



Australian Government

Department of Health

**SCHEDULE OF PHARMACEUTICAL
BENEFITS**

SUMMARY OF CHANGES

EFFECTIVE 1 November 2014

PHARMACEUTICAL BENEFITS

These changes to the Schedule of Pharmaceutical Benefits are effective from 1 November 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 November 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

10161T	Amino Acid Formula Without Valine, Leucine And Isoleucine , amino acid formula without valine, leucine and isoleucine containing 5 g of protein equivalent oral liquid: powder for, 30 x 6 g sachets (<i>MSUD amino5</i>)
10153J	Glucose Indicator Blood , glucose indicator blood strip: diagnostic, 100 (<i>Contour next</i>)
10164Y	Glucose Indicator Blood , glucose indicator blood strip: diagnostic, 100 (<i>Contour next</i>)
10156M	Indacaterol + Glycopyrronium , indacaterol 110 microgram + glycopyrronium 50 microgram inhalation: powder for, 30 capsules (<i>ultibro breezhaler 110/50</i>)
10157N	Perampanel , perampanel 2 mg tablet, 7 (<i>Fycompa</i>)
10162W	Perampanel , perampanel 4 mg tablets, 28 (<i>Fycompa</i>)
10163X	Perampanel , perampanel 6 mg tablet, 28 (<i>Fycompa</i>)
10160R	Perampanel , perampanel 8 mg tablet, 28 (<i>Fycompa</i>)
10151G	Perampanel , perampanel 10 mg tablet, 28 (<i>Fycompa</i>)
10159Q	Perampanel , perampanel 12 mg tablet, 28 (<i>Fycompa</i>)
10155L	Triglycerides Medium Chain Formula , triglycerides medium chain formula oral liquid: powder for, 400 g (<i>Lipistart</i>)
10152H	Triglycerides Medium Chain Formula , triglycerides medium chain formula oral liquid: powder for, 400 g (<i>Monogen</i>)
10154K	Triglycerides Medium Chain Formula , triglycerides medium chain formula oral liquid: powder for, 400 g (<i>Peptamen Junior</i>)
10149E	Vitamins, Minerals And Trace Elements With Carbohydrate , vitamins, minerals and trace elements with carbohydrate oral liquid: powder for, 30 x 6 g sachets (<i>FruitiVits</i>)

