



Australian Government

Department of Health

**SCHEDULE OF PHARMACEUTICAL
BENEFITS**

SUMMARY OF CHANGES

EFFECTIVE 1 July 2014

PHARMACEUTICAL BENEFITS

These changes to the Schedule of Pharmaceutical Benefits are effective from 1 July 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 July 2014 and are included, where applicable, in prices published in the Schedule —

Dispensing Fees:	Ready-prepared	\$6.76
	Dangerous drug fee	\$2.71
	Extemporaneously-prepared	\$8.80
	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

Additions

Addition – Item

- 10107Y **Bimatoprost + Timolol**, bimatoprost 0.03% + timolol 0.5% eye drops, 30 x 0.4 mL unit doses (*GANfort PF 0.3/5*)
 10108B **Bimatoprost + Timolol**, bimatoprost 0.03% + timolol 0.5% eye drops, 30 x 0.4 mL unit doses (*GANfort PF 0.3/5*)

Addition – Brand

- 9314F *Adesan HCT 32/12.5, AF* – **Candesartan + Hydrochlorothiazide**, candesartan cilexetil 32 mg + hydrochlorothiazide 12.5 mg tablet, 30
 9315G *Adesan HCT 32/25, AF* – **Candesartan + Hydrochlorothiazide**, candesartan cilexetil 32 mg + hydrochlorothiazide 25 mg tablet, 30
 8315P *Cefepime Alphapharm, AF* – **Cefepime**, CEFEPIME Powder for injection 1 g (as hydrochloride), 1
 8316Q *Cefepime Alphapharm, AF* – **Cefepime**, CEFEPIME Powder for injection 2 g (as hydrochloride), 1
 8318T *Clarithexal, HX* – **Clarithromycin**, clarithromycin 250 mg tablet, 14
 8063J *Lamotrigine Aspen 5, FM* – **Lamotrigine**, lamotrigine 5 mg tablet, 56
 5552F *Latanoprost GH, GO* – **Latanoprost**, latanoprost 0.005% eye drops, 2.5 mL
 8243W *Latanoprost GH, GO* – **Latanoprost**, latanoprost 0.005% eye drops, 2.5 mL
 5553G *APO-Latanoprost/Timolol 0.05/5, TX* – **Latanoprost + Timolol**, latanoprost 0.005% + timolol 0.5% eye drops, 2.5 mL
 8895E *APO-Latanoprost/Timolol 0.05/5, TX* – **Latanoprost + Timolol**, latanoprost 0.005% + timolol 0.5% eye drops, 2.5 mL
 9306T *APO-Memantine, TX* – **Memantine**, memantine hydrochloride 20 mg tablet, 28
 2513G *APO-Memantine, TX* – **Memantine**, memantine hydrochloride 20 mg tablet, 28
 8855C *Mirtazapine Sandoz ODT 15, SZ* – **Mirtazapine**, MIRTAZAPINE Tablet 15 mg (orally disintegrating), 30
 8856D *Mirtazapine Sandoz ODT 30, SZ* – **Mirtazapine**, MIRTAZAPINE Tablet 30 mg (orally disintegrating), 30
 8857E *Mirtazapine Sandoz ODT 45, SZ* – **Mirtazapine**, MIRTAZAPINE Tablet 45 mg (orally disintegrating), 30
 8007K *Pantoprazole Actavis, GN* – **Pantoprazole**, pantoprazole 40 mg tablet: enteric, 30
 8008L *Pantoprazole Actavis, GN* – **Pantoprazole**, pantoprazole 40 mg tablet: enteric, 30
 3403D *Rosuvastatin-DRLA, RI* – **Rosuvastatin**, rosuvastatin 10 mg tablet, 30
 9043Y *Rosuvastatin-DRLA, RI* – **Rosuvastatin**, rosuvastatin 10 mg tablet, 30
 2584B *Rosuvastatin-DRLA, RI* – **Rosuvastatin**, rosuvastatin 10 mg tablet, 30
 2628H *Rosuvastatin-DRLA, RI* – **Rosuvastatin**, rosuvastatin 10 mg tablet, 30
 3404E *Rosuvastatin-DRLA, RI* – **Rosuvastatin**, rosuvastatin 20 mg tablet, 30
 9044B *Rosuvastatin-DRLA, RI* – **Rosuvastatin**, rosuvastatin 20 mg tablet, 30
 2609H *Rosuvastatin-DRLA, RI* – **Rosuvastatin**, rosuvastatin 20 mg tablet, 30
 2574L *Rosuvastatin-DRLA, RI* – **Rosuvastatin**, rosuvastatin 20 mg tablet, 30
 3405F *Rosuvastatin-DRLA, RI* – **Rosuvastatin**, rosuvastatin 40 mg tablet, 30
 9045C *Rosuvastatin-DRLA, RI* – **Rosuvastatin**, rosuvastatin 40 mg tablet, 30
 2636R *Rosuvastatin-DRLA, RI* – **Rosuvastatin**, rosuvastatin 40 mg tablet, 30
 2594M *Rosuvastatin-DRLA, RI* – **Rosuvastatin**, rosuvastatin 40 mg tablet, 30
 3402C *Rosuvastatin-DRLA, RI* – **Rosuvastatin**, rosuvastatin 5 mg tablet, 30
 9042X *Rosuvastatin-DRLA, RI* – **Rosuvastatin**, rosuvastatin 5 mg tablet, 30
 2590H *Rosuvastatin-DRLA, RI* – **Rosuvastatin**, rosuvastatin 5 mg tablet, 30
 2606E *Rosuvastatin-DRLA, RI* – **Rosuvastatin**, rosuvastatin 5 mg tablet, 30
 8144P *Sumatran, QA* – **Sumatriptan**, SUMATRIPTAN Tablet 50 mg (as succinate), 2
 1849H *Sumatran, QA* – **Sumatriptan**, sumatriptan 50 mg tablet, 4
 8979N *Pritor/Amlodipine, FI* – **Telmisartan + Amlodipine**, telmisartan 40 mg + amlodipine 10 mg tablet, 28
 8978M *Pritor/Amlodipine, FI* – **Telmisartan + Amlodipine**, telmisartan 40 mg + amlodipine 5 mg tablet, 28
 8981Q *Pritor/Amlodipine, FI* – **Telmisartan + Amlodipine**, telmisartan 80 mg + amlodipine 10 mg tablet, 28
 8980P *Pritor/Amlodipine, FI* – **Telmisartan + Amlodipine**, telmisartan 80 mg + amlodipine 5 mg tablet, 28

