



**Australian Government**

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**Department of Health**

**SCHEDULE OF PHARMACEUTICAL  
BENEFITS**

**SUMMARY OF CHANGES**

**EFFECTIVE 1 October 2014**

## PHARMACEUTICAL BENEFITS

These changes to the Schedule of Pharmaceutical Benefits are effective from 1 October 2014. The Schedule is updated on the first day of each month and is available on the Internet at [www.pbs.gov.au](http://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 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	\$1.15
	Extemporaneously-prepared	\$1.50
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

10147C	<b>Glucose Indicator Blood</b> , glucose indicator blood strip: diagnostic, 50 ( <i>EasyMate II</i> )
10139P	<b>Glucose Indicator Blood</b> , glucose indicator blood strip: diagnostic, 50 ( <i>EasyMate II</i> )
10145Y	<b>Glucose Indicator Blood</b> , glucose indicator blood strip: diagnostic, 100 ( <i>EasyMate II</i> )
10141R	<b>Glucose Indicator Blood</b> , glucose indicator blood strip: diagnostic, 100 ( <i>EasyMate II</i> )
10146B	<b>Oestradiol (&amp;) Oestradiol + Dydrogesterone</b> , oestradiol 1 mg tablet [14] (&) oestradiol 1 mg + dydrogesterone 10 mg tablet [14], 28 ( <i>Femoston 1/10</i> )
10142T	<b>Oestradiol + Dydrogesterone</b> , oestradiol 1 mg + dydrogesterone 5 mg tablet, 28 ( <i>Femoston-Conti</i> )
10143W	<b>Salbutamol</b> , salbutamol 200 microgram inhalation: powder for, 128 capsules ( <i>Ventolin Rotacaps</i> )