Addition – Brand

9049G	<i>APO-Amlodipine/Atorvastatin 5/10, TX – Amlodipine + Atorvastatin</i> , amlodipine 5 mg + atorvastatin 10 mg tablet, 30
9049G	<i>Blooms the Chemist Amlodipine/Atorvastatin 5/10, IB – Amlodipine + Atorvastatin</i> , amlodipine 5 mg + atorvastatin 10 mg tablet, 30
9049G	<i>Chem mart Amlodipine/Atorvastatin 5/10, CH – Amlodipine + Atorvastatin</i> , amlodipine 5 mg + atorvastatin 10 mg tablet, 30
9049G	<i>Terry White Chemists Amlodipine/Atorvastatin 5/10, TW – Amlodipine + Atorvastatin</i> , amlodipine 5 mg + atorvastatin 10 mg tablet, 30
9050H	<i>APO-Amlodipine/Atorvastatin 5/20, TX – Amlodipine + Atorvastatin</i> , amlodipine 5 mg + atorvastatin 20 mg tablet, 30
9050H	<i>Blooms the Chemist Amlodipine/Atorvastatin 5/20, IB – Amlodipine + Atorvastatin</i> , amlodipine 5 mg + atorvastatin 20 mg tablet, 30
9050H	<i>Chem mart Amlodipine/Atorvastatin 5/20, CH – Amlodipine + Atorvastatin</i> , amlodipine 5 mg + atorvastatin 20 mg tablet, 30
9050H	<i>Terry White Chemists Amlodipine/Atorvastatin 5/20, TW – Amlodipine + Atorvastatin</i> , amlodipine 5 mg + atorvastatin 20 mg tablet, 30
9051J	<i>APO-Amlodipine/Atorvastatin 5/40, TX – Amlodipine + Atorvastatin</i> , amlodipine 5 mg + atorvastatin 40 mg tablet, 30
9051J	<i>Blooms the Chemist Amlodipine/Atorvastatin 5/40, IB – Amlodipine + Atorvastatin</i> , amlodipine 5 mg + atorvastatin 40 mg tablet, 30
9051J	<i>Chem mart Amlodipine/Atorvastatin 5/40, CH – Amlodipine + Atorvastatin</i> , amlodipine 5 mg + atorvastatin 40 mg tablet, 30
9051J	<i>Terry White Chemists Amlodipine/Atorvastatin 5/40, TW – Amlodipine + Atorvastatin</i> , amlodipine 5 mg + atorvastatin 40 mg tablet, 30
9052K	<i>APO-Amlodipine/Atorvastatin 5/80, TX – Amlodipine + Atorvastatin</i> , amlodipine 5 mg + atorvastatin 80 mg tablet, 30
9052K	<i>Blooms the Chemist Amlodipine/Atorvastatin 5/80, IB – Amlodipine + Atorvastatin</i> , amlodipine 5 mg + atorvastatin 80 mg tablet, 30
9052K	<i>Chem mart Amlodipine/Atorvastatin 5/80, CH – Amlodipine + Atorvastatin</i> , amlodipine 5 mg + atorvastatin 80 mg tablet, 30
9052K	<i>Terry White Chemists Amlodipine/Atorvastatin 5/80, TW – Amlodipine + Atorvastatin</i> , amlodipine 5 mg + atorvastatin 80 mg tablet, 30
9053L	<i>APO-Amlodipine/Atorvastatin 10/10, TX – Amlodipine + Atorvastatin</i> , amlodipine 10 mg + atorvastatin 10 mg tablet, 30
9053L	<i>Blooms the Chemist Amlodipine/Atorvastatin 10/10, IB – Amlodipine + Atorvastatin</i> , amlodipine 10 mg + atorvastatin 10 mg tablet, 30
9053L	<i>Chem mart Amlodipine/Atorvastatin 10/10, CH – Amlodipine + Atorvastatin</i> , amlodipine 10 mg + atorvastatin 10 mg tablet, 30
9053L	<i>Terry White Chemists Amlodipine/Atorvastatin 10/10, TW – Amlodipine + Atorvastatin</i> , amlodipine 10 mg + atorvastatin 10 mg tablet, 30
9054M	<i>APO-Amlodipine/Atorvastatin 10/20, TX – Amlodipine + Atorvastatin</i> , amlodipine 10 mg + atorvastatin 20 mg tablet, 30
9054M	<i>Blooms the Chemist Amlodipine/Atorvastatin 10/20, IB – Amlodipine + Atorvastatin</i> , amlodipine 10 mg + atorvastatin 20 mg tablet, 30
9054M	<i>Chem mart Amlodipine/Atorvastatin 10/20, CH – Amlodipine + Atorvastatin</i> , amlodipine 10 mg + atorvastatin 20 mg tablet, 30
9054M	<i>Terry White Chemists Amlodipine/Atorvastatin 10/20, TW – Amlodipine + Atorvastatin</i> , amlodipine 10 mg + atorvastatin 20 mg tablet, 30
9055N	<i>APO-Amlodipine/Atorvastatin 10/40, TX – Amlodipine + Atorvastatin</i> , amlodipine 10 mg + atorvastatin 40 mg tablet, 30
9055N	<i>Blooms the Chemist Amlodipine/Atorvastatin 10/40, IB – Amlodipine + Atorvastatin</i> , amlodipine 10 mg + atorvastatin 40 mg