Addition – Equivalence Indicator

- 2513G *Ebixa, LU* – **Memantine**, memantine hydrochloride 20 mg tablet, 28
 9306T *Ebixa, LU* – **Memantine**, memantine hydrochloride 20 mg tablet, 28
 8979N *Twynsta, BY* – **Telmisartan + Amlodipine**, telmisartan 40 mg + amlodipine 10 mg tablet, 28
 8978M *Twynsta, BY* – **Telmisartan + Amlodipine**, telmisartan 40 mg + amlodipine 5 mg tablet, 28
 8981Q *Twynsta, BY* – **Telmisartan + Amlodipine**, telmisartan 80 mg + amlodipine 10 mg tablet, 28
 8980P *Twynsta, BY* – **Telmisartan + Amlodipine**, telmisartan 80 mg + amlodipine 5 mg tablet, 28

Addition – Restriction

- 2868Y **Ivermectin**, ivermectin 3 mg tablet, 4 (*Stromectol*)

Deletions

Deletion – Item

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

Deletion – Brand

1208N *Ciffran, RA – Ciprofloxacin*, ciprofloxacin 250 mg tablet, 14
 1335G *Coras, AF – Diltiazem*, diltiazem hydrochloride 60 mg tablet, 90
 5082L *Doxyhexal, SZ – Doxycycline*, doxycycline 100 mg tablet, 7
 9105F *Doxyhexal, SZ – Doxycycline*, doxycycline 100 mg tablet, 7
 9107H *Doxyhexal, SZ – Doxycycline*, doxycycline 100 mg tablet, 7
 9108J *Doxyhexal, SZ – Doxycycline*, doxycycline 100 mg tablet, 7
 9106G *Doxyhexal, SZ – Doxycycline*, doxycycline 50 mg tablet, 25
 8400D *Hyforil, RA – Fosinopril + Hydrochlorothiazide*, fosinopril sodium 10 mg + hydrochlorothiazide 12.5 mg tablet, 30
 8401E *Hyforil, RA – Fosinopril + Hydrochlorothiazide*, fosinopril sodium 20 mg + hydrochlorothiazide 12.5 mg tablet, 30
 2245E *Fresenius Kabi Australia Pty Limited, PK – Glucose*, glucose 5% (50 g/1000 mL) injection, 1 x 1000 mL bag
 5106R *Fresenius Kabi Australia Pty Limited, PK – Glucose*, glucose 5% (50 g/1000 mL) injection, 1 x 1000 mL bag
 2286H *Fresenius Kabi Australia Pty Limited, PK – Lactate + Sodium Chloride + Potassium Chloride + Calcium Chloride Dihydrate*, lactate sodium 0.322% (3.22 g/1000 mL) + sodium chloride 0.6% (6 g/1000 mL) + potassium chloride 0.04% (400 mg/1000 mL) + calcium chloride dihydrate 0.027% (270 mg/1000 mL) injection, 1 x 1000 mL bag
 8457D *Quipine, VN – Quetiapine*, quetiapine 100 mg tablet, 90
 8458E *Quipine, VN – Quetiapine*, quetiapine 200 mg tablet, 60
 8456C *Quipine, VN – Quetiapine*, quetiapine 25 mg tablet, 60
 8580N *Quipine, VN – Quetiapine*, quetiapine 300 mg tablet, 60
 9242K *Simvastatin-Spirit 10, ZP – Simvastatin*, simvastatin 10 mg tablet, 30
 2011W *Simvastatin-Spirit 10, ZP – Simvastatin*, simvastatin 10 mg tablet, 30
 9243L *Simvastatin-Spirit 20, ZP – Simvastatin*, simvastatin 20 mg tablet, 30
 2012X *Simvastatin-Spirit 20, ZP – Simvastatin*, simvastatin 20 mg tablet, 30
 8173E *Simvastatin-Spirit 40, ZP – Simvastatin*, simvastatin 40 mg tablet, 30
 9244M *Simvastatin-Spirit 40, ZP – Simvastatin*, simvastatin 40 mg tablet, 30
 8313M *Simvastatin-Spirit 80, ZP – Simvastatin*, simvastatin 80 mg tablet, 30
 9245N *Simvastatin-Spirit 80, ZP – Simvastatin*, simvastatin 80 mg tablet, 30
 2264E *Fresenius Kabi Australia Pty Limited, PK – Sodium Chloride*, sodium chloride 0.9% (9 g/1000 mL) injection, 1 x 1000 mL bag
 5212H *Fresenius Kabi Australia Pty Limited, PK – Sodium Chloride*, sodium chloride 0.9% (9 g/1000 mL) injection, 1 x 1000 mL bag
 5232J *Lodam 50, ZP – Tramadol*, tramadol hydrochloride 50 mg capsule, 20
 8455B *Lodam 50, ZP – Tramadol*, tramadol hydrochloride 50 mg capsule, 20
 8611F *Lodam 50, ZP – Tramadol*, tramadol hydrochloride 50 mg capsule, 20

