximately 15 mg per 16 hours, 28 *(Nicorette Patch)*

Advance Notices – Deletion of Brand

The following brands will be deleted from the Schedule of Pharmaceutical Benefits on 1 June 2014:

1453L *Lopid, PF* – **Gemfibrozil**, gemfibrozil 600 mg tablet, 60

9248R *Lopid, PF* – **Gemfibrozil**, gemfibrozil 600 mg tablet, 60

The following brand will be deleted from the Schedule of Pharmaceutical Benefits on 1 July 2014:

1335G *Coras, AF* – **Diltiazem**, diltiazem hydrochloride 60 mg tablet, 90

SECTION 100 – HIGHLY SPECIALISED DRUGS PROGRAM

Additions

Addition – Item

10083Q **Plerixafor**, plerixafor 24 mg/1.2 mL injection: subcutaneous infusion, 1 x 1.2 mL vial *(Mozobil)* **(Public)**

10084R **Plerixafor**, plerixafor 24 mg/1.2 mL injection: subcutaneous infusion, 1 x 1.2 mL vial *(Mozobil)* **(Private)**

10088Y **Tenofovir + Emtricitabine + Elvitegravir + Cobicistat**, tenofovir disoproxil fumarate 300 mg + emtricitabine 200 mg + elvitegravir 150 mg + cobicistat 150 mg tablet, 30 *(Stribild)* **(Public)**

10085T **Tenofovir + Emtricitabine + Elvitegravir + Cobicistat**, tenofovir disoproxil fumarate 300 mg + emtricitabine 200 mg + elvitegravir 150 mg + cobicistat 150 mg tablet, 30 *(Stribild)* **(Private)**

Deletions

Deletion – Item

5615M **Atazanavir**, atazanavir 100 mg capsule, 60 *(Reyataz)* **(Public)**

9646Q **Atazanavir**, atazanavir 100 mg capsule, 60 *(Reyataz)* **(Private)**

REPATRIATION PHARMACEUTICAL BENEFITS

Advance Notices

Advance Notices – Deletion of Item

The following items will be deleted from the Schedule of Pharmaceutical Benefits on 1 July 2014:

4580C **Alprostadil**, alprostadil 20 microgram injection [2 x 20 microgram syringes] (&) inert substance diluent [2 x 0.6 mL syringes], 1 pack *(Caverject Impulse)*

4579B **Alprostadil**, alprostadil 10 microgram injection [2 x 10 microgram syringes] (&) inert substance diluent [2 x 0.6 mL syringes], 1 pack *(Caverject Impulse)*

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	
	SAPROPTERIN **Authority required** Hyperphenylalaninaemia Treatment Phase: Initial **Clinical criteria:** Patient must have hyperphenylalaninaemia (HPA) due to tetrahydrobiopterin (BH4) deficiency. Patient must have documented tetrahydrobiopterin (BH4) deficiency using tests for BH4 loading and/or urine pterin metabolites, blood spot dihydropteridine reductase (DHPR) and have cerebrospinal fluid neurotransmitter metabolites measured. The authority application must be made in writing. **Note** Patients will be eligible for a maximum of one script as initial therapy to enable their response to treatment with sapropterin to be assessed. If a 30% or greater reduction in blood phenylalanine levels is not achieved within one month, the patient is no longer eligible for PBS-subsidised treatment with sapropterin. **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							
10086W	sapropterin dihydrochloride 100 mg tablet: soluble, 30 tablets	6	..	..	*5306.61	36.90	Kuvan	SG
	SAPROPTERIN **Authority required** Hyperphenylalaninaemia Treatment Phase: Continuing **Clinical criteria:** Patient must have hyperphenylalaninaemia (HPA) due to tetrahydrobiopterin (BH4) deficiency, **AND** Patient must have demonstrated a 30% or greater reduction in blood phenylalanine levels in response to treatment with sapropterin; OR Patient must have accessed non-PBS-subsidised treatment prior to 1 May 2014. Patient must have documented tetrahydrobiopterin (BH4) deficiency using tests for BH4 loading and/or urine pterin metabolites, blood spot dihydropteridine reductase (DHPR) and have cerebrospinal fluid neurotransmitter metabolites measured. The authority application must be made in writing. **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							
10087X	sapropterin dihydrochloride 100 mg tablet: soluble, 30 tablets	6	5	..	*5306.61	36.90	Kuvan	SG
	SITAGLIPTIN + METFORMIN **Authority required (STREAMLINED)**							