	tablet, 30
9055N	<i>Chem mart Amlodipine/Atorvastatin 10/40, CH – Amlodipine + Atorvastatin</i> , amlodipine 10 mg + atorvastatin 40 mg tablet, 30
9055N	<i>Terry White Chemists Amlodipine/Atorvastatin 10/40, TW – Amlodipine + Atorvastatin</i> , amlodipine 10 mg + atorvastatin 40 mg tablet, 30
9056P	<i>APO-Amlodipine/Atorvastatin 10/80, TX – Amlodipine + Atorvastatin</i> , amlodipine 10 mg + atorvastatin 80 mg tablet, 30
9056P	<i>Blooms the Chemist Amlodipine/Atorvastatin 10/80, IB – Amlodipine + Atorvastatin</i> , amlodipine 10 mg + atorvastatin 80 mg tablet, 30
9056P	<i>Chem mart Amlodipine/Atorvastatin 10/80, CH – Amlodipine + Atorvastatin</i> , amlodipine 10 mg + atorvastatin 80 mg tablet, 30
9056P	<i>Terry White Chemists Amlodipine/Atorvastatin 10/80, TW – Amlodipine + Atorvastatin</i> , amlodipine 10 mg + atorvastatin 80 mg tablet, 30
8702B	<i>Citalopram Actavis, UA – Citalopram</i> , citalopram 10 mg tablet, 28
5076E	<i>Diclofenac AN, EA – Diclofenac</i> , diclofenac sodium 25 mg tablet: enteric, 50 tablets
5364H	<i>Diclofenac AN, EA – Diclofenac</i> , diclofenac sodium 25 mg tablet: enteric, 50 tablets (Palliative Care)
1299J	<i>Diclofenac AN, EA – Diclofenac</i> , diclofenac sodium 25 mg tablet: enteric, 50 tablets
5361E	<i>Diclofenac AN, EA – Diclofenac</i> , diclofenac sodium 25 mg tablet: enteric, 50 tablets (Palliative Care)
5077F	<i>Diclofenac AN, EA – Diclofenac</i> , diclofenac sodium 50 mg tablet: enteric, 50 tablets
5365J	<i>Diclofenac AN, EA – Diclofenac</i> , diclofenac sodium 50 mg tablet: enteric, 50 tablets (Palliative Care)
1300K	<i>Diclofenac AN, EA – Diclofenac</i> , diclofenac sodium 50 mg tablet: enteric, 50 tablets
5362F	<i>Diclofenac AN, EA – Diclofenac</i> , diclofenac sodium 50 mg tablet: enteric, 50 tablets (Palliative Care)
2532G	<i>Aridon APN 5, FM – Donepezil</i> , donepezil hydrochloride 5 mg tablet, 28
8495D	<i>Aridon APN 5, FM – Donepezil</i> , donepezil hydrochloride 5 mg tablet, 28
2479L	<i>Aridon APN 10, FM – Donepezil</i> , donepezil hydrochloride 10 mg tablet, 28
8496E	<i>Aridon APN 10, FM – Donepezil</i> , donepezil hydrochloride 10 mg tablet, 28
1370D	<i>Enalapril AN, EA – Enalapril</i> , enalapril maleate 5 mg tablet, 30
1368B	<i>Enalapril AN, EA – Enalapril</i> , enalapril maleate 10 mg tablet, 30
1369C	<i>Enalapril AN, EA – Enalapril</i> , enalapril maleate 20 mg tablet, 30
8532C	<i>APO-Indapamide SR, TX – Indapamide</i> , indapamide hemihydrate 1.5 mg tablet: modified release, 90 tablets
8532C	<i>Chem mart Indapamide SR, CH – Indapamide</i> , indapamide hemihydrate 1.5 mg tablet: modified release, 90 tablets
8532C	<i>Terry White Chemists Indapamide SR, TW – Indapamide</i> , indapamide hemihydrate 1.5 mg tablet: modified release, 90 tablets
8246B	<i>Irbesartan Actavis 75, UA – Irbesartan</i> , irbesartan 75 mg tablet, 30
8248D	<i>Irbesartan Actavis 300, UA – Irbesartan</i> , irbesartan 300 mg tablet, 30
3439B	<i>Diaformin XR 1000, AF – Metformin</i> , metformin hydrochloride 1 g tablet: modified release, 60 tablets
5151D	<i>Metoclopramide AN, EA – Metoclopramide</i> , metoclopramide hydrochloride 10 mg tablet, 25
1207M	<i>Metoclopramide AN, EA – Metoclopramide</i> , metoclopramide hydrochloride 10 mg tablet, 25
1324Q	<i>Metoprolol AN, EA – Metoprolol Tartrate</i> , METOPROLOL TARTRATE Tablet 50 mg, 100
1325R	<i>Metoprolol AN, EA – Metoprolol Tartrate</i> , METOPROLOL TARTRATE Tablet 100 mg, 60
1913Q	<i>Momasone, QA – Mometasone</i> , mometasone furoate 0.1% (1 mg/g) cream, 15 g
8449Q	<i>Perindopril Combi Actavis 4/1.25, GN – Perindopril + Indapamide</i> , perindopril erbumine 4 mg + indapamide hemihydrate 1.25 mg tablet, 30
1978D	<i>APO-Ranitidine, TX – Ranitidine</i> , ranitidine 150 mg tablet, 60
1977C	<i>APO-Ranitidine, TX – Ranitidine</i> , ranitidine 300 mg tablet, 30
5261X	<i>Roxithromycin AN, EA – Roxithromycin</i> , roxithromycin 300 mg tablet, 5
8016X	<i>Roxithromycin AN, EA – Roxithromycin</i> , roxithromycin 300 mg tablet, 5
5260W	<i>Roxithromycin AN, EA – Roxithromycin</i> , roxithromycin 150 mg tablet, 10
1760P	<i>Roxithromycin AN, EA – Roxithromycin</i> , roxithromycin 150 mg tablet, 10
2236Q	<i>Sertraline AN, EA – Sertraline</i> , sertraline 50 mg tablet, 30
8836C	<i>Sertraline AN, EA – Sertraline</i> , sertraline 50 mg tablet, 30
2237R	<i>Sertraline AN, EA – Sertraline</i> , sertraline 100 mg tablet, 30
8837D	<i>Sertraline AN, EA – Sertraline</i> , sertraline 100 mg tablet, 30
8266C	<i>APO-Zolmitriptan, TX – Zolmitriptan</i> , zolmitriptan 2.5 mg tablet, 2