Alterations

Alteration – Brand Name

From:
 10002K *Atozet Composite Pack 10mg + 10mg, MK – Atorvastatin (&) Ezetimibe*, atorvastatin 10 mg tablet [30] (&) ezetimibe 10 mg tablet [30], 1 pack
To:
 10002K *Atozet Composite Pack, MK – Atorvastatin (&) Ezetimibe*, atorvastatin 10 mg tablet [30] (&) ezetimibe 10 mg tablet [30], 1 pack
From:
 2874G *Atozet Composite Pack 10mg + 20mg, MK – Atorvastatin (&) Ezetimibe*, atorvastatin 20 mg tablet [30] (&) ezetimibe 10 mg tablet [30], 1 pack
To:
 2874G *Atozet Composite Pack, MK – Atorvastatin (&) Ezetimibe*, atorvastatin 20 mg tablet [30] (&) ezetimibe 10 mg tablet [30], 1 pack
From:
 2821L *Atozet Composite Pack 10mg + 40mg, MK – Atorvastatin (&) Ezetimibe*, atorvastatin 40 mg tablet [30] (&) ezetimibe 10 mg tablet [30], 1 pack
To:
 2821L *Atozet Composite Pack, MK – Atorvastatin (&) Ezetimibe*, atorvastatin 40 mg tablet [30] (&) ezetimibe 10 mg tablet [30], 1 pack
From:
 10006P *Atozet Composite Pack 10mg + 80mg, MK – Atorvastatin (&) Ezetimibe*, atorvastatin 80 mg tablet [30] (&) ezetimibe 10 mg tablet [30], 1 pack
To:
 10006P *Atozet Composite Pack, MK – Atorvastatin (&) Ezetimibe*, atorvastatin 80 mg tablet [30] (&) ezetimibe 10 mg tablet [30], 1 pack

Alteration – Restriction

Note: Items which are Streamlined drugs have had a code change.

5290K	Eletriptan , eletriptan 40 mg tablet, 4 (<i>Relpax</i>)
5291L	Eletriptan , eletriptan 80 mg tablet, 4 (<i>Relpax</i>)
8298R	Naratriptan , naratriptan 2.5 mg tablet, 2 (<i>Naramig</i>)
9313E	Rizatriptan , rizatriptan 10 mg wafer, 2 (<i>Maxalt</i>)
8341B	Sumatriptan , sumatriptan 20 mg/actuation nasal spray, 2 actuations (<i>Imigran</i>)
8885P	Sumatriptan , SUMATRIPTAN Tablet (fast disintegrating) 50 mg (as succinate), 2 (<i>Imigran FDT</i>)
8144P	Sumatriptan , SUMATRIPTAN Tablet 50 mg (as succinate), 2 (<i>APO-Sumatriptan, Chem mart Sumatriptan, Imigran, Sumagran Aspen 50, Sumatab, Sumatran, Sumatriptan Sandoz, Terry White Chemists Sumatriptan</i>)
1849H	Sumatriptan , sumatriptan 50 mg tablet, 4 (<i>APO-Sumatriptan, Chem mart Sumatriptan, Pharmacor Sumatriptan 50, Sumatran, Sumatriptan-GA, Sumatriptan generichealth, Sumatriptan RBX, Sumatriptan Sandoz, Terry White Chemists Sumatriptan</i>)

Alteration – Authority required to Authority required (STREAMLINED)

8266C **Zolmitriptan**, zolmitriptan 2.5 mg tablet, 2 (*Zoltrip, Zomig*)

Alteration – Manufacturer's Code

		From:	To:
2019G	<i>Neotigason, UA</i> – Acitretin , acitretin 10 mg capsule, 100	TA	UA
2020H	<i>Neotigason, UA</i> – Acitretin , acitretin 25 mg capsule, 100	TA	UA
9354H	<i>Clopidogrel Actavis, UA</i> – Clopidogrel , clopidogrel 75 mg tablet, 28	TA	UA
2501P	<i>Lofenoxal, IA</i> – Diphenoxylate + Atropine Sulfate , diphenoxylate hydrochloride 2.5 mg + atropine sulfate 25 microgram tablet, 20	HC	IA
2501P	<i>Lomotil, IV</i> – Diphenoxylate + Atropine Sulfate , diphenoxylate hydrochloride 2.5 mg + atropine sulfate 25 microgram tablet, 20	BI	IV
2848X	<i>Torlemo DT 25, UA</i> – Lamotrigine , lamotrigine 25 mg tablet, 56	TA	UA
2849Y	<i>Torlemo DT 50, UA</i> – Lamotrigine , lamotrigine 50 mg tablet, 56	TA	UA
2850B	<i>Torlemo DT 100, UA</i> – Lamotrigine , lamotrigine 100 mg tablet, 56	TA	UA
2851C	<i>Torlemo DT 200, UA</i> – Lamotrigine , lamotrigine 200 mg tablet, 56	TA	UA
8245Y	<i>Letrozole Actavis, VN</i> – Letrozole , letrozole 2.5 mg tablet, 30	TA	VN
8399C	<i>Torzole 20, VN</i> – Pantoprazole , pantoprazole 20 mg tablet: enteric, 30 tablets	TA	VN
8007K	<i>Torzole 40, VN</i> – Pantoprazole , pantoprazole 40 mg tablet: enteric, 30	TA	VN
8008L	<i>Torzole 40, VN</i> – Pantoprazole , pantoprazole 40 mg tablet: enteric, 30	TA	VN
2833D	<i>Pravastatin Actavis 10, UA</i> – Pravastatin , pravastatin sodium 10 mg tablet, 30	TA	UA
9237E	<i>Pravastatin Actavis 10, UA</i> – Pravastatin , pravastatin sodium 10 mg tablet, 30	TA	UA
2834E	<i>Pravastatin Actavis 20, UA</i> – Pravastatin , pravastatin sodium 20 mg tablet, 30	TA	UA
9238F	<i>Pravastatin Actavis 20, UA</i> – Pravastatin , pravastatin sodium 20 mg tablet, 30	TA	UA
8197K	<i>Pravastatin Actavis 40, UA</i> – Pravastatin , pravastatin sodium 40 mg tablet, 30	TA	UA
9239G	<i>Pravastatin Actavis 40, UA</i> – Pravastatin , pravastatin sodium 40 mg tablet, 30	TA	UA
8456C	<i>Quetiapine Actavis 25, VN</i> – Quetiapine , quetiapine 25 mg tablet, 60	TA	VN
8457D	<i>Quetiapine Actavis 100, VN</i> – Quetiapine , quetiapine 100 mg tablet, 90	TA	VN
8458E	<i>Quetiapine Actavis 200, VN</i> – Quetiapine , quetiapine 200 mg tablet, 60	TA	VN
8580N	<i>Quetiapine Actavis 300, VN</i> – Quetiapine , quetiapine 300 mg tablet, 60	TA	VN
8253J	<i>Rapilysin 10 U, GN</i> – Retepase , reteplase 10 units (17.4 mg) injection [2 x 10 units vials] (&) inert substance diluent [2 x 10 mL syringes], 1 pack	TA	GN