#### Addition – Brand

9012H	<i>Alendronate plus D3-DRLA, RZ</i> – <b>Alendronate + Colecalciferol</b> , alendronate 70 mg + colecalciferol 70 microgram tablet, 4
9012H	<i>FonatPlus, AF</i> – <b>Alendronate + Colecalciferol</b> , alendronate 70 mg + colecalciferol 70 microgram tablet, 4
2687K	<i>Imazam, ER</i> – <b>Azathioprine</b> , azathioprine 50 mg tablet, 100
8361C	<i>Xelabine, QA</i> – <b>Capecitabine</b> , capecitabine 150 mg tablet, 60
8362D	<i>Xelabine, QA</i> – <b>Capecitabine</b> , capecitabine 500 mg tablet, 120
2711Q	<i>Doxycycline AN, EA</i> – <b>Doxycycline</b> , doxycycline 50 mg tablet, 25
3321T	<i>Doxycycline AN, EA</i> – <b>Doxycycline</b> , doxycycline 100 mg tablet, 7
2709N	<i>Doxycycline AN, EA</i> – <b>Doxycycline</b> , doxycycline 100 mg tablet, 7
2714W	<i>Doxycycline AN, EA</i> – <b>Doxycycline</b> , doxycycline 100 mg tablet, 7
9155W	<i>Pharmacor Duloxetine 30, CR</i> – <b>Duloxetine</b> , duloxetine 30 mg capsule: enteric, 28
9156X	<i>Pharmacor Duloxetine 60, CR</i> – <b>Duloxetine</b> , duloxetine 60 mg capsule: enteric, 28
8700X	<i>Cilopam-S, ER</i> – <b>Escitalopram</b> , escitalopram 10 mg tablet, 28
8886Q	<i>Esomeprazole GxP, AF</i> – <b>Esomeprazole</b> , esomeprazole 20 mg tablet: enteric, 30 tablets
8600P	<i>Esomeprazole GxP, AF</i> – <b>Esomeprazole</b> , esomeprazole 20 mg tablet: enteric, 30 tablets
8601Q	<i>Esomeprazole GxP, AF</i> – <b>Esomeprazole</b> , esomeprazole 40 mg tablet: enteric, 30 tablets
3401B	<i>Esomeprazole GxP, AF</i> – <b>Esomeprazole</b> , esomeprazole 40 mg tablet: enteric, 30 tablets
2848X	<i>Lamotrigine AN, EA</i> – <b>Lamotrigine</b> , lamotrigine 25 mg tablet, 56
2849Y	<i>Lamotrigine AN, EA</i> – <b>Lamotrigine</b> , lamotrigine 50 mg tablet, 56
2850B	<i>Lamotrigine AN, EA</i> – <b>Lamotrigine</b> , lamotrigine 100 mg tablet, 56
2851C	<i>Lamotrigine AN, EA</i> – <b>Lamotrigine</b> , lamotrigine 200 mg tablet, 56
8612G	<i>Macrovic, QA</i> – <b>Macrogol-3350 + Sodium Chloride + Potassium Chloride + Bicarbonate</b> , macrogol-3350 13.12 g + sodium chloride 350.7 mg + potassium chloride 46.6 mg (0.63 mmol potassium) + sodium bicarbonate 178.5 mg solution, 30 sachets
5390Q	<i>Macrovic, QA</i> – <b>Macrogol-3350 + Sodium Chloride + Potassium Chloride + Bicarbonate</b> , 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 <b>(Palliative Care)</b>
5389P	<i>Macrovic, QA</i> – <b>Macrogol-3350 + Sodium Chloride + Potassium Chloride + Bicarbonate</b> , 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 <b>(Palliative Care)</b>
2492E	<i>Memantine generichealth, GQ</i> – <b>Memantine</b> , memantine hydrochloride 10 mg tablet, 56
1956Y	<i>Memantine generichealth, GQ</i> – <b>Memantine</b> , memantine hydrochloride 10 mg tablet, 56
9306T	<i>Memantine generichealth, GQ</i> – <b>Memantine</b> , memantine hydrochloride 20 mg tablet, 28
2513G	<i>Memantine generichealth, GQ</i> – <b>Memantine</b> , memantine hydrochloride 20 mg tablet, 28
8399C	<i>Sozol, QA</i> – <b>Pantoprazole</b> , pantoprazole 20 mg tablet: enteric, 30 tablets
9151P	<i>Pramipexole AN, EA</i> – <b>Pramipexole</b> , pramipexole hydrochloride monohydrate 125 microgram tablet, 30
9152Q	<i>Pramipexole AN, EA</i> – <b>Pramipexole</b> , pramipexole hydrochloride monohydrate 250 microgram tablet, 100
9153R	<i>Pramipexole AN, EA</i> – <b>Pramipexole</b> , pramipexole hydrochloride monohydrate 1 mg tablet, 100
8456C	<i>Kaptan, ER</i> – <b>Quetiapine</b> , quetiapine 25 mg tablet, 60
8457D	<i>Kaptan, ER</i> – <b>Quetiapine</b> , quetiapine 100 mg tablet, 90
8458E	<i>Kaptan, ER</i> – <b>Quetiapine</b> , quetiapine 200 mg tablet, 60
8580N	<i>Kaptan, ER</i> – <b>Quetiapine</b> , quetiapine 300 mg tablet, 60
8664B	<i>Pharmacor Riluzole, CR</i> – <b>Riluzole</b> , riluzole 50 mg tablet, 56
3496B	<i>Salbutamol Actavis, UA</i> – <b>Salbutamol</b> , salbutamol 2.5 mg/2.5 mL inhalation: solution, 30 x 2.5 mL ampoules <b>(Prescriber Bag)</b>
2000G	<i>Salbutamol Actavis, UA</i> – <b>Salbutamol</b> , salbutamol 2.5 mg/2.5 mL inhalation: solution, 30 x 2.5 mL ampoules
3497C	<i>Salbutamol Actavis, UA</i> – <b>Salbutamol</b> , salbutamol 5 mg/2.5 mL inhalation: solution, 30 x 2.5 mL ampoules <b>(Prescriber Bag)</b>
2001H	<i>Salbutamol Actavis, UA</i> – <b>Salbutamol</b> , salbutamol 5 mg/2.5 mL inhalation: solution, 30 x 2.5 mL ampoules
8355R	<i>Telmisartan RBX, RA</i> – <b>Telmisartan</b> , telmisartan 40 mg tablet, 28
8356T	<i>Telmisartan RBX, RA</i> – <b>Telmisartan</b> , telmisartan 80 mg tablet, 28
8523N	<i>Tramadol AN SR, EA</i> – <b>Tramadol</b> , tramadol hydrochloride 100 mg tablet: modified release, 20 tablets