Addition – Equivalence Indicator

8532C	<i>Natrilix SR, SE – Indapamide</i> , indapamide hemihydrate 1.5 mg tablet: modified release, 90 tablets
3439B	<i>Diabex XR 1000, AL – Metformin</i> , metformin hydrochloride 1 g tablet: modified release, 60 tablets

Deletions

Deletion – Item

2776D	Ethinylestradiol + Norethisterone , ethinylestradiol 35 microgram + norethisterone 500 microgram tablet [48] (&) ethinylestradiol 35 microgram + norethisterone 1 mg tablet [36] (&) inert substance tablet [28], 112 [4 x 28] (<i>Improvil 28 Day</i>)
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Deletion – Brand

2729P	<i>Chem mart Baclofen, CH – Baclofen</i> , baclofen 10 mg tablet, 100
2729P	<i>GenRx Baclofen, GX – Baclofen</i> , baclofen 10 mg tablet, 100
2729P	<i>Terry White Chemists Baclofen, TW – Baclofen</i> , baclofen 10 mg tablet, 100

2730Q	<i>Chem mart Baclofen, CH – Baclofen</i> , baclofen 25 mg tablet, 100
2730Q	<i>GenRx Baclofen, GX – Baclofen</i> , baclofen 25 mg tablet, 100
2460L	<i>Chem mart Cefaclor, CH – Cefaclor</i> , cefaclor 125 mg/5 mL oral liquid: powder for, 100 mL
2460L	<i>Terry White Chemists Cefaclor, TW – Cefaclor</i> , cefaclor 125 mg/5 mL oral liquid: powder for, 100 mL
5046N	<i>Chem mart Cefaclor, CH – Cefaclor</i> , cefaclor 125 mg/5 mL oral liquid: powder for, 100 mL
5046N	<i>Terry White Chemists Cefaclor, TW – Cefaclor</i> , cefaclor 125 mg/5 mL oral liquid: powder for, 100 mL
2461M	<i>Chem mart Cefaclor, CH – Cefaclor</i> , cefaclor 250 mg/5 mL oral liquid: powder for, 75 mL
2461M	<i>Terry White Chemists Cefaclor, TW – Cefaclor</i> , cefaclor 250 mg/5 mL oral liquid: powder for, 75 mL
5047P	<i>Chem mart Cefaclor, CH – Cefaclor</i> , cefaclor 250 mg/5 mL oral liquid: powder for, 75 mL
5047P	<i>Terry White Chemists Cefaclor, TW – Cefaclor</i> , cefaclor 250 mg/5 mL oral liquid: powder for, 75 mL
1335G	<i>Chem mart Diltiazem, CH – Diltiazem</i> , diltiazem hydrochloride 60 mg tablet, 90
1335G	<i>GenRx Diltiazem, GX – Diltiazem</i> , diltiazem hydrochloride 60 mg tablet, 90
1335G	<i>Terry White Chemists Diltiazem, TW – Diltiazem</i> , diltiazem hydrochloride 60 mg tablet, 90
1473M	<i>Diflucan, PF – Fluconazole</i> , fluconazole 100 mg/50 mL injection, 1 x 50 mL vial
1474N	<i>Diflucan, PF – Fluconazole</i> , fluconazole 200 mg/100 mL injection, 1 x 100 mL vial
8101J	<i>Extavia, NV – Interferon Beta-1b</i> , 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
1542E	<i>Ipravent, PF – Ipratropium</i> , ipratropium bromide 250 microgram/mL inhalation: solution, 30 x 1 mL ampoules
8238N	<i>Ipravent, PF – Ipratropium</i> , ipratropium bromide 500 microgram/mL inhalation: solution, 30 x 1 mL ampoules
3064G	<i>GenRx Lactulose, GX – Lactulose</i> , LACTULOSE Mixture 3.34 g per 5 mL, 500 mL, 1
5388N	<i>GenRx Lactulose, GX – Lactulose</i> , LACTULOSE Mixture 3.34 g per 5 mL, 500 mL, 1 (Palliative Care)
5387M	<i>GenRx Lactulose, GX – Lactulose</i> , LACTULOSE Mixture 3.34 g per 5 mL, 500 mL, 1 (Palliative Care)
2395C	<i>Pfizer Australia Pty Ltd, PF – Methotrexate</i> , methotrexate 50 mg/2 mL injection, 5 x 2 mL vials