Advance Notices

Advance Notices – Deletion of Item

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

5005K	<i>Fresenius Kabi Australia Pty Limited, PK</i> – Glucose , glucose 5% (25 g/500 mL) injection, 1 x 500 mL bag
9444C	<i>Fresenius Kabi Australia Pty Limited, PK</i> – Glucose , glucose 5% (25 g/500 mL) injection, 1 x 500 mL bag
9445D	<i>Fresenius Kabi Australia Pty Limited, PK</i> – Glucose , glucose 10% (50 g/500 mL) injection, 1 x 500 mL bag
9474P	<i>Glucose 5% Freeflex, PK</i> – Glucose , glucose 5% (12.5 g/250 mL) injection, 1 x 250 mL bag
9416N	<i>Fresenius Kabi Australia Pty Limited, PK</i> – Lactate + Sodium Chloride + Potassium Chloride + Calcium Chloride Dihydrate , lactate sodium 0.322% (1.61 g/500 mL) + sodium chloride 0.6% (3 g/500 mL) + potassium chloride 0.04% (200 mg/500 mL) + calcium chloride dihydrate 0.027% (135 mg/500 mL) injection, 1 x 500 mL bag
8272J	<i>Probitor Hp7, SZ</i> – Omeprazole (&) Clarithromycin (&) Amoxicillin , omeprazole 20 mg capsule [14 capsules] (&) clarithromycin 500 mg tablet [14 tablets] (&) amoxicillin 500 mg capsule [28 capsules], 1 pack
9392H	<i>Fresenius Kabi Australia Pty Limited, PK</i> – Sodium Chloride , sodium chloride 0.9% (4.5 g/500 mL) injection, 1 x 500 mL bag
9473N	<i>Sodium Chloride 0.9% Freeflex, PK</i> – Sodium Chloride , sodium chloride 0.9% (2.25 g/250 mL) injection, 1 x 250 mL bag
5021G	<i>Fresenius Kabi Australia Pty Limited, PK</i> – Sodium Chloride , sodium chloride 0.9% (4.5 g/500 mL) injection, 1 x 500 mL bag
8098F	<i>Merck Sharp & Dohme (Australia) Pty Ltd, MK</i> – Testosterone , testosterone 100 mg implant, 1
8099G	<i>Merck Sharp & Dohme (Australia) Pty Ltd, MK</i> – Testosterone , testosterone 200 mg implant, 1

Advance Notices – Deletion of Brand

The following brand will be deleted from the Schedule of Pharmaceutical Benefits on 1 August 2014:
1967M *Locilan 28 Day, FZ* – **Norethisterone**, norethisterone 350 microgram tablet, 112 [4 x 28]

SECTION 100 – HIGHLY SPECIALISED DRUGS PROGRAM

Alterations

Alteration – Number of Repeats

		<i>From</i>	<i>To</i>
5777C	Lanreotide , lanreotide 60 mg injection, 1 syringe (<i>Somatuline Autogel</i>)(Public)	11	5
6423C	Lanreotide , lanreotide 60 mg injection, 1 syringe (<i>Somatuline Autogel</i>)(Private)	11	5
5778D	Lanreotide , lanreotide 90 mg injection, 1 syringe (<i>Somatuline Autogel</i>)(Public)	11	5
6424D	Lanreotide , lanreotide 90 mg injection, 1 syringe (<i>Somatuline Autogel</i>)(Private)	11	5
5779E	Lanreotide , lanreotide 120 mg injection, 1 syringe (<i>Somatuline Autogel</i>)(Public)	11	5
6425E	Lanreotide , lanreotide 120 mg injection, 1 syringe (<i>Somatuline Autogel</i>)(Private)	11	5
9511N	Octreotide , octreotide 10 mg injection: modified release [1 x 10 mg vial] (& inert substance diluent [1 x 2.5 mL syringe], 1 pack (<i>Sandostatin LAR</i>)(Public)	11	5
6426F	Octreotide , octreotide 10 mg injection: modified release [1 x 10 mg vial] (& inert substance diluent [1 x 2.5 mL syringe], 1 pack (<i>Sandostatin LAR</i>)(Private)	11	5
9512P	Octreotide , octreotide 20 mg injection: modified release [1 x 20 mg vial] (& inert substance diluent [1 x 2.5 mL syringe], 1 pack (<i>Sandostatin LAR</i>)(Public)	11	5
6427G	Octreotide , octreotide 20 mg injection: modified release [1 x 20 mg vial] (& inert substance diluent [1 x 2.5 mL syringe], 1 pack (<i>Sandostatin LAR</i>)(Private)	11	5
9513Q	Octreotide , octreotide 30 mg injection: modified release [1 x 30 mg vial] (& inert substance diluent [1 x 2.5 mL syringe], 1 pack (<i>Sandostatin LAR</i>)(Public)	11	5
6428H	Octreotide , octreotide 30 mg injection: modified release [1 x 30 mg vial] (& inert substance diluent [1 x 2.5 mL syringe], 1 pack (<i>Sandostatin LAR</i>)(Private)	11	5