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	
	4423							
	Diabetes mellitus type 2							
	Clinical criteria:							
	Patient must have, or have had, a HbA1c measurement greater than 7% despite treatment with metformin; OR							
	Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period despite treatment with metformin.							
	The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor is initiated.							
	The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.							
	Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:							
	(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or							
	(b) Had red cell transfusion within the previous 3 months.							
	The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.							
	A patient whose diabetes was previously demonstrated unable to be controlled with metformin does not need to requalify on this criterion before being eligible for PBS-subsidised treatment with this fixed dose combination.							
	Authority required (STREAMLINED)							
	4309							
	Diabetes mellitus type 2							
	Treatment Phase: Continuing							
	Clinical criteria:							
	Patient must have previously received and been stabilised on a PBS-subsidised regimen of oral diabetic medicines which includes metformin and sitagliptin.							
	Note							
	This fixed dose combination tablet is not PBS-subsidised for use in combination with a sulfonylurea (triple oral therapy), as initial therapy or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 or an SGLT2 inhibitor.							
10090C *NP*	sitagliptin 50 mg + metformin hydrochloride 1 g tablet: modified release, 56	1	5	..	63.13	36.90	Janumet XR	MK
10089B *NP*	sitagliptin 100 mg + metformin hydrochloride 1 g tablet: modified release, 28	1	5	..	61.17	36.90	Janumet XR	MK

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	
	PLERIXAFOR **Authority required (STREAMLINED)** ***4549*** Mobilisation of haematopoietic stem cells **Clinical criteria:** The treatment must be in combination with granulocyte-colony stimulating factor (G-CSF), **AND** Patient must have lymphoma; OR Patient must have multiple myeloma, **AND** Patient must require autologous stem cell transplantation, **AND** Patient must have failed previous stem cell collection; OR Patient must be undergoing chemotherapy plus G-CSF mobilisation and their peripheral blood CD34+ count is less than 10,000 per microlitre on the day of planned collection; OR Patient must be undergoing chemotherapy plus G-CSF mobilisation and the first apheresis has yielded less than 1 million CD34+ cells/kg. Evidence that the patient meets the PBS restriction criteria must be recorded in the patient's medical records. **Note** Applications for increased maximum quantities will only be authorised for patients with body weight greater than 100 kg.						
10083Q	plerixafor 24 mg/1.2 mL injection: subcutaneous infusion, 1 x 1.2 mL vial	1	1	..	6991.00	Mozobil	GZ
	TENOFOVIR + EMTRICITABINE + ELVITEGRAVIR + COBICISTAT **Authority required (STREAMLINED)** ***4522*** HIV infection Treatment Phase: Initial **Clinical criteria:** Patient must be antiretroviral treatment naive. **Authority required (STREAMLINED)** ***4470*** HIV infection Treatment Phase: Continuing **Clinical criteria:** Patient must have previously received PBS-subsidised therapy for HIV infection.						
10088Y	tenofovir disoproxil fumarate 300 mg + emtricitabine 200 mg + elvitegravir 150 mg + cobicistat 150 mg tablet, 30	2	5	..	*2073.36	Stribild	GI

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	
	PLERIXAFOR **Authority required** Mobilisation of haematopoietic stem cells **Clinical criteria:** The treatment must be in combination with granulocyte-colony stimulating factor (G-CSF), **AND** Patient must have lymphoma; OR Patient must have multiple myeloma, **AND** Patient must require autologous stem cell transplantation, **AND** Patient must have failed previous stem cell collection; OR Patient must be undergoing chemotherapy plus G-CSF mobilisation and their peripheral blood CD34+ count is less than 10,000 per microlitre on the day of planned collection; OR Patient must be undergoing chemotherapy plus G-CSF mobilisation and the first apheresis has yielded less than 1 million CD34+ cells/kg. Evidence that the patient meets the PBS restriction criteria must be recorded in the patient's medical records. **Note** Applications for increased maximum quantities will only be authorised for patients with body weight greater than 100 kg.						
10084R	plerixafor 24 mg/1.2 mL injection: subcutaneous infusion, 1 x 1.2 mL vial	1	1	..	7037.63	Mozobil	GZ
	TENOFOVIR + EMTRICITABINE + ELVITEGRAVIR + COBICISTAT **Authority required** HIV infection Treatment Phase: Initial **Clinical criteria:** Patient must be antiretroviral treatment naive. **Authority required** HIV infection Treatment Phase: Continuing **Clinical criteria:** Patient must have previously received PBS-subsidised therapy for HIV infection.						
10085T	tenofovir disoproxil fumarate 300 mg + emtricitabine 200 mg + elvitegravir 150 mg + cobicistat 150 mg tablet, 30	2	5	..	*2119.99	Stribild	GI