Deletion – Restriction

1938B	Triglycerides Medium Chain Formula , triglycerides medium chain formula oral liquid: powder for, 400 g (<i>Lipistart</i>)
8478F	Triglycerides Medium Chain Formula , triglycerides medium chain formula oral liquid: powder for, 400 g (<i>Monogen</i>)

Deletion – Note

2698B	Abiraterone , abiraterone acetate 250 mg tablet, 120 (<i>Zytiga</i>)
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Deletion – Equivalence Indicator

8101J	<i>Betaferon, BN – Interferon Beta-1b</i> , 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
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Alterations

Alteration – Brand Name

From:

2687K	<i>Imazam, ER – Azathioprine</i> , azathioprine 50 mg tablet, 100
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To:

2687K	<i>Imazan, ER – Azathioprine</i> , azathioprine 50 mg tablet, 100
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Advance Notices

Advance Notices – Deletion of Item

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

5213J	Sodium Chloride , sodium chloride 3% (30 g/1000 mL) injection, 1 x 1000 mL bag (<i>Baxter Healthcare Pty Ltd</i>)
2260Y	Sodium Chloride , sodium chloride 3% (30 g/1000 mL) injection, 1 x 1000 mL bag (<i>Baxter Healthcare Pty Ltd</i>)
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 (<i>Baxter Healthcare Pty Ltd</i>)
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 (<i>Baxter Healthcare Pty Ltd</i>)
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 (<i>Baxter Healthcare Pty Ltd</i>)
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 (<i>Baxter Healthcare Pty Ltd</i>)
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 (<i>Baxter Healthcare Pty Ltd</i>)

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

2095G	Ticlopidine , ticlopidine hydrochloride 250 mg tablet, 60 (<i>Tilodene</i>)
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SECTION 100 – HIGHLY SPECIALISED DRUGS PROGRAM

Advance Notices

Advance Notices – Deletion of Item

The following item 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**)