8524P *Tramadol AN SR, EA* – **Tramadol**, tramadol hydrochloride 150 mg tablet: modified release, 20 tablets  
 8525Q *Tramadol AN SR, EA* – **Tramadol**, tramadol hydrochloride 200 mg tablet: modified release, 20 tablets

### Addition – Equivalence Indicator

9012H *Fosamax Plus, MK* – **Alendronate + Colecalciferol**, alendronate 70 mg + colecalciferol 70 microgram tablet, 4

### Deletions

#### Deletion – Item

8090T **Alendronate**, alendronate 40 mg tablet, 30 (*Fosamax 40 mg*)  
 1755J **Carbamazepine**, carbamazepine 100 mg tablet, 200 (*Carbamazepine Sandoz*)  
 1708X **Carbamazepine**, carbamazepine 100 mg tablet, 200 (*Carbamazepine Sandoz*)  
 5559N **Polyethylene Glycol-400**, polyethylene glycol-400 0.25% eye drops, 15 mL (*Blink Intensive Tears*)  
 9491M **Polyethylene Glycol-400**, polyethylene glycol-400 0.25% eye drops, 15 mL (*Blink Intensive Tears*)  
 9492N **Polyethylene Glycol-400**, polyethylene glycol-400 0.25% eye drops, 15 mL (*Blink Intensive Tears*)  
 5560P **Polyethylene Glycol-400**, polyethylene glycol-400 0.25% eye drops, 20 x 0.4 mL unit doses (*Blink Intensive Tears*)  
 9493P **Polyethylene Glycol-400**, polyethylene glycol-400 0.25% eye drops, 20 x 0.4 mL unit doses (*Blink Intensive Tears*)  
 1099W **Salbutamol**, salbutamol 200 microgram inhalation: powder for, 100 capsules (*Ventolin Rotacaps*)

#### Deletion – Brand

2132F *Ralozam, GN* – **Alprazolam**, alprazolam 1 mg tablet, 50  
 8118G *Ralozam, GN* – **Alprazolam**, alprazolam 2 mg tablet, 50  
 2751T *Amlodipine-GA, UA* – **Amlodipine**, amlodipine 5 mg tablet, 30  
 2752W *Amlodipine-GA, UA* – **Amlodipine**, amlodipine 10 mg tablet, 30  
 5040G *Carbamazepine Sandoz, SZ* – **Carbamazepine**, carbamazepine 200 mg tablet, 200  
 2419H *Carbamazepine Sandoz, SZ* – **Carbamazepine**, carbamazepine 200 mg tablet, 200  
 1785Y *Ceftriaxone ICP, PP* – **Ceftriaxone**, ceftriaxone 2 g injection, 1 x 2 g vial  
 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  
 1628Q *Tolvon, MK* – **Mianserin**, mianserin hydrochloride 20 mg tablet, 50  
 8513C *Mirtazapine-DP, UA* – **Mirtazapine**, mirtazapine 30 mg tablet, 30  
 8507R *Rabzole, JS* – **Rabeprazole**, rabeprazole sodium 10 mg tablet: enteric, 28  
 8509W *Rabzole, JS* – **Rabeprazole**, rabeprazole sodium 20 mg tablet: enteric, 30  
 8508T *Rabzole, JS* – **Rabeprazole**, rabeprazole sodium 20 mg tablet: enteric, 30  
 3495Y *Airomir, IA* – **Salbutamol**, salbutamol 100 microgram/actuation inhalation: pressurised, 200 (**Prescriber Bag**)  
 8288F *Airomir, IA* – **Salbutamol**, salbutamol 100 microgram/actuation inhalation: pressurised, 200  
 2285G *Terbinafine-GA, UA* – **Terbinafine**, terbinafine 250 mg tablet, 42  
 2804N *Terbinafine-GA, UA* – **Terbinafine**, terbinafine 250 mg tablet, 42  
 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

#### Deletion – Equivalence Indicator

1628Q *Lumin 20, AF* – **Mianserin**, mianserin hydrochloride 20 mg tablet, 50

#### Deletion – Note

5039F **Carbamazepine**, CARBAMAZEPINE Tablet 100 mg, 100 (*Carbamazepine Sandoz, Tegretol 100*)  
 2422L **Carbamazepine**, CARBAMAZEPINE Tablet 100 mg, 100 (*Carbamazepine Sandoz, Tegretol 100*)