Alteration – Maximum Quantity

		<i>From</i>	<i>To</i>
9511N	Octreotide , octreotide 10 mg injection: modified release [1 x 10 mg vial] (& inert substance diluent [1 x 2.5 mL syringe], 1 pack (<i>Sandostatin LAR</i>)(Public)	1	2
6426F	Octreotide , octreotide 10 mg injection: modified release [1 x 10 mg vial] (& inert substance diluent [1 x 2.5 mL syringe], 1 pack (<i>Sandostatin LAR</i>)(Private)	1	2
9512P	Octreotide , octreotide 20 mg injection: modified release [1 x 20 mg vial] (& inert substance diluent [1 x 2.5 mL syringe], 1 pack (<i>Sandostatin LAR</i>)(Public)	1	2
6427G	Octreotide , octreotide 20 mg injection: modified release [1 x 20 mg vial] (& inert substance diluent [1 x 2.5 mL syringe], 1 pack (<i>Sandostatin LAR</i>)(Private)	1	2
9513Q	Octreotide , octreotide 30 mg injection: modified release [1 x 30 mg vial] (& inert substance diluent [1 x 2.5 mL syringe], 1 pack (<i>Sandostatin LAR</i>)(Public)	1	2
6428H	Octreotide , octreotide 30 mg injection: modified release [1 x 30 mg vial] (& inert substance diluent [1 x 2.5 mL syringe], 1 pack (<i>Sandostatin LAR</i>)(Private)	1	2

Alteration – Restriction

Note: Items which are Streamlined drugs have had a code change.

5777C	Lanreotide , lanreotide 60 mg injection, 1 syringe (<i>Somatuline Autogel</i>)(Public)(Streamlined)
6423C	Lanreotide , lanreotide 60 mg injection, 1 syringe (<i>Somatuline Autogel</i>)(Private)
5778D	Lanreotide , lanreotide 90 mg injection, 1 syringe (<i>Somatuline Autogel</i>)(Public)(Streamlined)
6424D	Lanreotide , lanreotide 90 mg injection, 1 syringe (<i>Somatuline Autogel</i>)(Private)
5779E	Lanreotide , lanreotide 120 mg injection, 1 syringe (<i>Somatuline Autogel</i>)(Public)(Streamlined)
6425E	Lanreotide , lanreotide 120 mg injection, 1 syringe (<i>Somatuline Autogel</i>)(Private)
5776B	Lanreotide , lanreotide 30 mg injection: modified release [1 x 30 mg vial] (& inert substance diluent [1 x 2 mL ampoule], 1 pack (<i>Somatuline LA</i>)(Public)(Streamlined)
6332G	Lanreotide , lanreotide 30 mg injection: modified release [1 x 30 mg vial] (& inert substance diluent [1 x 2 mL ampoule], 1 pack (<i>Somatuline LA</i>)(Private)
9511N	Octreotide , octreotide 10 mg injection: modified release [1 x 10 mg vial] (& inert substance diluent [1 x 2.5 mL syringe], 1 pack (<i>Sandostatin LAR</i>)(Public)(Streamlined)
6426F	Octreotide , octreotide 10 mg injection: modified release [1 x 10 mg vial] (& inert substance diluent [1 x 2.5 mL syringe], 1 pack

- (*Sandostatin LAR*)(Private)
 9512P **Octreotide**, octreotide 20 mg injection: modified release [1 x 20 mg vial] (& inert substance diluent [1 x 2.5 mL syringe], 1 pack
 (*Sandostatin LAR*)(Public)(Streamlined)
 6427G **Octreotide**, octreotide 20 mg injection: modified release [1 x 20 mg vial] (& inert substance diluent [1 x 2.5 mL syringe], 1 pack
 (*Sandostatin LAR*)(Private)
 9513Q **Octreotide**, octreotide 30 mg injection: modified release [1 x 30 mg vial] (& inert substance diluent [1 x 2.5 mL syringe], 1 pack
 (*Sandostatin LAR*)(Public)(Streamlined)
 6428H **Octreotide**, octreotide 30 mg injection: modified release [1 x 30 mg vial] (& inert substance diluent [1 x 2.5 mL syringe], 1 pack
 (*Sandostatin LAR*)(Private)

Advance Notices

Advance Notices – Deletion of Item

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

- 5821J *Prezista, JC* – **Darunavir**, darunavir 400 mg tablet, 60 (Public)
 5823L *Prezista, JC* – **Darunavir**, darunavir 400 mg tablet, 60 (Private)

REPATRIATION PHARMACEUTICAL BENEFITS

Deletions

Deletion – Item

- 4579B **Alprostadil**, alprostadil 10 microgram injection [2 x 10 microgram syringes] (& inert substance diluent [2 x 0.6 mL syringes], 1 pack
 (*Caverject Impulse*)
 4580C **Alprostadil**, alprostadil 20 microgram injection [2 x 20 microgram syringes] (& inert substance diluent [2 x 0.6 mL syringes], 1 pack
 (*Caverject Impulse*)
 4543D **Sunscreens**, SUNSCREENS Solid stick 4.5 g, 1 (*Hamilton Solastick 30+*)