SECTION 100 – BOTULINUM TOXIN PROGRAM

Additions

Addition – Restriction

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

REPATRIATION PHARMACEUTICAL BENEFITS

Deletions

Deletion – Brand

- 4011D *Terbinafine-DP, GN* – **Terbinafine**, terbinafine 250 mg tablet, 42

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	
AMINO ACID FORMULA WITHOUT VALINE, LEUCINE AND ISOLEUCINE								
<u>Restricted benefit</u>								
Maple syrup urine disease								
10161T NP	amino acid formula without valine, leucine and isoleucine containing 5 g of protein equivalent oral liquid: powder for, 30 x 6 g sachets	12	5	..	*3098.68	36.90	MSUD amino5	VF
GLUCOSE INDICATOR BLOOD								
10153J NP	glucose indicator blood strip: diagnostic, 100	‡1	5	..	53.50	36.90	Contour next	IK
GLUCOSE INDICATOR BLOOD								
<u>Restricted benefit</u>								
Blood glucose monitoring								
Clinical criteria:								
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.								
<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.								
10164Y	glucose indicator blood strip: diagnostic, 100	‡1	11	..	53.50	36.90	Contour next	IK
INDACATEROL + GLYCOPYRRONIUM								
<u>Authority required (STREAMLINED)</u>								
4655								
Chronic obstructive pulmonary disease (COPD)								
Clinical criteria:								
Patient must have been stabilised on a combination of a long acting muscarinic antagonist and long acting beta-2 agonist.								
<u>Note</u>								
The treatment must not be used in combination with an ICS/LABA, or LAMA or LABA monotherapy.								
<u>Note</u>								
A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.								
<u>Note</u>								
A LABA includes indacaterol, salmeterol or eformoterol.								
<u>Note</u>								
This product is not PBS-subsidised for the treatment of asthma.								
<u>Note</u>								
This product is not indicated for the initiation of bronchodilator therapy in COPD.								
10156M NP	indacaterol 110 microgram + glycopyrronium 50 microgram inhalation: powder for, 30 capsules	1	5	..	96.38	36.90	ultibro breezhaler 110/50	NV
PERAMPANEL								
<u>Authority required (STREAMLINED)</u>								
4656								
Intractable partial epileptic seizures								
Treatment Phase: Initial								

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	
Clinical criteria:								
The treatment must be in combination with two or more anti-epileptic drugs which includes one second-line adjunctive agent,								
AND								
The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs, which includes at least one first-line anti-epileptic agent and at least two second-line adjunctive anti-epileptic agents.								
Treatment criteria:								
Must be treated by a neurologist.								
10157N	perampanel 2 mg tablet, 7	2	1	..	*52.64	36.90	Fycompa	EI
PERAMPANEL								
<u>Authority required (STREAMLINED)</u>								
4658								
Intractable partial epileptic seizures								
Treatment Phase: Continuing								
Clinical criteria:								
Patient must have previously been issued with an authority prescription for this drug.								
<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.								
10162W NP	perampanel 4 mg tablets, 28	1	5	..	188.80	36.90	Fycompa	EI
10163X NP	perampanel 6 mg tablet, 28	1	5	..	273.00	36.90	Fycompa	EI
10160R NP	perampanel 8 mg tablet, 28	1	5	..	355.72	36.90	Fycompa	EI
10151G NP	perampanel 10 mg tablet, 28	1	5	..	355.72	36.90	Fycompa	EI
10159Q NP	perampanel 12 mg tablet, 28	1	5	..	355.72	36.90	Fycompa	EI
TRIGLYCERIDES MEDIUM CHAIN FORMULA								
<u>Restricted benefit</u>								
Dietary management of conditions requiring a source of medium chain triglycerides								
Clinical criteria:								
Patient must have fat malabsorption due to liver disease; OR								
Patient must have fat malabsorption due to short gut syndrome; OR								
Patient must have fat malabsorption due to cystic fibrosis; OR								
Patient must have fat malabsorption due to gastrointestinal disorders.								
<u>Note</u>								
No increase in the maximum number of repeats may be authorised.								
<u>Note</u>								
No increase in the maximum quantity or number of units may be authorised.								
<u>Note</u>								
Not indicated for the treatment of intractable childhood epilepsy or cerebrospinal fluid glucose transporter defect requiring a ketogenic diet.								
10155L NP	triglycerides medium chain formula oral liquid: powder for, 400 g	8	5	..	*443.16	36.90	Lipistart	VF
10152H NP	triglycerides medium chain formula oral liquid: powder for, 400 g	8	5	..	*421.64	36.90	Monogen	SB
10154K NP	triglycerides medium chain formula oral liquid: powder for, 400 g	8	5	..	*411.80	36.90	Peptamen Junior	NT
TRIGLYCERIDES MEDIUM CHAIN FORMULA								
<u>Restricted benefit</u>								
Hyperlipoproteinaemia type 1								
<u>Restricted benefit</u>								
Long chain fatty acid oxidation disorders								
<u>Restricted benefit</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	
	Chylous ascites							
	<u>Restricted benefit</u>							
	Chylothorax							
	<u>Note</u>							
	No increase in the maximum number of repeats may be authorised.							
	<u>Note</u>							
	No increase in the maximum quantity or number of units may be authorised.							
	<u>Note</u>							
	Not indicated for the treatment of intractable childhood epilepsy or cerebrospinal fluid glucose transporter defect requiring a ketogenic diet.							
1938B NP	triglycerides medium chain formula oral liquid: powder for, 400 g	8	5	..	*443.16	36.90	Lipistart	VF
8478F NP	triglycerides medium chain formula oral liquid: powder for, 400 g	8	5	..	*421.64	36.90	Monogen	SB
	VITAMINS, MINERALS AND TRACE ELEMENTS WITH CARBOHYDRATE							
	<u>Authority required</u>							
	Dietary management of conditions requiring a highly restrictive therapeutic diet							
	Clinical criteria:							
	Patient must have insufficient vitamin and mineral intake due to a specific diagnosis requiring a highly restrictive therapeutic diet,							
	AND							
	Patient must be unable to adequately meet vitamin, mineral and trace element needs with other proprietary vitamin and mineral preparations.							
	Population criteria:							
	Patient must be aged 3 years or older.							
	<u>Note</u>							
	FruitiVits must only be used under strict supervision of a dietitian and a paediatrician.							
10149E NP	vitamins, minerals and trace elements with carbohydrate oral liquid: powder for, 30 x 6 g sachets	1	5	..	299.25	36.90	FruitiVits	VF