### Alterations

#### Alteration – Item Description

From:

10124W **Acclidinium**, acclidinium bromide 400 microgram/actuation inhalation: powder for, 60 actuations (*Bretaris Genuair*)

To:

10124W **Acclidinium**, acclidinium 322 microgram/actuation inhalation: powder for, 60 actuations (*Bretaris Genuair*)

#### Alteration – Authorised Prescriber

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

From: MP,NP  
 To: MP

## Alteration - Authority required (STREAMLINED) to Authority Required

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

## Alteration – Restriction

5039F **Carbamazepine**, CARBAMAZEPINE Tablet 100 mg, 100 (*Carbamazepine Sandoz, Tegretol 100*)  
 2422L **Carbamazepine**, CARBAMAZEPINE Tablet 100 mg, 100 (*Carbamazepine Sandoz, Tegretol 100*)  
 3036T **Strontium**, strontium ranelate 2 g granules, 28 x 2 g sachets (*Protos 2 g*)  
 5469W **Varenicline**, varenicline 1 mg tablet, 56 (*Champix*)  
 9129L **Varenicline**, varenicline 1 mg tablet, 56 (*Champix*)  
 9128K **Varenicline**, varenicline 500 microgram tablet [11 tablets] (&) varenicline 1 mg tablet [42 tablets], 53 (*Champix*)

## Alteration – Manufacturer's Code

		<i>From:</i>	<i>To:</i>
2019G	<i>Novatin, TX</i> – <b>Acitretin</b> , acitretin 10 mg capsule, 100	IA	TX
2020H	<i>Novatin, TX</i> – <b>Acitretin</b> , acitretin 25 mg capsule, 100	IA	TX
8054X	<i>Advantan, BN</i> – <b>Methylprednisolone</b> , methylprednisolone aceponate 0.1% (1 mg/g) cream, 15 g	CS	BN
8618N	<i>Advantan, BN</i> – <b>Methylprednisolone</b> , methylprednisolone aceponate 0.1% (1 mg/g) lotion, 20 g	CS	BN
8128T	<i>Advantan, BN</i> – <b>Methylprednisolone</b> , methylprednisolone aceponate 0.1% (1 mg/g) ointment, 15 g	CS	BN
8055Y	<i>Advantan, BN</i> – <b>Methylprednisolone</b> , methylprednisolone aceponate 0.1% (1 mg/g) ointment, 15 g	CS	BN
1900B	<i>Aurorix, HM</i> – <b>Moclobemide</b> , moclobemide 150 mg tablet, 60	VP	HM
8003F	<i>Aurorix 300 mg, HM</i> – <b>Moclobemide</b> , moclobemide 300 mg tablet, 60	VP	HM
8830R	<i>Testogel, HB</i> – <b>Testosterone</b> , testosterone 1% (50 mg/5 g) gel, 30 x 5 g sachets	BN	HB

## Advance Notices

### Advance Notices – Deletion of Item

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

2776D **Ethinylloestradiol + Norethisterone**, ethinylloestradiol 35 microgram + norethisterone 500 microgram tablet [48] (&) ethinylloestradiol 35 microgram + norethisterone 1 mg tablet [36] (&) inert substance tablet [28], 112 [4 x 28] (*Improvil 28 Day*)

The following items will be deleted from the Schedule of Pharmaceutical Benefits on 1 January 2015:

2260Y **Sodium Chloride**, sodium chloride 3% (30 g/1000 mL) injection, 1 x 1000 mL bag (*Baxter Healthcare Pty Ltd*)  
 5213J **Sodium Chloride**, sodium chloride 3% (30 g/1000 mL) injection, 1 x 1000 mL bag (*Baxter Healthcare Pty Ltd*)  
 2278X **Sodium Chloride + Glucose**, sodium chloride 0.45% (2.25 g/500 mL) + glucose 2.5% (12.5 g/500 mL) injection, 1 x 500 mL bag (*Baxter Healthcare Pty Ltd*)  
 5216M **Sodium Chloride + Glucose**, sodium chloride 0.45% (2.25 g/500 mL) + glucose 2.5% (12.5 g/500 mL) injection, 1 x 500 mL bag (*Baxter Healthcare Pty Ltd*)  
 2279Y **Sodium Chloride + Glucose**, sodium chloride 0.225% (1.125 g/500 mL) + glucose 3.75% (18.75 g/500 mL) injection, 1 x 500 mL bag (*Baxter Healthcare Pty Ltd*)  
 5215L **Sodium Chloride + Glucose**, sodium chloride 0.225% (1.125 g/500 mL) + glucose 3.75% (18.75 g/500 mL) injection, 1 x 500 mL bag (*Baxter Healthcare Pty Ltd*)  
 2266G **Sodium Chloride + Potassium Chloride + Calcium Chloride Dihydrate**, sodium chloride 8.6 g/1000 mL + potassium chloride 300 mg/1000 mL + calcium chloride dihydrate 330 mg/1000 mL injection, 1 x 1000 mL bag (*Baxter Healthcare Pty Ltd*)

### Advance Notices – Deletion of Brand

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

8101J *Extavia, NV* – **Interferon Beta-1b**, interferon beta-1b 8 million international units (250 microgram) injection [15 x 250 microgram vials] (&) inert substance diluent [15 x 1.2 mL syringes], 1 pack

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

1370D *Renitec M, MK* – **Enalapril**, enalapril maleate 5 mg tablet, 30  
 2013Y *Zocor, MK* – **Simvastatin**, simvastatin 5 mg tablet, 30

## SECTION 100 – HIGHLY SPECIALISED DRUGS PROGRAM

## Advance Notices

### Advance Notices – Deletion of Item

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

9745X **Omalizumab**, omalizumab 150 mg injection [1 x 150 mg vial] (&) inert substance diluent [1 x 1.2 mL ampoule], 1 pack (*Xolair*)(Public)  
 9746Y **Omalizumab**, omalizumab 150 mg injection [1 x 150 mg vial] (&) inert substance diluent [1 x 1.2 mL ampoule], 1 pack (*Xolair*)(Private)

## 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	
<b>CARBAMAZEPINE</b>								
5039F <i>DP</i>	CARBAMAZEPINE Tablet 100 mg, 100	2	..	..	*18.84	19.99	<sup>a</sup> Carbamazepine Sandoz	SZ
				<sup>B</sup> 2.96	*21.80	19.99	<sup>a</sup> Tegretol 100	NV
<b>CARBAMAZEPINE</b>								
<b>Note</b>								
<b>Continuing Therapy Only:</b>								
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.								
2422L <i>NP</i>	CARBAMAZEPINE Tablet 100 mg, 100	2	2	..	*18.84	19.99	<sup>a</sup> Carbamazepine Sandoz	SZ
				<sup>B</sup> 2.96	*21.80	19.99	<sup>a</sup> Tegretol 100	NV
<b>GLUCOSE INDICATOR BLOOD</b>								
10145Y <i>NP</i>	glucose indicator blood strip: diagnostic, 100	‡1	5	..	53.50	36.90	EasyMate II	WI
10147C <i>NP</i>	glucose indicator blood strip: diagnostic, 50	2	5	..	*53.52	36.90	EasyMate II	WI
<b>GLUCOSE INDICATOR BLOOD</b>								
<b>Restricted benefit</b>								
Blood glucose monitoring								
<b>Clinical criteria:</b>								
Patient must be receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.								
<b>Note</b>								
No increase in the maximum quantity or number of units may be authorised.								
<b>Note</b>								
No increase in the maximum number of repeats may be authorised.								
10141R	glucose indicator blood strip: diagnostic, 100	‡1	11	..	53.50	36.90	EasyMate II	WI
10139P	glucose indicator blood strip: diagnostic, 50	2	11	..	*53.52	36.90	EasyMate II	WI
<b>OESTRADIOL (&amp;) OESTRADIOL + DYDROGESTERONE</b>								
<b>Note</b>								
<b>Continuing Therapy Only:</b>								
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.								
10146B <i>NP</i>	oestradiol 1 mg tablet [14] (&) oestradiol 1 mg + dydrogesterone 10 mg tablet [14], 28	‡1	5	..	19.10	20.25	Femoston 1/10	AB
<b>OESTRADIOL + DYDROGESTERONE</b>								
<b>Note</b>								
<b>Continuing Therapy Only:</b>								
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.								
10142T <i>NP</i>	oestradiol 1 mg + dydrogesterone 5 mg tablet, 28	1	5	..	19.10	20.25	Femoston-Conti	AB
<b>SALBUTAMOL</b>								
10143W <i>NP</i>	salbutamol 200 microgram inhalation: powder for, 128 capsules	2	4	..	*19.12	20.27	Ventolin Rotacaps	GK
<b>STRONTIUM</b>								
<b>Authority required</b>								
Severe established osteoporosis								
<b>Clinical criteria:</b>								
Patient must have fracture due to minimal trauma,								
<b>AND</b>								