Alterations

Alteration – Manufacturer's Code

- | | | <i>From:</i> | <i>To:</i> |
|-------|---|--------------|------------|
| 4549K | <i>Hamilton Skin Therapy Wash, KY</i> – Paraffin Light Liquid + Cocoamphodiacetate Disodium , paraffin light liquid 3.5% (35 mg/mL) + cocoamphodiacetate disodium 3% (30 mg/mL) lotion, 500 mL | VT | KY |
| 4546G | <i>Hamilton Sunscreen Family Sunscreen Milk SPF 15, KY</i> – Sunscreens , SUNSCREENS Lotion (non-alcoholic) 125 mL, 1 | VT | KY |
| 4122Y | <i>Hamilton Skin Therapy Oil, KY</i> – Skin Emollient , SKIN EMOLLIENT Bath oil 500 mL, 1 | VT | KY |

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	
BIMATOPROST + TIMOLOL								
<u>Restricted benefit</u>								
Elevated intra-ocular pressure								
Clinical criteria:								
The condition must have been inadequately controlled with monotherapy,								
AND								
Patient must have open-angle glaucoma; OR								
Patient must have ocular hypertension.								
10107Y	bimatoprost 0.03% + timolol 0.5% eye drops, 30 x 0.4 mL unit doses	‡1	5	..	41.21	36.90	GANfort PF 0.3/5	AG
BIMATOPROST + TIMOLOL								
<u>Restricted benefit</u>								
Elevated intra-ocular pressure								
Clinical criteria:								
The condition must have been inadequately controlled with monotherapy,								
AND								
Patient must have open-angle glaucoma; OR								
Patient must have ocular hypertension.								
Note								
Shared Care Model:								
For prescribing by optometrists where care of a patient is shared between an optometrist and ophthalmologist in a formalised arrangement with an agreed management plan. Further information can be found in the Guidelines for Shared Care of Glaucoma Patients.								
10108B OP	bimatoprost 0.03% + timolol 0.5% eye drops, 30 x 0.4 mL unit doses	‡1	5	..	41.21	36.90	GANfort PF 0.3/5	AG
ELETRIPTAN								
<u>Authority required (STREAMLINED)</u>								
4573								
Migraine attack								
Clinical criteria:								
The condition must have usually failed to respond to analgesics in the past.								
Caution								
Selective serotonin (5HT1) agonists are contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.								
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								
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.								
5290K NP	eletriptan 40 mg tablet, 4	1	5	..	25.10	26.23	Relpax	PF
5291L NP	eletriptan 80 mg tablet, 4	1	5	..	25.10	26.23	Relpax	PF
IVERMECTIN								
<u>Authority required (STREAMLINED)</u>								
4328								
Strongyloidiasis								
<u>Authority required (STREAMLINED)</u>								
4565								
Crusted (Norwegian) scabies								
Clinical criteria:								
The condition must be established by clinical and/or parasitological examination,								

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
	AND						
	Patient must be undergoing topical therapy for this condition; OR						
	Patient must have a contraindication to topical treatment.						
	Population criteria:						
	Patient must weigh 15 kg or over,						
	AND						
	Patient must be 5 years of age or older.						
	<u>Authority required (STREAMLINED)</u>						
	4566						
	Human sarcoptic scabies						
	Clinical criteria:						
	The condition must be established by clinical and/or parasitological examination,						
	AND						
	Patient must have completed and failed sequential treatment with topical permethrin and benzyl benzoate and finished the most recent course of topical therapy at least 4 weeks prior to initiating oral therapy; OR						
	Patient must have a contraindication to topical treatment.						
	Population criteria:						
	Patient must weigh 15 kg or over,						
	AND						
	Patient must be 5 years of age or older.						
	<u>Note</u>						
	This drug is not PBS-subsidised for first line treatment of typical scabies.						
2868Y NP	ivermectin 3 mg tablet, 4	2	2	..	*54.54	36.90	Stromectol MK
	NARATRIPTAN						
	<u>Authority required</u>						
	Migraine attack						
	Clinical criteria:						
	The condition must have usually failed to respond to analgesics in the past.						
	<u>Caution</u>						
	Selective serotonin (5HT1) agonists are contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.						
	<u>Note</u>						
	No increase in the maximum quantity or number of units may be authorised.						
	<u>Note</u>						
	No increase in the maximum number of repeats may be authorised.						
	<u>Note</u>						
	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.						
8298R NP	naratriptan 2.5 mg tablet, 2	2	5	\$2.78	*29.02	27.37	Naramig AS
	RIZATRIPTAN						
	<u>Authority required (STREAMLINED)</u>						
	4573						
	Migraine attack						
	Clinical criteria:						
	The condition must have usually failed to respond to analgesics in the past.						
	<u>Caution</u>						
	Selective serotonin (5HT1) agonists are contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.						
	<u>Note</u>						
	No increase in the maximum quantity or number of units may be authorised.						
	<u>Note</u>						