SECTION 100 (BOTULINUM TOXIN PROGRAM)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	Price ex manufacturer \$	Brand Name and Manufacturer
	<p>BOTULINUM TOXIN TYPE A</p> <p><u>Criteria for availability</u> Blepharospasm or hemifacial spasm</p> <p>Population criteria: Patient must be aged 12 years or older.</p> <p><u>Note</u> Arrangements to prescribe this item should be made by medical practitioners with the Department of Human Services, contact telephone number 1800 700 270.</p> <p><u>Note</u> The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.</p> <p><u>Criteria for availability</u> Dynamic equinus foot deformity</p> <p>Clinical criteria: The condition must be due to spasticity,</p> <p>AND Patient must be an ambulant cerebral palsy patient.</p> <p>Population criteria: Patient must be aged from 2 to 17 years inclusive.</p> <p><u>Note</u> Arrangements to prescribe this item should be made by medical practitioners with the Department of Human Services, contact telephone number 1800 700 270.</p> <p><u>Note</u> The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.</p> <p><u>Criteria for availability</u> Dynamic equinus foot deformity</p> <p>Clinical criteria: The condition must be due to spasticity,</p> <p>AND Patient must be an ambulant cerebral palsy patient,</p> <p>AND Patient must have commenced on PBS-subsidised treatment with botulinum toxin type A purified neurotoxin complex as a paediatric patient.</p> <p>Population criteria: Patient must be aged 18 years or older.</p> <p><u>Note</u> Arrangements to prescribe this item should be made by medical practitioners with the Department of Human Services, contact telephone number 1800 700 270.</p> <p><u>Note</u> The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.</p> <p><u>Criteria for availability</u> Spasmodic torticollis</p> <p>Clinical criteria: The treatment must be as monotherapy; OR The treatment must be as adjunctive therapy to current standard care.</p> <p><u>Note</u> Arrangements to prescribe this item should be made by medical practitioners with the Department of Human Services, contact telephone number 1800 700 270.</p> <p><u>Note</u> The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.</p> <p><u>Criteria for availability</u> Moderate to severe spasticity of the upper limb</p> <p>Clinical criteria: Patient must have cerebral palsy.</p> <p>Population criteria: Patient must be aged from 2 to 17 years inclusive.</p> <p><u>Note</u></p>			