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

**AND**

Patient must be at high risk of fracture,

**AND**

Patient must be unable to use other medications for the treatment of osteoporosis due to contraindications or intolerance.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

**Note**

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

3036T	strontium ranelate 2 g granules, 28 x 2 g sachets	1	5	..	52.00	36.90	Protos 2 g	SE
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**VARENICLINE**

**Authority required**

Nicotine dependence

Treatment Phase: Completion of a short-term (24 weeks) course of treatment

**Clinical criteria:**

The treatment must be as an aid to achieving abstinence from smoking,

**AND**

The treatment must be the sole PBS-subsidised therapy for this condition,

**AND**

Patient must have previously been issued with an authority prescription for this drug during this current course of treatment,

**AND**

Patient must have ceased smoking following an initial 12-weeks of PBS-subsidised treatment with this drug in the current course of treatment.

**Treatment criteria:**

Patient must be undergoing concurrent counselling for smoking cessation through a comprehensive support and counselling program.

**Note**

A course of treatment with this drug is 12 weeks or up to 24 weeks, if initial treatment of 12 weeks has been successful.

**Note**

A patient may only qualify for PBS-subsidised treatment under this treatment phase restriction once during a short-term course of treatment.

**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.

5469W NP	varenicline 1 mg tablet, 56	1	2	..	120.76	36.90	Champix	PF
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**VARENICLINE**

**Authority required**

Nicotine dependence

Treatment Phase: Continuation of a short-term (12 weeks or 24 weeks) course of treatment

**Clinical criteria:**

The treatment must be as an aid to achieving abstinence from smoking,

**AND**

The treatment must be the sole PBS-subsidised therapy for this condition,

**AND**

Patient must have previously been issued with an authority prescription for this drug during this current course of treatment.

**Treatment criteria:**

Patient must be undergoing concurrent counselling for smoking cessation through a comprehensive support and counselling program.

## 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
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**Note**

A course of treatment with this drug is 12 weeks or up to 24 weeks, if initial treatment of 12 weeks has been successful.

**Note**

A patient may only qualify for PBS-subsidised treatment under this treatment phase restriction once during a short-term course of treatment.

**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.

9129L <i>NP</i>	varenicline 1 mg tablet, 56	2	..	..	*232.04	36.90	Champix	PF
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**VARENICLINE****Authority required**

Nicotine dependence

Treatment Phase: Commencement of a short-term (12 weeks or 24 weeks) course of treatment

**Clinical criteria:**

The treatment must be as an aid to achieving abstinence from smoking,

**AND**

The treatment must be the sole PBS-subsidised therapy for this condition,

**AND**

Patient must have indicated they are ready to cease smoking.

**Treatment criteria:**

Patient must be undergoing concurrent counselling for smoking cessation through a comprehensive support and counselling program or is about to enter such a program at the time the Authority application is requested.

Details of the support and counselling program must be documented in the patient's medical records at the time treatment is initiated.

Clinical review is recommended within 2 to 3 weeks of the initial prescription being requested.

**Note**

A course of treatment with this drug is 12 weeks or up to 24 weeks, if initial treatment of 12 weeks has been successful.

**Note**

The period between commencing varenicline and bupropion or a new course of varenicline must be at least 6 months.

**Note**

A patient may only qualify for PBS-subsidised treatment under this treatment phase restriction once during a short-term course of treatment.

**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.

9128K <i>NP</i>	varenicline 500 microgram tablet [11 tablets] (&) varenicline 1 mg tablet [42 tablets], 53	1	..	..	103.46	36.90	Champix	PF
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