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
No increase in the maximum number of repeats may be authorised.							
Note							
Continuing Therapy Only:							
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
9313E NP	rizatriptan 10 mg wafer, 2	2	5	..	*25.46	26.59	Maxalt MK
SUMATRIPTAN							
Authority required (STREAMLINED)							
4558							
Migraine attack							
Clinical criteria:							
The condition must have usually failed to respond to analgesics in the past.							
Caution							
Selective serotonin (5HT1) agonists are contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.							
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							
Pharmaceutical benefits that have the form sumatriptan tablet 50 mg (as succinate) and pharmaceutical benefits that have the form sumatriptan tablet (fast disintegrating) 50 mg (as succinate) are equivalent for the purposes of substitution.							
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.							
8341B NP	sumatriptan 20 mg/actuation nasal spray, 2 actuations	1	5	..	19.59	20.72	Imigran AS
8885P NP	SUMATRIPTAN Tablet (fast disintegrating) 50 mg (as succinate), 2	2	5	..	*18.28	19.41	^a Imigran FDT AS
8144P NP	SUMATRIPTAN Tablet 50 mg (as succinate), 2	2	5	..	*18.28	19.41	^a APO-Sumatriptan TX
							^a Chem mart Sumatriptan CH
							^a Sumagran Aspen 50 AS
							^a Sumatab AF
							^a Sumatran QA
							^a Sumatriptan Sandoz SZ
							^a Terry White Chemists Sumatriptan TW
				^B 1.20	*19.48	19.41	^a Imigran LN
1849H NP	sumatriptan 50 mg tablet, 4	1	5	..	18.28	19.41	^a APO-Sumatriptan TX
							^a Chem mart Sumatriptan CH
							^a Pharmacor Sumatriptan 50 CR
							^a Sumatran QA
							^a Sumatriptan-GA GN
							^a Sumatriptan generichealth GO
							^a Sumatriptan RBX RA
							^a Sumatriptan Sandoz SZ
							^a Terry White Chemists Sumatriptan TW

ZOLMITRIPTAN

Authority required (STREAMLINED)

4573

Migraine attack

Clinical criteria:

The condition must have usually failed to respond to analgesics in the past.

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
Caution							
Selective serotonin (5HT1) agonists are contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.							
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							
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.							
8266C NP	zolmitriptan 2.5 mg tablet, 2	2	5	..	*26.18	27.31	^a Zoltrip
				^B 2.76	*28.94	27.31	^a Zomig
							QA
							AP

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
	<p>LANREOTIDE <u>Authority required (STREAMLINED)</u> 4567 Acromegaly</p> <p>Clinical criteria: The condition must be active,</p> <p>AND Patient must have persistent elevation of mean growth hormone levels of greater than 2.5 micrograms per litre,</p> <p>AND The treatment must be after failure of other therapy including dopamine agonists; OR The treatment must be as interim treatment while awaiting the effects of radiotherapy and where treatment with dopamine agonists has failed; OR The treatment must be in a patient who is unfit for or unwilling to undergo surgery and where radiotherapy is contraindicated,</p> <p>AND The treatment must cease in a patient treated with radiotherapy if there is biochemical evidence of remission (normal IGF1) after lanreotide has been withdrawn for at least 4 weeks (6 weeks after the last dose),</p> <p>AND The treatment must cease if IGF1 is not lower after 3 months of treatment.</p> <p>In a patient treated with radiotherapy, lanreotide should be withdrawn every 2 years in the 10 years after radiotherapy for assessment of remission.</p>	2	11	..	*1500.00	Somatuline LA IS
5776B	lanreotide 30 mg injection: modified release [1 x 30 mg vial] (&) inert substance diluent [1 x 2 mL ampoule], 1 pack					
	<p>LANREOTIDE <u>Authority required (STREAMLINED)</u> 4570 Acromegaly</p> <p>Clinical criteria: The condition must be active,</p> <p>AND Patient must have persistent elevation of mean growth hormone levels of greater than 2.5 micrograms per litre,</p> <p>AND The treatment must be after failure of other therapy including dopamine agonists; OR The treatment must be as interim treatment while awaiting the effects of radiotherapy and where treatment with dopamine agonists has failed; OR The treatment must be in a patient who is unfit for or unwilling to undergo surgery and where radiotherapy is contraindicated,</p> <p>AND The treatment must cease in a patient treated with radiotherapy if there is biochemical evidence of remission (normal IGF1) after lanreotide has been withdrawn for at least 4 weeks (8 weeks after the last dose),</p> <p>AND The treatment must cease if IGF1 is not lower after 3 months of treatment.</p> <p>In a patient treated with radiotherapy, lanreotide should be withdrawn every 2 years in the 10 years after radiotherapy for assessment of remission.</p>					
	<p>LANREOTIDE <u>Authority required (STREAMLINED)</u> 4575 Functional carcinoid tumour</p> <p>Clinical criteria: The condition must be causing intractable symptoms,</p> <p>AND Patient must have experienced on average over 1 week, 3 or more episodes per day of diarrhoea and/or flushing, which persisted despite the use of anti-histamines, anti-serotonin agents and anti-diarrhoea agents,</p> <p>AND Patient must be one in whom surgery or antineoplastic therapy has failed or is inappropriate,</p> <p>AND The treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 3 months' therapy at a dose of 120 mg every 28 days.</p> <p>Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum</p>					

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	
	effective dose.						
5777C	lanreotide 60 mg injection, 1 syringe	2	5	..	*2690.00	Somatuline Autogel	IS
5778D	lanreotide 90 mg injection, 1 syringe	2	5	..	*3580.00	Somatuline Autogel	IS
5779E	lanreotide 120 mg injection, 1 syringe	2	5	..	*4480.00	Somatuline Autogel	IS

OCTREOTIDE

Authority required (STREAMLINED)

4563

Acromegaly

Clinical criteria:

The condition must be controlled with octreotide immediate release injections,

AND

The treatment must cease in a patient treated with radiotherapy if there is biochemical evidence of remission (normal IGF1) after octreotide has been withdrawn for at least 4 weeks (8 weeks after the last dose),

AND

The treatment must cease if IGF1 is not lower after 3 months of treatment.

In a patient treated with radiotherapy, octreotide should be withdrawn every 2 years in the 10 years after radiotherapy for assessment of remission

Authority required (STREAMLINED)

4561

Functional carcinoid tumour

Clinical criteria:

Patient must have achieved symptom control on octreotide immediate release injections,

AND

The treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 3 months' therapy at a dose of 30 mg every 28 days and having allowed adequate rescue therapy with octreotide immediate release injections.

Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.

Authority required (STREAMLINED)

4564

Vasoactive intestinal peptide secreting tumour (VIPoma)

Clinical criteria:

Patient must have achieved symptom control on octreotide immediate release injections,

AND

The treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 3 months' therapy at a dose of 30 mg every 28 days and having allowed adequate rescue therapy with octreotide immediate release injections.

Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.

9511N	octreotide 10 mg injection: modified release [1 x 10 mg vial] (& inert substance diluent [1 x 2.5 mL syringe], 1 pack	2	5	..	*2613.72	Sandostatin LAR	NV
9512P	octreotide 20 mg injection: modified release [1 x 20 mg vial] (& inert substance diluent [1 x 2.5 mL syringe], 1 pack	2	5	..	*3479.62	Sandostatin LAR	NV
9513Q	octreotide 30 mg injection: modified release [1 x 30 mg vial] (& inert substance diluent [1 x 2.5 mL syringe], 1 pack	2	5	..	*4354.92	Sandostatin LAR	NV

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
	<p>LANREOTIDE <u>Authority required</u> Acromegaly Clinical criteria: The condition must be active, AND Patient must have persistent elevation of mean growth hormone levels of greater than 2.5 micrograms per litre, AND The treatment must be after failure of other therapy including dopamine agonists; OR The treatment must be as interim treatment while awaiting the effects of radiotherapy and where treatment with dopamine agonists has failed; OR The treatment must be in a patient who is unfit for or unwilling to undergo surgery and where radiotherapy is contraindicated, AND The treatment must cease in a patient treated with radiotherapy if there is biochemical evidence of remission (normal IGF1) after lanreotide has been withdrawn for at least 4 weeks (6 weeks after the last dose), AND The treatment must cease if IGF1 is not lower after 3 months of treatment. In a patient treated with radiotherapy, lanreotide should be withdrawn every 2 years in the 10 years after radiotherapy for assessment of remission.</p>	2	11	..	*1546.76	Somatuline LA IS
6332G	lanreotide 30 mg injection: modified release [1 x 30 mg vial] (& inert substance diluent [1 x 2 mL ampoule], 1 pack					
	<p>LANREOTIDE <u>Authority required</u> Acromegaly Clinical criteria: The condition must be active, AND Patient must have persistent elevation of mean growth hormone levels of greater than 2.5 micrograms per litre, AND The treatment must be after failure of other therapy including dopamine agonists; OR The treatment must be as interim treatment while awaiting the effects of radiotherapy and where treatment with dopamine agonists has failed; OR The treatment must be in a patient who is unfit for or unwilling to undergo surgery and where radiotherapy is contraindicated, AND The treatment must cease in a patient treated with radiotherapy if there is biochemical evidence of remission (normal IGF1) after lanreotide has been withdrawn for at least 4 weeks (8 weeks after the last dose), AND The treatment must cease if IGF1 is not lower after 3 months of treatment. In a patient treated with radiotherapy, lanreotide should be withdrawn every 2 years in the 10 years after radiotherapy for assessment of remission.</p>					
	<p><u>Authority required</u> Functional carcinoid tumour Clinical criteria: The condition must be causing intractable symptoms, AND Patient must have experienced on average over 1 week, 3 or more episodes per day of diarrhoea and/or flushing, which persisted despite the use of anti-histamines, anti-serotonin agents and anti-diarrhoea agents, AND Patient must be one in whom surgery or antineoplastic therapy has failed or is inappropriate, AND The treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 3 months' therapy at a dose of 120 mg every 28 days. Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.</p>					
6423C	lanreotide 60 mg injection, 1 syringe	2	5	..	*2736.76	Somatuline Autogel IS

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	
6424D	lanreotide 90 mg injection, 1 syringe	2	5	..	*3626.76	Somatuline Autogel	IS
6425E	lanreotide 120 mg injection, 1 syringe	2	5	..	*4526.76	Somatuline Autogel	IS

OCTREOTIDE

Authority required

Acromegaly

Clinical criteria:

The condition must be controlled with octreotide immediate release injections,

AND

The treatment must cease in a patient treated with radiotherapy if there is biochemical evidence of remission (normal IGF1) after octreotide has been withdrawn for at least 4 weeks (8 weeks after the last dose),

AND

The treatment must cease if IGF1 is not lower after 3 months of treatment.

In a patient treated with radiotherapy, octreotide should be withdrawn every 2 years in the 10 years after radiotherapy for assessment of remission

Authority required

Functional carcinoid tumour

Clinical criteria:

Patient must have achieved symptom control on octreotide immediate release injections,

AND

The treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 3 months' therapy at a dose of 30 mg every 28 days and having allowed adequate rescue therapy with octreotide immediate release injections.

Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.

Authority required

Vasoactive intestinal peptide secreting tumour (VIPoma)

Clinical criteria:

Patient must have achieved symptom control on octreotide immediate release injections,

AND

The treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 3 months' therapy at a dose of 30 mg every 28 days and having allowed adequate rescue therapy with octreotide immediate release injections.

Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.

6426F	octreotide 10 mg injection: modified release [1 x 10 mg vial] (&) inert substance diluent [1 x 2.5 mL syringe], 1 pack	2	5	..	*2660.48	Sandostatin LAR	NV
6427G	octreotide 20 mg injection: modified release [1 x 20 mg vial] (&) inert substance diluent [1 x 2.5 mL syringe], 1 pack	2	5	..	*3526.38	Sandostatin LAR	NV
6428H	octreotide 30 mg injection: modified release [1 x 30 mg vial] (&) inert substance diluent [1 x 2.5 mL syringe], 1 pack	2	5	..	*4401.68	Sandostatin LAR	NV