SECTION 100 (BOTULINUM TOXIN PROGRAM)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	Price ex manufacturer \$	Brand Name and Manufacturer
	<p>Arrangements to prescribe this item should be made by medical practitioners with the Department of Human Services, contact telephone number 1800 700 270.</p> <p><u>Note</u> The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.</p> <p><u>Criteria for availability</u> Moderate to severe spasticity of the upper limb</p> <p>Clinical criteria: Patient must have cerebral palsy,</p> <p>AND Patient must have commenced on PBS-subsidised treatment with botulinum toxin type A purified neurotoxin complex as a paediatric patient.</p> <p>Population criteria: Patient must be aged 18 years or older.</p> <p><u>Note</u> Arrangements to prescribe this item should be made by medical practitioners with the Department of Human Services, contact telephone number 1800 700 270.</p> <p><u>Note</u> 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.</p> <p><u>Note</u> The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.</p> <p><u>Criteria for availability</u> Moderate to severe spasticity of the upper limb following a stroke</p> <p>Clinical criteria: 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.</p> <p>Population criteria: 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. The date of the stroke must be provided. Contraindications to treatment include established severe contracture and known sensitivity to botulinum toxin.</p> <p><u>Note</u> Arrangements to prescribe this item should be made by medical practitioners with the Department of Human Services, contact telephone number 1800 700 270.</p> <p><u>Note</u> The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.</p> <p><u>Criteria for availability</u> Severe primary axillary hyperhidrosis</p> <p>Clinical criteria: Patient must have previously failed or be intolerant to topical aluminium chloride hexahydrate after one to two months of treatment.</p> <p>Population criteria: 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.</p> <p><u>Note</u> Arrangements to prescribe this item should be made by medical practitioners with the Department of Human Services, contact telephone number 1800 700 270.</p> <p><u>Note</u> The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.</p> <p><u>Note</u> Special Pricing Arrangements apply.</p> <p><u>Criteria for availability</u> Urinary incontinence</p> <p>Clinical criteria: The condition must be due to neurogenic detrusor overactivity, as demonstrated by urodynamic study,</p>			

SECTION 100 (BOTULINUM TOXIN PROGRAM)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	Price ex manufacturer \$	Brand Name and Manufacturer
	<p>AND</p> <p>The condition must be inadequately controlled by anti-cholinergic therapy,</p> <p>AND</p> <p>Patient must experience at least 14 episodes of urinary incontinence per week prior to commencement of treatment with botulinum toxin,</p> <p>AND</p> <p>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,</p> <p>AND</p> <p>Patient must be willing and able to self-catheterise.</p> <p>Population criteria:</p> <p>Patient must have multiple sclerosis; OR</p> <p>Patient must have a spinal cord injury; OR</p> <p>Patient must be aged 18 years or older and have spina bifida.</p> <p>Note</p> <p>Arrangements to prescribe this item should be made by medical practitioners with the Department of Human Services, contact telephone number 1800 700 270.</p> <p>Note</p> <p>The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.</p> <p>Note</p> <p>Special Pricing Arrangements apply.</p> <p>Criteria for availability</p> <p>Chronic migraine</p> <p>Clinical criteria:</p> <p>Patient must have experienced an average of 15 or more headache days per month, with at least 8 days of migraine, over a period of at least 6 months, prior to commencement of treatment with botulinum toxin,</p> <p>AND</p> <p>Patient must have experienced an inadequate response, intolerance or a contraindication to at least three prophylactic migraine medications prior to commencement of treatment with botulinum toxin,</p> <p>AND</p> <p>Patient must have achieved and maintained a 50% or greater reduction from baseline in the number of headache days per month after two treatment cycles (each of 12 weeks duration) in order to be eligible for continuing PBS-subsidised treatment.</p> <p>Population criteria:</p> <p>Patient must be an adult.</p> <p>Medication overuse headache must be appropriately managed prior to initiation of treatment with botulinum toxin.</p> <p>Note</p> <p>Arrangements to prescribe this item should be made by medical practitioners with the Department of Human Services, contact telephone number 1800 700 270.</p> <p>Note</p> <p>The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.</p> <p>Note</p> <p>Special Pricing Arrangements apply.</p> <p>Criteria for availability</p> <p>Urinary incontinence</p> <p>Clinical criteria:</p> <p>The condition must be due to idiopathic overactive bladder,</p> <p>AND</p> <p>The condition must have been inadequately controlled by therapy involving at least two alternative anti-cholinergic agents,</p> <p>AND</p> <p>Patient must experience at least 14 episodes of urinary incontinence per week prior to commencement of treatment with botulinum toxin,</p> <p>AND</p> <p>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,</p> <p>AND</p> <p>Patient must be willing and able to self-catheterise.</p> <p>Population criteria:</p>			

SECTION 100 (BOTULINUM TOXIN PROGRAM)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty (Packs)	Price ex manufacturer \$	Brand Name and Manufacturer	
	Patient must be aged 18 years or older.				
	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 The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.				
	Note Special Pricing Arrangements apply.				
6103F	botulinum toxin type A 100 units injection, 1 x 100 units vial	1	415.50	Botox	AG